



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:

Thank you for the opportunity to submit testimony on this important issue on behalf of the National Alliance on Mental Illness of Massachusetts (NAMI Massachusetts). NAMI Mass is a grassroots organization, and our members are individuals with mental health conditions, their family members, and caregivers. One in five adults experience a mental illness, that's almost 44 million adults each year. In the Commonwealth, we have approximately 467,000 adults and children with severe mental illness or serious emotional disturbance.¹ As NAMI members and families, we are often the people on the front lines of dealing with our mental health system and encountering the barriers to accessing mental health service. All too often, we are also faced with engaging with the criminal justice system and subjected to emergency room boarding during a crisis.

I am writing today 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*.

We find ourselves at the crossroads of a significant opportunity to revamp, modernize and improve our behavioral health care system, and most particularly, our behavioral health crisis response system. Years of work at both the federal and state levels have come together at an opportune moment. Federally, legislation was passed in 2020 creating a new behavioral health crisis line designation, 988 and the American Rescue Plan has significant funds earmarked for its implementation. That phone number goes live in July 2022 and we are well positioned to take advantage of that event.

¹ Massachusetts State Mental Health Block Grant proposal from the State Mental Health Planning Council, 2021. Data covers 2018-2019.

Recently, the Executive Office of Health and Human Services has released their roadmap for Behavioral Health with a no wrong door approach to services. This includes a robust view of crisis services. After three years of work and research, the Middlesex Restoration Center is poised for implementation, which would create a crisis stabilization center designed with best practices from across the country in mind. We already have various component pieces of a robust solution, but the two bills before you are integral pieces of the puzzle that will allow the Commonwealth to achieve the vision of an integrated system.

H2519/S1552 *An Act to Create Alternatives for Community Emergency Services (ACES)* would establish a grant program to enable municipalities and partnering community-based organizations to develop community-based response options for emergency calls that could include social workers, community health workers, and peer support specialists. Having these local teams will help avoid emergency department visits and the subsequent boarding. It will improve the connection between individuals and their community resources and keep folks in the community rather than the hospital or jail. By having teams of social workers and peer support specialists available to address calls, we will be sending the appropriately trained personnel to triage a behavioral health situation. These types of teams have been implemented across the country, most notably CAHOOTS in Oregon, and they have proved to be an important component of a robust behavioral health crisis response.

In a similar vein, NAMI Mass supports H2461/S1567 *An Act to enhance 911 operations for behavioral health crisis response*. This bill establishes a grant program for local 911 call centers to update 911 call scripts, call codes, and dispatch protocols to better identify behavioral health emergencies. Currently, when a call comes in to 911, there are three dispositions: police, fire, or ambulance. In order to support a strong connection between 911 and 988 starting in 2022, it will be important that 911 dispatch can quickly identify behavioral health calls to connect them directly with the 988 resources. In this way, the bill will facilitate a strong relationship between 911 and existing and future behavioral health crisis supports like suicide prevention lines, Emergency Service Providers and ACES teams. This adjustment in call scripts is particularly significant because law enforcement is currently the default emergency response for a behavioral health crisis and it will take some period of time for 988 to become well known and utilized.

As individuals with lived experience and family members who are very often in the position to call 911 for a behavioral health crisis, we always make those calls with trepidation. It's never a call we want to make and outcomes are too often tragic. A robust system, based on the opportunity afforded by 988, can help dramatically improve the outcomes, avoiding emergency room boarding, involuntary hospitalization, arrest and jail, and the potential tragedy of a fatal shooting. To achieve the system that our community members deserve, these two bills before you are an integral piece of the solution. For these reasons, we respectfully ask that you consider both of these bills for a favorable report.

Sincerely,



Monica Luke
Chair, Advocacy Committee
NAMI Massachusetts