

SB 241_988 and BH Crisis Services_Support.pdf

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 8, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 241 – Support

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente is pleased to support SB 241, “Behavioral Health Crisis Response Services – 988 Trust Fund.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 800,000 members. In Maryland, we deliver care to over 460,000 members.

Kaiser Permanente supports SB 241 because it offers evidence-based approaches to expanding access to high quality crisis care services:

- **Regional Crisis Call Centers:** The bill creates a mandate for state funding for a regional 24/7 crisis call center that provides crisis intervention capabilities. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022 under a federal law passed in 2020.
- **Centrally Deployed Mobile Crisis Teams:** The bill calls for the development and implementation of mobile crisis services. Mobile crisis services are intensive community mental health services that provide face-to-face emergency response for mental health assessments, interventions, and evaluations as requested by families, hospitals, police, EMS, or others. Mobile crisis services are usually requested when there is suspicion of an individual being at risk of harm to themselves or others.

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

- **Residential Crisis Stabilization Programs:** The bill calls for state funding for residential crisis stabilization programs to offer care for individuals who need support and observation outside of an Emergency Department setting.
- **Collaboration:** The bill requires the Maryland Department of Health to collaborate with SAMHSA, the National Suicide Prevention Lifeline, the National Veterans Crisis Line, and other appropriate entities to develop and coordinate statewide improvements to crisis stabilization programs. The National Suicide Prevention Lifeline has developed standards for risk assessment and engagement of individuals at imminent risk of suicide and offer air traffic control quality coordination of crisis care in real-time.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,



Allison Taylor
Director of Government Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

SB241_AndreaKing_FAV

Uploaded by: Andrea King

Position: FAV

Written Testimony of
Andrea King, MA, LCPC, NCC
Principal
The Kingley Group, LLC
Hearing on Behavioral Health Crisis Response Services 9-8-8 Trust Fund
Before the Maryland General Assembly Finance Committee

February 8, 2022

Thank you for the opportunity to testify about the on-going Mental Health and Substance Use Disorder challenges facing Maryland Residents and Citizens. I am Andrea King, Principal of The Kingley Group. We submit this statement for the record for the Maryland General Assembly Finance Committee Hearing on Constitutional and Common-Sense Steps to Support the Behavioral Health Crisis Response Services 9-8-8 Trust Fund. The Principal of the Kingley Group, Andrea King is a licensed Mental Health and Substance Use Provider (*License #PRC-13756*) who works with local area hospitals and Department of Justice (Bureau of Prisons, US Probation Office, DC Detention Center and Court Services and Offender Supervision Agency). The Kingley Group is very aware and aligned with this important legislation. Our organization advocates for a public health approach to Mental Health and Substance Use Disorders, supporting evidence-based programs and policies that can reduce the occurrence and impact spikes in Maryland Overdose Deaths in 2020 and 2021 ([Number of Intoxication Deaths by Month and Substance \(maryland.gov\)](#)).

The Kingley Group, LLC supports SB0241-Behavioral Health Crisis Response Services 9-8-8 Trust Fund. This important legislation would address our nation's Mental Health and Substance Use Disorder (MH/SUD) Crisis. During the pandemic, about four in 10 adults have reported symptoms of anxiety or depressive disorder, an increase from the one in 10 adults who reported these symptoms from January to June 2019 ([The Implications of COVID-19 for Mental Health and Substance Use | KFF](#)). Data also shows a surge in emergency department visits attributable to a mental health crisis, suicide attempts, and in drug overdoses during the COVID pandemic ([COVID-19 pandemic has been linked with six unhealthy eating behaviors: Study shows a slight increase in eating disorders, one of the deadliest psychiatric health concerns -- ScienceDaily](#)).

Many District of Columbia (DC) Natives and Residents fled DC over the past 15 years mostly for economic reasons-primarily housing costs ([A History of Discrimination, Redlining, and Affordable Housing Work in Washington, D.C. \(povertyusa.org\)](#); [The state of the Capital Region's housing \(brookings.edu\)](#)), only to find fewer mental health and substance abuse assistance and resources in Prince Georges County, Maryland. This may be partially due to the District of Columbia's access to Federal Funds as it is a US Territory. Although the Prince George's County Executive recently executed efforts for Mental Health support services ([Money for police training facility shifted to mental-health hospital in Prince George's - The Washington Post](#)), it is not enough to meet the existing Mental Health and Substance Use Disorder needs and demands for respective citizens in Maryland ([Mental Health Care Health Professional Shortage Areas \(HPSAs\) | KFF](#)).

Mental Health Equity is vital to this process because young adults and people of color are disproportionately reporting symptoms of anxiety and depression ([Mental Health - Household Pulse Survey - COVID-19 \(cdc.gov\)](#); [Anxiety and depression symptoms vary by age and race - Axios](#)). For example, the patients served at Boston Medical Center are predominantly low-income, with approximately half of the patients' care is covered by Medicaid or the Children's Health Insurance Program (CHIP) – the highest percentage of any acute care hospital in Massachusetts. 70% of the patients identify as Black or Latinx, approximately one in three (32%) speak a language other than English as their primary language, and over half live at or below the federal poverty level ([Durham.pdf \(senate.gov\)](#)).

Although Mental Health events and conditions occur more frequently in White Americans, Black and African Americans (B/AA) in America has and continues to be characterized by trauma that exceeds their White Counterparts. Access to Mental Health and Substance Use Disorder Treatment along with the lack of respective and tailored resources also served as challenges ([Black and African American Communities and Mental Health | Mental Health America \(mhanational.org\)](#)).

During my tenure at the DC Central Detention Facility doing MH/ SUD Assessment Intakes for citizens recently arrested and charged; I witnessed MH/SUD documentation history was readily available and easy to track for Whites but not for Blacks and African Americans, Latino, Hispanic and Sudanese populations. This was important because not only did it determine the course of MH/SUD Treatment during detention, it also determined DC Central Detention Facility Housing (Cell Block assignment) where Correction Officers had MH/SUD training, or placement on Cell Blocks and Tiers that included Community Based Recovery Programs. This created a more viable community transition process ([The Transition from Jail to Community \(TJC\) Initiative | Urban Institute](#)) for individuals with MH/SUD documentation history.

This lack of diagnosed MH/SUD tx and access to MH SUD tx ([African Americans Often Face Challenges Accessing Substance Use Treatment | The Pew Charitable Trusts \(pewtrusts.org\)](#)) is further exacerbated by inability to afford bail and legal representation. One of the few Intake exceptions were BIPOC citizens diagnosed with Severe Mental Illness or Severe Pervasive Mental Illness ([Defining Severe and Persistent Mental Illness—A Pragmatic Utility Concept Analysis \(nih.gov\)](#)) because they usually known for frequent interactions with DC Police.

My tenure at Mental Health Community Organizations (Judicial contracts with DOJ) is to provide MH/SUD treatment services to parole and probation citizens (individual and group psychotherapy sessions). Many of these citizens indicate incarceration was their first mental health assistance encounter. I heard comments such as "this was my first time to slow down and think"-or "once I listened I knew" It's important to note although people of color are more likely to be involved in the criminal justice system, there is evidence that they are less likely to be identified as having a mental health diagnosis or substance use disorder ([Racial Disparities in Mental Health and Criminal Justice | NAMI: National Alliance on Mental Illness](#)). There is also evidence that prosecutors are more likely to grant Pre Trial diversion to White defendants ([Racial Disparities in Pretrial Diversion: An Analysis of Outcomes Among Men Charged With Felonies and Processed in State Courts - Traci Schlesinger, 2013 \(sagepub.com\)](#)).

Solution Focused Strategies for Supporting 9-8-8

Reduces the Burden on Family Members

- Parents are facing unprecedented youth mental health challenges ([Surgeon General Issues Advisory on Youth Mental Health | Healthiest Communities Health News | US News](#)). Parents are being sent home with their children to monitor (comparable to 72-hour Psych hold).
- Post incarceration, the Mental Health effects of being imprisoned quite often are unrecognized ([The Mental Health Effects of Being in Prison \(verywellmind.com\)](#)) and returning citizens experience debilitating mental health events and often cope or suffer in silence. This poses challenges for respective family members.

Reduces the Burden on Hospital Emergency Departments

- Currently, many hospitals have restricted visitors to reduce the risk of spread of COVID (<https://mhanational.org/what-will-happen-if-i-go-er-emergency-mental-health-treatment-during-covid>) and often requires a "Sitter" to assure personal safety ([Emergency Departments a Frayed Safety Net for Behavioral, Mental Health | Healthiest Communities Health News | US News](#)). Hospital Emergency Departments also face the challenges such as lack of bed space and inability to refer patients to MH/SUD treatment centers due to lack of bed space as well.

Reduces the Burden and also assists Probation and Parole Officers

- If a parolee is arrested and charged, the Probation or Parole is notified accordingly, and additional sanctions are likely to occur. If there is a 9-8-8 option, undiagnosed Maryland citizens and residents would be referred accordingly to Mental Health and Substance Use Disorder treatment. This would assist Probation or Parole Officers This would strengthen the Probation and Parole Framework ([Comprehensive Policies Can Improve Probation and Parole | The Pew Charitable Trusts \(pewtrusts.org\); What Is Mental Health Probation? | NAMI: National Alliance on Mental Illness](#)).

Reduces the Burden on Maryland Police Officers and Maryland 2-1-1 Crisis Line

- The Maryland Emergency website states- "**The Maryland Suicide Prevention Program is not a crisis or emergency care center. If you or someone you know is in crisis, contact Maryland's crisis hotline by calling 2-1-1 and pressing option 1 or texting 898-211. In the case of a life-threatening emergency, call 911.**" This places the responsibility on the Police ([Pages - Maryland Suicide Prevention Program](#)).
- Mental Health Police Training is vital. Maryland offered Mental Health Training to First Responders ([Maryland Department of Health Maryland Department of Health launches virtual mental health first aid training for first responders](#)) -and this was a really important and supportive step. Mental Health Police Training Initiative should certainly be assistive ([Effectiveness of Police Crisis Intervention Training Programs | Journal of the American Academy of Psychiatry and the Law \(jaapl.org\)](#)). Police Mental Health and Well Being is very critical ([Law Enforcement Mental Health and Wellness \(LEMHWA\) Program Resources | COPS OFFICE \(usdoj.gov\)](#)). These initiatives should be aligned with 9-8-8.

Andrea King is the Principal of The Kingley Group. Send questions or comments to aking@thekingleygroup.com.

SB241 - Johns Hopkins - Support.pdf

Uploaded by: Annie Coble

Position: FAV

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 8, 2022

Johns Hopkins University and Medicine is pleased to **support SB 241** Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number for the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

The need for expanded crisis services support is demonstrated by the volume of people brought to hospital emergency departments under emergency petition. Approximately 60% of people brought to a hospital ED are discharged. They do not need inpatient care, but they are in crisis and need assistance. Expanded crisis services like 988 can help address this need

Johns Hopkins Medicine provides behavioral health crisis services to Marylanders throughout the State. Services are provided through our emergency departments and communities services. Seventeen hospitals, along with three local behavioral authorities and community organizations across Baltimore City, Baltimore County, Carroll County and Howard County were awarded a grant as a part of the Greater Baltimore Regional Integrated Crisis System (GBRICS). GBRICS aims to address behavioral health crises through a robust crisis hotline and referral system and increased access to mobile crisis services, which helps to serve individuals in the community instead of through the criminal justice system or hospital emergency departments. 988 is a vital tool for achieving the goals of GBRICS.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **Johns Hopkins urges the Senate Finance Committee to pass SB 241.**

SB 241_PJC_Favorable.pdf

Uploaded by: Ashley Black

Position: FAV



Ashley Black, Staff Attorney
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SB 241
Behavioral Health Crisis Response Services – 9-8-8 Trust Fund
Hearing of The Senate Finance Committee
February 8, 2022
1:00 PM

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. **PJC strongly supports SB 241**, which designates 988 as Maryland’s suicide prevention and behavioral health crisis hotline and establishes a steady funding source for existing behavioral health crisis call centers throughout the State.

The COVID-19 pandemic and resulting isolation and job loss has created an increased need for on-demand behavioral health crisis services for children and adults in Maryland and a nationwide increase in calls to crisis hotlines. Although mental illness impact all races, ethnicities and other identities, research supports that people of color and individuals identifying as LGBTQ are disproportionately impacted.¹ Similarly, substance use disorder (SUD) is increasing among low-income individuals, with 4.6 million Medicaid beneficiaries across the country (approximately 8% of the total Medicaid population) in SUD treatment.² **Now more than ever, Marylanders need an effective access point to crisis services.**

In 2020, Congress passed legislation to designate 988 as the official phone number for the National Suicide Prevention Lifeline. By converting the existing ten-digit Lifeline number to an easy to remember three-digit

¹ Though 21% of all adults in the United States experience a 12 month prevalence of any mental illness, Black (17%), Asian (14%), Hispanic (18%), Native Hawaiian or other Pacific Islanders (17%) and American Native or Alaska Native (19%) adults experience a 12 month prevalence of any mental illness compared to white adults (21%). 44% of lesbian, gay and bisexual adults experience a 12 month prevalence of any mental illness. NAMI, *You Are Not Alone Statistics* (2020), https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_YouAreNotAlone_2020_FINAL.pdf.

² U.S. Department of Health & Human Services, *Report to Congress: T-MSIS Substance Use Disorder Data Book – Treatment of SUD in Medicaid 2018* (2021), <https://www.medicaid.gov/medicaid/data-systems/downloads/2018-sud-data-book.pdf>.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

number, individuals in crisis will have an easy-to-remember and much needed pathway to local crisis services. SB 241 would ensure that when 988 goes live in July 2022, Maryland's eight local crisis call centers will have the resources to handle the anticipated increase in calls for crisis services. If passed, SB 241 would enhance the growth of behavioral health crisis responses services in Maryland including mobile crisis team services and crisis stabilization centers. **Increasing the availability of these services would help children and adults receive the care they need in the community and avoid unnecessary hospitalization.**

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 241**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

Testimony BIAMD 241 support (1).pdf

Uploaded by: Catherine Mello

Position: FAV



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Senator Dolores Kelley, Chair
Senator Brian Feldman, Vice Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: Support-SB0241 Behavioral Health Crisis Response Services-9-8-8 Trust Fund

Dear Senator Kelley, Senator Feldman, and Members of the Senate Finance Committee:

I am writing on behalf of the Brain Injury Association of Maryland in support of SB0241. For the last 39 years, BIAMD has been the only statewide non-profit organization dedicated solely to providing free information and resource assistance to the brain injury community. Through its Toll-Free Brain injury Connection Center (1.800.221.6443), its website (www.biamd.org), and its social media presence, BIAMD has sought to educate, enlighten, and support the estimated 120,000 Maryland families currently living with the devastating effects of brain injury and the caregivers and professionals who support them. BIAMD regularly responds to over 300 phone calls a month from individuals living with brain injury, family members, and professionals seeking information and assistance. Brain injury can have lasting cognitive, physical, and emotional problems that increase the likelihood that a person living with a brain injury will need crisis services during their lifetime. Adequately resourcing crisis services providers and call centers with both financial and training resources will allow them to effectively assist Marylanders living with brain injury when they experience a behavioral health crisis.

The frontal lobe, which controls executive functions, decision making, impulse control and judgement, is the area that is most likely to be injured due to its location and structure of the skull. A history of brain injury increases the likelihood of a person developing mental health and substance use disorders. The combination of stressors, physical and psychological issues and impaired decision-making abilities increase the risk of attempting and completing suicide for Marylanders living with a brain injury. With these considerations we strongly recommend as part of the implementation of a fully funded behavioral health crisis system, that staff providing these services are trained to identify signs and symptoms of brain injuries and some simple, effective strategies to assist individuals living with a brain injury during a crisis.

We have heard stories from families, especially in rural communities, expressing frustration with the lack of support and coordinated follow when their loved one experienced a behavioral health crisis. Individuals ended up being taken to the emergency room and then being quickly released with little or no treatment or planning for follow up care. Families reported that they felt like they were just waiting for the next crisis and there was not enough coordinated support available in their communities to help them get out of this crisis to crisis cycle.

The Brain Injury Association of Maryland supports the creation of the 9-8-8 Trust fund to strengthen the crisis communication centers and local resources in alignment with state and federal priorities. We are willing to partner as a resource for crisis service providers and those seeking assistance to help individuals living with a brain injury and experiencing a behavioral health crisis get timely and appropriate access to care.

Thank you for your consideration of our position.

Sincerely,
Catherine Rinehart Mello
Brain Injury Association of Maryland
443-364-9856

MC Federation Testimony in Support of SB 241 Febru

Uploaded by: Celia Serkin

Position: FAV



Montgomery County Federation of Families for Children's Mental Health, Inc.
13321 New Hampshire Avenue, Terrace B
Silver Spring, MD 20904
301-879-5200 (phone) 301-879-0012 (fax)
www.mcfof.org (website)

FAVORABLE

**Senate Finance Committee
TESTIMONY IN SUPPORT**

**SB 241 Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
Submitted by
the Montgomery County Federation of Families for Children's Mental Health, Inc.**

February 8, 2022

Senator Delores G. Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Dear Chairwoman Kelley and Respected Members of the Finance Committee:

The Montgomery County Federation of Families for Children's Mental Health, Inc. is a family support organization that provides family peer support, family navigation services, education, information advocacy to help parents and other primary caregivers who have children, youth, and young adults with behavioral health needs (mental health, substance use, and co-occurring challenges). The staff are trained and skilled family members who have raised children with behavioral health needs and therefore understand the difficulties faced by and the complex needs of the families they are serving.

The Montgomery County Federation of Families for Children's Mental Health, Inc. is pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live. Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Many parents whose children were experiencing behavioral health emergencies had to stay hours in hospital emergency rooms, resulting in delays in care. Young adults suffering from a behavioral health emergency, especially those of color or belonging to marginalized groups, have been subjected to the inappropriate use of force, which often led to an arrest.

988 will reduce suicides and mental health crises and serve as an alternative to calling 911 or going to the hospital emergency room and as a deterrent to having law enforcement involvement. Those experiencing behavioral health emergencies will have immediate access to effective suicide prevention, crisis services, and behavioral healthcare. They will receive responsive, appropriate, and compassionate services. They will be connected to call center counselors who are based locally and trained in crisis response, suicide prevention, and de-escalation. These counselors are able to provide a range of support to resolve a situation over the phone.

Sustainable funding is needed to implement 988 successfully. The Montgomery County Federation of Families for Children's Mental Health, Inc. is pleased that the bill establishes the 9–8–8 Trust Fund as a special, nonlapsing fund and requires interest earnings of the Fund to be credited to the Fund. The Fund will provide reimbursement for costs associated with:

- Designating and maintaining 9–8–8 as the universal telephone number for a National Suicide Prevention and Mental Health Crisis Hotline in accordance with the Federal National Suicide Hotline Designation Act of 2020; and
- Developing and implementing a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State, including:
 - Crisis Call Centers;
 - Mobile Crisis Team Services;
 - Crisis Stabilization Centers; and
 - Other acute behavioral health care services.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **The Montgomery County Federation of Families for Children's Mental Health, Inc. urges the Senate Finance Committee to pass SB 241.**

Respectfully Submitted,



Celia Serkin
Executive Director

SB0241 988 Trust Fund.pdf

Uploaded by: Dan Martin

Position: FAV

Senate Bill 241 Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Finance Committee

February 8, 2022

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 and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 241. **This bill is a priority for the Maryland Behavioral Health Coalition.**

SB 241 establishes a fund to cover costs associated with designating and maintaining 9-8-8 as the universal telephone number for suicide prevention and behavioral health crisis response. This includes the costs related to developing and implementing a statewide continuum of behavioral health crisis response services.

Challenges in accessing quality mental health and substance use disorder services in the community results far too often in Marylanders calling police or going to hospital emergency departments when experiencing a behavioral health crisis. However, these options are rarely, if ever, the most appropriate or effective way of deescalating a crisis.

Behavioral health crisis response services, on the other hand, are developed and designed specifically to address the unique needs of individuals experiencing a mental health or substance use emergency. They provide services and supports necessary to stabilize the immediate crisis and linkages to community resources that can help maintain that stability. Unfortunately, many Marylanders don't know how best to access our crisis response network.

But that may soon change. 9-8-8 is the new easy-to-remember federally designated phone number for suicide prevention and crisis response. The number will go live in July, at which time all phone companies will route 9-8-8 calls to local crisis call centers.

Maryland has eight existing call centers. These resources provide free, confidential, 24/7 support and referrals to care for Marylanders in crisis. When 9-8-8 is active, and public awareness about the new number grows, there will likely be a significant increase in call volume. We must ensure our call centers have everything they need to effectively handle this influx of new calls.

For these reasons, MHAMD and the Maryland Behavioral Health Coalition support SB 241 and urge a favorable report.

For more information, please contact Dan Martin at (410) 978-8865

SB 241_BH Crisis Services - 988 Trust Fund - BHSB_

Uploaded by: Dan Rabbitt

Position: FAV



February 8, 2022

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 241 - Behavioral Health Crisis Response Services — 9-8-8 Trust Fund

Behavioral Health System Baltimore (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 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore strongly supports SB 241, Behavioral Health Crisis Response Services — 9-8-8 Trust Fund. This bill will integrate the new national 9-8-8 suicide prevention and behavioral health crisis hotline into Maryland’s behavioral health crisis response system. By establishing the 9-8-8 Trust Fund and directing the state to coordinate with the federal government in promoting 9-8-8, this critical legislation will ensure Maryland is prepared when 9-8-8 launches in July 2022.

The National Suicide Prevention Lifeline, and the local crisis call centers that make up its network, have been providing free, confidential, 24/7 supportive counseling and connection to community services for over twenty years. There are eight Maryland call centers in the Lifeline network, one of which is in Baltimore City. When 9-8-8 launches in July, callers will be linked to one of these local call centers. These community organizations provide essential services that are proven effective in preventing suicide and resolving other behavioral health crises by phone, text, and chat. They also connect callers to other crisis response interventions like mobile response teams and community-based outpatient services.

Congress took an important step in strengthening this network when it passed the National Suicide Hotline Designation Act of 2020. **This law designated a new, more easily remembered three-digit number for behavioral health and suicidal crises: 9-8-8.** This new number is a great step forward in helping people more easily access the support they need during a crisis, but it is only the first step. States must now act to prepare and properly fund the system.

If Maryland fails to prepare for the 9-8-8, residents struggling with mental health and substance use needs will continue to fall through the cracks. Every year, hundreds of thousands of Marylanders call 911 and/or go to hospital emergency rooms seeking care during a behavioral health or suicidal crisis. Baltimore City’s 911 call center receives over 13,000 behavioral health calls a year. Calm support, stability, and de-escalation are needed to resolve acute emotional distress and traditional law enforcement and emergency medical services are not designed for this. Individuals routinely wait many hours or days while hospitals triage life-threatening medical emergencies. Law enforcement can escalate the situation or lead to the arrest of the individual in crisis. This is not an effective use of our community resources and does not help individuals in crisis to resolve their distress.

Inadequate behavioral health crisis system capacity can have deadly consequences. Deaths from suicide have risen steadily over decades, with alarming trends showing a doubling of suicide deaths among

Black Maryland residents in the years leading up to the COVID-19 pandemic. Overdose deaths have skyrocketed, increasing four-fold over the last decade to almost three thousand deaths per year. The COVID-19 pandemic has only made the mental health needs of Marylanders more urgent. In Baltimore, we have seen a double of the calls to our Here2Help crisis call center and similar trends are seen across the state. Maryland communities have all been affected by the trauma, uncertainty, and isolation wrought by the pandemic, and this has hit young people especially hard. Anxiety, depression, and problematic behavior are more common than ever, while suicide remains the second leading cause of death for young people aged 15-24.

Addressing these current needs requires additional capacity and call volume is only going to grow with the launch of 9-8-8. Call centers received limited federal and state funding to support their participation in the Lifeline network. Many operate on shoestring budgets and may even rely on volunteers. The national push to promote 9-8-8 when it launches in July will drive more call volume than the system can handle without investment. A SAMHSA-funded analysis estimated Maryland needed \$10-17 million to support call center operations alone.

As a funder of behavioral health crisis services in Baltimore City, BHSB provides approximately \$1.8 million to support its 24/7 crisis call center, however this is not nearly enough. We have calls to the city crisis call center double since April 2020, when the COVID pandemic hit. This bill allocates \$10 million to the 9-8-8 Trust Fund, allowing the Behavioral Administration to use Trust Fund dollars to invest in 9-8-8 call centers as a system, addressing gaps in staff capacity, infrastructure, and other operational needs. The Trust Fund can accept resources from a variety of sources and will serve as a safe harbor for those resources to support the 9-8-8 network over time. The structure mirrors the 9-1-1 Trust Fund that has served that system so well and will ensure that 9-8-8 can be properly implemented in Maryland.

The launch of 9-8-8 is a once in a generation opportunity to strengthen our behavioral health system and reimagine how we respond to those experiencing a behavioral health crisis. The state must not let this opportunity pass by unrealized. **BHSB urges the Senate Finance Committee to pass SB 241 and establish the Maryland 9-8-8 Trust Fund.**

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

SB0241_FAV_MedChi, MDACEP, MACHC, MDAAP, MdCSWC_BH

Uploaded by: Danna Kauffman

Position: FAV



The Maryland State Medical Society

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Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS



MID-ATLANTIC ASSOCIATION OF
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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone

DATE: February 8, 2022

RE: **SUPPORT** – Senate Bill 241 – *Behavioral Health Crisis Response Services – 9-8-8 Trust Fund*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, the Mid-Atlantic Association of Community Health Centers, the Maryland Chapter of the American Academy of Pediatrics, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for Senate Bill 241. This bill establishes the 9-8-8 Trust Fund for the purpose of providing reimbursement for costs associated with: (1) designating and maintaining 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline; and (2) developing and implementing a Statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State.

In 2020, Congress passed, and the President signed into law the National Suicide Designation Act of 2020, which establishes 9-8-8 as a universal number for mental health crises and suicide prevention. In July 2022, 9-8-8 will go live. Beginning then, all phone companies will route 9-8-8 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to individuals calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live. The need for 9-8-8 and the access to a continuum of crisis services is greater than ever, especially in the wake of the COVID-19 pandemic. According to the Centers for Disease Control and Prevention, suicide has become a leading cause of death in the United States, with the rate the highest in ages 10-34 years old. Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

The above organizations recognize that these efforts will need to span multi-years and that Senate Bill 241 is the first step. We urge a favorable report.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone
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SB 241 - Support Testimony.pdf

Uploaded by: Deborah Rivkin

Position: FAV

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SB 241-Behavioral Health Crisis Response Services—9-8-8 Trust Fund

Position: Support

Thank you for the opportunity to provide written comments in support of Senate Bill 241. This bill:

- Designates 988 as the primary phone number for the State’s behavioral health crisis hotline;
- Establishes a state fund to invest in crisis response services; and
- Establishes an initial \$10 million funding source for FY 2024 to support existing behavioral health crisis call centers in Maryland in carrying out crisis response services.

The Federal National Suicide Hotline Designation Act of 2020 designated 988 as the new phone number for the National Suicide Prevention Lifeline, which is expected to greatly increase the number of calls for help. Beginning in July 2022, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The Lifeline network is comprised of 170 independently operated, independently funded local, regional, and state-level call centers. These centers provide crisis intervention services and crisis care coordination to individuals accessing suicide prevention and behavioral health services from any jurisdiction within the State 24 hours a day, 7 days a week. Currently there are eight Lifeline-affiliated centers in Maryland that provide free, confidential emotional support to people calling for help, and have the expertise and relationships to local resources to efficiently link callers in crisis with the care they need.

As part of its mission, CareFirst is committed to driving transformation of the healthcare experience with and for our members and communities. We believe ensuring equitable access to quality, affordable behavioral health services is essential to advancing holistic care and improving health outcomes. In the absence of a robust, coordinated crisis response network, Marylanders are forced to rely on hospital emergency rooms and law enforcement to provide mental health and substance use crisis response services even though these are not the best settings for care. HB 293 will enhance access to Maryland’s crisis response system by creating an easily accessible, interstate, telephonic resource for Marylanders in need of crisis services. The bill will also provide funding to the centers in Maryland’s Lifeline network to accommodate the increase in utilization of behavioral health care services expected to result from the state’s adoption of 988.

CareFirst strongly supports the policy goals advanced by House Senate Bill 241. We look forward to continued partnerships with legislators, the Maryland Health Department, mental health providers, public health groups, and other stakeholders to employ targeted strategies to improve the mental health and wellbeing of our members, provider partners, employees, and communities.

We urge a favorable report.

About CareFirst BlueCross BlueShield

In its 84th year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit healthcare company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products

and administrative services to 3.4 million individuals and employers in Maryland, the District of Columbia, and Northern Virginia. In 2019, CareFirst invested \$43 million to improve overall health, and increase the accessibility, affordability, safety, and quality of healthcare throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).

2022-SB241-FAV-OOOMD.pdf

Uploaded by: Denise Camp

Position: FAV



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ORAL TESTIMONY IN SUPPORT OF

SB 241 - Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
Finance Committee - Senate - February 8, 2022

Thank you Chair Kelly, Vice Chair Feldman, and committee members for the time, work, and care that you have put into improving the quality and accessibility of healthcare services for Marylanders of all ages.

My name is Denise Camp, I am a person who lives with a behavioral health issue, and I am here today representing On Our Own of Maryland, a statewide behavioral health (BH) peer education and advocacy organization. Our network of 20+ affiliated peer-run Wellness & Recovery Centers located throughout the state offer voluntary recovery support services, free of charge, to community members with BH challenges. **We strongly support Senate Bill 241, which provides necessary funding to make 988 the more effective, less traumatizing alternative to dialing 911 for behavioral health crises.**

Crisis response is a crucial part of behavioral healthcare, especially now, when so many people are experiencing new or worsening mental health symptoms. Our system needs the proper resources and infrastructure to ensure the right crisis response services are deployed in a timely and trauma-informed manner. This bill will ensure 988-answering call centers and related services have the staff, training, technology, and resources to quickly connect people in crisis with the right type and level of care: de-escalation, connection to walk-in services, mobile crisis response teams, or emergency support. When crisis calls are not appropriately understood and triaged, the response to a crisis can have the opposite of the intended effect.

Please let me share a story of a person in our network who, on two occasions, had behavioral health crises that ended in trauma, hospitalizations, and unexpected expenses that could have been avoided if 988 had been an option.

In the first incident, the person knew they were not well, and so took themselves to the Emergency Room. There, they were forcibly medicated, lost personal possessions, missed days of work from being hospitalized, and incurred medical bills totalling more than \$2,000. If calling 988 had been an option, the person could have spoken to trained staff with the ability to help them find timely outpatient services, or deploy a mobile response team for onsite support.

In the second incident, the person was in a public setting. Their loud speaking indicated to bystanders that they were not well, but they were not a danger to themselves or others - there was no aggressive behavior or weapon. The receptionist at the location called 911. When the police arrived, they handcuffed the individual, threw them to the ground, and put them on a stretcher to go to the hospital. It was a frightening and humiliating experience that again resulted in forced treatment, medical bills, and expenditures of unnecessary resources for the situation.

And, though it wasn't true in this case, people often do not get connection to community-based recovery services. If 988 had been available as an option, the response would have been a Mobile Response Team of trained clinicians and peers, or perhaps Crisis Intervention Team police officers who had specialized training in behavioral health crisis de-escalation. Either of these teams could have helped the person access treatment voluntarily, or in a less traumatizing way.

Crisis response is a safety net for people who are in a debilitating state of mind. Unfortunately, because our current system too often defaults to police as the first responders, many people who have been through a crisis (or known someone who has) have seen too much evidence that they will not be respected, supported, or safe if they reach out for help through 911. People are suffering in fear instead of seeking the crisis response services they need and deserve.

On Our Own of Maryland strongly urges you to support SB 241's critical investment in our crisis response system, to make sure all Marylanders receive quality, effective, respectful, and real-time support when seeking help in their most vulnerable and difficult times. Thank you.

SB 241-988 Trust Fund_AFSP-Kaplan_Favorable.pdf

Uploaded by: Dorothy Kaplan

Position: FAV



RE: FAVORABLE on SB 241
Behavioral Health Crisis Response Services-988 Trust Fund
February 2, 2022

Dorothy A. Kaplan, Ph.D.
Board of Directors, American Foundation for Suicide Prevention Maryland Chapter (AFSP-MD)
Address: 10216 Garden Way, Potomac MD 20854
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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 a key 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 two-thirds 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 to Lifeline will further increase (Vibrant Emotional Health, 2021).

While the Lifeline is a national program, federal funding focuses on 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 resolute, non-lapsing fund for 988 will protect monies in the fund from diversion 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 thirteen 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 and thanks you for your support of suicide prevention.

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SB241_MCHI_FAV.docx.pdf

Uploaded by: Emily Camizzi

Position: FAV



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TESTIMONY IN SUPPORT OF SENATE BILL 241

Behavioral Health Crisis Response Services 9-8-8 Fund

Before the Senate Finance Committee

By Emily Camizzi, Advocacy Fellow, Maryland Citizens' Health Initiative, Inc.

February 8, 2022

Chair Kelley and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 241. We especially thank Senator Augustine for being the lead sponsor for the bill.

Thanks to federal action, starting in July, 2022 the phone number 988 will become the national Suicide Prevention and Mental Health Crisis Hotline. It is critical that Maryland's eight local call centers have the resources they need to provide free, confidential emotional support to Marylanders in crisis, and that Maryland invest in the continuum of behavioral health crisis response services. Without a robust system of behavioral health crisis services, those in distress often go to hospital emergency rooms. Investing in mobile crisis teams, crisis stabilization services, and other acute behavioral health services will help Marylanders in crisis avoid chaotic visits¹ to overtaxed emergency rooms, especially in light of the COVID-19 pandemic. Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support behavioral health crisis services. Thanks to your leadership, Maryland has one of the top five health care systems in the entire nation, and SB 241 will help us continue to lead. We urge a favorable report for SB 241.

¹ <https://www.baltimoresun.com/health/bs-hs-emergency-behavioral-health-care-20180125-story.html>

SB 241- Behavioral Health Crisis Response Services

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

February 8, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 241- Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 241. In 2020, Congress passed legislation designating 988 as the new telephone number for the National Suicide Prevention Lifeline. This legislation was largely in response to an increase of suicide attempts and suicide deaths in the United States.¹ In 2019, suicide was the 10th leading cause of death in the country.² That year, 47,511 deaths occurred because of suicide, and there were 1.3 million suicide attempts, according to the American Foundation for Suicide Prevention. These statistics and other factors prompted behavioral health stakeholders in Maryland and the U.S. to advance legislation to reduce suicide deaths and overall behavioral health harm.

Senate Bill 241 designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline. In addition, the legislation establishes a dedicated fund to support existing behavioral health crisis call centers. Once enacted, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help.

The 9-8-8 Trust Fund establishes a state fund to invest in 24/7 call centers, related crisis response services, and mobile crisis teams. Currently, hospital emergency departments are often the only available provider for a person experiencing a behavioral health crisis. Establishing a dedicated fund to ensure community providers of crisis services are properly resourced will allow the full spectrum of crisis services to flourish and help ensure patients can access the level of care appropriate for their condition.

For these reasons we urge a favorable report of SB 241.

For more information, please contact:

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¹ American Foundation for Suicide Prevention. (2021, September 9). *Suicide Statistics*. American Foundation for Suicide Prevention. Retrieved January 27, 2022, from <https://afsp.org/suicide-statistics/>

² American Foundation for Suicide Prevention. (2021, September 9). *Suicide Statistics*. American Foundation for Suicide Prevention. Retrieved January 27, 2022, from <https://afsp.org/suicide-statistics/>

Final Senate CASE_BH Crisis Response Services-988

Uploaded by: Hailey D'Elia

Position: FAV



February 8, 2022

**Finance Committee
TESTIMONY IN SUPPORT**

SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

Since 1998, the Center for Adoption Support and Education (C.A.S.E) has created awareness of the deep need for adoption competency in mental health services and has grown to become the national leader providing mental health and child welfare professionals with training and coaching to become adoption competent. Our programs help professionals gain the skills, insight, and experience necessary to serve the needs of the adoption and foster care communities. We have been at the forefront of efforts to identify foster and adopted children and families as a population most at-risk for a mental health crisis and have sought to improve the competency of the workforce through specialized training. Our efforts stem from over a decade experience with specialized adoption-competent mental health services to over 7000 clinical clients and on average over 6800 sessions annually.

The Center for Adoption Support and Education (C.A.S.E.) is pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

At C.A.S.E. we recognize the mental health crisis occurring right now in our country and impacting residents in Maryland. We strongly support efforts to provide adequate mental health crisis care. COVID-19 brought a devastating impact on children that came into this pandemic with a history of trauma, loss and grief exacerbated by fear of the pandemic itself, more loss and the reality of isolation from peers, teachers, extended family and other significant supports in their lives. The needs of the foster and adoptive community like others, has risen with youth and families in crisis. We believe this bill has the capacity to assist the vulnerable children, youth, and families in Maryland providing a “safety net “ to turn to when lives are at risk.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **The Center for Adoption Support and Education (C.A.S.E.) urges the Finance Committee to pass SB 241.**

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

MCF_Fav_SB 241.pdf

Uploaded by: Haley Rizkallah

Position: FAV



SB 241 – Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Committee: Finance

Date: February 8, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF strongly supports SB 241.

The bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number of the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Maryland must designate 988 as the phone number for Maryland’s suicide prevention and behavioral health crisis hotline. Currently, far too many calls are going to law enforcement when families in crisis dial 911. The presence of law enforcement typically is not necessary, and can make the situation worse. It also takes away the valuable time of law enforcement officers.

In October 2021, MCF surveyed families of children under the age of 21 who had used crisis services for their child experiencing a behavioral health crisis. 173 parents/caregivers responded to the survey. The number one response of families with a child in crisis was to call 911. Sixty-three percent of the families surveyed called 911 when they felt in crisis. They did not call the hotline. They did not call a mobile crisis team. They called 911. In almost all of these cases the involvement of law enforcement was not necessary. In fact, a number of families noted that the presence of law enforcement made the situation

worse. Yet families are told by their child's therapists, psychiatrists, and other providers of services, "in the event of an emergency, dial 911."

As Maryland designates 988 as the behavioral health crisis hotline, the change will need to be accompanied by a major public relations campaign to encourage people to dial 988 in the event of a behavioral health crisis. Many families, who previously would have called 911, will be directed to dial 988. The volume of calls received by the call centers will dramatically increase, requiring additional funds.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers.

We urge a favorable report on SB 241.

Contact: Ann Geddes
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SB 241 to Finance Support 988 Emergency.pdf

Uploaded by: Henry Bogdan

Position: FAV

February 8, 2022

Testimony on Senate Bill 241
Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
Senate Finance Committee

Position: Favorable

Maryland Nonprofits is a statewide association of more than 1300 nonprofit organizations and institutions. As a member of the Behavioral Health Coalition we urge you to support Senate Bill 241 to designate **988** to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establish a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers.

We urge you to give Senate Bill 241 a **favorable report**.

SB241 - Behavioral Health Crisis Response - 988 Tr

Uploaded by: Jane Redicker

Position: FAV



OUR MISSION:

Working to enhance the economic prosperity of greater Silver Spring through robust promotion of our member businesses and unrelenting advocacy on their behalf.

SB241 – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund

Finance Committee

February 8, 2022

FAVORABLE

On behalf of the Greater Silver Spring Chamber of Commerce, representing 400 member organizations, including very small businesses with fewer than ten employees and several nonprofits, in the greater Silver Spring area of Montgomery County, I write to express our support for SB241 – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund.

In recent years, Silver Spring has seen an increasing number of individuals experiencing mental health crises, most especially individuals who are also experiencing homelessness. Businesses and residents currently have to determine which of three or four different phone numbers to call in order to help these individuals. Having a single number to call that can connect these individuals with services is something both residents and businesses have been asking for.

This why we support this legislation that would designate and maintain 988 as the universal phone number for both a national suicide prevention AND mental health crisis hotline, in accordance with the Federal National Suicide Hotline Designation Act of 2020.

In addition, we agree that it will be critical to develop and implement a coordination and delivery of a continuum of behavioral health crisis response services – crisis call centers; mobile crisis team services; crisis stabilization centers; and other acute behavioral health care services.

While this is only the beginning of everything that is needed to truly provide those experiencing mental health crises the help they need, it is an important first step.

For these reasons, the Greater Silver Spring Chamber of Commerce respectfully requests a **FAVORABLE committee report on SB241.**

Jane Redicker

President & CEO

Greater Silver Spring Chamber of Commerce

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www.gsscc.org

SB 241_HorizonFoundation_fav.pdf

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Position: FAV



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February 8, 2022

COMMITTEE: Senate Finance Committee

BILL: SB 241 – Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

POSITION: Support

The Horizon Foundation is Howard County’s community health foundation and the largest independent health philanthropy in the state of Maryland. We lead community change so everyone in Howard County can live a longer, better life.

The Foundation strongly supports SB 241—Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number for the National Suicide Prevention Lifeline. In July 2022, 988 will go live, and all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Significant gaps remain in making emergency crisis services for people with mental health needs more accessible. In Howard County, we continue to see stark racial disparities in mental health, especially among Black and Latino residents. In 2014-2016, suicide was the leading cause of death for youth ages 15-19 in Howard County.ⁱ Among these youth, young Latina women are most at risk of depression and planning a suicide. Nearly 50% of Latina high schoolers and 42% of multiracial female high school schoolers said they felt sad and hopeless in comparison to 23% of White students and 26% of Black students.ⁱⁱ Among adults, Black residents are most likely to say they have been “bothered” by “feeling down, depressed or hopeless” and by “having little interest or pleasure in doing things”, which are two indicators of risk for depression.ⁱⁱⁱ These rates are startling and reflect larger systemic issues and the need for expanded mental health and behavioral health crisis services, like 9-8-8.

While many gaps in our mental health and behavioral health crisis systems exist, Maryland has a unique opportunity to align with national efforts to improve crisis care. Establishing this number and ensuring adequate sustainable funding to support local crisis call centers is critical to meeting the needs of our community members and saving lives.

The Horizon Foundation urges the Senate Finance Committee to pass SB 241.

-
- i. Howard County Health Department. (2018). Suicide Prevention, Howard County Youth. Retrieved from <https://www.howardcountymd.gov/LinkClick.aspx?fileticket=6nrdbJIH7JI%3d&tabid=1390&portalid=0>
 - ii. Maryland Department of Health, Prevention and Health Promotion Administration. (2016). Maryland Youth Risk Behavior Survey 2016, Maryland High School Survey, p. 14. Retrieved from <https://phpa.health.maryland.gov/ccdpc/Reports/Documents/2016%20YRBS%20YTS%20Reports/2016HowardHS%20Summary%20Tables.pdf>. Note: The original source for these data (Maryland Department of Health's Youth Risk Behavior Survey) breaks data down by the following categories: White, Black, Hispanic/ Latino, All Other Races and Multiple Races. This explains the lack of information on Asians in this segment of the report. We recognize this lack of differentiation is a common problem with public health statistics and underscores the need for more robust practices in disaggregating available data.
 - iii. OpinionWorks. (2018). 2018 Howard County Health Assessment Survey Data Tables. Unpublished data

Baltimore City Directorate - SB 241 FAV - BH Crisi

Uploaded by: Joan Sperlein

Position: FAV



February 8, 2022

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

The Baltimore City Substance Abuse Director (BCSAD) is an advocacy and provider organization comprised of Baltimore City substance use disorder treatment providers representing all levels of care from prevention to residential treatment. Our mission is the promotion of high-quality, best-practice and effective substance use disorders treatment for the citizens of Baltimore City. We are also involved in and support legislation that ensures our citizens get the best possible care through active consideration of legislation as it relates to the health and well-being of our consumer population.

The Baltimore City Substance Abuse Director (BCSAD) is pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

BCSAD providers urge you to ensure that 9-8-8 funding is sustainable. Providing this valuable and potentially lifesaving service with out funding to sustain it will create a situation where it appears we are able to provide crisis services for those in need, but in actuality falls short and creates apathy and distrust for consumers and providers alike.

Maryland has the unique opportunity to algin with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **The Baltimore City Substance Abuse Directorate urges the House Health and Government Operations Committee to pass SB 241.**

Respectfully submitted 01/31/2022
Joan Sperlein, LCPC, CAC-AD
President, Baltimore City Substance Abuse Directorate
2104 Maryland Avenue, Baltimore, MD 21218

Health Care for the Homeless - SB 241 FAV - 988 Fu

Uploaded by: Joanna Diamond

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 241 – Behavioral Health Crisis Response Services—9-8-8 Trust Fund**

**Senate Finance Committee
February 8, 2022**



Health Care for the Homeless supports SB 241, which designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Health Care for the Homeless sees clients with a range of needs, including clients with behavioral health crisis needs. For those clients, it is critical that we have an accessible system in place that providers and clients alike can rely upon to support their needs.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

We believe Maryland must improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. We urge a favorable report.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit www.hchmd.org.

BaltimoreCounty_FAV_SB0241.pdf

Uploaded by: Joel Beller

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

JOEL N. BELLER
Acting Director of Government Affairs

JOSHUA M. GREENBERG
Associate Director of Government Affairs

MIA R. GOGEL
Associate Director of Government Affairs

BILL NO.: SB 241

TITLE: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund

SPONSOR: Senator Augustine

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: February 8, 2022

Baltimore County **SUPPORTS** Senate Bill 241 Behavioral Health Crisis Response Services - 9-8-8 Trust Fund. This legislation would secure a sustainable source of funding for the 9-8-8 program to serve as the call number for a suicide prevention and mental health crisis hotline.

Suicide is a devastating issue impacting communities each day. The isolation and anxiety brought on by Covid-19 pandemic has amplified this already pervasive mental health crisis. Recent upticks in suicides are a wakeup call for us as leaders to enact the improvements needed in our current mental health infrastructure.

Having a sustained source of funding for the 9-8-8 hotline acknowledges the long term need for this vital program. Maintaining 9-8-8 as the primary number for the State's behavioral health crisis hotline provides an accessible resource for those in crisis. This bill would ensure that the department of health is better equipped to handle life threatening mental health crises across the State. Supporting the mental health needs of citizens throughout this pandemic has been a priority of Baltimore County and this legislation will greatly assist this efforts.

Accordingly, Baltimore County requests a **FAVORABLE** on Senate Bill 241. For more information, please contact Joel Beller, Acting Director of Government Affairs at jbeller@baltimorecountymd.gov.

BH Crisis Response Services-988 Trust Fund_FAVORAB

Uploaded by: Johnathan Davis

Position: FAV



February 4, 2022

**Health and Government Operations Committee
TESTIMONY IN SUPPORT**

HB 293 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

Baltimore Crisis Response, Inc. (BCRI) is the city's first comprehensive crisis center providing 24-hour access to hotline services. Since 1992 BCRI has provided mental health and substance use services for individuals regardless of their ability to pay. The mission is to provide timely and effective community based services in the least restrictive environment. All services are initiated through our 24/7 Here 2 Help Hotline, which also operates the Local lifeline.

Johnathan Davis CEO, Baltimore Crisis Response Inc. is pleased to support HB 293 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number for the National Suicide Prevention Lifeline. The 988 line will go live July 2022 and all telephone companies will begin to route call to local call centers that are joined to the lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Since 2007, BCRI has been an active call center and strongly believes in 988's goal to provide free confidential emotional support 24 hours a day across the United states. Baltimore Crisis Response Inc. received 127,632 calls from January 2020 to December 2021 from individuals seeking support. The HB 293 Behavioral Health Crisis Response-9-8-8 Trust bill is vital to maintain a robust and trained workforce that are instrumental to promoting community wellness.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **Johnathan Davis CEO, Baltimore Crisis Response Inc. urges the House Health and Government Operations Committee to pass HB 293.**

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

MDDCSAM FAV 988 Trust Fund SB 241.pdf

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 241 Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
Senate Finance Committee February 8, 2022

SUPPORT

Adequate initial (and ongoing) funding for behavioral health crisis response services is clearly needed to respond to Maryland's growing burden of under-treated mental health & addiction disorders.

The following is based on the 2021 report 'Ready to Respond,' by NASMHPD (National Association of State Mental Health Program Directors) technical assistance, developed in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) (1)

There is increasing recognition that persons with serious mental illness, many of whom also have substance use disorders, **need a complete continuum of services appropriate for complex co-occurring complex conditions.**

Crisis services are a vital part of the continuum of care, especially in view of the rise in suicide rates nationally. According to the CDC, suicide was the second leading cause of death after accidents for individuals age 10 to 34 in 2019 and the fourth leading cause of death for individuals age 35 to 54

Suicide rates between 2007 and 2017 increased 56% among people ages 10 to 24 years. In response, the U.S. Surgeon General issued a report in 2021 outlining a national strategy for suicide prevention.

Many opioid overdose deaths are associated with suicidal thoughts, and others represent actual suicides.

The exploding crisis of opioid overdose deaths represents a need for enhanced crisis services.

There is an urgent need to increase diversion of many or most individuals with mental illness and substance use disorders from the criminal justice system. An adequately funded crisis response system is a prerequisite for achieving this goal.

The **gap between the need for behavioral health services, and the receipt of such services** is well known. This gap can be addressed only with a robust crisis response system, **a component of which is more effective referral to a full range of both treatment and community recovery services.**

Reference (1): Pinals, D. A. (2021). Ready to Respond: Mental Health Beyond Crisis and COVID-19. Technical Assistance Collaborative Paper No. 1. Alexandria, VA: National Association of State Mental Health Program Directors. www.nasmhpd.org/sites/default/files/1_ReadytoRespond_508.pdf

Respectfully, Joseph A. Adams, MD FASAM, chair, Public Policy Committee

MRHA SB241-Behavioral Health_Supportive.pdf

Uploaded by: Kathleen Hays

Position: FAV



Statement of Maryland Rural Health Association

To the Senate Finance Committee

February 4, 2022

Senate Bill 241- Behavioral Health Crisis Response Services- 9-8-8 Trust Fund

Position: Support

Chair Kelly, Vice Chair Feldman and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of SB 24-Behavioral Health Crisis Response Service- 9-8-8 Trust Fund.

MRHA supports all initiatives that improve access to behavioral health treatment and timely crisis intervention. It is our understanding that this bill will align Maryland's efforts with a federal initiative. This is helpful for our members, as most of our rural areas border other states and media markets. Aligning with the federal program will facilitate consistent messaging and build on the important work begun by local call centers.

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 thanks you for your careful consideration of this issue.

Board President, Jennifer Berkman, 443-783-0480

MHAC support SB0241.pdf

Uploaded by: Leslie Frey

Position: FAV



Montgomery County Mental health Advisory Committee

February 8, 2022

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

SB 241

Dear Chair Kelley:

The Montgomery County Mental Health Advisory Committee (MHAC) **is pleased to support SB 0241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund**. This bill designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

MHAC was established to advise the Montgomery County Executive and the County Council on matters concerning mental health. Our work includes providing citizen oversight to all state-funded mental health agencies serving Montgomery County and serving as an advocate for a comprehensive mental health system for persons of all ages. The Committee helps to ensure that publicly-funded mental health services are responsive to local needs, accountable to the citizenry and accessible to those in need. Our work includes closely following State and County legislative proposals relating to mental health. MHAC is comprised of citizen members who serve three-year terms without compensation that includes practicing physicians in the County, mental health professionals in the County who are not physicians and individuals who are currently receiving or have in the past received mental health services as well as agency members that includes the Department of Health and Human Services, Montgomery County Public schools, and the Department of Juvenile Services.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

In the first six months of 2020, there were 15,474 callers from Maryland to the Lifeline. Of those 15,474 callers, 87% were able to receive help in Maryland. Which means that 1,990 callers from Maryland, were unable to be answered by a local center in Maryland.

Behavioral Health and Crisis Services • Child and Adolescent Behavioral Health Services

7300 Calhoun Place, Suite 600 • Rockville, Maryland 20855 • 240-777-1432 • 240-777-4447 FAX

www.montgomerycountymd.gov/hhs

Suicide rates increased 14% in Maryland from 2009 to 2019. Suicide affects all ages. It is the second leading cause of death for people ages 10-34, the fourth leading cause among people ages 35-44, and the fifth leading cause among people ages 45-54. If properly funded, 988 has the potential to save the lives of citizens of Montgomery County.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers.

We strongly urge you support this bill and thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Helga Luest". The signature is written in black ink and is positioned above the typed name and title.

Helga Luest
Chair, Mental Health Advisory Committee

Testimony Behavioral Health Crisis Response Servic

Uploaded by: Lois Meszaros

Position: FAV



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aarp.org/md | md@aarp.org | twitter: @aarpm
facebook.com/aarpm

HB 293 Behavioral Health Crisis Response Services – 9-8-8 Trust Fund
FAVORABLE
House Health and Government Operations Committee
February 2, 2022

Good afternoon, Chairman Pendergrass and Members of the House Health and Government Operations Committee. I am Lois Meszaros, Ph.D. AARP member, and resident of Anne Arundel County. As you may know, AARP Maryland is one of the largest membership-based organizations in the Free State, encompassing almost 850,000 members. **AARP MD supports HB 293 Behavioral Health Crisis Response Services – 9-8-8 Trust Fund.** We thank Delegates K. Young, Belcastro, Charkoudian, Forbes, Healey, Kaiser, Kerr, McComas, Reznik, and Ruth for co-sponsoring this legislation.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities, and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities, and protection from financial abuse.

HB 293 requires the Maryland Department of Health to designate 9–8–8 as the primary phone number for the State’s behavioral health crisis hotline to provide crisis intervention services and crisis care coordination to individuals accessing suicide prevention and behavioral health services. It would ensure that these services are available in any jurisdiction within the State 24 hours a day, 7 days a week according to the federal National Suicide Hotline Designation Act of 2020. The bill would also establish a special non-lapsing 9-8-8 Trust Fund to be held by the State Treasurer and accounted by the Comptroller.

This behavioral health crisis hotline and Trust Fund are critical to helping those in need of immediate intervention to quickly connect with the professional support they need. In 2021, the Federal Communications Commission responded to the growing suicide epidemic across the U.S. by requiring all phone service providers to route calls made to 988 to the National Suicide Prevention Lifeline crisis center by July 16, 2022. At that time, the current traditional-length number, 800-273-8255 (TALK), will be nationally shortened to the three-digit number like the emergency number, 911.

The Federal Communications Commission reported from 1999 through 2018, suicide rates were highest for women ages 45 to 64 and for men 75 and older, according to the Centers for Disease Control and Prevention. More than 20 veterans die by suicide every day, and between 2008 and 2016, there were more than 6,000 veteran suicides each year. In 2017, suicide was the 10th-leading cause of death nationwide; 47,173 people took their own lives that year, according to a

CDC report. In 2016, the suicide rate was 1.5 times greater for veterans than for other adults, according to the Department of Veterans Affairs.

During the current pandemic older adults are experiencing and expressing feelings of extreme isolation and depression. Many of them have lost their spouse and are living alone. Relatives and friends are afraid to visit due to the fear of bringing Covid to their elderly relative who is less likely to survive the virus than someone younger. Their main systems of supports such as senior centers and places of worship are closed and unavailable or have gone virtual. Many older adults do not have the technical equipment or knowledge needed to use the virtual supports that are available, further increasing their feelings of isolation. Older adults miss the hugs from their grandchildren, the greetings, and handshakes from friends at places of worship and the lunches at the senior center. They are suffering from the lack of human contact and socialization. Older adults fear that things will never return to the way they were but will continue to be virtual which will continue to isolate them. They seem to be grieving the past and the losses they are experiencing. They want to participate in social activities with people not virtually, they want to go to stores and not have food and other items delivered by Amazon and they want to return to places of worship and sit in the pews and see their religious leader. They also fear getting Covid and having residual effects or dying. Such unmet needs and fears lead to depression and suicidal thoughts.

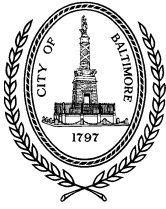
There is a need to expand the behavioral health crisis response services available to older adults. Designating and maintaining 9-8-8 as the universal telephone number for a National Suicide Prevention and Mental Health Crisis Hotline is important. Remembering a three-digit 988 number is easier than a 7- digit number. Establishing call centers to route the calls and respond with appropriate resources will assist older adults to get the supports they need in a crisis. Having a mobile crisis unit come to older adults is more viable than finding transportation to an emergency room or calling 911 and having law enforcement respond. Establishing stabilization centers will help older adults receive behavioral health services in a safe and comfortable environment, 24 hours a day 7 days a week.

For these reasons AARP Maryland supports HB 293 Behavioral Health Crisis Response Services 9-8-8 Trust Fund and respectfully requests the House Health and Government Operations Committee to issue a favorable report. For questions, please contact Tammy Bresnahan, Director of Advocacy for AARP Maryland at tbresnahan@aarp.org or by calling 410-302-8451.

SB 241_SPLW_fav.pdf

Uploaded by: Lucy Font

Position: FAV



Nick J. Mosby
President,
Baltimore City Council

400 City Hall • Baltimore Maryland 21202
410-396-4804 • Fax: 410-539-0647

February 4, 2022

To: **Members of the Senate Finance Committee**
Re: **SB 241– Behavioral Health Crisis Response Services – 9-8-8 Trust**
Fund
Position: **FAVORABLE**

Chair Kelley and Honorable Members of the Senate Finance Committee,

The Baltimore City Council Suicide Prevention Legislative Workgroup is composed of providers, survivors, advocates, faith leaders, elected officials, nonprofit organizations, educators, community leaders, and researchers dedicated to decreasing barriers Baltimore City residents face to access efficient and effective mental health services to support their mental health, and prevent suicides from occurring within our city.

To this end, the Suicide Prevention Legislative Workgroup urges a favorable report on SB 241– Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. Beginning in July 2022, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide free, confidential, emotional support to people calling for help, 24 hours a day. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Since the start of the public health crisis, Maryland has experienced what experts refer to as a “dual pandemic” of suicide and COVID-19. From February 2020 to March 2020, there was a 45% increase in calls to the Maryland Helpline. In March 2020 there was an 842% increase in texts to the Maryland Helpline¹.

There are significant racial differences in statewide suicide mortality trends during the pandemic. Among Black Maryland residents, suicide mortality rate appeared to double between March 2020 and May 2020, compared to the rates in 2017 and 2019. In contrast, suicide mortality

¹ [COVID-19 and Suicide: A Crisis Within a Crisis | Hopkins Bloomberg Public Health Magazine \(jhsph.edu\)](https://www.hopkinsbloomberg.org/articles/2021/03/01/covid-19-and-suicide-a-crisis-within-a-crisis)

appeared almost halved among white residents during the same time². In Baltimore City, where approximately 60% of residents identify as Black, these disparities are cause for alarm and a call to action.

COVID-19 will have a long-term negative impact on mental health and suicide risk. It has never been more important for our state to designate and fund a well-resourced behavioral crisis hotline.

The Baltimore City Suicide Prevention Legislative Workgroup thus urges a favorable report on SB 241– Behavioral Health Crisis Response Services – 9-8-8 Trust Fund.

Sincerely,



Nick J. Mosby
President, Baltimore City Council

² [Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019 \(COVID-19\) Pandemic - PubMed \(nih.gov\)](#)

SB 241 Nash Written_Feb 8 2022.pdf

Uploaded by: Lynn Nash

Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 8, 2022

Senator Delores Kelley
Chair, Finance Committee
Maryland Senate
3 East, Miller Senate Office
Building
11 Bladen Street
Annapolis MD 21401-1912

Dear Chair Kelley and Members of the Senate Finance Committee

As a retired service woman with thirty years' service and a combat veteran, I am writing in support of **Senate Bill 241 "Behavioral Health Crisis Response Services – 9-8-8 Trust Fund"** which requires the Maryland Department of Health to designate 9-8-8 as the primary phone number for the State's behavioral health crisis hotline as part of *a statewide initiative* for the coordination and delivery of *the continuum of behavioral health crisis response services* in the State. In addition to crisis call centers, this bill establishes mobile crisis team services and crisis stabilization centers—something that would have been helpful to McGruder students when a shooting occurred in their school.

According to the [Centers for Disease Control and Prevention](#), Maryland lost 657 souls to suicide last year (10.3 per 100,000). [Suitt](#) found that suicide rates among the United States public have been increasing for the past twenty years, but among active-duty personnel and veterans of the post-9/11 wars, the suicide rate is even higher, outpacing average Americans. Four times as many active-duty personnel and war veterans of post-9/11 conflicts have died of suicide than in combat. The report finds that these high suicide rates are caused by multiple factors, including risks inherent to fighting in any war such as high exposure to trauma, stress, the "military" culture and training, continued access to guns, and the difficulty of reintegrating into civilian life.

Currently, a veteran trying to reach a crisis line has to call a 10-digit number (1-800-273-8255), then press 1. Shifting to 9-8-8 would make seeking care easier. We know that the public has readily adapted to a standard 9-1-1 emergency number. Now we need a standard national crisis line number and Maryland needs additional services to meet the mental health needs of our citizens.

The Maryland Military Coalition, a voluntary, non-partisan organization representing 19 veteran service organizations who serve over 150,000 service men and women throughout our State. The Maryland Military Coalition **strongly supports** and urgently asks for a **FAVORABLE** report on Senate Bill 241. We applaud Senator Augustine for his continued commitment to improved mental health services and the veteran community here in Maryland.


Yours, respectfully


Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN
CAPTAIN (Ret.), U.S. Public Health Service
Communications Director
District 17

(301) 583-8687 • (800) 808-4517

Member Organizations, Maryland Military Coalition


Air Force Sergeants Association

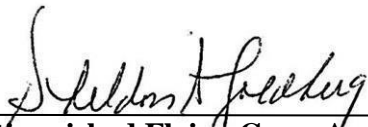

American Military Society

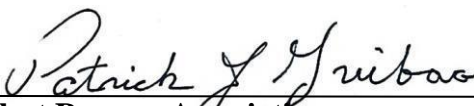

American Minority Veterans Research Project


Association of the United States Navy

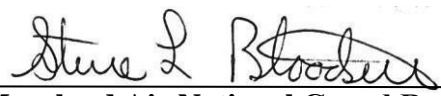

Commissioned Officers Association of the
US Public Health Service

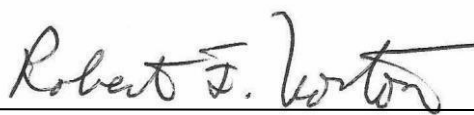

Disabled American Veterans


Distinguished Flying Cross Association


Fleet Reserve Association


Jewish War Veterans of the USA


Maryland Air National Guard Retirees'
Association

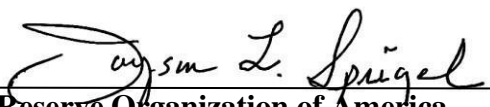

Military Officers Association of America

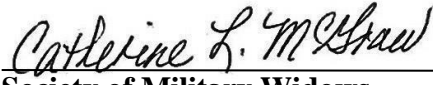

Military Order of the Purple Heart


National Association for Black Veterans


Naval Enlisted Reserve Association


NOAA Association of Commissioned Officers


Reserve Organization of America


Society of Military Widows


Veterans of Foreign Wars

SB 241_Nash oral statement_Feb 8 2022.pdf

Uploaded by: Lynn Nash

Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

STATEMENT IN SUPPORT OF HOUSE BILL 230

Behavioral Health Crisis Response Services—9-8-8 Trust Fund

February 2, 2022

Chairwoman Kelley and Members of the Senate Finance Committee

My name is CAPTAIN Lynn Nash. I served 30 years in both the Army and the United States Public Health Service, retiring in 2017. I'm a combat veteran – I was on the ground during Desert Storm/Desert Shield and as an emergency response veteran- I was in charge of the Department of Health & Human Services Office of Emergency Preparedness on 9/11—I sent people to New York, the Pentagon and Shanksville. I am here today as the Communications Director for the Maryland Military Coalition.

HB 230 is a GOOD bill, requiring the Maryland Department of Health to designate 9-8-8 as the primary phone number for the State's behavioral health crisis hotline as part of *a statewide initiative* for the coordination and delivery of *the continuum of behavioral health crisis response services* in the State. In addition to crisis call centers, this bill establishes mobile crisis team services and crisis stabilization centers -- something that would have been very helpful to McGruder students when a shooting occurred in their school last month.

Last year, Maryland lost 657 souls to suicide. Suicide rates have been increasing for the past twenty years, but among active-duty personnel and veterans of the post-9/11 wars, the suicide rate is even higher, outpacing average Americans. Did you know that **FOUR times** as many active-duty personnel and war veterans of post-9/11 conflicts **have died of suicide rather than in combat**? These high suicide rates are caused by multiple factors, including risks inherent to fighting in any war such as high exposure to trauma, stress, the "military" culture and training, continued access to guns, and the difficulty of reintegrating into civilian life.

Today, a veteran trying to reach a crisis line must call a 10-digit number (1-800-273-8255), then press 1. Shifting to 9-8-8 would make seeking care easier. Maryland needs a standard national crisis line number **and Maryland needs additional services to meet the mental health needs of our citizens, especially our veterans.**

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 19 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition **strongly supports** House Bill 112 and asks for your **FAVORABLE** report.


Thank you to Delegate Crosby for sponsoring this important legislation.


Very respectfully,

Lynn A. Nash, CAPTAIN, U.S. Public Health Service (Ret)
Communications Director

Member Organizations, Maryland Military Coalition


Air Force Sergeants Association

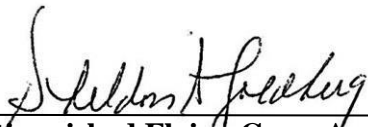

American Military Society

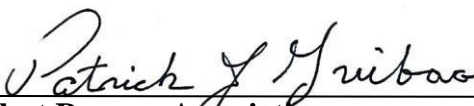

American Minority Veterans Research Project



Association of the United States Navy



Commissioned Officers Association of the
US Public Health Service

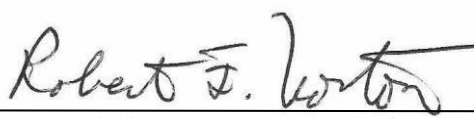

Disabled American Veterans



Distinguished Flying Cross Association


Fleet Reserve Association


Jewish War Veterans of the USA


Maryland Air National Guard Retirees'
Association

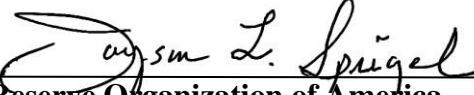

Military Officers Association of America

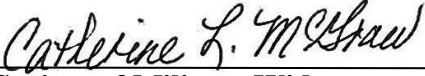

Military Order of the Purple Heart


National Association for Black Veterans


Naval Enlisted Reserve Association


NOAA Association of Commissioned Officers


Reserve Organization of America


Society of Military Widows


Veterans of Foreign Wars

Senator Augustine Testimony for SB 241.pdf

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee



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Senate Chair, Joint Committee on the
Management of Public Funds

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 8, 2022

SB241 - Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Chair Kelley, Vice Chair Feldman, and members of the Committee.

The Problem:

- We lose **5x more Marylanders to suicide than we do to alcohol-related car accidents**,ⁱ and the rate of suicide has been steadily growing.ⁱⁱ
- In 2020, **only 85% of calls** to the National Suicide Prevention Lifeline from Marylanders in crisis **were able to be answered in-state**.ⁱⁱⁱ For comparison, 92% of calls remained in-state in 2018.^{iv}
- When crisis calls go out-of-state to backup call centers, callers often wait longer, are more likely to drop the call, and are less likely to be connected with effective, local resources.^v
- **This shows that Maryland's local call centers do not have the necessary funding and resources to meet our current and growing need.**
- Emergencies are not limited to "business hours only." Yet, **many parts of Maryland do not have access to 24-hour crisis services** for a mental health or substance use emergency.
- With nowhere else to turn for support, Marylanders in crisis are often forced to rely on **resources that were never designed to meet this need**, such as hospital emergency rooms.
- **We can do better for our neighbors in crisis and save lives** by investing in a robust behavioral health crisis system with 988 at its center.

Why 988?

- 988 is the new, easy-to-remember number for the National Suicide Prevention Lifeline. It goes live in July 2022 and will be promoted as an **alternative to calling 911 for mental health and substance use emergencies**.
- Nationally, those with untreated mental illness are 16x more likely to be killed during police contact compared with the general population.^{vi} **This reality can prevent those in crisis and their loved ones from seeking help altogether.**
- A 2021 poll revealed that **nearly half of Americans would not feel safe calling 911** if they or a loved one was experiencing a behavioral health crisis - **even despite favorable opinions of law enforcement** in their own communities.^{vii}
- 988 is not just meant to get Marylanders the help they need when and where they need it – it is also **meant to remove barriers to seeking help in the first place.**

What SB241 does:

- Establishes a **more sustainable funding base** for Maryland’s behavioral health crisis call centers and response services **in time for this year’s national rollout of 988**.
- Allocates an initial investment of \$10 million to a trust fund for 988 and behavioral health crisis response services, **similar to the trust fund established for 911 services**.
- The fund will be **protected from competing funding demands** since future deposits can come from any funding source. This approach offers the funding stability needed for **long-term planning and capacity-building**.^{viii}
- Just as we have EMS, fire, and police response available for anyone calling 911, a **fully-funded 988 program will ensure appropriate crisis response for anyone, anywhere, and anytime**.

How SB241 helps:

- Investing in crisis response services will be especially important as **crisis call volume is expected to increase** with the national promotion of 988.
- To prevent the overuse of emergency rooms for psychiatric care, Marylanders with psychiatric disabilities have stressed the importance of having alternatives that are just as **accessible, recognizable, and reliably available**.^{ix}
- Investing in Maryland’s local behavioral health crisis services ensures that **needs are not only being met in moments of crisis**, but that those in crisis are **connected with ongoing support** as well.

We have a **unique opportunity this legislative session to take advantage of a national promotional campaign for 988** and reach more Marylanders in crisis. By acting now, we can ensure those affected by mental illness or substance use can access lifesaving services **when and where they are needed**.

ⁱ American Foundation for Suicide Prevention. *Suicide Facts & Figures: Maryland 2020*. Accessed 28 Dec 2021. Retrieved from: <https://aws-fetch.s3.amazonaws.com/state-fact-sheets/2020/2020-state-fact-sheets-maryland.pdf>

ⁱⁱ Centers for Disease Control and Prevention. *Suicide Mortality By State*. Accessed 28 Dec 2021. Retrieved from <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

ⁱⁱⁱ National Suicide Prevention Lifeline. *Maryland and the National Suicide Prevention Lifeline 2020*. Accessed 3 Feb 2022. Retrieved from: <https://suicidepreventionlifeline.org/wp-content/uploads/2021/06/Maryland-Annual-State-Report-2020.pdf>

^{iv} National Suicide Prevention Lifeline. *Maryland Callers in 2018*. Accessed 3 Feb 2022. Retrieved from <https://suicidepreventionlifeline.org/wp-content/uploads/2019/10/Maryland-Lifeline-2018-Report.pdf>

^v See note 4

^{vi} Treatment Advocacy Center. *Overlooked in the Undercounted*. Dec 2015. Retrieved from: <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>

^{vii} Ipsos. *NAMI 988 crisis Response Research*. Nov 2021. Retrieved from <https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Report-11-12-2021-For-Release.pdf>

^{viii} Fund 988 Maryland Campaign. *Fund 988 Maryland Campaign FAQ*. Accessed 3 Feb 2022. Retrieved from: https://static1.squarespace.com/static/618d29f06b02e03d1306c9d1/t/61bb70df27d3ef0a5be882c7/1639674079926/Fund+Maryland+988+Campaign+FAQ_FINAL.pdf

^{ix} Disability Rights Maryland. *Maryland Citizens in Psychiatric Crisis: A Report*. 2017. Accessed 28 Dec 2021. Retrieved from <https://disabilityrightsmd.org/wp-content/uploads/2017/04/ED-FINAL-BOOK-PRINT.pdf>

988 Testimony 241 Senate Jan 30. PM.pdf

Uploaded by: mark wolff

Position: FAV



Behavioral Health Crisis Response Services - 9-8-8 Trust Fund (SB241/HB293)

SB 241 SUPPORT

Behavioral Health Crisis Response Services

And Public Health Safety Answering Points—Behavioral Health Crisis Response Services – 9-8-8 Trust Fund (SB241/HB293)

Finance Committee

Feb. 2, 2022

Dear Chair Kelley, Vice-Chair Brian J. Feldman, Senator Augustine, and members of the Senate Finance Committee:

I am writing, on behalf of the Silver Spring Justice Coalition to urge enactment of **SB241** which demonstrates best practices in Behavioral Health Crisis Response Programs and assures on-going funding.

I am a mental health and homelessness professional, retired from a career dedicated to establishing, administering, and evaluating model residential programs for adults with mental illness and people who have been homeless. I am a former Executive Director of National Alliance on Mental Illness-Baltimore and former Chair of the Montgomery County Coalition for the Homeless. I have worked with mobile crisis teams in D.C. and Montgomery County.

SB241/HB293

- Establishes 988 as Maryland’s behavioral health crisis hotline for mental health and substance use crises
- Establishes a state fund to invest in 24/7 call centers, mobile crisis teams, crisis stabilization centers, and related crisis response services; and
- Allocates an initial \$10 million in 2022 to the fund to ensure that call centers are adequately staffed and available 24/7.

The Problem

The pandemic has made mental health and substance use worse for Marylanders, greatly increasing the number of people who are seeking help for mental health and substance use services.

The current system to treat mental health and substance use crises does not have the capacity to serve all those in need 24/7, 365 days a year across Maryland.

Overreliance on law enforcement for responding to behavioral health crises has led to inequitable access to care, poor health outcomes, and disproportionate arrest and incarceration for people of color.

Overreliance on emergency department visits for mental health crises has led to unnecessarily high costs. It stresses hospitals and results in significant delays in care.

Investing in 9-8-8 is essential because crisis call centers like ours in Montgomery County are already understaffed. Congress authorized the states to designate 9-8-8 as the new phone number for mental health and substance use crises. With the launch of 9-8-8 in July 2022 will come greater public awareness of the service, and call volume is expected to rise significantly. Crisis call centers must be ready to serve these individuals. The risk is longer on-hold times. We don't want people in crisis to have care delayed.

Why a behavior health crisis hotline?

- A 24/7 behavioral crisis call hub is one of three essential elements of SAMHSA's National Guidelines for Behavioral Health Crisis Care. SAMHSA's best-practice guidelines are the national for effective, modern, and comprehensive crisis care.
- Behavioral health crisis hotlines in our country have a proven, 17-year track record of saving lives and reducing emotional distress.
- A crisis hotline gives all Marylanders access to support anywhere, 24/7.
- A crisis hotline allows people in distress to maintain confidentiality and dignity. Many people with behavioral health issues say that shame and fear of judgment stops them from reaching out for help.
- **A behavioral health crisis hotline is a more effective, less costly alternative to calling 911.** Mental health crises require a mental health response. Right now, many of these calls are going to 911. But the protocol at most public safety dispatch centers is to send police or EMS. But those responders lack the specialized experience of mental health professionals. That means people in crisis are delayed in getting the urgent help they need.

- **A behavioral health crisis hotline reduces the risk of traumatic and sometimes deadly interactions with police, and the criminalization of people in crisis.** Encounters with police can exacerbate the symptoms of people in crisis as well as be traumatic and even deadly. We've seen too many cases of police using force when they encounter someone in crisis who doesn't follow commands or seems resistant to their approach.
- **A behavioral health crisis hotline is a more effective, less costly alternative to visiting a hospital emergency department.** When people in crisis seek help at emergency departments, they face long wait times. For people in emotional distress, sitting in a waiting room for hours can be very stressful. Studies tell us that for people who are suicidal, going to an emergency department actually increases the risk of them ending their life

Bottom line

All Marylanders deserve equitable, timely, and effective mental health and substance use care, including behavioral health crisis care. We strongly urge a favorable report on SB 241.

We strongly urge a favorable report on SB 241

Marilyn Kresky-Wolff, MPH, MSW
Silver Spring Justice Coalition
mkreskywolff@gmail.com

2022 SB241 - Behavioral Health Crisis Response Ser

Uploaded by: Martha Nathanson

Position: FAV



CARE BRAVELY

SB241 – Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Senate Finance Committee – February 8, 2022

Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development LifeBridge Health

Position: **SUPPORT**

I am writing in SUPPORT of SB241. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Behavioral health crisis services and the suicide prevention lifeline are effective interventions that reduce the likelihood of inpatient hospitalization and help prevent tragic deaths due to suicide or overdose. The transition to 988 as the national suicide prevention and behavioral health crisis hotline provides a once in a generation opportunity to strengthen Maryland's behavioral health system.

We have consistently seen increased numbers of individuals in mental health or suicidal crisis present to our emergency rooms. Whether brought by EMS in an ambulance, or by law enforcement, or even by family members, these capable and well-meaning responders simply do not have the capacity to provide the care people need when in crisis. Like all providers, LifeBridge has seen an increase in behavioral health needs during the pandemic, but the problem predates the pandemic. In fact, this steady increase and the pressure it puts on our Emergency Room to respond has caused us to redesign our new Emergency Room with more capacity for behavioral health patients and to increase inpatient behavioral health capacity as well. While this will enhance care for these patients, it does not guarantee the type of response individuals need when in crisis. Hospital emergency rooms are not optimal sites for addressing the needs of people experiencing suicidal or other behavioral health crisis, as hospitals must also triage life-threatening medical emergencies, resulting in delays of hours or even days for behavioral crisis patients.

LifeBridge and our hospital partners are committed to supporting crisis services through regional catalyst programs like the Greater Baltimore Regional Integrated Crisis System (GBRICS). Strengthening our local network of crisis call centers through establishing a 988 Trust Fund will help ensure these system enhancements are successful.

For all the above stated reasons, we request a **FAVORABLE** report for SB241.

Contact: Martha D. Nathanson, Esq.
Vice President, Government Relations & Community Development
mnathans@lifebridgehealth.org
Mobile: 443-286-4812

TPPC Ltr supporting SB241 988 funding.pdf

Uploaded by: Mary Jacksteit

Position: FAV

February 8, 2022

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

***Presbyterians for Police Transformation
Takoma Park Presbyterian Church Takoma Park, Md 20912***

Presbyterians for Police Transformation is pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

We have been studying and advocating for changes in the way mental health emergencies are handled to reduce the involvement of police. In the US people in a mental health crisis are more likely to interact with police than treatment providers and incidences of violence and death are much more frequent in these police interventions especially for people of color. A funded response capacity for 988 calls will contribute to this goal.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. ***Presbyterians for Police Transformation urges the Senate Finance Committee to pass SB 241.***

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

SB 241 988 fund.pdf

Uploaded by: Michael Bullis

Position: FAV

February 8, 2022

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

Independence Now, The Freedom Center, The IMAGE Center, and Accessible Resources for Independence are disability resource and advocacy organizations run by and for people with disabilities.

The above-named organizations are pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

People with disabilities often face significant barriers to obtaining social services. A consolidated system of local crisis call centers will ensure that people with disabilities are able to easily reach mental health professionals should a crisis arise.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **Independence Now, The Freedom Center, The IMAGE Center, and Accessible Resources for Independence urges the Senate Finance Committee to pass SB 241.**

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

MD Catholic Conference_FAV_SB0241.pdf

Uploaded by: MJ Kraska

Position: FAV



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

February 08, 2022

SB 241

Behavioral Health Crisis Response Services – 9–8–8 Trust Fund

Senate Finance 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 241 establishes the 9–8–8 Trust Fund as a special, non-lapsing fund; requiring interest earnings of the Fund to be credited to the Fund; requiring the Maryland Department of Health to designate 9–8–8 as the primary phone number for the State’s behavioral health crisis hotline; requiring the Department to work to promote public messaging relating to 9–8–8 services in a certain manner; and generally relating to behavioral health crisis response services and the 9–8–8 hotline.

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. Senate Bill 241 is an important step for Maryland to meet the needs of individuals facing a serious behavioral health crisis.

Those experiencing mental illness are among the most marginalized and underserved in our society. The Catholic Church through its parishes, charities and other ministries reaches out pastorally to those struggling with mental illness. Because the Catholic faith embraces an integrated view of the human person as both corporeal and spiritual, we welcome the sciences as one pathway to knowledge of the human person. Pope St. John Paul II said *"Whoever suffers from mental illness always bears God's image and likeness in themselves, as does every human being. In addition, they always have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such."*

The Conference appreciates your consideration and, for these reasons, respectfully requests a favorable report on Senate Bill 241.

NAMI - SB 241 - FAV.pdf

Uploaded by: Moira Cyphers

Position: FAV

February 4, 2022

Senate Bill 241 – Behavioral Health Crisis Response Services 9-8-8 Trust Fund - 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 provides education, support and advocacy for persons with mental illnesses, their families and the wider community.

Mental health crises and suicides can be devastating for individuals, families, and communities. When someone experiences a mental health crisis and doesn't receive the care they need, they can end up in emergency rooms, on the streets, involved in the criminal justice system, or in the worst case, they could lose their life. A 'round the clock crisis hotline can be the first line of defense in preventing these tragedies and an essential part of any continuum of care for mental health crises.

SB 241 designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

When it comes to mental health crises, one call can save a life, which is why we need to make that call as quick and simple as possible. Just as 9-1-1 is universally known for use during emergencies, like a heart attack or car accident, we need 9-8-8 for people experiencing a mental health crisis.

When people in crisis do not receive a mental health response, we see tragic outcomes. They may engage with law enforcement rather than mental health professionals, go to an emergency room where they wait hours — or even days — to get mental health care, or lose their lives to suicide because help wasn't fast enough. We need to ensure that everyone who experiences a mental health crisis, no matter where they live, receives a mental health response. To achieve that, we need an easy-to-access crisis response system that is a core part of our national strategy for mental health care and suicide prevention.

The creation of 9-8-8 is the gateway to any crisis system and is a core service that should be available in every community. NAMI Maryland strongly supports this legislation which will ensure this 3-digit crisis hotline is set up for future funding so that no Marylander goes without help if they need it.

Simplifying access and increasing resources is just one part of supporting people in crisis. To ensure that people can be connected to the care they need when they dial 9-8-8, we need to create a readily accessible crisis response system. NAMI Maryland looks forward to partnering with this committee, the state, and the wider behavioral health advocacy community to make this a reality.

For these reasons, NAMI Maryland asks for a favorable report on **SB 241**.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Moira Cyphers
Compass Government Relations
MCyphers@compassadvocacy.com

NCADD-MD - SB 241 FAV - 988 Trust Fund - draft.pdf

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee
February 8, 2022**

**Senate Bill 241
Behavioral Health Crisis Response Services - 9-8-8 Trust Fund**

Support

NCADD-Maryland supports support Senate Bill 241 – Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, the number of opioid-related deaths increased by 20% between 2019 and 2020, and preliminary data indicates a continued increase in 2021. Ensuring Maryland’s call centers are fully equipped to handle calls related to both mental health and substance use crises is paramount.

When this new Lifeline goes into effect this coming July, it is expected that calls to it will significantly increase and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help. This bill will help ensure the resources are there.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s hotline for substance use and mental health crises, and ensuring adequate funding to support local crisis call centers. We urge a favorable report on Senate Bill 241.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB241-FIN-FAV.pdf

Uploaded by: Natasha Mehu

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 241

February 2, 2022

TO: Members of the Health and Government Operations Committee
FROM: Natasha Mehu, Director of Government Relations
RE: Senate Bill 241 – Behavioral Health Crisis Response Services—9-8-8 Trust Fund

POSITION: Support

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 241.

This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress has designated 988 as the new phone number the National Suicide Prevention Lifeline. This number, for both voice and text will be implemented countrywide beginning in July of 2022. Phone companies will route 988 calls to local crisis hotlines that are a part of the lifeline system. The local crisis calls centers currently provide 24/7 free, confidential emotional support to people calling for help. We are hopeful that utilization of this service will increase as barriers to accessing resources decrease. The funding that this bill is seeking will create sustainable and lasting personnel to match the increased demands for help.

As the local health authority of Baltimore City, our goals surround the implementation of programs and policies that support the physical and behavioral health and wellness of Baltimore City residents. This policy sustains funding for the free, dedicated 988 line and that will provide around-the-clock support for people who are experiencing a behavioral health crisis. This directly reflects the efforts of the Baltimore City Health Department in our city to improve health outcomes for all of our residents.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers.

We respectfully request a **favorable** report on Senate Bill 241.

MPA Testimony 2022 - Support SB 241 - Behavioral

Uploaded by: Pat Savage

Position: FAV



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February 8, 2022

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Senator Delores Kelley
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: **SB 241 Behavioral Health Crisis Services 9-8-8 Trust Fund**

Position: **SUPPORT**

Dear Senator Kelley and Members of the Committee,

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the **Finance Committee to favorably report on Senate Bill 241.**

The Maryland Psychological Association asks that the committee vote in favor of adequately funding this crisis hotline and the associated funding for the coordination and delivery of crises services for those experiencing behavioral health issues. We strongly support the establishment of a set aside fund as these mental health services have been sorely underfunded in the past.

Hotlines often serve as a frontline resource for people experiencing suicidality and other mental health crises. Not only do they work to lessen the immediacy of one's crisis, but hotlines often serve as entry points into the world of mental health services, by providing those in crisis with resources they might not otherwise have thought to access. During this time of increased awareness of mental health needs, the establishment of this trust fund to ensure the existence of a statewide hotline seems to be a prudent move.

The MPA, therefore urges you to favorably report on SB 241 to ensure adequate funding for this crisis hotline.

Please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org if we can be of assistance.

Sincerely,

Linda McGhee

R. Patrick Savage, Jr.

Linda McGhee, Psy.D., JD
President

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB 241 - Behavioral Health Crisis Response Service

Uploaded by: Pegeen A. Townsend

Position: FAV



Pegeen A. Townsend
Vice President, Government Affairs
9 State Circle, Suite 303
Annapolis MD 21401
410-292-8824 CELL

SB 241 – Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Position: *Support*

February 8, 2022

Senate Finance Committee

Bill Summary

SB 241 establishes a nonlapsing trust fund to provide reimbursement costs associated with designating and maintaining 9-8-8 as the universal telephone number for the national suicide prevention and mental health crisis hotline. The Maryland Department of Health will be responsible for reporting by December 1 each year on the expenditure of funds and any additional services provided by the funding.

MedStar Health's Position

On the recommendation from the Federal Communications Commission's (FCC) study on the value of a three-digit number being designated to aid suicide and mental health prevention, Congress designated 988 as the new phone number for the National Suicide Prevention Lifeline. Set to go live July 1, 2022, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline Network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live.

MedStar Health supports designating 988 as Maryland's phone number for suicide prevention and behavioral health crisis hotline and establishing a sustainable funding source to support existing behavioral health crisis call centers in Maryland through a small fee added to commercial mobile services providers. The three-digit number will more easily be remembered particularly during times of emotional distress. Those in crisis will be more likely to receive help from those most qualified to provide support. It will provide more effective triage to lessen the burden on emergency medical services, hospital emergency departments, and law enforcement so those agencies can direct their limited resources to the areas they are trained to serve. It also provides an opportunity for states to reimagine the provision of crisis services and to ensure adequate funding for mobile crisis services, crisis center hubs, and crisis stabilization services.

For the reasons listed above, we respectfully ask that you give SB 241 a ***favorable*** report.

988 written testimony.pdf

Uploaded by: Rachel Larkin

Position: FAV

1/31/2022

**Health and Government Operations Committee
TESTIMONY IN SUPPORT**

HB 293 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

EveryMind, a nonprofit organization, strengthens communities and empowers individuals to reach optimal mental wellness. EveryMind has been positively impacting the mental health and wellness of children, youth, adults, veterans, and families in Maryland and across the National Capital Region for more than 60 years. Based in Rockville, EveryMind offers community education on a variety of topics, supports advocacy efforts at the local, state and federal levels, and implements a variety of programs and direct services. This includes operation of the 24/7 hotline in Montgomery County, staffed by qualified and trained staff and volunteers to provide supportive listening, information and resources, and crisis intervention (including suicide assessments) through phone, text, and chat services.

EveryMind is pleased to support HB 293 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as a new phone number to reach the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

As a center accredited by the American Association of Suicidology and the International Council for Helplines that has been part of Lifeline since its inception in 2005 EveryMind’s hotline has been underfunded throughout Lifeline’s history in providing this lifesaving service. With the current national mental health crisis, the hotline is at capacity for responding to Lifeline calls, chats, and texts and will need financial support to continue to offer our highest quality of service to Marylanders during the expected surge. The service we provide is not only vital - it is money saving to our Counties, the state, and consumers. In addition, the training our Specialists receive in suicide prevention and safety planning exceeds that required by mental health graduate schools and licensure in the state of Maryland.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **EveryMind urges the House Health and Government Operations Committee to pass HB 293.**

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

SB0241_CC_Vaughan_FAV.pdf

Uploaded by: Regan Vaughan

Position: FAV

SB 241
Behavioral Health Crisis Response Services – 9-8-8 Trust Fund
Finance Committee
February 8, 2022

Support

Catholic Charities of Baltimore supports SB 241 which would designate 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. As the largest human service provider in Maryland working with tens of thousands of Marylanders each year, we recognize the need for crisis behavioral health services in our communities.

Crisis call centers are often the first interaction that people have with the local mental health system. It is critical that it be fully funded and sustainable to connect individuals and families who call with the immediate assistance that they need. They serve as safe places where people seeking support can call 24/7, regardless of their ability to pay for the service or their enrollment in specific programs. They make critical connections for individuals and families to local mental health providers to provide assessments and ongoing services to try and mitigate the need for a law enforcement response.

We have seen the benefit of having a call center through Baltimore City’s Health Crisis Hotline which among other duties triages calls for our BCARS program, a crisis program for children and adolescents in Baltimore City. By operating in this way there is an immediate referral for youth and families so that they are not either stuck in the emergency room seeking services outside of the scope of what the hospitals provide or stuck on a wait list for an opening at a local Outpatient Mental Health Clinic (OMHC).

While this hotline is serving an important service for the local area, it’s time for Maryland to align with national efforts to improve access to crisis care by designating 988 as the number for the entire state and ensure adequate funding to support local crisis call centers.

For the reasons listed above, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 241.

Submitted By: Regan Vaughan, Director of Advocacy

SB 241 Support.pdf
Uploaded by: Robin Yasinow
Position: FAV

SB 241 - SUPPORT
Robin Yasinow
ryasinow@gmail.com ♦ 410-299-5437

SB 241 SUPPORT
Behavioral Health Crisis Response Services—9-8-8 Trust Fund

Senate Finance Committee
February 8, 2022

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

I'm writing to you in support of SB 241 as a mental health advocate and as someone who has been helped by the behavioral health crisis line operated in Montgomery County by EveryMind. With escalating rates of mental health issues accompanying the pandemic, all Marylanders must have free, confidential 24/7 access to this essential service.

This bill designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number for the National Suicide Prevention Lifeline. Once 998 will goes live in July of this year, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. It is expected that calls to the Lifeline will significantly increase when the new number goes live. Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

I strongly urge the Senate Finance Committee to pass SB 241. Lives depend on it.

Sincerely yours,

Robin Yasinow
Rockville, MD

SB 241_MoCo_Frey_FAV.pdf

Uploaded by: Rolando Santiago

Position: FAV



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 241

DATE: February 8, 2022

SPONSOR: Senator Augustine

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: SUPPORT (Department of Health and Human Services)

Behavioral Health Crisis Response Services – 9–8–8 Trust Fund

Senate Bill 241 would create a fund for the operation of the 9-8-8 universal telephone number for suicide prevention and the development and implementation of a statewide initiative for behavioral health crisis response, including crisis call centers, mobile crisis team services, and crisis stabilization centers.

Congress designated 9-8-8 as the phone number for the National Suicide Prevention Lifeline. Starting July 2022, all telecommunications companies will route 9-8-8 calls to local crisis call centers that are part of the Lifeline network, including the EveryMind hotline in Montgomery County. Local crisis call centers such as the EveryMind hotline provide 24/7 call, text and chat options free of charge to the user. 9-8-8 will provide confidential emotional support to people calling and texting for help or who are experiencing a mental health or substance use crisis. It is expected that calls and texts to the Lifeline will significantly increase when 9-8-8 is implemented. In order to meet this demand, Maryland needs to ensure that its existing eight local call centers are adequately resourced to support the anticipated influx of calls, texts, and chats for help.

Montgomery County Department of Health and Human Services strongly supports the creation of the Fund in order to implement crisis response programming across the state, including for the creation of crisis stabilization centers. Montgomery County is currently undertaking plans to establish a crisis stabilization center in the County and would be aided by the Fund established by Senate Bill 241 for this work.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 9-8-8 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. Montgomery County Department of Health and Human Services respectfully urges the committee to issue a favorable report on Senate Bill 241.

SB241_DrSantiago_FAV

Uploaded by: Rolando Santiago

Position: FAV

**Verbal Testimony on Senate Bill 241 on 988 Expansion
(Goal on words: 240, or 2 minutes)**

- Thank you, Chairwoman Kelley and members of the Finance Committee.
- My name is Dr. Rolando Santiago and I am the Chief of Behavioral Health and Crisis Services in Montgomery County.
- I'm here to testify on behalf of the Montgomery County's Department of Health and Human Services.
- The \$10 million Trust Fund proposed in Bill 241 is a good start for providing needed financial resources for the National Suicide Prevention Lifelines in the State of Maryland and for implementing a coordinated behavioral health crisis response statewide.
- In Montgomery County the tripling of calls through 988 means that after July of 2022 the National Suicide Prevention Lifeline alone will be asking our Crisis Center to dispatch mobile crisis and outreach teams to 900 crisis incidents in a year.
- When you add calls for service from 911, 311, and the community, the demand will go well over 1,500 calls for service
- Right now we can only respond to less than 1,000 of these calls.
- We need financial support to meet the increased demand.
- Just yesterday, we experienced the heartbreaking suicide of a student in Montgomery County. Our mobile crisis outreach team was involved in the response, and our services were needed on site and will also be needed in the days to come to offer support to families, students, and the community. In time, implementing 9-8-8 will hopefully reduce occurrences of suicide and crisis response; until that becomes a reality, adequate state resources will be needed to support the growing demand for crisis services.
- That's why I support wholeheartedly Senate Bill 241.

sb241 support letter feb 2022.pdf

Uploaded by: Ronald Pilling

Position: FAV



The Jesse Klump Memorial Fund, Inc.
P.O. Box 1786 · Berlin, Maryland 21811
443.982.2716 · www.jessespaddle.org · weremember@jessespaddle.org

February 5, 2022

To members of the Maryland Senate Finance Committee,

The Jesse Klump Memorial Fund is the leading nonprofit serving citizens on the lower Eastern Shore by providing suicide prevention outreach and education and supporting those who are grieving after the loss of a loved one to suicide. Since the launch of the Jesse Klump Suicide Awareness & Prevention Program in 2011 we have taught “suicide prevention first aid” to over a thousand people, including healthcare professionals, educators, and laypeople.

I am writing to encourage you to vote to move SB241, the Behavioral Health Crisis Response Services 9-8-8 Trust Fund Bill, forward toward becoming law in this session.

Imagine yourself on a highway at 55mph and seeing a billboard that says “TO PREVENT A SUICIDE DIAL 800-273-TALK (8255),” or seeing the message on a banner behind a plane over the Ocean City beach. Then imagine yourself weeks later being faced with a loved one who is suicidal, or even feeling suicidal yourself. Are you going to remember that number? Instead, imagine only having to remember “988.” This is why we think the establishment of 988 as the national suicide prevention and behavioral health crisis number is the most important step in suicide prevention in decades.

Maryland’s current crisis hotline services do a wonderful job. The state suicide rates, by any measure, are lower than national rates. But like everything else, mental health and suicidality have been, and will continue to be, severely impacted by COVID-19, and call centers could be overwhelmed. It isn’t just a matter of compassion; it’s economics, too. The CDC estimates that every suicide in American bears a cost to the nation of over \$1 million. The approval of SB241, and the sustaining funding it will provide, will guarantee that Marylanders can find the resources they need to save lives.

Sincerely,

Kim A. Klump, President

Financial Support
provided by the
Humphreys Foundation
Ocean City MD



The *Jesse Klump Memorial Fund*, a 501 (c)(3) nonprofit corporation, exists to end the tragedy of suicide, to provide a place of healing for those who have lost loved ones to suicide, to financially support scholars of any age who have demonstrated a desire to make the world a better place through original, entrepreneurial community action, and to provide grants for training for healthcare and education professionals dedicated to suicide prevention and mental health.

ARE YOU CONSIDERING SUICIDE? WORRIED ABOUT SOMEONE? CALL 1-800-273-TALK

Financial Support
provided by the
Humphreys Foundation
Ocean City MD



The *Jesse Klump Memorial Fund*, a 501 (c)(3) nonprofit corporation, exists to end the tragedy of suicide, to provide a place of healing for those who have lost loved ones to suicide, to financially support scholars of any age who have demonstrated a desire to make the world a better place through original, entrepreneurial community action, and to provide grants for training for healthcare and education professionals dedicated to suicide prevention and mental health.

ARE YOU CONSIDERING SUICIDE? WORRIED ABOUT SOMEONE? CALL 1-800-273-TALK

2022 LCPCM SB 241 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Committee: Finance Committee

Bill Number: Senate Bill 241

Title: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund

Hearing Date: February 8, 2022

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 241 – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund*. This bill creates a trust fund to support the implementation of 9-8-8.

When fully implemented, the 9-8-8 system will allow Marylanders to access crisis services by using an easy-to-remember three-digit number. This system will reduce the burden on the 9-1-1 system and will also more quickly connect people to crisis services instead of more generalized emergency services. In order for the 9-8-8 system to be effective, there will need to be an ongoing commitment to supporting crisis services in the state. Creating a 9-8-8 trust fund is an important first step in developing a robust crisis response system in the state. This trust fund will also help facilitate the state receiving federal funds to support 9-8-8 implementation.

We urge a favorable report on House Bill 293 in order to help modernize our state's emergency petition process. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

2022 MCHS SB 241 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Maryland Community Health System

Committee: Finance Committee

Bill Number: Senate Bill 241 – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund

Hearing Date: February 2, 2022

Position: Support

The Maryland Community Health System (MCHS) supports *Senate Bill 241 - Behavioral Health Crisis Response Services - 9-8-8 Trust Fund*. We are a network of federally qualified health care providers across Maryland, and our mission is to provide health care services, including behavioral health, to people who are underserved.

This bill creates a special fund to support the implementation of the 9-9-8 system. 9-8-8 will support people with behavioral health needs by making it easier for them to reach out for support. The system, similar to 2-1-1, will connect them with organizations and resources in their communities.

Federal funds will likely be available for 9-8-8 implementation. With the creating of a special fund under this legislation, Maryland will be more competitive to obtain these funds.

We ask for a favorable report. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

2022 MNA SB 241 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Committee: Finance Committee
Bill Number: Senate Bill 241
Title: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
Hearing Date: February 2, 2022
Position: Support

The Maryland Nurses Association (MNA) supports *House Bill 241 – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund*. This bill creates a trust fund to support the implementation of the 9-8-8 system.

As we are reaching the end of the second year of the pandemic, we are seeing an epidemic of mental health issues. The 9-8-8 system, similar to 2-1-1, will connect people to behavioral health resources in their community. We need to make it as easy as possible for Marylanders to connect to behavioral health programs and advocacy organizations.

We urge a favorable report this legislation. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

2022 MOTA SB 241 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ motamembers.org

Committee: Finance Committee
Bill Number: Senate Bill 241
Title: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
Hearing Date: February 2, 2022
Position: Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 241 – Health Occupations – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund*. This bill creates a special fund to support the implementation of the 9-8-8 system.

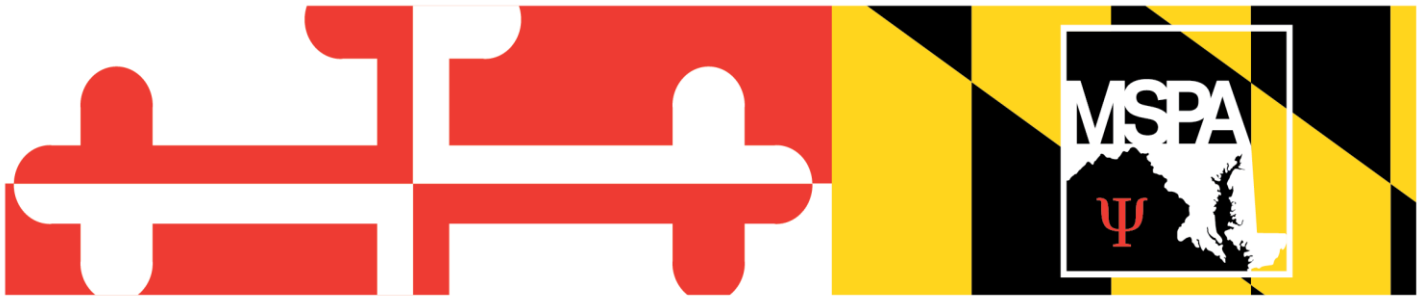
It is expected that federal funds will be available for states to establish 9-8-8 systems, and this bill will position Maryland to apply for those funds. Similar to 2-1-1, the 9-8-8 systems will make it easier for people to connect to behavioral health resources in their communities. Marylanders need these resources to help themselves or family members avoid behavioral health crises.

We ask for a favorable report. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

2022 MSPA SB 241 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Senator Delores G. Kelley, Chair
Senator Brian J. Feldman, Vice Chair
Finance Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

February 8, 2022

Bill: Senate Bill 241 – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund

Position: Support

Dear Chair Pendergrass, Vice Chair Pena-Melnyk, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic well-being of students and families across the state.

We support this bill because throughout the COVID-19 pandemic, we have seen an increased number of students experiencing crisis. It is imperative that these students and their families have access to crisis services when they need them. Creating the 9-8-8 system is an important step toward ensuring that Marylanders have quick access to crisis services in the same way the 9-1-1 system connects Marylanders to emergency services. In order for 9-8-8 to be effective, we will need to continue to invest in our behavioral health crisis system. Creating the 9-8-8 trust fund is a necessary step towards ensuring funding for a comprehensive behavioral health crisis system.

For these reasons, we urge a favorable report on SB 241. If we can provide any additional information or be of any assistance, please contact us at legislative@mSPAonline.org or Scott Tiffin at stiffin@policypartners.net or (443) 350-1325.

Respectfully submitted,

Katie Phipps, M.Ed., Ed.S., NCSP
Chair, Legislative Committee
Maryland School Psychologists' Association

2022 NASW SB 241 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV

February 2, 2022

**Finance Committee
TESTIMONY IN SUPPORT**

SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

National Association of Social Workers Maryland Chapter (NASW-MD) **is pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund**. This bill designates 988 to be the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Many social workers provide services to individuals in crisis. We recognize the need for an accessible crisis hotline system so Marylanders can access services 24/7. This bill is an important first step to ensuring that Maryland has the resources to support the implementation of the 988 system.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **NASW-MD urges the House Health and Government Operations Committee to pass SB 241**. If you have any questions, please feel free to contact Mary Beth DeMartino, Executive Director, NASW MD (mdemartino.naswmd@socialworkers.org).

2022 The Coordinating Center SB 241 Senate Side.pd

Uploaded by: Scott Tiffin

Position: FAV



THE COORDINATING CENTER
INSPIRED SOLUTIONS

Committee: Finance Committee

Bill Number: Senate Bill 241

Hearing Date: February 2, 2022

Position: Support

The Coordinating Center strongly supports *Senate Bill 241 – Behavioral Health Crisis Response Services - 9-8-8 Trust Fund*. This bill will move Maryland forward in obtaining federal funds for implementation of a 9-8-8 system by creating a special fund for the program.

The 9-8-8 system will allow Marylanders to access behavioral health services by using an easy-to-remember three-digit number. With so many more Marylanders facing behavioral health issues because of the pandemic, we need to make it as easy as possible for people to connect to resources that will help them avert crises.

We ask for a favorable report. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

SB241 - UMMS - Support.pdf

Uploaded by: Shane Sarver

Position: FAV



250 W. Pratt Street
24th Floor
Baltimore, Maryland 21201-6829
www.umms.org

CORPORATE OFFICE

SB 241 - Behavioral Health Crisis Response Services—9-8-8 Trust Fund

Before the Senate Finance Committee

February 8, 2022

Position: SUPPORT

The University Maryland Medical System (“UMMS”) is a thirteen-member hospital health system in the state of Maryland. UMMS consists of an academic medical center and urban, suburban and rural-based hospitals. The nearly 29,000 employees provide care to Maryland residents across the state and beyond. UMMS is often a safety net provider for many of Maryland’s most critically ill patients, whether as a result of somatic or behavioral health/mental health crisis issues.

UMMS fully supports SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. As this Committee is well aware, behavioral health issues are at an all time high and availability and access to services are critical. SB 241 would assign “988” as the phone number for Maryland’s suicide prevention and behavioral health crisis hotline and establish a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress recently designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go-live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live. The state of Maryland must ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state’s behavioral health crisis hotline and ensure adequate funding to support local crisis call centers. For the foregoing reasons, UMMS urges the House Health and Government Operations Committee to give SB 241 a favorable vote.

Respectfully submitted,

Kristin Jones Bryce
Chief, External Affairs
kjonesbryce@umm.edu
410-328-0389

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

**University of Maryland Medical Center • University of Maryland Medical Center Midtown Campus •
University of Maryland Rehabilitation and Orthopaedic Institute • University of Maryland Baltimore Washington Medical Center •
University of Maryland Shore Regional Health – University of Maryland Shore Medical Center at Easton -
University of Maryland Shore Medical Center at Chestertown - University of Maryland Shore Medical Center at Dorchester –
University of Maryland Shore Emergency Center at Queenstown •
University of Maryland Charles Regional Medical Center • University of Maryland St. Joseph Medical Center •
University of Maryland Upper Chesapeake Health System – University of Maryland Upper Chesapeake Medical Center -
University of Maryland Harford Memorial Hospital •
University of Maryland Capital Region Health – University of Maryland Bowie Health Center –
University of Maryland Laurel Medical Center – University of Maryland Prince George’s Hospital Center •
Mt. Washington Pediatric Hospital • University of Maryland Physician Network • University of Maryland Medical System Health Plans**

BH Crisis Response Services-988 Trust Fund_FAVORAB

Uploaded by: Shannon Aleshire

Position: FAV



February 4, 2022

**Health and Government Operations Committee
TESTIMONY IN SUPPORT**

SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund

Mental Health Association (MHA) of Frederick County, a private non-profit in Frederick County, is a primary provider of crisis services in our county. The work of our organization is to support the emotional wellness in our community through preparing resilient children, securing vulnerable families, and standing with those in crisis. MHA of Frederick County is the home of the 988 call center for Western Maryland. We have answered the National Suicide line since 2001.

Mental Health Association of Frederick County is pleased to support SB 241 Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

As a provider of this service, we know adequate funding is crucial. We received a \$7,500 annual stipend from the National Suicide Lifeline to provide 24/7 availability for persons in crisis and with thoughts of suicide. The call centers are the foundation of the crisis system structure and provide access to well-trained staff. 90% of calls are handled without additional intervention from more expensive services such as law enforcement or hospital admission. Funding of centers that attracts a quality workforce and highlights the life-saving work that occurs every day is critical.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers. **Mental Health Association of Frederick County urges the House Health and Government Operations Committee to pass SB 241.**

Thank you for your consideration,

Shannon Aleshire, CEO

Mental Health Association of Frederick County

Mental Health Association of Frederick County
226 South Jefferson Street, Frederick MD 21701
301.663.0011, www.fcma.org

MAP_SB 241_BH Crisis Response Services - 988 Trust

Uploaded by: Stacey Jefferson

Position: FAV



TESTIMONY IN SUPPORT OF SB 241

Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Senate Finance Committee

February 8, 2022

Submitted by Julia Gross and Kali Schumitz, Co-Chairs

Member Agencies:

211 Maryland

Advocates for Children and Youth

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Catholic Charities

Energy Advocates

Episcopal Diocese of Maryland

Family League of Baltimore

Fuel Fund of Maryland

Health Care for the Homeless

Homeless Persons
Representation Project

Job Opportunities Task Force

Laurel Advocacy & Referral Services,
Inc.

League of Women Voters of Maryland

Loyola University Maryland

Maryland Catholic Conference

Maryland Center on Economic Policy

Maryland Community Action
Partnership

Maryland Family Network

Maryland Food Bank

Maryland Hunger Solutions

Paul's Place

Public Justice Center

St. Vincent de Paul of Baltimore

Welfare Advocates

Marylanders Against Poverty

Julia Gross, Co-Chair

P: 410-528-0021 ext 6029

E: jgross@mdhungersolutions.org

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: kschumitz@mdeconomy.org

Marylanders Against Poverty (MAP) strongly supports SB 241. This bill designates 9-8-8 as the suicide prevention and behavioral health crisis hotline for Maryland and establishes a needed funding source to support the Maryland's network of behavioral health crisis call centers.

Congress designated 9-8-8 as the new National Suicide Prevention Lifeline and directed states to prepare for a July 2022 to launch of the new number. This national system relies on a network of local crisis call centers to provide 24/7, free, supporting counseling for individuals experiencing a behavioral health or suicidal crisis. The call centers also connect individuals to other community supports, including mobile response teams for urgent needs and ongoing outpatient care. It is expected that calls to the Lifeline will significantly increase when the new number goes live, and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Access to services is especially important for Marylanders living in or near poverty. Financial difficulties cause strain any family. This stress builds up over time and can lead to feelings of overwhelm and other emotional distress. Limited resources are also related to challenges faced by children. Children living in deep poverty are five times more likely to experience abuse, neglect, and other adverse childhood experiences.¹ These experiences often lead to behavioral health crisis and effective crisis response is essential to helping children overcome these experiences. *Poverty both causes mental health challenges and is a result of mental health challenges.* Any effort to alleviate the burdens of poverty must include providing mental health supports to address the mental strain that poverty causes.

Supporting Maryland's network of local crisis call centers through effective implementation of the new 9-8-8 hotline will bring much needed behavioral health access and resources to low-income communities. Residents of low-income and rural communities have a harder time accessing traditional behavioral health services. Developing a new access point through 9-8-8 will help these communities get the support they need to be healthy and safe during a behavioral health crisis.

Low-income communities are not only under-resourced but are also overpoliced. This reliance on law enforcement to address behavioral health needs manifests in the criminalization of mental illness and poverty. Low-income individuals are far more likely to be incarcerated and Black residents make up 70% of Maryland's incarcerated population, the highest inequity in the nation.² At the same time, approximately 40% of adults in jail or prison have a diagnosed mental illness and seven out of ten youth in the juvenile justice system do.³ This interplay between racial inequities in the criminal justice system and the criminalization of mental illness bears out in use of force as well. One in four individuals killed by police officers have a known mental illness, and of those, one in three are people of color.⁴

Investing in 9-8-8 as an alternative to law enforcement intervention can help keep Marylanders living in or near poverty safe and ensure they get the support they need in a crisis.

MAP appreciates your consideration and urges the committee to issue a favorable report for SB 241.

***Marylanders Against Poverty (MAP)** is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*

¹ Centers for Disease Control and Prevention:
https://www.cdc.gov/violenceprevention/pdf/can/CAN-factsheet_2020.pdf

² Justice Policy Center: https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf

³ NAMI: Mental Health in Maryland Fact Sheet: <https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

⁴ Washington Post Police Shootings Database:
<https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>

SB 241 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV



February 3, 2022

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

RE: Support – SB 241: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund

Dear Chairman Kelley and Honorable Members of the Committees:

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 strive 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.

MPW/WPS supports Senate Bill 241: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund (SB 241). The COVID-19 pandemic has created an undeniable second public health crisis in America. For example, a February 2021 article published by the Journal of American Medical Association¹ found that nearly 12% of adults surveyed seriously considered suicide in the prior month while 29.6% reported COVID-19-related trauma- and stressor-related disorder symptoms, 33% reported anxiety or depression symptoms, and more than 15% reported increased substance use. Unfortunately, study after study has reinforced this grim reality.

Most of our communities have traditionally relied on law enforcement in managing patients in mental health and substance use disorder crises. Unfortunately, this reliance often results in patients languishing in emergency rooms, the criminalization of psychiatric patients, and at times the unnecessary loss of life. In October 2020, the federal government took a different approach in passing the National Suicide Hotline Designation Act. The Act designates 9-8-8 as the three-digit dialing code for the National Suicide Prevention Lifeline.

SB 241, in turn, creates the necessary framework and funding to ensure 9-8-8 is available to all Marylanders. 9-8-8, when effectively resourced and promoted, will be able to connect an individual in a mental health crisis to a trained counselor who can address his/her immediate needs and help connect him/her to ongoing care. This diversionary approach will reduce health

¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776559>



**Washington
Psychiatric Society**

care spending with more cost-effective early intervention, reduce unnecessary interactions with law enforcement for those in a mental health crisis while increasing access to those who need meaningful mental health care. Put another way, quick access to appropriate care in a crisis can reverse suicidal ideation and save lives.

It is essential that all Marylanders, no matter where they live, have access to the life-saving services that the national hotline is intended to provide. MPS/WPS, therefore, ask this committee for a favorable report on SB 241.

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

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

SB 241 - 988 Trust Fund - Support - Verizon.pdf

Uploaded by: Tyler Patton

Position: FAV



Government Affairs Office
12 West Street
Annapolis, MD 21401
(410) 269-6653

BILL NO. : Senate Bill 241
TITLE: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund
COMMITTEES: Senate Finance Committee
HEARING DATE: February 8, 2022
VERIZON'S POSITION: SUPPORT

PURPOSE OF BILL:

In October 2020, the National Suicide Hotline Designation Act was signed into law at the federal level, whereby 9-8-8 was designated as the three-digit dialing code for the National Suicide Prevention Lifeline (“Lifeline”). Furthermore, the Federal Communications Commission (“FCC”) mandated that telephone providers make this critical service available to their customers by July 16, 2022.

Senate Bill 241: Behavioral Health Crisis Response Services – 9–8–8 Trust Fund (SB 241) compliments the National Suicide Hotline Designation Act. Under SB 241, a non-lapsing fund is created to assist the Maryland Department of Health in designating and maintaining 9–8–8 as the primary phone number for the State’s behavioral health crisis hotline which will be funded directly by federal investment passed through to the state. 9-8-8 will provide Marylanders from any jurisdiction within the State with easy access to crisis intervention services and crisis care coordination twenty-four hours a day, seven days a week, once implemented.

COMMENTS:

Verizon **strongly supports** SB241 in its current form which uses available Federal funding and state revenues without increasing costs to consumers where taxes and fees account of 27.5% of their existing phone service bill. In December 2021, Verizon announced that its customers could call Lifeline by dialing either 1-800-273-TALK or the new abbreviated code, 9-8-8. This announcement marked an important milestone in Verizon’s effort to make Lifeline’s critical resources available to anyone who needs assistance.

Verizon understands technology and connectivity can provide many meaningful societal benefits and access to 9-8-8 mental health services is one shining example. Whether wireless or wireline customers can call, text, or chat through a simple to remember number such as 9-8-8 and instantly will be connected to personalized mental health services. Customers will no longer be alone as 9-8-8 will be, in essence, a digital bridge to trained counselors who are part of the existing Lifeline network. Lifeline’s knowledgeable counselors will attentively discern a caller’s problem, provide support, and connect them to additional resources if necessary.

This effort is an initiative that truly can save lives and make a difference to countless individuals and families. Verizon remains proud to do its part in supporting this critically important endeavor.

For these reasons, Verizon urges a **FAVORABLE COMMITTEE REPORT on SB 241.**

FOR ADDITIONAL INFORMATION CONTACT:

Tyler C. Patton
Director – Verizon State Government Relations

443.223.7358

MATOD - SB 241 FAV - 988 Trust Fund.pdf

Uploaded by: Vickie Walters

Position: FAV



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www.matod.org

Senate Finance Committee February 8, 2022 Support of Senate Bill 241

The Maryland Association for the Treatment of Opioid Dependence (MATOD) urges a favorable opinion on SB 241. Our mission is to promote high-quality, effective medication assisted treatment for opioid addiction, so individuals, families, and communities can lead healthy lives in recovery and without stigma.

MATOD is pleased to support SB 241 - Behavioral Health Crisis Response Services—9-8-8 Trust Fund. This bill designates 988 to be the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establishes a sustainable funding source to support existing behavioral health crisis call centers in Maryland.

Congress designated 988 as the new phone number the National Suicide Prevention Lifeline. In July 2022, 988 will go live. Beginning then, all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. The local crisis call centers provide 24/7 free, confidential emotional support to people calling for help. It is expected that calls to the Lifeline will significantly increase when the new number goes live and Maryland needs to ensure that its existing eight local call centers are adequately resourced to support this influx of calls for help.

Being able to give out the number 988 will make it much easier on staff and patients in the behavioral health field. Currently we have multiple 10 digit numbers we give out to patients when completing personal safety plans. Sadly, most personal safety plans are discarded by patients before they even make it home. Being able to give them a 3 digit number would be much easier for both the patients and staff to remember when dealing with Crisis.

Maryland has the unique opportunity to align with national efforts to improve access to crisis care by designating 988 as the number for our state's behavioral health crisis hotline and ensuring adequate funding to support local crisis call centers.

We urge a favorable opinion on SB 241.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

SB 241 9-8-8 Trust Fund (Augustine) FIN 2.8.22 SO

Uploaded by: Barbara Wilkins

Position: INFO



Maryland

DEPARTMENT OF BUDGET
AND MANAGEMENT

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

SENATE BILL 241 Behavioral Health Crisis Response Services - 9-8-8 Trust Fund (Augustine)

STATEMENT OF INFORMATION

DATE: February 8, 2022

COMMITTEE: Senate Finance

SUMMARY OF BILL: SB 241 establishes a 9-9-8 Trust Fund, the purpose of which is to reimburse costs associated with designating and maintaining 9-8-8 as the universal telephone number for a National Suicide Prevention and Mental Health Hotline and implement a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services; and mandates an appropriation in the amount of \$10 million in FY 2024.

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 \$10 million mandated appropriation provision that impacts the FY 2024 and subsequent budgets. DBM has the responsibility of submitting a balanced budget to the General Assembly annually, which will require spending allocations for FY 2024 to be within the official revenues estimates approved by the Board of Revenue Estimates in December 2022.

The FY 2023 Budget allocates \$5 million for the Behavioral Health Crisis Response Grant Program. The Capital Improvement Program provides for the construction of four 24-hour regional behavioral health crisis centers throughout the State (FY 2023 - FY 2026). The FY 23 Capital Budget includes funding to begin a prototypical design for these crisis centers.

Changes to the Maryland Constitution in 2020 provide the General Assembly with additional budgetary authority, beginning in the 2023 Session, to realign total spending by increasing and adding items to appropriations in the budget submitted by the Governor. The legislature's new budgetary power diminishes, if not negates, the need for mandated appropriation bills.

Fully funding the implementation of the Blueprint for Maryland's Future (Kirwan) will require fiscal discipline in the years ahead, if the State is to maintain the current projected structural budget surpluses. Mandated spending increases need to be reevaluated within the context of this education funding priority and the Governor's tax relief proposals.

Economic conditions remain precarious as a result of COVID-19. High rates of inflation and workforce shortages may be short lived or persist, thereby impacting the Maryland economy. While current budget forecasts project structural surpluses, the impact of the ongoing COVID-19 pandemic continues to present a significant budgetary

vulnerability. The Department continues to urge the General Assembly to focus on maintaining the structural budget surplus.

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