

**House Bill 332 Mental Health – Emergency Facilities List – Comprehensive Crisis Response Centers,  
Crisis Stabilization Centers, and Crisis Treatment Centers**

Health and Government Operations Committee

February 12, 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 House Bill 332.

HB 332 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.

HB 332 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 HB 332 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>)

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