

House Appropriations Committee TESTIMONY IN SUPPORT

SB 599 - Behavioral Health Crisis Response Grant Program - Funding

Behavioral Health System Baltimore, Inc. (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.

BHSB strongly urges the House Appropriations Committee to reconsider this effort and support SB599 -Behavioral Health Crisis Response Grant Program - Funding. This bill would provide three additional years of stable funding to this grant program and would ensure the Maryland behavioral health crisis response system remains strong.

The Behavioral Health Crisis Response Grant Program was established in 2019 to provide state funding for behavioral health crisis services. The General Assembly established the funding levels in statute each year and provided \$5 million for each of the last four years. The Maryland Department of Health indicated in the Behavioral Health Administration (BHA) budget analysis that they planned to fund the program at \$5 million again for FY26.

The bill would return to the previous practice of establishing funding levels in statute. There was considerable confusion about the future of the program prior to the BHA budget hearing and predictability in funding is preferred. There is no reason to expect these services to no longer be needed. Program grantees provide essential behavioral health services across the state that will not continue if the funding is eliminated. Some examples of funded programs include the following:

- <u>Baltimore County Urgent Care Clinic</u>: Provides urgent care for those experiencing serious behavioral health concerns seven days a week, 12 hours each day. The clinic provides over 1,000 psychiatric and diagnostic evaluations along with medications referrals for ongoing care each year. Many of these individuals would call 911 or go to the Emergency Room if not for this clinic. Without grant funding, hours and days of operation would need to be reduced by approximately half.
- <u>Carroll County Crisis Services</u>: Funds the mobile crisis teams serving the County. Over the last three years, 2,000 dispatches were made, diverting 229 individuals from an Emergency Petition to the hospital, 180 from the Emergency Room, and 46 from the local jail. This system relies almost entirely on this grant and would be unable to provide any of these services without this funding.
- <u>Federick County Walk-In Clinic</u>: This clinic has been operational since 2019 and has served 8,000 individuals. Approximately 1/3 of those served report they would have gone to the Emergency Room if the Walk-In Clinic was not available. The state grant provides essentially all the funding for this service. The clinic would likely close without the grant.
- <u>Harford County In-School Crisis Intervention Services</u>: Provides crisis intervention and up to eight weeks of crisis stabilization and follow up for students and their families. This grant is the primary source of funding. The program would need to be dramatically scaled back without these funds.

- <u>MidShore Youth Mobile Crisis Services</u>: Provides mobile crisis services to youth and families across five Midshore Counties. The mobile crisis teams diverted 86 children and youth from the Emergency Room and 27 from the detention center last year. The County would need to lay off two entire teams and end overnight services without funding from this grant.
- <u>Prince George's County Mobile Crisis Teams</u>: These teams provide over 1,000 dispatches each year, primarily for psychiatric emergencies, behavioral emergencies, and suicidal ideation. They serve youth and adults, many of whom would have nowhere to turn but local hospitals without these services. It is estimated that two mobile crisis teams would be laid off if this funding ended.

These services are designed to divert individuals in crisis from Emergency Departments, hospitals, and jails. These cost savings are considerable and any reduction in funding would raise costs even more in other aspects of the budget. Medicaid billing can help support some of these programs but is not predicted to make up even half the costs of the grant in most cases.

An annual allocation of \$5 million is a smart investment that should be maintained. With the budget moving and some difficult decisions made, we hope the House will reconsider this effort. **BHSB urges the House Appropriations Committee to pass SB599.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142