



Testimony on HB 108
Behavioral Health Crisis Response Services - Modifications
House Health & Government Operations Committee
February 2, 2021
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

Public health experts agree that there will be increased demand for behavioral health services due to the impacts of the COVID-19 pandemic. It is critical that we build our crisis response capacity now in order to meet the immediate needs of those who are in a psychiatric emergency. All too often the only intervention available is through law enforcement, and all too often those interventions lead to escalation of the psychiatric emergency, resulting in incarceration or injury to the individual in crisis.

In addition to providing ongoing funding for crisis services, this bill focuses on the use of mobile crisis teams that incorporate staff trained to intervene in behavioral health emergencies and prioritizes the goal of limiting law enforcement interactions with those in crisis. Another key component of the bill is the requirement that grantees funded to provide crisis services demonstrate strong partnerships with community services. It is critical that individuals in crisis be linked to the ongoing services and supports that will help them maintain stability in the community and avoid the revolving door of going in and out of crisis.

HB 108 emphasizes the need for community input and a strong evaluation and data collection component. It is important to know who relies on crisis services and why. Are there gender, race, or geographic disparities in the use of crisis services that might indicate a lack of mental health supports and services available to certain populations? Are individuals repeat users of crisis services and, if so, why? These are important questions that must be answered if we hope to build a truly effective system of care.

For these reasons we urge a favorable report on HB 108.

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