



HEALTH CARE FOR THE HOMELESS TESTIMONY
UNFAVORABLE

HB 1014 – Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment)

House Health Committee
February 24, 2026

Health Care for the Homeless is Maryland’s leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver integrated medical care, behavioral health services, dental care and harm reduction interventions for more than 11,000 people annually at multiple clinic sites in Baltimore City and Baltimore County and through a Mobile Clinic and Street Medicine team. We also support more than 800 highly vulnerable Baltimoreans in more than 550 units of permanent supportive housing. From over 40 years of experience, Health Care for the Homeless knows the evidence-based approaches that support our patients. Our State has come a long way in furthering these approaches, but we must make reforms in our systems and invest in the supportive housing services and health care that we know works. While we acknowledge that we must make changes that increase access to effective treatment, this bill does not do that. Therefore, **Health Care for the Homeless must respectfully oppose.**

We all have a shared goal of ending homelessness and meeting the needs of all Marylanders. We share the goal of ensuring that all Marylanders have access to the treatment they need and deserve. As providers of some of Baltimore’s most vulnerable people, we know what works to furthering these goals. As both a developer of affordable housing and provider of supportive housing services, our experience has taught us that many of the households we serve are navigating with disabilities, have histories of trauma and other chronic health conditions that increase the need for supportive services. The Permanent Supportive Housing model¹ we follow – subsidized housing paired with voluntary access to social services – has been shown to reduce health care costs, criminal justice costs and reliably reduce the number of households relying on emergency shelter for housing.² While this State has made great strides to investing in this model, both in housing and services, we know that there is not nearly enough access to treatment and housing to meet the need of Maryland’s residents. Simply, the treatment system we have is insufficient and does not work. There must be significant additional investments in the system itself to ensure Marylanders get the treatment they need. Substantially expanding the law to force more people into treatment when our treatment

¹ Permanent Supportive Housing (PSH) is an evidence-based model that combines low-barrier affordable housing, health care, and supportive services proven to help individuals and families lead more stable lives. See <https://nhchc.org/clinical-practice/homeless-services/permanent-supportive-housing/>.

² See, for instance, Hilltop Institute study on outcomes of the Assistance in Community Integration Services (ACIS) pilot program operated under a Medicaid waiver, providing supportive services to experiencing homelessness or housing insecurity. A 5-year study of the pilot found a statistically significant decline in the average number of ED visits, avoidable ED visits, and inpatient admissions for ACIS participants. <https://hilltopinstitute.org/wp-content/uploads/publications/SummaryReportACISProgramAssessment-September2023.pdf>.

system doesn't work as it is, will not yield any different outcomes than we see now. Instead, it will overburden an already overly-taxed system, increase psychiatric hospital stays, and substantially increase health costs – and, importantly, will not lead to better outcomes.

Our providers take the involuntary commitment process very seriously and acknowledge that, in some instances, involuntary commitment may be appropriate for patients. The determinations of whether to recommend a patient for involuntary admission and the process of involuntarily admitting a patient for treatment are nuanced and complicated. Any reforms made to involuntary admissions should have thorough and meaningful discussions, rooted in provider and patient experiences. We should not rush reforms with a bill such as this, which substantially widens the criteria for involuntary admission.

Our patients are hurting, our families and caregivers are hurting, and our providers do not have the resources and capacity to meet the demand. This bill is not the right approach. We need to spend more time discussing meaningful reforms to our service system. We respectfully oppose this bill and stand ready to have meaningful conversations with this body regarding our recommendations for systems change rooted in evidence-based practices.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information about our agency and affordable housing development subsidiary, visit www.hchmd.org and www.hchreco.org.