

**HEALTH CARE FOR THE HOMELESS TESTIMONY  
IN SUPPORT OF  
HB 537 - MENTAL HEALTH LAW - PETITIONS FOR  
EMERGENCY EVALUATION - PROCEDURES**

**House Health & Government Operations Committee  
February 16, 2021**



**Health Care for the Homeless supports HB 537**, which would remove the mandated involvement of law enforcement in the deliverance of an emergency petition (EP) for mental health evaluations. Under current state law, the only way an EP is valid is if it is delivered by a law enforcement officer. The vast majority of EP situations do not, in any way, need or would be helped by law enforcement involvement. In fact, in many cases, law enforcement presence exacerbates an already very sensitive situation.

For nearly 40 years Health Care for the Homeless has supported thousands of adults and families experiencing homelessness with a wide range of health services. We have a full, integrated medical and behavioral health care team, which has experience doing EPs for many of our clients. In our experience, most clients are willing to seek help when they need it. However, there are circumstances when situations would require an EP. Our providers believe that police presence can be a deterrent or even something harmful to our clients emotionally or physically. In the experience of our providers, police presence isn't always needed. Further, undoubtedly the way that policing is carried out in minority and lower-income communities is concerning. In our experience, police presence has exacerbated a mental health emergency such that clients lose dignity and may be more prone to police violence.

More times than not, our providers have felt quite safe doing an EP and we simply needed to get the client to the hospital. In those times, an ambulance has sufficed. We also have had occasions when our providers have made an assessment that an EP is warranted, completed certification paperwork to that effect, and called for 911 for assistance—the police arrived only to ask the client if were suicidal/homicidal, at which time the client told the police “no” and the police said that they will not carry out the EP. This sort of occurrence delays needed intervention and treatment and prolongs a client's entry into a higher level of care to promote safety.

We would support efforts to further a culture of community policing, where officers saw themselves as a part of the communities they served and demonstrated that belief. In the case of community policing, our providers would be less hesitant to have their presence.

However, we are not there yet as a society or a State. Until we reimagine policing in American cities, law enforcement does not have a place in the provision of behavioral health care except in extreme extenuating circumstances. In the rare circumstances where our providers may find police presence beneficial, such as when the client was markedly disconnected from reality and a physical threat to others based on their mental health symptoms or access to a weapon, we support the approach of giving our providers the discretion to involve an officer would be enormously beneficial for our clients. This bill would allow them to do just that.

For the forgoing reasons, we urge a favorable report on HB 537.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit [www.hchmd.org](http://www.hchmd.org).*