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Legislative District 24
Prince George's County

Finance Committee
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Testimony of Senator Joanne C. Benson
SB 624- Health- Mobile Response and Stabilization System for Children and Families in Maryland-Study

Good afternoon Madame Chair and esteemed Members of the Finance Committee. SB 624: Health- Mobile Response and Stabilization System for Children and Families in Maryland-Study requires the Maryland Department of Health and the Governor's Commission to Study Mental and Behavioral Health to jointly develop a comprehensive mobile response and stabilization system for children and families.

Existing behavioral health mobile response systems do not offer a comprehensive continuum of care for children and youth. This has led many parents to turn to hospital emergency departments when the child could be more appropriately served by a mobile response team in the community. Mobile Response and Stabilization Services (MRSS) is an upstream intervention that is primarily used to divert youth from the higher intensity of services such as inpatient and residential care. The MRSS Model is: child and family focused, crisis is defined by the family, voluntary, no police involvement, 24/7 access, no cost to the family, face-to-face with the provider. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) identifies MRSS as a "viable alternative to acute care and residential treatment because MRSS programs demonstrate cost-savings while improving outcomes achieving higher family satisfaction."[1] However, in the great state of Maryland, we currently lack this critical program that's designed to save our children and youth.

In 2017, the U.S. Department of Health found that 17% of high school students in Maryland seriously considered attempting suicide 12 months prior.[2] While 49,000 adolescents aged 12-17 (10.8% of adolescents) per year in 2013-2014 reported using illicit drugs within the month prior to being surveyed and 21,000 adolescents aged 12-17 (4.6% of all adolescents) per year in 2013-2014 reported nonmedical use of pain relievers within the year prior to being surveyed.[3] One child lost to suicide, substance abuse, or any behavioral health illness is one too many. Thus, it is imperative that we take advantage of this wonderful opportunity to develop a comprehensive mobile response and stabilization system that can assist in crisis prevention for children and youth in Maryland.

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[1] Technical Assistance Collaborative. (2005). A Community-Based Comprehensive Psychiatric Response Service: An Informational and instructional monograph. Retrieved from http://tacinc.org/media/13106/Crisis%20Manual.pdf.
[2] https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/maryland/index.html.
[3] https://www.samhsa.gov/data/sites/default/files/2015_Maryland_BHBarometer.pdf

Moreover, crisis services are more accessible to children and youth outside of rural areas, but there are even more limited resources for children and adolescents in rural neighborhoods. Rural areas with a shortage of resources primarily rely on the local hospital to meet their behavioral needs. There lacks a program for these communities that must travel long distances for care, even during a crisis.

MRSS programs are critical as they are one of the only programs that seek to assist in the de-escalation of crises, while cultivating a safety plan that allows a child or youth to be kept safe at home, in the community, or in school whenever possible. All too often we use our last resort as our first resort. MRSS has helped with preventing repeated hospitalization, stabilizing behavioral health needs, and improving functioning in life experiences.

Thus, we request a favorable report of SB 624.