HOUSE BILL 450

J1 8lr1188

By: Delegates Hammen and Nathan-Pulliam, Nathan-Pulliam, Pendergrass,
Beitzel, Benson, Bromwell, Costa, Donoghue, Elliott, Hubbard, Kach,
Kipke, McDonough, Mizeur, Montgomery, Morhaim, Oaks,
Pena-Melnyk, Reznik, Riley, Tarrant, V. Turner, and Weldon

Introduced and read first time: January 30, 2008 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 16, 2008

CHAPTER

1 AN ACT concerning

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Department of Health and Mental Hygiene – Behavioral Health <u>and</u> Disabilities

4 FOR the purpose of altering the number of deputy secretaries to be appointed by the 5 Secretary of Health and Mental Hygiene with the approval of the Governor; 6 providing for the titles of the deputy secretaries to be appointed by the 7 Secretary; requiring the Secretary to transfer responsibility for certain 8 administrations within the Department to a certain deputy secretary; requiring 9 the Secretary to develop a certain integrated services and planning process and to identify and implement certain standards for dual-diagnosis throughout the 10 State requiring the Secretary to develop a certain system of services for certain 11 12 individuals, to address systems change in a certain manner, and to identify and 13 implement certain individualized treatment and supports; requiring the Secretary to make a certain report to the Governor and General Assembly on or 14 before a certain date; and generally relating to the Department of Health and 15 Mental Hygiene and behavioral health. 16

- 17 BY repealing and reenacting, with amendments,
- 18 Article Health General
- 19 Section 2–103(a)
- 20 Annotated Code of Maryland
- 21 (2005 Replacement Volume and 2007 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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



$\begin{array}{c} 1 \\ 2 \end{array}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:			
3	Article - Health - General			
4	2–103.			
5 6	(a) (1) With the approval of the Governor, the Secretary shall appoint [3] THE FOLLOWING FOUR deputy secretaries:			
7 8	(I) THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH AND DISABILITIES;			
9 10	(II) THE DEPUTY SECRETARY FOR HEALTH CARE FINANCING;			
11	(III) THE DEPUTY SECRETARY FOR OPERATIONS; AND			
12 13	(IV) THE DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES.			
14	(2) The deputy secretaries serve at the pleasure of the Secretary.			
15 16	(3) The deputy secretaries are entitled to the salary provided in the State budget.			
17 18	(4) The deputy secretaries have the duties provided by law or delegated by the Secretary.			
19	SECTION 2. AND BE IT FURTHER ENACTED, That the Secretary shall:			
20 21 22 23	(1) transfer the Alcohol and Drug Abuse Administration, Developmental Disabilities Administration, and Mental <u>Health Hygiene</u> Administration from the authority of the Deputy Secretary for Public Health Services to the Deputy Secretary for Behavioral Health <u>Services</u> and <u>Disabilities</u> ;			
24 25 26 27	(2) develop an integrated system and services planning process among the Alcohol and Drug Abuse Administration, Mental Health Administration, and Developmental Disabilities Administration that includes information on individuals with co-occurring disorders and addresses the following:			
28	(i) system change and philosophy;			
29	(ii) program standards and design;			
30 31	(iii) utilization of system assessment and competency instruments across the Administrations;			

1		(iv)	clinical practice and treatment interventions;	
$\frac{2}{3}$	assessment instru	(v) ments;	identification and utilization of several screening and	
4		(vi)	integrated treatment plans;	
5		(vii)	elinical competencies and dual diagnosis training;	
6		(viii)	measurable system and clinical outcomes; and	
7 8	for Treatment; and	(ix) d	utilization of the Four Quadrant Clinical Integration Model	
9 10 11 12	capabilities throu	e Ame ghout	ify and implement basic standards, including standards brican Society of Addiction Medicine, for dual-diagnosis the State; and for individuals with co-occurring disorders, stem of individualized services, in the most integrated setting;	
l3 l4	(3) disorders, that inc		ess systems change to best serve individuals with co-occurring	
L 5		<u>(i)</u>	best practices, program standards, and design;	
16 17	tools;	<u>(ii)</u>	identification and utilization of screening and assessment	
L8		(iii)	integration of treatment plans and supports;	
L 9		<u>(iv)</u>	staff competencies and cross-disciplinary training; and	
20		<u>(v)</u>	measurable outcomes;	
21	(4) consistent with sta		ify and implement individualized treatment and supports, s and best practices from each discipline; and	
23 24 25	(4) (5) on or before January 1, 2009, report to the Governor and General Assembly, in accordance with § 2–1246 of the State Government Article, on the implementation of this Act.			
26 27	SECTION 3 July 1, 2008.	B. AND	BE IT FURTHER ENACTED, That this Act shall take effect	