SB 286 – Behavioral Health Crisis Response Services - Modifications

Committee: Senate Finance Committee
Date: February 9, 2021
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 286.

Maryland desperately needs to expand the availability of psychiatric crisis services. Robust crisis services are critical to divert individuals from overloaded emergency departments, they are much less traumatizing than involving law enforcement in a psychiatric crisis, and they have been shown to result in better outcomes - frequently diverting individuals from inpatient hospitalization.

The need for psychiatric crisis services tailored to children and youth with behavioral health needs is particularly acute.

In FY18, nearly 12% (13,041) of children, youth and young adults in the Public Behavioral Health System used the emergency department for a psychiatric reason. This is a staggeringly high number, extremely costly to the state, and in many cases, totally unnecessary - just seven percent of these emergency department visits resulted in an inpatient hospitalization. Moreover, it is not uncommon for a youth to linger for days in an emergency department.

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 youth experiencing a behavioral health crisis. In focus groups held with families of children who had used crisis services, 85% reported using emergency departments. Almost all reported negative experiences – judgmental staff lacking in empathy, surrounding chaos, and lengthy waits. Families 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. A number of factors contributed to the underutilization of mobile crisis services: limited availability of 24/7 services; lengthy waits to receive help; poor prior experiences with mobile crisis services, which are typically tailored to adults; and ignorance of the availability of an option to calling 911.

Well-designed and well publicized mobile crisis services are the answer. SB 286 extends the existing funding for the Behavioral Health Crisis Services Grant Program, which has supported some effective

programs in the last three years, as well as increasing the funding levels. HB 108 adds important requirements to proposed crisis programs, including:

- Minimizing law enforcement contact for individuals in crisis
- Linkage to community-based services that includes peer support and family peer support – peer support is an evidence-based practice and family peer support is a promising practice
- Community partnerships to develop services
- Data collection

These components will strengthen the current Behavioral Health Crisis Services Grant Program, and help BHA to make informed decisions about the development of a statewide mobile crisis response system in the years to come.

It is important to note that SB 286 establishes sustained grants for mobile crisis programs. Potential other funding, while needed, would be time-limited.

Therefore we urge a favorable report on SB 286.

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