

SB 707

Debra A. Bennett, mental health advocate and former caregiver

Charles County

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Position: Favorable

The narrow interpretation of the danger standard not only denied my son crucial treatment, rather it created fear in the community and forced my late son into homelessness while he was hospitalized. Even when my son was lying in a parking lot, the police would still not petition him for an evaluation. My son Ben J. Bennett, Jr. had a severe mental illness (SMI), a substance use disorder, and a severe bi-lateral hearing disability. In December 2024, at age 35, Ben [tragically passed away](#). *He was found unconscious from an anoxic brain injury on a Baltimore street without identification and admitted to the hospital as a John Doe.*

Right now, the requirement that a person be “a danger to the life or safety of the individual or others” is often interpreted so narrowly that families and clinicians cannot act until harm is imminent. For people who lack awareness of their illness, this delay can lead to homelessness, victimization, incarceration, or irreversible deterioration.

For the majority of Ben’s emergency department evaluations and inpatient hospitalizations, I had to travel to different Maryland counties to personally file an emergency petition with the court because local police and mobile crisis teams refused to petition either because they interpreted the danger standard as requiring imminent danger, were not willing to consider personal, medical or psychiatric history, or did not consider psychiatric deterioration to be a danger to self.

Seven days before he was found unconscious on the street he was discharged from a psychiatric hospital unit where *he had voluntarily received psychiatric treatment for a month*. He left the hospital with the hope of “being successful – this time.” This is what he told with me during one of our last conversations and thanked me for helping him. I believe he was unable to follow through because of his lack of awareness about his conditions and the deterioration of his brain over time from many psychotic episodes. By this time, Ben had over 25+ prior emergency department admissions, hospitalizations, and crisis stabilizations.

In 2021, when Ben lived in Frederick County, he experienced a psychiatric crisis. On a Sunday evening, the police went to his apartment to evaluate him after receiving a complaint from a neighborhood store about demanding and bizarre behavior exhibited when he wanted to purchase cigarettes. His late father and sister drove there from La Plata, Maryland and Alexandria, VA. to try to convince the police to petition him for evaluation and asked them to consider his personal and psychiatric history, but to no avail. The police decided that the psychiatric deterioration he was experiencing, did not meet the requirements of the danger standard statute. The mobile crisis unit was not available at that hour on Sunday and the Court was closed. My son continued to deteriorate instead of getting treatment.

Several days later, the resident manager called me frantically reporting that my son was laying in the parking lot. After the police were called by both of us, he still was not petitioned for an evaluation. Three residents complained about his unstable behavior, one filed a Peace Order, and the resident manager was compelled to issue him a Notice to Vacate because he was disturbing the peace. I had to strongly encourage the Assertive Community Treatment (ACT) Team to file an emergency petition.

The narrow interpretation of the danger standard denied my son crucial treatment, created fear in the community and forced my son into homelessness while he was hospitalized. Also, he was denied continued mental health support and shelter services in Frederick County. The Frederick ACT Team assisted in transporting him to Anne Arundel County to try to get residential crisis service. He soon left and was hospitalized in Baltimore City. Finally, after 4 months, I was able to see Ben -- he was just a frail, psychotic shell of himself and his mental state had significantly deteriorated.

Perhaps if the danger standard for emergency evaluations made explicitly clear the requirements, my son would have received more timely help before the tragedy of losing his mental stability, housing and being distant from his family.

I urge you to support SB 707, which strengthens the ability of providers and families to intervene earlier and more effectively, helping prevent crises and protect individuals with SMI and their communities.

This bill ensures "danger" standard for emergency evaluation and involuntary hospitalization covers situations where a person with SMI faces a substantial risk of:

- Causing bodily harm to themselves or others.
- Being unable to provide for basic needs including food, clothing, or shelter, medical care, self-protection, or safety, to a degree that risks serious harm, illness, or death.

SB 707 is a practical, compassionate step that will save lives, reduce suffering, and strengthen public safety. I respectfully ask for your support.

These changes do not expand who can be hospitalized—they simply ensure that the existing standard is applied consistently and humanely. They allow intervention at the point when treatment can still prevent suffering, protect safety, and preserve lives.

While it is too late for Ben, I ask that you support SB 707 to save the lives others.