

**SENATE . . . . . No. 1552**

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The Commonwealth of Massachusetts

PRESENTED BY:

***Sonia Chang-Diaz***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to create alternatives for community emergency services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Sonia Chang-Diaz</i>	<i>Second Suffolk</i>	
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/24/2021</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>2/24/2021</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>3/8/2021</i>
<i>Erika Uytterhoeven</i>	<i>27th Middlesex</i>	<i>3/10/2021</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>3/10/2021</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>3/10/2021</i>
<i>Maria Duaine Robinson</i>	<i>6th Middlesex</i>	<i>4/1/2021</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>4/15/2021</i>
<i>Adam G. Hinds</i>	<i>Berkshire, Hampshire, Franklin and Hampden</i>	<i>4/20/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>4/21/2021</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>4/21/2021</i>
<i>Susan L. Moran</i>	<i>Plymouth and Barnstable</i>	<i>5/4/2021</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>	<i>7/14/2021</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>7/14/2021</i>
<i>Nika C. Elugardo</i>	<i>15th Suffolk</i>	<i>1/24/2022</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>1/26/2022</i>

*Lydia Edwards*  
*Julian Cyr*

*First Suffolk and Middlesex*  
*Cape and Islands*

*2/1/2022*  
*3/24/2022*

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By Ms. Chang-Diaz, a petition (accompanied by bill, Senate, No. 1552) of Sonia Chang-Diaz, Jason M. Lewis, Jack Patrick Lewis, Joanne M. Comerford and other members of the General Court for legislation to create alternatives for community emergency services. Public Safety and Homeland Security.

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The Commonwealth of Massachusetts

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In the One Hundred and Ninety-Second General Court  
(2021-2022)  
\_\_\_\_\_

An Act to create alternatives for community emergency services.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 6A of the General Laws shall be amended by inserting the  
2 following new section:-

3 Section 16CC. The Executive Office of Health and Human Services shall establish and  
4 provide administrative oversight to the Alternatives for Community Emergency Services Grant  
5 Program (A.C.E.S.) to increase the availability of non-law-enforcement, unarmed community-  
6 based response options for calls to 911.

7 Said grant program shall --

8 (a) make competitive grants to eligible applicants to develop local systems for protecting  
9 the mental and physical well-being of residents, preventing violence, de-escalating volatile  
10 situations, ensuring access to human services, and reducing government use of force, in  
11 emergency and non-emergency situations that do not necessitate the presence of law enforcement

12 personnel, or, where appropriate, the person requesting help requests a response from an  
13 alternative to law enforcement and;

14 (b) produce timely evaluation of grant performance to clarify and assess the outcomes  
15 and costs of funded programs, and any trends across service models provided through the grant  
16 program overall; provided further that outcomes assessed shall include, though need not be  
17 limited to, mental, physical, and behavioral health outcomes, impact on reduced demand for law  
18 enforcement response to 911 calls, and rate of successfully connecting residents with human  
19 services for which they present a need.

20 Grant making criteria and decisions shall be made by a board of community-based  
21 stakeholders, one of whom shall be the executive director of the Massachusetts Chapter of the  
22 National Association of Social Workers or a designee, one of whom shall be the secretary of the  
23 Department of Mental Health or a designee, one of whom shall be the director of Greater Boston  
24 Association of Black Social Workers or a designee, one of whom shall be the director of the  
25 Massachusetts Peer Support Network or a designee, one of whom shall be the director of the  
26 Western Massachusetts Learning Community or designee, one of whom shall be a consumer of  
27 services of the Louis D. Brown Peace Institute, one of whom shall be a consumer of services of  
28 the Massachusetts Office of Addiction and Recovery, and one of whom shall be the director of  
29 Jane Doe Inc. or a designee.

30 SECTION 2. To be eligible to receive a grant under this act, an entity shall be a  
31 partnership of—

32 1. (a) a unit of local government, or its contractor or tribal organization, acting through an  
33 entity that is independent of any law enforcement agency; and

34 (b) a covered community-based organization. The term Community-Based Organization  
35 shall mean — A nonprofit community-based organization, a consortium of nonprofit  
36 community-based organizations, or a national nonprofit organization acting as an intermediary  
37 for a community-based organization.

38 2. If applicable, a nonprofit or public institution of higher education, community mental  
39 health center, or behavioral health organization local to the community.

40 SECTION 3. To be eligible to receive a grant under this Act for a project, a partnership  
41 shall submit an application, to the Executive Office of Health and Human Services at such time,  
42 in such manner, and containing such information as the Executive Office of Health and Human  
43 Services may require, including

44 (1) information that specifies in detail—

45 (A) the covered populations that the partnership will target for services under this Act;

46 (B) the experience of the members of the partnership in successfully working in the  
47 community to be served and partnering with the target populations.

48 (C) how the grant funds will be used;

49 (D) the expertise of the partnership, including its staff, in implementing the project to  
50 provide the proposed services;

51 (E) how the partnership will implement or develop evidence informed best practices in  
52 carrying out the project, including references to applicable research; and

53 (F) the partnership’s plan for gathering regular feedback from service recipients about the  
54 quality of the services, including contacts and resources, provided through the project; and

55 (2) a memorandum of understanding that—

56 (A) identifies each partner, including each agency of the unit of local government or  
57 tribal organization, as applicable, involved, and is signed by a representative of each partner in  
58 the partnership carrying out the project; and

59 (B) outlines—

60 (i) the partnership’s engagement with the community, including members of the covered  
61 population, and the role the engagement played in developing the project;

62 (ii) the financial and programmatic commitment of each partner, and the specific role of a  
63 law enforcement agency, if involved in a backup role;

64 (iii) the responsibilities of partners, emergency dispatch operators, and dispatchers in the  
65 national 911 system, in properly identifying calls in the community to be served necessitating a  
66 community-based emergency and non-emergency response and directing those calls to  
67 appropriate responders;

68 (iv) the responsibilities of information and referral systems for essential community  
69 services, accessed in most localities by dialing 211, and the National Suicide Prevention Hotline  
70 for participating in efficiently routing direct callers to services;

71 (v) the responsibilities of each partner with respect to data collection and evaluation;

72 (vi) as of the date of submission of the application, how each partner’s existing vision,  
73 theory of change, theory of action, and activities align with those of the grant program set forth  
74 in this Act;

75 (viii) how the eligible partners’ governing boards or advisory boards, and emergency  
76 responders, are representative of the community to be served;

77 (ix) how a structure through which residents of the community and grassroots  
78 organizations will have an active role in the eligible partnership’s decision making;

79 (x) how the partnership anticipates that the project involved will decrease the presence of  
80 local law enforcement in situations not warranting an emergency response;

81 (xi) any State or local laws that may be an impediment to implementation of the project;

82 and

83 (xii) any other information the Executive Office of Health and Human Services  
84 reasonably determines to be necessary.

85 SECTION 4. An eligible partnership that receives a grant under this Act for a project may  
86 use the grant funds for—

87 (1) project planning and community engagement;

88 (2) project implementation;

89 (3) staffing and recruitment;

90 (4) facilities;

91 (5) operational costs, including costs of startup or expansion activities, marketing,  
92 language translation and interpretation, and transportation;

93 (6) engagement with technical assistance providers;

94 (7) consulting services;

95 (8) training;

96 (9) program and project evaluation, including evaluation of program and project efficacy,  
97 staff performance, and service delivery;

98 (10) programming and service interventions that include—

99 (A) activities that prioritize human service interventions, by entities other than law  
100 enforcement; or

101 (B) activities that include triaging emergencies, through emergency dispatch operators, in  
102 a manner that results in referral to entities other than law enforcement; and

103 (11) activities that include follow up by human services organizations after contact by  
104 law enforcement, such as peer support or community mediation, social services, or behavioral  
105 health services;

106 (12) training for emergency dispatch operators; and

107 (13) training for community members, or family members of people requiring emergency  
108 or non-emergency response, to facilitate comprehensive and clear communication with  
109 emergency dispatch operators to ensure that necessary information is conveyed about when an  
110 intervention by a nonpolice human services organization is the most appropriate response.



111 SECTION 5. None of the grant funds shall be provided to State, tribal, or local law  
112 enforcement agencies.

113 SECTION 6. Not later than 4 fiscal quarters after the board begins dispensing grants in  
114 accordance with this subsection, the Commonwealth shall enter into a contract with an  
115 independent entity or organization – whose governing board or senior staff is comprised all or in  
116 part of community members who i) live in communities that experience a disproportionate police  
117 presence or that are disproportionately impacted by the criminal justice system or (ii) were  
118 formerly incarcerated to conduct an evaluation for the purposes of—

119 (a) determining the effect of the provision of such services on—

120 (I) emergency room visits;

121 (II) use of ambulatory services;

122 (III) hospitalizations;

123 (IV) the involvement of law enforcement in mental health or substance use disorder crisis  
124 events;

125 i). Including but not limited to:

126 Data to be made available by the Department of Public Health pertaining to law  
127 enforcement related injury or death

128 Data to be made available by the entity responsible for the identification and dispatching  
129 of 911 or emergency services relative to a covered population’s needs

130 (VI) other relevant outcomes identified by the Executive Office of Health and Human  
131 Services

132 SECTION 7. Each recipient of a grant for a project under this section is required to  
133 submit an annual report to the Executive Office of Health and Human Services that details—

134 (1) the specific uses of the grant funds;

135 (2) the number of individuals contacted through the project;

136 (3) the number of individuals connected with ongoing services or resources through the  
137 project, disaggregated by race, ethnicity, gender, sexual orientation, gender identity, disability  
138 status, religious affiliations, and other characteristics;

139 (4) any evidence of positive outcomes following the contacts or connections;

140 (5) any evidence of negative outcomes that may have occurred following the contacts or  
141 connections;

142 (6) the percentage of total emergency calls diverted from law enforcement to the grant  
143 recipient;

144 (7) the percentage of emergency calls diverted to the grant recipient that have been  
145 addressed;

146 (8) the extent to which the grant recipient is hiring or training individuals from within the  
147 covered population, and the recruitment, hiring, training, and retention practices for such  
148 individuals;

149 (9) any related reduction in the number of calls to law enforcement over the period of the  
150 project;

151 (10) any changes in the types of calls made to the 911 system, to the extent that it is  
152 practicable to report information on such changes;

153 (11) any increases in the number of calls to the 211 (or equivalent) systems for essential  
154 non-emergency community services or calls to the 988 National Suicide Prevention Hotline over  
155 the period of the project;

156 (12) any State or local laws that were an impediment to implementation of the project;  
157 and

158 (13) any evidence of completed in-home, teletherapy, or in-community responses that  
159 included counseling, crisis response, family treatment, mediation, or other evidence-based  
160 interventions that addressed complex needs not able to be resolved by non-emergency calls  
161 alone.

162 SECTION 8. Not later than October 1, 2020, the Executive Office of Health and Human  
163 Services shall—

164 (1) complete an evaluation detailing the implementation of, outcomes of, and best  
165 practices from the grant program carried out under this Act, including program-wide information  
166 on the factors described in paragraphs (2) through (13) of section 6; and

167 (2) submit to the legislature a report containing the evaluation and recommended next  
168 steps for the program.