

SB900.pdf

Uploaded by: Ashley Clark

Position: FAV

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.

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

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MCF_FAV_SB 900.pdf

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Position: FAV



Senate Finance Committee

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

February 28, 2025

Position: FAV

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.

Last year, we served nearly 5,000 families, and 73% were families with children. Additionally, 15% were families with substance use and co-occurring disorders, 10% were adults with a mental health diagnosis, and 2% were families with a loved one with problem gambling disorder.

SB 900 aims to ensure greater accountability and informed policy decisions that reduce barriers to care, hospitalizations, and incarceration and enhance connections to resources and support. This approach will also increase equitable access by addressing disparities through data disaggregation. This data will be necessary for many programs and organizations as it will provide additional information about the needs of their communities and those they serve.

Many of the families we serve utilize both systems when navigating a crisis. This coordination is vital as it guarantees access to a full range of life-saving services, which helps to ease the stress many families face when seeking help.

This efficient and accessible approach will strengthen Maryland's behavioral health system and help strengthen Maryland's families, individuals, and communities.

Maryland Coalition of Families urges the committee for a favorable report on SB 900.



Ashley Tauler, CA
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SB 900 2-25 2.pdf

Uploaded by: Bridget Krautwurst

Position: FAV



March 4, 2025

Senate Finance Committee

TESTIMONY IN SUPPORT

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

Mental Health Association of Frederick County is saving families, saving lives and makes our community whole. We offer crisis walk-in care and telephone assistance 24-hours a day, every day of the year. But we will not be able to continue to provide these crisis services without the funding support proposed in SB 900.

Mental Health Association of Frederick County supports SB900 - Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations. This bill would define the role of 988 in Maryland's crisis response system and establish baseline crisis system outcomes the Maryland Department of Health (MDH) must report on each year.

The 988 Suicide & Crisis Lifeline was established by Congress and launched nationwide in July 2022. This universal number provides 24/7, free, and confidential crisis counseling and connection to other crisis services such as mobile crisis teams and crisis stabilization centers. These three components of someone to call, someone to respond, and somewhere to go make up the foundation of the behavioral health crisis system.

Maryland had a crisis system established in statute prior to the launch of 988. SB900 seeks to build on this foundation by incorporating 988 and establishing a clear set of outcome metrics to report on. MDH currently collects various data from local behavioral health authorities and providers, but they are not universally available in the same place. Current reporting also does not address all three components of the crisis system. SB900 proposes that MDH annually report on several basic outcomes related to volume, capacity, and performance for 988, mobile crisis teams, and crisis stabilization centers. The information would be broken down by jurisdiction, and would be disaggregated by race, gender, age, and zip code. This information would improve our collective understanding of the crisis system and better enable future planning and decision making about Maryland's crisis response system.

Our team answered over 57,000 phone calls in 2024. Each of these represent a person in crisis who needs help. Having a collective space for reporting would ensure these individuals receive the care they need.

Reliable data is critical to make smart investments in the crisis response system. **Mental Health Association of Frederick County urges the Senate Finance Committee to pass SB900.**

Bridget Krautwurst BSN, MBA, RN
CEO
Mental Health Association Frederick County

MC Federation of Families Testimony SB 900 FAVORAB

Uploaded by: Celia Serkin

Position: FAV



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March 4, 2025

Senate Finance Committee

TESTIMONY IN SUPPORT

***SB 900 - Maryland Behavioral Health Crisis Response System –
Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations***

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 supports SB 900 - Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations. This bill would define the role of 988 in Maryland's crisis response system and establish baseline crisis system outcomes the Maryland Department of Health (MDH) must report on each year.

The 988 Suicide & Crisis Lifeline was established by Congress and launched nationwide in July 2022. This universal number provides 24/7, free, and confidential crisis counseling and connection to other crisis services, such as mobile crisis teams and crisis stabilization centers. These three components of someone to call, someone to respond, and somewhere to go make up the foundation of the behavioral health crisis system.

Maryland had a crisis system established in statute prior to the launch of 988. SB 900 seeks to build on this foundation by incorporating 988 and establishing a clear set of outcome metrics to report on. MDH currently collects various data from local behavioral health authorities and providers, but they are not universally available in the same place. Current reporting also does not address all three components of the crisis system. SB 900 proposes that MDH annually report on several basic outcomes related to volume, capacity, and performance for 988, mobile crisis teams, and crisis stabilization centers. The information would be broken down by jurisdiction, and would be disaggregated by race, gender, age, and zip code. This information would improve our collective understanding of the crisis system and better enable future planning and decision making about Maryland's crisis response system.

It is critically important to collect data on how Maryland is building and expanding crisis services. This data collection on Maryland's crisis response system will help improve the effectiveness of services, identify areas for improvement, and contribute to a greater understanding of how this expansion is impacting different races, genders, age cohorts, and those living in specific zip codes. The data collected will help to advance health and race equality in Maryland.

Reliable data is critical to make smart investments in the crisis response system. **MC Federation of Families urges the Senate Finance Committee to pass SB 900.**

SB0900_FAV_MedChi, GWSCSW_MD BH Crisis Response Sy

Uploaded by: Christine Krone

Position: FAV



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Senate Finance Committee
March 4, 2025

Senate Bill 900 – *Maryland Behavioral Health Crisis Response System – Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations*
POSITION: SUPPORT

On behalf of MedChi, The Maryland State Medical Society, and the Greater Washington Society for Clinical Social Work, we submit this letter of support for Senate Bill 900, which enhances the state’s behavioral health crisis response by integrating the 9-8-8 Suicide and Crisis Lifeline into local crisis communication centers and establishing comprehensive outcome evaluations for crisis services. This legislation ensures that individuals in crisis have seamless access to immediate support, reducing delays in care and improving coordination across the state’s behavioral health system.

By aligning Maryland’s crisis communication centers with the 9-8-8 Lifeline, this bill will provide more effective crisis intervention, suicide prevention, and mental health support, ensuring that people in distress are connected to trained professionals quickly. This approach not only improves access to care but also helps reduce emergency department visits by addressing behavioral health emergencies within the community. Additionally, enhanced crisis intervention services will decrease law enforcement involvement in mental health crises, ensuring that individuals receive appropriate care rather than being placed in the criminal justice system.

The bill also mandates data collection and outcome evaluations to track call volume, response times, resolution rates, and the effectiveness of mobile crisis teams. These evaluations will provide valuable insights into the system’s performance, allowing for data-driven improvements and more efficient resource allocation to better meet community needs. A favorable report would reinforce the state’s commitment to accessible and high-quality behavioral health care.

For more information call:

Christine K. Krone
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
410-244-7000

SB0900_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV

**Senate Bill 900 Maryland Behavioral Health Crisis Response System - Integration of 9-8-8
Suicide and Crisis Lifeline Network and Outcome Evaluations**

Finance Committee

March 4, 2025

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 900.

SB 900 defines the role of Maryland's 988 helpline as part of the state's broader crisis response system and establishes a range of volume, capacity and performance outcomes that must be measured, collected and reported each year. These data points include:

- **988 call, text and chat volume, answer rate and resolutions, including:**
 - The proportion of crises resolved by phone, or through dispatch of a mobile crisis team, or by transfer to 911
- **Mobile crisis team dispatch volume, response time and resolutions, including:**
 - The proportion of crises resolved safely in the community or transferred to a higher level of care
- **Crisis stabilization center usage and discharge data, including:**
 - The proportion of crises resolved through discharge to home or discharge to a higher level of care

Crisis response services are an essential component of Maryland's behavioral health system of care. They provide early intervention to stabilize individuals experiencing a mental health or substance use crisis quickly and at the lowest level of care appropriate, and they are a key strategy in the state's ongoing efforts to reduce preventable emergency department visits, inpatient hospitalizations, homelessness and criminal justice involvement.

SB 900 will ensure the continued development of Maryland's behavioral health crisis response system is data-driven and strategically addressing gaps in care. For these reasons, MHAMD supports this bill and urges a favorable report.

SB 900_988-Crisis Outcomes Reporting_BHSB_FAVORABL

Uploaded by: Dan Rabbitt

Position: FAV



March 4, 2025

**Senate Finance Committee
TESTIMONY IN SUPPORT**

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

Behavioral Health System Baltimore (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.

Behavioral Health System Baltimore supports SB 900 - Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations. This bill aims to achieve two goals. The first is to incorporate 988 into our behavioral health crisis response system statute. The second is to standardize and clarify the annual reporting required of the Maryland Department of Health (MDH). These modest but important goals will help move Maryland’s crisis system forward and improve our state’s ability to plan for future system enhancements.

The purpose of the first section of the bill is to incorporate 988 into the statute governing the Maryland behavioral health crisis response system. This statute was written prior to the launch of 988 in July 2022 and has no reference to 988. The 988 Suicide & Crisis Lifeline, however, is integral to the functioning of today’s Maryland crisis system. Maryland’s network of 988 helplines operate in every jurisdiction providing free, 24/7 supportive counseling and information on behavioral health resources. They also dispatch other crisis services such as mobile crisis teams directly or provide a warm handoff to the dispatching entity in every region or jurisdiction. It was important to update the statute to accurately reflect today’s crisis response system.

The second section of the bill revises the annual behavioral health crisis response system reporting required of MDH. Current law is not clear on what metrics to report on and is not comprehensive in its requirements. There is no mention of 988, nor does it directly address mobile crisis teams or crisis stabilization centers. These three elements of someone to call, someone to respond, and somewhere to go represents the current [crisis system framework defined by the Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and the approach used by MDH. The outcomes measures included in SB900 address each of these elements and capture both demand for services and system performance. The requirements in this would also require MDH to define each metric in a way that would allow comparability across jurisdictions.

This information provided annually would give the General Assembly and the public the transparent information needed to understand the crisis response system and plan for the future. **We urge a favorable report on SB900.**

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

SB 900_FAV_MdPHA.pdf

Uploaded by: Ilona Kabara

Position: FAV



Mission: To improve public health in Maryland through education and advocacy **Vision:** Healthy Marylanders living in Healthy Communities

Testimony In Support of SB 900
Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations
Before the Senate Finance Committee
By: Maryland Public Health Association (MdpHA)
March 4, 2025

Chair Beidle, Vice-Chair Hayes, and Members of the Finance Committee, thank you for the opportunity to submit supportive testimony for this SB 900. This bill would define the role of 988 in Maryland’s crisis response system and establish baseline crisis system outcomes the Maryland Department of Health (MDH) must report on each year. The 988 Suicide & Crisis Lifeline was established by Congress and launched nationwide in July 2022. This universal number provides 24/7, free, and confidential crisis counseling and connection to other crisis services such as mobile crisis teams and crisis stabilization centers. These three components of someone to call, someone to respond, and somewhere to go make up the foundation of the behavioral health crisis system.

Maryland had a crisis system established in statute prior to the launch of 988. SB900 seeks to build on this foundation by incorporating 988 and establishing a clear set of outcome metrics to report on. MDH currently collects various data from local behavioral health authorities and providers, but they are not universally available in the same place. Current reporting also does not address all three components of the crisis system. SB900 proposes that MDH annually report on several basic outcomes related to volume, capacity, and performance for 988, mobile crisis teams, and crisis stabilization centers. The information would be broken down by jurisdiction, and would be disaggregated by race, gender, age, and zip code. This information would improve our collective understanding of the crisis system and better enable future planning and decision making about Maryland’s crisis response system.

Maryland has built a strong 988 and crisis response system and reliable data is critical to continue to make smart investments in the crisis response system. We urge the Senate Finance Committee to pass SB900. Thank you for your leadership and commitment to public health.

The Maryland Public Health Association (MdpHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdpHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

Maryland Public Health Association (MdpHA)
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SB900_AARP_FAV.pdf

Uploaded by: Karen Kalla

Position: FAV



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**SB 900 Maryland Behavioral Health Crisis Response System –
Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations
FAVORABLE
Senate Finance Committee
March 4, 2025**

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee. My name is Lois Meszaros. I am a volunteer member of the AARP Maryland Executive Council, resident of Anne Arundel County, and a practicing psychologist.

On behalf of AARP Maryland and our 850,000 members across the state, I urge the Committee to pass **Senate Bill 900 Maryland Behavioral Health Crisis Response System – Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations**. We thank Senator Augustine for sponsoring this important legislation.

As a psychologist with a Clinical Practice in Anne Arundel County, I am acutely aware of the shortage of mental health workers in Anne Arundel County and throughout the State of Maryland. Having the 9-8-8 Suicide and Crisis Lifeline Network to help fill the gap in mental health services has been invaluable. This Network is free, confidential, available 7 days a week/24 hours a day and the call, text or chat is answered by a trained mental health professional. Services provided include supportive counseling, suicide prevention, crisis intervention, and referrals to additional resources.

Requiring each crisis communication center in the Maryland Behavioral Health Crisis Response System to coordinate with the 9-8-8 Suicide and Crisis Lifeline Network to provide support services would benefit the residents of Maryland. This would provide the mental health services needed throughout the State and prevent duplication of services in certain regions.

To optimize services, expand those with high usage and reduce or eliminate those with minimal usage, an evaluation across regions is necessary. It is important to determine the volume of calls, texts, and chats to 9-8-8, and to evaluate the age of those calling versus the age of those texting or chatting. It is important to determine the proportion of calls resolved on the phone and the proportion resolved through mobile teams being dispatched. Analyzing mobile crisis team dispatch resolution data will determine the need for crisis services by region.

A thorough annual survey by the administration of consumers and family members who have received services from the Crisis Response Services will help to improve those services. Annual data on the number of behavioral health calls received by police, attempted and completed suicides, unnecessary hospitalizations, hospital diversions, and the detention of individuals with behavioral health diagnoses is necessary for reallocating resources and assessing whether 9-8-8 is effectively diverting mental health calls from 9-1-1 to prevent overuse and delays. It will

examine if diverting individuals with behavioral health issues to specialized facilities reduces emergency room usage and wait times. It will also evaluate if criminal detention is decreasing and if crisis diversion programs are effective.

The data derived from the evaluation of the outcomes of services will be collected, analyzed, and publicly reported by December 1 of each year. This data will be disaggregated by race, gender, age, and zip code and used to formulate policy recommendations. The Crisis Response System shall be implemented as determined by the Administration in collaboration with the core service agency or local behavioral health authority serving each jurisdiction and community members of each jurisdiction. This should lead to the development of a Crisis Response System that is evidence based as it is based on the data from the evaluation performed in each jurisdiction. The Crisis Response System will address the needs of Maryland residents on a regional basis.

For these reasons, we respectfully request a favorable report for SB 900. If you have questions for follow up, please contact Tammy Bresnahan, Senior Director of Advocacy at tbresnahan@aarp.org or by calling 410-302-8451.

SB 900 Amendments_WrittenTestimony.pdf

Uploaded by: Malcolm Augustine

Position: FAV

In the Senate Finance Committee

AMENDMENT TO SENATE BILL 900

(First Reading File Bill)

On page 1, in lines 4 and 19, in each instance, strike “**CRISIS COMMUNICATIONS CENTER**” and substitute “**MARYLAND 988 SUICIDE & CRISIS LIFELINE**”.

On page 2, in line 1, after “the” insert “**NATIONAL**”.

On page 2, in line 3, before “9-8-8” insert “**NATIONAL**”.

On page 2, in line 7, after semicolon insert “**AND**”.

On page 2, insert after line 7, “**5. DIRECT DISPATCH OR WARM HAND-OFFS TO MOBILE CRISIS RESPONSE AND STABILIZATION SERVICES AND OTHER IMMEDIATE SERVICES AS NEEDED.**”.

On page 4, in line 17, after “annual” insert “**CRISIS SERVICES**”.

On page 4, strike in their entirety lines 18 - 21, inclusive and substitute “**INVOLVEMENT OF LAW ENFORCEMENT, INVOLUNTARY STATUS OF CLIENTS, AND DIVERSION FROM HIGHER LEVELS OF CARE INCLUDING HOSPITALS.**”.

On page 4, in line 14, strike “AN annual” and substitute “**ONGOING DATA COLLECTION FROM 988 CALL/TEXT/CHAT AND OTHER CRISIS PROVIDERS,**”, and in the same line, strike “survey by the Administration of” and substitute “**INFORMATION WILL BE OBTAINED FROM**”.

On page 4, in line 16, after “System” insert “**AND REPORTED ANNUALLY**”.

SB900_WrittenTestimony_SenAugustine.pdf

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



THE SENATE OF MARYLAND
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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.

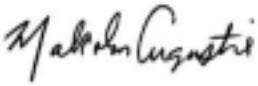
Conclusion

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

SB900 FAV.pdf

Uploaded by: Michael Gray

Position: FAV

March 4, 2025

Good afternoon, Chair Beidle, Vice Chair Hayes and members of the Finance 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.

Too often those struggling with mental illness fail to receive help in a timely manner. Instead, these individuals are met by law enforcement officers, or other de-escalation efforts that are ill-equipped to address a mental health concern. This is why NAMI Maryland continuously advocates for improvements regarding 988, the nationwide crisis response hotline.

The goal of the 988 Suicide and Crisis Lifeline is to provide immediate crisis intervention and support. When someone contacts 988, a trained crisis counselor will answer, listen to the person, and provide support and share resources, as needed.¹ However, the evaluation and execution of these 988 services can be strengthened by assessing different metrics, such as data surrounding mobile crisis teams, call centers, and crisis stabilization options.

SB900 requires each crisis communication center in the Maryland Behavioral Health Crisis Response System to coordinate with the 988 Suicide and Crisis Lifeline Network. Currently, there is an annual report that generates an evaluation of outcomes of 988 services. This bill provides alternative details to what these evaluation reports should include to provide some baseline metrics to ultimately better understand the efficacy surrounding the 988-crisis hotline, and the impact it has had on the state of Maryland.

These metrics include mobile crisis team dispatch resolution data, crisis stabilization center usage, and mobile crisis team response time, among other measurable initiatives. Put simply: analyzing these outcomes allows us to clearly observe how 988 is serving individuals and communities across Maryland.

For these reasons, we urge a favorable report.

SB 900_FAV_Klapper.pdf

Uploaded by: Stephanie Klapper

Position: FAV



Testimony In Support of SB 900 Maryland Behavioral Health Crisis Response System -
Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations

Before the Senate Finance Committee

By: Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative

March 4, 2025

Chair Beidle, Vice-Chair Hayes, and Members of the Finance Committee, thank you for the opportunity to submit supportive testimony for this SB 900. Special thank you to Senator Augustine for sponsoring this legislation. Our mission is quality, affordable health care for all Marylanders. I am submitting this testimony on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc., as we have not reviewed this legislation with the full Maryland Health Care for All! Coalition.

This bill would define the role of 988 in Maryland's crisis response system and establish baseline crisis system outcomes the Maryland Department of Health (MDH) must report on each year. The 988 Suicide & Crisis Lifeline was established by Congress and launched nationwide in July 2022. This universal number provides 24/7, free, and confidential crisis counseling and connection to other crisis services such as mobile crisis teams and crisis stabilization centers. These three components of someone to call, someone to respond, and somewhere to go make up the foundation of the behavioral health crisis system.

Maryland had a crisis system established in statute prior to the launch of 988. SB900 seeks to build on this foundation by incorporating 988 and establishing a clear set of outcome metrics to report on. MDH currently collects various data from local behavioral health authorities and providers, but they are not universally available in the same place. Current reporting also does not address all three components of the crisis system. SB900 proposes that MDH annually report on several basic outcomes related to volume, capacity, and performance for 988, mobile crisis teams, and crisis stabilization centers. The information would be broken down by jurisdiction, and would be disaggregated by race, gender, age, and zip code. This information would improve our collective understanding of the crisis system and better enable future planning and decision making about Maryland's crisis response system.

Together we have made great strides in Maryland, and we continue working to expand access to quality, affordable health care for all Marylanders. Maryland has built a strong 988 and crisis response system and reliable data is critical to continue to make smart investments in the crisis response system. We urge the Senate Finance Committee to pass SB900. Thank you for your leadership and commitment to Marylanders' health.

SB900 MCDHHS FWA MGA25.pdf

Uploaded by: Leslie Frey

Position: FWA



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 900

DATE: March 4, 2025

SPONSOR: Senator Augustine

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey

(leslie.frey@montgomerycountymd.gov)

POSITION: FAVORABLE WITH AMENDMENTS (Department of Health and Human Services)

Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations

Senate Bill 900 requires each crisis communication center in the State Crisis Response System to coordinate with the 988 suicide and crisis lifeline to provide the full ranges of services provided by the 988 suicide and crisis lifeline. The bill enumerates the factors to be considered in outcome evaluations for each communication center including 988 local answer rate, call, text, and chat volume, and resolution data; mobile crisis team dispatch volume, response time, and resolution data; and crisis stabilization center usage and discharge data.

Montgomery County has a longstanding crisis intervention program comprised of a 24-hour crisis center, mobile crisis teams, and a 988 call center with call, chat and text capability, among other services that work cooperatively and collaboratively. This programming predates the State's Crisis Response System and has a proven track record of delivering critical services to County residents in times of crisis. Because of this history, Montgomery County Department of Health and Human services respectfully requests an amendment to Senate Bill 900 to reflect that our communication center provides a coordinated point of entry to our crisis intervention system, but it is not the single point of entry.

Additionally, Senate Bill 900 amends current statutory language requiring an annual report of the outcome evaluations required under the bill to require the report be submitted on or before December 1st of each year. Because the bill goes into effect on July 1, 2025, this would mean the first report under the bill would be due after only four months of implementing the bill's outcome evaluations.

Montgomery County Department of Health and Human Services respectfully requests that the bill be amended to delay the first annual report under the bill until December 1, 2026, so that implementation of the bill's requirements can be fully realized. We urge the committee to issue a favorable report with the amendments on the following page to Senate Bill 900.

AMENDMENTS TO SENATE BILL 900
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 21, strike “single” and insert “**COORDINATED.**”.

AMENDMENT NO. 2

On page 4, in line 25, after “year” insert “, **BEGINNING IN 2026.**”.

SB 900 - MDH - FIN - LOSWA (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



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

March 4, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

**RE: Senate Bill (SB) 900 - Maryland Behavioral Health Crisis Response System -
Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations -
Letter of Support with Amendments**

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 900. The legislation proposes to require each crisis communication center to coordinate with the 9–8–8 Suicide and Crisis Lifeline Network to provide certain support services and requires the Department to annually report on specified data elements on or before December 1 each year.

The Department supports the bill’s goals to ensure coordination with 988, the provision of key services, and the sharing of 988 and crisis system data. The Department has been working with jurisdictions to increase coordination between Maryland 9-8-8 Call/Text/Chat Centers and crisis services. The Department has been sharing 9-8-8 data monthly and working with jurisdictions and providers to improve crisis system data collection, which will begin in State Fiscal Year 2026.

The Department recommends the attached amendments to clarify Maryland vs. national 9-8-8 entities, add that Maryland 988 Call/Text/Chat Centers must coordinate with mobile crisis response and stabilization and other immediate services, and refine law enforcement engagement data elements and the vehicle for consumer experience reporting.

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.

Sincerely,

Ryan Moran, DrPH, MHSA
Acting Secretary

In the Senate Finance Committee

AMENDMENT TO SENATE BILL 900

(First Reading File Bill)

On page 1, in lines 4 and 19, in each instance, strike “**CRISIS COMMUNICATIONS CENTER**” and substitute “**MARYLAND 988 SUICIDE & CRISIS LIFELINE**”.

On page 2, in line 1, after “the” insert “**NATIONAL**”.

On page 2, in line 3, before “9-8-8” insert “**NATIONAL**”.

On page 2, in line 7, after semicolon insert “**AND**”.

On page 2, insert after line 7, “**5. DIRECT DISPATCH OR WARM HAND-OFFS TO MOBILE CRISIS RESPONSE AND STABILIZATION SERVICES AND OTHER IMMEDIATE SERVICES AS NEEDED.**”.

On page 4, in line 17, after “annual” insert “**CRISIS SERVICES**”.

On page 4, strike in their entirety lines 18 - 21, inclusive and substitute “**INVOLVEMENT OF LAW ENFORCEMENT, INVOLUNTARY STATUS OF CLIENTS, AND DIVERSION FROM HIGHER LEVELS OF CARE INCLUDING HOSPITALS.**”.

On page 4, in line 14, strike “AN annual” and substitute “**ONGOING DATA COLLECTION FROM 988 CALL/TEXT/CHAT AND OTHER CRISIS PROVIDERS.**”, and in the same line, strike “survey by the Administration of” and substitute “**INFORMATION WILL BE OBTAINED FROM**”.

On page 4, in line 16, after “System” insert “**AND REPORTED ANNUALLY**”.

SB 900 - MDH - FIN - LOSWA.pdf

Uploaded by: TANYA SCHWARTZ

Position: FWA



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

March 4, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 900 - Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations - Letter of Support with Amendments

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Ryan Moran, DrPH, MHSA
Acting Secretary

In the Senate Finance Committee

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