

988: A BEHAVIORAL HEALTH EMERGENCY LINE

CREATING A COORDINATED BEHAVIORAL HEALTH EMERGENCY/CRISIS RESPONSE SYSTEM

**H.2081
S.1274** **An Act to better coordinate suicide prevention services, behavioral health crisis care and emergency services through 988 implementation (Rep. Marjorie C. Decker, Sen. Julian Cyr)**

In its current state, the 911 response system is not best suited to respond to behavioral health crises. This bill creates a behavioral health emergency response infrastructure using a new 988 emergency number. The bill prioritizes responses provided in community-based settings (rather than in hospitals) and responses provided by behavioral health providers (rather than by law enforcement). The bill establishes this infrastructure by coordinating several parts of the existing behavioral health system into a cohesive crisis response, centralized and available 24/7, thereby preventing the criminalization of behavioral health needs.

THE PROBLEM

- Individuals in behavioral health crisis, their families, and bystanders do not know where to turn during a behavioral health crisis. Calling 911 often leads to criminalization and/or physical harm.
- Nearly half of all deaths at the hands of police are of individuals with disabilities, including those with behavioral health conditions, and *our prisons/jails are our largest mental health providers*.
- Hospitalization as the result of a 911 call can be a traumatic experience. Due to a lack of psychiatric beds at our hospitals, individuals often wait in emergency departments without psychiatric treatment for days or even weeks – called emergency departing boarding or “ED boarding.”

WHAT THIS BILL ACHIEVES

- Establishes a 24/7 access point for anyone in a behavioral health crisis, prioritizing serving individuals safely in their communities via call/text, care by a dispatched professional or at a behavioral health care center – not in hospitals or through law enforcement responses.
- Prevents unnecessary law enforcement involvement and related physical harm and criminalization.
- Reduces expensive and traumatic ED boarding and unnecessary hospitalization.
- Improves and better coordinates a system of crisis behavioral health services (including those already in operation) by augmenting crisis teams so they are able to respond to more complex crises, allowing for direct scheduling of outpatient appointments, and incentivizing the provision of additional follow-up activities.

WHY THIS MATTERS

With passage of this bill, Massachusetts would be prepared to implement 988 by the time the federal government sets aside the number in July 2022. The proposal will improve and better coordinate crisis behavioral health services to more effectively and efficiently prevent unnecessary law enforcement involvement, hospitalization, and incarceration.

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