

**Senate Bill 624 Health – Mobile Response and Stabilization System for  
Children and Families in Maryland - Study**

Finance Committee

February 18, 2020

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 624.

SB 624 requires the Maryland Department of Health and the Governor’s Commission to Study Mental and Behavioral Health in Maryland to jointly develop a comprehensive mobile response and stabilization system for children and families.

Mobile Response and Stabilization Services (MRSS) is an upstream intervention that is primarily used to divert youth from higher intensity of services such as inpatient and residential care. MRSS is designed to assist a child in crisis by connecting families to behavioral health providers in the community that are trained to respond to acute needs. MRSS has helped with preventing repeated hospitalization, stabilizing behavioral health needs, and improving functioning in life experiences.

Maryland is experiencing a growing number of children and adolescents experiencing lengthy stays in local emergency rooms while they await transfer to a more appropriate facility for their behavioral health concerns. The Maryland Health Care Commission reports that 29 acute care general hospitals in the state provide inpatient psychiatric services for adults, only five of them for children aged 13 to 17, and only two provide care for children aged 0 to 12. These 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.

Currently, MRSS for adolescents exists only in Montgomery, Calvert, Baltimore, and Carroll counties. The only jurisdiction with acute children’s psychiatric units is Baltimore City. The Maryland Hospital Association released data demonstrating that some children have been hospitalized “more than 100 days past medically necessary while they waited for a transfer.”<sup>1</sup> Emergency room visits are expensive for a single night, with costs rising dramatically for every additional night. Rural areas with a shortage of resources primarily rely on the local hospital to

---

<sup>1</sup> The Washington Post. “MD youths needing psychiatric care find long waits, drives.” December 11, 2019. ([https://www.washingtonpost.com/local/md-youths-needing-psychiatric-care-find-long-waits-drives/2019/12/11/516058a2-1c6e-11ea-977a-15a6710ed6da\\_story.html](https://www.washingtonpost.com/local/md-youths-needing-psychiatric-care-find-long-waits-drives/2019/12/11/516058a2-1c6e-11ea-977a-15a6710ed6da_story.html))

meet their behavioral needs. There lacks a program for these communities that must travel long distances for care, even during a crisis.

SB 624 will require development of the infrastructure necessary to address the critical behavioral health needs for Maryland's children and youth in crisis. For this reason, **MHAMMD supports this bill and urges a favorable report.**

*For more information, please contact Irnande Altema at (410) 967-3164*