



Sheppard Pratt

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Senate Bill 599 – Behavioral Health Crisis Response Grant Program

Senate Budget and Taxation Committee

March 6, 2025

The Behavioral Health Crisis Response Grant Program has been instrumental in providing competitive grants to local behavioral health authorities, enabling them to enhance crisis response services, including mobile crisis teams, walk-in centers, and crisis stabilization units. However, as we transition toward more Medicaid-reimbursable crisis services, it is critical to ensure that gaps in funding do not disrupt the availability of life-saving care.

A recent Behavioral Health Budget Update highlighted several concerns, particularly the lack of full funding for crisis response services in the FY26 budget. While the Behavioral Health Administration's budget increases by \$60 million, much of this is tied to projected utilization increases rather than new service expansions. Alarming, programs such as 988 and mobile crisis teams face potential funding shortfalls, which could severely impact accessibility to crisis intervention resources.

As we've seen firsthand, insufficient crisis response services have exacerbated emergency department wait times and contributed to unnecessary hospitalizations and criminal justice system involvement. According to discussions from a recent Behavioral Health Legislative Briefing, Maryland ranks among the worst in the nation for emergency department behavioral health wait times. Moreover, a lack of psychiatric beds and alternative crisis interventions has forced individuals to seek care in inappropriate and costly settings.

Ensuring robust funding for crisis response grants will allow Maryland to:

- **Expand mobile crisis teams** that divert individuals from hospitals and law enforcement involvement.
- **Enhance 24/7 crisis stabilization centers**, ensuring individuals receive immediate care.
- **Support behavioral health workforce development** to address provider shortages.
- **Ensure equitable access to crisis services**, particularly in rural and underserved communities.

Maryland has made great strides in developing a comprehensive crisis response system, but the transition to Medicaid reimbursement alone is not enough. The grant program remains an essential safety net to sustain and expand services where reimbursement does not fully cover operational costs.

For these reasons, Sheppard Pratt strongly urges a favorable report on SB599 to safeguard the future of behavioral health crisis response services across Maryland.