



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HOUSE BILL 108 — BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES —
MODIFICATIONS

TESTIMONY OF DELEGATE LORIG CHARKOUDIAN

FEBRUARY 2, 2021

Chair Pendergrass, Vice Chair Pena-Melnyk, and Members of the Health and Government Operations Committee:

One in five adults in the United States struggle with mental health issues.¹ The rate of mental health/substance abuse-related Emergency Department (ED) visits increased 44.1% from 2006 to 2014, with suicidal ideation growing the most (414.6% increase in number of visits). Among mental health/substance abuse-related ED visits, alcohol-related disorders were the most frequent diagnoses in 2014 (1.5 million visits).² People in a mental health crisis frequently encounter police rather than get medical attention, resulting in 44% of people incarcerated in jails and 37% of people in state and federal prisons having a history of mental illness.¹

Maryland is the 7th most diverse state in the United States.³ Black, Latinx, Indigenous, LGBTQ, other communities of color, working class residents, and individuals with disabilities are more likely to experience poor health outcomes as a consequence of social determinants of health.⁴

Receiving timely and appropriate crisis services can be the difference between life and death for individuals with serious mental illness, as nearly one in four people shot and killed by police officers has had a mental health condition.¹ The modifications proposed in HB108 to the Behavioral Health Crisis Response Services Program will help mitigate this crisis.

In HB108, a Mobile Crisis Team is further defined to ensure local governments are investing in a comprehensive program equipped to address Marylanders in crisis 24/7. This bill will also increase funds for the existing Behavioral Health Crisis Response Grant Program. Funding for

¹ NAMI State Legislation Report: Trends in State Mental Health Policy (2019); [https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/NAMI-State-Legislation-Report-Trends-in-State-Mental-Health-Policy-\(2019\)](https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/NAMI-State-Legislation-Report-Trends-in-State-Mental-Health-Policy-(2019))

² Trends in Emergency Department Visits, 2006–2014; Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Statistical Brief #227; September 2017; <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>

³ 2019-2020 Cultural and Linguistic Competency Strategic Plan, Maryland Department of Health, Behavioral Health Administration, October 18, 2018; [https://bha.health.maryland.gov/Documents/CLCSP%20final%20document%20-%20TA%2004.25.19%20\(1\).pdf](https://bha.health.maryland.gov/Documents/CLCSP%20final%20document%20-%20TA%2004.25.19%20(1).pdf)

⁴ Draft bill, Delegate Pena-Melnyk - Public Health — Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)

the program would be increased in 2023, and at least one-third of those funds would be used to award grants for mobile crisis teams.

Under the proposed legislation, local governments are encouraged to invest in mobile crisis teams that:

- Contain response standards that minimize law enforcement interaction for individuals in crisis.
- Demonstrate strong partnerships with community services that include family members and community advocacy organizations and regional stakeholders.
- Evidence a plan of linking individuals in crisis to peer support and family support services
- Commit to gathering feedback from the community and improve service delivery based on that feedback. Outcome data and feedback received from the community must be publicly reported.
- Serve all members of the immediate community with cultural competency and appropriate language access. Cultural competence refers to the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services.⁵

I respectfully request a favorable report on HB108.

⁵ U.S. Department of Health and Human Services (HHS), <https://thinkculturalhealth.hhs.gov/clas/what-is-clas>