



July 14, 2021

The Honorable Walter F. Timilty
Chair, Joint Committee on Public Safety and Homeland Security
24 Beacon Street, Room 213-B
Boston, MA 02133

The Honorable Carlos González
Chair, Joint Committee on Public Safety and Homeland Security
24 Beacon Street, Room 167
Boston, MA 02133

RE: Testimony in support of H2519/S1552 *An Act to Create Alternatives for Community Emergency Services* and H2461/S1567 *An Act to enhance 911 operations for behavioral health crisis response*

Dear Chair Timilty, Chair González, and Honorable Members of the Joint Committee on Public Safety and Homeland Security:

I want to begin by thanking the Committee for this chance to provide testimony in support of H.2461, S.1567, H.2519, and S1552. 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. These Bills, along with the 988 system, are the beginning of building this service model for a 24/7 behavioral health crisis response.

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. These proposals meet this need. Additionally, they provide expanded oversight and administrative alignment with the Department of Mental Health.

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.

H.2461, S. 1567, H.2519, and S1552 will help create a behavioral health crisis response service integrated into the existing local emergency service structure. This will vastly improve the quality of crisis response, allow the police 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