

SENATE BILL 12

J1, E4

(2lr1079)

ENROLLED BILL

— Finance/Health and Government Operations and Judiciary —

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 and Public Safety Answering**
3 **Points – Modifications**

4 FOR the purpose of requiring the Maryland Department of Health to require that proposals
5 requesting Behavioral Health Crisis Response Grant Program funding contain
6 response standards that ~~minimize law enforcement interaction for~~ prioritize mobile
7 crisis units over law enforcement when responding to individuals in crisis; altering
8 the definition of “mobile crisis team” to include prioritizing limiting interaction of
9 law enforcement with individuals in crisis; requiring each public safety answering
10 point to develop a written policy for calls involving an individual suffering an active
11 mental health crisis; and generally relating to behavioral health crisis response
12 services and public safety answering points.

13 BY repealing and reenacting, with amendments,
14 Article – Health – General

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 Section 7.5–208 and 10–1401(g)
2 Annotated Code of Maryland
3 (2019 Replacement Volume and 2021 Supplement)

4 BY repealing and reenacting, with amendments,
5 Article – Public Safety
6 Section 1–304
7 Annotated Code of Maryland
8 (2018 Replacement Volume and 2021 Supplement)

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

11 **Article – Health – General**

12 7.5–208.

13 (a) (1) In this section the following words have the meanings indicated.

14 (2) “Mobile crisis team” has the meaning stated in § 10–1401 of this article.

15 (3) “Program” means the Behavioral Health Crisis Response Grant
16 Program.

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

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

21 (c) The Department shall administer the Program.

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

25 (i) Serve local behavioral health needs for children, adults, and
26 older adults;

27 (ii) Meet national standards;

28 (iii) Integrate the delivery of mental health and substance use
29 treatment; and

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

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

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

5 1. Mobile crisis teams;

6 2. On-demand walk-in services;

7 3. Crisis residential beds; and

8 4. Other behavioral health crisis programs and services that
9 the Department considers eligible for Program funds; and

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

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

14 (4) In awarding grants under this section, the Department shall prioritize
15 proposals that:

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

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

20 (iii) Serve all members of the immediate community with cultural
21 competency and appropriate language access;

22 (iv) Commit to gathering feedback from the community on an
23 ongoing basis and improving service delivery continually based on this feedback;

24 (v) Demonstrate strong partnerships with community services that
25 include family member and consumer advocacy organizations and regional stakeholders;

26 (vi) Evidence a plan of linking individuals in crisis to peer support
27 and family support services after stabilization; and

28 (vii) Evidence a strong plan for integration into the existing
29 behavioral health system of care and supports to provide seamless aftercare.

30 (5) **IN AWARDING GRANTS UNDER THIS SECTION, THE DEPARTMENT**
31 **SHALL REQUIRE THAT PROPOSALS CONTAIN RESPONSE STANDARDS THAT ~~MINIMIZE~~**

1 (6) \$5,000,000 for fiscal year 2025.

2 (f) Beginning in fiscal year 2023, at least one-third of the appropriation required
3 under subsection (e) of this section shall be used to award competitive grants for mobile
4 crisis teams.

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

8 (1) The number of grants distributed;

9 (2) Funds distributed by county;

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

12 (4) Outcome data reported under the statewide system of measurement
13 required in subsection [(d)(6)(ii)] **(D)(7)(II)** of this section.

14 10-1401.

15 (g) “Mobile crisis team” means a team established by the local behavioral health
16 authority that:

17 (1) Operates 24 hours a day and 7 days a week to provide assessments,
18 crisis intervention, stabilization, follow-up, and referral to urgent care and to arrange
19 appointments for individuals to obtain behavioral health services;

20 (2) Incorporates nationally recognized standards and best practices; and

21 (3) Prioritizes:

22 (i) Providing connection to services and coordinating patient
23 follow-up, including peer support and family support services after stabilization; [and]

24 (ii) Serving all members of the immediate community with cultural
25 competency and appropriate language access; **AND**

26 **(III) LIMITING THE INTERACTION OF LAW ENFORCEMENT WITH**
27 **INDIVIDUALS IN CRISIS.**

28 **Article – Public Safety**

29 1-304.

- 1 (a) Each county shall have in operation an enhanced 9-1-1 system.
- 2 (b) If implementation is preceded by cooperative planning, the enhanced 9-1-1
3 system required under subsection (a) of this section may operate as part of a multicounty
4 system.
- 5 (c) (1) Services available through a 9-1-1 system shall include police, fire
6 fighting, and emergency ambulance services.
- 7 (2) Other emergency and civil defense services may be incorporated into
8 the 9-1-1 system at the discretion of the county or counties served by the 9-1-1 system.
- 9 (d) (1) The digits 9-1-1 are the primary emergency telephone number in the
10 9-1-1 system.
- 11 (2) A public safety agency whose services are available through the 9-1-1
12 system:
- 13 (i) may maintain a separate secondary backup telephone number
14 for emergency calls; and
- 15 (ii) shall maintain a separate telephone number for nonemergency
16 calls.
- 17 (e) Educational information that relates to emergency services made available by
18 the State or a county:
- 19 (1) shall designate the number 9-1-1 as the primary emergency telephone
20 number;
- 21 (2) may include a separate secondary backup telephone number for
22 emergency calls; and
- 23 (3) shall include information on the requirements of § 1-314 of this
24 subtitle.
- 25 (f) (1) Each public safety answering point shall notify the public safety
26 agencies in a county 9-1-1 system of requests for emergency services in the county.
- 27 (2) Written guidelines shall be developed to govern the referral of requests
28 for emergency services to the appropriate public safety agency.
- 29 (3) State, county, and local public safety agencies with concurrent
30 jurisdiction shall have written agreements to ensure a clear understanding of which specific
31 requests for emergency services will be referred to which public safety agency.

1 (g) Counties, other units of local government, public safety agencies, and public
2 safety answering points may enter into cooperative agreements for the allocation of
3 maintenance, operational, and capital costs attributable to the 9-1-1 system.

4 (H) (1) EACH PUBLIC SAFETY ANSWERING POINT SHALL DEVELOP A
5 WRITTEN POLICY ON THE PROCEDURES TO BE FOLLOWED BY THE PUBLIC SAFETY
6 ANSWERING POINT WHEN A CALL IS RECEIVED THAT INVOLVES AN INDIVIDUAL
7 SUFFERING AN ACTIVE MENTAL HEALTH CRISIS.

8 (2) THE WRITTEN POLICY DEVELOPED UNDER PARAGRAPH (1) OF
9 THIS SUBSECTION SHALL INCLUDE:

10 (I) THE PROCEDURES TO TRIAGE A CALL INVOLVING AN
11 INDIVIDUAL SUFFERING AN ACTIVE MENTAL HEALTH CRISIS;

12 (II) THE RESOURCES THAT ARE AVAILABLE FOR DISPATCH; ~~AND~~

13 (III) THE PROCEDURES FOR MAKING A DISPATCH DECISION; AND

14 (IV) TRAINING FOR APPLICABLE STAFF ON IMPLEMENTING THE
15 PROCEDURES.

16 SECTION 2. AND BE IT FURTHER ENACTED, That:

17 (a) On or before December 1, 2022, each public safety answering point shall
18 submit the written policy developed in accordance with § 1-304(h)(1) of the Public Safety
19 Article, as enacted by Section 1 of this Act, to the Maryland Department of Health and
20 make the written policy available to the public.

21 (b) On or before January 1, 2023, the Maryland Department of Health shall
22 submit the written policies received under subsection (a) of this section to the General
23 Assembly, in accordance with § 2-1257 of the State Government Article.

24 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
25 October 1, 2022.