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**TESTIMONY IN OPPOSITION TO**  
**House Bill 1344: Mental Health Law - Reform of Laws and Delivery of Service**  
**Maryland House Judiciary Committee**  
**Friday, March 19, 2021**

On Our Own of Maryland thanks the legislature for its continued work to ensure Marylanders can access high-quality, effective, and appropriate behavioral health (BH) services in a timely manner. We strongly oppose HB1344, which would dramatically broaden the criteria under which an individual can be forced into psychiatric hospitalization against their will. **Changing this statue would in no way address the very real capacity gaps in our current BH crisis services system. Instead, it threatens to produce more unnecessary, costly, and too often traumatizing hospitalizations** of people who could have been effectively served with community-based best practices like Mobile Crisis Teams, Assertive Community Treatment, and the integration of Peer Support Specialists in every aspect of services.

On Our Own of Maryland is a statewide education and advocacy organization led by people with lived experiences of behavioral health challenges. We represent a network of 23 affiliated peer-run Wellness & Recovery Centers throughout Maryland, which offer comprehensive, voluntary recovery support services, free of charge, to community members with BH challenges. At our centers, peer staff regularly help individuals in crisis de-escalate, practice coping skills, and use available supports to avoid engaging emergency services unless absolutely necessary. For nearly three decades, our *Anti-Stigma Project* workshops have helped hundreds of community members recognize, reconsider, and reduce negative and harmful stereotypes associated with mental health and substance use disorders.

Fear and stigma create real barriers to receiving behavioral healthcare and support. Panic at the thought of unwanted or forced treatment - especially if experienced before - prevents people from seeking out services, disrupts therapeutic relationships, and can escalate tensions if the Emergency Petition process is invoked. The changes suggested by HB1344 risk prompting even more broad judgements to be made out of fear of *possible future* concerns around safety, danger, or capacity for self-care, instead of carefully considering the expressed needs and specific context of the individual, the inherent trauma of involuntary treatment, and the availability of alternative, lower-intensity (and more cost-effective) supports. Under the pressure of this expanded criteria, stigma and implicit bias may sentence many individuals to sit in a loud, chaotic ER for hours and in a hospital bed for days, at the cost of significant interruption to their lives and possible harm: misdiagnosis, inappropriate medication, increased feelings of isolation and helplessness, and even loss of employment or housing. **Worse, they will exit the hospital facing the exact same lack of community-based BH resources, and with greater apprehension and mistrust of the BH system.**

Research shows that when robust crisis response services are in place, many BH crisis situations can be effectively resolved without resorting to hospitalization.<sup>1</sup> We don't need to change the 'dangerousness standard;' we need to expand the community-based support services that help people stay out of the crisis cycle and move forward in their recovery. **We urge an unfavorable vote on HB 1344.**

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<sup>1</sup>*Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*, HHS Publication No. SMA-14-4848. Substance Abuse and Mental Health Services Administration, Rockville, MD (2014)