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HB 1559 – Children in Unlicensed Setting and Pediatric Hospital Overstay Patient - Placement
House Appropriations Committee, March 3, 2026
Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) 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 and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of HB 1559.

HB 1559 implements several measures that would improve the well-being of children in foster care and children with mental health conditions. We welcome these efforts. Several requirements of the bill will be especially impactful:

Put into statute that children may not be placed in unlicensed settings
This should go without saying, but we know that there is history of the Department of Human Services placing children in their care in unlicensed settings. Statute needs to make it explicitly clear that this is prohibited.

Study the New Jersey Children's Systems of Care (SOC) model and make recommendations on how the model can be replicated in Maryland
New Jersey's children's SOC has long been identified as the most robust in the country, achieving outstanding results.

- Children are not placed in out-of-state behavioral health treatment settings
- Emergency department visits and inpatient psychiatric admissions have declined
- From 2016 to 2023, the number of children served each year in out-of-home settings declined by 50% [1]

The New Jersy SOC is based on six fundamental components:

1. A statewide single point of access for all families to contact to get help
2. A variety of funding mechanisms that include both Medicaid and grant dollars
3. Intensive care coordination using the high-fidelity wraparound model
4. Mobile Response and Stabilization Services (MRSS)
5. A wide array of intensive community-based behavioral health services
6. Family peer support

[1] How Does New Jersey's System of Care Approach Support Families Involved in Child Welfare, Casey Family Foundation (2025). https://www.casey.org/soc-profile-newjersey/

For over a decade now, Maryland's System of Care for children and youth with more intensive mental health needs has been faltering. Formerly, Maryland's SOC included several of the components found in New Jersey, including:

- A single point of access mechanism for each jurisdiction
- A blend of Medicaid and grant dollars to provide intensive community-based services
- High-fidelity wraparound
- Family peer support

In 2016, the single point of access mechanism was dissolved, along with the Governor's Office for Children. Most of the grants expired and there were no new applications for federal funds. High-fidelity wraparound was replaced with a form of care coordination that is inferior and poorly utilized. Fortunately, the state does still offer family peer support. Maryland's children's SOC needs rebuilding.

Develop a plan to identify resources to expand Mobile Response and Stabilization Services across the state with full statewide implementation by 2030

If Maryland implements just one measure to decrease children's use of emergency departments and inpatient psychiatric hospitalizations, it should be the Mobile Response and Stabilization Services (MRSS) model. MRSS is fundamental to New Jersey's children's SOC. MRSS is sometimes called "crisis services," but it is much more than that. A key component of the model is that a family can reach out for help any time they and their child need help, before matters escalate to crisis proportions.

Components of the MRSS model are simple:

- One number to call for help (can be 988), available 24/7/365
- Families are screened in for help, including for mobile response services, not screened out because the situation is deemed not serious enough
- Mobile response teams respond within one hour, 24/7/365, with intensive in-home services available for up to 72 hours after the initial response
- Mobile responders are uniquely trained and dedicated to working with children and families
- Mobile responders provide a warm hand-off to community services, either existing or new, and the mobile response provider may deliver 6-8 weeks stabilization services, if needed

MRSS results in fewer emergency department visits and subsequent hospitalizations.[2] It is a solid investment that reaps significant savings down the road.

We believe that these components of HB 1559 will significantly improve the lives of Maryland's children and families. Therefore we urge a favorable report.

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[2] Jeffrey Vanderploeg. Mobile Response and Stabilization Services: An Alternative to Emergency Department Utilization for Youth. Journal of the American Academy of Child and Adolescent Psychiatry (2024). https://www.jaacap.org/article/S0890-8567(24)01120-1/fulltext