

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.