

**SB0719 MHAMD FAV.pdf**

Uploaded by: Allen, Emily

Position: FAV

**Senate Bill 719 Maryland Department of Health – 2-1-1 Maryland – Mental Health  
Services Phone Call Program**

Finance Committee

March 3, 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 719.

SB 719 would require the Maryland Department of Health to work with Maryland 2-1-1 to establish a program where individuals can opt-in to receive periodic mental health check-in calls and connect individuals to services where appropriate.

The COVID-19 pandemic has significantly impacted mental health in Maryland. Calls to the Baltimore crisis hotline, Here2Help, doubled between April and July 2020. As of September, the number of callers threatening suicide was five times higher than at the beginning of the pandemic. Throughout the pandemic, rates of Marylanders experiencing anxiety or depression ranged from 25-40%.<sup>1</sup>

Similar smaller-scale programs exist throughout Maryland for specific populations. The American Legion has utilized “Buddy Checks” through COVID-19 to assist veterans with mental health, Frederick County’s Mental Health Association has Reassurance Calls to senior citizens, and Baltimore Neighbors Network provides emotional support calls to Baltimore’s most vulnerable residents.

In establishing a state-wide program through the Maryland Department of Health and Maryland 2-1-1, Maryland can provide critical resources to residents who may not receive services through existing programs. For these reasons, MHAMD supports SB 719 and urges a favorable report.

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<sup>1</sup>Baltimore Sun, (2020, September 29). *As coronavirus rolls on in Maryland, mental health toll surges, with experts fearing spike in suicides.* <https://www.baltimoresun.com/features/bs-hs-mental-health-covid-20200929-yzjfdfc2ijb4vab7o3v4g7q25a-story.html>

# Senate Bill Testimony 0719 on 30321.pdf

Uploaded by: Askew, Quinton

Position: FAV

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Title: **Maryland Department of Health – 2-1-1 Maryland-Mental Health Services (Phone Call Program)**

Testimony of Quinton Askew, President/CEO 211 Maryland

Senate Hearing (Finance Committee)

March 3, 2021

Good afternoon, Madam Chair, Vice Chair and honorable members of the committee. Thank you for this opportunity to comment in **Support of SB 719 Maryland Department of Health – 2-1-1 Maryland – Mental Health Services Phone Call Program**. This proposed legislation does several things, including providing proactive support to reduce an individual’s crisis, connection to a caring, trained Crisis Specialist when needed, and improved access to care with a direct connection to behavioral health services.

Marylanders who choose to opt into this service for a follow-up call will be able to access this service in multiple ways:

- 1) **SMS/Text**: easily text a created keyword to 898211.
- 2) **Online**: through an automated registration form.
- 3) **Simply Dial 211**: and connect to an automated call back feature.

Marylanders who opt in will be supported by one of our Call Center Network- Crisis Specialist who will assess their needs and link to the appropriate resource. Our network of call centers has extensive experience in Mental Health First Aid and Trauma Informed Care. They are Nationally Accredited, through American Association of Suicidology (AAS), Alliance of Information and Referral Systems (AIRS), CARF Accreditation, the International Council for Helplines and support the National Suicide Prevention Lifeline. Nationally 2-1-1 is recognized as the most comprehensive source for locally curated human service information, with over 8000 statewide resources in our database.

Since the pandemic, 2-1-1 Maryland has been the state’s central connector to needed resources and a first responder to those in crisis, through our 211 press 1 crisis line.

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During these difficult times, it is important for Marylanders to know that they are not alone, and help is available when needed. This legislation will provide a lifeline and an empathetic voice to many who are in need. As someone who has lost a loved one recently to suicide, and understand the toll it takes on a family, I urge you to consider the positive statewide impact this legislation will have.

Thank you for the opportunity to provide this testimony. I welcome any questions.

Quinton Askew

President/CEO

211 Maryland, Inc.

[www.211md.org](http://www.211md.org)

# **SB 719 2-1-1 Maryland - Mental Health Services Ph**

Uploaded by: Bresnahan, Tammy

Position: FAV



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**SB 719 Maryland Department of Health - 2-1-1 Maryland - Mental Health Services  
Phone Call Program  
Favorable  
Senate Finance Committee  
March 3, 2021**

Good Afternoon Chairwoman Kelley and Members of the Finance Committee. I am Tammy Bresnahan. I am the Director of Advocacy for AARP MD. AARP Maryland is one of the largest membership-based organizations, encompassing almost 850,000 members. AARP MD overwhelmingly supports SB 719 Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program. We thank Senator Zucker for sponsoring this important bill.

SB 719 requires the Maryland Department of Health (MDH) to make recommendations to 2-1-1 Maryland regarding the establishment of an opt-in mental health services phone call program that (1) requires a call center to make periodic calls to persons who have opted into the program and (2) attempts to connect persons with a mental health provider upon request. The department's performance on this activity must be encompassed in the existing annual report to the Governor and the General Assembly.

AARP of Maryland has recently established an Advocacy Team on Brain and Behavioral Health Policy. The goal of the team is to support efforts to identify and address the needs of older adults (50 and over) who suffer from behavioral health disorders. We recognize that too often, mental health disorders and cognitive health issues among older adults are undiagnosed or misdiagnosed and there are little known about options. It is important for older adults to have access to services and the 211 service would be an added support service.

AARP believes that States should coordinate mental health services among all appropriate health, and aging-network services. The 2-1-1 Maryland as proposed with an opt-in mental health services phone call program will help seniors get the needed mental services they may need.

For these reasons, AARP MD respectfully ask the Finance Committee for a Favorable committee report. For questions or comments, please contact Tammy Bresnahan at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org), or at 410-302-8451. Thank you!

Real Possibilities

**2021 NAMI - SB 719 - FAV.pdf**

Uploaded by: Cyphers, Moira

Position: FAV



March 1, 2021

**Senate Bill 719 - Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program - SUPPORT**

Chair Kelley, Vice 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 SB 719, legislation that would establish an opt-in program to help provide support and connection to services using the 2-1-1 system in Maryland.

Nationwide, the increase to mental health call and text centers offer an early picture of how Americans are coping with the coronavirus pandemic. The roughly 11.2 million Americans who live with serious mental illness are the most vulnerable to the psychological effects of the pandemic. But even people who have never experienced a mental disorder are feeling many of the same symptoms. With this new system, trained specialists, counselors first listen to your story and validate what you're going through. Then they recommend resources to help you manage your symptoms.

Ultimately, the psychological impact of the pandemic will harm far more people than the virus itself. And the widespread emotional trauma it's evoking will be long lasting, experts say. Already, more than 4 in 10 Americans say that stress related to the pandemic has had a negative impact on their mental health, according to an April poll by the Kaiser Family Foundation.

The best part of this program is that it's not a one-time deal. Individuals will be able to opt in for calls or texts to ensure that they're being checked up on regularly.

Thank you to Senator Zucker for introducing this bill. If there is one time Marylanders need to know that #YouAreNotAlone, it's now. For these reasons, NAMI Maryland asks for a favorable report on SB 719.

# **MRHA SB719 - Maryland Department of Health - 2-1-1**

Uploaded by: Orosz, Samantha

Position: FAV



## **Statement of Maryland Rural Health Association**

To the Finance Committee

March 3, 2021

Senate Bill 719 Maryland Department of Health - 2-1-1 Maryland - Mental Health Services  
Phone Call Program

### **POSITION: SUPPORT**

Chair Kelley, Vice Chair Feldman, Senator Zucker, Senator Augustine, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 719 Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program.

MRHA supports this legislation that would establish an opt-in mental health services phone call program using the 2-1-1 health, crisis, and social services line that would require a center to call individuals who have opted into the mental health services phone call program on a periodic basis and attempt to connect individuals to a provider of mental health services.

In rural Maryland where access to behavioral and mental health services are limited, this service line would be of great benefit to those seeking mental health care. Especially during this pandemic, the establishment of secure, audio telehealth care options would increase access to these necessary behavioral health services for rural Marylanders.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

*Lara Wilson, Executive Director, [larawilson@mdruralhealth.org](mailto:larawilson@mdruralhealth.org), 410-693-6988*

# **SB0719 MD NARAL SUPPORT.pdf**

Uploaded by: Philip, Diana

Position: FAV



## **SB0719 – Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program**

Presented to the Hon. Delores Kelley and Members of the Senate Finance Committee

March 3, 2021 1:00 p.m.

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### **POSITION: SUPPORT**

NARAL Pro-Choice Maryland urges Members of the Senate Finance Committee to issue a **favorable report on SB0719 – Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program**, sponsored by Senator Craig Zucker and Malcolm Augustine.

Our organization is an advocate for reproductive health, rights, and justice. As part of our efforts to protect reproductive freedom for all Marylanders, we work to ensure every childbearing individual to decide if, when, and how to form one's family, and to parent in good health, in safety, and with dignity. In doing so, we support the expansion of mental health services offered by 2-1-1 Maryland which will reduce reliance on police intervention in mental health crises and provide professional support for families and pregnant persons experiencing crises. Mental health illnesses such as depression and anxiety have been exacerbated by COVID-19, and the pandemic has taken a toll on the mental health of [pregnant people and new parents](#), especially [Black mothers](#).

Postpartum depression is a serious and debilitating illness that affects [1 in 7](#) people. If left untreated, it can last months and adversely impact child development and increase the likelihood of psychiatric disorders among children.<sup>1</sup> Disparities exist in treatment of postpartum depression, with all low-income parents being left undertreated, especially those from racial minority groups.<sup>2</sup> One of the worst outcomes of postpartum depression is maternal death, and some studies estimate maternal death rates due to suicide or drug overdose are between [14-30%](#) in some areas. For these reasons, access to mental health care is a reproductive justice issue which can be ameliorated by increased services from 2-1-1 Maryland. These services are especially critical for pregnant and post-partum people of color experiencing mental health crises who may face legitimate fear in calling police for assistance. [Police officers](#) should not be first responders to mental health crises because they are not properly trained and qualified to handle these situations, and increase the likelihood of altercation.

Reproductive justice calls for equity in pregnancy decision-making and parenting in good health. Disparities in access to healthcare and unequal treatment by police leave low-income communities and people of color more likely to suffer unnecessarily from mental illnesses. This bill proposes an alternative to involving law enforcement in mental health crises and increases access to mental health care for everyone. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0719**. Thank you for your time and consideration.

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<sup>1</sup> Feder, Adriana, et al. "Children of low-income depressed mothers: psychiatric disorders and social adjustment." *Depression and Anxiety*, vol. 26, 6 (June 2009): 513-20. <https://doi.org/10.1002/da.20522>

<sup>2</sup> Kozhimannil, Katy Backes et al. "Racial and ethnic disparities in postpartum depression care among low-income women." *Psychiatric services* vol. 62, 6 (2011): 619-25. doi:10.1176/ps.62.6.pss6206\_0619

# **SB 719 - Support - MPS WPS.pdf**

Uploaded by: Tompsett, Thomas

Position: FAV



February 28, 2021

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

RE: Support – SB 719: Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program

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 719: Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program (SB 719). Call centers are a crucial resource in linking patients to services and providing emotional support. In fact, such resources help reduce emotional distress and suicidal ideation in callers.<sup>1</sup> Patients who have received telephonic follow-up have a lower suicide rate in five years and a significantly lower suicide rate in the first two years.<sup>2</sup> Call center follow-up before a service appointment is also associated with improved motivation, a reduction in barriers to accessing services, improved adherence to medication, reduced symptoms of depression, and higher attendance rates.<sup>3</sup>

In 2020, Columbia University Irving Medical Center published a study that evaluated suicide hotlines. The study found, "In our first study, we found about 40% of callers had some

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<sup>1</sup> 1. Gould, M. S., Kalafat, J., Munfakh, J. L. H., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes part 2: Suicidal callers. *Suicide and Life-Threatening Behavior*, 37, 338-352.

<sup>2</sup> Motto, J. A., & Bostrom, A. G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services*, 52, 828-833. doi: 10.1176/appi.ps.52.6.828

<sup>3</sup> Simon, G. E., VonKorff, M., Rutter, C., & Wagner, E. (2000). Randomised trial of monitoring, feedback, and management of care by telephone to improve treatment of depression in primary care. *BMJ*, 320, 550-554.



recurrence of their suicidal ideation in the weeks after their crisis call and only about 20% had followed through with the referrals that they had been given. Because of our findings, SAMHSA started funding Lifeline crisis centers to conduct follow-up calls to enhance the caller's continuity of care. And when we interviewed those callers, about 80% said that this follow-up actually had stopped them from killing themselves."<sup>4</sup> Turning our attention to SB 719, signing up to receive calls can be analogous to having called in initially to the hotline and based on the aforementioned study, follow-up after the first interaction is clearly beneficial and has been shown to save lives.

Therefore, MPS and WPS ask the committee for a favorable report on SB 719. 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,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

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<sup>4</sup> <https://www.cuimc.columbia.edu/news/columbia-suicide-research-culminates-new-national-hotline-number>



# **SB 719 211 Mental Health Testimony.pdf**

Uploaded by: Zucker, Senator Craig

Position: FAV

CRAIG J. ZUCKER  
Legislative District 14  
Montgomery County

Budget and Taxation Committee

*Subcommittees*

Vice Chair, Capital Budget

Chair, Education, Business and  
Administration

Chair, Senate Democratic Caucus



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony of Senator Craig J. Zucker**  
**Senate Bill 719- Maryland Department of Health – 2-1-1 Maryland – Mental Health**  
**Services Phone Call Program**  
**Senate Finance Committee**  
**March 3rd, 2021**  
**1:00pm**  
**Position: SUPPORT**

Good afternoon Chairman Kelley, Vice Chairman Feldman, and distinguished members of the committee. It is my pleasure to testify today in **support of Senate Bill 719 – Maryland Department of Health – 2-1-1 Maryland – Mental Health Services Phone Call Program. In particular, I want to thank Senator Malcolm Augustine for his assistance with crafting this legislation.**

Senate Bill 719, would require the Maryland Department of Health (MDH) to make recommendations to 2-1-1 Maryland regarding the establishment of a voluntary opt-in mental health services phone call program. This program would require a call center to make scheduled calls to people who have voluntarily opted into the program. The call center will then connect them with a mental health provider upon request.

In 2020, 64,000 Marylanders called 211 asking for assistance in obtaining mental health assistance. 52,000 of them were in suicide crisis. This is an increase of 10,000 people over 2019.

If this legislation becomes law, 2-1-1 Maryland call centers will offer proactive support with crisis specialists if needed. Someone who feels they need mental health assistance can register to opt in and be provided with a direct connection to mental health and crisis services.

According to the Centers for Disease Control and Prevention across Maryland one in three people say the pandemic has left them feeling anxiety or depression. They are experiencing catastrophic job losses, food insecurity, and grief from losing loved ones. According to a CDC study in June 2020, 24% of people ages 18 to 24 had considered suicide within the past month.

We want people to know that “it's OK not to be OK,” said Dr. Aliya Jones, Deputy Secretary for the Behavioral Health Administration at the Maryland Department of Mental Health.

For these reasons, I urge a favorable report on Senate Bill 719 to help improve the safety of our Marylanders in crisis. Thank you for your kind consideration.

**SB 719 Amendment 1.pdf**

Uploaded by: Zucker, Senator Craig

Position: FAV



SB0719/293223/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

05 FEB 21  
10:58:44

BY: Senator Zucker  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 719  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 6, after “program;” insert “authorizing the Governor to include in the annual budget bill an appropriation to the Department to carry out certain provisions of this Act;”.

AMENDMENT NO. 2

On page 2, after line 15, insert:

**“(B) THE GOVERNOR MAY INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION TO THE DEPARTMENT IN AN AMOUNT SUFFICIENT TO CARRY OUT SUBSECTION (A)(7) OF THIS SECTION.”;**

and in line 16, strike “(b)” and substitute “**(C)**”.

**SB 719 Amendment 2.pdf**

Uploaded by: Zucker, Senator Craig

Position: FAV



**SB0719/833821/1**

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

22 FEB 21  
09:38:40

BY: Senator Zucker  
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 719  
(First Reading File Bill)

On page 2, in line 21, strike "October" and substitute "July".