

Department of Legislative Services
 Maryland General Assembly
 2021 Session

FISCAL AND POLICY NOTE
 Enrolled - Revised

Senate Bill 286

(Senator Augustine)

Finance and Budget and Taxation

Health and Government Operations

Behavioral Health Crisis Response Services – Modifications

This bill alters the Behavioral Health Crisis Response Grant Program by (1) modifying the priorities for awarding grants to local behavioral health authorities (LBHAs) and (2) extending the requirement that the Governor provide an appropriation for the program through fiscal 2025. The bill also requires a crisis communication center to coordinate with 3-1-1, 2-1-1, or other local mental health hotlines and alters how specified data must be publicly reported and disaggregated.

Fiscal Summary

State Effect: General fund expenditures increase by \$5.0 million from FY 2023 through 2025 for the mandated appropriation. Revenues are not affected. **This bill establishes a mandated appropriation for FY 2023 through 2025.**

(in dollars)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	5,000,000	5,000,000	5,000,000	0
Net Effect	\$0	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	\$0

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Grant revenues and expenditures for LBHAs that receive grants under the bill increase in FY 2023 through 2025.

Small Business Effect: Potential meaningful.

Analysis

Bill Summary: “Mobile crisis team” (MCT) means a team established by the LBHA that (1) operates 24 hours a day and 7 days a week to provide assessments, crisis intervention, stabilization, follow-up, and referral to urgent care and to arrange appointments for individuals to obtain behavioral health services; (2) incorporates nationally recognized standards and best practices; and (3) prioritizes providing connection to services and coordinating patient follow-up and serving all members of the immediate community with cultural competency and appropriate language access.

Behavioral Health Crisis Response Grant Program Awards

In addition to existing criteria, when awarding grants, the Maryland Department of Health (MDH) must prioritize proposals that (1) serve all members of the immediate community with cultural competency and appropriate language access; (2) commit to gathering feedback from the community on an ongoing basis and improving service delivery continually based on this feedback; (3) demonstrate strong partnerships with community services that include family member and consumer advocacy organizations and regional stakeholders; and (4) evidence a plan of linking individuals in crisis to peer support and family support services after stabilization.

Mandated Appropriation

The Governor must include in the State operating budget a \$5.0 million appropriation for the grant program in fiscal 2023 through 2025. Beginning in fiscal 2023, at least one-third of the mandated appropriation must be used to award competitive grants for MCTs.

Crisis Communication Centers

Crisis communication centers in each jurisdiction or region must provide coordination with 3-1-1, 2-1-1, or other local mental health hotlines.

Data Collection and Reports

In addition to reporting to MDH, an LBHA must make available to the public outcome measurement data and any public feedback received from the community through a combination of surveys, public comments, town hall meetings, and other methods for each service or program that receives funding from the grant program.

Additionally, MDH’s established statewide system of outcome measurement must produce data that is collected, analyzed, and publicly reported back at least annually as well as disaggregated by race, gender, age and zip code, in addition to existing requirements.

Data derived from the evaluation of outcomes of Behavioral Health Crisis Response System (BHCRS) services must be (1) collected, analyzed, and publicly reported at least annually; (2) disaggregated by race, gender, age, and zip code; and (3) used to formulate policy recommendations with the goal of decreasing criminal detention and improving crisis diversion programs and linkage to effective community health services.

Current Law:

Maryland Behavioral Health Crisis Response System

BHCRS must (1) operate a statewide network utilizing existing resources and coordinating interjurisdictional services to develop efficient and effective crisis response systems to serve all individuals in the State, 24 hours a day and 7 days a week; (2) provide skilled clinical intervention to help prevent suicides, homicides, unnecessary hospitalizations, and arrests or detention, and to reduce dangerous or threatening situations involving individuals in need of behavioral health services; and (3) respond quickly and effectively to community crisis situations.

Behavioral Health Crisis Response Grant Program

Chapter 209 of 2018 established a Behavioral Health Crisis Response Grant Program in MDH to provide funds to local jurisdictions to establish and expand community behavioral health crisis response systems. The Governor must include the following appropriations in the State operating budget for the program: (1) \$3.0 million for fiscal 2020; (2) \$4.0 million for fiscal 2021; and (3) \$5.0 million for fiscal 2022.

Crisis Communication Center

In each jurisdiction, a crisis communication center provides a single point of entry to the system and coordination with the local core service agency (CSA) or LBHA, police, emergency medical service personnel, and behavioral health providers. Crisis communication centers *may* provide programs that include:

- a clinical crisis telephone line for suicide prevention and crisis intervention;
- a hotline for behavioral health information, referral, and assistance;
- clinical crisis walk-in services;
- critical incident stress management teams;
- crisis residential beds to serve as an alternative to hospitalization;
- a community crisis bed and hospital bed registry;
- transportation coordination;
- MCTs;

- 23-hour holding beds;
- emergency psychiatric services;
- urgent care capacity;
- expanded capacity for assertive community treatment;
- crisis intervention teams; and
- individualized family intervention teams.

Data Collection and Report

The Behavioral Health Administration within MDH determines the implementation of BHCRS in collaboration with the local CSA or LBHA serving each jurisdiction. Additionally, BHCRS must conduct an annual survey of consumers and family members who have received services from the system. Annual data collection is also required on the number of behavioral health calls received by police, attempted and completed suicides, unnecessary hospitalizations, hospital diversions, arrests and detentions of individuals with behavioral health diagnoses, and diversion of arrests and detentions of individuals with behavioral health diagnoses.

State Expenditures: The bill extends the requirement that the Governor provide an appropriation to the grant program for three more years. Thus, general fund expenditures for MDH increase by \$5.0 million in fiscal 2023 through 2025. MDH may need additional staff through fiscal 2025 due to the enhanced grant award criteria and the ongoing funding for the program. To the extent that is the case, contractual staff can be funded with monies from the existing mandated appropriation in fiscal 2022 and the additional funding provided under the bill through fiscal 2025.

Local Fiscal Effect: Revenues and expenditures increase for LBHAs that receive grants under the bill in fiscal 2023 through 2025. The extent of any increase depends on specific proposals approved in each jurisdiction and corresponding grant awards.

Small Business Effect: Small businesses that provide crisis treatment services (such as community behavioral health providers) may benefit, in fiscal 2023 through 2025, from continued grant funding to LBHAs.

Additional Information

Prior Introductions: None.

Designated Cross File: HB 108 (Delegate Charkoudian) - Health and Government Operations.

Information Source(s): Maryland Association of County Health Officers; Maryland Association of Counties; Maryland Municipal League; Department of Budget and Management; Maryland Department of Health; Department of Public Safety and Correctional Services; Department of Legislative Services

Fiscal Note History: First Reader - February 1, 2021
rh/jc Third Reader - March 22, 2021
Enrolled - April 8, 2021
Revised - Amendment(s) - April 8, 2021

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