



March 30, 2022

**House Health and Government Operations 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 and prioritize mobile crisis response over law enforcement interventions.

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 require applicants to have response standards that prioritize mobile crisis response over law enforcement. 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, mobile crisis teams should be relied upon for behavioral health crisis response rather than law enforcement.

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 much 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.

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

Endnotes:

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>.