



Testimony In Support of HB 1146 Maryland Behavioral Health Crisis Response System -
Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations
Before the Before the House Health and Government Operations Committee
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Chair Peña-Melnyk, Vice Chair Cullison, and Members of the House Health and Government Operations Committee, thank you for the opportunity to submit supportive testimony for this HB 1146. Special thank you to Delegate White Holland 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. HB 1146 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. HB 1146 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 Committee to pass HB 1146. Thank you for your leadership and commitment to Marylanders' health.