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**HB1146 Maryland Behavioral Health Crisis Response System –
Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations
FAVORABLE
House Health and Government Operations Committee
March 5, 2025**

Good afternoon, Chair Pena-Melnyk, Vice Chair Cullison, and members of the House Health and Government Operations 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 **HB1146 Maryland Behavioral Health Crisis Response System – Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations**. We thank Delegate White Holland 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 HB1146. If you have questions for follow up, please contact Tammy Bresnahan, Senior Director of Advocacy at tbresnahan@arp.org or by calling 410-302-8451.