

SB 412- Mental Health Law - County Mental Health A

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Position: FAV



Maryland
Hospital Association

**Senate Bill 412- Mental Health Law - County Mental Health Advisory Committees -
Membership**

Position: *Support*
February 15, 2024
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 412. Maryland hospitals support the inclusion of mental health professionals as eligible members of each county's mental health advisory committee.

Each year more patients come to hospitals with mental health-related conditions. In 2023, the Kaiser Family Foundation found 27% of adults in Maryland identified with anxiety or depressive order symptoms.¹ Veterans were among the patients most affected by behavioral health challenges. About 5.2 million veterans nationwide experienced a behavioral health condition, according to a 2020 SAMHSA study.² It is essential that veterans and military personnel have mental health providers with expertise in treating and advocating on behalf of this population.

SB 412 would make providers with experience in mental health care for veterans or individuals serving in the military eligible to serve on the mental health advisory committee. Given the nuances in behavioral health, veteran and active military personnel need equitable representation. By adding mental health experts with the requisite experience to county health committees, SB 412 gives military members a separate voice to address behavioral health issues that affect this vulnerable population.

Additionally, the ongoing behavioral health care crisis in Maryland contributes to ED length of stay and hospital discharge challenges. When patients have access to these services in primary care settings, they can get the help they need at the onset of behavioral health conditions and stay out of crisis. County health committees are an important part of the continuum of care for patients whose experiences may be inadvertently overlooked. Through advocacy and policy reforms, military behavioral health patients can obtain necessary upstream care—resulting in better health outcomes for all Marylanders.

For these reasons, we request a *favorable* report on SB 412.

¹ [Mental Health and Substance Use State Fact Sheets: Maryland KFF](#)

² [Supporting the Behavioral Health Needs of Our Nation's Veterans SAMHSA](#)

For more information, please contact:
Brandon Floyd, Analyst, Policy
Bfloyd@mhaonline.org

MC Federation of Families Testimony in Support of

Uploaded by: Celia Serkin

Position: FAV



**Montgomery County Federation of Families for
Children's Mental Health, Inc.**

Colesville Professional Center
13321 New Hampshire Avenue, Terrace B
Silver Spring, MD 20904
301-879-5200 (phone) ♦ 301-879-0012 (fax)
info@mcfof.org
www.mcfof.org (website)

**Testimony in Support of SB 412 Mental Health Law –
County Mental Health Advisory Committees – Membership**

Senate Finance Committee

February 16, 2024

POSITION: SUPPORT

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, and/or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

MC Federation of Families is pleased to support **SB 412 Mental Health Law – County Mental Health Advisory Committees – Membership.**

SB 412 alters the membership of a county's mental health advisory committee by including an individual with experience with mental health care for veterans or individuals serving in the military on the list of groups from which individuals may be appointed to the committee by the governing body of the county.

MC Federation of Families supports SB 412 because it is critically important that County Mental Health Advisory Committees in Maryland include an individual with experience with mental health care for veterans and individuals serving in the military to expand their military and veterans' cultural competency. Combat and deployments are known to be associated with increased risks for mental health conditions. General military service can also give rise to challenges. The most widely publicized mental health challenges veterans and service members encounter are posttraumatic stress disorder (PTSD) and depression. Moreover, suicide, traumatic brain injury (TBI), substance use disorder (SUD), and interpersonal violence can be equally detrimental in these populations. Veterans and individuals serving in the military who have mental health challenges and their families need access to different resources and supports. In her article "Supporting the Behavioral Health Needs of Our Nation's Veterans," dated November 8, 2022, Stacey Owens, M.S.W., LCSW-C, Military and Veterans Affairs

Liaison, Center for Mental Health Services, states:

Data also suggests that approximately half of those who recently separated from military service may not immediately connect with available resources, benefits, and services. Without support, more complex behavioral health concerns might emerge. In 2020, approximately 5.2 million Veterans experienced a behavioral health condition. More telling are the numbers of Veterans who were not engaged in treatment; more than half of Veterans with a mental illness did not receive treatment within the past year. Additionally, more than 90 percent of those experiencing a substance use disorder did not receive treatment. This data highlights that our friends, family, and community members may be suffering in silence and that barriers to care exist, including stigma.

Behavioral health is essential to overall health, and we all have a role in ensuring that service members, Veterans and their families are prepared for their next steps in life as they transition. <https://www.samhsa.gov/blog/supporting-behavioral-health-needs-our-nations-veterans>

The MC Federation of Families urges this committee to pass SB 412.

SB0412_FAV_GWSCSW_MH Law - County MH Advisory Comm

Uploaded by: Christine Krone

Position: FAV



Greater Washington Society for Clinical Social Work

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Dawn Gile

FROM: Judith Gallant, LCSW-C, Director, GWSCSW Legislation and Advocacy

DATE: February 16, 2024

RE: **SUPPORT** – Senate Bill 412 – *Mental Health Law – County Mental Health Advisory Committees – Membership*

The Greater Washington Society for Clinical Social Work (GWSCSW) was established in 1975 to promote and advance the specialization of clinical practice within the social work profession. Through our lobbying, education, community building, and social justice activities, we affirm our commitment to the needs of those in our profession, their clients, and the community at large. On behalf of GWSCSW, we **support** Senate Bill 412.

Senate Bill 412 would add “an individual with experience with mental health care for veterans or individuals serving in the military” to the list of persons that can be appointed as a voting member to a county mental health advisory committee. County mental health advisory committees serve as advocates for a comprehensive mental health system for persons of all ages. They are charged with determining the needs of county mental health systems, including quality of services, gaps in the system, budgetary items, and interagency coordination. The GWSCSW believes adding this position to the membership provides an important perspective as veterans’ mental healthcare needs have historically been overlooked or insufficiently addressed. Additionally, service members and veterans are often well-connected within their community and their insight into the challenges faced by this population can inform the committee’s efforts to develop inclusive and effective health policies. Veterans may experience a range of mental health issues, including post-traumatic stress disorder, depression, anxiety, and substance abuse disorders, often compounded by the challenges of transitioning to civilian life. In order to address this population’s mental health needs, their input should be included in advisory committees. For these reasons, GWSCSW **supports** Senate Bill 412.

For more information call:

Christine K. Krone
Pamela Metz Kasemeyer
Danna L. Kauffman
410-244-7000

Greater Washington Society for Clinical Social Work: www.gwscsw.org

Contacts: Director, Legislation & Advocacy Program: Judy Gallant, LCSW-C; email: judy.gallant@verizon.net; mobile (301) 717-1004
Legislative Consultants: Christine K. Krone and Pamela Metz Kasemeyer, Schwartz, Metz, Wise & Kauffman, PA,
20 West Street, Annapolis, MD 21401

Email: ckrone@smwpa.com; mobile (410) 940-9165 ; pmetz@smwpa.com; mobile (410) 746-9003

SB0412_MHAMD_FAV.pdf

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Position: FAV

SB 412 Mental Health Law - County Mental Health Advisory Committees - Membership

Finance Committee

February 20, 2024

Position: SUPPORT

Mental Health Association of Maryland (MHAMD) 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 412.

SB 412 requires that each local mental health advisory committee include among its membership an individual serving in the military or an individual with experience with mental health care for veterans.

The Maryland General Assembly established county mental health advisory committees (MHAC) to “serve as advocate[s] for a comprehensive mental health system for persons of all ages.” *Md. Code Ann., Health-General § 10-308*. In performing this duty, it is essential that the MHACs take into consideration the unique needs and perspectives of various populations, including active-duty military personnel, veterans, and their families.

Representation from this population is particularly important given the high prevalence of behavioral health concerns among veterans and active-duty military members:

- In 2021, suicide was the second-leading cause of death among veterans under 45.¹
- There were 6,392 veteran suicide deaths in 2021, 114 more than in 2020.²
- There were 89 Maryland veteran suicide deaths in 2021.³

According to the Department of Veterans Affairs, Maryland is home to approximately 350,000 veterans, 30,000 active-duty service members and 18,000 reservists/national guard members. We must ensure MHACs have the information and perspective necessary to address the needs of this population. For this reason, MHAMD supports SB 412 and urges a favorable report.

¹ https://www.mentalhealth.va.gov/suicide_prevention/data.asp

² https://www.mentalhealth.va.gov/suicide_prevention/data.asp

³ <https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-State-Data-Sheet-Maryland-508.pdf>

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

2021-State-Data-Sheet-Maryland-508-1.pdf

Uploaded by: Lynn Nash

Position: FAV

Maryland

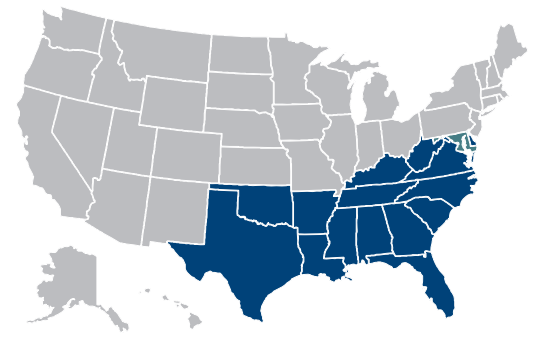
Veteran Suicide Data Sheet, 2021

The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2021 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.^a This data sheet includes information about Maryland Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

After accounting for age differences,^b the Veteran suicide rate in Maryland:

- Was significantly lower than the national Veteran suicide rate
- Was not significantly different from the national general population suicide rate



Southern Region

- Alabama
- Arkansas
- Delaware
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

Maryland Veteran Suicide Deaths, 2021

Sex	Veteran Suicides
Male	80–90
Female	<10
All	89

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.

Maryland, Southern Region, and National Veteran Suicide Deaths and Rates by Age Group, 2021^c

Age Group	Maryland Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Maryland Veteran Suicide Rate per 100,000	Southern Region Veteran Suicide Rate per 100,000	National Veteran Suicide Rate per 100,000
18–34	<10	389	894	--	47.8	49.6
35–54	20–30	757	1,704	--	33.9	35.5
55–74	35	1,001	2,286	22.9	30.4	29.9
75+	27	636	1,467	35.1	35.6	32.1
All	89	2,798	6,392	24.5	34.4	33.9

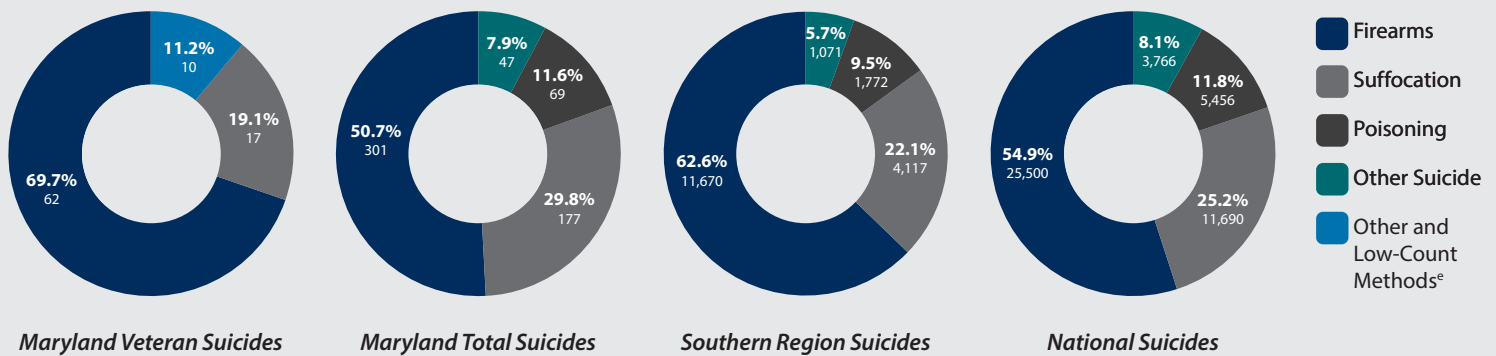
Maryland Veteran and Total Maryland, Southern Region, and National Suicide Deaths and Rates by Age Group, 2021^c

Age Group	Maryland Veteran Suicides	Maryland Total Suicides	Southern Region Total Suicides	National Total Suicides	Maryland Veteran Suicide Rate per 100,000	Maryland Suicide Rate per 100,000	Southern Region Suicide Rate per 100,000	National Suicide Rate per 100,000
18–34	<10	171	5,667	14,230	--	12.7	19.7	18.8
35–54	20–30	193	6,141	15,263	--	12.0	19.0	18.2
55–74	35	165	4,970	12,411	22.9	11.4	17.2	16.2
75+	27	65	1,852	4,508	35.1	16.3	22.1	20.3
All	89	594	18,630	46,412	24.5	12.4	18.9	18.0



U.S. Department of Veterans Affairs

Maryland Veteran and Total Maryland, Southern Region, and National Suicide Deaths by Method,^d 2021



These 2021 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Health Outcomes Military Exposures (HOME) Program, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office.

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Mortality Data Repository (MDR). Suicide death counts for the general U.S. population were obtained from CDC WONDER (Wide-ranging ONline Data for Epidemiologic Research).⁷ Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.⁹ The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84, U03, and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2021 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 projected U.S. population as the standard.¹⁰ Linearly interpolated estimates of the Veteran Population Projection Model 2020 (VetPop2020) were used in calculating rates to estimate the Veteran population for each state and age group.¹¹ These estimates were calculated to reflect the Veteran population estimate as of July 1st. Based on guidance from the VA Office of Enterprise Integration, the interpolated July 1st Veteran population estimates were generated by calculating the population difference between current and prior year estimates on September 30th provided in VetPop and multiplying by an adjustment factor for the time difference between July 1st and September 30th. NCHS single-race population estimates were used to estimate the general U.S. population.¹²

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

^a The 2021 state data sheets contain suicide information for all 50 states and the District of Columbia.

^b Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.

^c Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (*).

^d Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm, including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

^e "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods involved in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

^f National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

^g World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

^h Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

ⁱ Veteran Population Projection Model 2020 (VetPop2020), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

^j CDC, NCHS, Single-race Population Estimates, United States, 2021. July 1st resident population by state, age, sex, single-race, and Hispanic origin, on CDC WONDER Online Database. Vintage 2021 estimates released by U.S. Census Bureau on June 30, 2022. Accessed at <http://wonder.cdc.gov/single-race-single-year-v2021.html>.

Nash MMC oral testimony SB 204 February 16 2024.pd

Uploaded by: Lynn Nash

Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

Statement of CAPT Lynn Nash, PhD, RN, PHCNS-BC, FAAN
SB 412 - Mental Health Law – County Mental Health Advisory Committees
February 16, 2024

FAVORABLE

Dear Chair Beidle and Members of the Senate Finance Committee:

On behalf of the Maryland Military Coalition and as its Communications Director, I am here to testify on behalf of this bill, as well as answer any questions that you might have. For the record, my name is CAPT (R) Lynn Nash. I am a nurse and I currently serve on the Governor's Challenge to Prevent Suicide Among Service Members, Veterans and Families.

SB 412 bill alters the membership of a county's mental health advisory committee by including an individual with **experience with mental health care for veterans**, or **someone currently serving**. Having served on active duty for 30 years, after first being a military spouse, I know the challenges facing the uniformed services community. These include: long hours and high task demands; repeated exposure to trauma, danger and loss; frequent moves that often result in spousal job loss when going through a permanent change of station move; frequent school moves for children; and repeated, long deployments requiring single parenting. These stressors are similar for families of national guard members as well as federal reservist who can also be called up to active duty.

Being a service member serving or a family member of someone in the service isn't a "job" –it's a lifestyle that comes with multiple stressors. These stressors are unique from other regular "jobs", and they also affect the family members, not just the service member. According to the Centers for Disease Control's most recent data, Maryland had 620 suicides in 2021¹; of which 89 were veterans².

The addition of a provider with experience in mental health care of veterans or the inclusion of someone currently serving who understands these stressors on the committee makes very good sense. Who better to scrutinize or encourage program interventions and support services to ensure that they meet the needs of those currently serving or those who have previously served and their families? The Governor's Challenge Team is working to do just that. We have developed an action plan designed to combat the serious issue of suicide in the military

¹ Centers for Disease Control and Prevention, [Suicide Mortality by State](#).

² U.S. Department of Veterans Affairs, [State-Level Veteran Suicide Data](#): 2021 Update

SB 412– County Mental Health Advisory Committees – Favorable

connected community—that includes training for providers, improved screening tools and recommended best practices.

There is something very appealing about this bill, in light of the current fiscal challenges of the state—this bill is **procedural** and **has no financial requirements**.

Maryland is home to 34,444 active-duty service members, 14,292 active-duty spouses and 25,642 reservists/national guard members with 28,019 family members³. In addition, there are 355,787 veteran households⁴. These are Department of Defense numbers only and do not reflect the 1,200 U.S. Public Health Service and NOAA officers currently serving, or the 8,000 retirees and their families, who also live with similar duty conditions. **County mental health advisory committees should include someone with experience providing mental health services to this specific segment of the population.**

The Maryland Military Coalition is a non-partisan organization of 21 Veteran organizations representing over 150,000 Maryland uniformed services men and women and their families -- almost half of the 355,000 veterans in the State. The Coalition **strongly supports** SB 412– County Mental Health Advisory Committees **and asks for a favorable report**.

The Coalition thanks Senator Gile for her sponsorship of this important legislation and her continued support of the uniformed service community.

Thank you.

³ [Military One Source](#), as of December 31, 2022

⁴ [VA Claim Insider](#), August 10, 2023

Nash MMC written testimony_SB 412Cty MH Adv Commit

Uploaded by: Lynn Nash

Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 16, 2024

Honorable Pamela G. Beidle
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Request for a FAVORABLE Report - SB 412 – Mental Health Law – County Mental Health Advisory Committees – Membership -

Dear Chair Beidle and Members of the Senate Finance Committee:

On behalf of the Maryland Military Coalition and as its Communications Director, I am providing written testimony in support of SB 412. I am a nurse and I currently serve on the Governor's Challenge to Prevent Suicide Among Service Members, Veterans and Families.

Senate Bill 412 alters the membership of a county's mental health advisory committee by including an *individual with experience with mental health care for veterans*, or *someone currently serving*. Having served on active duty for 30 years, after first being a military spouse, I know the challenges facing the military community. These include: long hours and high task demands; repeated exposure to trauma; danger and loss; frequent moves; spousal job loss when going through a permanent change of station move; frequent school moves for children; and repeated, long deployments requiring single parenting. These stressors are similar for families of national guard members as well as federal reservist who can also be called up to active duty. T

Being a service member who is currently serving, a veteran, or a family member of someone in the service isn't a "job" –it's a lifestyle that comes with multiple stressors. These stressors are unique from other regular "jobs", and they also affect the family members, not just the service member. According to the Centers for Disease Control's most recent data, **Maryland had 620 suicides in 2021¹; of which 89 were veterans².**

The addition of a provider with experience in mental health care of veterans or the inclusion of someone currently serving who understands these stressors on the committee makes very good sense. Who better to scrutinize or encourage program interventions and support services to ensure

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² U.S. Department of Veterans Affairs, [State-Level Veteran Suicide Data](#): 2021 Update

SB 412– County Mental Health Advisory Committees – **Favorable**

that they meet the needs of those currently serving or those who have previously served and their families? The Governor’s Challenge Team is working to do just that. We have developed an action plan designed to combat the serious issue of suicide in the military connected community—that includes training for providers, improved screening tools and recommended best practices.

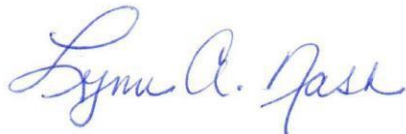
There is also something very appealing about this bill, in light of the current fiscal challenges of the state-- this bill is **procedural** and **has no financial requirements**.

Maryland is home to 34,444 active-duty service members, 14,292 active-duty spouses and 25,642 reservists/national guard members with 28,019 family members³. In addition, there are 355,787 veteran households⁴. These are Department of Defense numbers only and do not reflect the 1,200 U.S. Public Health Service and NOAA officers currently serving, or the 8,000 retirees and their families, who also live with similar duty situations. **County mental health advisory committees should include someone with experience providing mental health services to this specific segment of the population.**

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 21 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. **The Coalition strongly supports** SB 412 County Mental Health Advisory Committees - Membership and asks for your **FAVORABLE report**.

The Coalition thanks Senator Gile for her sponsorship of this important legislation and her continued support of the uniformed service community.

Respectfully,



Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN
CAPT (R), U.S. Public Health Service
Communications Director

Enclosure: Maryland Veteran Suicide Data Sheet, 2021

Maryland Military Coalition Member Organizations Follow

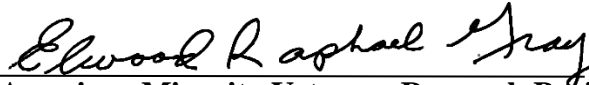
³ [Military One Source](#), as of December 31, 2022

⁴ [VA Claim Insider](#), August 10, 2023

Member Organizations, Maryland Military Coalition


Air Force Sergeants Association


American Military Society


American Minority Veterans Research Project

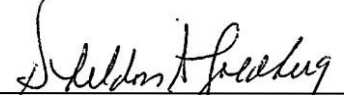

Association of the United States Navy



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


Maryland Veterans Chamber of Commerce


Military Officers Association of America


Military Order of the Purple Heart


Montford Point Marines of America



National Association for Black Veterans


Naval Enlisted Reserve Association


NOAA Association of Commissioned Officers


Reserve Organization of America


Society of Military Widows


National Active and Retired Federal Employees
Veterans Affairs Directorate, NARFE MD


Veterans of Foreign Wars

SB412 FAV.pdf

Uploaded by: Morgan Mills

Position: FAV

February 16, 2024

Chairwoman Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

SB412 would add an individual with experience with mental health care for veterans or an individual serving in the military to each County's mental health advisory committee.

NAMI MD recognizes that even after leaving a physical battlefield, many in the military community continue to fight mental and emotional battles. It was projected that in 2020, 362,000 veterans called Maryland home. Every day, an average of 20 veterans die by suicide.¹ Nearly 1 in 4 active duty members showed signs of a mental health condition.²

We strategically focus on underserved populations, including veterans and/or military personnel. People who are veterans, on active military duty, and their families, should receive the same full range of integrated diagnosis, treatment services, and support across a continuum of care as should be available to all people.

By including individual with experience in mental health care for veterans or an individual serving in the military on each county mental health advisory committee, we are ensuring that their unique needs and concerns are considered.

For these reasons, we urge a favorable report.

¹ [Protecting Veterans' Access to Mental Health Care | NAMI: National Alliance on Mental Illness](#)

² [Veterans & Active Duty | NAMI: National Alliance on Mental Illness](#)

SB 412_MDDeptVeteransAffairs_FAV

Uploaded by: Morgan Murphy

Position: FAV



**Maryland Department of Veterans Affairs
Office of the Secretary**

**WES MOORE
GOVERNOR**

**ARUNA MILLER
LT. GOVERNOR**

**ANTHONY C. WOODS
SECRETARY**

February 16, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: SB 412 - Mental Health Law - County Mental Health Advisory Committees - Membership

Dear Chairwoman Beidle and Committee Members,

The Maryland Department of Veterans Affairs supports SB 412 - Mental Health Law - County Mental Health Advisory Committees - Membership. The MDVA believes it is vital to add a member to the county mental health advisory committees who have experience with mental health care for veterans or is a member of the military.

The Moore-Miller Administration reaffirmed its commitment to Maryland's participation in the nation's Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families in November 2023. Adding a veteran or member of the military to these committees will help support this prevention effort, impact grassroots-level change, and improve the overall well-being of our military and veteran-connected community.

I respectfully ask the Committee for a favorable report on SB 412, to add a necessary perspective to county mental health advisory committees. Thank you for your consideration.

Sincerely,

Anthony C. Woods
Secretary

THE WINELAND BUILDING, FOURTH FLOOR
16 FRANCIS STREET, ANNAPOLIS, MARYLAND 21401

TOLL FREE: 866-793-1577 • ANNAPOLIS: 410-260-3838 • FAX: 410-216-7928

veterans.maryland.gov
TTY USERS CALL VIA MD RELAY

DG Written Testimony_SB0412.pdf

Uploaded by: Senator Gile

Position: FAV

DAWN D. GILE
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation



Miller Senate Office Building
11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3568 · 301-858-3568
800-492-7122 Ext. 3568
Dawn.Gile@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB0412 - Mental Health Law - County Mental Health Advisories - Membership

Madame Chair, Madame Vice Chair, and Fellow Members of the Senate Finance Committee:

Veterans and current service members frequently suffer from a wide range of mental health issues, such as PTSD, anxiety, and depression, impacting not only the service member but their family, community, and quality of life. Nationally, we lose 22 veterans a day to suicide - one veteran every 65 minutes.

Providing effective behavioral health services for veterans and active service members is complicated by a myriad of factors: lack of providers with cultural competency to address the unique needs of veterans and service members, outsourcing of behavioral health services outside of the VA, and, despite much progress, remaining institutional stigma within the service community. Veterans, service members, and their families are accessing behavioral health services from community providers, yet these groups are often overlooked in discussions that pertain to the provision and accessibility of mental health care and should have a voice with our local behavioral health authority. SB0412 is an important step to including military voices in important conversations on a local level in line with the national effort to improve access and provision of behavioral and mental health care for service members and veterans.

Under Maryland law, each county in the state must have a mental health advisory committee made up of professionals in various mental health care fields that ensures that resources are available to those in need and is charged with advocacy on their behalf. Currently, counties are required to choose set numbers of mental health professionals and other stakeholders from various fields listed in the establishing statute. However, the consideration of veterans or current service members is not required. SB0412 alters the required makeup of each county's committee to ensure the consideration of individuals who have experience in mental health care for veterans or current service members. In including this perspective, the military community will have a greater voice in decisions that will have a positive impact on its members.

Per the Fiscal Note, SB0412 would not result in greater state or local financial obligations.

For these reasons, I respectfully request a favorable report on SB0412.