



July 19, 2021

The Honorable Adrian C. Madaro
Chair, Joint Committee on Mental Health, Substance Use and Recovery
24 Beacon Street, Room 134
Boston, MA 02133

The Honorable Julian Cyr
Chair, Joint Committee on Mental Health, Substance Use and Recovery
24 Beacon Street, Room 312-E
Boston, MA 02133

RE: Testimony in support of H2081/S1274 An Act to Better Coordinate Suicide Prevention Services, Behavioral Health Crisis Care and Emergency Services through 988 Implementation.

Dear Chair Madaro, Chair Cyr, and Honorable Members of the Joint Committee on Mental Health, Substance Use and Recovery:

I want to begin by thanking the Committee for this chance to present in support of H.2081, S.1274, and H.2120. I am a retired Major City Police Chief with 35yrs of law enforcement experience and have been recognized in Federal Court as an expert in police policy and operations. I currently serve as the Criminal Justice Diversion Manager for NAMI Massachusetts.

The provision of behavioral health crisis services is now recognized as a distinctive component of emergency service along with police, fire, and medical. This is because of the prevalence of behavioral health issues in our society which demand a coordinated and comprehensive strategic approach. The most effective and efficient structure to meet this need is to build a service model replicating the current local emergency service system and incorporating it into the current system. The 988 system is the beginning of building this service model for a 24/7 behavioral health crisis response. Time is short. Per Federal legislation, 988 goes live on July 16, 2022 and Massachusetts must be prepared.

Local communities are beginning to adopt alternative behavioral health crisis responses that are in need of State guidelines to ensure a uniform development of systems, standardized training protocols, mechanisms for evaluation and assessment, and funding opportunities for equipment, software modifications, and training. The 988 system when interfaced with the current 911 emergency communications infrastructure, will meet this need. It is vital to have a statewide primary access point to the totality of behavioral health services especially suicide prevention. Initial contact via 988/911 will be with a trained call taker skilled at assessing the nature of the

behavioral health crisis/issue with access to a comprehensive computer data base and knowledgeable in the available local resources.

The police should be trained in crisis intervention but their role is a limited one. In the same way the police play a role at a fire scene, keeping people back, blocking traffic, assisting as needed, while the firefighters put out the fire, so to it should be with behavioral health crisis response. The police create a safe environment, address any criminal behavior, assist as needed, while the behavioral health professionals resolve the crisis and direct follow-up steps. Much as the police are not needed on all fire or medical calls for service so too, they are not needed at all behavioral health crisis calls for service. The 988 system provides the mechanism for linking any form of alternative behavioral health response model to the other potential first responders and the most appropriate follow-up services.

This system is particularly important to improving suicide prevention efforts. A suicide prevention hotline is easily incorporated into the system providing immediate contact with a trained call taker and simultaneously activating professional behavioral health responders along with needed emergency service first responders. This will create a valid data set from which analysis, assessment, and oversight can be done to improve causation knowledge and prevention efforts.

H.2081, S.1274, and H.2120 will create an expanded behavioral health crisis response service integrated into the existing local emergency service structure through the addition of the 988 interfaces. This will vastly improve the quality of crisis response, introduce behavioral health professionals at the critical early stage of the crisis/issue, provide effective and consistent follow-up services, allow the police and hospital emergency rooms to allocate more time to other priorities, and generate the data and information needed to assess and analyze system parameters for continuous improvement to the quality of service.

For these reasons NAMI Mass strongly encourages the joint Committee to report favorably on these Bills. Thank you for your time and consideration.

Sincerely,

Chief Timothy Burton (Ret.)
Criminal Justice Diversion Manager
NAMI Massachusetts