

January 25, 2022

The Honorable Delores G. Kelley
Chairwoman, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street Annapolis, MD 21401

RE: SB12 - Behavioral Health Crisis Response Services and Public Safety Answering Points –
Modifications

Position: **Favorable**

Dear Chair Kelly and Members of the Committee,

I am writing in support of SB12, both as a social worker who has worked in crisis response for the past 10 years, but also as someone who has sought help for myself and for loved ones in psychiatric crisis. I am sure every member of this committee knows how difficult it is to make quick decisions with potentially enormous consequences – to do that well, you need all the information you can get about what might happen and who might be affected by the decision you make.

I have worked in multiple states as a legal and medical advocate for survivors of abuse and the **most important part of that role was giving the person in crisis a roadmap for what might happen next and giving them as much agency as possible over that.** Doing this meant responding to dispatch as quickly as possible so I could arrive before there were any surprises, often gathering information along the way.

I've also had to call 911 a few times myself. Sometimes I got the help I needed and sometimes I didn't – but it always felt a gamble and I don't take risks when I feel unsafe. Most of us don't. A national survey by IPSOS completed in October 2021¹ found that nearly half (46%) of Americans “would not feel safe calling for help” if their loved one was having a mental health crisis. 3 in 5 Americans (62%) were specifically afraid of police presence in a crisis, even though the vast majority of Americans (72%) had favorable opinions of law enforcement in their community. Americans overwhelmingly agreed (82%) that a health care provider or crisis counselor should be the first to arrive in a mental health crisis. But everyday people in crisis rarely get to choose who shows up when they call for help.

That unpredictability is what always gave me hesitation when considering how to seek help, and I know where that hesitation leads for many people. It makes those in need harder to find and harder to reach. That is exactly what this bill seeks to prevent. **Without publicly accessible**

¹ Ipsos. NAMI 988 crisis Response Research. Nov 2021. Retrieved from <https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Report-11-12-2021-For-Release.pdf>

information on how behavioral health emergency calls are triaged, what resources are available for mental health and substance use emergencies (including when and where they are available), and how dispatch decisions are made, **advocates like me are guiding people in crisis in the dark.**

SB12 shines a light on these procedures – and in doing so, the procedures themselves can be improved in the process. It is for these reasons I ask for a favorable report on SB12, so we can **better ensure there are no surprises for Marylanders who seek help for mental health and substance use emergencies.**

Respectfully submitted,

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