

# MARYLAND PSYCHIATRIC SOCIETY



February 24, 2025

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

Support: SB 900: Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluation

Dear Chairwoman Beidle & Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

We are writing to express our strong support for Senate Bill 900 – Maryland Behavioral Health Crisis Response System – Integration of 9–8–8 Suicide and Crisis Lifeline Network and Outcome Evaluations. This legislation represents a crucial step toward strengthening Maryland’s behavioral health crisis response while ensuring that interventions are evidence-based, effective, and continually improved through comprehensive data collection.

The 9–8–8 Suicide and Crisis Lifeline has become the public face of suicide prevention nationwide, yet there is currently limited data demonstrating its long-term efficacy. SB 900 addresses this gap by establishing critical infrastructure to track outcomes, link interventions with measurable results, and improve service delivery. Collecting and analyzing data such as call volumes, resolution methods, response times, and patient outcomes will provide valuable insights into the effectiveness of crisis services and inform strategies to reduce suicide rates and other behavioral health emergencies. Without this feedback loop, it is impossible to evaluate the success of interventions or identify areas in need of enhancement.

We also appreciate that SB 900 facilitates collaboration among organizations with aligned goals. With multiple stakeholders—hospitals, crisis centers, emergency departments, and community services—involved in crisis response, it is essential to avoid redundancy and ensure seamless communication. Effective coordination not only improves patient care but also maximizes the impact of available resources.

While there is a significant national push to increase public awareness and utilization of 9–8–8, the line remains underutilized. Efforts to expand access and public knowledge—such as those by Behavioral Health System Baltimore (BHSB), which has engaged a consulting firm to improve outreach—are commendable. Yet, as utilization increases, we must be equipped with data to understand who is being served, how crises are being resolved, and what the short- and long-term outcomes are for individuals who seek help. SB 900 ensures that we will not just encourage use of the 9–8–8 system but also hold ourselves accountable for delivering meaningful, effective interventions.

As mental health professionals committed to reducing suicide and improving behavioral health outcomes across Maryland, MPS believes that data-driven approaches are essential to saving lives. By supporting this bill, Maryland will set a precedent for how crisis response systems can be both accessible and accountable.

MPS/WPS, therefore, ask this honorable committee for an favorable report on SB 900. If you have any questions regarding this testimony, please contact Lisa Harris Jones at [lisa.jones@mdlobbyist.com](mailto:lisa.jones@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society & Washington Psychiatric Society  
Legislative Action Committee

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