



SB 624 – Health – Mobile Response and Stabilization System for Children and Families in Maryland - Study

Committee: Finance

Date: February 18, 2020

POSITION: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

MCF enthusiastically supports SB 624.

Psychiatric emergency department usage by children and adolescents in Maryland has soared. In 2010 there were approximately 10,000 visits to emergency departments for psychiatric issues; in 2018 that number was 12,304. Even more troubling, in 2010 only 232 youth with psychiatric needs stayed in the emergency department longer than 24 hours; in 2018 that number was 1,163. The reasons for this are many: more youth with complex mental health needs; a clogged system where there are few open Residential, Treatment Center beds, so fewer available inpatient beds, so longer waits in emergency departments; and the absence of intensive community based services that could divert kids from emergency departments and inpatient units. Everyone agrees that this is a bad situation. Hospitals don't like it, families don't like it, and most important, it's bad for kids - emergency departments are a traumatic environment for children in a mental health crisis.

When MCF held focus groups with families of children who had used crisis services, 85% had used emergency departments. Almost all reported negative experiences – judgmental staff lacking in empathy, surrounding chaos, lengthy waits, and not being able to leave their child's room for more than a brief period of time, sometimes for days on end. Nonetheless, they felt that the emergency department was their only option. They either brought their child to the emergency department themselves, or they called 911 and the police brought their child to the emergency department – usually in handcuffs.

There is a way to address this untenable situation, and it is a mobile response and stabilization system (MRSS) for children. Other states that have a MRSS have been shown to experience a decrease in emergency department usage, a decrease in

inpatient admissions, a decrease in the number of placements for children in foster care, and a decrease in referrals to the Department of Juvenile Services. Along with the alleviation of children suffering, all of these outcomes have produced savings to the states.

There are a number of groups in Maryland that have called for the development of a robust crisis system for children and adolescents as a way to address some of the many current problems: the Children, Young Adults and Families Committee of the Behavioral Health Advisory Council; the Children's Behavioral Health Coalition, the Children and Families subcommittee of the Lt. Governor's Commission on Mental and Behavioral Health; and the Post-Acute Care Workgroup. There is consensus that a MRSS is a missing piece that would dramatically improve Maryland's system of care for children.

Along with a 72 hour mobile response, key components of a MRSS are eight weeks of stabilization services and linkages to high-fidelity wraparound services. The Administration must look at how to re-implement high-fidelity wraparound in Maryland, which SB 624 calls for. High-fidelity wraparound is an evidence-based practice that has been shown to dramatically improve outcomes for children with behavioral health needs. It is an important intensive community-based service that is now missing from Maryland's system of care, to the detriment of the entire system.

We urge a favorable report on SB 624.

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