

**House Bill 1280- Health - Maryland Community Health and Public Safety Center of Excellence
- Establishment**

Health and Government Operations Committee

March 2, 2021

Position: SUPPORT WITH AMENDMENT

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 testimony in support of House Bill 1280 with amendments.

HB 1280 establishes the Maryland Community Health and Public Safety Center of Excellence. This bill charges the Center with furthering a sequential intercept model (SIM) framework to divert individuals with serious mental health and substance use disorders away from the criminal justice system.

According to the Bureau of Justice Statistics, [two million adult arrests](#), or roughly 16.9 percent, in the United States each year involve people with serious mental illnesses. It's estimated that roughly [70 percent of youth](#) in the juvenile justice system have mental health conditions.¹

The problem is even worse for certain populations of society. Racial and ethnic minorities have less access to behavioral health services than white people, they are less likely to receive needed care, and they are more likely to receive poor-quality care when they are treated. Troublingly, although this results in disparate minority criminalization, incarcerated people of color are less likely to be identified as having a behavioral health disorder and are less likely to receive treatment.

The SIM is a systems-planning framework to improve outcomes for people with mental health and substance use needs who become involved with the criminal justice system. However, the model has never been implemented with an eye toward ensuring that the resulting strategies and policies are equitable across populations, particularly those minority populations who will be most impacted.

Accordingly, we offer the following amendments to ensure the SIM is being examined and applied through a race equity lens:

In section 13-4201, add definitions of “racial minority” and “racial impact analysis”

“RACIAL MINORITY” MEANS:

- (1) BLACK OR AFRICAN AMERICAN;
- (2) HISPANIC OR LATINO;
- (3) AMERICAN INDIAN OR ALASKA NATIVE;
- (4) ASIAN; OR

¹ <https://www.beckershospitalreview.com/care-coordination/mental-illness-a-condition-not-a-crime.html>

(5) NATIVE HAWAIIAN OR PACIFIC ISLANDER.

“RACIAL IMPACT ANALYSIS” MEANS A SYSTEMATIC EXAMINATION OF HOW RACIAL MINORITIES ARE OR WILL BE IMPACTED BY EXISTING OR PROPOSED MODELS, PLANS, POLICIES, STRATEGIES, PROGRAMS, PROCESSES, OR RECOMMENDATIONS

Add new section requiring the Center to use a race equity lens when carrying out its duties

IN CARRYING OUT ITS DUTIES, THE CENTER SHALL CONTINUOUSLY MONITOR AND ANALYZE ITS MODELS, PLANS, POLICIES, STRATEGIES, PROGRAMS, TECHNICAL ASSISTANCE, AND TRAININGS THROUGH AN EQUITY LENS TO REDUCE AND ELIMINATE DISPARITIES IN THE CRIMINALIZATION OF RACIAL MINORITIES WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

Require that the plans required in sections 13-4204 and 13-4205 include racial impact analyses

In each section, under where it says “THE PLAN SHALL INCLUDE,” add a new line that says “A RACIAL IMPACT ANALYSIS”

Chronic and historic underfunding of community mental health and substance use services have placed law enforcement on the front lines of behavioral health crisis response and turned jails and prisons into the largest mental health treatment centers. We must move from criminalizing mental illness and begin treating it. For that reason, we support House Bill 1280 with the amendments referenced above.