

Short-Term Action Plan to Prevent Veteran Suicides Recommendations

As Required by

Maryland Government Code

Section 13-3901 under Subtitle 39

Maryland Department of Health

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TABLE OF CONTENTS

Table of Contents	i
Executive Summary	1
1. Introduction	3
2. Identify SMVF and Screen for Suicide Risk Recommendations	4
Statutory Recommendations	4
Administrative Recommendations	5
State Appropriations Recommendations	6
3. Promote Connectedness and Improve Care Transitions Recommendations	7
Statutory Recommendations	7
Administrative Recommendations	7
State Appropriations Recommendations	8
4. Increase Lethal Means Safety and Safety Planning Recommendations	9
Statutory Recommendations	9
Administrative Recommendations	9
State Appropriations Recommendations	10
5. Peer Support Recommendations	12
Statutory Recommendations	12
Administrative Recommendations	12
State Appropriations Recommendations	14
6. Next Steps and Conclusion	15
Appendix A: Budget	A-1
Appendix B: List of Acronyms	B-1

EXECUTIVE SUMMARY

Senate Bill (SB) 521, Chapter 35 (2019) requires the Maryland Department of Health (MDH) to develop a comprehensive action plan to increase access to and availability of professional health services to prevent veteran suicides in Maryland¹. SB 521 calls for MDH to develop a short-term action plan for full implementation by June 30, 2023, including short-term recommendations covering statutory, administrative, and budget-related changes that would need to be made to implement the initiatives and reforms.

SB 521 requires MDH collaborate with the Maryland Department of Veterans Affairs (MDVA); the United States (U.S.) Department of Veterans Affairs (VA); the Service Members, Veterans, and their Families (SMVF) Technical Assistance Center Implementation Academy of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services; veteran advocacy groups; medical providers; and any other interested party MDH considers appropriate to develop a plan to accomplish the following goals:

1. Identify opportunities for raising awareness of and providing resources for veteran suicide prevention;
2. Identify opportunities to increase access to veteran mental health services;
3. Identify funding resources to provide accessible and affordable veteran mental health services;
4. Provide measures to expand public-private partnerships to ensure access to quality and timely mental health services;
5. Provide proactive outreach measures to reach veterans needing care;
6. Provide for peer-to-peer service coordination, including training, certification, recertification, and continuing education for peer coordinators; and
7. Address suicide prevention awareness, measures, and training regarding veterans who are involved in the justice system.

While the legislative direction for the report is on prevention of veteran suicide specifically, the VA recognizes that family members are instrumental to each veteran's support network², and that a holistic approach including the veteran's family members must be used. Additionally, current service members should be included so they are prepared to identify and overcome suicidality which could arise during or after transition to veteran status. This report takes into consideration the needs of the SMVF population in Maryland in an effort to prevent veteran suicides.

¹ Maryland Government Code, Section 13-3901, Subtitle 39. Retrieved from https://mgaleg.maryland.gov/2019RS/Chapters_noln/CH_35_sb0521t.pdf

² U.S. Department of Veterans Affairs. (2018). *National Strategy for Preventing Veteran Suicide 2018-2028*. Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

The proposed short-term action plan developed in collaboration with stakeholders and in alignment with the goals in SB 521 focuses on the following:

- Promoting the use of evidence-based and best practices regarding suicide prevention efforts for the SMVF population;
- Raising awareness among providers of the gaps in healthcare for SMVF which must be addressed to prevent suicide; and
- Normalizing safety seeking behavior.

Care was taken to align all efforts with work already directed toward suicide prevention in Maryland, including recommendations by Maryland's State Suicide Prevention Plan 2020³ developed by the Governor's Commission on Suicide Prevention (GCSP) and the 2020-2021 Behavioral Health Plan⁴ developed by the Maryland Department of Health (MDH) Behavioral Health Administration (BHA).

This document summarizes the statutory, administrative, and state appropriations recommendations outlined in the Short-Term Action Plan to Prevent Veteran Suicides report submitted to Governor Hogan. A copy of the plan can be provided upon request.

³ Governor's Commission on Suicide Prevention, Maryland. (2020). *Maryland's State Suicide Prevention Plan 2020*. Retrieved from <https://bha.health.maryland.gov/suicideprevention/Documents/2020%20Maryland%20State%20Suicide%20Prevention%20Plan.pdf>

⁴ Maryland Department of Health: Behavioral Health Administration. (2020). *2020-2021 Behavioral Health Plan*. Retrieved from <https://bha.health.maryland.gov/Documents/2020-2021%20Behavioral%20Health%20Plan%20-%2011.13.20.pdf>

1. INTRODUCTION

Senate Bill (SB) 521, Chapter 35 (2019) requires the Maryland Department of Health (MDH) to develop a comprehensive action plan to increase access to and availability of professional health services to prevent veteran suicides in Maryland. The comprehensive action plan should include (1) short-term initiatives and reforms to be implemented beginning on or before July 1, 2023, and (2) long-term initiatives and reforms to be implemented beginning on or before June 30, 2029. Furthermore, SB 521 requires MDH submit, in accordance with §2-1246 of the State Government Article, a report on any statutory, administrative, and budgetary changes that would need to be made to implement the initiatives and reforms included in the action plan.

The *Short-Term Action Plan to Prevent Veteran Suicide* contains strategies and action steps to destigmatize mental health care, create sustainable infrastructures, increase cross-sector community collaboration, and increase the availability of professional and SMVF-specific mental health services by focusing on four key strategic priority areas: identifying SMVF and screening for suicide risk, promoting connectedness and improving care transitions, increasing lethal means safety and safety planning, and peer support. The plan also identifies statutory, administrative, and budget-related gaps in the veteran suicide prevention efforts in Maryland and provides recommendations for ways to address these gaps. Recommendations align with the seven short-term action plan goals described in SB 521.

2. IDENTIFY SMVF AND SCREEN FOR SUICIDE RISK RECOMMENDATIONS

Statutory Recommendations

The following statutory recommendations align with all seven of the short-term action plan goals in SB 521:

State and Federal Partnerships

The “Ask the Question” initiative was launched across Maryland in November 2020. The effort is being managed by the Maryland Department of Veterans Affairs and BHA’s Maryland’s Commitment to Veterans (MCV). Prior to the soft launch in November, a work group convened to discuss logistics and implementation. It was found that very few state agencies routinely ask consumers about military service history and if they do it is not done in a standardized manner. In addition, if a question is asked related to military service it is unclear whether there is any follow up or referral for VA specific services. It can be assumed, based on the population of Maryland veterans, that there are thousands of SMVF accessing state services who would otherwise be eligible for VA services. Bringing consistency to this screening process will ensure that eligible individuals are connected with vital services that help to reduce suicidality among SMVF.

Recommendation 1: Repeal and re-enact with amendments HB1159: Health - Vital Statistics - Veteran and Armed Services Member Suicide Reporting to require a report on suicide in this population through December 31, 2030. To effectively evaluate the success of implemented SMVF suicide prevention programs data must be made available annually on the number of suicides in this population.

Recommendation 2: Incorporate Ask the Question across certain state agencies, including Department of Human Services, Department of Health, Department of Disabilities, Department of Aging, Department of Public Safety and Correctional Services, and Department of Labor, by mandating the question, “have you or a loved one ever served in the military” be asked during customer intake to promote uniform and accurate identification of SMVF.

Recommendation 3: The Maryland Department of Human Services Benefits Portal should be expanded to include SMVF screening questions. The Portal should provide information related to VA programs and benefits when a customer indicates military service connection.

Data

At this time, there is no singular source of information on SMVF state benefits access in Maryland. Given the lack of awareness of what services SMVF need, of what services they are accessing, and what agencies are serving them; recommending policy based on data and evidence is almost impossible. To inform recommendations for the long-term action plan, it will be necessary to have outcome data from the short-term action plan recommendations.

Recommendation 4: Require certain state agencies, including Department of Human Services, Department of Labor, Department of Aging, Department of Disabilities, Department of Public Safety and Correctional Services, and the MD Behavioral Health Administration to report data on an annual basis to MDVA related to services SMVF are accessing within state government.

Training and Education

In order to support understanding of military service, continuity of care, and proper appropriate information and referral, state agencies participating in Ask the Question should be trained in military cultural competency and suicide prevention. In addition, information on suicide prevention resources specific to the SMVF community should be accessible on state agency websites.

Recommendation 5: Mandate certain state agencies who are screening for SMVF, including Department of Human Services, Department of Health, Department of Disabilities, Department of Aging, Department of Public Safety and Correctional Services, and Department of Labor, receive annual training on military cultural competency, MDVA and VA programs, and resources available to SMVF.

Recommendation 6: Require that all state agency veteran service specialist program liaisons receive annual suicide prevention training to include knowledge of signs and indicators of suicidality, and the necessary steps to refer to resources, information, or services.

Recommendation 7: Mandate that the MDVA and Maryland Department of Labor Veterans Program personnel receive annual suicide prevention training.

Recommendation 8: Mandate that the MDVA and the BHA's Maryland's Commitment to Veterans (MCV) maintain a list of SMVF suicide prevention resources, with regular updates, on their websites.

Recommendation 9: Require state agencies with public-facing websites to include SMVF suicide prevention resources including the National Suicide Prevention Lifeline, MDVA and MCV website links, and veteran services specialist program liaison contacts as resource points for veteran suicide prevention information on those sites.

Administrative Recommendations

The following administrative changes may be implemented without the direction of the Legislature. State agencies, stakeholders, and private providers have internal policies and practices they can leverage to accommodate new information and business practices.

Data

To inform recommendations for the long-term action plan, it will be necessary to have outcome data from the short-term action plan recommendations.

Recommendation 10: As part of Ask the Question, the Maryland Department of Veterans Affairs should collect data on state agency and provider participation, training completion, identified SMVF and number of referrals to programs.

State and Federal Partnerships

On a frequent basis, SMVF interact with providers outside the state government system on a frequent basis. It is unknown whether there is a standardized system of screening for military service within these systems. One of the key barriers for SMVF not seeking civilian services is because they do not feel understood. Therefore, it is obligatory to encourage hospital systems as well as community behavioral health providers to incorporate Ask the Question and associated training into their intake processes.

Recommendation 11: The Maryland Hospital Association membership should be briefed on and encouraged to participate in Ask the Question, specifically emergency department, social work, and discharge planning personnel.

Recommendation 12: Community behavioral health providers and Maryland 211 intake personnel should be trained in military cultural competency, as well as, how to refer to and utilize SMVF suicide prevention resources.

State Appropriations Recommendations

The following appropriations recommendations align with all seven of the short-term action plan goals in SB 521.

Funding

No appropriated funding or dedicated personnel exists for Ask the Question. To ensure successful implementation and sustainment, funding is necessary for staffing, outreach, marketing materials, and provision of training. Currently, there is no standardized method for identifying SMVF across state government or private/nonprofit provider organizations. There is also no dedicated program to train state agencies, hospitals, community behavioral health providers on screening for SMVF, military culture, MDVA and VA programs and services or suicide prevention resources.

Recommendation 13: Fund the Maryland Department of Veterans Affairs and the BHA's Maryland's Commitment to Veterans in order to streamline implementation of Ask the Question and align all ongoing state and federal suicide prevention efforts (see Appendix A, Table A-3).

Recommendation 14: Appropriate funds to create three positions to support the required infrastructure to bring Ask the Question to scale and support ongoing suicide prevention efforts for SMVF within Maryland (see Appendix A, Table A-2).

3. PROMOTE CONNECTEDNESS AND IMPROVE CARE TRANSITIONS RECOMMENDATIONS

Statutory Recommendations

There are no short-term action plan statutory recommendations for this priority area.

Administrative Recommendations

The following administrative changes may be implemented without the direction of the Legislature. State agencies, stakeholders, and private providers have internal policies and practices that can be leveraged to accommodate new information and business practices.

Federal and State Government Partnerships

The following recommendations align with several goals for SB 521 to include improving access to affordable veteran mental health services, expanding public-private partnerships, proactively implementing improved outreach measures and supporting veterans involved in the criminal justice system.

Recommendation 15: The Behavioral Health Administration's (BHA) Maryland's Commitment to Veterans (MCV) Program should partner with the VA, SAMHSA, MDVA, nonprofits, and one local jurisdiction (county or city and appropriate local agencies, i.e., police, fire, EMS, corrections) to facilitate a crisis intercept mapping pilot project. The pilot will examine gaps and barriers to accessing crisis and community mental health services for SMVF. The goal for the pilot is to create a standardized crisis intercept mapping process for replication in other local jurisdictions across Maryland.

Recommendation 16 The MCV Program should partner with the VA, SAMHSA, National Institute on Corrections, MDVA, Department of Public Safety and Correctional Services, and the Maryland Criminal Justice Association to develop a veteran intercept model for justice involved veterans in the Department of Public Safety and Correctional Services system. The goal for the pilot will be to create a state-based intercept model that improves access to resources for justice involved veterans that can also be replicated at the local level.

Recommendation 17: The MCV Program should partner with the VA, SAMHSA, MDVA, selected state agencies, and nonprofit/private partners to create SMVF coordinated entry systems for employment, behavioral health, and housing. A review of existing SMVF journey maps and veteran intercept models to determine what other needs exist for this population and what resources are available to address these needs should be conducted. The goal for these standardized and coordinated entry systems is to improve coordination of services, increase referrals to providers, reduce barriers to access and improve customer satisfaction with how access is gained.

Data

To inform recommendations for the long-term action plan, it will be necessary to have outcome data from the short-term action plan recommendations.

Recommendation 18: The MCV Program should collect data on federal, state, and local government and private nonprofit provider participation in both the crisis intercept mapping and the veteran intercept model pilots.

State Appropriations Recommendations

The following appropriations recommendations align with all seven of the short-term action plan goals in SB 521.

Funding

No appropriated funding or dedicated personnel exists to facilitate the two recommended crisis intercept mapping pilots or to develop a coordinated entry system for SMVF in Maryland. To ensure successful implementation and sustainment, funding is necessary for staffing, outreach, and administrative costs.

Recommendation 19: Fund the MDVA and MCV Program in order to align all ongoing state and federal suicide prevention efforts.

Recommendation 20: Appropriate funds to cover the administrative costs necessary to facilitate two crisis intercept mapping pilots as well as to develop a coordinated entry system for SMVF in Maryland (see Appendix A, Table A-3).

4. INCREASE LETHAL MEANS SAFETY AND SAFETY PLANNING RECOMMENDATIONS

Statutory Recommendations

There are no short-term action plan statutory recommendations for this priority area.

Administrative Recommendations

The following administrative changes may be implemented without the direction of the Legislature. State agencies, stakeholders, and private providers have internal policies and practices they can leverage to accommodate new information and business practices. The following administrative recommendations align with all seven goals outlined in statute of the short-term action plan and may address gaps in collaboration and providing safety planning services to behavioral health providers and SMVF.

Data

To inform recommendations for the long-term action plan, it will be necessary to have outcome data from the short-term action plan recommendations.

Recommendation 21: Require BHA's Maryland's Commitment to Veterans (MCV) Program to collect information regarding the number of SMVF safety planning trainings that are facilitated by the State throughout a fiscal year and track information to demonstrate the annual impact of this training.

Recommendation 22: Require the MCV Program to collect information regarding the SMVF-connected status, clinical provider type, and medical provider type of individuals participating in SMVF safety planning training initiatives.

Recommendation 23: Encourage the MCV Program to collect testimonials of providers incorporating the training into their practice throughout a fiscal year to demonstrate the annual impact of this training.

Training and Education

BHA's MCV Program, the VA, American Foundation for Suicide Prevention (AFSP), and other key national and state agencies strive to increase the awareness of culturally competent safety planning through training and education targeting clinical and medical providers. However, this content is not currently being facilitated on a regular basis or in collaboration with one another with consistent messaging. To ensure that clinical and medical providers are equipped to support the SMVF community; a common curriculum must be trained that sets a standard of knowledge for those supporting SMVF with safety planning. Specific focus on military culture, trauma informed care, and lethal means safety should be utilized throughout the effort. Further, the joint curriculum should be marketed as a collaboration among multiple entities under one brand (Maryland Governor's Challenge) and be the recognized

training for clinical and medical providers in Maryland.

Recommendation 24: Require the MCV Program to facilitate a review of available training that will enhance military cultural competency, be provided in a trauma-informed way, and address hesitancy in utilizing safety planning and lethal means safety tools.

Recommendation 25: Require the MCV Program to partner with the VA Maryland Health Care System and AFSP to offer the safety planning training at least quarterly either independently or through partnerships with other organizations in the State.

Recommendation 26: Require the MCV Program to partner with the VA Maryland Health Care System and AFSP to offer the safety planning training of trainers at least twice per year.

Recommendation 27: Encourage the MCV Program to communicate information to interested stakeholders related to the availability of SMVF culturally competent safety planning training across the State.

State and Federal Partnerships

SMVF interact with clinical and medical providers outside of the state government system and VA medical system on a frequent basis. Opportunities exist to build upon relationships among federal, state, and local partners within Maryland to better support SMVF populations through culturally competent safety planning. These partnerships allow each organization to focus on their independent strengths and grow a network of support targeting the prevention of suicide with consistent messaging.

Recommendation 28: Enhance partnerships with the VA Maryland Health Care System, American Foundation for Suicide Prevention and others, using Memorandums of Understanding (MOU) if necessary, to increase opportunities for inter-agency training and programs that aim to increase the use of culturally competent safety planning.

State Appropriations Recommendations

The following appropriations recommendations align with all seven of the short-term action plan goals in SB 521.

Funding

No appropriated funding or dedicated personnel exists to coordinate the recommended training or training of trainers, ensure consistent branding, market training offerings, or track data. To ensure successful implementation and sustainment, funding is necessary for staffing, outreach and administrative costs.

Recommendation 29: Fund the MDVA and the MCV Program in order to align all ongoing state and federal suicide prevention efforts.

Recommendation 30: Appropriate funds to cover the administrative costs necessary to facilitate a minimum of four safety planning trainings and two training of trainers in Maryland; this would include packaging and mailing of training kits for virtual training participants (see Appendix A, Table A-3).

Recommendation 31: Appropriate funds to cover the marketing costs necessary to recruit trainers and training participants in Maryland (see Appendix A, Table A-3).

5. PEER SUPPORT RECOMMENDATIONS

Statutory Recommendations

There are no short-term action plan statutory recommendations for this priority area.

Administrative Recommendations

The following administrative changes may be implemented without the direction of the Legislature. State agencies, stakeholders, and private providers have internal policies and practices they can leverage to accommodate new information and business practices. The following administrative recommendations will enhance our ability to identify, train, and recruit individuals to appropriately offer peer support to those within Maryland's SMVF community. These recommendations are vital to ensuring the growth of this vital sect of our Certified Peer Recovery Specialist (CPRS) workforce.

Data

Data collection is vital to expanding the knowledge and skills of CPRS providing support within the SMVF populations. Collecting information related to the number of individuals with military experience who are currently engaging in CPRS training will help us to identify the scope and experience of our current workforce. Having a clearer idea of the current number of peers with military experience allows us to develop the infrastructure of this workforce more efficiently, scale up training efforts to meet fluctuating demands, and will provide ongoing data to reflect the growth of this workforce as a result of our ongoing training efforts.

Recommendation 32: Require MDH to collect information regarding the veteran status of individuals participating in funded CPRS training initiatives.

Recommendation 33: Require MDH to collect information regarding the number of military endorsement trainings that are facilitated by the State throughout a fiscal year and track information to demonstrate the annual impact of this training.

Recommendation 34: Require MDH to collect information regarding the number of individuals who complete military endorsement trainings facilitated by the state throughout a fiscal year and track information to demonstrate the annual impact of this training.

Training and Education

Maryland's Department of Health and other key state agencies strive to increase the awareness of military-related traumas and access to mental health care services for veterans through training and education targeting clinical providers. However, this content is not currently being facilitated on a regular basis for peer recovery specialist professionals that may be providing support to Maryland's SMVF population.

To ensure the CPRS professional is equipped to support the SMVF community; a curriculum must be established that sets a standard of knowledge for those working in this role. Specific focus on military culture, trauma informed care, suicide prevention and intervention tools should be utilized throughout the effort. Further, the curriculum should be vetted by SMVF stakeholders prior to being submitted to Maryland Addiction and Behavioral-health Professionals Certification Board (MABPCB) for consideration as recognized endorsement training for CPRS in Maryland.

Recommendation 35: Require BHA to facilitate a review of available training that will enhance military cultural competency and a CPRS' capacity to better support SMVF in Maryland.

Recommendation 36: Require BHA to submit the training compendium to MABPCB and encourage them to adopt the training content into a CPRS SMVF endorsement training that is available and offered to individuals who are credentialed as CPRS in Maryland.

Recommendation 37: Encourage BHA to partner with MABPCB to offer the endorsement training annually either independently or through partnerships with other organizations in the state.

Recommendation 38: Encourage MABPCB to approve an endorsement curriculum that teaches CPRS the knowledge, skills, and abilities needed to support SMVF behavioral health needs and focuses on reducing suicidality among this population.

Recommendation 39: Encourage MABPCB to offer the endorsement training annually either independently or through partnerships with other organizations in the State.

Recommendation 40: Require BHA to communicate information to interested stakeholders related to the availability of SMVF endorsement training and available SMVF specific CPRS positions across the State.

Advisory Committees

MDH's Peer Recovery Specialist Advisory Council provides feedback around CPRS workforce programs and other peer initiatives being facilitated across the state. This group is comprised of a diverse make-up of participants and has representation across many different aspects of the recovery community in Maryland. The group meets regularly through meetings facilitated by BHA's Office of Consumer Affairs. Historically, the group has met to provide input around the development of training, policy, and discuss barriers to the growth of the peer workforce. With an increased focus on reducing suicide among SMVF communities, it is imperative to have the military perspective represented within this group.

Recommendation 41: Encourage Maryland Department of Veterans Affairs (MDVA) to provide MDH with a Peer Liaison who can provide representation and perspective around SMVF peer workforce on the Peer Recovery Specialist Advisory Council.

State and Federal Partnerships

Opportunities exist to build upon relationships among federal, state, and local partners within Maryland to better support SMVF populations. These partnerships allow each organization to focus on their independent strengths and grow a network of support targeting the prevention of suicide within this important community.

Recommendation 42: Enhance partnerships with the MDVA, using MOUs if necessary, to increase opportunities for inter-agency peer training and peer recovery programs that aim to prevent suicide among SMVF populations.

State Appropriations Recommendations

Currently the state has allocated funding within a number of programs to offset the cost of training for Certified Peer Recovery Specialists in Maryland. Considering the current size of the workforce and the percentage of the workforce that we anticipate engage in endorsement training efforts it is expected that current funding levels will be able to sustain this effort. Further this type of training effort can create revenue, making the effort self-sustaining if facilitated through partnership or by private organizations. Additional consideration will be given to expanding upon the endorsement and any identified needs related to additional education or networking opportunities for this vital workforce will be included with the long-term report submitted in 2023.

Funding

N/A

6. NEXT STEPS AND CONCLUSION

In collaboration with stakeholders, MDH identified potential solutions to address the short-term goals for SMVF suicide prevention outlined in statute. MDH will amend existing contracts and clarify internal policies regarding access to suicide prevention and crisis services for SMVF. Additionally, MDH will partner with stakeholders to prevent suicide among SMVF. Examples of these efforts include:

- Increasing the number of SMVF-specific suicide prevention trainings offered to state government employees;
- Expanding the utilization of the Star Behavioral Health Provider Network trainings offered within Maryland; and
- Encouraging the delivery of Mental Health First Aid (MHFA) training for veterans and others.

In addition, potential statutory reforms and appropriations identified to address gaps in SMVF suicide prevention include:

- Enhancing SMVF mental health services through a continuation of state funds directed toward SMVF mental health supports and services; and
- Increased funding for Maryland's Commitment to Veterans and for Maryland Department of Veterans Affairs Outreach and Advocacy.

These actions will allow Maryland to be more proactive and responsive to SMVF suicide prevention needs and enhance the ability for military trauma-affected veterans to become knowledgeable of and be able to quickly access mental health services and supports as mandated in SB 521.

Following the completion of full implementation of this action plan by June 30, 2023, SB 521 requires the creation of a long-term action plan to be submitted on July 1, 2023, for full implementation by June 30, 2029. MDH, along with stakeholders, will work to implement the short-term action plan and develop the long-term action plan in order to provide continuity of strategic efforts to combat the epidemic of service member, veteran, and family suicide.

APPENDIX A: BUDGET

Table A-1 X: FY21 Allowance Budget Book - Behavioral Health Expenditures in Maryland

FY21 BH Expenditures in MD	MDH (Non-Medicaid)	Medicaid
Federal Funds	\$74,928,243	\$1,076,526,874
State General Funds	\$343,131,119	\$589,316,802
<i>Total by Budget</i>	<i>\$418,059,362</i>	<i>\$1,665,843,676</i>
Total FY21 Expenditures	\$2,083,903,038	

Table A-2: Positions Requested

Title	Grade	Mid Range Salary	Fringe Benefits (if Pin)	Total
Administrator I	16	\$62,001	\$18,433	\$80,434
Coordinator Special Programs Health Services III, Mental Health	14	\$54,521	\$16,209	\$70,730
Coordinator Special Programs Health Services III, Mental Health	14	\$54,521	\$16,209	\$70,730
Total		\$171,043	\$50,851	\$221,894

Table A-3: Annual Program Funding Requested

Title	Description	Total
Ask The Question Training	Funding to cover the cost of training for state and community based agencies on appropriate screening techniques that identify potential clients for military affiliation or veteran status in order to connect individual with appropriate resources available to the SMVF.	\$100,000
Crisis Intercept Mapping Facilitation	Funding to cover the cost of facilitation for county level crisis intercept map development in order to connect individual with appropriate resources available to the SMVF.	\$100,000
Safety Planning Training	Funding to cover the cost of training for state and community based agencies on culturally competent safety planning that incorporates lethal means safety and military culture training in order to increase confidence and empowerment in working with SMVF at risk for suicide.	\$100,000
Total		\$300,000

APPENDIX B: LIST OF ACRONYMS

Acronym	Full Name
AFSP	American Foundation for Suicide Prevention
BHA	BHA
CPRS	Certified Peer Recovery Specialist
GCSP	Governor's Commission on Suicide Prevention
MABPCB	Maryland Addiction and Behavioral-health Professionals Certification Board
MCV	Maryland's Commitment to Veterans
MDH	Maryland Department of Health
MDVA	Maryland Department of Veterans Affairs
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SMVF	Service Members, Veterans, and their Families
U.S.	United States
VA	United States Department of Veterans Affairs