

# SENATE BILL 286

J1

(11r1369)

## ENROLLED BILL

— Finance and Budget and Taxation/Health and Government Operations —

Introduced by **Senator Augustine**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
President.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

### 2 Behavioral Health Crisis Response Services – Modifications

3 FOR the purpose of ~~requiring the Maryland Department of Health to require that proposals~~  
4 ~~requesting Behavioral Health Crisis Response Grant Program funding contain~~  
5 ~~certain response standards~~; altering the proposals the *Maryland* Department *of*  
6 *Health* is required to prioritize in awarding grants under the Program; requiring a  
7 local behavioral health authority, for each service or program that receives funding  
8 under the Program, to make certain information available to the public; altering a  
9 certain system of measurement that the Department is required to establish;  
10 requiring, for certain fiscal years, the Governor to include in the budget bill certain  
11 appropriations for the Program; requiring, beginning in a certain fiscal year, that at  
12 least a certain proportion of the appropriation be used to award competitive grants  
13 for mobile crisis teams; altering a certain crisis communication center that the  
14 Maryland Behavioral Health Crisis Response System is required to include;  
15 establishing certain requirements for certain data; altering the entities with which

#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics* indicate opposite chamber/conference committee amendments.



1 the Department must collaborate when implementing the System; defining certain  
2 terms; and generally relating to behavioral health crisis response services.

3 BY repealing and reenacting, with amendments,  
4 Article – Health – General  
5 Section 7.5–208, 10–1401, and 10–1403  
6 Annotated Code of Maryland  
7 (2019 Replacement Volume and 2020 Supplement)

8 BY repealing and reenacting, without amendments,  
9 Article – Health – General  
10 Section 10–1402  
11 Annotated Code of Maryland  
12 (2019 Replacement Volume and 2020 Supplement)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
14 That the Laws of Maryland read as follows:

15 **Article – Health – General**

16 7.5–208.

17 (a) **(1)** In this section[,] **THE FOLLOWING WORDS HAVE THE MEANINGS**  
18 **INDICATED.**

19 **(2)** **“MOBILE CRISIS TEAM” HAS THE MEANING STATED IN § 10–1401**  
20 **OF THIS ARTICLE.**

21 **(3)** **“Program” means the Behavioral Health Crisis Response Grant**  
22 **Program.**

23 (b) (1) There is a Behavioral Health Crisis Response Grant Program in the  
24 Department.

25 (2) The purpose of the Program is to provide funds to local jurisdictions to  
26 establish and expand community behavioral health crisis response systems.

27 (c) The Department shall administer the Program.

28 (d) (1) The Program shall award competitive grants to local behavioral health  
29 authorities to establish and expand behavioral health crisis response programs and  
30 services that:

31 (i) Serve local behavioral health needs for children, adults, and  
32 older adults;

- 1 (ii) Meet national standards;
- 2 (iii) Integrate the delivery of mental health and substance use  
3 treatment; and
- 4 (iv) Connect individuals to appropriate community-based care in a  
5 timely manner on discharge.

6 (2) Funds distributed to a local behavioral health authority under the  
7 Program:

8 (i) May be used to establish or expand behavioral health crisis  
9 response programs and services, such as:

- 10 1. Mobile crisis teams;
- 11 2. On-demand walk-in services;
- 12 3. Crisis residential beds; and
- 13 4. Other behavioral health crisis programs and services that  
14 the Department considers eligible for Program funds; and

15 (ii) Shall be used to supplement, and not supplant, any other funding  
16 for behavioral health crisis response programs and services.

17 (3) A local behavioral health authority may submit a proposal requesting  
18 Program funding to the Department.

19 ~~(4) IN AWARDING GRANTS UNDER THIS SECTION, THE DEPARTMENT~~  
20 ~~SHALL REQUIRE THAT PROPOSALS CONTAIN RESPONSE STANDARDS THAT MINIMIZE~~  
21 ~~LAW ENFORCEMENT INTERACTION FOR INDIVIDUALS IN CRISIS.~~

22 ~~[(4)] (5)~~ In awarding grants under this section, the Department shall  
23 prioritize proposals that:

- 24 (i) Make use of more than one funding source;
- 25 (ii) Demonstrate efficiency in service delivery through  
26 regionalization, integration of the behavioral health crisis program or service with existing  
27 public safety and emergency resources, and other strategies to achieve economies of scale;  
28 [and]

29 (III) SERVE ALL MEMBERS OF THE IMMEDIATE COMMUNITY  
30 WITH CULTURAL COMPETENCY AND APPROPRIATE LANGUAGE ACCESS;

1 (IV) COMMIT TO GATHERING FEEDBACK FROM THE COMMUNITY  
 2 ON AN ONGOING BASIS AND IMPROVING SERVICE DELIVERY CONTINUALLY BASED  
 3 ON THIS FEEDBACK;

4 (V) DEMONSTRATE STRONG PARTNERSHIPS WITH COMMUNITY  
 5 SERVICES THAT INCLUDE FAMILY MEMBER AND CONSUMER ADVOCACY  
 6 ORGANIZATIONS AND REGIONAL STAKEHOLDERS;

7 (VI) EVIDENCE A PLAN OF LINKING INDIVIDUALS IN CRISIS TO  
 8 PEER SUPPORT AND FAMILY SUPPORT SERVICES AFTER STABILIZATION; AND

9 [(iii)] (VII) Evidence a strong plan for integration into the existing  
 10 behavioral health system of care and supports to provide seamless aftercare.

11 ~~[(5)] (6)~~ For each service or program that receives funding under the  
 12 Program, a local behavioral health authority shall report to the Department AND MAKE  
 13 AVAILABLE TO THE PUBLIC all [outcome]:

14 (I) OUTCOME measurement data required by the Department; AND

15 (II) PUBLIC FEEDBACK RECEIVED FROM THE COMMUNITY  
 16 THROUGH A COMBINATION OF SURVEYS, PUBLIC COMMENTS, TOWN HALL  
 17 MEETINGS, AND OTHER METHODS.

18 ~~[(6)] (7)~~ The Department shall establish:

19 (i) Application procedures;

20 (ii) A statewide system of outcome measurement to [assess]:

21 1. ASSESS the effectiveness and adequacy of behavioral  
 22 health crisis response services and programs; AND

23 2. PRODUCE DATA THAT SHALL BE:

24 A. COLLECTED, ANALYZED, AND PUBLICLY REPORTED  
 25 BACK AT LEAST ANNUALLY; AND

26 B. DISAGGREGATED BY RACE, GENDER, AGE, AND ZIP  
 27 CODE;

28 (iii) Guidelines that require programs to bill third-party insurers  
 29 and, when appropriate, the Maryland Medical Assistance Program; and

1 (iv) Any other procedures or criteria necessary to carry out this  
2 section.

3 (e) The Governor shall include in the annual operating budget bill the following  
4 amounts for the Program:

5 (1) \$3,000,000 for fiscal year 2020;

6 (2) \$4,000,000 for fiscal year 2021; [and]

7 (3) \$5,000,000 for fiscal year 2022;

8 (4) ~~\$8,000,000~~ \$5,000,000 FOR FISCAL YEAR 2023;

9 (5) ~~\$9,000,000~~ \$5,000,000 FOR FISCAL YEAR 2024; AND

10 (6) ~~\$10,000,000~~ \$5,000,000 FOR FISCAL YEAR 2025.

11 (F) BEGINNING IN FISCAL YEAR 2023, AT LEAST ONE-THIRD OF THE  
12 APPROPRIATION REQUIRED UNDER SUBSECTION (E) OF THIS SECTION SHALL BE  
13 USED TO AWARD COMPETITIVE GRANTS FOR MOBILE CRISIS TEAMS.

14 [(f)] (G) On or before December 1 each year beginning in 2020, the Department  
15 shall submit to the Governor and, in accordance with § 2-1257 of the State Government  
16 Article, to the General Assembly a report that includes, for the most recent closed fiscal  
17 year:

18 (1) The number of grants distributed;

19 (2) Funds distributed by county;

20 (3) Information about grant recipients and programs and services  
21 provided; and

22 (4) Outcome data reported under the statewide system of measurement  
23 required in subsection (d)(6)(ii) of this section.

24 10-1401.

25 (a) In this subtitle the following words have the meanings indicated.

26 (b) "Administration" means the Behavioral Health Administration.

27 (c) "Core service agency" has the meaning stated in § 7.5-101 of this article.

1 (d) "Crisis Response System" means the Maryland Behavioral Health Crisis  
2 Response System.

3 (E) "FAMILY SUPPORT SERVICES" HAS THE MEANING STATED IN § 7.5-101  
4 OF THIS ARTICLE.

5 [(e)] (F) "Local behavioral health authority" has the meaning stated in §  
6 7.5-101 of this article.

7 (G) "MOBILE CRISIS TEAM" MEANS A TEAM ESTABLISHED BY THE LOCAL  
8 BEHAVIORAL HEALTH AUTHORITY THAT:

9 (1) OPERATES 24 HOURS A DAY AND 7 DAYS A WEEK TO PROVIDE  
10 ASSESSMENTS, CRISIS INTERVENTION, STABILIZATION, FOLLOW-UP, AND  
11 REFERRAL TO URGENT CARE AND TO ARRANGE APPOINTMENTS FOR INDIVIDUALS  
12 TO OBTAIN BEHAVIORAL HEALTH SERVICES;

13 (2) INCORPORATES NATIONALLY RECOGNIZED STANDARDS AND BEST  
14 PRACTICES; AND

15 (3) PRIORITIZES:

16 (I) ~~LIMITING INTERACTION OF LAW ENFORCEMENT WITH~~  
17 ~~INDIVIDUALS IN CRISIS;~~

18 ~~(II)~~ PROVIDING CONNECTION TO SERVICES AND  
19 COORDINATING PATIENT FOLLOW-UP, INCLUDING PEER SUPPORT AND FAMILY  
20 SUPPORT SERVICES AFTER STABILIZATION; AND

21 ~~(II)~~ (II) SERVING ALL MEMBERS OF THE IMMEDIATE  
22 COMMUNITY WITH CULTURAL COMPETENCY AND APPROPRIATE LANGUAGE ACCESS.

23 10-1402.

24 (a) There is a Maryland Behavioral Health Crisis Response System in the  
25 Behavioral Health Administration.

26 (b) The Crisis Response System shall:

27 (1) Operate a statewide network utilizing existing resources and  
28 coordinating interjurisdictional services to develop efficient and effective crisis response  
29 systems to serve all individuals in the State, 24 hours a day and 7 days a week;

1 (2) Provide skilled clinical intervention to help prevent suicides, homicides,  
 2 unnecessary hospitalizations, and arrests or detention, and to reduce dangerous or  
 3 threatening situations involving individuals in need of behavioral health services; and

4 (3) Respond quickly and effectively to community crisis situations.

5 (c) The Administration shall consult with consumers of behavioral health  
 6 services, family members, and behavioral health advocates in the development of the Crisis  
 7 Response System.

8 10–1403.

9 (a) The Crisis Response System shall include:

10 (1) A crisis communication center in each jurisdiction or region to provide:

11 (i) A single point of entry to the Crisis Response System;

12 (ii) Coordination with the local core service agency or local  
 13 behavioral health authority, police, ~~9-1-1 DISPATCH, 3-1-1, 2-1-1, OR OTHER LOCAL~~  
 14 ~~MENTAL HEALTH HOTLINES~~, emergency medical service personnel, and behavioral health  
 15 providers; ~~and~~

16 ~~(iii) AUTHORITY FOR 9-1-1 TO DISPATCH MOBILE CRISIS~~  
 17 ~~TEAMS; AND~~

18 ~~{(iii)}~~ ~~(iv)~~ Programs that may include:

19 1. A clinical crisis telephone line for suicide prevention and  
 20 crisis intervention;

21 2. A hotline for behavioral health information, referral, and  
 22 assistance;

23 3. Clinical crisis walk-in services, including:

24 A. Triage for initial assessment;

25 B. Crisis stabilization until additional services are available;

26 C. Linkage to treatment services and family and peer support  
 27 groups; and

28 D. Linkage to other health and human services programs;

1                   4.     Critical incident stress management teams, providing  
2 disaster behavioral health services, critical incident stress management, and an on-call  
3 system for these services;

4                   5.     Crisis residential beds to serve as an alternative to  
5 hospitalization;

6                   6.     A community crisis bed and hospital bed registry,  
7 including a daily tally of empty beds;

8                   7.     Transportation coordination, ensuring transportation of  
9 patients to urgent appointments or to emergency psychiatric facilities;

10                  8.     Mobile crisis teams [operating 24 hours a day and 7 days  
11 a week to provide assessments, crisis intervention, stabilization, follow-up, and referral to  
12 urgent care, and to arrange appointments for individuals to obtain behavioral health  
13 services];

14                  9.     23-hour holding beds;

15                  10.    Emergency psychiatric services;

16                  11.    Urgent care capacity;

17                  12.    Expanded capacity for assertive community treatment;

18                  13.    Crisis intervention teams with capacity to respond in each  
19 jurisdiction 24 hours a day and 7 days a week; and

20                  14.    Individualized family intervention teams.

21           (2)     Community awareness promotion and training programs; and

22           (3)     An evaluation of outcomes of services through:

23                   (i)     An annual survey by the Administration of consumers and family  
24 members who have received services from the Crisis Response System; and

25                   (ii)    Annual data collection on the number of behavioral health calls  
26 received by police, attempted and completed suicides, unnecessary hospitalizations,  
27 hospital diversions, arrests and detentions of individuals with behavioral health diagnoses,  
28 and diversion of arrests and detentions of individuals with behavioral health diagnoses.

29           **(B) THE DATA DERIVED FROM THE EVALUATION OF OUTCOMES OF**  
30 **SERVICES REQUIRED UNDER SUBSECTION (A)(3) OF THIS SECTION SHALL BE:**



1           **(1) COLLECTED, ANALYZED, AND PUBLICLY REPORTED AT LEAST**  
 2 **ANNUALLY;**

3           **(2) DISAGGREGATED BY RACE, GENDER, AGE, AND ZIP CODE; AND**

4           **(3) USED TO FORMULATE POLICY RECOMMENDATIONS WITH THE**  
 5 **GOAL OF DECREASING CRIMINAL DETENTION AND IMPROVING CRISIS DIVERSION**  
 6 **PROGRAMS AND LINKAGES TO EFFECTIVE COMMUNITY HEALTH SERVICES.**

7           **[(b)] (C)** The Crisis Response System services shall be implemented as  
 8 determined by the Administration in collaboration with the core service agency or local  
 9 behavioral health authority serving each jurisdiction **AND COMMUNITY MEMBERS OF**  
 10 **EACH JURISDICTION.**

11           **[(c)] (D)** An advance directive for mental health services under § 5–602.1 of this  
 12 article shall apply to the delivery of services under this subtitle.

13           **[(d)] (E)** This subtitle may not be construed to affect petitions for emergency  
 14 evaluations under § 10–622 of this title.

15           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
 16 October 1, 2021.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.