



TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Nick Charles

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Richard A. Tabuteau

DATE: March 4, 2020

RE: **SUPPORT WITH AMENDMENT** – House Bill 1140 – *Health – Mobile Response and Stabilization System for Children and Families in Maryland – Study*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of support for House Bill 1140 with the noted amendment.

House Bill 1140 requires the Maryland Department of Health (MDH) and the Governor's Commission to Study Mental and Behavioral Health (Commission) in Maryland to study and make recommendations on the development and implementation of a comprehensive mobile response and stabilization system (MRSS) for children and families. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MRSS is designed to intercede in urgent behavioral situations, before such situations become unmanageable emergencies. Such programs are intended to avert unnecessary emergency department visits, out-of-home placements, and placement disruptions, with the intention of reducing overall system costs. SAMHSA identifies MRSS as a viable alternative to acute care and residential treatment because MRSS programs demonstrate cost-savings while improving outcomes.

The Commission's 2019 report found that crisis services are an integral part of the health care system and critical to patients and families in need. As noted by the Commission, currently Maryland lacks a mobile response and stabilization system for children and young adults; behavioral health services for children and youth are particularly limited in rural neighborhoods; and an increasing number of residential programs are closing and outpatient substance use programs for youth ages 13 to 18 are virtually nonexistent. To that end, the development of a MRSS for children and families would provide critical services and support, reduce unnecessary hospital visits and create framework for more appropriate service delivery to children and families experiencing behavioral health crises.

The MDAAP notes that MDH and the Commission are required to consult with stakeholders in developing their recommendations. Specifically, they are required to consult with the Children's Behavioral Health Coalition and the University of Maryland's Mobile Response and Stabilization Collaborative, however it does not specifically identify the Maryland Chapter of the American Academy of Pediatrics. To that end, the MDAAP would request an amendment (listed below) to the legislation specifically including the MDAAP in the stakeholders that are required to be consulted. Not only can MDAAP provide valuable insight in the patients they serve, which are the focus of this effort, but also can leverage the myriad of resources available through the American Academy of Pediatrics national office relative to policies, programs, and approaches in other areas of the country.

Amendment: On page 2, line 32, after "Coalition" insert " Maryland Chapter of the American Academy of Pediatrics"

With its noted amendment, MDAAP strongly supports passage of House Bill 1140 as Maryland's children and families are in dire need of the services that would be available if Maryland adopts a MRSS.

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