

# **SB0550 MHAMD FAV.pdf**

Uploaded by: Allen, Emily

Position: FAV

**Senate Bill 550 Sheila E. Hixson Behavioral Health Services Matching Grant Program for  
Service Members and Veterans – Establishment**  
Finance Committee  
February 23, 2021  
**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 550.

SB 550 would establish a Behavioral Health Services Matching Grant Program in the Maryland Department of Health to support local behavioral health programs for service members, veterans, and their families.

Statistics related to the prevalence of mental health disorders among U.S. veterans are startling. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 18.5 percent of service members returning from Iraq or Afghanistan have post-traumatic stress disorder or depression, and 19.5 percent report experiencing a traumatic brain injury during deployment. Approximately 50 percent of returning service members who need treatment for mental health conditions seek it, but only half who receive treatment receive adequate care.

Of particular concern is the high rate of veteran suicide:

- Veterans account for 18 percent of all suicide deaths among U.S. adults
- Veteran suicides in Maryland have risen over the last several years, with 91 deaths by suicide in 2018.
- Between 2014 and 2018, approximately 392 Veterans completed suicide in Maryland.

In 2020, it was projected that 362,000 veterans would call Maryland home<sup>1</sup>, and in 2017, a total of 47,484 active duty serviceman and reserve members were reported to reside in Maryland<sup>2</sup>. It is essential that we ensure these individuals and their families have access to behavioral health services as needed.

**For these reasons, MHAMD supports SB 550 and urges a favorable report.**

---

<sup>1</sup> <https://veterans.maryland.gov/2019-maryland-veteran-population-map/>

<sup>2</sup> <http://www.governing.com/gov-data/public-workforce-salaries/military-civilian-active-duty-employee-workforce-numbers-by-state.html>



# **Beidle SB550 Testimony.pdf**

Uploaded by: Beidle, Pamela

Position: FAV



THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

February 19, 2021

**SB 550**

**SHEILA E. HIXSON BEHAVIORAL HEALTH SERVICES MATCHING GRANT PROGRAM  
FOR SERVICE MEMBERS AND VETERANS – ESTABLISHMENT**

Chairman Kelley, Vice Chair Feldman and Members of the Committee;

Thank you for the opportunity to present SB550, Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans and Veterans – Establishment.

Senate Bill 550 would create a matching grant program for community based behavioral health clinics that serve veterans, active service members and their families. The program would be named after our former colleague Delegate Sheila Hixson who tragically lost her son (a Marine for 27 years) to suicide several years ago.

Only nonprofit organizations that serve service members, veterans and their families would be eligible for grants. The program would be administered by the Department of Health, which would develop the application procedures and the selection criteria for evaluating proposals. All grants would be required to be matched by the nonprofit organization. The bill allows – but does not mandate – state funding of up to \$2.5 million a year towards the program. The bill is modeled after a program in Texas that has been very successful in supporting programs that serve the behavioral health needs of active service members and veterans in that state.

We have nearly 400,000 veterans in Maryland, many of whom were deployed to Iraq or Afghanistan and many of whom are living with PTSD or major depression. The statistics about veteran suicide in Maryland are grim:

- 18% of all suicides in Maryland are veterans and veterans are twice as likely to commit suicide as the general public
- 1/8<sup>th</sup> of veteran suicides are by Guards/Reserves who were not activated and therefore, not eligible for VA services
- 62% of veterans who take their own life are not under the care of the VA at the time of their death
- As you will hear from the witnesses that follow, COVID has made the problem even more pressing, with suicide ideation 30% higher among the clients of one clinic as compared to before COVID
- These statistics highlight the need for support for community-based behavioral health to fill the gaps in VA services through the passage of SB 550.

Thank you for your consideration of SB 550 and I urge the committee to move this bill with a favorable report.

# **FINAL Melwood Testimony MD SB 550 HB 872.pdf**

Uploaded by: Cosgrove, Jewelyn

Position: FAV



February 23, 2021

**Senate Bill 550/House Bill 872 - Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – Establishment – SUPPORT**

On behalf of Melwood, a service provider and employer of people with disabilities and veterans in Maryland, we wish to express support for the establishment of the Sheila E. Hixson Behavioral Health Services Matching Grant Program. Melwood Horticultural Training Center, Inc. (Melwood) was founded in 1963 when a small group of parents and community supporters decided to teach plant care to young adults with disabilities who were considered by most to be untrainable, and unemployable.

Since our establishment over 57 years ago, Melwood's services have grown to include professional development training, job placement assistance, vocational/job retention support, day services, case management, summer camps, respite care for adults with disabilities, as well as targeted services to meet injured veterans' needs. Melwood now serves nearly 2600 individuals with disabilities, including injured veterans, each year through these programs and services.

Over the years, Melwood has supported hundreds of veterans and wounded warriors in their efforts to overcome the physical, behavioral, and emotional challenges associated with post-traumatic stress, mild traumatic brain injury, and other service-related traumas such as military sexual trauma and moral injury. With more than half a century of history of innovative service and advocacy for people with disabilities, growing numbers of veterans began coming to Melwood for assistance. In response, Melwood developed Operation Tohidu, a short-duration, high impact, transformative retreat for veterans, service members, partners, and caregivers. This experiential retreat is built around activities designed to enable participants to gain mastery of their post-deployment situation: education, exercise, experiential learning, peer support, group intervention, and other non-medical and non-pharmacologic therapies and interventions. Operation Tohidu is designed to facilitate post-traumatic growth and to drive or initiate progress on a participant's post-trauma journey.

Two of our Operation Tohidu retreats in early 2017 served groups of women veterans and we noted that more than half of the women in each group cited military sexual trauma as the source of their traumatic experience during military service. Operation Tohidu participants – both men and women – often reflect that they feel under-served with reference to their MST experience and cite struggles in effectively moving forward from the trauma. With these data points, together with the Veteran Administration's finding that 1 in 4 women veterans experience MST, Melwood decided to address this trauma in the programs we offer to veterans.

While most experts agree that the number of men and women who experience unwanted sexual acts in the military is much higher than the US Department of Defense estimate of about 23,000, there are still very few resources for those seeking help. Notes from a significant number of pre- and post-9/11 veterans, especially women, who attended Operation Tohidu in past years clearly demonstrated their frustration and difficulty in finding organizations that welcome them and make their services available to them. Given the number of veterans coming to Melwood for support and whose experiences of MST



continue to affect their mental and physical health, work, relationships, and everyday life; our experts at Melwood clearly believe that there is an incredible need for programs to address MST and help veterans heal and recover from their MST experiences.

To date, Operation Tohidu has served over 1,200 veterans and the program has been shown to offer the same outcomes in days as compared to six months of one-to-one therapy. It is these outcomes that have led to such a large demand from those in need. Currently, the waitlist for Operation Tohidu, which also offers non-MST based retreats for couples, men, and women with PTSD and other service-related traumas, has nearly 300 individuals who are seeking services.

Programs like Operation Tohidu rely on opportunities to apply for grants and the generous donations of our donors. Given the persistent need for programs serving the veteran community, we thank Senators Biedle, Augustine, Eckardt, Feldman, Kelley, King, Klausmeier, Waldstreicher, and Salling and Delegate Charles for their leadership to expand and enhance services provided by nonprofits across Maryland. We urge all members of the committee to support SB 550/HB 872 and, on behalf of the community of disabled veterans we serve and those we hope to, we thank you for dedicating resources towards these critical initiatives.

Thank you.

Larysa Kautz  
President and CEO  
Melwood



# **SB0550-HB0872 writeup.pdf**

Uploaded by: Farrar , Danny

Position: FAV

February 9, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), Veterans, and their family members. There is great need for behavioral health services among Veterans, service members, and their families in Maryland.

There are approximately 399,000 Veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 Veterans are dealing with post-traumatic stress or major depression. We know that Veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-Veterans to die by suicide. Perhaps most troubling, more than 62% of Veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

I know about the importance of this fight first hand, both as a suicide survivor and advocate for our Veteran Community. My time in the service saw me take the first team into the Pentagon on 9/11 to secure the perimeter and remove remains. I also deployed to Iraq and conducted over 800 convoy missions in Combat environment. Upon my return to state side, I would transition horribly and bottom out. After getting fired from my first job, evicted, divorced, and homeless I attempted to take my own life. I would spend several days locked up in the psychiatric ward in Frederick Memorial Hospital and that would begin my road to recovery.

Since then, I have founded a successful business and helped launch the non-profit, Platoon 22 that is currently slated to open our very first Veterans Services Center on Veterans day this year. This partnership between Platoon 22 and GoodWill of Monocacy Valley affords us the opportunity to see just how the numbers in the opening of this letter play out. That is why I know it is absolutely vital that we support this bill. Not only to do we owe it to warfighters, but I am proof that when help is rendered massive success can be produced. We have proven leaders in our state, let's honor our commitment to help them so we can lead on their leadership once again, if nothing else 2020 has shown us we need leaders now more than ever.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,

Danny Farrar  
Founder/President, Platoon 22

# **2021 LCPCM SB 550 Senate Side.pdf**

Uploaded by: Faulkner, Rachael

Position: FAV



**Committee:** Senate Finance Committee & Senate Budget and Taxation Committee  
**Bill Number:** Senate Bill 550  
**Title:** Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – Establishment  
**Hearing Date:** February 23, 2021  
**Position:** Support

---

The Licensed Clinical Professional Counselors of Maryland (LCPCM) strongly supports *Senate Bill 550 – Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans - Establishment*. This bill establishes a grant program within the Maryland Department of Health to expand community behavioral services to veterans and their families.

Until recently, federal rules from the Department of Veterans Affairs and TRICARE had a patchwork of provisions restricting licensed clinical professional counselors from providing behavioral health services to veterans and their families, exacerbating the lack of availability of behavioral health providers. Through the advocacy of licensed clinical professional counselors, these federal rules were recently clarified, expanding behavioral health services.

As such, LCPCM has a strong history of advocating for the expansion of behavioral health services to veterans and their families; and we strongly support the availability of state-funded services to address the unique behavioral health needs of veterans and their families when federal services are not available.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael faulkner at [rfaulkner@policypartners.net](mailto:rfaulkner@policypartners.net) or 410-693-4000.

# **Senate\_SB550\_Beidle\_matching grants.pdf**

Uploaded by: Guibao, Patrick

Position: FAV



**THE AMERICAN LEGION**  
Department of Maryland  
Legislative Commission

1020 Wallace Road  
Crownsville MD 21032-1318

443.949.6322  
[patguibao@icloud.com](mailto:patguibao@icloud.com)

**STATEMENT IN SUPPORT FOR SENATE BILL 550 – SHEILA E. HIXSON  
BEHAVIORAL HEALTH SERVICES MATCHING GRANT PROGRAM for  
SERVICE MEMBERS and VETERANS – ESTABLISHMENT**

---

The American Legion Department of Maryland now serving in its second century in communities throughout Maryland strongly supports Senate Bill 550 now before the Budget and Taxation Committee.

This bill, providing a funding grant to local community service organizations is a sound, fundamental measure which hopefully will stem the rampant use of illegal drugs and opioids among our returning service personnel and, further, could reduce the tragic number of suicides—currently estimated at 22 per day across the nation by the U.S. Department of Veterans Affairs.

SB 550 per the *Fiscal and Policy Note* accompanying the bill would provide matching grants to local not-for-profit organizations serving the behavioral needs of their community to tailor recovery programs to veterans in area concerning mental health and substance use and abuse treatment.

Some funds used to support the programs could be minimized by the requirement for grantees to bill third parties such as insurance firms and Medicaid.

Presently there are more than 29,500 active-duty personnel assigned here in our State and an estimated 371,000 veterans who live in Maryland. Veterans, recently returned from combat areas and Vietnam era, are more likely to suffer from a variety of health problems including chronic pain, substance use disorders, chemical exposure problems and mental health issues.

It is these persons SB 550 could help in a direct, concise manner with the goal of returning to their respective communities as a whole person.

In closing, The American Legion representing over 48,000 men and women in our armed forces, veterans who have served in all wars and conflicts since 1917 and their families—all Maryland residents—believes SB 904 is the first step in achieving a comprehensive recovery program for active service, veterans and their dependent families and earnestly and respectfully ask for a favorable report on this bill and applaud Senator Smith for his recent

SENATE BILL 904  
Favorable Position  
Page 2

service to his country and his compassion for his fellow service personnel, veterans and their families.

Yours, respectfully

[Patrick Guibao](#)

Patrick J. Guibao  
Chair  
THE AMERICAN LEGION  
Department of Maryland  
Legislative Commission

# **Testimony SB 550\_HB 872 Military.pdf**

Uploaded by: Hall, Mai

Position: FAV



February 19, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever. According to the inaugural Department of Defense 2018 Annual Suicide Report, they just started collecting data on suicide rates of military dependent spouses and their children. While there are no trends to report, suicide rates among military spouses were at half the rate of the civilian population yet were noted to be under reported. Dependent children suicide rates followed the rate of the rest of the population. However, I have no doubt that there is a recent spike in these rates as I hear and see from friends what is happening due to COVID-19. I understand that every loss of life is a tragedy, one that can and should be prevented.

I am speaking to you as a spouse of a veteran and mother to a dependent child who utilize community based mental health services in Maryland. When we first moved up here as a military family, they told us we could be seen by a plethora of service providers to service our mental health needs. What they didn't tell us, was that they sent many, many military families up here with mental health needs. So many families, that it saturated service providers and caused long wait lists for appointments. Not having a mental health provider right away caused my teenage daughter to relapse and attempt suicide. A few months later, I was also brought to an inpatient hospital to care for my own suicide attempts. It should not take a suicide attempt to get the services we needed. Even though my daughter and I are not the veteran, we do experience many of the life stressors that my service member experiences. Sometimes more so because of the length of time he is away from his family, and I am left to care for our children with disabilities. Not only do veterans need community supports, but also their family members who serve along side them. I was often told that my needs could not be met at Military Treatment Facility (MTF) because I was not the service member; I was told to seek community service providers. Well, those community providers are often full or not accepting new patients, or do not fill the need we have as a military family. They often lack treatment and knowledge of the stressors we military families face. We feel forgotten based upon the substandard services we receive in a place where there is much need. We need programs that are evidence based who know how to treat and talk to veterans and their family members. I am asking that you help care for me and my family and protect us while my husband spends his time protecting his country.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving this problem and filling a need. I am in strong support of this Program.

Thank you for your time,

Mai K. Hall, M.Ed.

## **2021 NAMI - SB 550 - HB872 BH Services Vets. - FA**

Uploaded by: Howe, Josh

Position: FAV

February 23, 2021

**Senate Bill 550 - Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – Establishment - SUPPORT**

Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee:

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland strongly supports legislation that would establish the Behavioral Health Services Matching Grant Program for Service Members and Veterans to ensure that behavioral health providers who serve veterans and service members have adequate resources to provide these critical services.

There are nearly 400,000 veterans in Maryland. As you've heard today, the need for behavioral health services to treat issues like post-traumatic stress disorder, depression, and anxiety is incredible. We know that as death by suicide is on the rise, veterans comprise 18% of all deaths by suicide in Maryland – meaning Maryland's veterans are twice as likely to die by suicide.

NAMI Maryland provides FREE training and services for veterans. Anecdotally, I can report that demand for our veteran-focused peer programs has increased exponentially in the last few months. Applications by veterans to be trained to deliver these effective programs have tripled in the last four months.

One of the programs we offer to support veterans, military and their families is NAMI Homefront. This is a free, in-person, educational program for families, caregivers and friends of military service members and veterans with mental health conditions.

Based on the nationally recognized NAMI Family-to-Family program, NAMI Homefront is designed to address the unique needs of family, caregivers and friends of those who have served or are currently serving our country. The program is taught by trained family members of service members/veterans with mental health conditions.

NAMI Maryland brings veterans together to provide hope for all people affected by mental health conditions. This experience provides the opportunity for mutual support and shared positive impact. By experiencing compassion and reinforcement from people who relate to a veteran's lived experience, programs like NAMI Homefront teaches veterans and their families how to:

- Learn to care for yourself, including managing your stress
- Support your family member with compassion
- Identify and access federal, state and local services
- Stay informed on the latest research and information on mental health, including posttraumatic stress disorder, traumatic brain injury, anxiety, depression and substance use
- Understand current treatments and evidence-based therapies
- Navigate the challenges and impact of mental health conditions on the entire family
- Manage a crisis, solve problems and communicate effectively

Some self-reported feedback on these programs includes:

*"I realized I saw signs and symptoms of PTSD but did not know how to handle my loved one - I know better how to handle situations."*

*"You realize that he will never be the same having been through war. I learned how to treat him more as an adult than as a hurt child."— Mother of a Veteran after graduating from a NAMI Family-to-Family class held at a VA clinic.*

Nonprofit programming like ours is sustained in part by grant funding. For the past 2 years, NAMI Maryland has partnered with funders to grow our outreach to veterans and we know we can do more. In light of the recent news about the state budget and the cuts the General Assembly is facing, we recognize the difficulty of setting aside such a large amount of funding. However, any investment in the provision of behavioral health services for our veterans would truly go a long way.

Like many health conditions, early intervention often saves on health care costs, and in this case, could save lives.

Thank you to Senator Beidle for introducing this bill and we ask for a favorable report on Senate Bill 550.

# Senate.pdf

Uploaded by: Hunter, Lynne

Position: FAV

**Testimony to SUPPORT SB550**  
**Lynne Hixson Hunter**

Dear Chair Kelley and members of the committee:

I would like to start in my support of Senate Bill 550 by sharing a little family history as to why this support of this Grant Program is so important to me. My mother, Sheila Hixson, was a single mother raising four children on her own, two girls and two boys. As a result, we were an extremely close family and very protective of one another. Some say too close. Considering what happened to my brother, I do not think so. My mother joined the Maryland House of Delegates in 1977 and life went on; it was a great life. Each of us went on with our own careers, a realtor, an accountant, an IT specialist and a Marine. We were all quite different but remained close. In 2000 we lost my older brother to cancer which was devastating enough only to lose my younger brother to suicide in 2010. I do not know how my mother withstood the pain of losing two children. But she remained strong and we followed her shining example. If she could stay so strong so could we.

My younger brother came home in 2010 after several tours in overseas, this time in Iraq ("Once a Marine always a Marine"). He had only been home less than a week before he died by suicide. From the moment he came home I knew something was wrong. He called five times a day, and that was so unusual. He was a private person and kept personal things to himself, however I knew he was a "softie." Yet he sounded so vulnerable and saying things that were so erratic and made no sense. I ask myself every day to this day. What could I have done differently? I knew something was seriously wrong. Why didn't I say something that may have changed his mind? We were so close after all. The moment I heard the depression and darkness in his voice, why did not I fly home to Maryland immediately. I will never know.

The one thing I know is we owe our service members, veterans, and their families support. I ask myself if Todd had had the support from such a program would things have turned out differently? If I had had the access to program like this, could I have helped Todd through his struggle in any way? I do know my experience and Todd's experience are not unique, unfortunately. It is so important that these organizations can treat our service members, Veterans and their families. It is equally important to have these conversations and develop these programs publicly. We need to give them access to such support as well as the knowledge that this kind of support will be available, especially in their own communities.

There was and still is a stigma associated with mental illness and asking for help (especially in the military). By passing this bill and creating this grant program, we might be able to help/reach people who otherwise feel alone and think they have no other options. The burden should not be on the military alone. We owe our members, Veterans and their families so much for their loyalty, sacrifice and love of country. We must do this for them. My mother continued her support for all our Armed Forces for her entire 42 year career in the House of Delegates. She continues to this day.

I thank you for your time and attention and urge the committee to submit a favorable report on SB550 to change and save the lives of more veterans, their families, and the families of active duty service members in Maryland.

# **MD Catholic Conference \_FAV\_SB0550.pdf**

Uploaded by: Kraska, MJ

Position: FAV





ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

**February 23, 2021**

**SB 550**

**Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – Establishment**

**Senate Finance Committee  
Senate Budget and Taxation Committee**

**Position: Support**

The Maryland Catholic Conference (“Conference”) represents the public policy interests of the three Roman Catholic (arch)dioceses serving Maryland: the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington.

Senate Bill 550 establishes the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans within the Maryland Department of Health, and states that the Governor may include \$2.5 million in the annual budget for the program.

Behavioral health issues, including depression and suicide, are public health challenges that causes immeasurable pain among individuals, families, and communities across the country. This is an urgent issue that the Maryland General Assembly and citizens of Maryland must address, working to protect and help the men and women who have bravely fought and served our state and country.

Strengthening protective factors can help prevent suicide by promoting physical, mental, emotional, and spiritual wellness. For example, building the problem-solving skills and social support of service members transitioning from the military can help them better cope with future challenges as veterans. A focus on strengthening protective factors should be the norm rather than the exception. A complex challenge like addressing the behavioral health needs of service members, veterans, and their families will only be solved with a broad, coordinated approach that reaches across many sectors.

Former Delegate Sheila Hixson was a stalwart advocate for the needs of service members and veterans, especially those needing additional support after leaving active duty. It is only appropriate that a program to address these needs bears her name and legacy.

The Conference appreciates your consideration and, for these reasons, respectfully requests a favorable report on Senate Bill 550.

## **2021 AFSP\_MD FAVORABLE Testimony SB 550 Sheila E.**

Uploaded by: Maskaleris, Sue

Position: FAV



**American  
Foundation  
for Suicide  
Prevention**

Maryland

**RE: SUPPORT of Senate Bill 550  
(Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service  
Members and Veterans – Establishment)**

February 23, 2021

Dorothy A. Kaplan, Ph.D.

Board Member

American Foundation for Suicide Prevention, Maryland Chapter (AFSP-MD)

Home Address: 10216 Garden Way, Potomac MD 20854

Home Phone: (301) 335-1954; Email: [dannekaplan@gmail.com](mailto:dannekaplan@gmail.com)

Chair Kelley, Vice Chair Feldman, and Committee Members:

My name is Dr. Dorothy Kaplan and I reside in Potomac, Maryland. I am a licensed psychologist in Maryland. I currently serve on the Board of Directors with the Maryland Chapter of the American Foundation for Suicide Prevention (AFSP) and am a reviewer for the Journal of Military Psychology, an academic journal published by the American Psychological Association. From 2010 - 2020, I supported the Defense Center of Excellence for Psychological Health and the Defense Center of Excellence for Traumatic Brain Injury as a subject matter expert in clinical psychology and neuropsychology. I am also a suicide loss survivor.

Thank you for the opportunity to share testimony in support of Senate Bill 550. The Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service members and Veterans funds local nonprofit organizations to establish and expand community behavioral health programs and establishes a system to assess these services. Selection criteria for the program include evidence of project effectiveness. In addition, the bill requires that the Maryland Department of Health (MDOH) establish a system of outcome measurement to assess the effectiveness of services provided.

Maryland is home to approximately 385,000 Veterans; 42% of these Veterans are age 65+. According to the DoD Manpower Data Center, 30,000 active-duty Service members (SMs) and 18,000 Active Reservists (AR) and National Guard (NG) members are Marylanders. There are 130,000 Veteran households with children and another 60,000 AR and NG dependents.

Roughly one in five Veterans experience behavioral health problems, including posttraumatic stress disorder (PTSD), major depression, and problematic substance use. Over two million Americans deployed to Iraq and Afghanistan during the wars on terrorism and returned home with complex behavioral health challenges. Deployment increases the risk of unhealthy alcohol and drug use, substance use disorders, and suicidal behavior. Military service is hard on families too. Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties, compared with national samples.

Suicide and suicidal ideation, or thoughts of suicide, have become an increasing concern for Veterans, SMs, and their families. PTSD is a risk factor in Veterans for suicidal ideation with Veterans who screen positive for PTSD four times more likely to report suicidal ideation than veterans who do not screen positive for PTSD. A recent study of 52,780 active-duty members of the U.S. Air Force found that three percent of male participants and 5.2 percent of female participants reported suicidal ideation in the previous year. Of the participants that reported suicidal ideation, 8.7 percent also reported a recent suicide attempt.

About one in seven suicides in the United States is by a Veteran with firearms the method of suicide in 69.4% of male and 41.9% of female Veteran deaths. More than 6,000 Veterans died due to suicide in 2018. In Maryland in 2018, 13 suicide deaths occurred per 100,000 individuals in the population whereas among Veterans, 23 suicides occurred per 100,000 Veterans. While the Maryland Veteran suicide rate is significantly lower than the national Veteran suicide rate, it is still significantly higher than the national general population suicide rate.

Suicide is currently the leading cause of death among military personnel. Recent data on suicide rates in military personnel as reported by the DoD (2019) indicates that that rates of death by suicide remain elevated for both the Active and Reserve Components of the military Services compared to historical levels observed prior to 2003 but have held steady since 2011. In 2016, 21 suicide deaths occurred per 100,000 active duty SMs. Substance use disorders were the most common behavioral health diagnoses in these completed suicides which is consistent with research that shows that more than 1/5 of all deaths from suicide can be attributed to the use of alcohol. A failed intimate-partner relationship was the most common preceding life stressor.

Research indicates that Veterans who receive high quality care have the best outcomes. Most VA-enrolled Veterans can access timely, high-quality health care from VA providers. However, not all Veterans are eligible for care through the VA, and some Veterans choose not to seek care in the VA because of the location of the VA centers and clinics, stigma, or having private insurance. According to the MDVA 2019 Annual Report, only about 40% of Maryland Veterans are enrolled in the VA healthcare system. SMs may also decide to seek care outside of the military health system; active-duty SMs, military retirees and their families are eligible for the Tricare health insurance program.

Fewer than half of the military personnel who indicate a need for behavioral health services receive care. Reservists who are not on active-duty may live in locations that are a distance from a military behavioral health clinic and their efforts to gain access to quality psychological health services after multiple deployments are often met with significant obstacles; their families do not always have access to, or qualify for, military-provided services.

Community-based service providers may be the first choice for some SMs, Veterans, and their families. Included in the recommendations related to community based behavioral health treatment that emerge from RAND veterans and military research are improving provider training, consistent quality standards for care delivery, and performance measurement. This bill would improve military family access to care by expanding community based behavioral health care and encourage the use of evidence-based high-quality treatment by enforcing national standards of care and measuring program outcomes.

AFSP is the leading national not-for-profit organization exclusively dedicated to saving lives and bringing hope to those affected by suicide through research, advocacy, education, and supporting survivors of suicide loss and those affected by suicide. Our public policy agenda prioritizes key legislative areas to ensure we can be as effective as possible in advancing the goal of preventing suicide. Our bold goal is to reduce the annual suicide rate by 20 percent by 2025.

Members of the Finance Committee, the AFSP Maryland Chapter is grateful for your consideration of SB 550 and for working with your colleagues and state agencies to address the suicide rate among our Veteran and SM member communities. We all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state's commitment to improving the lives of Maryland's SMs, Veterans and their loved ones and prevent the tragic loss of life to suicide. We urge a favorable report on SB 550.

Please feel free to contact me at [dannekaplan@gmail.com](mailto:dannekaplan@gmail.com) 301-335-1954 with any questions or if you would like additional information.

#### References:

1. Maryland Department of Veterans Affairs, Annual Report 2020 <https://veterans.maryland.gov/wp-content/uploads/sites/2/2021/02/2020-Annual-Report.pdf>
2. Department of Veterans Affairs, Office of Statistical Analysis Services, 2017. [https://www.va.gov/vetdata/docs/Maps/VeteranHH\\_with\\_Children.pdf](https://www.va.gov/vetdata/docs/Maps/VeteranHH_with_Children.pdf)
3. Demers, A. When veterans return: The role of community in reintegration. *Journal of Loss and Trauma* 16.2 (2011): 160-179.
4. US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, 2020 National Veteran Suicide Prevention Annual Report, <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>

5. Lasota D, Al-Wathinani A, Krajewski P, Mirowska-Guzel D, Goniewicz K, Hertelendy AJ, Alhazmi RA, Pawłowski W, Khorram-Manesh A, Goniewicz M. Alcohol and the Risk of Railway Suicide. *Int J Environ Res Public Health*. 2020 Sep 24;17(19):7003. doi: 10.3390/ijerph17197003. PMID: 32987939; PMCID: PMC7578964.
6. Institute of Medicine (2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Washington, D.C.: National Academies Press.
7. Armed Forces Health Surveillance Branch Surveillance snapshot: Manner and cause of death, active component, U.S. Armed Forces, 1998–2013. *MSMR*, 2014;21:21.
8. Pruitt et al., Suicide in the Military: Understanding Rates and Risk Factors Across the United States' Armed Forces, *Military Medicine*. 2019 Mar 1; 184: 432 -437. doi: 10.1093/milmed/usy296
9. Pruitt L.D., Smolenski D.J., Bush N.E., Skopp N.A., Edwards-Stewart A., Hoyt T.V. Department of Defense Suicide Event Report Calendar Year 2016 Annual Report. National Center for Telehealth & Technology (T2); Joint Base Lewi-McChord, WA, USA: 2018. <https://www.dspo.mil/Prevention/Data-Surveillance/DoDSER-Annual-Reports/>
10. How High Quality mental Health Care Improves Veterans Lives, September 25, 2019. <https://www.rand.org/blog/articles/2019/09/how-high-quality-mental-health-care-improves-veterans.html>
11. Snarr, J. D., R. E. Heyman, and A. M. Smith Slep. 2010. Recent suicidal ideation and suicide attempts in a large-scale survey of the US Air Force: Prevalence and demographic risk factors. *Suicide and Life-Threatening Behavior* 40 (6):544-552.
12. Farmer, C.M. and Tanielian,T. The RaND Corp., Ensuring Access to Timely, High-Quality Health Care for Veterans: Insights from RAND Research, Testimony before the Committee on Veterans Affairs, United States Senate, April 10; 2019 <https://www.rand.org/pubs/testimonies/CT508.html>
13. Improving the Quality of Mental Health Care for Veterans: Lessons from RAND Research. Santa Monica, CA: RAND Corporation, 2019. [https://www.rand.org/pubs/research\\_briefs/RB10087.html](https://www.rand.org/pubs/research_briefs/RB10087.html)
14. Schell, T.L., and Marshall, G.N. Survey of Individuals Previously Deployed for OEF/OIF” in Terri Tanielian and Lisa H. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, Santa Monica, Calif.: RAND Corporation, MG-720-CCF, 2008, pp. 87–116. <http://www.rand.org/pubs/monographs/MG720.html>

## **Senate Bill 550 - MoCo Chamber - Sheila E. Hixson**

Uploaded by: Swanson, Tricia

Position: FAV



*To Lead, Advocate and Connect as the Voice of Business*

**Senate Bill 550 - Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans - Establishment**

Finance Committee

February 23, 2021

**SUPPORT**

Senate Bill 550 establishes the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans administered by the Maryland Department of Health (MDH). Beginning in fiscal 2022, the Governor may include an annual appropriation of \$2.5 million for the program in the operating budget.

MCCC member company, Easterseals DC, MD, and VA, is doing tremendous work in our community. Their clinic employees 16 people and serve the entire state of Maryland, plus DC and Northern Virginia. Tele-mental health is a key component of their delivery system and they deliver evidence-based practice at low or no cost to veterans, their families, and increasingly, active duty service members referred by their bases.

The Easterseals clinic was fully funded by hedge fund manager in Connecticut for its first 3 years and then it gradually decreases to 75%, 65%, and then long-term 50%. Unfortunately, insurance payments cover only a small fraction of the costs; as such, Senate Bill 550 will help fill that gap so these practices can continue to be offered at low or no cost.

The Chamber has worked with over 1500 veterans through the MCCC Foundation's Veteran Institute for Procurement, over 450 are in the State of Maryland. While the Foundation does not work in the mental health arena, mental health issues are a critical employment issue, and we applaud the work of the Easterseals.

For the aforementioned reasons, **the Chamber supports Senate Bill 550 and respectfully urges a favorable report.**

*The Montgomery County Chamber of Commerce (MCCC) accelerates the success of our nearly 500 members by advocating for increased business opportunities, strategic investment in infrastructure, and balanced tax reform to advance Metro Maryland as a regional, national, and global location for business success. Established in 1959, MCCC is an independent non-profit membership organization and is proud to be a Montgomery County Green Certified Business.*



# **SB 550 - Support - MPS WPS.pdf**

Uploaded by: Tompsett, Thomas

Position: FAV



February 19, 2021

The Honorable Delores G. Kelley  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

RE: Support – SB 550: Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – Establishment

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support Senate Bill 550: Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – Establishment (SB 550). The United States has been actively involved in military conflicts for almost two decades with many United States military personnel serving multiple deployments to places such as Afghanistan, Iraq, Syria, and Africa. Deployments of this nature are extremely stressful situations as modern-day combat has become much more non-conventional. Rates of post-traumatic stress disorder (PTSD), depression, and other psychiatric illnesses are extremely high with our military veterans. Unfortunately, suicide amongst active-duty soldiers and veterans has become all too commonplace. The United States Department of Veterans Affairs and the United States military's individual branches are struggling to provide mental health care to both veterans and soldiers alike. Through bills such as SB 550, Maryland is taking thoughtful steps in assisting veterans and their families in healing.

SB 550, if codified, will expand community behavioral health programs for veterans by awarding competitive matching grants to local nonprofit organizations that provide such services. MPS and WPS believe that connecting more military personnel and veterans to meaningful mental health services and potentially reducing fatalities due to overdose and suicide in the military community are sound public policies, so MPS and WPS ask the committee for a favorable report.



If you have any questions with regard to this testimony, please feel free to contact Thomas  
Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
Joint Legislative Action Committee  
Maryland Psychiatric Society and the Washington Psychiatric Society

# **Anneke Vandenbroek Testimony SB550.pdf**

Uploaded by: Vandenbroek, Anneke

Position: FAV



### Testimony to SUPPORT HB 872

**Anneke Vandenbroek, Ph.D., Clinic Director & Senior Vice President,  
Steven A Cohen Military Family Clinic at Easterseals**

Dear Chair Pendergrass and members of the committee:

For 100 years, Easterseals has been making profound, positive differences in the lives of people of all ages with disabilities, special needs, military backgrounds and their families. In September 2017, we opened the Steven A Cohen Military Family Clinic at Easterseals to provide low or no-cost behavioral health services to veterans, their family members and the family members of active duty service members. Since that time, we have provided evidence-based services to more than 800 individuals in 16 counties across the state. **We urge the committee to support House Bill 872 to establish the Sheila E. Hixson Behavioral Health Services Matching Grant Program to ensure that behavioral health providers who serve veterans and service members have adequate resources to provide these critical services.**

I came on active-duty as a psychology intern in 1998. During my first utilization tour I was the division psychologist for the 25th infantry division, and then later stationed at Tripler Army Medical Center. When I left active-duty I continued my work at Tripler, and later at Walter Reed as a DoD psychologist serving active duty, vets, and family members. My entire professional career has been devoted to caring for the behavioral health of those who have served our country, or sacrificed as family members to active duty or veterans. In my personal life I have been active duty, a vet, a family-member spouse, a geo bachelor, and a parent to two young children with a spouse deployed twice in support of OIF/OEF. I have lived these experiences, and I see in my daily work the impact of these experiences on the mental health of fellow service and family members.

This past year I have witnessed the very real hardships of the pandemic upon our members of the military and their families. The unique stressors of the military are intensified in the context of the pandemic. Since COVID, our clinic has witnessed a 30% increase in the number of clients reporting thoughts of suicide and a 27% increase in requests for services. A very high percentage of military families continued to work in-person during the pandemic because of the essential nature of their work, they faced PCSs under the most stressful conditions imaginable, they saw spouses leave their employment in order to facilitate virtual schooling, they struggled as single parents during a pandemic with a deployed spouse. Veterans have been disproportionately impacted by unemployment, housing, and financial issues.<sup>1</sup>

In 2020 we rapidly transitioned our entire client population and all of our clinicians to remote work. The ability to provide telehealth services has been instrumental in the positive outcomes that we have seen in our work over the past year. Clients can access treatment, they can do it from a smart phone in an environment that is comfortable to them. Telehealth has allowed us to

---

<sup>1</sup> Rachmand, Harrell, Beglass, Lauck ("Veterans & COVID-19: Projecting the Economic, Social, and Mental Health Needs of America's Veterans", Bob Woodward Foundation, 2020

continue to provide the highest-quality evidenced-based care to our clients. In less than a single week, we were able to ensure that our clients continued to receive the care they needed.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan.<sup>2</sup> Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide.<sup>3</sup> 12.4% of military suicides are by former National Guard and Reserve members who were never federally activated and therefore, not eligible for VA services.<sup>4</sup> Perhaps most troubling, 62.5% of veterans who take their own life are not under the care of the VA at the time of their death.

While the statistics are staggering, I see the faces and stories behind the numbers every day. As a licensed clinical psychologist and the Director of the Easterseals Military Family Clinic, I see the symptoms and challenges our veterans, service members, and their families are facing. Nearly half of the veteran and family member clients seen by my team of clinicians, many of whom are also veterans, are diagnosed with post-traumatic stress, depression or anxiety. These individuals and families have served our country, and we need to ensure that they receive the help and support they need to reach their potential and live meaningful lives.

We are all aware that the current capacity of government agencies cannot adequately address the behavioral health needs of our veterans and service members. There are often long waiting periods to get services at Veterans Administration (VA) facilities; depending on their discharge status, veterans may not be eligible to be seen by the VA; and family members of veterans are not serviced by the VA. For the family members of active duty military, the number of providers who accept military insurance may be limited, resulting in long waits for services. In addition, many healthcare providers may not have military cultural competency especially in regards to women veterans which is the fastest growing demographic in the military.

Community-based organizations like the Easterseals Military Family Clinic provide critical services to enhance available treatment resources and reduce the barriers to care. We are able to see patients within one week, and even on the same day if needed. We ensure that veterans in crisis receive immediate services, and we provide case management for veterans and family members who need additional support. We are changing and saving lives every day. In the words of one of our clients:

“I would like to share and show my gratitude to the [Easterseals Clinic]. I have been coming here for over two or three months and [was] not sure of how it would all work out. But I am very glad that I made the call when I did, because my outlook on life and myself was pretty grim to say the very least. If I would not have found you all my next alternative was suicide for sure. But the Clinic has given the necessary place to heal and

---

<sup>2</sup> U.S. Department of Defense

<sup>3</sup> VA National Suicide Data Report 2005–2016, (Office of Mental Health and Suicide Prevention), September 2018

<sup>4</sup> US Department of Veterans Affairs, 2019 *National Veteran Suicide Prevention Annual Report*

has given me the tools to fight back the demons in my own head and life. I will be forever indebted to and grateful for finding you all. My life will never be the same!”  
—Stephen U.

While changing and saving lives is our primary mission, our early intervention and evidence-based treatment is helping to reduce the longer-term costs of care for veterans and military families. According to a recent Rand study,<sup>5</sup> the long-term costs for PTSD and major depression in Maryland veterans ranges from \$130-\$200 million. The study estimates that early intervention with evidence-based treatments could save Maryland \$35-\$53 million over two years.

HB872 is modeled after a law enacted by the Texas Legislature in 2015 (SB55), which provides \$20 million per year for veteran behavioral health care. HB 872 says that the governor *may* fund the program up to an annual budget of \$2.5 million to fund community-based veteran behavioral healthcare in Maryland. In this difficult budget year, we are suggesting that you pass the legislation to create the program and we can continue to work to get it funded. All state funds will be leveraged one-to-one with additional private funds, providing up to \$5 million per year in much needed services. The impact of this support will be dramatic and will provide a modicum of financial stability for the many nonprofit organizations serving this population.

Lamar Winslow, a former Marine Corps Captain served three tours of duty in Iraq in 2003, 2006, and 2007. He shares his story here: <http://bit.ly/Easterseals-Lamar>

“By the time I went to the Easterseals Clinic, I was in the middle of chaos [due to PTSD]. Everything was in shambles. My work life, my financial life, my relationship with my (now) wife, my relationship with family and friends...the clinicians gave me the gift of a life that’s worth living.” – Lamar Winslow

HB 872 is an important and highly cost-effective opportunity to honor the service of veterans and their families as they seek to reintegrate into society and contribute to their communities. **We urge the committee to submit a favorable report on HB 872 to change and save the lives of more veterans, their families, and the families of active duty service members in Maryland.**

The following pages include letters of support from a variety of veteran service organizations, former Chair of the Joint Chiefs of Staff and his wife, mental health associations, military spouses and other individuals who support this bill.

Very Respectfully,

Anneke Vandenbroek

---

<sup>5</sup> Tanniellian, Terri and Jaycox, Lisa, editors, Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery (RAND Corporation, Santa Monica, CA), 2018

# Letters of Support

## **Organizations**

- Anxiety and Depression Association of America
- Blue Star Families
- Elizabeth Dole Foundation
- Holy Cross Health
- National Military Family Association
- Platoon 22
- Warrior Canine Connection
- Wounded Warrior Project

## **Individuals**

- Susan Hood
- Brooke Milewski (Military Spouse)
- Admiral Mike Mullen (former Chair of the Joint Chiefs of Staff) and Deborah Mullen
- Wilfred Plumley, Jr. (Veteran)
- Mollie Raymond (Spouse of the Chief of the Space Force)





February 9, 2021

To whom it may concern,

**BOARD OF DIRECTORS**

**President**

Luana Marques, PhD

**President-Elect**

Charles Nemeroff, MD, PhD

**Immediate Past President**

Beth Salcedo, MD

**Treasurer**

Risa Weisberg, PhD

**Secretary**

Scott Rauch, MD

Ken Goodman, LCSW

Paul Holtzheimer, MD

Tanja Jovanovic, PhD

Sanjay Mathew, MD

Krystal Lewis, PhD

Sheila Rauch, PhD

Helen Blair Simpson, MD, PhD

**Chief Medical Officer**

Charles Nemeroff, MD, PhD

**Scientific Council**

**Chair**

Martin Paulus, MD – ex officio

**Depression and Anxiety Journal**

**Editor**

Murray B. Stein, MD, MPH – ex officio

**Honorary Member**

Michael Gleason

**Executive Director**

Susan K. Gurley, JD

We are writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

Founded in 1979, the Anxiety and Depression Association of America (ADAA) is an international nonprofit organization dedicated to the prevention, treatment, and cure of anxiety, depression, OCD, PTSD, and co-occurring disorders through education, practice, and research. With more than 1,500 professional mental health ADAA is a leader in education, training, and research. More than 11 million people from around the world visit the ADAA website annually (and click on more than 38,000,000 pages) to find current treatment and evidence-based research information and to access free resources and support. ADAA's member base includes many of the country's leading PTSD researchers and clinicians. The ADAA website works with its members to provide cutting-edge information about PTSD through website content, blog posts, webinars, podcasts, informational brochures, and links to important community resources for those struggling with PTSD. ADAA also convenes an annual conference with more than 140 sessions focused on sharing current research and treatment advances for anxiety disorders, depression, and PTSD. 1,300 mental health professionals from across the US and around the globe attend to share, network, and learn.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,

Susan K. Gurley, JD  
Executive Director



February 18, 2021

To Whom It May Concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is a great need for behavioral health services among veterans, service members, and their families in Maryland. According to the Department of Defense, there are approximately 399,000 veterans living in Maryland—of which an estimated 24,000 have been deployed to Iraq or Afghanistan.<sup>1</sup> Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland, and this group is twice as likely as non-veterans to die by suicide.<sup>2</sup> Over 12% of military suicides are by former National Guard and Reserve members who were never federally activated and therefore, not eligible for VA services.<sup>3</sup> Perhaps most troubling, approximately 62% of veterans who take their own life are not under the care of the VA at the time of their death.

Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is needed now more than ever.

Blue Star Families is committed to supporting military and veteran families in ways that strengthen communities. From our annual Military Family Lifestyle Survey, we know that providing high-quality, evidence-based, accessible mental health care is critical to protecting the health and well-being of our service members, veterans, and their families. The Sheila E. Hixson Behavioral Health Services Matching Grant Program would go a long way towards achieving that goal, and I encourage its passage.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Roth-Douquet".

Kathy Roth-Douquet  
CEO & Co-Founder  
Blue Star Families

---

<sup>1</sup> U.S. Department of Defense.

<sup>2</sup> VA National Suicide Data Report 2005–2016, (Office of Mental Health and Suicide Prevention), September 2018.

<sup>3</sup> US Department of Veterans Affairs, 2019 *National Veteran Suicide Prevention Annual Report*.

February 10, 2021

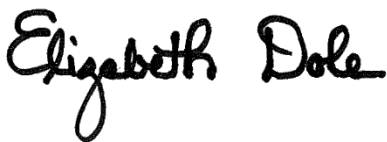
To whom it may concern,

We are writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

The Elizabeth Dole Foundation is committed to supporting military caregivers and their families, and helping veterans successfully reintegrate into our communities is a key component of that support. High-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,



Elizabeth Dole  
Founder and Easterseals DC MD VA  
Honorary Board Member



Steven Schwab  
CEO

February 12, 2021

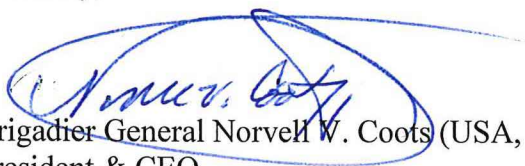
To whom it may concern:

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

Holy Cross is committed to building a strong, healthy community, and helping veterans successfully reintegrate is a key component of that support. As a veteran and physician, I know high-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I encourage its passage.

Sincerely,



Brigadier General Norvell W. Coots (USA, Ret.)  
President & CEO



February 13, 2021

Mr. Jonathan Horowitch  
President & CEO  
Easterseals DC MD VA  
1420 Spring Street  
Silver Spring, MD 20910

Dear Jon:

The National Military Family Association has long been an advocate for improving the quality of life of our military family members, who have sacrificed greatly in support of our Nation. Over fifty years ago, at the height of the Vietnam War, our Association was founded by a handful of military wives who wanted to make sure their widowed friends were properly taken care of. Since then we have continued to advocate for military families to ensure that their service and sacrifice is properly acknowledged. Given we have been at war for two decades, a war of unprecedented length that has taken a toll on military families, our mission is just as important today as it was 51 years ago.

In keeping with that mission, I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

The National Military Family Association is committed to helping veterans successfully reintegrate into our communities, and high-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I encourage its passage.

Please share this letter of support with Members of the Maryland General Assembly and Senate, and other key stakeholders, so they are aware of our Association's unqualified support for the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans.

The National Military Family Association is the leading nonprofit dedicated to serving the families who stand behind the uniform. Since 1969 NMFA has worked to strengthen and protect millions of families through its advocacy and programs. We provide spouse scholarships, camps for military kids, and retreats for families reconnecting after deployment and for the families of the wounded, ill, or injured. NMFA serves the families of the currently serving, retired, wounded or fallen members of the Army, Navy, Marine Corps, Air Force, Coast Guard, Space Force and Commissioned Corps of the USPHS and NOAA. To get involved or to learn more, visit [www.MilitaryFamily.org](http://www.MilitaryFamily.org).

Very respectfully

A handwritten signature in black ink, appearing to read 'Ashish S. Vazirani', written in a cursive style.

Ashish S. Vazirani  
Executive Director & CEO





February 9, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), Veterans, and their family members.

There are approximately 399,000 Veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 Veterans are dealing with post-traumatic stress or major depression. We know that Veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-Veterans to die by suicide. Perhaps most troubling, more than 62% of Veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

I know about the importance of this fight first hand, both as a suicide survivor and advocate for our Veteran Community. My time in the service saw me take the first team into the Pentagon on 9/11 to secure the perimeter and remove remains. I also deployed to Iraq and conducted over 800 convoy missions in Combat environment. Upon my return to state side, I would transition horribly and bottom out. After getting fired from my first job, evicted, divorced, and homeless I attempted to take my own life. I would spend several days locked up in the psychiatric ward in Frederick Memorial Hospital and that would begin my road to recovery.

Since then, I have founded a successful business and helped launch the non-profit, Platoon 22 that is currently slated to open our very first Veterans Services Center on Veterans day this year. This partnership between Platoon 22 and Goodwill of Monocacy Valley affords us the opportunity to see just how the numbers in the opening of this letter play out. That is why I know it is absolutely vital that we support this bill. Not only to do we owe it to warfighters, but I am proof that when help is rendered massive success can be produced. We have proven leaders in our state, let's honor our commitment to help them so we can lead on their leadership once again, if nothing else 2020 has shown us we need leaders now more than ever.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,

Danny Farrar  
Founder/President, Platoon 22



**Warrior  
Canine  
Connection**

14934 Schaeffer Rd.  
Boys, MD 20841  
(301) 260.1111  
warriorcanineconnection.org

February 12, 2021

To whom it may concern,

We are writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland.

There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

Warrior Canine Connection (WCC) is a Maryland based non-profit organization that serves Veterans from all eras whom have sustained physical and/or psychological injuries in defense of our country. WCC offers a unique integrated medicine modality where Veterans with invisible wounds learn to train service dogs for their fellow Veterans. The training process provides a healing mission for the Veteran trainers while providing well-trained service dogs for their battle buddies. This matching grant program would help us serve a great many more Veterans and their families.

Having a strong network of community-based organizations that understand military culture and in particular, the core value of the Warrior Ethos, is critical. The Sheila E. Hixson Behavioral Health Services Matching Grant Program is a step towards solving the problem. We encourage its passage.

Sincerely,

Rick Yount  
Founder/Executive Director  
Warrior Canine Connection





February 15, 2021

The Honorable Adrienne A. Jones  
Speaker of the House of Delegates  
State of Maryland  
Legislative Service Building  
90 State Circle  
Annapolis, MD 21401

The Honorable Bill Ferguson  
President of the Senate  
State of Maryland  
Legislative Service Building  
90 State Circle  
Annapolis, MD 21401

Dear Ms. Jones and Mr. Ferguson:

Wounded Warrior Project (WWP) is committed to advocating for the needs and challenges most present in the lives of our nation's post-9/11 wounded, ill, and injured veterans. Within that context, I am writing in support of the *Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans* (SB0550/HB0872). This critical piece of legislation calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for Service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, Service members, and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is needed now more than ever.

I want to thank you for your consideration and your support of our Armed Forces and those who have served. Wounded Warrior Project is committed to supporting wounded warriors and their families, and helping veterans successfully reintegrate into our communities is a key component of that support. High-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem and we encourage its passage.

Sincerely,

Michael S. Linnington  
Lieutenant General, US Army (ret)  
Chief Executive Officer

**DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE**



February 17, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

I am currently on the Board of Directors for Platoon 22, a non-profit based here in Maryland that assists military veterans as they transition to civilian life. We make sure veterans receive all the education, benefits and entitlements for which they are eligible, coordinate services they need to be successful, and create an environment where they can socialize with other military veterans. We are in the midst of construction of a regional Veterans Center, that will provide resources for veterans and their families. I also train dogs for Warrior Canine Connection, a non-profit that provides services dogs for veterans with mobility and trauma issue. Research has shown that these dogs provide support and aid for many of our veterans who return home with wounds from war. I have witnessed first-hand how this organization has saved families and lives from the trauma that can come as a result of service to our country. Through my experience with both of these organizations, I have become humbled by the sacrifices our veterans have made and continue to make for us, and I believe it is our duty to provide them with every opportunity possible to fully live their lives.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I encourage its passage.

Sincerely,  
Susan Kenedy Hood  
Board Member, Platoon 22  
Volunteer, Warrior Canine Connection  
[susankenedy@gmail.com](mailto:susankenedy@gmail.com)  
301-639-9644

**Senate Bill 550/HB872 - Sheila E. Hixson Behavioral Health Services Matching Grant  
Program for Service Members and Veterans – Establishment - SUPPORT**

I am a military spouse and am submitting written testimony in support of SB550/HB872. Mental health and PTSD are real issues, but society still often looks down on you if you suffer from one or more of these health conditions. Unfortunately, for the military community this is all too common. It is something that soldiers, spouses, and children deal with on a daily basis. It affects the whole family, not just the person dealing with PTSD or mental illness.

My husband is a Marine veteran who was deployed two times to Iraq. He saw the worst of the worst, saw his friends, his brothers, his soldiers die in front of him, sometimes while holding them in his arms. He never thought he would make it home alive, let alone to have a family.

Gratefully, he did come home, but we were faced with challenges. When he came home he tried to have the mentality that everything he saw and had to do was a “job” and he could put it all in the back of his mind and move on. As many of us know, that can only last for so long. On top of coming back from war he had to settle back into society and in a world that was quite different from what he had known for two plus years.

Not only did the reality come head-on that he had PTSD, but when he retired from the Marines he felt a sense of loss over what would be his next steps. We realized that it was critical for him to receive therapy along with myself so that we could move forward together. I saw the changes in him, the fear someone was following us, the being on edge, always looking around when we were out as if we were going to get attacked, the list goes on.

I knew for us to be successful, therapy was necessary. Through the process of looking for therapist we found that many did not take Tricare, if they did take Tricare they were not qualified for what we needed, and the best of the best started to decline Tricare because the payment rates were so low. It was hard for my husband to open up, and when we finally found a therapist who he felt comfortable with, they had to start charging us a private rate as well, because Tricare was only offering them \$25.00 per session. We could not afford the cost of \$100.00 plus dollars on a weekly occasion.

Due to the high costs of therapy and the ongoing inconveniences of accessing it, we eventually stopped treatment. I saw great improvement in my husband during therapy, but the cost was putting more stress on us than actually helping.

A dream we both had was to have a family, we were beyond thrilled to find out we were expecting a baby, but never could have imagined the challenges that would come our way. My pregnancy was beyond complicated and scary at times, I was sick the whole 9 months and was put on bed rest. Bed rest did not work and I was rushed to the hospital to be induced.

The delivery was nothing that what we could have planned for. Long and short, I nearly died on June 3<sup>rd</sup>, 2016. The delivery looked like a war scene and that brought back my husband to his days in Iraq, I knew I was dying.....I knew what was going on around me was not normal, I saw the scare in everyone's faces, I took what I thought was one last look at my daughter, I woke hours later.....

I am beyond grateful & blessed to be here today, but it does not come with challenges. I was put on disability for 6 months while I recovered (this meant my parents moving in with us, medical care, caregivers etc.), my husband had to deal with everything he saw and went through during my pregnancy and delivery that brought back so many awful and scary memories.

I was diagnosed with PTSD because of my pregnancy and delivery. I also suffered flashbacks, night terrors, severe anxiety, fear, you name it. I got a glimpse into what my husband and other soldiers have and are dealing with for years.

I realized we need to end the stigma of mental health, the negativity around PTSD. There needs to be more clinics at no cost that have therapists qualified to treat the military family, and there needs to be more telehealth for those that can't leave the house.

PTSD is very real; it can debilitate to you to the core. People don't often understand the true impact it has on a person until they live it day-by-day. I am beyond grateful that my husband and myself have a clinic that we can go to at no charge, that is close by, and for days my husband feels more comfortable he has the option for telehealth. Knowing that I can receive therapy as an individual and with my husband has been a gift.

When we go to our therapy appointments, we are not thinking how much this is going to cost us out of pocket & what are we going to have to eliminate to afford this, we can really focus on getting better and our mental health.

Therapy that is convenient, at no cost or reduced cost with qualified therapist and offering telehealth has been a blessing to our family. We can focus on our beautiful daughter and the joys of having a family all while healing and getting healthy mentally. Without these services, my family would not be where we are today.

I can only help that this testimony will help provide better therapy and health services for our military, veterans, and their families. I urge a favorable report this bill.

Sincerely,

Brooke Milewski

February 12, 2021

To whom it may concern,

We are writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

During our many years traveling the world meeting with our service members, veterans, and their families, we have heard time and again the importance of high-quality, evidence-based, accessible mental health care. As residents of the State of Maryland, we see firsthand the need for these services here. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,



Deborah Mullen  
Easterseals DC MD VA Honorary Board



Admiral Mike Mullen, USN (Ret.)  
17<sup>th</sup> Chairman of the Joint Chiefs of Staff  
Chairman, Cohen Veterans Network

February 16, 2021


Committee Members,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq, Afghanistan, or other undeclared areas of hostility. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

I currently work at Ft Detrick as a civilian employee, am a retired Army officer, serve on the Frederick County Veterans Advisory Council and also serve on the Ft Detrick Military Retiree Council. Taking care of the men and women who have served our great country is critical. This is a small way to pay back for their service and numerous sacrifices.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I strongly encourage its passage.

Sincerely,

A handwritten signature in cursive script that reads "Wilfred J. Plumley Jr." in dark ink.

Wilfred Plumley Jr.

February 11, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

As a military spouse who has lived all over the world and met with many service members, veterans, and their families, I have heard time and again the importance of high-quality, evidence-based, accessible mental health care. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. The bill's passage should greatly benefit all veterans and service members in Maryland.

Sincerely,

A handwritten signature in cursive script that reads "Mollie Raymond".

Mollie Raymond  
Easterseals DC MD VA Ambassador Committee

## **SB 550 Hixon Behavioral Health Services Grant (Bei**

Uploaded by: Wilkins, Barbara

Position: INFO



LARRY HOGAN  
*Governor*

BOYD K. RUTHERFORD  
*Lieutenant Governor*



DAVID R. BRINKLEY  
*Secretary*

MARC L. NICOLE  
*Deputy Secretary*

## **SENATE BILL 550 Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans-Establishment (Beidle)**

### **STATEMENT OF INFORMATION**

**DATE:** February 23, 2021

**COMMITTEE:** Senate Finance

**SUMMARY OF BILL:** SB 550 creates a competitive and matching grant program in the Maryland Department of Health to provide funding for local nonprofits to establish and expand behavioral health programs to serve service members, veterans, and their families; and mandates an annual appropriation in the amount of \$2.5 million, beginning FY 2023.

**EXPLANATION:** The Department of Budget and Management's focus is not on the underlying policy proposal being advanced by the legislation, but rather on the annual mandated appropriation amount.

DBM has the responsibility of submitting a balanced budget to the General Assembly annually, which requires spending allocations for FY 2022 to be within the official revenues estimates approved by the Board of Revenue Estimates in December 2020.

Economic conditions remain precarious as a result of COVID-19, making revenue predictions for the remainder of FY 2021 and FY 2022 highly volatile. Many individuals and households are unemployed or underemployed, with many industry sectors operating at much less than 100% capacity. Federal stimulus programs are providing much needed relief, but the impact of the COVID-19 pandemic continues to present a significant budgetary vulnerability.

The General Assembly and Administration have successfully enacted the Governor's emergency Recovery for the Economy, Livelihoods, Industries, Entrepreneurs, and Families Act (SB 496 RELIEF Act), which provides \$1.2 billion in direct stimulus and tax relief for Maryland working families, small businesses, and those who have lost their jobs as a result of the COVID-19 pandemic. It is incumbent upon us to allow the impact of this unprecedented relief package on the State's economy to take effect. Further mandated spending increases need to be reevaluated within the context of an ongoing pandemic.

**For additional information, contact Barbara Wilkins at  
(410) 260-6371 or [barbara.wilkins1@maryland.gov](mailto:barbara.wilkins1@maryland.gov)**