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**ORAL TESTIMONY IN SUPPORT OF SB 296:  
Behavioral Health Crisis Response Services - Modifications**

**Senate Finance Committee - February 9, 2021**

Thank you Madam Chair Kelly, Vice Chair Feldman, and committee members for all of the hard work you've done and are doing to improve the quality of healthcare services for Marylanders. My name is Michelle Livshin and I am here today representing On Our Own of Maryland. We are the oldest and largest entirely peer-operated Behavioral Health (BH) advocacy organization in the nation. Our network of 23 affiliated community-based peer wellness and recovery centers throughout the state offer immediate, voluntary, recovery support services to those with BH challenges, many of whom are experiencing homelessness or uninsured.

On Our Own of Maryland is in strong support of Senate Bill 286. The compounding impacts of unrelenting stress, social disruption, and economic hardship caused by the COVID-19 pandemic means that comprehensive crisis services are needed now more than ever before. We are in strong support of increasing funding for crisis services, especially prioritizing Mobile Crisis Teams and other alternative community-based crisis services that can rapidly and expertly connect individuals with the best suited recovery-oriented and trauma-informed care they need.

As a network, we have witnessed for decades the power and benefit that a community-oriented approach, based in mutual support and trust, has in healing and empowering individuals toward their path to recovery. Many of our Wellness & Recovery centers have formed strong relationships with the local Mobile Crisis Teams and CIT trained officers. In Carroll County, our center director often receives calls from Mobile Crisis and CIT officers to assist with de-escalation, to coordinate resources to ensure the individual has a safe space to sleep and food to eat, and to help them access appropriate behavioral health services.

As a particular example, one of our centers received a call from the local Mobile Crisis Team, who were with a young woman who had just been raped and did not have a safe place to stay. It was winter and she only had on a tank top. Our center was able to get her some clothing, and give her a safe space to stay while Mobile Crisis worked through their clinical protocols. In other situations, our centers have been able to help coordinate shelter, food, clothing, peer support, and access to treatment for individuals who may have otherwise been placed in jail or a hospital in response to a crisis call, solely because there was nowhere else for them to go. Having more Mobile Crisis Teams, and strengthening walk-in services like our Wellness & Recovery Centers, will ensure the Behavioral Health System of Care maintains a truly person-centered and recovery-oriented response to crisis. We urge you to vote in favor of this essential bill.

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**Michelle Livshin, Director of Network & Peer Services, OOOMD**

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