

# SENATE . . . . . No. 1407

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## The Commonwealth of Massachusetts

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PRESENTED BY:

***Paul W. Mark***

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*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 equitable approaches to public health.

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PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Paul W. Mark</i>	<i>Berkshire, Hampden, Franklin and Hampshire</i>	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>3/13/2023</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>6/23/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>7/10/2023</i>
<i>Pavel Payano</i>	<i>First Essex</i>	<i>1/30/2024</i>

# SENATE . . . . . No. 1407

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By Mr. Mark, a petition (accompanied by bill, Senate, No. 1407) of Paul W. Mark for legislation to create equitable approaches to public health. Public Health.

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## The Commonwealth of Massachusetts

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In the One Hundred and Ninety-Third General Court  
(2023-2024)  
\_\_\_\_\_

An Act to create equitable approaches to public health.

*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 Equitable Approaches to Public Health grant program to  
5 increase the availability of non-law-enforcement, unarmed community-based response options  
6 for emergency calls.

7           Said grant program shall --

8           (i) 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

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

(ii) produce timely evaluation of grant performance to clarify and assess the outcomes and costs of funded programs, and any trends across service models provided through the grant program overall; provided further that outcomes assessed shall include, though need not be limited to, 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.

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

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

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

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

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

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

(1) information that specifies in detail—

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

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

(C) how the grant funds will be used;

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

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

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

(2) a memorandum of understanding that—

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

(B) outlines—

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

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

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

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

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

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

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

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

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

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

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

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

(1) project planning and community engagement;

(2) project implementation;

(3) staffing and recruitment;

(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  
117 police 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           a.Data to be made available by the Department of Public Health pertaining to law  
127 enforcement-related injury or death

128           b.Data to be made available by the entity responsible for the identification and  
129 dispatching 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, 2028, 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.