

July 14, 2021

House Chairman Harold P. Naughton, Jr.  
Joint Committee on Public Safety and Homeland Security  
24 Beacon Street  
Room 167  
Boston, MA 02133

Senate Chairman Michael Moore  
Joint Committee on Public Safety and Homeland Security  
24 Beacon Street  
Room 109-B  
Boston, MA 02133

Dear Chairman Naughton, Chairman Moore, and Members of the Joint Committee on Public Safety and Homeland Security:

**Fenway Health and AIDS Action would like to go on the record IN SUPPORT of (H.2519/S.1552) *An Act to create alternatives for community emergency services (ACES)*.**

Founded in 1971, the mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) community in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy. One pathway of enhancing the wellbeing of this community is implementing new strategies to reduce harm, and actively working to dismantle systems that perpetuate harm. The ACES bill is uniquely positioned to do both.

People who identify as LGBTQIA+ can experience a multitude of challenges related to their identity. There is evidence that members of the LBTQIA+ community are at higher risk of experiencing mental health concerns, discrimination, trauma, homelessness and substance use disorder.<sup>1</sup> Members of this community are also frequently the victims of hate crimes, and through many of these experiences have interactions with the law enforcement.

Unfortunately, as society has evolved, the role of the police officer has expanded beyond the means of their training or professional skills. Police have become the default responder for most crises in a community, and this has created major issues for people living with mental health, behavioral health or substances use concerns, those in the homeless community, people of color, and many other populations. Due to their lack of training to handle these types of responses, police are more likely to escalate a crisis that could be de-escalated by someone with proper training. In 2020, the majority of incidents where people were killed by police occurred when police responded to a suspected non-violent case with no crime reported.<sup>2</sup> The ACES bill innovates a new system that would allow social workers, community support workers, and other peer support specialists, who are licensed and trained to handle behavioral and mental health crises, to respond to these non-violent and non-criminal calls. By re-routing these requests to unarmed professionals, we aim to reduce the unintended harm that sadly has frequently become the result of an interaction with law enforcement. Moreover, this model would

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<sup>1</sup> <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI>

<sup>2</sup> Lamb et al., Police and Mental Illness, *Psychiatric Online*

also allow police officers to regain bandwidth to focus on the work they are specialized to do: responding to and reducing criminal and violent activity in the community.

The ACES bill resembles the CAHOOTS model, a similar system that was implemented in Eugene, Oregon more than 30 years ago.<sup>3</sup> This alternative emergency response model consists of a mobile clinic that is always equipped with a medic, most commonly a nurse or EMT, and a crisis responder who is trained in mental and/or behavioral health. This team responds to 911 calls that are designated by dispatchers as not requiring police intervention. Many of these calls handle mental health crises, homelessness issues, substance abuse, or threats of suicide. In 2019, almost 30 years after their foundation, they responded to 24,000 calls. These calls made up roughly 20% of all calls made to 911 that year. Of all of these calls, only 150, less than 1%, subsequently required police back up. As a result of its success, simplicity, and effectiveness, the CAHOOTS model has been adapted and implemented in several cities across the United States and early data from the alternative emergency response model is overwhelmingly positive. One city, Denver, has already piloted their own program modelled after CAHOOTS.<sup>4</sup> In the first six months of the program, the team responded to over 700 calls that came through the main police station. About 68% of these calls were people contacting emergency response for homelessness, and mental health concerns were in 61% of these cases. Of these calls, none required police backup, no one was arrested as a result of the call, and no one was harmed. By passing and implementing the ACES bill, the Commonwealth has an opportunity to reap similar benefits.

If ACES is passed, Massachusetts would become a trailblazer in reimagining the emergency response model on a state-wide scale. Reducing harm from police is critical for our LGBTQIA+ community, Black, Indigenous and people of color (BIPOC) communities, and especially our communities of people living with mental health, behavioral health and substance use issues. This bill has the opportunity to effectively reduce harm, while simultaneously reinstating the bandwidth for law enforcement to focus their efforts on the crises they were trained to manage.

For all the preceding reasons, Fenway Health urges the committee to give (*H.2519/S.1552*) *An Act to create alternatives for community emergency services (ACES)* a favorable report.

Sincerely,

Carl Sciortino  
Executive Vice President of External Relations  
Fenway Health

Whitney Crebase, MPH  
The Fenway Institute

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<sup>3</sup> White Bird Clinic, "What We Do," *The White Bird Clinic*, 2021, <https://whitebirdclinic.org/about/>

<sup>4</sup> Grace Hauck. "Denver successfully sent mental health professionals, not police, to hundreds of calls," *USA Today*, February 6, 2021. <https://www.usatoday.com/story/news/nation/2021/02/06/denver-sent-mental-health-help-not-police-hundreds-calls/4421364001/>