



March 8, 2022

**House Health and Government Operations Committee  
TESTIMONY IN OPPOSITION**

*HB 1160 Mental Health Law—Reform of Laws and Delivery of Service*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**BHSB opposes HB 1160 Mental Health Law—Reform Laws and Delivery of Service.** This legislation would expand the use of involuntary commitment for people with mental illness by defining as “dangerous” those individuals at risk of psychiatric deterioration and broadening commitment to include individuals who are “reasonably expected, if not hospitalized” to present a danger to self or others.

**Involuntary Commitment Should Be Used Judiciously**

Research shows that most individuals with mental illness are better served through appropriate behavioral health services in the community. Involuntary commitment, or forced treatment, is only appropriate in the rare circumstance when there is a serious and immediate safety threat. The goal of involuntary commitment should be to protect the safety of the individual in crisis, as well as the safety of others. As a clinical tool, it should be used judiciously and only as a last resort.

When individual’s experiencing a mental health crisis are actively symptomatic, their symptoms may worsen, but it does not necessarily make them a danger, nor does it mean involuntary hospitalization is the clinically appropriate level of care. And predictions of future dangerousness are notoriously unreliable, with studies consistently finding clinical assessments of future dangerousness to be “accurate in no more than one out of three predictions”<sup>1</sup> and only “slightly more reliable than chance.”<sup>2</sup>

**Behavioral Health Administration Involuntary Commitment Workgroup**

At the request of the Lt. Governor, in 2021 the Behavioral Health Administration (BHA) convened a workgroup to review current civil commitment laws and examine the definition of dangerousness and grave disability. Over a period of two months, BHA led a diverse group of stakeholders over four workgroup meetings to better define the language of civil commitment. The purpose of the meetings was to review national best practices on civil commitment and develop recommendations to provide greater clarity to Maryland’s civil commitment definition.

The workgroup planning process was inclusive, including representatives from consumer and family advocacy organizations, behavioral health providers and professionals, legal rights organizations,

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<sup>1</sup> Monahan, J., Structured Risk Assessment of Violence, *Textbook of Violence Assessment and Management* 17, 20-21 (Simon and Tardiff eds., 2008).

<sup>2</sup> See, e.g., *In re the Detention of D.W., et. al. v. the Department of Social and Health Services*, No. 90110-4 (Supreme Court of Washington, August 7, 2014)

individuals with lived experiences, hospitals, local behavioral health authorities and others. The process resulted in several recommendations for improving the involuntary commitment process in Maryland, including a revised definition of the dangerousness standard ([see pgs. 14-15 of the final report](#)). The definition in HB 1160 goes well beyond the definition agreed to by the workgroup participants.

### **Invest in Community-Based Behavioral Health Services**

Based on the expressed desires of residents in Baltimore City, BHSB dedicates our efforts and resources toward more community-based services and supports that emphasize individual and family choice and voluntary engagement to reduce the reliance on involuntary care. HB 1160 contradicts and undermines those efforts. **As such, BHSB urges the House Health and Government Operations Committee to oppose HB 1160.**

#### Contact

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