

# **LCPCM-SB 599 - Behavioral Health Crisis Response G**

Uploaded by: Andrea Mansfield

Position: FAV



Committee: Senate Budget and Taxation Committee  
Bill: SB 599 – Behavioral Health Crisis Response Grant Program - Funding  
Hearing Date: March 6, 2025  
Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports SB 599 – Behavioral Health Crisis Response Grant Program – Funding. This bill requires the Behavioral Health Crisis Response Grant Program to be funded at \$5 million for fiscal years 2027 through 2029.

This grant program provides funds to local behavioral health authorities and local core service agencies to support various crisis services, including mobile crisis response teams that provide care coordination and services to individuals experiencing crisis and often prevent them from seeking care in emergency departments. LCPCM strongly supports this bill as providing these services expeditiously is crucial in assisting individuals who are experiencing behavioral health trauma.

LCPCM is aware that the Maryland Department of Health has set aside \$5 million in the fiscal 2026 allowance to support the grant program. LCPCM respectfully requests funding be provided to continue the grant program in fiscal years 2027 through 2029.

LCPCM urges the Committee to give SB 599 a FAVORABLE Report.

Please contact Andrea Mansfield at [amansfield@maniscanning.com](mailto:amansfield@maniscanning.com) or (410)562-1617 if we can provide additional information.

**MCF\_FAV\_SB 599.pdf**

Uploaded by: Ashley Tauler

Position: FAV



**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) is a statewide nonprofit organization that provides family peer support services at no cost to families who have a loved one with a mental health, substance use, or problem gambling disorder. Using their experience as parents, caregivers, and other loved ones, our staff provide emotional support, resource connection, systems navigation, support groups, and educational training and workshops.

---

**Maryland Coalition of Families strongly supports SB599 - Behavioral Health Crisis Response Grant Program – Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstay and lengthy ED wait times.

Many of the families we serve utilize crisis services frequently. Some have had the experience of waiting for days or even weeks in the emergency department for a bed at an appropriate facility for their loved one. The Behavioral Health Crisis Response Grant must have stable funding to continue strengthening Maryland's behavioral health system, Maryland's families, individuals, and communities.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Maryland Coalition of Families urges the Senate Budget & Taxation Committee to pass SB599.**



Ashley Tauler, CA  
Policy and Advocacy Manager  
Maryland Coalition of Families  
[atauler@mdcoalition.org](mailto:atauler@mdcoalition.org)  
Cell: 202.993.4685

# **MC Federation of Families Testimony SB 599 BH Cris**

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 number)  
301-879-0012 (fax number)  
info@mcfof.org (email)      www.mcfof.org (website)**

March 6, 2025

**Senate Budget and Taxation Committee  
TESTIMONY IN SUPPORT  
*SB 599 - Behavioral Health Crisis Response Grant Program - Funding***

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. MC Federation of Families has been providing family peer services to families in Montgomery County for almost 20 years. Our Family Peer Specialists are parents who have raised or are currently raising children with these 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 strongly supports SB 599 - Behavioral Health Crisis Response Grant Program – Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

Children, youth, and adults experiencing a crisis have benefited from these alternative interventions. With ongoing level funding, those experiencing serious emotional distress or crisis will continue to have access to immediate support when and where they need it. Maryland already has the longest emergency room wait times in the country. Root causes are hospital capacity, a statewide behavioral health crisis, workforce shortages, health care access, and Maryland's dense population. Continued level funding of the Behavioral Health Crisis Response Grant Program will allow children, youth, and adults in crisis to have access to much needed alternative behavioral health services, thereby preventing them from having to go to the hospital and/or becoming involved in juvenile justice or the criminal justice system.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **MC Federation of Families urges the House Appropriations Committee to pass SB 599.**

# Maryland General Assembly Senate Hearing SB599 3

Uploaded by: Cheryl Maxwell

Position: FAV





March 6, 2025

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

The Black Mental Health Alliance (BMHA) exist to promote a holistic, culturally relevant approach to the development and sustainment of mental health programs and services for African Americans and other persons of color. The Black Mental Health Alliance is pleased to support Behavioral Health Crisis Response Services—988.

**The Black Mental Health Alliance strongly supports SB599 - Behavioral Health Crisis Response Grant Program – Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstay and lengthy ED wait times.

Maryland has a strong foundation that must be maintained. Our robust 988 network keeps residents safe and well, but continued investment is needed. Why is this so important? The public demand is increasing. The Black Mental Health Alliance encourages the utilization of such a critical resource. CALL 988 is a helpline that offers free and confidential emergency emotional support from mental health specialists, 24/7.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. The Black Mental Health Alliance **urges the Senate Budget & Taxation Committee to pass SB599.**

# **SB0599\_FAV\_MACHC, GWSCSW\_Behavioral Health Crisis**

Uploaded by: Christine Krone

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS



Senate Budget and Taxation Committee

March 6, 2025

Senate Bill 599 – *Behavioral Health Crisis Response Grant Program – Funding*

**POSITION: SUPPORT**

On behalf of the Mid-Atlantic Association of Community Health Centers (MACHC) and the Greater Washington Society for Clinical Social Work (GWSCSW), we submit this letter in strong support of Senate Bill 599. This legislation is essential to ensuring sustained funding for Maryland’s crisis behavioral health system by directing the Governor to include an annual appropriation of \$5,000,000 for each fiscal year from 2027 to 2029.

Crisis behavioral health services play a critical role in protecting the well-being of Marylanders experiencing mental health and substance use emergencies. The Behavioral Health Crisis Response Grant Program has been instrumental in strengthening community-based crisis intervention services that reduce reliance on emergency departments and law enforcement. In 2024, Governor Wes Moore allocated \$13.5 million to 19 jurisdictions, expanding access to these life-saving programs and prioritizing health equity and timely behavioral health care. Investments, such as the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership, a \$45 million, five-year initiative, have demonstrated success in reducing police involvement, improving access to immediate support, and diverting individuals away from costly hospitalizations.

For individuals in crisis, these programs provide a compassionate and effective alternative to traditional emergency response systems. By expanding access to mobile crisis teams, stabilization services, and community-based care, Senate Bill 599 will ensure that those in distress receive timely interventions, preventing further deterioration of their mental health. Early intervention reduces emergency department visits, prevents unnecessary interactions with the criminal justice system, and helps individuals achieve long-term stability in their communities.

Sustained and predictable funding is essential to maintaining and expanding these services, particularly in underserved areas where access to mental health care remains limited. Without this investment, many Marylanders will face increased barriers to crisis support, putting them at greater risk of adverse outcomes, including hospitalization, homelessness, and avoidable encounters with law enforcement.

For these reasons, we strongly urge a favorable vote on Senate Bill 599 to strengthen Maryland’s crisis behavioral health system and ensure that individuals in crisis receive the care they need, when and where they need it.

**For more information call:**

Christine K. Krone  
Danna L. Kauffman  
410-244-7000

# SheppardPratt\_SB599\_FAV\_Lang.pdf

Uploaded by: Damian Lang

Position: FAV



# Sheppard Pratt

**Written Testimony – Damian Lang**

**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.

**SB 599\_BH Crisis Grant\_BHSB\_FAVORABLE.pdf**

Uploaded by: Dan Rabbitt

Position: FAV



March 6, 2025

**Senate Budget & Taxation Committee  
TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

Behavioral Health System Baltimore, Inc. (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 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**BHSB urges the Senate Budget & Taxation Committee to support SB599 - Behavioral Health Crisis Response Grant Program - Funding.** This bill would provide three additional years of stable funding to this grant program and would ensure the Maryland crisis response system remains strong.

The Behavioral Health Crisis Response Grant Program was established in 2019 to provide state funding for behavioral health crisis services. The General Assembly established the funding levels in statute each year and provided \$5 million for each of the last four years. The Maryland Department of Health indicated in the Behavioral Health Administration (BHA) budget analysis that they planned to fund the program at \$5 million again for FY26.

The bill would return to the previous practice of establishing funding levels in statute. There was considerable confusion about the future of the program prior to the BHA budget hearing and predictability in funding is preferred. There is no reason to expect these services to no longer be needed. Program grantees provide essential behavioral health services across the state that will not continue if the funding is eliminated. Some examples of funded programs include the following:

- Baltimore County Urgent Care Clinic: Provides urgent care for those experiencing serious behavioral health concerns seven days a week, 12 hours each day. The clinic provides over 1,000 psychiatric and diagnostic evaluations along with medications referrals for ongoing care each year. Many of these individuals would call 911 or go to the Emergency Room if not for this clinic. Without grant funding, hours and days of operation would need to be reduced by approximately half.
- Carroll County Crisis Services: Funds the mobile crisis teams serving the County. Over the last three years, 2,000 dispatches were made, diverting 229 individuals from an Emergency Petition to the hospital, 180 from the Emergency Room, and 46 from the local jail. This system relies almost entirely on this grant and would be unable to provide any of these services without this funding.
- Federick County Walk-In Clinic: This clinic has been operational since 2019 and has served 8,000 individuals. Approximately 1/3 of those served report they would have gone to the Emergency Room if the Walk-In Clinic was not available. The state grant provides essentially all the funding for this service. The clinic would likely close without the grant.
- Harford County In-School Crisis Intervention Services: Provides crisis intervention and up to eight weeks of crisis stabilization and follow up for students and their families. This grant is the primary source of funding. The program would need to be dramatically scaled back without these funds.



- MidShore Youth Mobile Crisis Services: Provides mobile crisis services to youth and families across five Midshore Counties. The mobile crisis teams diverted 86 children and youth from the Emergency Room and 27 from the detention center last year. The County would need to lay off two entire teams and end overnight services without funding from this grant.
- Prince George's County Mobile Crisis Teams: These teams provide over 1,000 dispatches each year, primarily for psychiatric emergencies, behavioral emergencies, and suicidal ideation. They serve youth and adults, many of whom would have nowhere to turn but local hospitals without these services. It is estimated that two mobile crisis teams would be laid off if this funding ended.

These services are designed to divert individuals in crisis from Emergency Departments, hospitals, and jails. These cost savings are considerable and any reduction in funding would raise costs even more in other aspects of the budget. Medicaid billing can help support some of these programs but is not predicted to make up even half the costs of the grant in most cases.

An annual allocation of \$5 million is a smart investment that should be maintained for at least the next several years. **We urge the Senate Budget & Taxation Committee to pass SB599.**

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

**SB0599-BT\_MACo\_SUP.pdf**

Uploaded by: Kevin Kinnally

Position: FAV



## **Senate Bill 599**

### *Behavioral Health Crisis Response Grant Program - Funding*

MACo Position: **SUPPORT**

To: Budget and Taxation Committee

Date: March 6, 2025

From: Karrington Anderson and Kevin Kinnally

The Maryland Association of Counties (MACo) **SUPPORTS** SB 599. This bill requires the Governor to include \$5 million in the annual budget bill for fiscal years 2027 through 2029 for the Behavioral Health Crisis Response Grant Program.

Counties play a central role in delivering behavioral health services, often serving as the first point of contact for individuals experiencing mental health or substance use crises. The Behavioral Health Crisis Response Grant Program has been instrumental in expanding community-based crisis services, ensuring that individuals in crisis receive timely and appropriate care.

SB 599 strengthens this vital program by providing a dedicated funding stream to sustain and enhance crisis response efforts. Predictable and stable funding will allow counties to improve service delivery, invest in mobile crisis teams, and expand access to behavioral health support, reducing the burden on emergency rooms and law enforcement.

By securing additional resources for crisis response programs, this bill supports Maryland's commitment to a comprehensive and accessible behavioral health system. With the demand for crisis services continuing to rise, this funding will ensure that counties can meet community needs and provide effective, timely interventions.

For these reasons, MACo urges a **FAVORABLE** report on SB 599.

# **Letter of Testimony for SB599.pdf**

Uploaded by: Michelle Grigsby-Hackett

Position: FAV



February 17, 2025

**RE: SUPPORT OF SB599  
Behavioral Health Crisis Response Grant Program – Funding**

Dear Chairman Guzzone and Respected Members of the Budget and Taxation Committee:

The Affiliated Sante Group is a Maryland-based behavioral health and crisis support services provider located in 15 jurisdictions throughout the State of Maryland, where in the past year we have provided services to over 60,000 individuals. The proposed Senate Bill SB599 for Behavioral Health Crisis Response Grant Program Funding directly and positively impacts the ability to serve individuals to gain control and to navigate their daily lives. While there is still a gap in funding for fiscal year (FY) 2026 in SB599, **we at Sante would like to express our support and urge you to not only support the bill, but also advocate for funding to include FY26.**

The SB599 works to provide funding to the following essential behavioral health crisis services in several jurisdictions throughout the state: adult/youth/school-based mobile crisis, urgent care, walk-in crisis services, adult-crisis beds, and adult SUD observation chairs (further breakdown can be seen in the table below "Appendix 1"). The crisis services impacted by the loss of funding for FY26, may only be a portion of the overall crisis services provided in Maryland, but may also play a significant role in helping to reduce hospitalizations, use of jails, law enforcement, and emergency personnel. Behavioral health crisis services extend beyond individuals and provide support for large-scale events, such as the Key Bridge collapse and mass shootings. The loss or reduction of crisis services not only impacts individuals within our communities, but also has negative financial implications; trained professionals are able to help de-escalate situations to avoid unnecessary hospitalizations and emergency room visits. In the past year, we at Sante were able to divert over 800 individuals from the emergency room, 1,000 from psychiatric emergency petitions, and 100 from the criminal justice system.

For the reasons identified within this letter, **we again respectfully urge you to support SB 599 and advocate for the need to provide funding for FY26.**

Should you have any questions and/or need for further information, please feel free to utilize us as a resource and companion, in supporting the behavioral-crisis community. A member of our leadership team would be happy to have the opportunity to speak with you further, to discuss the need and to obtain any guidance and support on how to best move forward.

Respectfully,

Affiliated Sante Group

12200 Tech Rd, Suite 330 | Silver Spring, MD 20904  
301.572.6585 | Fax 301.572.4293  
SANTEGROUP.ORG



**Behavioral Health & Crisis Response Solutions**

*Restoring hope & building resilience together.*

Chairman Guzzone and Respected Members of the Budget and Taxation Committee

Page 2

February 17, 2025

**Appendix I . Number of Grants and Funds Distribution**

Jurisdictions	Grant Allocation	Service Provided
Baltimore City	\$849,144	Adult Mobile Crisis
Baltimore County	\$304,855	Urgent Care Services
Calvert	\$382,976	Crisis Call Center
Carroll	\$373,171	Youth and Adult Mobile Crisis
Frederick	\$862,830	Walk-in Crisis Services for Youth and Adults
Harford	\$111,000	School-based Mobile Crisis Services
Howard	\$810,372	Adult Crisis Beds
Midshore	\$413,000	Youth Mobile Crisis
Prince George's	\$806,652	Adult SUD Observation Chairs
Washington	\$96,404	Adult Mobile Crisis Services
<b>TOTAL</b>	<b>\$5,010,404</b>	

**2025-OOOMD-SB 599 - Crisis Grant-FAV (Written).pdf**

Uploaded by: Michelle Livshin

Position: FAV



ON OUR OWN  
OF MARYLAND

[onourownmd.org](http://onourownmd.org)

7310 Esquire Court  
Mailbox 14  
Elkridge, MD 21075

410.540.9020

## WRITTEN TESTIMONY IN SUPPORT OF SB 599: Behavioral Health Crisis Response Grant Program - Funding

---

Thank you Chair Guzzone, Vice-Chair Rosapepe, and committee members for your commitment to improving the quality and accessibility of healthcare services for Marylanders, especially community members who experience significant behavioral health challenges. On Our Own of Maryland (OOOMD) is a nonprofit behavioral health education and advocacy organization, operating for 30+ years by and for people with lived experience of mental health and substance use recovery.

**OOOMD is in strong support of SB 599**, which would invest \$5 million in annual funding to re-authorize the Crisis Response Grant program beginning fiscal year 2027-2029. This would ensure mobile crisis services, urgent crisis walk-in centers, crisis stabilization centers, and more would be able to continue providing accessible emergency supports to community members to save lives and divert unnecessary and costly hospitalizations.

Through this grant funding, crucial crisis services were able to be implemented in rural regions of Maryland, where behavioral health supports are already limited. Prior to this program, Western Maryland and Eastern Shore had 1 mobile crisis team. This funding expanded access to Youth Mobile Crisis Services in the Eastern Shore, and Adult Mobile Crisis Services in both Western and Southern Maryland.

Delivering crisis response services in a timely and trauma-informed manner requires adequate resources to maintain strong infrastructure. Dedicating funding to support these community-based services decreases reliance on law enforcement as the default available responder for BH crisis scenarios, with important immediate and long-term positive impact for individuals and families. Too often, we hear people report frightening, unhelpful, and stigmatizing experiences due to non-specialty emergency responders' lack of understanding or skill. These bad experiences not only hurt or harm in the moment, but they create lasting mistrust and resistance to engaging with crisis services in the future.

We urge you to vote in favor of this crucial bill. Thank you.



# **Maryland Catholic Conference\_FAVSB599\_.pdf**

Uploaded by: Michelle Zelaya

Position: FAV



MARYLAND  
CATHOLIC  
CONFERENCE

March 6<sup>th</sup> , 2025

SB599

**Behavioral Health Crisis Response Grant Program - Funding  
Budget and Taxation Committee  
Position: Favorable**

The Maryland Catholic Conference offers this testimony in support of **Senate Bill 599**. The Maryland Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Behavioral Health Crisis Response Grant Program - Funding seeks to ensure consistent and necessary financial support for behavioral health crisis response services by requiring the Governor to allocate funding in the annual budget for the program in designated fiscal years. By securing this funding, the bill strengthens Maryland's ability to provide immediate, community-based crisis intervention for individuals experiencing behavioral health emergencies, reducing reliance on emergency rooms and law enforcement for mental health crises. A well-funded crisis response system ensures that individuals in distress receive appropriate care, leading to better health outcomes, reduced hospitalizations, and decreased strain on public safety resources.

Every individual, regardless of their circumstances, deserves access to compassionate and effective mental health care. Failing to provide adequate crisis response services leaves vulnerable individuals without the support they need, exacerbating suffering and deepening social inequalities. The Catholic commitment to healing and care for the most vulnerable calls for policies that prioritize mental health services and ensure that individuals in crisis receive timely, humane, and professional support.

This funding helps to reduce the burden on emergency rooms, law enforcement, and social services, allowing first responders to focus on public safety while trained behavioral health professionals address mental health emergencies. Ensuring that crisis response teams are adequately funded allows for preventive care, early intervention, and long-term recovery support, which benefits individuals, families, and society.

A strong behavioral health crisis response system creates a more just and equitable healthcare framework, ensuring that mental health emergencies are treated with the same urgency and dignity as physical health crises. Maryland has a moral obligation to invest in services that protect human dignity, alleviate suffering, and promote holistic well-being. By funding the Behavioral Health Crisis Response Grant Program, the state can save lives,

strengthen communities, and build a more compassionate and responsive healthcare system for all.

For these reasons, the Maryland Catholic Conference urges a favorable report on **Senate Bill 599**.

**SB599 FAV.pdf**

Uploaded by: Morgan Mills

Position: FAV

March 6, 2025

Chair Guzzone, Vice Chair Rosapepe, and distinguished members of the Budget and Tax Committee,

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

We respectfully request a favorable report on SB599 to secure crisis response programs continue to deliver lifesaving services at the local level throughout the state. The Behavioral Health Crisis Response Grant Program was established by the General Assembly in 2019 to fund behavioral health crisis services and has been funded at \$5 million per year for the last four years. It was unclear in the governor's proposed budget if this funding would continue at all, but subsequent budget analysis shows that there will be \$5 million allocated for FY26. Cutting the grant program would have made it impossible for mobile crisis teams, walk-in clinics, and school based crisis services to continue at their current levels and, in many cases, they would cease to function. NAMI Maryland is grateful for the \$5 million allocation in the proposed BHA budget but we ask that those programs continue with at least level funding through 2029.

People living with mental health conditions, their families, and communities across Maryland rely on crisis response programs and services. Please advance SB599 with a favorable report.

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

**Contact:** Morgan Mills  
Compass Government Relations  
Mmills@compassadvocacy.com

# **Behavioral Health Chart.pdf**

Uploaded by: Shelly Hettleman

Position: FAV

**Behavioral Health Crisis Response Grant Fund**

**Appendix I . Number of Grants and Funds Distribution**

Jurisdictions	Grant Allocation	Service Provided
Baltimore City	\$849,144	Adult Mobile Crisis
Baltimore County	\$304,855	Urgent Care Services
Calvert	\$382,976	Crisis Call Center
Carroll	\$373,171	Youth and Adult Mobile Crisis
Frederick	\$862,830	Walk-in Crisis Services for Youth and Adults
Harford	\$111,000	School-based Mobile Crisis Services
Howard	\$810,372	Adult Crisis Beds
Midshore	\$413,000	Youth Mobile Crisis
Prince George's	\$806,652	Adult SUD Observation Chairs
Washington	\$96,404	Adult Mobile Crisis Services
<b>TOTAL</b>	<b>\$5,010,404</b>	

**SB599\_Hettleman\_FAV.pdf**

Uploaded by: Shelly Hettleman

Position: FAV



**SHELLY HETTLEMAN**  
*Legislative District 11*  
Baltimore County



James Senate Office Building  
11 Bladen Street, Room 220  
Annapolis, Maryland 21401  
410-841-3131  
800-492-7122 Ext. 3131  
Shelly.Hettleman@senate.state.md.us

Chair, Rules Committee  
Budget and Taxation Committee

*Subcommittees*  
Capital Budget  
Health and Human Services  
Chair, Pensions

*Joint Committees*  
Senate Chair, Audit and Evaluation  
Senate Chair, Pensions

**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

**TESTIMONY OF SENATOR SHELLY HETTLEMAN**  
**SB 599 BEHAVIORAL HEALTH CRISIS RESPONSE GRANT PROGRAM**

I am pleased to introduce **SB 599 Behavioral Health Crisis Response Grant Program – Funding**. This legislation takes a critical step in ensuring that behavioral healthcare is protected in Maryland at all levels by securing dedicated funding to essential services.

Despite the critical need for behavioral health services, Maryland’s current system is failing those in crisis. According to the Maryland Hospital Association, one in five Marylanders experiences mental health disorders and substance use disorders.<sup>1</sup> Unfortunately, the emergency room (ER) has become a primary point of contact for crises arising from these disorders, despite not being the ideal setting for such care. This is evident by the fact that, while overall ER visits decreased between 2019 and 2021, the proportion of visits driven by behavioral health needs increased.<sup>2</sup> In FY21, over 12% of ER visits were related to behavioral health, marking a 10.5% increase since FY13.<sup>1</sup> With Maryland holding the record for the longest ER wait times in the country, it is clear that expanded community-based care and mental health resources are essential in order for patients with urgent behavioral health needs to obtain crisis care outside of the hospital ER. SB 599 works to ensure that the work that has already been done in Maryland to expand these services continues.

In 2018, this legislative body took the essential steps to enhance and expand crisis response systems across the state of Maryland by establishing the Behavioral Health Crisis Response Grant Program. Its primary goal is to provide funding to local jurisdictions as a means to develop and improve services such as mobile crisis teams, crisis walk-in centers, and crisis stabilization facilities. Since then, we have seen positive strides, but the demand for services continues to grow, making it clear that we must continue investing in community-based care. Additionally, the proposed \$116 million budget cut for behavioral health funding in the Governor’s FY26 budget underscores that the need for sustained funding is more urgent than ever.

SB 599 requires the Governor to include in the annual budget bill for each of fiscal years 2027 through 2029 an appropriation of \$5,000,000 to the Behavioral Health Crisis Response Grant Program. This effort to guarantee consistent funding for the Grant Program reinforces the state's commitment to effective behavioral health crisis intervention and support, strengthens behavioral health infrastructure, and works to improve equity in behavioral health access. The programs that this fund supports are vital to addressing mental health crises before they escalate into emergency room visits or law enforcement encounters. Furthermore, these programs save lives.

Without guaranteed funding, Maryland risks backsliding on the progress we've made in improving behavioral health services, leaving countless individuals in crisis with nowhere to turn. Therefore, I urge a favorable report on SB 599.

- 1- <https://mhaonline.org/caring-for-communities/quality-safety/behavioral-health/>  
<https://mhaonline.org/wp-content/uploads/2024/05/maryland-general-assembly-hospital-throughput-work-group-final-report-march-2024.pdf>

# **SB599 Behavioral Health Crisis Response Grant Prog**

Uploaded by: Shore Progress

Position: FAV

MARCH 6, 2025

# SHORE PROGRESS

## SENATE BILL 599: BEHAVIORAL HEALTH CRISIS RESPONSE GRANT PROGRAM - FUNDING

POSITION: FAVORABLE

### **Chair Guzzone, Vice Chair Rosapepe, & Members of the Budget and Taxation Committee,**

---

**Shore Progress is proud to support Senate Bill 599, which ensures continued funding of \$5 million annually for the Behavioral Health Crisis Response Grant Program.** This legislation is critical to addressing the mental health crisis across Maryland and ensuring equitable access to behavioral health services for all residents, regardless of their geographic location.

**Maryland's Eastern Shore communities continue to experience severe healthcare disparities, particularly in behavioral health.** Rural residents face higher rates of mental health disorders, substance use disorders, and suicide, yet they have fewer providers, longer wait times, and higher barriers to care. These residents also lack access to crisis intervention services, resulting in delayed or insufficient treatment, higher rates of emergency room visits, and preventable hospitalizations.

**Without continued funding, the progress Maryland has made in expanding crisis response services will be at risk.** Local jurisdictions need long-term financial stability to maintain and grow these programs. Senate Bill 599 guarantees this funding through 2029, allowing communities to plan for sustainable, long-term improvements in their behavioral health infrastructure.

**Senate Bill 599 will help ensure that all Marylanders, regardless of where they live, have access to essential mental health services.** Shore Progress urges a favorable report.

**SHORE PROGRESS**

[shoreprogress.org](https://shoreprogress.org)

[info@shoreprogress.org](mailto:info@shoreprogress.org)

**SEEDS\_ SB599 BH Crisis Grant Funding\_Favorable.doc**

Uploaded by: Sophie Huang

Position: FAV



March 6, 2025

**Senate Budget & Taxation Committee  
TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

My name is Sophie Huang and as the organization president, I am testifying on behalf of the Special Education Equal Development Society (SEEDS) in support of Senate Bill 599. SEEDS represents a community of over 150 families with neurodivergent children, many of whom with behavioral health challenges.

**SEEDS strongly supports SB599 - Behavioral Health Crisis Response Grant Program – Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

Serving disabled individuals, especially children, across multiple counties in Maryland, SEEDS has witnessed first-hand a continued need for adequate and accommodating behavioral health resources. Many neurodivergent children struggle in large, busy environments such as a hospital ED and funding for crisis services as alternatives can provide enormous comfort to worried parents and other caretakers. SB599 would be crucial for all Marylanders to feel safe and supported.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **The Special Education Equal Development Society urges the Senate Budget & Taxation Committee to pass SB599.**

**SB 599 - B&T- MACHO - LOS.pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



**2025 SESSION  
POSITION PAPER**

**BILL:** SB 599 - Behavioral Health Crisis Response Grant Program - Funding  
**COMMITTEE:** Senate – Budget and Taxation Committee  
**POSITION:** Letter of Support  
**BILL ANALYSIS:** SB 599 would require the Governor to include a \$5M appropriation for the Behavioral Health Crisis Response Grant Program in the annual budget bill for FY27 through FY29.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) submits a Letter of Support for SB 599. This funding is critical to maintaining the county level system of care for behavioral health. MACHO provides the following examples of how the Behavioral Health Crisis Response Grant Program supports essential services throughout the state:

In Allegany County, this program funds the Urgent Care Coordination program, which provides access to three appointments with a licensed mental health provider and psychiatric nurse practitioner. This proactive approach prevents unnecessary emergency department visits by offering immediate assessments, medication management, and seamless aftercare planning. It also supports Crisis Intervention Team (CIT) training to equip law enforcement officers with the specialized skills and knowledge required to respond to mental health crises compassionately and effectively. By diverting individuals with mental health and substance use disorders from the criminal justice system to appropriate treatment, the CIT program promotes public safety.

This funding supports mobile crisis services in numerous jurisdictions across the state, providing crucial intervention for individuals in crisis and reducing demands on emergency services and law enforcement. Calvert County relies on this funding to provide critical crisis services, including a mobile response team and urgent care options. As a rural community, these funds are critical to 24/7 operations. In FY24, Calvert's crisis programs delivered 4,850 services and are on track to exceed that number in 2025. This funding has contributed to an ongoing reduction in fatal overdoses, with only 11 recorded in 2024.

St. Mary's County has utilized this funding to support its Health Hub, which provides access to a variety of health and wellness services, including harm reduction, crisis counseling, basic healthcare needs, and mobile crisis services.

This funding is vital to sustaining these and other important local health department behavioral health crisis response programs serving our communities across the state. Without funding, these services will be discontinued with severe and detrimental consequences for our residents. People would no longer be able to access needed services, resulting in increased emergency department utilization, longer wait times, and a greater reliance on law enforcement intervention without specialized training. These outcomes would strain existing resources and undermine efforts to create compassionate and supportive communities. Communities and LHDs rely on this funding to achieve shared objectives.

For these reasons, MACHO submits this Letter of Support for SB 599. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*



# **IMIND Legislative Testimonial V4.pdf**

Uploaded by: Steven Flynn

Position: FAV



**March 6, 2025**

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

iMind Behavioral Health serves as the Mobile Crisis Response Team provider in Prince George's County, Maryland's second most populated jurisdiction. Over the past four years, we have built a comprehensive crisis continuum by collaborating with 988, law enforcement, fire/EMS, and county and state agencies. In 2024, we responded to 2,866 crisis calls, including 1,035 youth and transitional-aged youth under 24.

**iMind Behavioral Health strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.**

This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

Our organization directly experiences the impact of this funding. Our current grant amount of \$733,320 supports essential services that are not billable through Medicaid, including pre-dispatch preparation (averaging 16 minutes), transit time to crisis locations (averaging 23 minutes), and overnight services (12% of our call volume). Without this grant funding, we would be forced to significantly reduce staff and service hours, particularly our 24/7 coverage which is vital for community safety.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **iMind Behavioral Health urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Steven Flynn, CEO



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



March 6, 2025

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

I am Dr. Kimberly Gordon-Achebe, Medical Director of Mobile Response and Crisis Stabilization Services at iMind Behavioral Health. As a child and adolescent psychiatrist with extensive research and publications focused on community-based crisis intervention and youth mental health systems, I bring both clinical expertise and research-based evidence to discussions of crisis response funding.

**Dr. Kimberly Gordon-Achebe strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

My research, published in *Child and Adolescent Psychiatric Clinics of North America*, demonstrates that community-based crisis response is significantly more effective and less traumatic than emergency department care, particularly for youth. In my article "Reimagining the CARE in Systems to Combat the Pediatric Mental Health Crisis in America" (2024), I outline how stable funding for mobile crisis teams creates better outcomes for youth while reducing overall system costs. Within our program, we have documented significant reductions in emergency department utilization, hospitalizations, and law enforcement involvement when mobile crisis teams can provide immediate intervention.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Dr. Kimberly Gordon-Achebe urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Kimberly Gordon-Achebe, MD, DFAPA  
Medical Director, Mobile Response and Crisis Stabilization Services



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



**March 6, 2025**

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

As a Psychiatric Nurse Practitioner with iMind's Mobile Crisis Response Team, I provide direct psychiatric assessment, diagnosis, and medication management in community settings. My clinical expertise allows me to evaluate complex mental health crises and develop immediate intervention plans that often prevent hospitalization and other restrictive interventions.

**Fulgentia Smith, CRNP-PMH, MPH strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

From my clinical perspective as a psychiatric provider, I cannot overstate the importance of consistent funding for these services. In my role, I regularly encounter individuals experiencing:

- First-episode psychosis requiring immediate assessment and intervention
- Medication crises that need urgent adjustment to prevent hospitalization
- Suicidal ideation requiring on-site risk assessment and safety planning
- Complex psychiatric presentations that benefit from assessment in home environments

Without stable, multi-year funding, our ability to maintain qualified psychiatric providers on crisis teams would be severely compromised. Recruiting and retaining medical professionals requires program stability. The year-to-year uncertainty of funding creates significant challenges in building and maintaining the medical components of these teams.



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



Additionally, the medical interventions we provide in crisis situations save substantial healthcare dollars by preventing emergency department visits, inpatient hospitalizations, and the complications that arise from delayed psychiatric treatment. From a public health perspective, the return on investment for these services is substantial.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Fulgentia Smith, CRNP-PMH, MPH urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Fulgentia Smith, CRNP-PMH, MPH  
Psychiatric Nurse Practitioner, Mobile Crisis Response Team



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



**March 6, 2025**

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

As licensed clinical professionals with iMind's Mobile Crisis Response Team in Prince George's County, we provide direct crisis intervention to individuals experiencing mental health emergencies. Collectively, we respond to thousands of crisis situations annually, serving both youth and adults in their homes, schools, and communities.

**The Clinical Staff of iMind Behavioral Health strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstay and lengthy ED wait times.

As front-line providers, we witness daily how mobile crisis response prevents unnecessary hospitalizations and law enforcement involvement. Our data shows that over 70% of the crises we respond to are successfully resolved in the community without emergency department visits. The grant funding enables us to provide services that are impossible to bill through traditional means, including:

1. Extensive travel time to reach people in crisis throughout our large county
2. Pre-dispatch preparation and coordination with referring agencies
3. Follow-up support to ensure continued stability
4. Overnight and weekend crisis coverage when other services are unavailable



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



Year-to-year funding uncertainty makes it extremely difficult to maintain staffing levels and provide consistent services. Multi-year guaranteed funding would allow us to focus fully on service delivery rather than worrying each year about whether these essential services will continue.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **The Clinical Staff of iMind Behavioral Health urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Mobile Crisis Response Team Clinical Staff:

- Karen Beriss, LMSW
- La Shawn Bruce, LCSW-C
- Darlene Gardner, LCSW-C
- Katherine Hutchens, LMSW
- Zacharia Kabia, LGPC
- Joyce King, LCPC
- Dawn Lewis, LCSW-C
- Myrissa Ramie, LGPC
- Ashantia Rhoomes, LCSW-C
- Conise Shaw, LMSW
- O'brien Wimbish, LCPC



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



March 6, 2025

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

As Peer Support Specialists with iMind Behavioral Health's Mobile Crisis Response Team, we bring our lived experience of mental health challenges and recovery to crisis response in Prince George's County. We work directly with individuals during their most vulnerable moments, using our personal journeys to build trust and hope when people need it most.

**The Peer Support Specialists of iMind Behavioral Health strongly support SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

As peers who have navigated our own mental health challenges, we offer unique support that clinical staff alone cannot provide. When someone in crisis hears "I've been where you are," it creates an immediate connection. Our role, funded by the grant program, allows us to:

1. Break down barriers to accepting help by sharing our recovery stories
2. Connect with individuals who may distrust traditional healthcare systems
3. Demonstrate that recovery is possible through our lived experience
4. Provide practical coping strategies we've personally used
5. Bridge the gap between clinical services and real-world recovery

Without guaranteed funding for the next three years, programs like ours face uncertainty that threatens both staff retention and service quality. Peer support services are often the first to be cut when funding is reduced, despite their proven effectiveness and relatively low cost compared to clinical services. Stable funding would allow us to strengthen and expand peer support, ensuring more Marylanders benefit from this essential perspective.



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)





Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **The Peer Support Specialists of iMind Behavioral Health urge the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Mobile Crisis Response Team Peer Support Specialists:

Christina Abbey  
Viola Awambeng  
Travis Barnes  
Thomas Corbett  
Eloise Feinberg  
Randell Fisher  
Monica Grey Coker  
Sheena Henry  
Malique Kerns  
Mohnd Khalaifeh  
Christopher Lee  
Jamie Maguire  
Brandon Meyers  
Anthony Mills  
Tiffany Minor  
Dominic Mostella  
Garcia Brenton Sanford  
Citlalli Rendon  
Monica Poe  
Simone Reid  
Amirah Sims  
Cheyenne Thompson-Burnett  
William Thorne  
David Wilson



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



March 6, 2025

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

My name is Charles Haggins, and I am a Master Sergeant in the United States Air Force. I am testifying today as the father of a 17-year-old daughter who has been diagnosed with schizophrenia and insomnia. Our family's experience with the Mobile Crisis Response Team, funded through the Behavioral Health Crisis Response Grant Program, demonstrates why stable funding for these services is essential.

**Charles Haggins strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

On June 20, 2024, my daughter Kaylah experienced a severe mental breakdown. After an initial ER visit proved insufficient, her condition worsened to the point where I had to call 911. During this crisis, she was experiencing severe delusions and engaging in dangerous behavior. The responding officers connected us with iMind Behavioral Health's Mobile Crisis Team, a service funded through the Behavioral Health Crisis Response Grant Program.

The difference in approach was life-changing. Instead of another traumatic hospital visit, trained professionals came to our home. They spent time building trust with my daughter, carefully assessed her condition, and developed a comprehensive treatment plan. Their clinicians visited Kaylah throughout her recovery process, taking time to understand her condition and personality. By July, they had established the appropriate medication regimen she needed to function in school, at home, in church, and other public places.

Thanks to their intervention, my daughter is now properly medicated and stable, has returned to school successfully, and we haven't had any emergency situations since. Our family now has tools to prevent future crises. Without guaranteed funding for these services, families like mine would have nowhere to turn except emergency rooms and law enforcement—options



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



that often exacerbate mental health crises rather than resolving them.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Charles Haggins urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Charles O. Haggins  
Father of Mobile Crisis Team Service Recipient

**March 6, 2025**



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



## Senate Budget & Taxation Committee

### TESTIMONY IN SUPPORT

#### *SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

My name is Candace Currence, and I am writing as a senior citizen who experienced a life-threatening crisis with my 84-year-old husband with dementia. The Mobile Crisis Response Team funded through the Behavioral Health Crisis Response Grant Program literally saved my husband's life, and I am testifying to urge continued funding for these essential services.

**Candace Currence strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

On September 8, 2024, my husband Bill, who has dementia, fell in the master bathroom and was not discovered until the following morning. Despite clear signs of a possible stroke and complete loss of mobility on his left side, he adamantly refused medical care when EMS arrived. Even with a legal Power of Attorney, I could not override his verbal objections to treatment. In this desperate situation, I was advised to contact iMind Health's Mobile Crisis Response Team.

Within hours, the team arrived and demonstrated specialized skills that regular emergency services simply don't have. They conducted a skilled assessment of the complex medical-mental health crisis, used specialized techniques to work with a dementia patient, and spent several hours patiently gaining my husband's trust. They ultimately convinced him to accept medical transport and coordinated with EMS for safe hospital transfer.

Thanks to their intervention, my husband received critical medical care in time, and we just celebrated his 84th birthday on February 2nd. Without this specialized service, I might have lost my husband of over 50 years. The Mobile Crisis Team



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



provides unique and essential services for our elderly population, particularly those with dementia who may resist traditional emergency services.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Candace Currence urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Candace B. Currence  
Wife of Mobile Crisis Response Team Patient



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



March 6, 2025

## Senate Budget & Taxation Committee

### TESTIMONY IN SUPPORT

#### *SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

I am writing as a parent of a 16-year-old who has received life-changing mental health services through iMind Behavioral Health's Mobile Crisis Response Team, funded through the Behavioral Health Crisis Response Grant Program. Our family's experience demonstrates why stable, long-term funding for these services is essential.

**Shenell Bowrin strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

Before finding the Mobile Crisis Team, my child struggled with severe anxiety that made school attendance nearly impossible, deep depression affecting friendships, sudden mood changes that disrupted our family life, and self-harming behaviors that we weren't aware of until they became serious. As a parent, I felt lost and overwhelmed. The strain affected our entire household, my other child, and even my ability to maintain consistent work attendance.

When we finally connected with the Mobile Crisis Team, they provided:

- Immediate crisis support when we needed it most
- Family therapy that helped us understand and support our child
- Individual counseling my child actually welcomed
- School coordination for consistent support
- Practical strategies for home implementation



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



The results have been remarkable. My child has returned to regular school attendance, is developing healthy friendships, and we now have tools to handle difficult moments before they become crises. As a family, we've learned to communicate better and I've been able to maintain stable employment.

The uncertainty of year-to-year funding creates tremendous anxiety for families like mine who rely on these services. Without the guarantee of continued services, we worry constantly about what would happen if these supports suddenly disappeared. The three-year funding commitment proposed in SB599 would provide the peace of mind families need to focus on recovery rather than worrying about service availability.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Shenell Bowrin urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Shenell Bowrin  
Parent of Mobile Crisis Team Service Recipient



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



**March 6, 2025**

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

We write to you as parents whose son received life-saving help through the Mobile Crisis Response Team. Our experience with school-based crisis intervention demonstrates why stable funding for these services is critical for Maryland's youth and families.

**Brendan and Danielle Rose strongly support SB599 - Behavioral Health Crisis Response Grant Program -- Funding.**

This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

A few months ago, our son experienced a severe crisis at school. Our son has always struggled to some degree in the school environment, but this was something bigger. All the years of frustration came to a head, and although his school has been incredibly supportive, this was above their scope of expertise.

The Mobile Crisis Response Team was called and within an hour, a team was at the school meeting with us all. Their rapid response and professional approach completely transformed what could have been a traumatic situation. Instead of involving law enforcement or requiring an emergency room visit, the MCRT team:

- Provided immediate, skilled de-escalation
- Created a workable support plan
- Maintained clear communication with our family
- Coordinated with school staff
- Established ongoing support services



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)





Thanks to the MCRT's intervention, our son is now receiving regular mental health support through their recommended services. We haven't had another incident since then because we now have the tools and support system in place to prevent escalation. During a recent progress report meeting with our son's school, his behavioral and educational improvements were highlighted and he is on track to reach his goals.

We cannot thank Prince George's County Public Schools enough for having another option for children like ours that doesn't involve potentially traumatic police or ER visits. MCRT handled everything in a calm and professional manner that de-escalated rather than exacerbated an already stressful, frightening and confusing situation. All children deserve access to programs such as these - it can be the difference between life and death.

These wraparound programs are starting to truly yield results. The multi-year funding proposed in SB599 would ensure these programs continue to develop and improve, rather than facing uncertainty year after year. Stable funding allows for better program planning, staff retention, and continuous improvement in service delivery.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Brendan and Danielle Rose urge the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Brendan and Danielle Rose

Parents of Mobile Crisis Team Service Recipient



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



**March 6, 2025**

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

I am writing as a parent of a 27-year-old adult child who receives mental health services through iMind Behavioral Health's Mobile Crisis Team (MCT). Our family's journey with adult mental health challenges demonstrates why stable funding for these services is crucial for all Marylanders, including adult populations who often have fewer specialized services available to them.

**Nitiki L. Scott strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

Before finding MCT, our family struggled through countless outbursts of behavior, tough days, and numerous crises. My adult child experienced severe anxiety, deep depression, sudden mood changes that disrupted our family life, and periods of suicidal thoughts that left us feeling helpless and scared.

As a parent of an adult child with mental illness, I faced unique challenges. While I remained deeply concerned and involved in my child's care, I had few legal rights to intervene once they reached adulthood. This made the availability of community-based crisis services even more crucial for our situation.



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



The MCT's approach transformed our situation by providing:

- Immediate crisis support when we needed it most
- Family therapy that helped us understand and support our adult child
- Individual counseling that my child actually looked forward to attending
- Coordination with other service providers
- Practical strategies we could use at home

The changes we've seen since beginning treatment with MCT have been remarkable:

- We haven't had emergency room visits in months
- Our family interactions are no longer filled with tension and tears
- My child is developing healthy relationships
- We have tools to handle difficult moments before they become crises
- I can finally sleep at night knowing we have support

The three-year funding commitment proposed in SB599 is essential for program stability. Adult services often receive less attention than youth services, yet adults with mental illness face distinct challenges in accessing appropriate care. Multi-year funding would allow for better planning and coordination of adult-focused crisis services, ensuring these vulnerable individuals don't fall through the cracks.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Nitiki L. Scott urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Nitiki L. Scott  
Parent of Mobile Crisis Team Client



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



March 6, 2025

**Senate Budget & Taxation Committee**

**TESTIMONY IN SUPPORT**

*SB 599 - Behavioral Health Crisis Response Grant Program - Funding*

My name is Stephanie Carson, and I am a very proud parent of a 15-year-old young lady named Olivia. To give you a tiny bit more information about my daughter, she's a high-honor scholar, aspires to be a veterinarian, a 6-year competitive swimmer, and a year-round volleyball player. I am writing to share how the Mobile Crisis Response Team saved my daughter during a severe mental health crisis and why stable funding for these services is crucial.

**Stephanie Carson strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.** This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstays and lengthy ED wait times.

Two years ago, my daughter Olivia began having an extremely challenging emotional crisis with depression and anxiety. She was also challenged and overwhelmed with being on medication for the first time. Along with the anxiety and depression, she was expressing thoughts of suicide.

Her dad and I were trying to help her by talking with her to calm her mood and behavior. We had no luck because she had become catatonic (verbally unresponsive), while running around the house trying to lock herself in any room where she could do so.

The Mobile Crisis Response team arrived at our home within 30 minutes, and they were able to not only get my daughter to verbally respond, but they also convinced her to allow me and her father to drive her to Children's Hospital for a full psychiatric evaluation. My daughter was really struggling during this time, and the Mobile Crisis Response team exhibited highly effective skills as first responders should for an emergency behavioral health crisis.



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)



They knew exactly how to help our daughter calm down to the point where she was able to pack her bag and dress herself to get the help she desperately needed. They also gave me and my husband recommendations for next steps beyond the hospital as we prepared to leave home that evening. Our daughter ended up being admitted, evaluated, and immediately taken off one of the medications that was increasing her anxiety and depression.

During their home visit, the Mobile Crisis team used several strategies to help our daughter:

- Calming down using breathing techniques
- Helping her understand how her feelings were valid
- Creating a safety plan
- Talking with us (parents) about what was happening
- Guided discussion to help her feel safe again

The best part was that they didn't just provide support on that one day then disappear. The crisis team continued to support by:

- Consistently following up with phone calls on multiple days after the crisis
- Giving our daughter additional strategies to use when she starts feeling overwhelmed

Because of their help, our daughter has developed respect for receiving their support when in crisis. During a more recent crisis this year, my daughter asked (I use the word "asked" very lightly) me to immediately call Mobile Crisis Response so she could speak with someone for support. This was a first for her to initiate wanting to contact them, so for me and her father, this was evidence that she has not only established trust with this healthcare team, but she has learned to initiate asking for support in her time of need—a HUGE step towards healing when battling mental or behavioral health challenges.

The three-year funding commitment proposed in SB599 is essential for families like mine. When a young person establishes trust with a crisis service, it is vital that the service remains available consistently. Year-to-year funding uncertainty puts these critical relationships at risk and could undo the progress made in teaching young people to seek help when they need it.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. On behalf of my daughter Olivia, her father Eric, myself, and our community of other youth who are battling behavioral health challenges, I strongly urge the Senate Budget & Taxation Committee to pass SB599.

Respectfully submitted,

Stephanie Carson  
Parent of Mobile Crisis Team Service Recipient



1802 Brightseat Rd # 300 Hyattsville MD 20785

Tel: 240-249-0989

Fax: 240-256-8887

Crisis Call: 301-900-HELP (4357)

[www.iMindhealth.net](http://www.iMindhealth.net)

**SB 599 - MDH - B&T - LOI.docx (1) (1).pdf**

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 6, 2025

The Honorable Guy Guzzone  
Chair, Budget and Taxation Committee  
3 East Miller Office Building  
Senate Office Building, Room 131  
Annapolis, Maryland 21401

**RE: Senate Bill 599 - Behavioral Health Crisis Response Grant Program - Funding  
Letter of Information**

Dear Chair Guzzone and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill 599 - Behavioral Health Crisis Response Grant Program - Funding.

This bill seeks to require the Governor to include in the annual budget bill an appropriation to the Behavioral Health Crisis Response Grant Program of \$5,000,000 for fiscal years 2027 through 2029.

Consistent with the 2025 Substance Abuse and Mental Health Services Administration (SAMHSA) National Guidelines for a Behavioral Health Coordinated System of Care, the Department's goal is to build a comprehensive continuum of crisis services to ensure that every Marylander has someone to call, someone to respond, and a safe place to go when they experience a behavioral health crisis.<sup>1</sup> Crisis services reduce the utilization of emergency departments and hospital inpatient care for behavioral health crises and provide an alternative to criminal justice engagement. The Behavioral Health Crisis Response Grant Program began in fiscal year 2020 and has provided annual funding to ten jurisdictions for critical mobile crisis response and stabilization services, urgent care walk-in services, and crisis beds. In fiscal year 2024, 9,500 individuals received services through the grant program.

Over the last year, the Department has built upon this grant program by issuing final regulations that set statewide standards for Mobile Crisis Team services ([10.63.03.20](#)) and established Behavioral Health Crisis Stabilization Centers ([10.63.03.21](#)), effective May 27, 2024. For the first time, federal Medicaid funding will be leveraged for these two services, which will support long-term sustainability. As of February 2025, five Mobile Crisis Team providers across 16 jurisdictions are licensed by the Behavioral Health Administration and enrolled in Medicaid.

---

<sup>1</sup> Substance Abuse and Mental Health Services Administration: Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services. HHS Publication No. SMA XX-xxxx [or PEPXX-XX-XXXXX]: Substance Abuse and Mental Health Services Administration, 2025.  
<https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf>

Additionally, the Department has been improving data collection efforts to improve the evaluation of the crisis response system.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is written in a cursive style with a horizontal line underneath the name.

Ryan B. Moran, Dr.P.H, MHSA  
Acting Secretary