Massachusetts 988 Commission

Meeting Minutes August 18th, 2025 1:30pm – 3:00pm

Date of meeting: Monday, August 18th, 2025

Start time: 1:35 PM End time: 2:53 PM

Location: Virtual Meeting (Zoom)

Count	Members participating remotely	Vote 1	Vote 2
1	Danielle Bolduc – Director of the Suicide Prevention Program	х	х
2	Patrick Bowlin - Current or former consumer of mental health or substance use disorder supports or services	_	_
3	Kelly Casey, PhD – Department of Forensic & Clinical Services at William James College	х	х
4	Rebekah Caylor – Raynham Police Department (MCPA), 911 Dispatcher	х	х
5	Courtney Chelo / Kelly English – Mass. Society for the Prevention of Cruelty to Children (MSPCC)	А	А
6	Undersecretary Kerry Collins – Executive Office of Public Safety and Security (EOPSS)	ı	ı
7	Rebekah Gewirtz – National Association of Social Workers - MA & RI Chapter	Α	-
8	Sharon Hanson – Mass. Behavioral Health Partnership (MBHP)	х	х
9	Debbie Helms – Samaritans Merrimack Valley	х	х
10	Jessica LaRochelle – Mass. Association for Mental Health (MAMH)	_	_
11	Josh Quirk – National Alliance on Mental Illness Massachusetts (NAMI-MA)	Α	х
12	Charmain Jackman, PhD – InnoPsych, Inc.	Α	х
13	Karin Jeffers – Clinical & Support Options (CSO)	Α	х
14	Kathy Marchi – Samaritans, Inc.	х	х
15	Kimberly Martin – Riverside Trauma Center – Riverside Community Care	Α	х
16	Paul Mina – United Way of Tri County & United Way of Pioneer Valley, Mass 211	х	х
17	Ivy Moody – Mental Health Legal Advisors Committee (MHLAC)	х	х
18	Pam Sager – Parent/Professional Advocacy League (PPAL)	_	_
19	Pata Suyemoto - National Asian American Pacific Islander Mental Health Association	_	_
20	Joan Taglieri - Cambridge Health Alliance	Α	х
21	Mio Tamanaha – Department of Mental Health	-	_
22	Stacy Vail – Cataldo Ambulance Service, Paramedic	х	х
23	Monna Wallace – State 911 Department	х	х
24	Chair Kelley Cunningham – Division of Violence and Injury Prevention, DPH	х	х

^{* (}X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

^{**} Vote 1: Roll Call and Minutes Approval; Vote 2: To Adjourn Meeting

Call to Order and Opening Remarks:

Chair Kelley Cunningham, Director of the Division of Violence and Injury Prevention at the Massachusetts Department of Public Health, introduced herself and mentioned her designee as the Commission Chair. She welcomed the commission members and the attendees and thanked everyone for being here. Kelley opened with some general housekeeping tips reminding the group that the meeting is subject to Open Meeting Law and that any votes taken during the meeting will be conducted via a roll call. Commission members should remain muted unless they are speaking, and to please not use the chat feature as it is not available to the public. Members are encouraged to use the raise hand feature for comments or questions and to state their names before speaking to record the minutes accurately and encourage accessible communications.

Kelley welcomed and introduced Josh Quirk from the National Alliance on Mental Illness (NAMI), who will be covering for Jacqueline Hubbard while she is out on family leave until early 2026. Josh has full membership capabilities and can therefore vote. Kelley also welcomed and introduced Kelly English, who is covering in Courtney Chelo's absence today, but not in a full membership capacity, and therefore will abstain from voting.

Kelley reminded everyone that there are still two open Commission seats: one is a Consumer seat, and the other is an ACLU seat. Kelley noted that Brenda-Liz is working hard to get those seats filled.

June Meeting Minutes: Approval of draft minutes from the last commission meeting on Monday, June 16th.

Kelley moved to approve the June meeting minutes and asked members if they received the minutes and had an opportunity to review them, and if there were any suggested changes. There were no comments from the Commission members.

Change to the Meeting Minutes:

Before Kelley moved to the vote to approve the June meeting minutes, she proposed that going forward the meeting minutes be captured in a high-level summary format, rather than a detailed account of what everyone says. Initial feedback on the proposed change was positive so Kelley suggested a motion that going forward the meeting minutes will be a summary of the key discussion points, actions, and decisions. Charmain Jackman introduced the motion to move to high level summaries for the meeting minutes and to approve the June 16th meeting minutes, and Sharon Hanson seconded the motion.

<u>Vote 1 on approval of the June meeting minutes and changing the meeting minutes to a high-level summary format</u>: The June 16th minutes were approved by roll-call vote, and the Commission approved the proposed change to the meeting minutes.

Commission Update:

Kelley shared the good news that last year's annual report has been approved at the governor's office and is now posted on the website. Brenda-Liz will also send the link to the Commission members.

Kelley then raised the recent changes to 988 for open discussion among the Commission members. In late June, we received notification from SAMSA that the press 3 option for 988, which supports LGBTQ+ youth, would be disabled. The press 3 option was disabled on July 17th. The messaging that we received from SAMSA was that 988 supports everyone and there isn't a need to have this separate line. While this news is disheartening and data would suggest that this group is particularly vulnerable, we want to highlight that our call centers here in Massachusetts were supporting this youth in this manner prior to option 3 going live, and they will continue to do so today. Training has been ramped up by Vibrant, who is the national administrator for 988, and training for this population is part of accreditation.

- The Samaritans of Merrimack Valley have developed a new 2-hour training focused on supporting the LGBTQ+ community. It is being previewed this month and rolling out in October. It is for 988 staff, but it is also available and applicable to everyone. Please contact Debbie at dhelms@fsmv.org if you would like her to share this training with you.
- There was general agreement that the messaging this change sends to the LGBTQ+ community is
 heartbreaking. It was highlighted that the Trevor Project is still available through their ten-digit
 number, and that the Trevor Project also has webinars and workshops for anyone seeking more
 information or less formal training in this area. 988 does not have the option to do a warm transfer to
 the Trevor Project.
- The discussion turned to marketing and counter messaging. Danielle confirmed that they initiated
 conversations with Argus (marketing partner) as soon as the news came out, and that those
 conversations are happening, however it is a delicate balance in how we communicate locally and in
 Massachusetts, and on behalf of the national 988 brand, especially when some of our funding is
 federal.
- While there is no longer a guaranteed option for callers to select to speak with peers, and the national
 routing prevents us from setting it up ourselves, Danielle added that the representation is present in
 our workforce. In the short term, we've needed to be reactive, and we've pivoted our workforce to
 upskilling, each contact center has a training and onboarding plan and Vibrant has also pulled together
 resources.
- The call volume impacted by this change is about 580 calls/month. It would be a challenge going
 forward to sort through our data to see how much is converted to our general lines as this type of
 demographic data is not required to be collected.
- Messaging has gone up on the Mass.gov website that there are resources available for the LGBTQ+ community including 988, as well as and the Trevor Project, and the Trans Lifeline with phone numbers and chat links.
- Danielle has also prepared talking points to share with various community organizations for dissemination. There was an action to double check that the LGBTQ Youth Commission received these talking points. Further to this point, we might want to consider this type of action as one of the recommendations that we put forward in our annual report. A recommendation to identify and disseminate information and resources for the LGBTQ+ community across all relevant groups.

Recommendations and Timeline

As a follow up from the last meeting, Kelley revisited the request to have a mock call demo for this group. After some discussion with two of the call centers and some thought on our group's mission, as well as the timeline we are working towards for the annual report, Kelley made the decision to take the mock call off the table at least for now. Since our goal is to make recommendations, and we are approaching the deadline (October) to confirm what our recommendations will be this year, a mock telephone presentation doesn't support our need to come up with recommendations that we want to put in our request. As a reminder this commission cannot impact or make recommendations on how our call centers conduct calls. Our call centers are guided by accreditation standards, not recommendations from this commission. No objections were raised from the group to table this request for now.

Interoperability Discussion

Kelley proposed a discussion on interoperability between the crisis support lines of 988, BHHL, and Mobile Crisis, and raised improved interoperability as a potential candidate for the Commission's recommendations this year.

Some background:

Historically the hand off between the lines is low. About 1% to 2% of the 350K-400K calls received each year transfer as a warm handoff between these lines all with the consent of the caller. There are workflow pathways within 988 with specific indicators of when a rep might initiate a transfer to BHHL or Mobile Crisis Intervention.

- Mobile Crisis Intervention is when one of the CDHCs goes directly to the location of the caller in need.
 The system uses the zip code to connect the caller to the regional team that covers that area and MCI is dispatched.
- BHHL, the Behavioral Health Help Line, is used when it's been identified that someone needs and wants a higher level of care such as a counselor or clinician.
- MCI and BHHL can also do a warm handoff to 988 if someone just needs someone to talk to.
- 911 is used in situations of imminent risk.

It was discussed that there isn't a single front door number that makes interoperability easy to navigate for the caller. DPH has many support lines - for example, substance abuse and gambling addition, but there is no top line number in existence that would give the caller options to select across all the support lines. In addition to that, 988 is routed nationally before coming back into the Massachusetts call centers. Recommendations on interoperability to take this into account.

The Commission explored whether there could be interoperability recommendations between 988 and 911, and if there is more work we can be doing with 911. The transfer rate is low, but 911 call centers are trained and have been generally successful when a transfer happens. On the 988 side, once a call is sent to 911, 988 does not hear what happens afterward, and neither do the 911 dispatchers, so there is a lack of visibility on outcomes of these types of transfers at 988 and at 911.

A meeting was proposed for representation across all four groups (988, 911, MCI, & BHHL) to connect offline to talk about interoperability and see if there is an opportunity for a recommendation there. The groups could benefit from understanding more about each other, and/or learning if there are things working in other states that we could leverage. This is complicated as the 911 system is decentralized, and with all the different crisis lines it can be confusing for people in need as well as providers, but any opportunity that can be identified to simplify some of this would be welcome and worth our focus and time.

Other Recommendations

The conversation shifted to AI and mental health technology. There was recent news that Illinois recently passed legislation called the Wellness and Oversight for Psychological Resources Act that prohibits anyone from using AI to provide mental health and therapeutic decision making. Massachusetts is aware of this, and the National Association of Social Workers (NASW) is working with the Massachusetts Mental Health Coalition to file a similar bill in Massachusetts. The filing timing is a challenge because we are in the middle of a 2-year session, but the groups are looking into the logistics of advancing this bill in the middle of this session. If anyone is interested in working on advancing the bill with NASW please reach out to Rebekah Gewirtz.

The Commission proposed including in our recommendations support to advance this bill, and potentially an outline of where AI is appropriate use of technology and where it is not an appropriate use of technology. The recommendation would emphasize that AI does not replace human interactions or act in any capacity of a provider of 988 services.

We've talked previously about recommendations for our marketing campaigns. There was a suggestion to set aside time in our next meeting to list our communication goals for marketing, which may or may not include a statement about our use of AI.

Ivy referenced an email she sent to Kelley about a comment section on the 988 national webpage where people can provide feedback. We believe the comments are routed to Vibrant and then to the specific state if applicable. It is unclear if any of our centers have received this feedback. Any follow up to this would have to be asked at the Vibrant level. A suggestion was made to add a comment box on our MA 988 page to collect feedback, but there are various reasons why this isn't feasible: we don't want to duplicate the national page, there are data validation concerns, there is also the issue of routing the comments and the capacity and infrastructure to support this, and also confidentiality concerns.

Next Steps

Kelley and Casey to meet and get the list of proposed recommendations together and share out to the group ahead of the next meeting.

A meeting to be scheduled before our October Commission meeting and include representation across 988, 911, MCI, and BHHL to discuss interoperability and see if there is an opportunity for a recommendation there.

Kelley reminded the group that the next meeting is set for Monday, October 20th from 1:30 PM to 3:00 PM.

<u>Vote 2 to adjourn:</u> A motion to adjourn was made by Paul Mina and seconded by Kathy Marchi and approved by roll-call vote (see detailed record of votes above).