NCADD-MD - SB 12 FAV - Crisis Response - draft.pdf
Uploaded by: Ann Ciekot
Position: FAV

Senate Finance Committee
January 25, 2022

Senate Bill 12
Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications
Support

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, the number of opioid-related deaths increased by 20% between 2019 and 2020, and preliminary data indicates a continued increase in 2021.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports Senate Bill 12 to promote reduced police presence in behavioral health crisis response services.

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.

With the increase in the number of deaths due to overdoses, Maryland must be bold in its response. There are multiple policy approaches and programming that would have a direct result of saving people's lives. Reducing police presence in substance use and mental health crises will mean interventions will be conducted through more of a public health lens. There is a tremendous amount of mistrust of police. Appropriately responding to crises with a behavioral health team instead of police will make people more willing to ask for and receive help.

We urge your support of Senate Bill 12.

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.

National Council on Alcoholism & Drug Dependence – Maryland Chapter
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MCF_Fav_SB 12.pdf
Uploaded by: Ann Geddes
Position: FAV

SB 12 – Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Committee: Finance
Date: January 25, 2022
POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a loved one with a mental health, substance use or gambling issue.

MCF strongly supports SB 12, which would seek to limit the use of law enforcement in behavioral health crises.

SAMHSA, the Substance Abuse and Mental Health Services Administration, published in 2020 "Guidelines for Behavioral Health Crisis Care Best Practices Toolkit." One of the key recommendations in the toolkit is that the involvement of law enforcement in behavioral health crises be minimal. The report states that mobile crisis units should:

"Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion." (p. 18)

There is every reason to limit the use of law enforcement in behavioral health crises:

- The presence of law enforcement can make a person in a behavioral health crisis more agitated;
- People with behavior health disorders are more likely to end up in the criminal justice system if law enforcement becomes involved;
- Law enforcement officers' time can be better spent elsewhere.

Unfortunately, some mobile crisis teams in Maryland are required to be accompanied by law enforcement. In October of 2021, MCF surveyed families on their use of crisis services for children and youth experiencing a behavioral health crisis, and heard families concerns about the presence of law enforcement when they reached out for help from a mobile crisis team (Listening and Learning from Families: Crisis Services and the Experiences of Families Caring for Children and Youth with Behavioral Health Needs, MCF, December 2021). One parent said:

"We had only positive interactions with the Mobile Crisis Team. I just wish

we could have had them come independent of the police."

Another parent said:

"I think the crisis team was great and being able to come out and help with the situation. What did not help was having a cop have to come also."

Finally, one caregiver advised:

"I think there should be a way that a parent or guardian can call for a crisis response without having to have the cops involved every time."

We at MCF believe that family voice should matter when establishing policies. Clearly families prefer that law enforcement not accompany a mobile crisis team when a family reaches out for help. Moreover, this sentiment aligns with SAMHSA's best practices. SB 12, by incentivizing crisis services that do not involve law enforcement, is a great start to address the problem.

Therefore we urge a favorable report on SB 12.

Contact: Ann Geddes
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2022- Testimony- SB12 Behavioral Health Crisis Res

Uploaded by: Christopher Stevenson

Position: FAV

Testimony on SB12

Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Position: FAVORABLE

Dear Madam Chair and Members of the Health and Government Operations Committee:

My name is Ricarra Jones, and I am the Political Director with 1199SEIU- the largest healthcare union in the nation, where we represent over 10,000 healthcare workers in Maryland. Given the amount of behavioral healthcare needs in Maryland, we are supportive of SB12-Behaviiral Health Crisis Response Services.

Before and during the COVID-19 pandemic, many residents in the state of Maryland have and continue to suffer from behavioral health issues, many of which that go unidentified and/or untreated. Many residents are either lack the financial means or are just unaware of the resources at their disposal to tackle and combat behavioral health challenges. To make matters worse, Black and Brown communities are most commonly the ones that suffer the most due to an increased amount of healthcare disparities.

All Marylanders deserve access to behavioral health services and that is exactly what this legislation provides. If enacted, it would allow for an increase in behavioral health units by which localities can implement in need-based regions that suffer from high rates of behavioral abuse including but not limited to, high rates of alcoholism, high and increased crime rates, and poverty-stricken areas. These instances are leading contributors to increased amounts of behavioral health problems and most often, area also areas with a lack of resources. Moreover, this legislation would allow assistance in police activity by which residents who often commit crimes due to behavioral health issues, could find assistance and support in dealing with these issues.

For our members, this also creates great opportunity to lessen the workload that oversaturates our healthcare industry due to behavioral health issues. Moreover, this would also assist our members and the public by aiding in dealing traumatizing such as loss due to COVID-19 and other major life-threatening or traumatic instances.

For this reason, we believe that this legislation will create the necessary structure in place to improve overall health equity for Marylanders and ask that you support SB12.

Respectfully,

Ricarra Jones
Maryland/DC Political Director
1199SEIU United Healthcare Workers- East
Cell: 443-844-6513

SB0012 Crisis Dispatch Procedures.pdf
Uploaded by: Dan Martin
Position: FAV

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Senate Bill 12 Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Finance Committee
January 25, 2022
Position: SUPPORT

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 and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 12.

SB 12 requires all public safety answering points to develop written policies and procedures for responding to a call involving an individual experiencing a mental health crisis. The policies must address procedures for triaging such a call, the resources available for dispatch, and the procedures for making a dispatch decision.

Too often individuals experiencing a mental health crisis and those around them know of little alternative but to call 9-1-1 for help. This can result in delays in care, increased frustration, and potentially more harm than help for the person in distress. But in many cases, there are more appropriate alternatives.

Though coverage varies across jurisdictions, Maryland's behavioral health crisis response system offers an array of options for serving individuals in crisis. These options may include mobile crisis call centers, mobile crisis teams, and/or crisis receiving and stabilization centers. These services significantly reduce preventable mental health crises and offer earlier intervention to stabilize individuals more quickly and at the lowest level of care appropriate.

To ensure individuals in crisis are referred to the most appropriate services and settings, it is essential that 9-1-1 dispatch personnel are familiar with the resources available to them and trained on how and when to direct individuals to those resources. This familiarity and triaging function will become even more important later this year when Maryland transitions to 9-8-8, a new standard number for all behavioral health crisis calls that should serve as an alternative to 9-1-1 in many of these situations.

For these reasons, MHAMD supports SB 12 and urges a favorable report.

For more information, please contact Dan Martin at (410) 978-8865

SB 12_BH Crisis Response and PSAPs - BHSB_FAVORABL
Uploaded by: Dan Rabbitt
Position: FAV

Behavioral Health System
Baltimore

January 25, 2022

Senate Finance Committee
TESTIMONY IN SUPPORT
SB 12 - Behavioral Health Crisis Response Services and Public Safety Answering Points—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 78,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.**

Behavioral Health System Baltimore is pleased to support SB 12, Behavioral Health Crisis Response Services and Public Safety Answering Points—Modifications. This bill supports efforts to reduce our reliance on law enforcement for responding to mental health crises, freeing up law enforcement professionals to do the job they signed up for rather than attending to mental health calls that do not threaten public safety.

Behavioral health crisis response services are an essential component of the public behavioral health system. These services respond to individuals experiencing acute mental health challenges like suicidal thoughts, intense anxiety, psychosis, distress related to substance use or other types of emotional distress. These types of crises are unfortunately all too common and on the rise.

- Suicide is the second leading cause of death for young people aged 15-24 while suicide appears to have doubled for Black Marylanders in recent years.[1]
- Annual overdose deaths have skyrocketed to 2,800 in Maryland, a 30% increase over last year and an increase of more than 300% over the last decade ago.
- Calls to Baltimore City's 24/7 Here2Help crisis hotline doubled during the pandemic and similar increases in crisis calls were seen across the state.

Having effective services to respond to individuals in crisis is critical to addressing these trends and the state behavioral health crisis response grant program is a key funding source. It is paramount that the programs funded by the state minimize the trauma and disruption people in crisis experience, including minimizing unnecessary law enforcement interaction.

When law enforcement responds to a mental health crisis, they can often escalate an already tense situation. Even with good training and good intentions, the police sirens, handcuffs, and the past experiences of the individual in crisis may cause police intervention to be traumatic. People experiencing mental health distress can feel they did something wrong and experience shame and stigma related to their mental illness. When things go badly, the person in crisis could end up in jail, be physically harmed, or even killed. **One in four fatal police shootings involved someone with mental illness and a person with untreated mental illness is 16 times more likely to be killed by police.[2]**

SB 12 makes commonsense changes to the crisis response grant program to minimize law enforcement involvement in crisis response. It also directs 911 Public Safety Answering Points (PSAPs) to have written policies regarding how to triage and respond to mental health crises. These provisions will not eliminate law enforcement's involvement in mental health crisis response, nor should it. Crisis response will always need strong collaboration and partnership with law enforcement to respond to community needs and keep communities safe. But where possible, law enforcement involvement should be minimized. Police should not be the default first responders for mental health crises.

These provisions align with the nationally supported Crisis Now model and federal best practices for behavioral health crisis services.[3] These best practices recognize that mobile response teams consisting of licensed mental health professionals can effectively resolve mental health crises without law enforcement most of the time. The Health Services Cost Review Commission (HSCRC) is currently funding several regional catalyst programs based on the Crisis Now model, including the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership, a $45 million, 5-year grant to expand and strengthen behavioral health crisis services in Baltimore City, Baltimore County, Carroll County, and Howard County. These provisions are also aligned with the behavioral health findings in the 2017 Baltimore City Consent Decree with the Department of Justice. Consistently seeking to minimize law enforcement in behavioral health crises response across programs will help these other initiatives succeed.

Maryland can strengthen its behavioral health crisis response system by only calling on law enforcement to intervene when necessary. Those struggling with mental health challenges should feel safe when they reach out for help. Mental health challenges deserve a mental health response. **BHSB urges the Senate Finance Committee to pass SB 12.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

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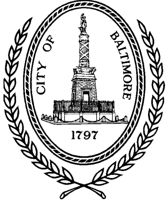
[1] Bray MJC, Daneshvari NO, Radhakrishnan I, et al. Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019 (COVID-19) Pandemic. *JAMA Psychiatry*. 2021;78(4):444–447. doi:10.1001/jamapsychiatry.2020.3938. Available at https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2774107.

[2] Treatment Advocacy Center. (Dec 2015). *Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters*. Available at https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf.

[3] Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit*. Available at https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf.

SB 12_SPLW_fav.pdf
Uploaded by: Lucy Font
Position: FAV



Nick J. Mosby
President,
Baltimore City Council

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January 21, 2022

To: **Members of the Senate Finance Committee**
Re: SB 12 – Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications
Position: **FAVORABLE**

Chair Kelley and Honorable Members of the Senate Finance Committee,

The Baltimore City Council Suicide Prevention Legislative Workgroup is composed of providers, survivors, advocates, faith leaders, elected officials, nonprofit organizations, educators, community leaders, and researchers dedicated to decreasing barriers Baltimore City residents face to access efficient and effective mental health services to support their mental health, and prevent suicides from occurring within our city.

To this end, the Suicide Prevention Legislative Workgroup urges a favorable report on SB 12– Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

An estimated 3.3% of adults in Maryland live with serious mental health conditions, and only 56.8% of adults with mental illness receive any form of treatment[1]. The COVID-19 pandemic and resulting economic crisis is expected to have a long-term negative impact on mental health and suicide risk for Maryland residents.

According to a 2020 study published by the National Association of Social Workers, those with severe mental illness are more likely to be physically victimized by police, regardless of their involvement in criminal activities[2]. A Washington Post investigation indicates that from 2015 – 2020, nearly a quarter of all people killed by police officers have had a known mental illness[3]. Additionally, a 2015 report by the Treatment Advocacy Center found that mental health disorders are a factor in as many as 1 in 2 fatal law enforcement encounters, and the risk of being killed during a police incident is 16 times greater for individuals with untreated mental illness[4].

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[1] https://www.rtor.org/directory/mental-health-maryland/#:~:text=Maryland%20has%20a%20population%20of,bipolar%20disorder%2C%20and%20major%20depression.
[2] https://pubmed.ncbi.nlm.nih.gov/32393967/
[3] https://www.washingtonpost.com/graphics/investigations/police-shootings-database/?itid=lk_inline_manual_3
[4] https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf

Specific to the State of Maryland, the ACLU reported that from 2010-2014, 38% of all deaths in police encounters "presented in a way that suggested a possible medical or mental health issue, disability, substance use, or similar issue"[5].

Maryland residents experiencing mental or behavioral health crises deserve to be met with care and intervention rather than criminalization. This bill requires that proposals requesting Behavioral Health Crisis Response Grant Program funding minimize law enforcement interactions and changes the definition of "mobile crisis team" to include limiting reliance on law enforcement. Further, the bill requires that public safety answering points develop policies to address calls involving people experiencing active mental health crises.

These measures ensure that local behavioral health crisis response programs will respond to citizens with a public health lens rather than a public safety one. Individuals experiencing mental health crises will be more likely to receive de-escalation measures, obtain trauma informed care, and be referred to treatment options. Reducing contact with law enforcement will result in less violence and ultimately contribute to safer, healthier communities.

A 2021 executive order by the Substance Abuse and Mental Health Services Administration (SAMHSA) says it best: "The most appropriate role for [law enforcement] in a behavioral health crisis is limited or none…It is time to redirect our reliance on [law enforcement] as mental health crisis responders and create the momentum to develop crisis services systems based in behavioral health principles".

The Baltimore City Suicide Prevention Legislative Workgroup thus urges a favorable report on SB 12– Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Sincerely,

Nick J. Mosby
President, Baltimore City Council

[5] https://www.aclu-md.org/sites/default/files/legacy/files/md_deaths_in_police_encounters.pdf

SB12 Behavioral Health Crisis Response Services an
Uploaded by: Malcolm Augustine
Position: FAV

Malcolm Augustine
Legislative District 47
Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee

Senate Chair, Joint Committee on the Management of Public Funds

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

1/25/22

The Honorable Delores G. Kelley
Chairwoman, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street Annapolis, MD 21401

RE: SB12 - Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Position: **Favorable**

Chair Kelley and Members of the Committee,

The Problem:

- Without adequate behavioral health services, the responsibility of responding to individuals with mental illness or substance use disorder has largely fallen on law enforcement. 10-20% of police encounters involve someone showing signs of mental illness or a substance use disorder[1] **and 1 in 4 individuals with a mental illness have been arrested at some point in their lives**.[2]
- Those with untreated mental illness are **16x more likely to be killed during police contact** compared with the general population[3] and these outcomes are 40% more likely in small and mid-sized areas.[4] **This reality can prevent those in crisis and their loved ones from seeking help altogether.**
- A 2021 poll revealed that **nearly half of Americans would not feel safe calling 911** if they or a loved one was experiencing a behavioral health crisis - **even despite favorable opinions of law enforcement in their own communities**.[5] Those with an existing mental health condition were most likely to report not feeling safe calling 911.
- **Response standards for handling crisis calls vary considerably** across Maryland's cities and counties, particularly surrounding which situations warrant the dispatch of law enforcement.

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1 Watson AC, Morabito MS, Draine J, Ottati V. Improving police response to persons with mental illness: a multi-level conceptualization of CIT. *Int J Law Psychiatry*. 2008;31(4):359-368. doi:10.1016/j.ijlp.2008.06.004

2 Livingston J. Contact Between Police and People With Mental Disorders: A Review of Rates. Psychiatric Services. 15 Apr 2016. https://doi.org/10.1176/appi.ps.201500312

3 Treatment Advocacy Center. Overlooked in the Undercounted. Dec 2015. Retrieved from: https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf

4 Kindy K, Tate J, Jenkins J, Mellnik T. Fatal police shootings of mentally ill people are 39 percent more likely to take place in small and midsized areas. The Washington Post. 17 Oct 2020. https://www.washingtonpost.com/national/police-mentally-ill-deaths/2020/10/17/8dd5bcf6-0245-11eb-b7ed-141dd88560ea_story.html

5 Ipsos. NAMI 988 crisis Response Research. Nov 2021. Retrieved from https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Report-11-12-2021-For-Release.pdf

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee

Senate Chair, Joint Committee on the
Management of Public Funds

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- Despite containing a definition for "mobile crisis teams,"[6] **Maryland Code does not reflect the language of best practices** outlined by NAMI and SAMHSA, which is to divert those in crisis from unnecessary interaction with law enforcement. [7,8]

What SB12 does:

- Requires proposals for behavioral health crisis funding to **include response standards that minimize law enforcement interaction**.
- Amends the definition of "mobile crisis teams" to **reflect the ultimate goal of diversion.**
- Requires all public safety answering points to **develop written policies for behavioral health crisis calls**, including how calls are triaged and how dispatch decisions are made.
- Requires these written policies be made **available to the Maryland Department of Health and to the public**.

How SB12 helps:

- Provides **transparency to neighboring jurisdictions** to better coordinate crisis response.
- Provides **transparency to the public** regarding what may happen if 911 is called.
- Supports broader efforts to **decriminalize and destigmatize mental illness.**

Chair Kelley and members of the committee, I ask for your favorable report.

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[6] Md. Code Ann., Health – General § 7.5-208 and 10-1401(g). 2021.

[7] National Alliance on mental Illness (NAMI). Divert to What? Community Services That Enhance Diversion. Retrieved from: https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Divert-to-What-Community-Services-that-Enhance-Diversion/DiverttoWhat.pdf

[8] Substance Abuse and Mental Health Services Administration (SAMHSA). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. 2020. Retrieved from: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

SB 12 NAMI-FAV.pdf
Uploaded by: Moira Cyphers
Position: FAV

NAMI Maryland
National Alliance on Mental Illness

January 21, 2022

Senate Bill 12 – Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications - SUPPORT

Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

Mental health treatment and suicide prevention are critical health care issues for our state. Yet, when someone experiences a mental health crisis, they are often more likely to interact with a law enforcement officer than a medical professional. The absence of a truly comprehensive community mental health system means that law enforcement are often the first responders to mental health crises. When law enforcement responds, people in crisis often end up in jails, in emergency departments, on the street, or worse, they are harmed or killed during the encounter. To change this costly dynamic — which is taking an enormous toll on both human lives and our state's resources — we need readily accessible crisis care as an essential component of our mental health service system.

The Maryland Behavioral Health Crisis Response Grant Program provides funds to local governments to help establish and expand local crisis services to meet this growing need. Mobile crisis units, walk-in crisis services, crisis residential beds, and other behavioral health crisis programs and services are funded through this program – an investment of $5,000,000 for FY 2022 and increasing annually to $10,000,000 per year by 2025.

Senate Bill 12 would require that local government mobile crisis teams that minimize the role of law enforcement in crisis interactions and response, strengthening the existing Behavioral Health Crisis Response Grant Program to ensure Maryland is investing in programs and services that address mental health emergencies.

In addition, this legislation helps pave the way toward 988 implementations (coming July 2022) by requiring public safety answering points (the call center where emergency 911 calls are routed) by asking the PSAPs to create a written protocol for mental health crisis calls that come in. The protocol is required to include the resources that are available for dispatch (CIT/mobile crisis units/other mental health and/or law enforcement resources).

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Moira Cyphers
Compass Government Relations
MCyphers@compassadvocacy.com

Why are these changes necessary? Deploying law enforcement as the first response for mental health crisis has led to the criminalization of mental illness in Maryland and across the nation:

- 1 in 4 people with a serious mental illness are arrested during their lives.
- 2 in 5 adults in jail or prison have a diagnosed mental illness.
- 7 in 10 youth in the juvenile justice system have a mental illness

In 2019, 1 in 4 people killed by police officers in America had a known mental illness. A well-designed crisis response system can be the difference between life and death for people experiencing a psychiatric emergency. Both provisions of this legislation will help Maryland start building these resources.

For these reasons, NAMI Maryland asks for a favorable report on **SB 12.**

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Moira Cyphers
Compass Government Relations
MCyphers@compassadvocacy.com

SB12_NatalieBusath_FAVORABLE_1_25_22.pdf
Uploaded by: Natalie Busath
Position: FAV

January 25, 2022

The Honorable Delores G. Kelley
Chairwoman, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street Annapolis, MD 21401

RE: SB12 - Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Position: **Favorable**

Dear Chair Kelly and Members of the Committee,

I am writing in support of SB12, both as a social worker who has worked in crisis response for the past 10 years, but also as someone who has sought help for myself and for loved ones in psychiatric crisis. I am sure every member of this committee knows how difficult it is to make quick decisions with potentially enormous consequences – to do that well, you need all the information you can get about what might happen and who might be affected by the decision you make.

I have worked in multiple states as a legal and medical advocate for survivors of abuse and the **most important part of that role was giving the person in crisis a roadmap for what might happen next and giving them as much agency as possible over that.** Doing this meant responding to dispatch as quickly as possible so I could arrive before there were any surprises, often gathering information along the way.

I've also had to call 911 a few times myself. Sometimes I got the help I needed and sometimes I didn't – but it always felt a gamble and I don't take risks when I feel unsafe. Most of us don't. A national survey by IPSOS completed in October 2021[1] found that nearly half (46%) of Americans "would not feel safe calling for help" if their loved one was having a mental health crisis. 3 in 5 Americans (62%) were specifically afraid of police presence in a crisis, even though the vast majority of Americans (72%) had favorable opinions of law enforcement in their community. Americans overwhelmingly agreed (82%) that a health care provider or crisis counselor should be the first to arrive in a mental health crisis. But everyday people in crisis rarely get to choose who shows up when they call for help.

That unpredictability is what always gave me hesitation when considering how to seek help, and I know where that hesitation leads for many people. It makes those in need harder to find and harder to reach. That is exactly what this bill seeks to prevent. **Without publicly accessible**

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[1] Ipsos. NAMI 988 crisis Response Research. Nov 2021. Retrieved from https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Report-11-12-2021-For-Release.pdf

information on how behavioral health emergency calls are triaged, what resources are available for mental health and substance use emergencies (including when and where they are available), and how dispatch decisions are made, **advocates like me are guiding people in crisis in the dark.**

SB12 shines a light on these procedures – and in doing so, the procedures themselves can be improved in the process. It is for these reasons I ask for a favorable report on SB12, so we can **better ensure there are no surprises for Marylanders who seek help for mental health and substance use emergencies.**

Respectfully submitted,

Natalie Busath, LMSW
Health Policy Institute
Johns Hopkins Bloomberg School of Public Health
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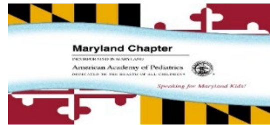
SB0012_FAV_MedChi, MDAAP, MACHC, MdCSWC_BH Crisis

Uploaded by: Pam Kasemeyer

Position: FAV



MID-ATLANTIC ASSOCIATION OF
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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

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

DATE: January 25, 2022

RE: **SUPPORT** – Senate Bill 12 – *Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, Mid-Atlantic Association of Community Health Centers, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for Senate Bill 12.

The development of a comprehensive crisis response system has been a priority of this General Assembly and a broad range of stakeholders, including the members of the above-referenced organizations. The provisions of Senate Bill 12 will enhance the State's efforts to address the need for timely and appropriate crisis response with a specific focus on minimizing law enforcement interaction with individuals who are experiencing a behavioral health crisis. The bill requires proposals requesting Behavioral Health Crisis Response Grant Program funding to contain response standards that minimize law enforcement interaction for individuals in crisis; amends the definition of crisis team to include prioritizing limiting interaction with law enforcement; and requires public safety answering points (911) to develop written protocols for calls involving an individual suffering an active behavioral health crisis.

Passage of Senate Bill 12 will further align Maryland's crisis response framework with nationally recognized best practices. The development of written protocols by public safety answering points will ensure that Maryland's crisis response system integrates the services of law enforcement and crisis teams to ensure that individuals receive the response that is appropriate to address their behavioral health crisis.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine Krone
410-244-7000

2022 LCPCM SB 12 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV

Committee:	**Senate Finance Committee**
Bill Number:	**Senate Bill 12**
Title:	**Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications**
Hearing Date:	**January 25, 2022**
Position:	**Support**

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 12 – Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications.* This bill seeks to reduce unnecessary law enforcement involvement in incidents where individuals are experiencing a behavioral health crisis.

LCPCM supports this bill because law enforcement has been the default response to incidents involving behavioral health crises for many years. However, we recognize that many of these incidents could be resolved better if addressed with a more clinical focus, for example, by mobile crisis teams. In addition to grants to help support crisis response infrastructure, this bill also ensures that 9-1-1 operators have the necessary resources to address a call from a person in a behavioral health crisis. 9-1-1 operators are often the first to interact with a person in crisis or their family. We must equip these operators with the resources needed to handle these difficult calls.

We urge a favorable report on Senate Bill 12. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

SB 12 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV

January 20, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 12: Behavioral Health Crisis Response Services and Public Safety Answering Points – 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 strive 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.

In managing patients in mental health and substance use disorder crises, most of our communities rely heavily on law enforcement. Unfortunately, this reliance often results in patients languishing in emergency rooms, the criminalization of psychiatric patients, and at times the unnecessary loss of life. Today, an estimated 10% of calls to 911 are for mental health crises. The National Alliance on Mental Illness (NAMI) estimates that nearly 15% of men and 30% of women booked into jails have a serious mental illness. Furthermore, an estimated 25-50% of fatal encounters with law enforcement involve a person with a mental illness.[1] Many high-profile tragedies result when crisis first responders—typically police—are ill-equipped with the de-escalation skills, disposition, and knowledge necessary to diffuse a mental health crisis.

MPS & WPS, therefore, support Senate Bill 12: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications (SB 12). SB 12 would first enable our state's Behavioral Health Crisis Response Grant Program to require entities applying for funds to integrate standards that minimize law enforcement interactions with individuals in crisis. Over the years, communities in coordination with the police have implemented the following three basic forms of mobile crisis:

(1) police-based response: police are the primary responders;

[1] Deaths Due to Use of Lethal Force by Law Enforcement – American Journal of Preventative Medicine (Nov 2016)

(2) police-based mental health response: a mental health professional accompanies police; and

(3) mental health-based mental health response: behavioral health mobile crisis teams respond, either with or without police.

Many states, such as Arizona, Connecticut, Georgia, and Oregon, have successfully implemented tailored models to ensure that law enforcement officers have appropriate support from mental health providers and patients in crisis can effectively access care. Through the targeted grant approach under SB 12, Maryland could provide better crisis response throughout the state.

For example, Oregon initiated the Crisis Assistance Helping Out On The Streets (CAHOOTS) model, where a mobile response team responds to crises with a behavioral health component. CAHOOTS' unarmed two-person teams composed of an EMT and crisis worker utilize verbal de-escalation to respond to those in crisis. CAHOOTS may be dispatched rather than law enforcement when someone calls 9-1-1 or the non-emergency police number for help with a non-violent and non-criminal situation. In 2019, CAHOOTS had some level of involvement in 20% of the incoming public safety calls (20,746) in Eugene, suggesting that a significant number of calls do not require a law enforcement response. CAHOOTS was not designed to replace, reform, or repair policing; instead, it is intended to augment the existing public safety structure, ostensibly filling gaps that law enforcement was never designed to handle.

Finally, SB 12 also rightfully concedes that police will more than likely always be involved in responses to mental-health emergencies. The transportation competent, whether to a hospital, crisis-stabilization facility, or jail, pretty much guarantees it. However, through SB 12's requiring departments to establish written policies that triage calls to 911, arming dispatchers with knowledge of available resources, and better defining procedures for dispatch decisions will ensure that law enforcement officers are adequately supported.

In closing, MPS & WPS want to highlight that in order for SB 12 to be truly successful, patients must be efficiently diverted to treatment. MPS & WPS further urges this Honorable Committee to continue to combat the stigma surrounding these patients by advocating for adequate funding for treatment facilities, proposals to grow our workforce, and insurer compliance with the federal parity laws.

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
Legislative Action Committee

Ferretti - Written Testimony SB0012.pdf
Uploaded by: William Ferretti
Position: FAV

SB0012: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Tuesday, January 25, 2022, 1:00 PM

My name is William Ferretti. I am a former 9-1-1 Director for Montgomery County. I also had the pleasure to serve on the Commission to Advance NG911 Across Maryland, first as a member of the Commission and then after my retirement from the County, as an advisor.

The delivery of Public Safety Services to the public is one of the most important functions of local government. Effective Public Safety responses to those in need start with the first of the first responders in Maryland's 9-1-1 centers, also known as Public Safety Answering Points (PSAP). In today's environment, a person suffering from a mental health crisis, or someone on their behalf, may reach out to a variety of resources for assistance to include public or private mental health professionals, local mental health crisis teams, 2-1-1, or the soon to be national Suicide Prevention Hotline number, 9-8-8. When an individual is in active crisis, the call is most often placed to 9-1-1 and garners a public safety response, which could be either, or both from law enforcement and Fire Rescue/EMS.

Communities all over the country are reevaluating these responses and adding different or additional resource types, such as Mobile Crisis Teams, to respond to individuals experiencing active mental health crisis. As 9-1-1 and Public Safety Services are delivered at the local level in Maryland, it is imperative to have policies in place within each 9-1-1 center for those suffering an active mental health crisis that outlines how these calls will be triaged and what resource agencies will be notified and responding. By having these policies in place as open and transparent, the community and all involved stakeholders will be able to have clear and realistic expectations for how these crisis situations are handled.

SB0012 ensures that these policies will be in place across Maryland and therefore ask for a favorable report.

William Ferretti

SB0012-FIN_MACo_SWA.pdf
Uploaded by: D'Paul Nibber
Position: FWA

Senate Bill 12

Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

MACo Position: **SUPPORT WITH AMENDMENTS**

Date: January 25, 2022

To: Finance Committee

From: D'Paul Nibber

The Maryland Association of Counties (MACo) **SUPPORTS** SB 12 **WITH AMENDMENTS**. This bill would, among other provisions, revise the Behavioral Health Crisis Response Grant Program to require proposals detailing how law enforcement interaction with individuals in crisis will be minimized.

At present, several Maryland counties involve law enforcement in crisis response situations. Often, law enforcement units are the only entities available to respond to individuals suffering from an active mental health crisis, especially after business hours. Additional situations arise wherein behavioral health crisis response units request law enforcement backup to ensure a crisis worker's safety. In the direst circumstances, an individual suffering from an active mental health crisis may pose a clear and imminent threat to the public, necessitating law enforcement involvement.

Understanding how law enforcement is sometimes needed to respond to situations concerning individuals suffering from an active mental health crisis, MACo requests a small change to SB 12:

- On Page 3, Line 22, strike "**MINIMIZE**" and substitute "**DETAIL AND APPROPRIATELY MANAGE**"

This shift in language would enable jurisdictions with limited resources to preserve their current crisis response in applying for grants, while still pursuing the common goal of improving proper resources to the full range of crises requiring emergency response. It would also allow state officials to evaluate the role of law enforcement in responding to mental health crisis and note where additional non-law enforcement resources may need to be allocated.

MACo's amendment would preserve the sponsor's intent, while also preserving a useful tool for county behavioral health crisis response. Accordingly, MACo urges a **FAVORABLE WITH AMENDMENTS** report for SB 12.