

Testimony on SB 519

Public Health – Behavioral Health Programs and Health Care Facilities – Safety Plan

Senate Finance Committee February 18, 2020

POSITION: SUPPORT WITH AMENDMENTS

The Community Behavioral Health Association of Maryland is the professional organization for providers of community-based mental health and substance use disorder treatment services. Our members serve the majority of the almost-300,000 children and adults who access care through the public behavioral health system. We provide outpatient treatment, residential and day programs, case management and assertive community treatment (ACT), employment supports, and crisis intervention.

We are concerned about the overall message that SB 519 conveys; that somehow behavioral health care facilities are inherently more dangerous than other businesses or healthcare providers. We have seen no data to support that presumption, and fear that it is a remnant of the stigma still unfortunately attached to mental health and substance use disorders.

We do acknowledge the growing threat of aggression and violence in all healthcare settings, including hospitals and other non-behavioral health-oriented facilities. CBH member organizations are required to be nationally accredited by organizations such as the Commission on Accreditation of Rehab Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and as such must have numerous internal safety plans in place so as to quickly respond in emergencies, such as floods and other weather events, and workplace violence. These plans are readily available to the Maryland Department of Health.

Our main concern with this bill — beyond the issue of stigma — is the requirement for our programs to have a safety plan for the surrounding community. Our organizations strive to be good neighbors and often go above and beyond regulatory or statutory requirements to provide services and supports. However, we cannot and should not be held responsible for the safety of our surrounding communities. Many of our outpatient clinics operate in impoverished neighborhoods that are challenged by violent crime. Like all neighbors, we alert law enforcement to any issues that could compromise the safety of our communities but have no way of stopping behavior that is beyond our control.

We therefore ask that lines 3 through 6 on page 2 be amended as follows:

(1) The requirements for licensure of a behavioral health program, INCLUDING A REQUIREMENT THAT THE BEHAVIORAL HEALTH PROGRAM ESTABLISH AND IMPLEMENT A SAFETY PLAN FOR THE SAFETY OF THE INDIVIDUALS SERVED BY AND THE COMMUNITY SURROUNDING THE BEHAVIORAL HEALTH PROGRAM;

And lines 7 through 11 on p. 3 as follows:

(A) BEFORE THE DEPARTMENT APPROVES A FACILITY UNDER THIS TITLE, INCLUDING BY GRANTING A LICENSE TO THE FACILITY, THE DEPARTMENT SHALL REQUIRE THE FACILITY TO ESTABLISH AND IMPLEMENT A SAFETY PLAN FOR THE SAFETY OF THE INDIVIDUALS SERVED BY AND THE COMMUNITY SURROUNDING THE FACILITY.

We urge a favorable report on SB 519 with these suggested amendments.