

NICK CHARLES
Legislative District 25
Prince George's County

Health and Government
Operations Committee

Subcommittees

Health Occupations and
Long Term Care

Insurance and Pharmaceuticals



The Maryland House of Delegates
6 Bladen Street, Room 206
Annapolis, Maryland 21401
410-841-3707 · 301-858-3707
800-492-7122 Ext. 3707
Nick.Charles@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Talking Points for HB 1140 – Health – Mobile Response and Stabilization System for Children and Families in Maryland – Study

I took a personal interest in HB 1140 because my son has behavioral health needs. He requires specialized attention from providers that know his unique needs for treatment or when there is a crisis. HB 1140 will create a new access point for parents and families in a similar situation, looking for mobile response services specific to children and youth in crisis.

HB1140 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. In the State of Maryland, we do not have a comprehensive behavioral health mobile response system for children and adolescents.

The substitute for families has been to seek care from hospital emergency departments when the most appropriate setting would be a mobile response team in the community. In 2017, the Maryland Hospital Association issued a report finding that young patients were hospitalized for more than 100 days past what was medically necessary while awaiting a transfer in the community¹. Not only are families showing up at hospital emergency departments looking for help, but their child is being forced to stay longer than necessary for treatment.

This is where HB1140 fits in. The bill requires the state to review the Mobile Response and Stabilization Services (MRSS) Model, which 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, voluntary, removes police involvement, 24/7 access, and no cost the family.

The gravity of this situation is worse in rural areas. There are limited crisis services for families living in rural neighborhoods in our state. The shortage of resources has led to families primarily relying on the local hospital to meet their child's behavioral health needs. If the family chooses a different option, they travel long distances for adequate care and resources, even during a crisis.

HB 1140 is a response to a dire need in the community for each family with a child or adolescent in a crisis and who would not be adequately served by an existing ADULT mobile response service. The needs of a child cannot be met in the current framework and do not support proper treatment. MRSS has helped to prevent repeated hospitalization, stabilizing behavioral health needs, and improving functioning in life experiences.

I know families like mine are asking for mobile crisis response services in their local community, and HB 1140 puts the onus on the Department to explore how to provide this necessary

Sincerely,

A handwritten signature in black ink, appearing to read "Nick Charles", enclosed in a light gray rectangular box.

Nick Charles
Maryland State Delegate - District 25