



RE: FAVORABLE on SB 241/HB 293
Behavioral Health Crisis Response Services-988 Trust Fund
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The American Foundation for Suicide Prevention (AFSP) is a nonprofit organization whose mission is to “save lives and bring hope to those affected by suicide” through research, education, and advocacy. AFSP is a thought leader in suicide prevention, the largest private funder of suicide prevention research, and a partner with other mental health organizations on public policy priorities.

While I am representing AFSP in providing this testimony, I also currently serve on the Maryland Governor’s Challenge to Prevent Suicide among Service Members, Veterans, and Families and as a Commissioner on the Maryland Governor’s Commission on Suicide Prevention in which I chair the newly created postvention (support to individuals and communities to mitigate grief, distress, and increased suicide risk in the aftermath of a completed suicide) task force. I have been a licensed independently practicing Psychologist in the State of Maryland since 1986 and was employed for a decade as a subject matter expert in military psychological health care and evidence-based psychological research and clinical practices.

Suicide is a mental health and public health issue nationwide and the 11th leading cause of death overall in Maryland (CDC; 2021). Tragically, suicide is the third leading cause of death in Marylanders ages 10 – 34. Young people involved in the child welfare and juvenile justice systems; LGBTQ individuals; Black, Indigenous, and other people of color; and military Service members and Veterans are at even greater risk for suicide. I lost my uncle, grandfather, and mother to suicide. As a suicide loss survivor and a volunteer facilitator with AFSP programs that support suicide loss survivors (Healing Conversations, International Survivors of Suicide Loss Day), I can attest to the devastating impact of suicide and suicide attempts on individuals, families, and communities.

In January 2022, the Journal of the American Medical Association (JAMA) published the first study to use nationally representative population data to assess the prevalence and risk factors for suicide attempts. The findings demonstrate a substantial increase in suicide attempts from 2008 – 2019. A prior suicide attempt is the most significant risk factor for a completed suicide; this knowledge terrified me when my oldest daughter in her teenage and young adult years experienced a protracted course of a severe eating disorder accompanied by suicidal thoughts and suicide attempts.

Although suicide attempts have increased over the past decade, the use of mental health services among those who have attempted suicide has not increased. In addition to engaging in population-wide suicide prevention efforts, this data strongly suggests a need to expand service accessibility and acceptability for

these at-risk individuals (Bommersbach, Rosenheck, & Rhee, 2022). Accompanied by public education campaigns to normalize help-seeking in a crisis, 988 has the potential to engage suicide attempters in accessing mental health services.

As a practicing clinical psychologist who has worked with individuals who struggle with mental health conditions accompanied by suicidal thoughts, a parent who was in despair and desperate to keep her child alive during a protracted course of a life-threatening mental illness, and a daughter who lost her beloved mother to suicide, I have experienced a fragmented system of crisis care that relies on law enforcement, jails, and hospital emergency departments. This inherently ineffective approach to urgent and emergent behavioral health yields poor outcomes. The establishment of 988 as a national mental health crisis care system is an important component of access to quality mental health and effective suicide prevention.

An appropriately resourced 988 system consists of immediate access to an effective and coordinated system of suicide prevention crisis services. Crisis call centers are the hub of this integrated system which also includes access to mobile crisis teams and crisis stabilization centers. Evaluations of the National Suicide Prevention Lifeline (NSPL) have established the effectiveness of crisis line services as suicide prevention tools while also identifying the need for continued development of a robust and integrated crisis response system to meet the needs of individuals in mental health crisis (Gould, 2021).

Utilization of crisis call centers reduces the burden on emergency rooms, police, emergency responders, and other mental health emergency services. Almost 98% of crisis calls to the NSPL were de-escalated averting costly, highly restrictive responses from law enforcement and emergency medical services (NSPL, 2018). In a study of high-risk callers to the NSPL, most recipients interviewed reported that this intervention stopped them from taking their lives (79.6%) and kept them safe (90.6%) (Gould et al., 2017).

To increase access to crisis services, Lifeline's services now also include chat and texting. The users of these formats tend to be younger and have higher rates of suicidal ideation than callers. A study assessing the effectiveness of the Lifeline's Crisis Chat found that 2/3 of suicidal chatters reported that the chat had been helpful while almost half reported being less suicidal by the end of the chat. For a single-session chat intervention to achieve a reduction in suicidality in nearly half of chatters is a significant accomplishment that affords the opportunity for further suicide risk reduction and mental health interventions (Gould, Chowdhury, Lake et al., 2021).

The NSPL received over 2.6 million calls, chats, and texts in 2020. The Veteran's Crisis Line which shares the Lifeline's national toll-free number received 35,000 calls during the recent Afghanistan evacuation in mid-August 2021 (Washington Examiner, 2021). Starting on July 16, 2022, a three-digit number, 988, will replace the Lifeline phone number. With the introduction of the 988 number and campaigns to increase public awareness about 988, call, chat, and text volume is anticipated to further increase (Vibrant Emotional Health, 2021).

While the Lifeline is a national program, federal funding largely goes toward the national network to support call routing, best practice standards, public messaging, and technical assistance. Maryland's local crisis centers therefore rely on funding from state and local contributors to operate and meet growing community crisis needs. Crisis line users are a high-risk population that require reliable and timely response and culturally competent local responders trained in suicide-specific assessment and best practices for crisis care (Hoffberg, Stearns-Yoder, and Brenner, 2020). Maryland's crisis call centers need the additional funding as called for in SB 241/HB 293 to ensure they have adequate staffing and resources to meet projected increases in demand resulting from the 988 transition.

The National Suicide Hotline Designation Act included language allowing each state to pass their own legislation funding 988. The 988 model of care for mental health crisis care is cost-effective as demonstrated by numerous studies showing that crisis services reduce spending on emergency department visits and inpatient hospitalizations. Cost-savings are also realized through reduced use of law enforcement for mental health emergencies (Vibrant Emotional Health, 2021). Providing a dedicated, non-lapsing fund for 988 will protect monies in the fund from being diverted to meet other demands, allow for oversight of fund expenditures, and equip the state to better plan for 988 implementation and capacity building over the long term.

In November 2021, AFSP along with the American Psychological Association, and 13 additional organizations authored a consensus report of recommendations for the development of a comprehensive crisis response system (AFSP, 2021). As the report concludes, our nation has been failing those in mental health crisis. 988 is more than a new number to call; it is an opportunity to rethink how we can more effectively approach mental health, substance use disorders, and suicide prevention in our communities. AFSP urges a favorable vote on SB 241/HB 293 and thanks you for your support of suicide prevention.

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