

2021 JCRC SB 286 Behavioral Health Crisis Respons

Uploaded by: Bagwell, Ashlie

Position: FAV



**Testimony in SUPPORT of Senate Bill 286 – Behavioral Health Crisis
Response Services - Modifications
Finance and Budget and Taxation Committees
February 9, 2021**

The Jewish Community Relations Council of Greater Washington (JCRC) serves as the public affairs and community relations arm of the Jewish community. We represent over 100 Jewish organizations and synagogues throughout Maryland, Virginia, and the District of Columbia. The JCRC is strongly committed to cultivating a society based on freedom, justice, and pluralism. We work tirelessly throughout the entire Greater Washington area to advocate for our agencies that serve the most vulnerable residents, support our Jewish day schools and community centers, and to campaign for important policy interests on behalf of the entire Jewish community.

Senate Bill 286 requires the Maryland Department of Health to require that proposals requesting Behavioral Health Crisis Response Grant Program funding contain certain response standards that minimize law enforcement interaction for individuals in crisis. The Bill also alters the proposals the Department is required to prioritize in awarding grants under the Program. Furthermore, SB 286 requires a local behavioral health authority, for each service or program that receives funding under the Program, to make certain information available to the public.

The JCRC has a long history of advocating for those with disabilities and mental health issues. The agency is also proud of its positive relations with law enforcement, understanding the essential role police play in protecting the safety and security of the Jewish community and community at large. At the same time, the JCRC acknowledges the need for alternative processes for dealing with people in crisis, particularly alternatives to police involvement in mental health crisis situations. For these reasons, we ask the committees to give a favorable report on SB 286.

SB 286 Behavioral Health Crisis Response Services-

Uploaded by: Breidenstine, Adrienne

Position: FAV



February 9, 2021

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 286 Behavioral Health Crisis Response Services—Modifications

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) 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 over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

Behavioral Health System Baltimore is pleased to support SB 286 Behavioral Health Crisis Response Services—Modifications. Behavioral health crisis response services help countless individuals overcome life-threatening crises and reduces unnecessary Emergency Department (ED) use and police interaction for people in behavioral health crisis.

A comprehensive, integrated crisis response system is the backbone of any successful behavioral health system. It serves as the entry way to help individuals in need of care while reducing harm and overall costs for the system. Baltimore City is fortunate to have established some key behavioral health crisis response services; however, there are still gaps within Baltimore’s behavioral health crisis response system. Because of these system gaps, too often communities rely on hospitals and overuse law enforcement to respond to people in crisis.

In Baltimore City, the demand for critical behavioral health crisis services continues to increase.

- In FY 2017, Emergency Medical Services responded to 154,000 behavioral health crises calls, which is a 20 percent increase over the previous two years.
- During the same time 26,025 Baltimore City residents presented in hospital EDs for both mental health and substance use disorders.

The onset of the COVID pandemic has only exacerbated the need for behavioral health crisis services. Since April of 2020, Baltimore City’s 24/7 behavioral health crisis hotline saw a 500% increase in calls. Trained counselors respond to these calls, counseling people on the spot and helping people find treatment or other resources they need for themselves or someone else experiencing a crisis.

SB 286 makes modifications that align the Maryland Department of Health’s Behavioral Health Crisis Services Grant program with the nationally recognized [Crisis Now](#) model and federal best practices for behavioral health crisis services by requiring communities to minimize law enforcement interaction for individuals in crisis.^{1 2} This is achieved by expanding the use of 24/7 mobile crisis teams (MCT), which is a team including a licensed mental health professional and peer support specialist, to respond to people

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.

² Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. Washington, DC.

in crisis in the community, rather than having police respond. This type of systemic change to response to people in crisis, would support Baltimore City to address the behavioral health findings in the [2017 Baltimore City Consent Decree](#) with the Department of Justice.

In addition, SB 286 also supports implementation of the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership, a \$45 million, 5-year grant funded through the Health Services Cost Review Commission to expand behavioral health crisis services in Baltimore City, Baltimore County, Carroll County, and Howard County. The goal of GBRICS is to create a well-functioning behavioral health crisis response system that helps resolve crises quickly for individuals and families, meets people where they are comfortable, and provides appropriate care and support, while avoiding unnecessary police interaction, ED use, and hospitalization. This will also improve infrastructure and expand behavioral health crisis services to be available around the clock.

As the LBHA for Baltimore City, SB 286 allows BHSB to coordinate and leverage the Behavioral Health Crisis Response Services Grant program funding to expand crisis response services to better meet the increasing need for these services. **As such, BHSB urges the Senate Finance Committee to pass SB 286.**

SUPPORT SB 286.pdf

Uploaded by: Carlson, Bill

Position: FAV

SUPPORT SB 286 – Behavioral Health Crisis Response Services - Modifications

MARYLAND ALLIANCE FOR JUSTICE REFORM
Working to end unnecessary incarceration and build strong, safe communities



TO: Chair Dolores G. Kelley and Senate Finance Committee
FROM: Bill Carlson and Jennifer Zito, MAJR Executive Committee
DATE: February 5, 2021

The Maryland Alliance for Justice Reform (MAJR www.ma4jr.org) strongly supports SB 286 to enhance Behavioral Health Crisis Response Services in Maryland by providing grants targeted at creating crisis response teams which are **both mobile and available 24/7** while minimizing law enforcement interaction with individuals in crisis.

Currently police may be called to public places or homes to handle crisis situations created by individuals with drug or alcohol problems, abusive behavior, or mental illness.

- These situations often lead to criminal charges. Such charges are both expensive and often prevent addressing the underlying causes with effective treatment.
- In addition, these situations can escalate when police are involved, risking injuries or death (including to law enforcement).
- Crisis intervention teams, when deployed rapidly, have been effective in other states at addressing these problems.
- Such teams can free up police to respond to other calls.
- Studies of Maryland's pretrial system have estimated that at least 39% of local jail inmates suffer from mental health disorders (GOCCP 2016, p. 24 and p. 50). This portion could be reduced by programs developed under this bill.

Evidence from Denver's STAR Program: Denver city and county instituted a community program providing person-centric mobile crisis response for problems related to mental health, depression, poverty, homelessness, and/or substance abuse issues by diverting 911 calls to non-police trained responders. The program was evaluated in a January 2021 report (STAR 2021) which showed that the STAR program responded to 748 calls in a 6-month pilot period. Of those calls, 41% resulted in transporting individuals to either homeless services, walk-in crisis centers, or a hospital. While some were concerned that calls would ultimately require intervention by the criminal justice system, this concern proved unfounded: none of the 748 calls required assistance of the Denver Police Department and no individuals were arrested.

For these reasons, the Maryland Alliance for Justice Reform urges you to support SB 286.

References

Governor's Office of Crime Control and Prevention, *[Substance Use and Mental Health Disorders Gaps and Needs Analysis](#)*, December 31, 2016.

STAR Program Evaluation, January 8, 2021, available at https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

Testimony In Support of SB 286 HB 108 Behavior Hea

Uploaded by: Ceruolo, Rich

Position: FAV

February 5, 2021

Maryland Senate
11 Bladen St.
Annapolis, MD. 21401

In Support of SB 286 / HB 108: Behavior Health Response Services – Modifications

Members of the Maryland Senate Finance Committee.

As a parent and advocate for persons with disabilities, I can't help but support a bill like this one as well as HB 442 / SB 557 (The Suicide Treatment Act). The creation of a Behavioral Health Crisis Response Grant is an idea whose time has come.

My son has over the years in public school become so anxious and frustrated by his learning environment that he has tried to hurt himself on several occasions. I try to imagine a situation where the school personnel would not just lock him in an office to "calm down". But rather have staff, on the premises, that could help. More funding for programs and training in mental health services and crisis management intervention services would be simply amazing.

The scenario I described above plays out every day in schools, out in other public and within many homes across the state. Individuals with mental challenges or disabilities become so frantic that they make bad decisions, resulting in physical, further mental harm and hand cuffs/arrests.

Recent case of Bay Bridge Jumpers. In troubling times like these, wouldn't it be nice to have programs and personnel that are geared toward not only treating folks in a hospital, but being able to respond to a crisis call and de-escalate a situation, allowing the person to be taken in for treatment, or to simply move on with their day peacefully. Too many times I have been on the phone with a family who simply can't find a treatment center to service their loved one, while they are in crisis. Calling the police to help can sometimes have dire and deadly consequences. Perhaps one day soon, a phone call can open up a menu of services and options for families and individuals that need them desperately.

Please let's do our best to help fund programs of this nature, that will help to address and counsel mental health issues in a less violent and humane ways. By creating a system of supports which kick in with a phone call and helps create a greater positive impact on so many lives. Thus, helping to guarantee brighter outcomes for many, while protecting the futures of individuals and families impacted by mental health challenges. Please help by supporting programs like this that put the skills in the hands of people that can help and have a positive impact within our communities statewide.

Please support SB 286 /HB 108 and please return a favorable report.

Thank you for your time and your consideration of my testimony today.

Mr. Richard Ceruolo

Parent and advocate for persons living with disabilities.

Parent Advocacy Consortium

BaltimoreCounty_FAV_SB0286.pdf

Uploaded by: Conner, Charles

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

CHARLES R. CONNER III, ESQ.
Director of Government Affairs

JOEL N. BELLER
Deputy Director of Government Affairs

BILL NO.: SB 286

TITLE: Behavioral Health Crisis Response Services – Modifications

SPONSOR: Senator Augustine

COMMITTEE: Budget and Taxation

POSITION: **SUPPORT**

DATE: February 9, 2021

Baltimore County **SUPPORTS** Senate Bill 286 – Behavioral Health Crisis Response Services – Modifications. The legislation would reprioritize the recipients of the Behavioral Health Crisis Response Grant Program to be programs that defer law enforcement interaction for individuals in crisis and provide grant funding for mobile crisis teams.

While the Baltimore County Police Department trains their officers extensively, they are not obligated by law to respond to non-law breaking emergencies. By putting such a responsibility under a mobile crisis team, law enforcement will be able to carry out their duties and mental health crises would receive the appropriate response by trained professionals. Such a policy would further Baltimore County's goal of modernizing policing tactics and fostering trust between the public and local government institutions.

The Behavioral Health Crisis Response Grant Program would provide critical funding for crisis response groups, and one third of this funding would be designated for mobile crisis teams. These teams would not only provide immediate help, but would offer follow up services and arrange necessary appointments to obtain behavioral health services.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 286. For more information, please contact Chuck Conner, Director of Government Affairs at cconner@baltimorecountymd.gov.

SB 286 - R.Coster.pdf

Uploaded by: Coster, Rodney

Position: FAV

Rodney Coster
Testimony before the Senate Finance Committee
February 9, 2021

Senate Bill 286 – Behavioral Health Crisis Response Services - Modification
Expands funding for behavioral health crisis responses
POSITION: SUPPORT

Good Afternoon, members of the Committee, my name is Rodney Coster, and I am a resident of Baltimore County, currently living in Middle River. I am here today to ask you to support SB 286, to create additional mobile crisis services in the state. For most of my adult life, I have been diagnosed with bipolar disorder. Although I typically do very well on my medication, and have worked for most of my life, my family has occasionally decided that I needed mental health care on an emergency basis. My experience having the police respond to a mental health issue, usually called in by my mom, has not been good. I would absolutely support the use of trained mental health clinicians over having the police respond. We need this all over Maryland.

Just over three years ago, my mother was worried about me because I had stopped taking my medication and she thought I was in crisis. She and I drove over to the Harford County Detention Center, which is near her house, because she wanted to ask for help getting me to a hospital for an evaluation. I did not think I needed it, but she had done this before in Baltimore County and gotten help. Without going into too much detail, it did not go well at all. Although my mom told them right off the bat that I am bipolar and she needed help, the police did not listen. I am a nonviolent person, and I did not have a weapon, but I was hurt very badly by the deputies and held in the Detention Center for two months, most of it in solitary confinement. I was having a very hard time anyway, and keeping me in solitary confinement just made everything worse. The results for me were very bad. I lost my job, because I was not able to travel out of state anymore, and I lost a job I was working on getting with the County. I spent time in the state hospital, and I was supposed to be going away on a cruise, and I missed that.

I really think that if my mom could have called mobile crisis response and had trained counselors respond to me, things would have been very different. People need to know these services are available and that they can call and get help. I do not believe people's liberty should be taken away from them without their permission, and particularly when they are not committing any crime.

I ask you give SB 286 a favorable report.

SB 286- Behavioral Health Crisis Response Services

Uploaded by: Dorrien, Erin

Position: FAV



Maryland
Hospital Association

February 9, 2021

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 286- Behavioral Health Crisis Response Services-
Modifications

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 286. Maryland hospitals are on the front lines of the state's behavioral health crisis. However, hospital care is only necessary for the most acute conditions. Maintaining health requires a robust system of community care.

The hospital field is supportive of initiatives to expand access to crisis services outside of the emergency department (ED). During the 2020 legislative session, MHA supported HB 332, which required the Maryland Department of Health (MDH) to develop a model program for crisis stabilization centers. Crisis stabilization centers offer care for individuals suffering from a behavioral health crisis and helps individuals remain in a more appropriate, therapeutic setting than a hospital ED. Due to the COVID-19 pandemic, MDH has not begun the stakeholder work to develop the model program.

Through the Regional Partnership Catalyst Grant Program, the Health Services Cost Review Commission is providing grants to improve access to crisis services beginning January 1, 2021. Applicants were required to show proof of supporting the implementation and expansion of behavioral health crisis management models, with specific emphasis placed on the "Crisis Now: Transforming Services is Within Our Reach" action plan developed by the National Action Alliance for Suicide Prevention.¹ Three awards were granted totaling \$79.1 million over five years to transform crisis care in the regions.²

SB 286 will allow further investment in crisis services, particularly mobile crisis which is desperately needed. We urge a favorable report on SB 286.

For more information, please contact:
Erin Dorrien, Director, Government Affairs & Policy
Edorrien@mhaonline.org

¹Maryland Health Services Cost Review Commission. (November 2020). "[Regional Partnership Catalyst Grant Program Final Funding Recommendation](#)." "

² ibid

2021 LCPCM SB 286 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Committee: Senate Finance Committee
Senate Budget and Taxation Committee
Bill Number: Senate Bill 286
Title: Behavioral Health Crisis Response Services - Modifications
Hearing Date: February 9, 2021
Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 286 – Behavioral Health Crisis Response Services - Modifications*. This bill makes changes to the existing crisis response grant program and expands annual funding.

LCPCM was pleased to support enacting legislation in 2018, creating the crisis response grant program and establishing initial funding through fiscal year 2022. Crisis response funding ensures individuals across the lifespan can access appropriate services at the time of a behavioral health crisis. During a crisis, individuals without access to crisis services in their community are most often left with one option - to go to an emergency room, where they may be required to wait for hours, and sometimes days, for appropriate services to be identified.

As the State tries to identify additional strategies to address increased demand for behavioral health services during the COVID health crisis, including an increase in suicide and opioid-related deaths, we must ensure that individuals can access behavioral health services now and in the future.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael faulkner at rfaulkner@policypartners.net or 410-693-4000.

2021 MSPA SB 286 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Delegate Shane E. Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
House Office Building, Room 241
Annapolis, MD 21401

Bill: Senate Bill 286 – Behavioral Health Crisis Response Services - Modifications

Position: Support

Dear Chair Pendergrass, Vice Chair Pena-Melnyk, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state.

School psychologists may need to provide support when students are in a behavioral health crisis. We work collaboratively with local crisis response programs, and we may recommend these programs to families who need support outside of school hours. Effective programs that are available 24 hours a day, 7 days a week are invaluable to families and communities.

The Maryland General Assembly established the Behavioral Health Crisis Response Grant Program in 2018 to expand behavioral health services statewide. Senate Bill 286 provides guidance to local behavioral health authorities who are reviewing grant proposals for the Behavioral Health Crisis Response Grant Program. Specifically, it prioritizes cultural competency, language access, community feedback, partnership with community services, and linking individuals in crisis to peer and family support services. Additionally, the bill expands the funding for the grant program through fiscal year 2025. Furthermore, Senate Bill 286 improves access to behavioral health care by providing authority to 9-1-1 and local mental health hotlines to dispatch mobile crisis teams. In a behavioral health emergency, mobile crisis teams may offer the best chance for a positive outcome. Access to crisis response programs that provide culturally competent and effective services, are adequately funded, and are accessible to families is necessary for the health of the students and community that we serve.

MSPA is in support of Senate Bill 286 and we respectfully urge a favorable vote. If we can provide any additional information or be of any assistance, please contact Rachael Faulkner at rfaulkner@policypartners.net or (410) 693-4000.

Respectfully submitted,

Kyle Potter, Ph.D., NCSP
Chair, Legislative Committee
Maryland School Psychologists' Association

MCF_Fav_SB 286.pdf

Uploaded by: Geddes, Ann

Position: FAV



SB 286 – Behavioral Health Crisis Response Services - Modifications

Committee: Senate Finance Committee

Date: February 9, 2021

POSITION: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

MCF enthusiastically supports SB 286.

Maryland desperately needs to expand the availability of psychiatric crisis services. Robust crisis services are critical to divert individuals from overloaded emergency departments, they are much less traumatizing than involving law enforcement in a psychiatric crisis, and they have been shown to result in better outcomes - frequently diverting individuals from inpatient hospitalization.

The need for psychiatric crisis services tailored to children and youth with behavioral health needs is particularly acute.

In FY18, nearly 12% (13,041) of children, youth and young adults in the Public Behavioral Health System used the emergency department for a psychiatric reason. This is a staggeringly high number, extremely costly to the state, and in many cases, totally unnecessary - just seven percent of these emergency department visits resulted in an inpatient hospitalization. Moreover, it is not uncommon for a youth to linger for days in an emergency department.

Everyone agrees that this is a bad situation. Hospitals don't like it, families don't like it, and most important, it's bad for kids - emergency departments are a traumatic environment for youth experiencing a behavioral health crisis. In focus groups held with families of children who had used crisis services, 85% reported using emergency departments. Almost all reported negative experiences – judgmental staff lacking in empathy, surrounding chaos, and lengthy waits. Families either brought their child to the emergency department themselves, or they called 911 and the police brought their child to the emergency department – usually in handcuffs. A number of factors contributed to the underutilization of mobile crisis services: limited availability of 24/7 services; lengthy waits to receive help; poor prior experiences with mobile crisis services, which are typically tailored to adults; and ignorance of the availability of an option to calling 911.

Well-designed and well publicized mobile crisis services are the answer. SB 286 extends the existing funding for the Behavioral Health Crisis Services Grant Program, which has supported some effective

programs in the last three years, as well as increasing the funding levels. HB 108 adds important requirements to proposed crisis programs, including:

- Minimizing law enforcement contact for individuals in crisis
- Linkage to community-based services that includes peer support and family peer support – peer support is an evidence-based practice and family peer support is a promising practice
- Community partnerships to develop services
- Data collection

These components will strengthen the current Behavioral Health Crisis Services Grant Program, and help BHA to make informed decisions about the development of a statewide mobile crisis response system in the years to come.

It is important to note that SB 286 establishes sustained grants for mobile crisis programs. Potential other funding, while needed, would be time-limited.

Therefore we urge a favorable report on SB 286.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
10632 Little Patuxent Parkway, Suite 234
Columbia, Maryland 21044
Phone: 443-741-8668
ageddes@mdcoalition.org

SB0286_FAV_MARFY_BH Crisis Response Services - Mod

Uploaded by: Kasemeyer, Pam

Position: FAV



Maryland Association of
Resources for Families & Youth

TO: The Honorable Delores G. Kelley, Chair
The Honorable Guy Guzzone, Chair
Members, Senate Finance Committee
Members, Senate Budget and Taxation Committee
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: February 9, 2021

RE: **SUPPORT** – Senate Bill 286 – *Behavioral Health Crisis Response Services – Modifications*

The Maryland Association of Resources for Families and Youth (MARFY) is a statewide network of private agencies serving at-risk children and youth and advocates for a system of care in Maryland that meets the needs of children and families. MARFY is a program of Maryland Nonprofits and **supports** the passage of Senate Bill 286.

Crisis response services significantly reduce preventable behavioral health crises and offer earlier intervention to stabilize crises more quickly. Effective crisis response decreases avoidable incarcerations, emergency room visits, hospitalizations, and readmissions. Senate Bill 286 proposes meaningful enhancements to Maryland's Behavioral Health Crisis Response System (BHCRS), including increased and extended funding for the Behavioral Health Crisis Response Grant Program, a critical component of BHCRS. Senate Bill 286 also includes important requirements for crisis response services that will serve to minimize law enforcement interaction for individuals in crisis by expanding the use of 24/7 mobile crisis teams, which is a team including a licensed mental health professional and peer support specialist, to respond to people in crisis in the community, rather than having police respond.

Many children and families served by MARFY members suffer from behavioral health disorders. A vibrant and responsive crisis response system is critical to addressing the challenges these disorders can present. Effective crisis response will not only help those individuals overcome potentially life-threatening crises but will also reduce unnecessary emergency department use and police interaction. Passage of Senate Bill 286 will provide Maryland with a framework for a vastly improved crisis response system. A favorable report is requested.

For more information call:

Pamela Metz Kasemeyer
Danna L. Kauffman
(410) 244-7000

SB0286_FAV_MdCSWC_BH Crisis Response Services - Mo

Uploaded by: Kasemeyer, Pam

Position: FAV



The Maryland Clinical Social Work Coalition

The MdCSWC, sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland.

TO: The Honorable Delores G. Kelley, Chair
The Honorable Guy Guzzone, Chair
Members, Senate Finance Committee
Members, Senate Budget and Taxation Committee
The Honorable Malcolm Augustine

FROM: Judith Gallant, LCSW-C, Chair, Maryland Clinical Social Work Coalition

DATE: February 9, 2021

RE: **SUPPORT** – Senate Bill 286 – *Behavioral Health Crisis Response Services – Modifications*

The Maryland Clinical Social Work Coalition (MdCSWC), sponsored by the Greater Washington Society for Clinical Social Work, represents the interests of more than 9,500 licensed clinical social workers in Maryland. On behalf of MdCSWC, we **support** Senate Bill 286.

Senate Bill 286 both increases and extends funding for the Behavioral Health Crisis Response Grant Program, which is a key component of Maryland's Behavioral Health Crisis Response System. Senate Bill 286 also includes important requirements for crisis response services that will serve to minimize law enforcement interaction for individuals in crisis by expanding the use of 24/7 mobile crisis teams, which is a team including a licensed mental health professional and peer support specialist, to respond to people in crisis in the community, rather than having police respond. We are encouraged that the bill emphasizes the importance of providing connection to services and coordinating patient follow-up, to include peer support and family support services after stabilization.

A comprehensive framework of crisis response services significantly reduces preventable behavioral health crises and offers earlier intervention to stabilize crises more quickly and at the lowest level of care appropriate. Effective crisis response and follow-up coordination and connection to services decreases avoidable incarcerations, emergency room visits, hospitalizations, and readmissions. Given the increasing incidence of mental health and substance use disorders due to COVID-19, enhancing Maryland's crisis response services is more important than ever. If we expect to meet the increased demand for behavioral health services, Senate Bill 286 is essential. A favorable report is requested.

For more information call:

Pamela Metz Kasemeyer
Danna L. Kauffman
410-244-7000

Greater Washington Society for Clinical Social Work: www.gwscsw.org

Contacts: Coalition Chair: Judy Gallant, LCSW-C; email: jg708@columbia.edu; mobile (301) 717-1004
Legislative Consultant: Pamela Metz Kasemeyer, Schwartz, Metz & Wise PA, 20 West Street, Annapolis, MD 21401
Email: pmetz@smwpa.com; mobile (410) 746-9003

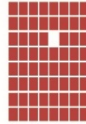
SB0286_FAV_MedChi, MDACEP, MACHC, MDAAP_BH Crisis

Uploaded by: Kasemeyer, Pam

Position: FAV



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Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



The Maryland State Medical Society
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1.800.492.1056
www.medchi.org

TO: The Honorable Delores G. Kelley, Chair
The Honorable Guy Guzzone, Chair
Members, Senate Finance Committee
Members, Senate Budget and Taxation Committee
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 9, 2021

RE: **SUPPORT** – Senate Bill 286 – *Behavioral Health Crisis Response Services – Modifications*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, the Mid-Atlantic Association of Community Health Centers, and the Maryland Chapter of the American Academy of Pediatrics, we submit this letter of **support** for Senate Bill 286.

Senate Bill 286 makes a number of notable modifications to Maryland's current Behavioral Health Crisis Services Grant program and other crisis response initiatives that will align Maryland's framework with nationally recognized best practices for behavioral health crisis services. The legislation expands the use of 24/7 mobile crisis teams, which is a team including a licensed mental health professional and peer support specialist, to respond to people in crisis in the community, rather than having police respond. This framework will help countless individuals overcome life-threatening crises and will reduce unnecessary emergency department use and minimize police interaction for people in behavioral health crises.

The onset of the COVID-19 pandemic has only exacerbated the need for behavioral health services. A comprehensive, integrated crisis response system is the backbone of any successful behavioral health system. It can serve as the entry way to help individuals in need of care, while reducing harm and overall costs for the system. While many jurisdictions have sought to establish behavioral health crisis response services, there remains significant gaps within those systems and across the State generally. Because of these system gaps, too often communities rely on hospitals and overuse law enforcement to respond to people in crisis. Passage of Senate Bill 286 will serve to expand and improve Maryland's crisis response infrastructure to achieve the objective of ensuring that behavioral health crisis services are available 24/7 across the State. A favorable report is requested.

For more information call:

Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

SB296 - FAV - LivshinOn Our Own of Maryland.pdf

Uploaded by: Livshin, Michelle

Position: FAV



On Our Own of Maryland, Inc.
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onourownmd.org

Phone 410.540.9020
Fax 410.540.9024

**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.

Michelle Livshin, Director of Network & Peer Services, OOOMD
MichelleL@Onourownmd.org
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SB0286_Support_Attorney General.pdf

Uploaded by: O'Connor, Patricia

Position: FAV

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February 9, 2021

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General

Re: House Bill 108 (Behavioral Health Crisis Response Services – Modifications):
Support

The Office of the Attorney General supports Senate Bill 286 which would further the goals of the Attorney General's COVID-19 Access to Justice Task Force. This bill would provide funding for the Behavioral Health Crisis Response System for fiscal years 2023 through 2025, with at least one third of the funding to be spent on local mobile crisis teams that operate 24/7 to provide assessments, crisis intervention, stabilization, follow-up and referral to behavioral health services. The bill prioritizes limiting interaction of law enforcement with individuals in crisis and serving all members of local communities with cultural competency and appropriate language access. The statewide crisis response system provides skilled clinical intervention to help prevent suicides, homicides, unnecessary hospitalizations, and arrests or detention, and to reduce dangerous or threatening situations involving individuals in need of behavioral health services. These proposed changes promise to reduce risks inherent in behavioral health crises for the individuals, law enforcement and their communities.

We urge the Committee to give Senate Bill 286 a favorable report.

cc: Sponsor

MRHA SB286 - Behavioral Health Crisis Response Ser

Uploaded by: Orosz, Samantha

Position: FAV



Statement of Maryland Rural Health Association

To the Finance Committee

February 9, 2021

Senate Bill 286 Behavioral Health Crisis Response Services – Modifications

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, Senator Augustine, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 286 Behavioral Health Crisis Response Services – Modifications.

MRHA supports this legislation that require proposals to the Maryland Department of Health requesting Behavioral Health Crisis Response Grant Program funding contain certain response standards that minimize law enforcement interaction for individuals in crisis, and requiring a local behavioral health authority, for each service or program that receives funding under the Program, to make certain information available to the public.

This legislation would importantly prioritize behavioral health services to individuals in crisis and would dismantle barriers to access to these crisis behavioral health services. Increased access to relevant and quality behavioral health services would greatly benefit rural and underserved communities that typically do not have access to these services. Further, the data that would be available from this legislation would allow rural communities to properly expand and continue to offer these behavioral health service needs of its citizens in crisis.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland. Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988

SB0286 MD NARAL SUPPORT.pdf

Uploaded by: Philip, Diana

Position: FAV



SB0286 - Behavioral Health Crisis Response Services – Modifications

Presented to the Hon. Delores Kelley and Members of the Senate Finance Committee
February 9, 2021 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland **urges the Senate Finance Committee to issue a favorable report on SB0286 – Behavioral Crisis Response Services – Modifications**, sponsored by Senator Malcolm Augustine.

Our organization is an advocate for reproductive health, rights, and justice. The ability to access quality and comprehensive reproductive healthcare is directly related to access to mental health support. There are associated mental health affects before, during, and after pregnancy, and pregnant women are especially vulnerable to scrutiny for their behavior. Due to poor mental health support and other compounding factors like poverty or lack of health insurance, pregnant women often self-medicate with substances or attempt suicide. Oftentimes, they are arrested, charged, and imprisoned.¹ We are hopeful that some of the grants the Department of Health will award to those proposals that “minimize law enforcement interaction with individuals in crisis,” as stated in the bill language, would entail comprehensive services for pregnant individuals who are undergoing mental health challenges. Those who may suffer from mental health issues should be met with compassionate mental health support outside of law enforcement.

There are also associated mental health concerns of the legal interventions that restrict women’s access to timely pregnancy-related healthcare. In an article published by the National Institutes of Health, the researcher found that the 2,500 state laws posing serious burden to access abortion care are more consequential on women’s mental health than previous recognized.² This is because low-income, minority women are more vulnerable to the effects of anti-abortion legislations and may already be affected by mental health challenges typically associated with poverty, racial discrimination, and poor education. As a result, these dual challenges that women face accessing reproductive and mental health care are exacerbated, and we are grateful for legislation like SB0286 that have prioritized mental health support.

For too long, Maryland’s response to mental health crisis have relied on law enforcement. We applaud this bill and its commitment to mental health support that is grounded in experienced and compassionate care. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0286**. Thank you for your time and consideration.

¹ Paltrow, Lynn M., and Jeanne Flavin. “Arrests of and Forced Interventions on Pregnant Women in the United States, 1973–2005: Implications for Women’s Legal Status and Public Health.” *Journal of Health Politics, Policy and Law* 38, no. 2 (April 1, 2013): 299–343. <https://doi.org/10.1215/03616878-1966324>.

² Stotland, Nada Logan. “Reproductive Rights and Women’s Mental Health.” *Psychiatric Clinics of North America* 40, no. 2 (2017): 335–50. <https://doi.org/10.1016/j.psc.2017.01.010>.

HB108 SB286.pdf

Uploaded by: Pizzo, Mary

Position: FAV

Bill: SB286

Re: Behavioral Health Crisis Response Services - Modification

Position: FAVOR

For some time Maryland has had a Behavioral Health Crisis Response System designed to address emergency behavioral health needs of individuals in the community. Though the program has provided valuable services, it is limited without more specific guidelines to address gaps in the system and plans and financing for growth and expansion. A robust Behavioral Health Crisis System is critical to assuring that behavioral health emergencies are managed with evidence-based clinical skill and compassion, rather than fear and force, and that all communities are equally afforded the benefit of its services.

It is frustrating and heartbreaking to hear when a family member, believing it is the only alternative, calls the police for help in managing a mentally ill relative in crisis. Sadly, it is not uncommon that the "help" results in handcuffs and charges for assault on a police officer; a very ill individual ends up in the place least likely to be of any help whatsoever, and the next professional most likely to become involved is a Public Defender rather than a Mental Health Clinician. Evidence-based behavioral health crisis intervention, rather than law enforcement involvement could prevent this predictable scenario.

Senate Bill 286 will assure that the local health departments administering the crisis response programs will adopt standards that minimize law enforcement involvement, assure cultural competency, and involve the community in what is, in fact, a community issue. Additionally, the bill provides for a transparent and coherent means to collect data and assess program effectiveness. Most importantly, this bill is a further step in addressing mental illness and substance use issues as health problems not crimes.

The Office of the Public Defender endorses this bill and urges a favorable report.

Mary J. Pizzo

Supervising Attorney, Forensic Mental Health Division

SB 286_DRM_Support.docx.pdf

Uploaded by: Prater, David

Position: FAV

Disability Rights Maryland

Senate Finance Committee

February 9, 2021

SB 286 – Behavioral Health Crisis Response Services Modification**POSITION: SUPPORT**

Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to decriminalize disability through the creation and expansion of voluntary behavioral health services centered on civil rights, and thereby decrease inappropriate criminal justice involvement for people with disabilities.

DRM supports SB 286 as a necessary piece of legislation for the State of Maryland to reduce police violence against persons with disabilities, and achieve its obligations to serve persons with behavioral health disabilities in the most integrated setting possible. In recent years, States have been confronted with enforcement actions by the United States for failing to appropriately invest in community-based behavioral health services.¹ This lack of community-based services causes institutionalization in state hospitals, incarceration in the penal system, and persons with disabilities cycling through emergency departments.² As explained in a recent decision in *United States v. Mississippi*, “[Mississippians with Severe Mental Illness] are faced with a recurring cycle of hospitalizations, without adequate community-based services to stop the next commitment. This process of ‘cycling admissions’ is ‘the hallmark of a failed system.’”³

Additionally, the absence of robust, culturally competent community based services, including crisis services, is the root cause of the criminalization of persons with disabilities that results in Maryland prisons being disproportionately populated by persons with disabilities, and Maryland State hospitals being occupied almost exclusively by persons with criminal justice involvement.⁴ Further, popular criminal justice-oriented diversion programs such as Crisis Intervention Training (CIT) for law enforcement are simply ineffective without these services for lack of actual diversion opportunities.⁵ Unfortunately, the most frequent result of criminal justice-oriented diversion programs without this concomitant investment in community based services,

¹ *U.S. v. Georgia*, No. 10-249 (N.D. Ga. Oct. 19, 2010); *U.S. v. Delaware*, No. 11-591 (D. Del. July 15, 2011)

² [National Guidelines for Behavioral Health Crisis Care](#) at 8 (explaining how the absence of crisis services contributes to bad outcomes for persons with disabilities, and taxes community resources).

³ *United States v. Mississippi*, 3:16-cv-00622-CWR-FKB, Memorandum Opinion and Order (D. Miss. September 3, 2019).

⁴ *Supra* note 2.

⁵ “CIT in Context: the impact of mental health resource availability and district saturation on call dispositions,” 34 *International Journal of Law and Psychiatry* 287-294 (2011). See also 2017 Strategic Plan: 24-7 Walk-in Center and Mobile Crisis Team Service, Maryland Department of Health- Behavioral Health Administration, pg. 12, available at <https://bha.health.maryland.gov/Documents/The%202017%20Strategic%20Plan%2024-7%20Crisis%20Walk-in%20and%20Mobile%20Crisis%20Team%20Services.pdf> (noting the absence of community based services impedes implementation of CIT programs in police departments).

is transportation to emergency departments, emergency petitions, placement in jails and prisons, and in the most extreme instances serious injury and even death.⁶

This criminalization of disability disproportionately affects communities of color. For example, in Baltimore City, while nearly 63% of Baltimore residents are Black, approximately 77% of public behavioral health system utilizers are Black. Remarkably, 75% of all individuals accessing behavioral health services *solely* through hospital emergency departments were Black. Of Baltimore City residents committed by local criminal courts to our state psychiatric hospitals, 83% are Black. Additionally, data tracked from a sample of law enforcement encounters show that 89% of behavioral crisis responses result in the police involuntarily committing people to hospital emergency rooms; and that of the reported behavioral calls for service involving police, 78% of the people being confronted by police are Black.⁷

SB 286 supports early diversion of behavioral health crises away from the criminal justice system by expanding funding for and prioritizing programs that divert people from law enforcement at the 9-1-1 level and utilize mobile crisis teams that contribute to the least police involved response are culturally competent. Communities that have capable, culturally competent mobile crisis teams are able to resolve 95% of all crisis calls in the community without relying on more restrictive methods.⁸

While Disability Rights Maryland is aware of State efforts to expand crisis services in the Greater Baltimore region, we have written about the need for these systems to be centered on the civil and human rights of persons they serve and should culturally competent, be available around the clock, include at peers at every level of service, be available to youth and children, emphasize ‘no force first’ policies, and have adequate discharge and follow-up planning.⁹ This should be the standard for all of Maryland’s crisis services for persons with behavioral health disabilities.

SB 286 advances these principles that are consistent with the civil rights of persons with disabilities. Therefore, we encourage a favorable report.

⁶ See generally Maryland Disability Law Center, MARYLAND CITIZENS IN PSYCHIATRIC CRISIS: A REPORT (2007) available at <https://disabilityrightsmd.org/wp-content/uploads/2017/04/ED-FINAL-BOOK-PRINT.pdf>. Accord United States Department of Justice, INVESTIGATION ON BALTIMORE CITY POLICE DEPARTMENT, 80-85 (2017) available at <https://www.justice.gov/opa/file/883366/download>. See also ACLU of Maryland, Briefing Paper on Death in Police Encounters, 2010-2014, (March 2015) (identifying that 69% of all deaths in Police encounters between 2010 thru 2014 were people of color, and 38% were persons with disabilities).

⁷ *Baltimore Public Health Behavioral Health System Gaps Analysis: Final Report* (Oct. 2019), available at [Baltimore PBHS Gaps Analysis Report 191209.pdf](https://www.pbhs.org/Portals/0/191209.pdf) (hsri.org).

⁸ Margie Balfour, *What if...Access to Care was the Priority? Lessons from the Southern Arizona Crisis System*, 1, 11 (2019) https://www.neomed.edu/wp-content/uploads/CJCCOE_01-Margie-Balfour-What-if-access-to-care-was-a-priority.pdf https://www.neomed.edu/wp-content/uploads/CJCCOE_01-Margie-Balfour-What-if-access-to-care-was-a-priority.pdf (Showing that the Arizona Crisis Response Model resolved 94.2% of crisis calls via phone or through the mobile crisis team without having to triage to a higher level of care).

⁹ Ltr from Disability Rights Maryland and Bazelon Center for Mental Health Law to Health Services Cost Review Commission (October 28, 2020) on file with author.



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Phone: 410-727-6352 | Fax: 410-727-6389

www.DisabilityRightsMD.org

Please do not hesitate to contact David Prater at davidp@disabilityrightsmd.org for any questions.

NCADD-MD - SB 286 FAV - BH Crisis Response.pdf

Uploaded by: Rosen-Cohen, Nancy

Position: FAV



Senate Finance Committee

February 9, 2021

**Senate Bill 286
Behavioral Health Crisis Response Services – Modifications**

Support

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, third quarter data from the Maryland Department of Health shows a 12% increase in the number of deaths in 2020, over the same period the year before. There are also disturbing trends in the impact of the crisis on communities of color.

Senate Bill 286 increases resources to help people in crisis. Through the existing Behavioral Health Crisis Services grant program, the Behavioral Health Administration has been able to support a number of local programs, including increasing staffing for walk-in crisis centers, expanding existing mobile crisis services to be 24-hours instead of overnight, and expanding crisis services to include substance use disorder peer support, system navigation, and urgent psychiatric appointments.

These mobile crisis services are designed to meet people where they are, and the bill proposes to increase services that specifically include community feedback and reduce interactions with law enforcement. NCADD-Maryland believes that these are smart strategies and vital services to address the growing numbers of overdose deaths and suicides. These approaches also reduce the instances where law enforcement is called to intervene in behavioral health crises. This will save lives as well.

We urge a favorable report on SB 286.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

OPD SB 286_Support.pdf

Uploaded by: Ruben, Brandon

Position: FAV



POSITION ON PROPOSED LEGISLATION

BILL: SB 286 Behavioral Health Crisis Response Services – Modifications

POSITION: SUPPORT

DATE: February 9, 2021

The Maryland Office of the Public Defender respectfully requests that the Senate Finance Committee Committee issue a favorable report on Senate Bill 286.

Few interventions promise to promote the efficacy, efficiency, and moral authority of Maryland's public safety system more than House Bill 108. Contrary to popular perception, at least 80% of [911 calls for service, arrests, and prosecutions](#) concern non-dangerous behaviors, often related to [mental illness](#) and [poverty](#). Yet, as it currently stands, Maryland relies on armed officers and the criminal legal system to address such conduct. This punitive approach is inhumane, inefficient, and ineffective. To solve this problem, House Bill 108 would increase funding for mobile crisis units. Moreover, the bill would require such units to take direction from the communities they serve, exhibit cultural competency, minimize law enforcement involvement, and connect citizens with appropriate community-based care. Accordingly, House Bill 108 would, in all likelihood, reduce officer-involved deaths and injuries, connect people with practitioners specifically trained to aid in problems they may be experiencing, and reduce unnecessary – and [highly costly](#) – arrests, prosecutions, and incarcerations.

It is long past time, in Maryland and beyond, to stop criminalizing poverty, mental illness, and imperfect human behavior. Our punitive paradigm fails to solve the problems it purports to address, is a waste of taxpayer money, and degrades the humanity of punishers and punished alike. Accordingly, enacting HB 108 is a critically important step towards bending the moral arc of the universe towards justice.

* * *

For these reasons, the Maryland Office of the Public Defender urges a favorable report on Senate Bill 286.

SB0286-FIN_MACo_SUP.pdf

Uploaded by: Sanderson, Michael

Position: FAV



MARYLAND
Association of
COUNTIES

Senate Bill 286

Behavioral Health Crisis Response Services – Modifications

MACo Position: **SUPPORT**

To: Finance and Budget and Taxation Committees

Date: February 9, 2021

From: Michael Sanderson

The Maryland Association of Counties (MACo) **SUPPORTS** SB 286. This bill will expand and strengthen the Behavioral Health Crisis Response Grant Program and foster the development of supportive resources for residents in such need.

Counties host various structures to serve residents with behavioral health needs – some within county government, others through a community-based non-governmental organization. Regardless of the specific means, counties are active partners in delivering services locally to those who need them. The existing Behavioral Health Crisis Response Grant Program frames this relationship, and creates standards for grant applications.

SB 286 adds additional context, and funding, to this structure – both of which will be beneficial. The bill encourages “mobile crisis teams” as a best practice for rapid response, and manageably integrates them among the services that may be dispatched by a county 9-1-1 call center. The bill also encourages the use of resources other than law enforcement during many such crises – reducing the potential for negative interactions arising. Getting the right resources, and staff with the best-suited training, to such situations may yield better outcomes overall.

SB 286 recognizes the needs for our residents in mental health crises, and should help advance the use of mobile resources and non-law enforcement assistance in such troubled times. Accordingly, MACo urges the Committee to give SB 286 a **FAVORABLE** report.

SB 286 - SWA - MPS WPS.pdf

Uploaded by: Tompsett, Thomas

Position: FWA



February 4, 2021

The Honorable Delores G. Kelley
3 East - Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support with Amendments – SB 286: Behavioral Health Crisis Response Services –
Modifications

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support Senate Bill 286: Behavioral Health Crisis Response Services – Modifications (SB 286) as the expansion of mental health crisis services is needed now more than ever in Maryland. Most notably, behavioral health crisis response services provide much-needed support to police officers whose training has oftentimes left them ill-equipped to respond to incidents where individuals are experiencing mental health crises.

However, MPS and WPS ask the Committee to consider amending the bill to allow local health authorities to operate their crisis teams within the realities of their fiscal and personnel constraints. Although individuals in desperate need of mental health services may benefit from unlimited access to mental health clinicians, smaller and less populated jurisdictions simply lack the resources to provide such continuity of service. By striking the need for mobile crisis teams to operate twenty-four (24) hours a day and seven (7) days a week, this body would ensure that local jurisdictions can adequately allocate their limited resources to this vital effort.

MPS and WPS suggest the amendment reads as follows:

On page 5, in line 27 strike “OPERATES 24 HOURS A DAY AND 7 DAYS A WEEK” and substitute “OPERATES AS REQUIRED BY THE LOCAL HEALTH DEPARTMENT.”



With the amendment adopted, MPS and WPS would then ask the committee for a favorable report of SB 286. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Joint Legislative Action Committee