

**Written Testimony of**  
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***Hearing on Behavioral Health Crisis Response Services 9-8-8 Trust Fund***  
**Before the Maryland General Assembly Finance Committee**

February 8, 2022

Thank you for the opportunity to testify about the on-going Mental Health and Substance Use Disorder challenges facing Maryland Residents and Citizens. I am Andrea King, Principal of The Kingley Group. We submit this statement for the record for the Maryland General Assembly Finance Committee Hearing on Constitutional and Common-Sense Steps to Support the Behavioral Health Crisis Response Services 9-8-8 Trust Fund. The Principal of the Kingley Group, Andrea King is a licensed Mental Health and Substance Use Provider (*License #PRC-13756*) who works with local area hospitals and Department of Justice (Bureau of Prisons, US Probation Office, DC Detention Center and Court Services and Offender Supervision Agency). The Kingley Group is very aware and aligned with this important legislation. Our organization advocates for a public health approach to Mental Health and Substance Use Disorders, supporting evidence-based programs and policies that can reduce the occurrence and impact spikes in Maryland Overdose Deaths in 2020 and 2021 ([Number of Intoxication Deaths by Month and Substance \(maryland.gov\)](#)).

The Kingley Group, LLC supports SB0241-Behavioral Health Crisis Response Services 9-8-8 Trust Fund. This important legislation would address our nation's Mental Health and Substance Use Disorder (MH/SUD) Crisis. During the pandemic, about four in 10 adults have reported symptoms of anxiety or depressive disorder, an increase from the one in 10 adults who reported these symptoms from January to June 2019 ([The Implications of COVID-19 for Mental Health and Substance Use | KFF](#)). Data also shows a surge in emergency department visits attributable to a mental health crisis, suicide attempts, and in drug overdoses during the COVID pandemic ([COVID-19 pandemic has been linked with six unhealthy eating behaviors: Study shows a slight increase in eating disorders, one of the deadliest psychiatric health concerns -- ScienceDaily](#)).

Many District of Columbia (DC) Natives and Residents fled DC over the past 15 years mostly for economic reasons-primarily housing costs ([A History of Discrimination, Redlining, and Affordable Housing Work in Washington, D.C. \(povertyusa.org\)](#); [The state of the Capital Region's housing \(brookings.edu\)](#)), only to find fewer mental health and substance abuse assistance and resources in Prince Georges County, Maryland. This may be partially due to the District of Columbia's access to Federal Funds as it is a US Territory. Although the Prince George's County Executive recently executed efforts for Mental Health support services ([Money for police training facility shifted to mental-health hospital in Prince George's - The Washington Post](#)), it is not enough to meet the existing Mental Health and Substance Use Disorder needs and demands for respective citizens in Maryland ([Mental Health Care Health Professional Shortage Areas \(HPSAs\) | KFF](#)).

Mental Health Equity is vital to this process because young adults and people of color are disproportionately reporting symptoms of anxiety and depression ([Mental Health - Household Pulse Survey - COVID-19 \(cdc.gov\)](#); [Anxiety and depression symptoms vary by age and race - Axios](#)). For example, the patients served at Boston Medical Center are predominantly low-income, with approximately half of the patients' care is covered by Medicaid or the Children's Health Insurance Program (CHIP) – the highest percentage of any acute care hospital in Massachusetts. 70% of the patients identify as Black or Latinx, approximately one in three (32%) speak a language other than English as their primary language, and over half live at or below the federal poverty level ([Durham.pdf \(senate.gov\)](#)).

Although Mental Health events and conditions occur more frequently in White Americans, Black and African Americans (B/AA) in America has and continues to be characterized by trauma that exceeds their White Counterparts. Access to Mental Health and Substance Use Disorder Treatment along with the lack of respective and tailored resources also served as challenges ([Black and African American Communities and Mental Health | Mental Health America \(mhanational.org\)](#)).

During my tenure at the DC Central Detention Facility doing MH/ SUD Assessment Intakes for citizens recently arrested and charged; I witnessed MH/SUD documentation history was readily available and easy to track for Whites but not for Blacks and African Americans, Latino, Hispanic and Sudanese populations. This was important because not only did it determine the course of MH/SUD Treatment during detention, it also determined DC Central Detention Facility Housing (Cell Block assignment) where Correction Officers had MH/SUD training, or placement on Cell Blocks and Tiers that included Community Based Recovery Programs. This created a more viable community transition process ([The Transition from Jail to Community \(TJC\) Initiative | Urban Institute](#)) for individuals with MH/SUD documentation history.

This lack of diagnosed MH/SUD tx and access to MH SUD tx ([African Americans Often Face Challenges Accessing Substance Use Treatment | The Pew Charitable Trusts \(pewtrusts.org\)](#)) is further exacerbated by inability to afford bail and legal representation. One of the few Intake exceptions were BIPOC citizens diagnosed with Severe Mental Illness or Severe Pervasive Mental Illness ([Defining Severe and Persistent Mental Illness—A Pragmatic Utility Concept Analysis \(nih.gov\)](#)) because they usually known for frequent interactions with DC Police.

My tenure at Mental Health Community Organizations (Judicial contracts with DOJ) is to provide MH/SUD treatment services to parole and probation citizens (individual and group psychotherapy sessions). Many of these citizens indicate incarceration was their first mental health assistance encounter. I heard comments such as "this was my first time to slow down and think"-or "once I listened I knew" It's important to note although people of color are more likely to be involved in the criminal justice system, there is evidence that they are less likely to be identified as having a mental health diagnosis or substance use disorder ([Racial Disparities in Mental Health and Criminal Justice | NAMI: National Alliance on Mental Illness](#)). There is also evidence that prosecutors are more likely to grant Pre Trial diversion to White defendants ([Racial Disparities in Pretrial Diversion: An Analysis of Outcomes Among Men Charged With Felonies and Processed in State Courts - Traci Schlesinger, 2013 \(sagepub.com\)](#)).

### **Solution Focused Strategies for Supporting 9-8-8**

#### Reduces the Burden on Family Members

- Parents are facing unprecedented youth mental health challenges ([Surgeon General Issues Advisory on Youth Mental Health | Healthiest Communities Health News | US News](#)). Parents are being sent home with their children to monitor (comparable to 72-hour Psych hold).
- Post incarceration, the Mental Health effects of being imprisoned quite often are unrecognized ([The Mental Health Effects of Being in Prison \(verywellmind.com\)](#)) and returning citizens experience debilitating mental health events and often cope or suffer in silence. This poses challenges for respective family members.

#### Reduces the Burden on Hospital Emergency Departments

- Currently, many hospitals have restricted visitors to reduce the risk of spread of COVID (<https://mhanational.org/what-will-happen-if-i-go-er-emergency-mental-health-treatment-during-covid>) and often requires a "Sitter" to assure personal safety ([Emergency Departments a Frayed Safety Net for Behavioral, Mental Health | Healthiest Communities Health News | US News](#)). Hospital Emergency Departments also face the challenges such as lack of bed space and inability to refer patients to MH/SUD treatment centers due to lack of bed space as well.

#### Reduces the Burden and also assists Probation and Parole Officers

- If a parolee is arrested and charged, the Probation or Parole is notified accordingly, and additional sanctions are likely to occur. If there is a 9-8-8 option, undiagnosed Maryland citizens and residents would be referred accordingly to Mental Health and Substance Use Disorder treatment. This would assist Probation or Parole Officers This would strengthen the Probation and Parole Framework ([Comprehensive Policies Can Improve Probation and Parole | The Pew Charitable Trusts \(pewtrusts.org\); What Is Mental Health Probation? | NAMI: National Alliance on Mental Illness](#)).

## Reduces the Burden on Maryland Police Officers and Maryland 2-1-1 Crisis Line

- The Maryland Emergency website states- "**The Maryland Suicide Prevention Program is not a crisis or emergency care center. If you or someone you know is in crisis, contact Maryland's crisis hotline by calling 2-1-1 and pressing option 1 or texting 898-211. In the case of a life-threatening emergency, call 911.**" This places the responsibility on the Police ([Pages - Maryland Suicide Prevention Program](#)).
- Mental Health Police Training is vital. Maryland offered Mental Health Training to First Responders ([Maryland Department of Health Maryland Department of Health launches virtual mental health first aid training for first responders](#)) -and this was a really important and supportive step. Mental Health Police Training Initiative should certainly be assistive ([Effectiveness of Police Crisis Intervention Training Programs | Journal of the American Academy of Psychiatry and the Law \(jaapl.org\)](#)). Police Mental Health and Well Being is very critical ([Law Enforcement Mental Health and Wellness \(LEMHWA\) Program Resources | COPS OFFICE \(usdoj.gov\)](#)). These initiatives should be aligned with 9-8-8.

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