



ON OUR OWN
OF MARYLAND

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WRITTEN TESTIMONY IN OPPOSITION TO

HB 860: Mental Health Law - Petitions for Emergency Evaluation

Thank you Chair Bagnall, Vice Chair Cullison, and committee members for your commitment to improving the quality and accessibility of healthcare services for Marylanders, especially community members who experience significant behavioral health challenges. On Our Own of Maryland (OOOMD) is a nonprofit behavioral health education and advocacy organization, operating for 30+ years by and for people with lived experience of mental health and substance use recovery.

OOOMD opposes HB 860 for referencing the use of force statute when executing an emergency evaluation for involuntary psychiatric admission (Emergency Petition or “EP”). EPs are filed in response to observed and emergent 'dangerousness' to self or others, typically when an individual is experiencing a psychiatric crisis and expediently delivered care is seen as necessary to maintain safety. Per Maryland law, serving an EP necessarily involves law enforcement officers.

Unnecessary Emphasis on Force: If additional training or guidance for law enforcement on how to appropriately serve an EP is needed or desired, this can be accomplished without emphasizing use of force in statute. A police response to a behavioral health crisis not only fails to meet the healthcare needs of individuals experiencing one of the most vulnerable times of their lives, but can also dramatically increase risk of arrest and fatal encounters.^{1,2} This is particularly true for marginalized communities, where a long standing history of discriminatory practices has already warranted distrust of law enforcement.^{3,4,5}

Lack of Data on Current EP Delays and Use of Force: Despite recommendations made in a 2021 Behavioral Health Administration stakeholder workgroup report on involuntary commitment, there is no comprehensive, statewide data collection or analysis on the current use and outcomes of EPs in Maryland or the individuals impacted.⁶ Without this information, it is not possible to accurately assess how frequently EPs are unable to be served in a 5-day timeframe, how often force is already being used, or any trends related to geographic location, demographics, etc.

¹ Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *Lancet* 2018;392:302-310.

² Monk EP Jr. Linked fate and mental health among African Americans. *Soc Sci Med* 2020;266:113340-113340.

³ New York Times (2021) 'Maryland Passes Sweeping Police Reform Legislation', 10 April. Available at: <https://www.nytimes.com/2021/04/10/us/maryland-police-reform.html>.

⁴ Johnson O Jr, St Vil C, Gilbert KL, Goodman M, Johnson CA. How neighborhoods matter in fatal interactions between police and men of color. *Soc Sci Med* 2019;220:226-235.

⁵ Bailey ZD, Feldman JM, Bassett MT. How structural racism works — racist policies as a root cause of U.S. racial health inequities. *N Engl J Med* 2021;384:768-773.

⁶ Behavioral Health Administration (2021). Involuntary Stakeholder's Workgroup Report.



High Quality Crisis Services Save Lives: While current statewide data is not easily accessible to the public, recent outcomes from the Central Maryland Regional Crisis System (encompassing Baltimore City and Baltimore, Carroll, and Howard Counties) shows how robust crisis response services can reduce the need for involuntary interventions, including EPs. From February 2025 to February 2026, across 4,188 Mobile Crisis Team requests in that region, approximately 73-80% were resolved without an Emergency Department visit and 65-75% were resolved on the scene. Baltimore City was the only jurisdiction that collected data on which calls resulted in Emergency Petitions. Of the 2,000+ Mobile Crisis Team calls in Baltimore City, only 1.9% resulted in an Emergency Petition.⁷ This demonstrates that when there are adequate and appropriately funded crisis services, a majority of mental health crisis situations can be resolved without utilizing costly and often traumatic involuntary interventions.

Emergency Petition standards impact thousands of Marylanders each year, and individuals experiencing mental health crises deserve understanding, support, and high quality healthcare. Use of force by police and expanding the timeframe for serving a petition fails to uphold the primary purpose of EPs – to expeditiously establish safety for the individual – and creates significant opportunities for serious harm.

We urge an unfavorable vote on HB 860. Thank you.

⁷ This data was published on Behavioral Health System Baltimore's website showcasing the crisis system outcomes of the Greater Baltimore Crisis Response System and utilizing Behavioral Health Link database. <https://www.bhsbaltimore.org/learn/by-the-numbers/>