

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Lindsay N. Sabadosa

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.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/9/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

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

14 (ii) 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 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.