



March 5, 2025

**House Health and Government Operations Committee  
TESTIMONY IN SUPPORT**

*HB 1146 - 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 HB1146 - 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 outcome measures included in SB1146 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 data reported annually would give the General Assembly and the public transparent information to understand the crisis response system and plan for the future. **We urge a favorable report on HB1146.**

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