Danna E. Mauch, PhD
President and CEO

Ambassador (ret.) Barry B. White
Chairperson of MAMH Board of Directors

September 20, 2023

The Honorable Marjorie Decker
Chair, Joint Committee on Public Health
24 Beacon Street, Room 130
Boston, MA 02133

By email to JointCommittee.PublicHealth@malegislature.gov

The Honorable Julian Cyr
Chair, Joint Committee on Public Health
24 Beacon Street, Room 312-E
Boston, MA 02133

Dear Chair Decker, Chair Cyr, and Members of the Joint Committee on Public Health:

Re: Testimony in support of H.2264/S.1407, *An Act to create equitable approaches to public health*

On behalf of the Massachusetts Association for Mental Health (MAMH), I write to respectfully submit this testimony in support of the above-referenced bills, heard by your Committee on September 20, 2023.

Formed over a century ago, MAMH is dedicated to promoting mental health and well being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

The legislation would create a competitive grant program, available to local governmental entities or non-profit community-based organizations, to support alternatives for community emergency services, increasing the availability of **non-law enforcement, unarmed, community-based response options** to respond to calls to 911. Recipients of grants (would respond to emergency and non-emergency situations involving mental health and substance use, with the goals of supporting the mental and

physical well-being of residents, preventing violence, de-escalating volatile situations, ensuring access to human services, and reducing use of force. The bill requires evaluation of outcomes and costs of funded programs and any trends across service models. Outcomes to be assessed include mental, physical, and behavioral health outcomes, impact on reduced demand for law enforcement response to 911 calls, and rate of successfully connecting residents with human services for which they present a need.

The bill is particularly flexible in the use of the funds by grant recipients. Recipients may use grant funds for activities including:

- project planning and implementation;
- staffing and recruitment;
- facilities;
- language translation and interpretation;
- training for emergency dispatch operators, community members, or family members of people requiring emergency or non-emergency response, to facilitate comprehensive and clear communication with emergency dispatch operators to ensure that necessary information is conveyed about when an intervention by a nonpolice human services organization is the most appropriate response;
- program evaluation; and
- programming and services. Services may involve activities to provide human services (including after contact by law enforcement) such as emergency triage, peer support, and community mediation, social services, or behavioral health services.

This legislation represents an evolution of a Department of Public Health grant program to assist in response to 911 calls developed pursuant to funding included in the FY21 budget (Section 4512-2020). That funding supported municipalities in implementing public safety reforms that redefined how a community ensures public safety and responds to public safety crises, including by having community first responders for mental health crises and pursuing alternative investments to address the root causes of crime and public safety crises, such as funding mental health or substance use treatment or supporting permanent housing. The program was developed after holding four listening sessions in 2021, two for first responders and two for community organizations, with a total participation of 96 people from across the state. A main theme that arose from the sessions was that both first responders and community groups supported a public health approach to public safety and believed a new approach was needed to address public safety challenges.

Investment in non-police, emergency and non-emergency response is critically important to serve people with behavioral health needs in the Commonwealth. Such investments provide people with the best avenue to mental health resources, avoid unnecessary hospitalization and incarceration, and help avert the risk of death. Over the last year, Massachusetts has implemented both the national 988 Suicide and Crisis Lifeline and the EOHHS Roadmap's Behavioral Health Help Line; a key goal of both these call lines is to provide an easy access point to services for people with behavioral health needs and an alternative to 911. However, we know that many situations are still referred, at an initial point, to 911 and subsequently result in police response.

In some Massachusetts communities, police partner with clinicians in responding to calls to people in crisis, with the goal of diverting people from arrest and helping them access services. Beginning in 2003 with the Framingham Police Department, the Co-Response Program has since been replicated in a

number of other towns, either within a town or on a regional basis. In 2018, a Co-Response Training and Technical Assistance Center was launched to expand replication in Massachusetts. Embedding clinicians into police departments has resulted in cost-savings and diversion from emergency departments of individuals with mental health and substance use issues.

This bill provides support for another essential tool to help divert individuals away from hospitals and to mental health and substance use treatment. There are many situations that are not crime-related and do not require a police response at all. Finding alternatives to armed response is especially critical in predominantly BIPOC and immigrant communities, which have experienced over-policing and significantly higher rates of police escalation and violence. It is important that communities who want to have non-police alternative intervention strategies have the resources to develop such services, integrate them into the larger response system, and evaluate their efficacy and impacts.

There is an additional reason to create resources that will allow for non-police response when appropriate. Police response can pose a risk to the safety of people – particularly people facing a mental health crisis. *The Washington Post*, which has monitored the risk of death from police shooting since 2015, has found that police in the United States shoot and kill more than 1,000 people every year. In Massachusetts, the Post identified 18 victims of police shooting as people in known mental health crisis. Just since January 2020, the list includes eight persons: Marianne Griffiths in Easton, Miguel Angel in Pittsfield, Paul J. Courtemanche in Burlington, an unknown male in Boston, Michael A. Quarrles in Dorchester, Stephanie Gerardi in Saugus, Michael Conlon in Newton, and Juston Root in Brookline. Two of these individuals had a replica weapon, four had a knife, and just two had guns. The locations of these deaths suggest that high socio-economic status does not protect a community against such occurrences; all Massachusetts communities could potentially benefit from a program that helps develop a non-police response alternative. This is particularly important in communities of color. As part of its research, the Post found that Black Americans are shot at a disproportionate rate.

We strongly believe that expanding access to non-police crisis response is a key part of behavioral health reform. It promotes both strong communities and individual recovery. On behalf of MAMH, I urge you to report out these bills favorably.

Thank you for your consideration of this written testimony. If we can provide any additional information, please do not hesitate to contact me at dannamauch@mamh.org.

Sincerely,

Danna Mauch, PhD
President and CEO

c: Representative Lindsay Sabadosa
Senator Paul Mark