



July 19, 2021

The Honorable Representative Adrian C. Madaro, Chair  
Joint Committee on Mental Health, Substance Use and Recovery  
State House Room 33  
Boston, MA 02133

The Honorable Senator Julian Cyr, Chair  
Joint Committee on Mental Health, Substance Use and Recovery  
State House Room 312-E  
Boston, MA 02133

**In Support of S.1274/H.2081 *An Act to better coordinate suicide prevention services, behavioral health crisis care and emergency services through 988 implementation***

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

Thank you for the opportunity to submit testimony 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.<sup>1</sup> 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 difficult decisions around behavioral health crises that lead to engaging with the criminal justice system and emergency room boarding.

I am writing today in support of S.1274/H.2081 *An Act to better coordinate suicide prevention services, behavioral health crisis care and emergency services through 988 implementation*.

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

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. We are all familiar with the chronic problems: using our prison and jails as places to house those with behavioral health conditions; days, weeks and even months of boarding in an emergency department seeking help for a behavioral health condition; lack of access to services overall. A lot of good and important improvements have been made, but each in their own way has contributed to the patchwork and fragmented nature of our current “system.”

However, years of work at both the federal and state levels are coming together at this 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 for its implementation. That phone number goes live on July 16, 2022, and we are well positioned to take advantage of that event. **Time is of the essence as we are already under a year to the deadline.**

Recently, the Executive Office of Health and Human Services 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. The combination of this work, our existing infrastructure, and the vision of 988 translates to being at the moment where luck happens – preparation meets opportunity.

S.1274/H.2081 *An Act to better coordinate suicide prevention services, behavioral health crisis care and emergency services through 988 implementation* is a critically important step to ensure our luck “holds.” We need to establish a 988-levy similar to the funding for 911 to ensure that work we do while the American Rescue Plan funds are available, will translate into a permanent, financially sustainable, and robust 988 system responding to behavioral health needs. Establishing a commission that includes all the right participants, including state agencies, individuals with lived experience, providers, law enforcement professionals and advocates will allow us to dream big and achieve the best possible system for our communities.

As we heard from Stephanie Pasternak from the NAMI national organization, four other states have already created integrated, robust behavioral health response systems. She shared some extraordinary data from Maricopa County, AZ including reducing psychiatric hospitalization costs by \$260 million, freeing up 37 police officers to focus on public safety and an amazing reduction in emergency room boarding by 45 years’ worth of wait time. The business case is clear<sup>2</sup>. We have the opportunity to make this kind of difference in the Commonwealth beginning almost immediately addressing a series of chronic problems we have approached in isolation in the past.

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<sup>2</sup> <https://crisisnow.com/wp-content/uploads/2020/02/CrisisNow-BusinessCase.pdf>

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, S1274/H2081 is integral and necessary. For these reasons, we respectfully request a favorable report.

Sincerely,

A handwritten signature in cursive script that reads "Monica Luke".

Monica Luke  
Chair, Advocacy Committee  
NAMI Massachusetts