

Department of Legislative Services  
Maryland General Assembly  
2022 Session

FISCAL AND POLICY NOTE  
Third Reader - Revised

House Bill 129

(Delegate Charkoudian)

Health and Government Operations and  
Judiciary

Finance

---

Behavioral Health Crisis Response Services and Public Safety Answering Points  
– Modifications

---

This bill requires the Maryland Department of Health (MDH), in awarding grants from the Behavioral Health Crisis Response Grant Program (BHCRGP), to require that proposals include response standards that prioritize mobile crisis units over law enforcement when responding to individuals in crisis. Each public safety answering point (PSAP) must develop a written policy on the procedures to be followed when a call is received that involves an individual suffering an active mental health crisis. The policy must include (1) the procedures to triage a call involving an individual suffering an active mental health crisis; (2) the resources that are available for dispatch; (3) the procedures for making a dispatch decision; and (4) training for applicable staff on implementing the procedures. Uncodified language requires that (1) each PSAP submit its written policy to MDH and make the policy available to the public by December 1, 2022, and (2) MDH submit the policies to the General Assembly by January 1, 2023. The bill also alters the definition of “mobile crisis team” (MCT) to specify that an MCT prioritizes limiting the interaction of law enforcement with individuals in crisis.

---

**Fiscal Summary**

**State Effect:** MDH can receive and submit PSAP policies to the General Assembly within existing budgeted resources. Requiring grant proposals to prioritize mobile crisis units over law enforcement does not materially impact the awarding of grants under BHCRGP. Revenues are not affected.

**Local Effect:** Local governments can likely develop the required written policy and train staff on any adopted procedures within existing budgeted resources, as discussed below. Revenues are not affected.

**Small Business Effect:** None.

---

## Analysis

### Current Law:

#### *Maryland Behavioral Health Crisis Response System*

The Behavioral Health Crisis Response System 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 BHCRGP in MDH to provide funds to local jurisdictions to establish and expand community behavioral health crisis response systems. Pursuant to Chapter 209, the Governor had to 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. In addition, Chapters 755 and 756 of 2021 expand the grant program, extend the term of the \$5.0 million mandated appropriation into fiscal 2023 through 2025, and beginning in fiscal 2023, require at least one-third of the mandated appropriation be used to award competitive grants for MCTs.

#### *Behavioral Health Crisis Response Grant Program Awards*

When awarding grants, MDH must prioritize proposals that (1) make use of more than one funding source; (2) demonstrate efficiency in service delivery through regionalization, integration of the behavioral health crisis program or service with existing public safety and emergency resources, and other strategies to achieve economies of scale; (3) serve all members of the immediate community with cultural competency and appropriate language access; (4) commit to gathering feedback from the community on an ongoing basis and improving service delivery continually based on this feedback; (5) demonstrate strong partnerships with community services that include family member and consumer advocacy organizations and regional stakeholders; (6) evidence a plan of linking individuals in crisis to peer support and family support services after stabilization; and (7) evidence a strong plan for integration into the existing behavioral health system of care and supports to provide seamless aftercare.

### *Mobile Crisis Teams*

An MCT is a team established by the local behavioral health authority 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.

### *Maryland's 9-1-1 System and the Maryland 9-1-1 Board*

The State's 9-1-1 system operates primarily through PSAPs, which are generally owned and operated by local governments. 9-1-1 specialists working within PSAPs answer, redirect, and take action on 9-1-1 calls received based on the location of the originating 9-1-1 call. State and local governments are preparing for "next generation" 9-1-1 technology that will allow PSAPs to access not only more accurate information about caller location but also other information that will assist emergency personnel in communicating with callers and responding more efficiently. Legislation has been enacted in recent years to, among other things:

- transfer the Maryland 9-1-1 Board that is responsible for administering the 9-1-1 Trust Fund and overseeing the State's 9-1-1 system from the Department of Public Safety and Correctional Services to the Maryland Department of Emergency Management;
- expand the uses of the 9-1-1 Trust Fund to include providing funding for 9-1-1 specialist training activities; and
- increase funding for the State's 9-1-1 system.

The Maryland 9-1-1 Board's other responsibilities include (1) disbursing funds to local governments from the 9-1-1 Trust Fund for authorized costs; (2) reviewing and approving or disapproving requests for reimbursement of the costs of enhancing 9-1-1 systems; (3) ensuring the inspection of PSAPs; (4) auditing counties to ensure that 9-1-1 trust funds are being used for authorized purposes; and (5) establishing training standards for PSAP personnel based on national best practices and related to Next Generation 9-1-1.

### *9-1-1 Trust Fund – State and Local Fees*

The 9-1-1 Trust Fund is funded through a State 9-1-1 fee and county 9-1-1 fee. Telephone companies, wireless carriers, and other 9-1-1 accessible service providers collect and remit the fees monthly to the Comptroller for deposit into the fund. The State 9-1-1 fee is distributed to counties at the discretion of the Maryland 9-1-1 Board in response to county

9-1-1 system enhancement requests. The county fee, the prepaid wireless 9-1-1 fee remittances, and any investment earnings of the fund are all distributed quarterly to each county in prorated amounts according to the level of fees collected in each jurisdiction.

**Local Expenditures:** PSAPs are generally owned and operated by local governments; thus, each local government PSAP is responsible for developing a written policy and providing training on the procedures to be followed by a PSAP when a call is received that involves an individual suffering an active mental health crisis. The Maryland 9-1-1 Board advises that the procedures for making a dispatch decision and who would respond to a request for service are part of the existing emergency dispatch protocol systems funded by the 9-1-1 Trust Fund. However, each local PSAP would be responsible for developing a policy on the procedures to triage a call involving an individual in active mental health crisis and providing training on the procedures. Although the bill has an operational impact, each PSAP can likely accomplish this within existing budgeted resources. Further, there is no requirement for a local government to have additional MCTs or more dispatch staff.

---

### **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** SB 12 (Senator Augustine) - Finance.

**Information Source(s):** Maryland Association of County Health Officers; Maryland Association of Counties; Baltimore City; Baltimore, Montgomery, and Prince George's counties; Maryland Municipal League; Maryland Department of Emergency Management; Maryland Department of Health; Department of Public Safety and Correctional Services; Department of State Police; Department of Legislative Services

**Fiscal Note History:** First Reader - January 23, 2022  
fnu2/jc Third Reader - March 23, 2022  
Revised - Amendment(s) - March 23, 2022

---

Analysis by: Amber R. Gundlach

Direct Inquiries to:

(410) 946-5510

(301) 970-5510