



**Montgomery County Federation of Families for
Children's Mental Health, Inc.**

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Hearing on the SB 624: Health Response and Stabilization System for Children and Families in

Maryland - Study

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SUPPORT

My name is Celia Serkin. I am the Executive Director of the Montgomery County Federation of Families for Children's Mental Health, a family and youth support organization providing assistance to parents and other primary caregivers who are raising children or youth with behavioral health challenges. We also provide youth peer support services to youth and young adults with mental health challenges who are partially or fully disconnected, that is, they are struggling in school or with employment or are not in school and not working. I am a parent of two children, now adults, who have behavioral health challenges. As a parent, I have dealt with over 100 crisis situations with my children over the years and have had many visits to hospital emergency departments.

The Montgomery County Federation of Families for Children's Mental Health supports SB 624 requiring the Maryland Department of Health and the Governor's Commission to Study Mental Health and Behavioral Health in Maryland to jointly develop a comprehensive mobile response and stabilization system for children and families. Almost all of the existing behavioral health mobile response systems do not offer a comprehensive continuum of care for children and youth. When parents and other primary caregivers across Maryland cannot access this continuum of care, they have to turn to hospital emergency departments to get help. Whether a family lives in an urban, suburban or rural area, going to hospital emergency departments is not the answer when children and youth could be served in the community through a comprehensive system of care that includes mobile response and stabilization services. In rural areas, families must travel long distances for care, even during a crisis.¹ Due to a shortage of resources, these families primarily have to rely on the local hospital to meet the behavioral needs of their child or youth. Throughout Maryland, families often have to wait hours at the hospital to have their children assessed. When the child or youth does meet the criteria for a hospitalization, the family can wait a long time for an inpatient bed to become available. Families also have had the

experience that by the time their child or youth is assessed, their affect has changed and they will not meet the criteria for a hospitalization. The family then takes the child home. Within a short period of time, the family returns to the hospital emergency department because the child or youth is again in a crisis. Even when a child or youth is hospitalized, the stay may be short, and the child or youth returns to the community without a comprehensive step-down plan. The result is a revolving door of hospital emergency department visits.

What is needed in Maryland is the Mobile Response and Stabilization Services (MRSS), an intervention that is primarily used to divert youth from the higher intensity of services, such as inpatient and residential care. MRSS has helped with preventing repeated hospitalizations, stabilizing behavioral health needs, and improving functioning in life experiences. The MRSS model is child and family focused, with the family defining what constitutes a crisis. It is voluntary and there is no police involvement. There is 24/7 access. The family has face-to-face access to a provider, and is not required to pay for the MRSS intervention. Adopting MRSS across Maryland also will provide much needed care to children and youth in rural areas where there is a shortage of resources. At the same time, there can be cost savings through increased hospital diversion.

I can speak to the value and efficacy of MRSS as in Montgomery County, we have been able to expand our Mobile Crisis Response to include stabilization services. We have a Crisis Center that provides free crisis services 24 hours a day/365 days a year. Services are provided by telephone or in person and no appointment is needed. We also have a Mobile Crisis Team (MCT) that provides emergency crisis evaluations for children, youth, and adults who are experiencing a mental health crisis. Full crisis assessments and treatment referrals are provided for all crises, both psychiatric and situational. The Crisis Center or local schools can refer families to Care and Connections for Families at Family Services, which is part of Sheppard Pratt. Using a whole family approach, Care and Connections for Families delivers in-home counseling to support families whose children are experiencing severe emotional or behavioral problems, such as angry outbursts or impulsivity; depression or suicidal thoughts; desire to hurt someone else; self-harming actions, including cutting, burning, or scratching; unexpected decline in school performance or not wanting to go to school; and/or vandalism or other illegal activity. When a family is in need, Care and Connections for Families begins crisis intervention within hours. An intensive approach is used to quickly de-escalate a crisis and help address the root cause. The stabilization services include short-term crisis intervention and in-home counseling and support services using a team

approach. The services are family-centered and encompass the entire family's emotional and practical needs, including siblings. Therapists and in-home stabilizers provide counseling in the family's home up to four times per week. A member of the team is available by phone 24 hours a day for families who need support between appointments. The crisis intervention and counseling services are available in Spanish, Portuguese, and Amharic, thereby making it easier for families to communicate in their preferred language. Care and Connections for Families works with a family's busy schedule to meet at times that work best for them. Many families achieve good results within eight weeks. In rare cases where additional support is necessary, the workers are often able to continue working with the family until they achieve stability. Care and Connections for Families helps families maintain long-term stability by checking in 30 days after their eight-week session. Families are welcome to contact their team by phone for extra support.

These crisis intervention services address the family's immediate needs and pave the way toward a long-term, stable family environment with support services. Care and Connections for Families' efforts go beyond mental health crisis intervention. Families learn communication techniques so they can meet their child's ongoing needs. They receive referrals to local support services, including family and youth peer support, food banks, counseling, and other needed services. Care and Connections for Families uses established techniques, including dialectical behavior therapy-informed treatment (DBT), to strengthen parent-child relationships. Through DBT, family members gain change management and communication skills. Parents learn how to process their feelings effectively so that the whole family can move forward. They also learn about child and adolescent development and mood management to help them understand what their child or adolescent is experiencing, and are taught communication techniques that help strengthen family bonds. Care and Connections for Families can work with schools to address challenges with instruction or other children or youth and help develop individualized education programs (IEPs) when needed.

Thank you for your interest in children's mobile response and stabilization and for your commitment to children, youth and young adults with behavioral health challenges and their families in Maryland. We support SB 624.

¹Cumberland Times-News. "MD youths needing psychiatric care find long waits, drives." December 26, 2019. https://www.times-news.com/news/local_news/md-youths-needing-psychiatric-care-find-long-waits-drives/article_43daf79d-ac0f-5b31-a370-af9f0314d025.html