



February 12, 2020

**House Health and Government Operations Committee
TESTIMONY IN SUPPORT OF HB 332**

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 HB 332 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.¹

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 Health and Government Operations Committee to support HB 332 with the sponsor amendment to add local behavioral health authority entities that should receive the list from MDH.**

¹ 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