March 28, 2022

The Honorable Shane E. Pendergrass
House Health & Government Operations Committee
House Office Building - Room 241

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

Dear Chairman Pendergrass 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) as amended by the Senate Finance Committee. 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 by prioritizing mobile crisis team intervention. 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