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PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



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March 4, 2025

The Honorable Pamela G. Beidle
Chairwoman, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street Annapolis, MD 21401

RE: SB900 – Maryland Behavioral Health Crisis Response System – Integration of 9–8–8 Suicide and Crisis Lifeline Network and Outcome Evaluations

Position: **Favorable with Amendments**

Chair Beidle and Members of the Committee,

Thank you for the opportunity to present Senate Bill 900. This bill would accomplish two modest but important goals to strengthen Maryland's Behavioral Health Crisis Response System:

1. Updating Maryland's crisis response statute to incorporate the national 9-8-8 Suicide and Crisis Lifeline. Our existing statute, established before the federal launch of 9-8-8, does not currently reflect this critical resource. This bill ensures that 9-8-8 is formally integrated into Maryland's behavioral health crisis framework.
2. Improve 988 and crisis system outcome measurements by establishing a reasonable set of outcomes to track. This will allow MDH and us in the General Assembly to assess crisis system performance and determine where additional investments are needed in the future.

The Problem – The Need for Strengthened Crisis Response

Maryland's Behavioral Health Crisis Response System plays a critical role in connecting individuals in crisis with appropriate support services. The national 9-8-8 Suicide and Crisis Lifeline, the federally designated crisis number, provides crisis response, supportive counseling, and serves as a point of entry for accessing additional resources and services.

However, Maryland's current statute does not explicitly require jurisdictions to coordinate with 9-8-8 call centers or ensure integration across the crisis response continuum. While this coordination is already occurring in practice, updating the statute will formally recognize the central role of 9-8-8 and strengthen the expectation for statewide collaboration.

Additionally, there is a lack of comparable data on crisis response outcomes, making it difficult to evaluate the effectiveness of interventions and ensure equitable access to care across jurisdictions. Transparent reporting on system capacity and outcomes is essential for identifying areas in need of improvement and strengthening the crisis response system.

We understand that the Maryland Department of Health already has access to most of these metrics, which are readily collected at the local level. The goal is not to create unnecessary burdens or increase costs for the Department. To that end, the proposed metrics and reporting schedule are intentionally limited. We believe that requiring ongoing data collection, reported annually, with these key metrics will enhance our understanding of the current crisis response system and help guide future improvements.

What SB900 Does

This legislation makes key improvements to Maryland's Behavioral Health Crisis Response System by:

- Establishing a statutory expectation that the national 9-8-8 Suicide and Crisis Lifeline be integrated into Maryland's crisis response system.
- Enhancing crisis outcome evaluation reporting by requiring annual reporting on
 - Ongoing data collection from 988 call/text/chat and other crisis providers, including call, text, and chat volumes, answer rates, and call disposition
 - Mobile crisis team dispatches, response times, and dispatch disposition
 - Crisis stabilization center utilization and discharge outcomes.
- Tracking law enforcement involvement, involuntary status of clients, and diversion from higher levels of care, including hospitals.
- Mandating that data to be publicly reported annually (by December 1) and disaggregated by race, gender, age, and zip code to ensure equitable service delivery.

Why SB900 is Critical

By integrating 9-8-8 and improving crisis intervention data collection, SB900 will:

- Strengthen crisis services and ensure individuals can access care in a timely manner.
- Enhance coordination between mental health professionals, mobile crisis teams, and first responders.
- Reduce unnecessary emergency room visits and law enforcement involvement in mental health crises.
- Provide policymakers with real-time, disaggregated data to improve crisis response programs and allocate resources equitably.
- Ensure transparency and accountability by requiring annual public reporting on crisis outcomes.

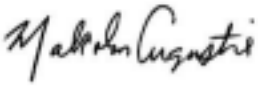
Conclusion

While Maryland has made progress, the absence of statutory 9-8-8 integration and standardized crisis outcome reporting limits our ability to provide the best possible care. SB900 addresses these gaps with practical, data-driven solutions. SB900 ensures that 9-8-8 is fully integrated into our state's crisis response infrastructure while providing the necessary data to improve services and support policy decisions.

Amendments

We have worked with MDH on clarifying amendments that have been submitted as sponsor amendments.

Chair Beidle and members of the committee, I urge you to issue a favorable report with amendments on SB900.



Sincerely, Senator Malcolm Augustine
President Pro Tempore -- District 47 – Prince George’s County