



March 25, 2025

Senate Budget & Taxation Committee

TESTIMONY IN SUPPORT

SB 599 - Behavioral Health Crisis Response Grant Program - Funding

iMind Behavioral Health serves as the Mobile Crisis Response Team provider in Prince George's County, Maryland's second most populated jurisdiction. Over the past four years, we have built a comprehensive crisis continuum by collaborating with 988, law enforcement, fire/EMS, and county and state agencies. In 2024, we responded to 2,866 crisis calls, including 1,035 youth and transitional-aged youth under 24.

iMind Behavioral Health strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding.

This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstay and lengthy ED wait times.

Our organization directly experiences the impact of this funding. Our current grant amount of \$733,320 supports essential services that are not billable through Medicaid, including pre-dispatch preparation (averaging 16 minutes), transit time to crisis locations (averaging 23 minutes), and overnight services (12% of our call volume). Without this grant funding, we would be forced to significantly reduce staff and service hours, particularly our 24/7 coverage which is vital for community safety.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **iMind Behavioral Health urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Steven Flynn, CEO



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I am Dr. Kimberly Gordon-Achebe, Medical Director of Mobile Response and Crisis Stabilization Services at iMind Behavioral Health. As a child and adolescent psychiatrist with extensive research and publications focused on community-based crisis intervention and youth mental health systems, I bring both clinical expertise and research-based evidence to discussions of crisis response funding.

Dr. Kimberly Gordon-Achebe strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

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My research, published in *Child and Adolescent Psychiatric Clinics of North America*, demonstrates that community-based crisis response is significantly more effective and less traumatic than emergency department care, particularly for youth. In my article "Reimagining the CARE in Systems to Combat the Pediatric Mental Health Crisis in America" (2024), I outline how stable funding for mobile crisis teams creates better outcomes for youth while reducing overall system costs. Within our program, we have documented significant reductions in emergency department utilization, hospitalizations, and law enforcement involvement when mobile crisis teams can provide immediate intervention.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Dr. Kimberly Gordon-Achebe urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Kimberly Gordon-Achebe, MD, DFAPA
Medical Director, Mobile Response and Crisis Stabilization Services



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As a Psychiatric Nurse Practitioner with iMind's Mobile Crisis Response Team, I provide direct psychiatric assessment, diagnosis, and medication management in community settings. My clinical expertise allows me to evaluate complex mental health crises and develop immediate intervention plans that often prevent hospitalization and other restrictive interventions.

Fulgentia Smith, CRNP-PMH, MPH strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

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From my clinical perspective as a psychiatric provider, I cannot overstate the importance of consistent funding for these services. In my role, I regularly encounter individuals experiencing:

- First-episode psychosis requiring immediate assessment and intervention
- Medication crises that need urgent adjustment to prevent hospitalization
- Suicidal ideation requiring on-site risk assessment and safety planning
- Complex psychiatric presentations that benefit from assessment in home environments

Without stable, multi-year funding, our ability to maintain qualified psychiatric providers on crisis teams would be severely compromised. Recruiting and retaining medical professionals requires program stability. The year-to-year uncertainty of funding creates significant challenges in building and maintaining the medical components of these teams.



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Additionally, the medical interventions we provide in crisis situations save substantial healthcare dollars by preventing emergency department visits, inpatient hospitalizations, and the complications that arise from delayed psychiatric treatment. From a public health perspective, the return on investment for these services is substantial.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Fulgentia Smith, CRNP-PMH, MPH urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Fulgentia Smith, CRNP-PMH, MPH
Psychiatric Nurse Practitioner, Mobile Crisis Response Team



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As licensed clinical professionals with iMind's Mobile Crisis Response Team in Prince George's County, we provide direct crisis intervention to individuals experiencing mental health emergencies. Collectively, we respond to thousands of crisis situations annually, serving both youth and adults in their homes, schools, and communities.

The Clinical Staff of iMind Behavioral Health strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

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As front-line providers, we witness daily how mobile crisis response prevents unnecessary hospitalizations and law enforcement involvement. Our data shows that over 70% of the crises we respond to are successfully resolved in the community without emergency department visits. The grant funding enables us to provide services that are impossible to bill through traditional means, including:

1. Extensive travel time to reach people in crisis throughout our large county
2. Pre-dispatch preparation and coordination with referring agencies
3. Follow-up support to ensure continued stability
4. Overnight and weekend crisis coverage when other services are unavailable



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Year-to-year funding uncertainty makes it extremely difficult to maintain staffing levels and provide consistent services. Multi-year guaranteed funding would allow us to focus fully on service delivery rather than worrying each year about whether these essential services will continue.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **The Clinical Staff of iMind Behavioral Health urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Mobile Crisis Response Team Clinical Staff:

Karen Beriss, LMSW

La Shawn Bruce, LCSW-C

Darlene Gardner, LCSW-C

Katherine Hutchens, LMSW

Zacharia Kabia, LGPC

Joyce King, LCPC

Dawn Lewis, LCSW-C

Myrissa Ramie, LGPC

Ashantia Rhoomes, LCSW-C

Conise Shaw, LMSW

O'brien Wimbish, LCPC



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As Peer Support Specialists with iMind Behavioral Health's Mobile Crisis Response Team, we bring our lived experience of mental health challenges and recovery to crisis response in Prince George's County. We work directly with individuals during their most vulnerable moments, using our personal journeys to build trust and hope when people need it most.

The Peer Support Specialists of iMind Behavioral Health strongly support SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

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As peers who have navigated our own mental health challenges, we offer unique support that clinical staff alone cannot provide. When someone in crisis hears "I've been where you are," it creates an immediate connection. Our role, funded by the grant program, allows us to:

1. Break down barriers to accepting help by sharing our recovery stories
2. Connect with individuals who may distrust traditional healthcare systems
3. Demonstrate that recovery is possible through our lived experience
4. Provide practical coping strategies we've personally used
5. Bridge the gap between clinical services and real-world recovery

Without guaranteed funding for the next three years, programs like ours face uncertainty that threatens both staff retention and service quality. Peer support services are often the first to be cut when funding is reduced, despite their proven effectiveness and relatively low cost compared to clinical services. Stable funding would allow us to strengthen and expand peer support, ensuring more Marylanders benefit from this essential perspective.



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Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **The Peer Support Specialists of iMind Behavioral Health urge the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Mobile Crisis Response Team Peer Support Specialists:

Christina Abbey
Viola Awambeng
Travis Barnes
Thomas Corbett
Eloise Feinberg
Randell Fisher
Monica Grey Coker
Sheena Henry
Malique Kerns
Mohnd Khalaifeh
Christopher Lee
Jamie Maguire
Brandon Meyers
Anthony Mills
Tiffany Minor
Dominic Mostella
Garcia Brenton Sanford
Citlalli Rendon
Monica Poe
Simone Reid
Amirah Sims
Cheyenne Thompson-Burnett
William Thorne
David Wilson



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My name is Charles Haggins, and I am a Master Sergeant in the United States Air Force. I am testifying today as the father of a 17-year-old daughter who has been diagnosed with schizophrenia and insomnia. Our family's experience with the Mobile Crisis Response Team, funded through the Behavioral Health Crisis Response Grant Program, demonstrates why stable funding for these services is essential.

Charles Haggins strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

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On June 20, 2024, my daughter Kaylah experienced a severe mental breakdown. After an initial ER visit proved insufficient, her condition worsened to the point where I had to call 911. During this crisis, she was experiencing severe delusions and engaging in dangerous behavior. The responding officers connected us with iMind Behavioral Health's Mobile Crisis Team, a service funded through the Behavioral Health Crisis Response Grant Program.

The difference in approach was life-changing. Instead of another traumatic hospital visit, trained professionals came to our home. They spent time building trust with my daughter, carefully assessed her condition, and developed a comprehensive treatment plan. Their clinicians visited Kaylah throughout her recovery process, taking time to understand her condition and personality. By July, they had established the appropriate medication regimen she needed to function in school, at home, in church, and other public places.

Thanks to their intervention, my daughter is now properly medicated and stable, has returned to school successfully, and we haven't had any emergency situations since. Our family now has tools to prevent future crises. Without guaranteed funding for these services, families like mine would have nowhere to turn except emergency rooms and law enforcement—options



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that often exacerbate mental health crises rather than resolving them.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Charles Haggins urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Charles O. Haggins
Father of Mobile Crisis Team Service Recipient

March 25, 2025



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TESTIMONY IN SUPPORT

SB 599 - Behavioral Health Crisis Response Grant Program - Funding

My name is Candace Currence, and I am writing as a senior citizen who experienced a life-threatening crisis with my 84-year-old husband with dementia. The Mobile Crisis Response Team funded through the Behavioral Health Crisis Response Grant Program literally saved my husband's life, and I am testifying to urge continued funding for these essential services.

Candace Currence strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

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On September 8, 2024, my husband Bill, who has dementia, fell in the master bathroom and was not discovered until the following morning. Despite clear signs of a possible stroke and complete loss of mobility on his left side, he adamantly refused medical care when EMS arrived. Even with a legal Power of Attorney, I could not override his verbal objections to treatment. In this desperate situation, I was advised to contact iMind Health's Mobile Crisis Response Team.

Within hours, the team arrived and demonstrated specialized skills that regular emergency services simply don't have. They conducted a skilled assessment of the complex medical-mental health crisis, used specialized techniques to work with a dementia patient, and spent several hours patiently gaining my husband's trust. They ultimately convinced him to accept medical transport and coordinated with EMS for safe hospital transfer.

Thanks to their intervention, my husband received critical medical care in time, and we just celebrated his 84th birthday on February 2nd. Without this specialized service, I might have lost my husband of over 50 years. The Mobile Crisis Team



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provides unique and essential services for our elderly population, particularly those with dementia who may resist traditional emergency services.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Candace Currence urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Candace B. Currence
Wife of Mobile Crisis Response Team Patient



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I am writing as a parent of a 16-year-old who has received life-changing mental health services through iMind Behavioral Health's Mobile Crisis Response Team, funded through the Behavioral Health Crisis Response Grant Program. Our family's experience demonstrates why stable, long-term funding for these services is essential.

Shenell Bowrin strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

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Before finding the Mobile Crisis Team, my child struggled with severe anxiety that made school attendance nearly impossible, deep depression affecting friendships, sudden mood changes that disrupted our family life, and self-harming behaviors that we weren't aware of until they became serious. As a parent, I felt lost and overwhelmed. The strain affected our entire household, my other child, and even my ability to maintain consistent work attendance.

When we finally connected with the Mobile Crisis Team, they provided:

- Immediate crisis support when we needed it most
- Family therapy that helped us understand and support our child
- Individual counseling my child actually welcomed
- School coordination for consistent support
- Practical strategies for home implementation



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The results have been remarkable. My child has returned to regular school attendance, is developing healthy friendships, and we now have tools to handle difficult moments before they become crises. As a family, we've learned to communicate better and I've been able to maintain stable employment.

The uncertainty of year-to-year funding creates tremendous anxiety for families like mine who rely on these services. Without the guarantee of continued services, we worry constantly about what would happen if these supports suddenly disappeared. The three-year funding commitment proposed in SB599 would provide the peace of mind families need to focus on recovery rather than worrying about service availability.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Shenell Bowrin urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Shenell Bowrin
Parent of Mobile Crisis Team Service Recipient



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We write to you as parents whose son received life-saving help through the Mobile Crisis Response Team. Our experience with school-based crisis intervention demonstrates why stable funding for these services is critical for Maryland's youth and families.

Brendan and Danielle Rose strongly support SB599 - Behavioral Health Crisis Response Grant Program -- Funding.

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A few months ago, our son experienced a severe crisis at school. Our son has always struggled to some degree in the school environment, but this was something bigger. All the years of frustration came to a head, and although his school has been incredibly supportive, this was above their scope of expertise.

The Mobile Crisis Response Team was called and within an hour, a team was at the school meeting with us all. Their rapid response and professional approach completely transformed what could have been a traumatic situation. Instead of involving law enforcement or requiring an emergency room visit, the MCRT team:

- Provided immediate, skilled de-escalation
- Created a workable support plan
- Maintained clear communication with our family
- Coordinated with school staff
- Established ongoing support services



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Thanks to the MCRT's intervention, our son is now receiving regular mental health support through their recommended services. We haven't had another incident since then because we now have the tools and support system in place to prevent escalation. During a recent progress report meeting with our son's school, his behavioral and educational improvements were highlighted and he is on track to reach his goals.

We cannot thank Prince George's County Public Schools enough for having another option for children like ours that doesn't involve potentially traumatic police or ER visits. MCRT handled everything in a calm and professional manner that de-escalated rather than exacerbated an already stressful, frightening and confusing situation. All children deserve access to programs such as these - it can be the difference between life and death.

These wraparound programs are starting to truly yield results. The multi-year funding proposed in SB599 would ensure these programs continue to develop and improve, rather than facing uncertainty year after year. Stable funding allows for better program planning, staff retention, and continuous improvement in service delivery.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Brendan and Danielle Rose urge the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Brendan and Danielle Rose

Parents of Mobile Crisis Team Service Recipient



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I am writing as a parent of a 27-year-old adult child who receives mental health services through iMind Behavioral Health's Mobile Crisis Team (MCT). Our family's journey with adult mental health challenges demonstrates why stable funding for these services is crucial for all Marylanders, including adult populations who often have fewer specialized services available to them.

Nitiki L. Scott strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

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Before finding MCT, our family struggled through countless outbursts of behavior, tough days, and numerous crises. My adult child experienced severe anxiety, deep depression, sudden mood changes that disrupted our family life, and periods of suicidal thoughts that left us feeling helpless and scared.

As a parent of an adult child with mental illness, I faced unique challenges. While I remained deeply concerned and involved in my child's care, I had few legal rights to intervene once they reached adulthood. This made the availability of community-based crisis services even more crucial for our situation.



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The MCT's approach transformed our situation by providing:

- Immediate crisis support when we needed it most
- Family therapy that helped us understand and support our adult child
- Individual counseling that my child actually looked forward to attending
- Coordination with other service providers
- Practical strategies we could use at home

The changes we've seen since beginning treatment with MCT have been remarkable:

- We haven't had emergency room visits in months
- Our family interactions are no longer filled with tension and tears
- My child is developing healthy relationships
- We have tools to handle difficult moments before they become crises
- I can finally sleep at night knowing we have support

The three-year funding commitment proposed in SB599 is essential for program stability. Adult services often receive less attention than youth services, yet adults with mental illness face distinct challenges in accessing appropriate care. Multi-year funding would allow for better planning and coordination of adult-focused crisis services, ensuring these vulnerable individuals don't fall through the cracks.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. **Nitiki L. Scott urges the Senate Budget & Taxation Committee to pass SB599.**

Respectfully submitted,

Nitiki L. Scott
Parent of Mobile Crisis Team Client



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March 25, 2025

Senate Budget & Taxation Committee

TESTIMONY IN SUPPORT

SB 599 - Behavioral Health Crisis Response Grant Program - Funding

My name is Stephanie Carson, and I am a very proud parent of a 15-year-old young lady named Olivia. To give you a tiny bit more information about my daughter, she's a high-honor scholar, aspires to be a veterinarian, a 6-year competitive swimmer, and a year-round volleyball player. I am writing to share how the Mobile Crisis Response Team saved my daughter during a severe mental health crisis and why stable funding for these services is crucial.

Stephanie Carson strongly supports SB599 - Behavioral Health Crisis Response Grant Program -- Funding. This bill would provide level funding to the Behavioral Health Crisis Response Grant Program for the next three years to maintain critical behavioral health care services.

The Behavioral Health Crisis Response Grant Program was established in 2019 to build a more robust behavioral health crisis response system. These types of services provide immediate support when someone is experiencing serious emotional distress or crisis. Crisis services such as mobile crisis teams, urgent care clinics, and crisis residential beds are essential components of the behavioral health care continuum and provide an important alternative to calling 911 or going to the hospital Emergency Department.

The General Assembly mandated \$5 million for the last four years and the Behavioral Health Administration indicated that they plan to maintain it at this level for FY26. This stable funding has been used effectively to serve thousands of children and adults experiencing a crisis. It is also a smart investment that saves the state money in the long run by preventing higher hospital and criminal justice costs. Hospital EDs and the criminal justice system are not the appropriate setting to help resolve a crisis or help someone to stabilize. They are chaotic and not designed with mental health crises in mind. They are also expensive. The alternative interventions that are funded by this program must be maintained, especially considering the struggles the state continues to have with pediatric hospital overstay and lengthy ED wait times.

Two years ago, my daughter Olivia began having an extremely challenging emotional crisis with depression and anxiety. She was also challenged and overwhelmed with being on medication for the first time. Along with the anxiety and depression, she was expressing thoughts of suicide.

Her dad and I were trying to help her by talking with her to calm her mood and behavior. We had no luck because she had become catatonic (verbally unresponsive), while running around the house trying to lock herself in any room where she could do so.

The Mobile Crisis Response team arrived at our home within 30 minutes, and they were able to not only get my daughter to verbally respond, but they also convinced her to allow me and her father to drive her to Children's Hospital for a full psychiatric evaluation. My daughter was really struggling during this time, and the Mobile Crisis Response team exhibited highly effective skills as first responders should for an emergency behavioral health crisis.



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They knew exactly how to help our daughter calm down to the point where she was able to pack her bag and dress herself to get the help she desperately needed. They also gave me and my husband recommendations for next steps beyond the hospital as we prepared to leave home that evening. Our daughter ended up being admitted, evaluated, and immediately taken off one of the medications that was increasing her anxiety and depression.

During their home visit, the Mobile Crisis team used several strategies to help our daughter:

- Calming down using breathing techniques
- Helping her understand how her feelings were valid
- Creating a safety plan
- Talking with us (parents) about what was happening
- Guided discussion to help her feel safe again

The best part was that they didn't just provide support on that one day then disappear. The crisis team continued to support by:

- Consistently following up with phone calls on multiple days after the crisis
- Giving our daughter additional strategies to use when she starts feeling overwhelmed

Because of their help, our daughter has developed respect for receiving their support when in crisis. During a more recent crisis this year, my daughter asked (I use the word "asked" very lightly) me to immediately call Mobile Crisis Response so she could speak with someone for support. This was a first for her to initiate wanting to contact them, so for me and her father, this was evidence that she has not only established trust with this healthcare team, but she has learned to initiate asking for support in her time of need—a HUGE step towards healing when battling mental or behavioral health challenges.

The three-year funding commitment proposed in SB599 is essential for families like mine. When a young person establishes trust with a crisis service, it is vital that the service remains available consistently. Year-to-year funding uncertainty puts these critical relationships at risk and could undo the progress made in teaching young people to seek help when they need it.

Continuing funding for the Behavioral Health Crisis Response Grant Program is a smart investment. On behalf of my daughter Olivia, her father Eric, myself, and our community of other youth who are battling behavioral health challenges, I strongly urge the Senate Budget & Taxation Committee to pass SB599.

Respectfully submitted,

Stephanie Carson
Parent of Mobile Crisis Team Service Recipient



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