

**BHSB\_Adrienne Breidenstine\_FWA\_SB0441**

Uploaded by: Breidenstine, Adrienne

Position: FAV



February 18, 2020

**Senate Finance Committee**  
**TESTIMONY IN SUPPORT WITH AMENDMENTS**

*SB 441 Mental Health- Emergency Facilities List- Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use disorder) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving nearly 75,000 people with behavioral health service needs.

**BHSB supports SB 441 Mental Health- Emergency Facilities List- Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers, with the sponsor amendment to add language to include “local behavioral health authority.”**

Many individuals in crisis brought to hospital EDs for stabilization report experiencing increased distress and worsening symptoms due to noise and crowding, limited privacy in the triage area, and being attended to by staff who had little experience with mental health disorders. Evidence suggests a high proportion of people in crisis who are evaluated for hospitalization can safely be cared for in a crisis stabilization facility. The outcomes for these individuals are as good as hospital care, and the cost of crisis care is substantially less than the costs of inpatient care.<sup>1</sup>

Crisis stabilization facilities offer short-term “sub-acute” care for individuals who need support and observation—but not ED holds or medical inpatient stays—at lower costs than hospital-based acute care. These facilities can also be used for direct drop-off by law enforcement to take people who are at risk of harming themselves or others for voluntary and involuntary psychiatric assessment. This practice can avoid both criminalization of crisis-induced behavior and the costs and potential trauma associated with hospitalization. If it is determined a guest continues to pose a safety threat to self or others, he or she may be transferred to a more intensive level of care.

Currently, hospital Emergency Departments (EDs) are the only locations allowed to accept Emergency Petitions (EPs) for involuntary psychiatric assessment filed on behalf of people who are at risk of harming themselves or others due to a mental illness. Baltimore City has 11 hospitals with emergency departments. Eight of the 11 hospitals in are designated by the Maryland Department of Health (MDH) as emergency psychiatric facilities and are required to accept EPs.

HB 332 would expand the options available to accept EPs to include certain types of community-based crisis stabilization facilities as emergency mental health facilities. This change would help to divert people amid a mental health crisis from unnecessary ED visits and hospitalizations to community-based crisis stabilization services, which is in many cases the more appropriate setting to receive care. **As such, BHSB urges the Senate Finance Committee to support SB 441 with the sponsor amendment to add local behavioral health authority entities that should receive the list from MDH.**

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<sup>1</sup> National Action Alliance for Suicide Prevention: Crisis Services Task Force. (2016). Crisis now: Transforming services is within our reach. Washington, DC: Education Development Center, Inc

# **NCADD\_FAV\_SB441**

Uploaded by: Ciekot, Ann

Position: FAV



**Senate Finance Committee**

**February 18, 2020**

**Senate Bill 441**

**Mental Health - Emergency Facilities List - Comprehensive  
Crisis Response Centers,  
Crisis Stabilization Centers, and Crisis Treatment Centers  
Support**

NCADD-Maryland supports Senate Bill 441. This bill is permissive, allowing programs providing various crisis services to be included on a list of services that local health departments, judges, and local law enforcement units receive as possible resources where people subject to an emergency petition can be taken. This would allow people in crisis to access services in the most appropriate setting. Currently, hospital emergency rooms are the only places people may be taken.

Hospitals are not always the best place for someone experiencing a mental health or substance use disorder crisis to receive help. The various behavioral health crisis programs that exist are specifically designed to help people in crisis situations. Allowing these programs as options is all the bill changes, making sure interventions are not limited to expensive and often ill-equipped emergency rooms.

We urge your support of Senate Bill 441.

*The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.*

**NAMI\_FAV\_SB441**

Uploaded by: Cyphers, Moira

Position: FAV



February 18, 2020

**Senate Bill 441 - Mental Health - Emergency Facilities List - Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers - SUPPORT**

Chair Kelly, Vice Chair Feldman, and members of the Senate Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland strongly supports SB 441, legislation that would require the Maryland Department of Health to include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers and provide that information to law enforcement annually.

NAMI members – our family advocates and individuals living with mental illness could spend all day in your committee testifying to the need for easier access to care in times of crisis. When an individual is in a mental health crisis, time is of the essence. Studies show that the earlier an individual is stabilized, the more likely they can stay on their treatment journey and return to living well with mental illness. Extended stays in places like hospital emergency departments or even local jails can cause individuals in crisis to spiral down even further, making their path to treatment even more perilous.

SB 441 would ensure individuals experiencing a mental health or substance use crisis receive the most appropriate care in the most appropriate setting. Crisis response centers are designed specifically to address these situations, and the bill would ensure that if a crisis center is available, individuals have the option to be transported there rather than an emergency room.

We strongly support efforts to expand our crisis network and provide law enforcement and first responders with the tools they need to divert individuals with behavioral health issues.

For these reasons, NAMI Maryland asks for a favorable report on SB 441.

Contact:

Moira Cyphers

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**MHA\_FAV\_SB441**

Uploaded by: Dorrien, Erin

Position: FAV



Maryland  
Hospital Association

**Senate Bill 441 Mental Health- Emergency Facilities List- Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers**

**Position: *Support***  
February 18, 2020  
Senate Finance Committee

**MHA Position**

Maryland's 61 nonprofit hospitals and health systems care for millions of people each year and are on the front lines of the state's behavioral health crisis. Hospitals and their partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five living with a mental health or substance use disorder, the emergency department (ED) remains the only door to access treatment.

In 2018, ED visits for medical conditions were down 10%, but ED visits for behavioral health related conditions rose 14%. Part of this increase stems from a rise in the number of patients transported to the ED by law enforcement—referred to as an emergency petition. One community hospital reported a 60% increase in these ED visits in three years. However, hospital EDs are not the most appropriate place for people in behavioral health crisis to receive the care they need. Senate Bill 441 is an important step toward helping these patients receive the right care, in the right setting.

SB 441 would strengthen Maryland's crisis response system. Police officers are required to take individuals on emergency petitions to a designated "emergency facility" for psychiatric evaluation. The Maryland Department of Health (MDH) allows only hospital EDs to accommodate them. SB 441 clarifies that the department should consider other facilities, such as crisis stabilization centers, when designating "emergency facilities." [The Lt. Governor's Commission to Study Mental & Behavioral Health](#) and [Mobile Crisis Response Strategic Plan](#) work group from 2017 both endorse this change.

These facilities are well equipped to respond to the mental health crisis and create a healing environment responsive to patients' needs. MDH maintains the authority to designate emergency facilities and ensure these facilities have the necessary protocols and resources to effectively receive these individuals and conduct required evaluations.

As Maryland continues to build a comprehensive and coordinated behavioral health system, MDH should designate emergency facilities other than hospital EDs for Marylanders in a behavioral health crisis. Doing so would not only reduce ED traffic, but would, more importantly, create an additional and more appropriate access point for a group of individuals who do not need acute medical care as part of a psychiatric evaluation.

For these reasons, we urge a *favorable* report.



For more information, please contact:  
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**LCPCM\_FAV\_SB 441**

Uploaded by: Faulkner, Rachael

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 441

**Title:** Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers

**Hearing Date:** February 18, 2020

**Position:** Support

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 441 – Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers*. This bill would require the Maryland Department of Health to include additional crisis centers in its list of emergency services.

Current law requires the Maryland Department of Health to publish and provide a list of emergency services on an annual basis to local health departments, court judges, sheriff's offices, police stations, and Secret Service offices in Maryland. The purpose of this is to ensure that individuals in mental health crisis, especially those that come into contact with the criminal justice system, are transferred to an appropriate setting for evaluation and treatment. Traditionally, the list has only included hospitals with emergency departments.

Over the past several years, Maryland has expanded the number, and availability, of community-based crisis services that divert individuals from emergency departments. With these programs continuing to grow across the state, it makes sense to provide an updated list of crisis services on a regular basis to local entities that come into contact with individuals in crisis.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael faulkner at [rfaulkner@policypartners.net](mailto:rfaulkner@policypartners.net) or 410-693-4000.

**MedChi, MDAAP, MACHC, MDACEP\_D Kauffman\_FAV\_SB0441**

Uploaded by: Kauffman, Danna

Position: FAV

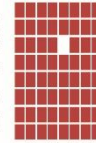
# MedChi

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Maryland Chapter  
AMERICAN COLLEGE OF  
EMERGENCY PHYSICIANS

TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Antonio Hayes

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
Richard A. Tabuteau

DATE: February 18, 2020

RE: **SUPPORT** (Written Only) – Senate Bill 441 – *Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers*

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On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Chapter of the American College of Emergency Physicians, we submit this letter of **support** for Senate Bill 441. Senate Bill 441 expands on the current list of locations designated by the Secretary of Health as an “emergency facility” to include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers.

Currently, peace officers can only bring an individual to an emergency department under the emergency evaluation petition process. Emergency departments are currently experiencing high volumes of behavioral health patients seeking care, too often spending days waiting for inpatient or residential placement. Senate Bill 441 provides a tool for addressing emergency department overcrowding by providing peace officers with additional location options for where an emergency evaluation can be conducted. The above organizations support both Senate Bill 441 and the amendment offered by the sponsor to add “local behavioral health authority” to the list of organizations receiving the designated list of locations. We ask for a favorable vote.

**For more information call:**

Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
Richard A. Tabuteau  
410-244-7000

**MHAMD\_FAV\_SB441**

Uploaded by: Martin, Dan

Position: FAV

**Senate Bill 441 Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers,  
Crisis Stabilization Centers, and Crisis Treatment Centers**

Finance Committee  
February 18, 2020  
**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this testimony in support of Senate Bill 441.

SB 441 provides that the Maryland Department of Health (MDH) *may include* behavioral health crisis response centers on its list of designated emergency facilities that can accept individuals subject to an emergency mental health evaluation. This will help ensure that individuals experiencing a behavioral health crisis are able to access the most appropriate services in the most appropriate settings.

[Maryland Code, Health-General Article §10-624](#) requires individuals subject to an emergency petition (EP) be taken to the “nearest emergency facility” as defined in [Health-General Article §10-620](#). MDH determines and publishes an annual list of these designated emergency facilities (DEFs). Unfortunately, the statute has always been interpreted as requiring DEFs to be hospitals with emergency departments, even when there may be more appropriate alternatives.

Hospital emergency departments are rarely the most appropriate place to deescalate a behavioral health crisis. They can be loud and chaotic, priorities are triaged, and staff are pulled in many directions. Settings like this may actually serve to exacerbate the crisis.

Behavioral health crisis response centers, on the other hand, are developed and designed specifically to address the unique needs of individuals experiencing a mental health or substance use crisis. They provide services and supports necessary to stabilize the immediate crisis and linkages to community resources that can help maintain that stability.

SB 441 addresses a barrier that prevents the routine diversion of individuals in crisis from emergency departments to more appropriate community-based alternatives, which is a core function of a comprehensive behavioral health crisis response system. The bill implements a policy supported by both the *Maryland Behavioral Health Advisory Council*<sup>1</sup> and the *Commission to Study Mental and Behavioral Health in Maryland*.<sup>2</sup>

**For these reasons, MHAMD supports SB 441 and urges a favorable report.**

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<sup>1</sup> Maryland Behavioral Health Advisory Council, *Strategic Plan: 24/7 Crisis Walk-in and Mobile Crisis Team Services*, November 2017. (<https://bha.health.maryland.gov/Documents/The%202017%20Strategic%20Plan%2024-7%20Crisis%20Walk-in%20and%20Mobile%20Crisis%20Team%20Services.pdf>)

<sup>2</sup> Commission to Study Mental and Behavioral Health in Maryland, *2019 Report*, December 2019. (<https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2020/01/MBH-Report-Final-min.pdf>)

*For more information, please contact Dan Martin at (410) 978-8865*

# **LifebridgeHealth\_FAV\_SB 441**

Uploaded by: Nathanson, Martha

Position: FAV





Maryland  
Hospital Association

**Senate Bill 441 Mental Health- Emergency Facilities List- Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers**

**Position: *Support***  
February 18, 2020  
Senate Finance Committee

**MHA Position**

Maryland's 61 nonprofit hospitals and health systems care for millions of people each year and are on the front lines of the state's behavioral health crisis. Hospitals and their partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five living with a mental health or substance use disorder, the emergency department (ED) remains the only door to access treatment.

In 2018, ED visits for medical conditions were down 10%, but ED visits for behavioral health related conditions rose 14%. Part of this increase stems from a rise in the number of patients transported to the ED by law enforcement—referred to as an emergency petition. One community hospital reported a 60% increase in these ED visits in three years. However, hospital EDs are not the most appropriate place for people in behavioral health crisis to receive the care they need. Senate Bill 441 is an important step toward helping these patients receive the right care, in the right setting.

SB 441 would strengthen Maryland's crisis response system. Police officers are required to take individuals on emergency petitions to a designated "emergency facility" for psychiatric evaluation. The Maryland Department of Health (MDH) allows only hospital EDs to accommodate them. SB 441 clarifies that the department should consider other facilities, such as crisis stabilization centers, when designating "emergency facilities." [The Lt. Governor's Commission to Study Mental & Behavioral Health](#) and [Mobile Crisis Response Strategic Plan](#) work group from 2017 both endorse this change.

These facilities are well equipped to respond to the mental health crisis and create a healing environment responsive to patients' needs. MDH maintains the authority to designate emergency facilities and ensure these facilities have the necessary protocols and resources to effectively receive these individuals and conduct required evaluations.

As Maryland continues to build a comprehensive and coordinated behavioral health system, MDH should designate emergency facilities other than hospital EDs for Marylanders in a behavioral health crisis. Doing so would not only reduce ED traffic, but would, more importantly, create an additional and more appropriate access point for a group of individuals who do not need acute medical care as part of a psychiatric evaluation.

For these reasons, we urge a *favorable* report.

For more information, please contact:  
Erin Dorrien  
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# **HEAU\_FAV\_SB0441**

Uploaded by: O'Connor, Patricia

Position: FAV

**BRIAN E. FROSH**  
*Attorney General*

**WILLIAM D. GRUHN**  
*Chief*  
Consumer Protection Division

**ELIZABETH F. HARRIS**  
*Chief Deputy Attorney General*

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**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**  
**CONSUMER PROTECTION DIVISION**

Writer's Direct Dial No.  
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February 18, 2020

To: The Honorable Delores G. Kelley  
Chair, Finance Committee

From: Patricia F. O'Connor, Health Education and Advocacy Unit

Re: Senate Bill 441 (Mental Health - Emergency Facilities List - Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers): Support

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports Senate Bill 441's goals of (1) improving public access to information about mental health crisis services and (2) expanding emergency facilities available for emergency mental health evaluations. This bill provides that the list of emergency facilities published by the Department of Health at least once a year may include comprehensive crisis response centers; crisis stabilization centers; and crisis treatment centers. The list must be given to each health department, judge, sheriff's office, police station and Secret Service office in the State. Publicizing these services would help address stakeholder complaints that "there is a general lack of knowledge about what crisis services exist in the communities throughout Maryland," Maryland Behavioral Health Advisory Council's November 2017 Strategic Plan: 24/7 Crisis Walk-in and Mobile Crisis Team Services, p.21.

<<https://bha.health.maryland.gov/Documents/The%202017%20Strategic%20Plan%2024-7%20Crisis%20Walk-in%20and%20Mobile%20Crisis%20Team%20Services.pdf>>

The list expansion also would potentially increase the number of locations where emergency evaluatees could be taken for evaluation as to whether or not emergency involuntary admission is necessary pursuant to the statutory scheme set forth in Health-General §§ 10-620 through 10-630. This would fulfill one of the recommendations (#6) made by the Behavioral Health Advisory Council in its report, p. 48.

We ask the committee to give the bill a favorable report.

cc: Senator Hayes, Sponsor

# **HEAU\_FAV\_SB0441**

Uploaded by: O'Connor, Patricia

Position: FAV

**BRIAN E. FROSH**  
*Attorney General*

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**STATE OF MARYLAND**  
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February 18, 2020

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Chair, Finance Committee

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We ask the committee to give the bill a favorable report.

cc: Senator Hayes, Sponsor

# **SenatorAntonioHayes\_FAV\_SB441**

Uploaded by: Senator Hayes, Senator Hayes

Position: FAV

ANTONIO HAYES  
Legislative District 40  
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Finance Committee



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

February 18, 2020

Testimony of Senator Antonio Hayes in Support of SB 441:

**Mental Health - Emergency Facilities List - Comprehensive Crisis Response  
Centers, Crisis Stabilization Centers, and Crisis Treatment Centers**

Chairman Kelley and Members of the Finance Committee,

Crisis services are an essential component of any comprehensive system of behavioral health care. Crisis services significantly reduce preventable behavioral health crises and offer earlier intervention to stabilize crises more quickly and at the lowest level of care appropriate. **Senate Bill 441** clarifies the types of facilities the Maryland Department of Health may designate as emergency facilities for purposes related to mental health evaluation.

The Maryland Department of Health publishes at least annually a list of emergency facilities related to emergency mental health evaluations. **SB 441** provides provisions to authorize the health department to include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers on that list. Current law stipulates that the MHD publish a list of emergency facilities and their addresses and gives the list to each health department, judge of a court, sheriff's office, police station, and Secret Service office in Maryland.

"Emergency facility" includes a licensed general hospital that has an emergency room, unless MDH, after consultation with the health officer, exempts the hospital. A petition for emergency evaluation of an individual may be made only if the petitioner has reason to believe that the individual has a mental disorder and presents a danger to the life or safety of the individual or of others.

In 2015, there were more than 107,000 visits to emergency departments (EDs) in Maryland for behavioral health problems, of which 64% were mental health-related and 36% were substance use-related. Howard and Montgomery counties have relatively lower use of EDs, which may be due in part to having a more complete array of crisis services than most jurisdictions. Although



local hospital EDs exist in all parts of Maryland, they are not always set up to optimally provide crisis treatment. Many times, EDs in more rural areas do not have the ideal physical space or personnel to adequately manage those in a behavioral health crisis.

Having these emergency crisis centers on the Maryland Health Department list, as proposed by **SB 441**, will give a more holistic and complete context of mental health services provided in the state.

**I urge a favorable report on Senate Bill 441.**

Respectfully,



Senator Antonio L. Hayes  
Chair, Baltimore City Senate Delegation  
40<sup>th</sup> Legislative District - MD

# Healthy Harford-UM Upper Chesapeake\_FAV\_SB441

Uploaded by: Sheldon, Lyle

Position: FAV



**THE KLEIN FAMILY  
HARFORD CRISIS CENTER**  
Behavioral, Mental Health and Addiction Services

 **UNIVERSITY of MARYLAND  
UPPER CHESAPEAKE HEALTH**



**SB 441 Mental Health – Emergency Facilities List – Comprehensive Crisis Response Center, Crisis Stabilization Centers, and Crisis Treatment Centers - SUPPORT**

For the purpose of providing that the list of emergency facilities the Maryland Department of Health (MDH) is required to publish may include the above listed facilities in addition to emergency departments (EDs).

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The Klein Family Harford Crisis Center was founded as the first regional comprehensive 24/7 public/private public behavioral center in Maryland. The center includes the following services:

- 24/7 Hotline
- 24/7 Mobile crisis team
- 24/7 Urgent care/walk-in
- 24/7 Short-term residential treatment
- Bridge outpatient mental health appointments

The goal of a Crisis Center is to provide person centered trauma informed care, to abate behavioral health symptoms, and achieve the best health outcomes.

**Since its opening in September of 2018:**

- the hotline has received nearly 4,000 calls.
- Mobile Crisis has responded to 724 emergencies in the community.

**The Klein Family Crisis Center officially opened in June of 2019 with 12 hour operating hours, expanding to 24 hour service in August of 2019.**

- Between June of 2019 and January 2020, walk-in/urgent care has served 1,385 clients (presently around 260 people per month)

**Residential treatment began in September of 2019.**

- Since September served a total of 184 clients -presently 40 people per month.

Currently in Maryland, emergency departments are the primary resource for people in psychiatric crisis, yet they are rarely optimal places to provide the attention and calm that a person in acute emotional distress needs for best health outcomes.

The chaos, wait times, and procedural elements of an emergency department-de-humanizing activities such as: disrobing for an exam, surrendering possessions, intrusive security procedures, etc., and can often exacerbate the mental health issue that drove the person to seek care in the first place.

Due to this triggered escalation, individuals with a psychiatric conditions are nearly twice as likely to be admitted to an inpatient bed as individuals with a medical condition. This impacts the entire medical system as emergency

department and inpatient services are the costliest forms of psychiatric care. Unfortunately, as an Outpatient facility, Klein Family Harford Crisis Center can only provide care to individuals in voluntary treatment.

The SAMHSA National Advisory Council created a set of consensus standards that if enacted would significantly reduce unnecessary admissions and adverse patient experiences. These standards concern seclusion, restraint, informed consent, mandatory disrobing, security guards, medical clearance, medical treatment, trauma, accompaniment, and maximum waiting time.

The Klein Family Harford Crisis Center is intentionally designed to address many of these recommendations. The proposed change in legislation to allow the Crisis Center to serve emergency petitioned (EP) patients would allow for more patients to benefit from this trauma informed care.

## KEY POINTS FOR QUESTION AND ANSWER:

### WHY WE SUPPORT EMERGENCY PETITION CASES COMING TO CRISIS CENTER:

Valid arguments to have law enforcement bring EP's to the crisis center vs. the hospital:

- Patient Centered, trauma informed care
- Better health outcomes – potential shorter duration of stay/less medication
- More appropriate specialized mental health and substance use disorder staff
- Better use of hospital resources, saving beds for people who have no other alternatives
- Influencing Total Cost of Care – Triple Aim of improved quality, reduced cost, better health outcomes

### VOLUME STATISTICS

- **5 to 8 people a month are transferred FROM THE Crisis Center to the hospital via emergency petition.** These are individuals who may initially come to seek care, but then refuse treatment and are an imminent safety risk to self or others. Under current law, these individuals must be taken to local a hospital emergency department via police escort. This includes being handcuffed which often escalates their distress.
- In the majority of these cases, the individual would have been better served if they could have remained in the crisis center facility and received appropriate treatment on site.
- Our behavioral Health team estimates that 20%-30% of psychiatric patients presenting in our emergency departments could be better served at the Crisis Center.
- At the Phoenix, AZ Crisis Center, the gold standard for crisis center care in the US, and upon which the KFHCC is based, 98% of psychiatric patients are served by the crisis center. Our team believes that our model will mature in time to meet this same service level.

### SUMMARY

This change in care pathway enabled by the proposed legislation:

- is proven in other states
- provides more appropriate care
- reduces trauma and prevents escalation of behavioral health conditions
- supports improved short term and long term health outcomes for patients.

In closing, this legislation is an important first step in meeting the meeting of our vulnerable patients and aligns well with the new Maryland Healthcare model.

**MPS\_FAV\_SB441**

Uploaded by: Tompsett, Tommy

Position: FAV



February 18, 2020

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

RE: Support – SB 441: Mental Health - Emergency Facilities List - Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers

Dear Chairman Pendergrass and Honorable Members of the Committee

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS supports Senate Bill 441 (SB 441), which allows the Maryland Department of Health to expand the information given to police, sheriffs, judges, and the secret service by providing a list of crisis services that would hopefully divert individuals from preventable emergency room and inpatient admissions. Crisis services can also provide an alternative to incarceration while creating the opportunity to link individuals with needed community services.

Crisis stabilization centers, for example, offer a safe place for individuals who are under the influence of drugs and/or alcohol to sober and receive short-term interventions, such as buprenorphine induction and medical screening and monitoring. More importantly, these individuals are also offered the opportunity to connect with ongoing behavioral health treatment, peer and recovery support services, and case management assistance."

Similarly, comprehensive crisis response centers (CCRC) noted as a resource in the bill provide 24/7, 365 days/year care for individuals who have behavioral health needs, whether mental health, substance use, or comorbid substance use disorder and mental illnesses. CCRC services also include: assessments, on-site crisis stabilization in a nonemergency department setting, linkages to services, outreach, and peer recovery support services. Services can be walk-in voluntary or emergency petition.



For these reasons, MPS respectfully asks the committee to move favorably on SB 441. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Legislative Action Committee for the Maryland Psychiatric Society

**MRHA\_FAV\_SB441**

Uploaded by: Wilson, Lara

Position: FAV





## **Statement of Maryland Rural Health Association**

To the Finance Committee

February 18, 2020

Senate Bill 441: Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers

### **POSITION: SUPPORT**

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Senators Hayes, Augustine, Biedle, Jennings and Reilly, Chair Kelley, Vice Chair Feldman, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 441: Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers.

This legislation would provide that the list of emergency facilities the Maryland Department of Health is required to publish may include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers; and generally relating to the list of emergency facilities published by the Maryland Department of Health.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 jurisdictions, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

Maryland's landscape stretches from the Appalachian Mountains to the Atlantic Ocean. Healthy People 2020 acknowledges some of the distinctive cultural, social, economic and geographic characteristics that define rural America and place rural populations at greater risk for a myriad of diseases and health disorders (Southwest Rural Health Research Center, <https://srhrc.tamhsc.edu/>).

The 2018 Maryland Rural Health Plan ([www.MDRuralHealthPlan.org](http://www.MDRuralHealthPlan.org)), an extensive assessment of Maryland's rural health needs notes that residents of rural Maryland are acutely aware of these disparities, but not always aware of programs aimed at creating solutions. This legislation would increase awareness of mental health resources available.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

*Lara Wilson, Executive Director, [larawilson@mdruralhealth.org](mailto:larawilson@mdruralhealth.org), 410-693-6988*

**MDH\_INFO\_SB441**

Uploaded by: Ye, Webster

Position: INFO



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

February 18, 2020

The Honorable Dolores G. Kelley, Chair  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SB 441 – Emergency Facilities List – Comprehensive Crisis Response Centers,  
Crisis Stabilization Centers, and Crisis Treatment Centers – Letter of Information**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (the “Department”) submits this letter of information for Senate Bill (SB) 441 – Emergency Facilities List. SB 441 allows the Department to include comprehensive crisis response centers, crisis stabilization centers, and crisis treatment centers on a list of emergency facilities provided to local health departments, judges, and law enforcement for purposes of emergency evaluations of individuals with mental disorders and the potential involuntary admissions of those individuals.

The Department designates emergency facilities to accept individuals only when a petitioner “has reason to believe that the individual (1) has a mental disorder; and (2) presents a danger to the life or safety of the individual or of others.” Health Gen. Art. § 10-622 (a). Due to the clinical needs of patients and the due process requirements for involuntary admissions of emergency evaluatees, the Department’s emergency facilities list currently consists of only licensed general hospitals that have an emergency room.<sup>1</sup>

Designing a comprehensive crisis system was one of the concepts explored by the Governor’s Commission to Study Mental and Behavioral Health in 2019. In January 2019, Lt. Governor Rutherford announced Executive Order 01.01.2019.06, establishing the Commission to Study Mental and Behavioral Health in Maryland. The Commission is currently studying mental and behavioral health issues in Maryland, including access to mental health services and the link between mental health issues and substance use disorders, known as co-occurrence. The Commission includes representatives from each branch of state government, representatives from the State Departments of Health, Public Safety and Correctional Services, and Human Services, as well as the Maryland State Police, the Maryland Insurance Administration, the Opioid Operational Command Center, and six members of the public with experience related to mental health.

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<sup>1</sup> MD Code, Health - General, § 10-620(d)(2)

As discussed in the Commission’s 2019 Annual Report,<sup>2</sup>

Maryland law is interpreted to require that someone who is emergency petitioned must receive a medical evaluation in an emergency department of an acute care hospital. As noted in the Commission’s Interim Report, Maryland should update the Department of Health’s (MDH) “emergency facility” definition.

Emergency petitions are tools that allow medical professionals, law enforcement officers, and others to seek rapid evaluation of a patient in psychiatric crisis, who may be a danger to themselves or others, regarding their need for emergency treatment and possible involuntary hospitalization. Expanding the definition of a facility that can accept such patients would create additional flexibility for first responders to help people in crisis. Emergency petitions need to be reviewed and studied in the context of a crisis services system.

It is imperative that a clinical evaluation takes place by a licensed clinical professional. We need to ensure that facilities have the capability to accept these patients, as well as the appropriate staff and equipment to meet their needs. With this in mind, MDH is assessing by jurisdiction the appropriate facilities that could be incorporated into the emergency facility designation. Once this assessment is completed, MDH can keep a repository of eligible facilities that can be accessed electronically.

In order to effectuate the Commission and SB 441’s intent, the Department would need to establish standards for licensed health care facilities that wish to serve as emergency facilities. Ensuring access to mental and behavioral health care is one of the Department’s highest priorities; however, the Department must also ensure that those services are clinically appropriate and that those services respect the rights of the individual. At a minimum, a licensed facility would need to be able to provide:

- 24/7 staffing to provide comprehensive physical and behavioral care;
- the ability to provide medication over patient objection with appropriate due process protections for individuals; and
- the space and staff to provide seclusion or restraint on a 1-to-1 basis.

The Department would then need to create a license type that defines the services the new facilities in SB 441 must provide to qualify under the new license. The new license type would ensure that the centers serving as emergency facilities provide consistent services and care, so that emergency responders do not have to determine what services are needed and the best provider (e.g. jail, hospital, or crisis facility) to provide those services.

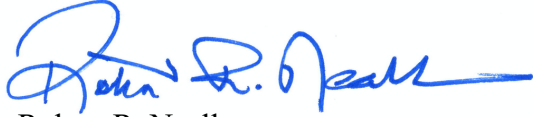
Due to the amount of detail and stakeholder engagement required, the Department respectfully recommends that the Commission is the best setting to continue these discussions.

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<sup>2</sup> <https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2020/01/MBH-Report-Final-min.pdf>

If you have additional questions, please contact Director of Governmental Affairs Webster Ye at (410) 260-3190 or [webster.ye@maryland.gov](mailto:webster.ye@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert R. Neall", with a long horizontal flourish extending to the right.

Robert R. Neall  
Secretary