TESTIMONY IN SUPPORT OF COUNCIL BILL 22-0127R – INFORMATIONAL HEARING – 988 SUICIDE AND CRISIS LIFELINE

HEALTH, ENVIRONMENT, AND TECHNOLOGY COMMITTEE

October 26, 2022

The Baltimore City Council Suicide Prevention Legislative Workgroup is comprised of providers, survivors, advocates, faith leaders, elected officials, nonprofit organizations, educators, community leaders, and researchers dedicated to decreasing barriers Baltimore City residents face to access efficient and effective mental health services to support their mental health, and prevent suicides from occurring within our city.

The goals of this workgroup include:

- a. Encourage and support suicide prevention and behavioral health coordination efforts amongst various sectors in Baltimore City that specifically target vulnerable and underserved populations.
- b. Submit sound, innovative, evidence-based policy recommendations and procedural recommendations for implementation.
- c. Enhance continuity of care among existing services in our city.

To this end, the Suicide Prevention Legislative Workgroup strongly supports Council Bill 22-0127R – Informational Hearing – 988 Suicide and Crisis Lifeline.

In 2020, the National Hotline Designation Act was signed into law, establishing 988 as the new Suicide and Crisis Lifeline and Veterans Crisis Line. In April 2022, the Maryland General Assembly appropriated \$10.5 million in funding to support municipal and regional implementation and response efforts, and July 16, 2022 marked the official launch of 988.

The implementation of this easy-to-remember code could not come at a more crucial time. The COVID-19 pandemic and its multifaceted ramifications produced an increase in suicidal ideation and deaths by suicide. From February 2020 to March 2020, there was a 45% increase in calls to the Maryland Helpline. In March 2020 there was an 842% increase in texts to the Maryland Helpline¹. The 2020 Maryland State Suicide Prevention Plan alerts that there has been a steady increase in deaths by suicide since 2015². In like manner, the 2018 Youth Risk Behavioral Surveillance Survey (YRBSS) highlighted the increased prevalence of youth suicidal ideation, with 22.9% of Maryland middle school students reported having suicidal ideations and 18% of Maryland high school students reported having suicidal ideations within the past twelve months³. Upon further examination, in 2019, the Congressional Black Caucus's Emergency Task Force on Black Youth reported that over the past couple decades, suicides amongst Black male youth have increased exponentially whilst rates have decreased for their white male youth counterparts⁴.

¹ <u>COVID-19 and Suicide: A Crisis Within a Crisis | Hopkins Bloomberg Public Health Magazine (jhsph.edu)</u>

² <u>Maryland's State Suicide Prevention Plan 2020 | Governor's Commission on Suicide Prevention</u>

⁽health.maryland.gov)

³ Ibid.

⁴ Ibid.

The integration of 988 aligns with Baltimore City's current behavioral health response initiatives. In June 2021, the City launched the 911 Diversion Pilot program with the mission of linking our most vulnerable with the most appropriate services while simultaneously reducing the burden law enforcement faced in responding to these particular calls for service. The open collaboration between our Health Department, local behavioral health organizations, and law enforcement makes us best equipped to successfully implement 988 and provide equitable services.

It is imperative that the City Council, residents, and relevant stakeholders are aware of the 988 Lifeline, the City's implementation efforts, current barriers and challenges, how to access these lifesaving services, and what to expect when you call. This transformational move grants our behavioral health organizations, city agencies, subject-matter experts, local leaders, and general public a once-in-a-lifetime opportunity to improve access to comprehensive care, address and mitigate long-standing stigma, and lessen the unnecessary burden on our law enforcement and emergency departments. **The Baltimore City Suicide Prevention Legislative Workgroup thus strongly supports CB 22-0127R.**