

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee



Miller Senate Office Building
11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3745 · 301-858-3745
800-492-7122 Ext. 3745
Fax: 410-841-3387 · 301-858-3387
Malcolm.Augustine@senate.state.md.us

Senate Chair, Joint Committee on the
Management of Public Funds

THE SENATE OF MARYLAND ANNAPOLIS, MARYLAND 21401

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SB241 - Behavioral Health Crisis Response Services – 9-8-8 Trust Fund

Chair Kelley, Vice Chair Feldman, and members of the Committee.

The Problem:

- We lose **5x more Marylanders to suicide than we do to alcohol-related car accidents**,ⁱ and the rate of suicide has been steadily growing.ⁱⁱ
- In 2020, **only 85% of calls** to the National Suicide Prevention Lifeline from Marylanders in crisis **were able to be answered in-state**.ⁱⁱⁱ For comparison, 92% of calls remained in-state in 2018.^{iv}
- When crisis calls go out-of-state to backup call centers, callers often wait longer, are more likely to drop the call, and are less likely to be connected with effective, local resources.^v
- **This shows that Maryland's local call centers do not have the necessary funding and resources to meet our current and growing need.**
- Emergencies are not limited to "business hours only." Yet, **many parts of Maryland do not have access to 24-hour crisis services** for a mental health or substance use emergency.
- With nowhere else to turn for support, Marylanders in crisis are often forced to rely on **resources that were never designed to meet this need**, such as hospital emergency rooms.
- **We can do better for our neighbors in crisis and save lives** by investing in a robust behavioral health crisis system with 988 at its center.

Why 988?

- 988 is the new, easy-to-remember number for the National Suicide Prevention Lifeline. It goes live in July 2022 and will be promoted as an **alternative to calling 911 for mental health and substance use emergencies**.
- Nationally, those with untreated mental illness are 16x more likely to be killed during police contact compared with the general population.^{vi} **This reality can prevent those in crisis and their loved ones from seeking help altogether.**
- A 2021 poll revealed that **nearly half of Americans would not feel safe calling 911** if they or a loved one was experiencing a behavioral health crisis - **even despite favorable opinions of law enforcement** in their own communities.^{vii}
- 988 is not just meant to get Marylanders the help they need when and where they need it – it is also **meant to remove barriers to seeking help in the first place.**

What SB241 does:

- Establishes a **more sustainable funding base** for Maryland’s behavioral health crisis call centers and response services **in time for this year’s national rollout of 988**.
- Allocates an initial investment of \$10 million to a trust fund for 988 and behavioral health crisis response services, **similar to the trust fund established for 911 services**.
- The fund will be **protected from competing funding demands** since future deposits can come from any funding source. This approach offers the funding stability needed for **long-term planning and capacity-building**.^{viii}
- Just as we have EMS, fire, and police response available for anyone calling 911, a **fully-funded 988 program will ensure appropriate crisis response for anyone, anywhere, and anytime**.

How SB241 helps:

- Investing in crisis response services will be especially important as **crisis call volume is expected to increase** with the national promotion of 988.
- To prevent the overuse of emergency rooms for psychiatric care, Marylanders with psychiatric disabilities have stressed the importance of having alternatives that are just as **accessible, recognizable, and reliably available**.^{ix}
- Investing in Maryland’s local behavioral health crisis services ensures that **needs are not only being met in moments of crisis**, but that those in crisis are **connected with ongoing support** as well.

We have a **unique opportunity this legislative session to take advantage of a national promotional campaign for 988** and reach more Marylanders in crisis. By acting now, we can ensure those affected by mental illness or substance use can access lifesaving services **when and where they are needed**.

ⁱ American Foundation for Suicide Prevention. *Suicide Facts & Figures: Maryland 2020*. Accessed 28 Dec 2021. Retrieved from: <https://aws-fetch.s3.amazonaws.com/state-fact-sheets/2020/2020-state-fact-sheets-maryland.pdf>

ⁱⁱ Centers for Disease Control and Prevention. *Suicide Mortality By State*. Accessed 28 Dec 2021. Retrieved from <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

ⁱⁱⁱ National Suicide Prevention Lifeline. *Maryland and the National Suicide Prevention Lifeline 2020*. Accessed 3 Feb 2022. Retrieved from: <https://suicidepreventionlifeline.org/wp-content/uploads/2021/06/Maryland-Annual-State-Report-2020.pdf>

^{iv} National Suicide Prevention Lifeline. *Maryland Callers in 2018*. Accessed 3 Feb 2022. Retrieved from <https://suicidepreventionlifeline.org/wp-content/uploads/2019/10/Maryland-Lifeline-2018-Report.pdf>

^v See note 4

^{vi} Treatment Advocacy Center. *Overlooked in the Undercounted*. Dec 2015. Retrieved from: <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>

^{vii} Ipsos. *NAMI 988 crisis Response Research*. Nov 2021. Retrieved from <https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Report-11-12-2021-For-Release.pdf>

^{viii} Fund 988 Maryland Campaign. *Fund 988 Maryland Campaign FAQ*. Accessed 3 Feb 2022. Retrieved from: https://static1.squarespace.com/static/618d29f06b02e03d1306c9d1/t/61bb70df27d3ef0a5be882c7/1639674079926/Fund+Maryland+988+Campaign+FAQ_FINAL.pdf

^{ix} Disability Rights Maryland. *Maryland Citizens in Psychiatric Crisis: A Report*. 2017. Accessed 28 Dec 2021. Retrieved from <https://disabilityrightsmd.org/wp-content/uploads/2017/04/ED-FINAL-BOOK-PRINT.pdf>