

SENATE BILL 286

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(PRE-FILED)

1lr1369
CF HB 108

By: **Senator Augustine**

Requested: October 30, 2020

Introduced and read first time: January 13, 2021

Assigned to: Finance and Budget and Taxation

A BILL ENTITLED

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 Department is required to
6 prioritize in awarding grants under the Program; requiring a local behavioral health
7 authority, for each service or program that receives funding under the Program, to
8 make certain information available to the public; altering a certain system of
9 measurement that the Department is required to establish; requiring, for certain
10 fiscal years, the Governor to include in the budget bill certain appropriations for the
11 Program; requiring, beginning in a certain fiscal year, that at least a certain
12 proportion of the appropriation be used to award competitive grants for mobile crisis
13 teams; altering a certain crisis communication center that the Maryland Behavioral
14 Health Crisis Response System is required to include; establishing certain
15 requirements for certain data; altering the entities with which the Department must
16 collaborate when implementing the System; defining certain terms; and generally
17 relating to behavioral health crisis response services.

18 BY repealing and reenacting, with amendments,
19 Article – Health – General
20 Section 7.5–208, 10–1401, and 10–1403
21 Annotated Code of Maryland
22 (2019 Replacement Volume and 2020 Supplement)

23 BY repealing and reenacting, without amendments,
24 Article – Health – General
25 Section 10–1402
26 Annotated Code of Maryland
27 (2019 Replacement Volume and 2020 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 **Article – Health – General**

4 7.5–208.

5 (a) (1) In this section[,] THE FOLLOWING WORDS HAVE THE MEANINGS
6 INDICATED.

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

9 (3) “Program” means the Behavioral Health Crisis Response Grant
10 Program.

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

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

15 (c) The Department shall administer the Program.

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

19 (i) Serve local behavioral health needs for children, adults, and
20 older adults;

21 (ii) Meet national standards;

22 (iii) Integrate the delivery of mental health and substance use
23 treatment; and

24 (iv) Connect individuals to appropriate community–based care in a
25 timely manner on discharge.

26 (2) Funds distributed to a local behavioral health authority under the
27 Program:

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

30 1. Mobile crisis teams;

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

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

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

9 **(4) IN AWARDING GRANTS UNDER THIS SECTION, THE DEPARTMENT**
10 **SHALL REQUIRE THAT PROPOSALS CONTAIN RESPONSE STANDARDS THAT MINIMIZE**
11 **LAW ENFORCEMENT INTERACTION FOR INDIVIDUALS IN CRISIS.**

12 **[(4)] (5)** In awarding grants under this section, the Department shall
13 prioritize proposals that:

14 (i) Make use of more than one funding source;

15 (ii) Demonstrate efficiency in service delivery through
16 regionalization, integration of the behavioral health crisis program or service with existing
17 public safety and emergency resources, and other strategies to achieve economies of scale;
18 **[and]**

19 **(III) SERVE ALL MEMBERS OF THE IMMEDIATE COMMUNITY**
20 **WITH CULTURAL COMPETENCY AND APPROPRIATE LANGUAGE ACCESS;**

21 **(IV) COMMIT TO GATHERING FEEDBACK FROM THE COMMUNITY**
22 **ON AN ONGOING BASIS AND IMPROVING SERVICE DELIVERY CONTINUALLY BASED**
23 **ON THIS FEEDBACK;**

24 **(V) DEMONSTRATE STRONG PARTNERSHIPS WITH COMMUNITY**
25 **SERVICES THAT INCLUDE FAMILY MEMBER AND CONSUMER ADVOCACY**
26 **ORGANIZATIONS AND REGIONAL STAKEHOLDERS;**

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

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

1 **[(5)] (6)** For each service or program that receives funding under the
2 Program, a local behavioral health authority shall report to the Department **AND MAKE**
3 **AVAILABLE TO THE PUBLIC** all [outcome]:

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

5 **(II) PUBLIC FEEDBACK RECEIVED FROM THE COMMUNITY**
6 **THROUGH A COMBINATION OF SURVEYS, PUBLIC COMMENTS, TOWN HALL**
7 **MEETINGS, AND OTHER METHODS.**

8 **[(6)] (7)** The Department shall establish:

9 (i) Application procedures;

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

11 1. **ASSESS** the effectiveness and adequacy of behavioral
12 health crisis response services and programs; **AND**

13 2. **PRODUCE DATA THAT SHALL BE:**

14 A. **COLLECTED, ANALYZED, AND PUBLICLY REPORTED**
15 **BACK AT LEAST ANNUALLY; AND**

16 B. **DISAGGREGATED BY RACE, GENDER, AGE, AND ZIP**
17 **CODE;**

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

20 (iv) Any other procedures or criteria necessary to carry out this
21 section.

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

24 (1) \$3,000,000 for fiscal year 2020;

25 (2) \$4,000,000 for fiscal year 2021; [and]

26 (3) \$5,000,000 for fiscal year 2022;

27 (4) **\$8,000,000 FOR FISCAL YEAR 2023;**

28 (5) **\$9,000,000 FOR FISCAL YEAR 2024; AND**

1 **(6) \$10,000,000 FOR FISCAL YEAR 2025.**

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

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

9 (1) The number of grants distributed;

10 (2) Funds distributed by county;

11 (3) Information about grant recipients and programs and services
12 provided; and

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

15 10–1401.

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

17 (b) “Administration” means the Behavioral Health Administration.

18 (c) “Core service agency” has the meaning stated in § 7.5–101 of this article.

19 (d) “Crisis Response System” means the Maryland Behavioral Health Crisis
20 Response System.

21 **(E) “FAMILY SUPPORT SERVICES” HAS THE MEANING STATED IN § 7.5–101**
22 **OF THIS ARTICLE.**

23 **[(e)] (F)** “Local behavioral health authority” has the meaning stated in §
24 7.5–101 of this article.

25 **(G) “MOBILE CRISIS TEAM” MEANS A TEAM ESTABLISHED BY THE LOCAL**
26 **BEHAVIORAL HEALTH AUTHORITY THAT:**

27 **(1) OPERATES 24 HOURS A DAY AND 7 DAYS A WEEK TO PROVIDE**
28 **ASSESSMENTS, CRISIS INTERVENTION, STABILIZATION, FOLLOW-UP, AND**
29 **REFERRAL TO URGENT CARE AND TO ARRANGE APPOINTMENTS FOR INDIVIDUALS**
30 **TO OBTAIN BEHAVIORAL HEALTH SERVICES;**

1 **(2) INCORPORATES NATIONALLY RECOGNIZED STANDARDS AND BEST**
2 **PRACTICES: AND**

3 **(3) PRIORITIZES:**

4 **(I) LIMITING INTERACTION OF LAW ENFORCEMENT WITH**
5 **INDIVIDUALS IN CRISIS;**

6 **(II) PROVIDING CONNECTION TO SERVICES AND**
7 **COORDINATING PATIENT FOLLOW-UP, INCLUDING PEER SUPPORT AND FAMILY**
8 **SUPPORT SERVICES AFTER STABILIZATION; AND**

9 **(III) SERVING ALL MEMBERS OF THE IMMEDIATE COMMUNITY**
10 **WITH CULTURAL COMPETENCY AND APPROPRIATE LANGUAGE ACCESS.**

11 10-1402.

12 (a) There is a Maryland Behavioral Health Crisis Response System in the
13 Behavioral Health Administration.

14 (b) The Crisis Response System shall:

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

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

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

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

25 10-1403.

26 (a) The Crisis Response System shall include:

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

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

1 (ii) Coordination with the local core service agency or local
2 behavioral health authority, police, **9-1-1 DISPATCH, 3-1-1, 2-1-1, OR OTHER LOCAL**
3 **MENTAL HEALTH HOTLINES**, emergency medical service personnel, and behavioral health
4 providers; [and]

5 (iii) **AUTHORITY FOR 9-1-1 TO DISPATCH MOBILE CRISIS**
6 **TEAMS; AND**

7 [(iii)] (iv) Programs that may include:

8 1. A clinical crisis telephone line for suicide prevention and
9 crisis intervention;

10 2. A hotline for behavioral health information, referral, and
11 assistance;

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

13 A. Triage for initial assessment;

14 B. Crisis stabilization until additional services are available;

15 C. Linkage to treatment services and family and peer support
16 groups; and

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

18 4. Critical incident stress management teams, providing
19 disaster behavioral health services, critical incident stress management, and an on-call
20 system for these services;

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

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

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

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

31 9. 23-hour holding beds;

1 10. Emergency psychiatric services;

2 11. Urgent care capacity;

3 12. Expanded capacity for assertive community treatment;

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

6 14. Individualized family intervention teams.

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

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

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

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

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

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

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

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

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

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

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

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