MAMH
Massachusetts Association for Mental Health

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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 26
Boston, MA 02133

RE: Testimony in support of H.2461/S.1567, *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:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for strong and steadfast leadership in advancing the health of people with behavioral health conditions and their families across the Commonwealth. I am writing to respectfully submit this testimony in support of H.2461/S.1567, *An Act to enhance 911 operations for behavioral health crisis response*, filed by Rep. Brandy Fluker Oakley and Sen. Julian Cyr, to enhance the existing 911 emergency response infrastructure to foster an alternate response by trained behavioral health professionals instead of law enforcement whenever possible.

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.

Too many people are involuntarily hospitalized, arrested, injured, or killed by police due to mental health or substance use conditions (together, behavioral health conditions) and related unmet social service needs. As a result of under-investment in behavioral health treatment and social supports like housing, individuals and their families increasingly find themselves in crisis with nowhere to turn but 911. Our 911 emergency response system in Massachusetts is designed for health emergencies, fires, and criminal activity. However, behavioral health and social service emergencies are not well handled by an ambulance, a fire truck, or a police officer. Too often, the

response to a behavioral health emergency results in a decidedly un-therapeutic result.[i]

When a 911 operator dispatches law enforcement officers, the individual in crisis might feel threatened and/or traumatized. Police often do not have the de-escalation tools they need for this situation, and instead use the tool they have and are trained to use, that is, force. The person in crisis can end up injured, arrested, or killed. Ambulance personnel are often untrained in working with individuals in a behavioral health crisis using de-escalation techniques and defer to police as they resort to restraint. People with behavioral health conditions are 16 times more likely to be killed by police than the general public.[ii] In a survey of police chiefs in Middlesex County Massachusetts, the Middlesex County Restoration Center Commission found that up to 75% of officer time may be spent on behavioral health calls for service, though only about 6% of those calls for service are catalogued as such in 911 call logs and dispatch codes.[iii]

This mismatch between the type of need and the type of dispatched responder is a contributing factor in the high level of disparity in the arrest of individuals with behavioral health conditions. Among prisoners in Massachusetts, 36% of male and 81% of female prisoners have a mental health condition, while 28% and 75% respectively have a serious mental health condition.[iv] Similarly, between 60 and 70% of Massachusetts youth in the custody of the Department of Youth Services (the juvenile justice carceral entity) have been found to have at least one mental health condition.[v] The disparity among individuals with behavioral health conditions being over-represented in the criminal legal system is highly related to the racial and ethnic disparities in that system: among incarcerated people with a mental health condition, non-white individuals are more likely to be held in solitary confinement, be injured, and stay longer in jail.[vi] Jails and prisons are intentionally places of significant liberty restrictions and, often, of trauma, which is widely understood to be highly correlated with mental health symptoms.[vii] Behavioral health symptoms can thereby be exacerbated by institutional settings, increasing the likelihood of potential future encounters with emergency services and repetition of this cycle.

A traditional medical response that can be dispatched in response to a 911 call also is not ideal: the individual in crisis might be transported to an Emergency Department (ED) with the goal of evaluation and hospitalization. For a number of reasons, including a lack of community crisis stabilization options and a shortage of available psychiatric hospital beds, the person may spend days or even weeks in the ED with no psychiatric treatment waiting for that hospitalization.[viii] This time spent untreated, waiting for a hospital bed is referred to as "ED boarding," and in addition to being traumatic for the individual, it is expensive and resource-consuming for the health care system. Further, hospitalization itself is often not necessary to treat a mental health emergency; some hospitalizations could be avoided entirely or diverted to alternative levels of care including crisis stabilization, intensive outpatient, in home services, and respite capacity, with appropriate levels of supports and staffing.

The good news is that enhancements are being made to the community-based behavioral health system to better support individuals and families in crisis. In February 2021, the Executive Office of Health and Human Services (EOHHS) released a "Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it." Elements include Community Behavioral Health Centers with access to real-time urgent care services; a new regional crisis system embedded within Community Behavioral Health Centers that will deliver 24/7 community and mobile crisis intervention; and new Community Crisis Stabilization (CCS) services for youth to provide short-term, intensive 24-hour treatment, expanding a service currently only available for adults.[ix]

Innovations are also happening at the intersection of policing and behavioral health crisis response. The Middlesex County Restoration Center Commission, which I co-chair with Sheriff Peter Koutoujian, is in its third year of analytic research and implementation planning to create an urgent care, crisis reception, and stabilization center to which police, ambulances, or individuals can bring an individual as an alternative to jail or emergency room care. An initial operating budget of $1M and a trust fund set to receive federal and foundation grants was included last week in the Legislature's FY22 Conference Committee budget. Earlier this week, the *Boston Globe* ran a story on the City of Lynn's $500,000 allocation in its budget for unarmed crisis response team. "Its purpose is

to provide a behavioral health response to 911 calls when there's not a worry of either a medical emergency or injury to self or others."[x] Under the leadership of Dr. Sarah Abbott, Advocates Inc. developed a pre-arrest Co-Response Program that now operates in multiple police departments across the Commonwealth. "Clinicians train and work alongside police officers to help respond to crises and determine appropriate outcomes… Police departments report that the number of re-occurring calls has decreased as people are referred to more appropriate services."[xi] Thanks to the leadership of the Massachusetts House and Senate, there is $9 million in the Department of Mental Health (DMH) FY22 Conference Committee budget to support similar initiatives to divert individuals in behavioral health crisis away from the criminal justice system.

H.2461/S.1567, *An Act to enhance 911 operations for behavioral health crisis response*, is so critical because it provides the necessary infrastructure for the 911 emergency response system to do a better job at identifying individuals in behavioral health crisis and triaging those calls to appropriate, effective, and non-traumatizing behavioral health response. This bill accomplishes this by:

- Adding behavioral health professionals and people with lived experience to the state 911 Commission.
- Requiring crisis intervention training for certified "enhanced 911" telecommunicators and diversion of individuals with behavioral health conditions from law enforcement to behavioral health providers when appropriate.
- Establishing a grant program for local 911 call centers to update 911 call scripts, call codes, and dispatch protocols to better identify behavioral health emergencies.
- Seeking to increase formal relationships between local 911 call centers and behavioral health crisis support, including suicide prevention lifelines, Emergency Service Providers, and others.

By setting up this infrastructure, this bill helps to foster an alternate response by trained behavioral health professionals instead of law enforcement whenever possible, avoiding unnecessary arrest, injury, and even death.

Please do not hesitate to be in contact should you have questions, would like additional information, or if MAMH can serve as a resource to your critical work at dannamauch@mamh.org and jessicalarochelle@mamh.org. I urge you to report H.2461/S.1567, *An Act to enhance 911 operations for behavioral health crisis response* favorably out of Committee. Thank you.

Sincerely,

Danna Mauch, PhD
President and CEO

Jessica Larochelle, MPH
Director for Public Policy and Government Relations

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[i] Massachusetts Association for Mental Health (2021). Criminal Legal System Diversion: Creating a Behavioral Health Emergency Response System. Accessible at: https://www.mamh.org/library/criminal-legal-system-diversion-creating-a-behavioral-health-emergency-response-system.

[ii] Treatment Advocacy Center (2015). *Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters*. Accessible at https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-

undercounted.pdf.

[iii] Middlesex County Restoration Center Commission (2020). *Year Two Findings and Recommendations*. Accessible at https://www.mamh.org/library/middlesex-county-restoration-center-commission-year-two-findings-and-recommendations.

[iv] Massachusetts Department of Correction Research and Planning Division (2020). *Prison Population Trends 2019*. Accessible at https://www.mass.gov/doc/prison-population-trends-2019/download.

[v] Grisso, Thomas & Davis, Maryann & Vincent, Gina. (2004). *Mental Health and Juvenile Justice Systems: Responding to the Needs of Youth with Mental Health Conditions and Delinquency.*

[vi] National Alliance on Mental Illness (2021). *Mental Health By the Numbers*. Accessed at https://www.nami.org/mhstats.

[vii] Angela Sweeney, Beth Filson, Angela Kennedy, Lucie Collinson, and Steve Gillard (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych Advances*, vol. 24(5): 319-333. Doi: 10.1192/bja.2018.29.

[viii] For an analysis of the causes of ED boarding, see Stefan, Susan, Emergency Department Treatment of the Psychiatric Patient: Policy Issues and Legal Requirements (2006) Oxford University Press, https://books.google.com/books?id=XAESDAAAQBAJ&lpg=PR7&ots=aQ2aw4MrDQ&dq=Susan%20Stefan%.

[ix] Massachusetts Executive Office of Health and Human Services. (2021). *Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it.* Available at: https://www.mass.gov/doc/stakeholder-presentation-on-the-roadmap-for-behavioral-health-reform/download.

[x] Scott, Ivy (11 July 2021). *Lynn allocates $500,000 to set up an unarmed crisis-response team.* Boston Globe. Available at: https://www.bostonglobe.com/2021/07/11/metro/lynn-allocates-500000-set-up-an-unarmed-crisis-response-team/.

[xi] Advocates. *About our Co-Response Jail Diversion Program*. Available at: https://www.advocates.org/services/jail-diversion.