

## **Written Response/Testimony to Bill 43-23 Crisis Intervention Team.**

1. The 988 mental health crisis call system was meant to reduce law enforcement involvement, helping to divert jail and avoidable trauma when 911 is called. This bill requires the involvement of law enforcement, even when a crime has not been committed and the call was made for a mental health crisis. Being mentally ill is not a crime.
2. This bill requires co-locating the police to go out with a crisis worker as the crisis response team (CIT) in disparate areas. Mental illness, psychosis and mental health crisis are equal opportunity conditions that occur in all areas and all population groups. Crisis responses should be based upon the details of the call and not predetermined by the area. By targeting disparate areas for different policing and crisis response intervention, it establishes a 2-tier system (police CIT for disparate vs. a regular clinician model for non-disparate) adding greater disparity to already disparate areas.
3. This bill cites the Maryland state CIT plan, which references the Ohio and Memphis crisis intervention teams. A trending practice does not make it a best practice, however the bill leaves out key elements such as the required police training and CIT referral facilities, which currently are too often, general emergency rooms. General emergency rooms are ill-equipped to manage psychiatric emergencies, are overly expensive, and do not allow for a rapid hand-off. Crisis stabilization in Montgomery County does not have enough crisis clinician workers, stabilization beds or residential stabilization facilities in the community. This bill will further divert funding from badly needed mental health stabilization services.
4. Mental illness is not a crime. Living in a disparate area is not a crime. However, studies and data show that there is widespread racial bias in the perception of danger and the involuntary commitment of persons with mental illness. Some states approached this concern by increasing their pool of diverse, trauma-informed, crisis responders that reflect the community and may have a greater comfort level serving in disparate areas.
5. Bill 42-23 is in the wrong direction:
  - a. For the progression of equity and reducing disparity in health care.
  - b. For promoting mental health recovery services and best practices that reduce trauma.
  - c. For cost-effectiveness and promoting crisis stabilization facilities.
6. I urge you to vote No on Bill 43-23 as it is currently written, for the reasons written above.