HOUSE BILL 1109

J1 (5lr0024)

ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by **Chair, Health and Government Operations Committee (By Request – Departmental – Health and Mental Hygiene)**

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.

_____

Speaker.

CHAPTER _____

AN ACT concerning

Behavioral Health Administration – Powers, Duties, and Responsibilities

FOR the purpose of establishing certain powers, duties, and responsibilities of the Director of the Behavioral Health Administration in the Department of Health and Mental Hygiene; requiring the Secretary of Health and Mental Hygiene to provide certain facilities for certain purposes ~~to the extent of certain funds~~; establishing certain duties of the Behavioral Health Administration; requiring the Secretary to adopt certain regulations; prohibiting discrimination against certain individuals by certain hospitals or programs; requiring certain behavioral health programs to be licensed by the Secretary, with certain exceptions; authorizing the Secretary to require certain accreditation as a condition of licensure; authorizing certain licensing fees; establishing that individuals served by a behavioral health program have certain rights; requiring the Department of Health and Mental Hygiene to adopt certain regulations; prohibiting an individual or organization from operating a behavioral

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.

health program in violation of certain provisions of law; establishing a certain criminal fine; authorizing the Department of Health and Mental Hygiene to pursue an injunction under certain circumstances; requiring certain halfway houses for certain individuals with certain substance–related disorders to be licensed in accordance with certain provisions of law; establishing certain zoning provisions for certain halfway houses; requiring the Director on or after a certain date to prepare and implement a certain mental health plan in concert with certain entities; altering certain provisions of law relating to county mental health advisory committees; requiring certain private group homes to be licensed in accordance with certain provisions of law; altering a certain exception to a certain prohibition on review of a certain court record relating to a certain petition; establishing certain duties of certain local behavioral health authorities and local addictions authorities under certain circumstances; requiring core service agencies, local addictions authorities, and local behavioral health authorities to submit a certain plan to the Director; establishing certain duties of the Director regarding the initiation of the development of core service agencies, local addictions authorities, and local behavioral health authorities, under certain circumstances; establishing certain duties of the Director related to assuring the continuing provision of certain services; authorizing the Director to deny approval of a local addictions authority or local behavioral health authority and cease funding or request the return of unspent funds by a local addictions authority or local behavioral health authority under certain circumstances; authorizing a county to terminate its local addictions authority or local behavioral health authority in a certain manner; prohibiting the Director from requiring a local addictions authority or local behavioral health authority to provide certain services; altering certain provisions of law relating to a certain mental health crisis response system; repealing certain limitations on admission to certain private group homes; repealing certain provisions of law setting salaries of employees of certain community mental health programs; repealing a certain program for certain hearing–impaired individuals with a mental disorder; establishing certain legislative policy; adding and altering certain defined terms; making conforming, clarifying, technical, and stylistic changes; and generally relating to behavioral health care and the Behavioral Health Administration in the Department of Health and Mental Hygiene.

BY repealing
Article – Health – General
Section 8–402 through 8–404, 8–702, 8–703, 10–515, 10–517, 10–520 through 10–523, 10–604, 10–901, and 10–905; and 10–908 through 10–913 and the part "Part II. Program for Hearing Impaired Individuals"
Annotated Code of Maryland
(2009 Replacement Volume and 2014 Supplement)

~~BY repealing and reenacting, with amendments,~~
~~Article – Education~~
~~Section 7–4A–03(a)(9)(xi)~~
~~Annotated Code of Maryland~~
~~(2014 Replacement Volume and 2014 Supplement)~~

BY repealing and reenacting, with amendments,
Article – Health – General
Section 4–307(a)(3) and (h), 5–705(b)(11), 5–803(1), 5–805(a)(1), 7.5–101, 7.5–204, 8–101, 10–101, 10–207(b)(1) and (d), 10–308(f) and (g), 10–309(a), 10–312(b)(4)(i)5., 10–516, 10–518, 10–630(b)(5), 10–701(a)(6), 10–1101~~,~~; 10–1201, 10–1202(a), (b), (c), and ~~(d)(2)~~ (d)(1), (2), (3), (4)(iii), and (7), 10–1202.1(b), (c)(2)(i), and (f), and 10–1203~~,~~ to be under the amended subtitle "Subtitle 12. Core Service Agencies, Local Addictions Authorities, and Local Behavioral Health Authorities"; 16–101(b)(2) and (e)(2)(i) and (v), 16–201.2(a)(3) and (4), 16–204(c), and 19–2301(d)(10) and (11)
Annotated Code of Maryland
(2009 Replacement Volume and 2014 Supplement)

BY adding to
Article – Health – General
Section 7.5–205 and 7.5–206; 7.5–301 through 7.5–304 to be under the new subtitle "Subtitle 3. Behavioral Health Programs"; and 8–405, 8–406, and 16–201.2(a)(6)
Annotated Code of Maryland
(2009 Replacement Volume and 2014 Supplement)

BY repealing and reenacting, without amendments,
Article – Health – General
Section 10–630(a) and 16–101(e)(1)
Annotated Code of Maryland
(2009 Replacement Volume and 2014 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 10–1401(b), 10–1403(a)(1)(ii) and (b), and 10–1404(b)
Annotated Code of Maryland
(2009 Replacement Volume and 2014 Supplement)
(As enacted by Chapter 371 of the Acts of the General Assembly of 2002)

BY adding to
Article – Health – General
Section 10–1401(d)
Annotated Code of Maryland
(2009 Replacement Volume and 2014 Supplement)
(As enacted by Chapter 371 of the Acts of the General Assembly of 2002)

BY repealing and reenacting, with amendments,
Article – Human Services
Section 8–101(e), 8–302(2)(iii), 8–406(a)(1)(iv), and 8–407(4)
Annotated Code of Maryland
(2007 Volume and 2014 Supplement)

BY adding to
Article – Human Services
Section 8–101(k–1)
Annotated Code of Maryland
(2007 Volume and 2014 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section(s) 8–402 through 8–404, 8–702, 8–703, 10–515, 10–517, 10–520 through 10–523, 10–604, 10–901, and 10–905; and 10–908 through 10–913 and the part "Part II. Program for Hearing Impaired Individuals" of Article – Health – General of the Annotated Code of Maryland be repealed.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

~~**Article – Education**~~

~~7–4A–03.~~

~~(a) The Council consists of the following 25 members:~~

~~(9) The following members appointed by the Governor:~~

~~(xi) A representative of the Behavioral Health Administration **[**or**]**, a core service agency**, OR A LOCAL BEHAVIORAL HEALTH AUTHORITY**.~~

Article – Health – General

4–307.

(a) (3) "Core service agency" **[**means an organization approved by the Behavioral Health Administration to manage mental health resources and services in a designated area or to a designated target population**]** **HAS THE MEANING STATED IN § 7.5–101 OF THIS ARTICLE**.

(h) This section may not be construed to prevent the disclosure of a medical record that relates to the provision of mental health services between or among the health care providers that participate in the approved plan of a core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** for the delivery of mental health services, if a recipient:

(1) Has received a current list of the participating providers; and

(2) Has signed a written agreement with the core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** to participate in the client information system developed by the agency.

5–705.

(b) The local team membership shall be drawn from the following individuals, organizations, agencies, and areas of expertise, when available:

(11) A psychiatrist or psychologist with experience in child abuse and neglect or child injury, appointed by the director of the county mental health agency **[**or**],** core service agency**, OR LOCAL BEHAVIORAL HEALTH AUTHORITY**;

5–803.

The Committee shall:

(1) Evaluate causes or factors contributing to deaths in facilities or programs:

(i) Operated or licensed by the Developmental Disabilities Administration;

(ii) Licensed by the Behavioral Health Administration to provide mental health services **AND IDENTIFIED IN § 10–713(A) OF THIS ARTICLE**; or

(iii) Operating by waiver under § 7–903(b) of this article;

5–805.

(a) (1) Except as provided in paragraph (3) of this subsection, the Office of Health Care Quality shall review each death of an individual with developmental disabilities or with a mental illness who, at the time of death, resided in or was receiving services from any program or facility licensed or operated by the Developmental Disabilities Administration or operating by waiver under § 7–903(b) of this article, or any program approved, licensed, or operated by the Department under § 10–406**[**, § 10–901, or § 10–902**] OF THIS ARTICLE OR ANY PROGRAM IDENTIFIED IN § 10–713(A)** of this article.

7.5–101.

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

(B) (1) "ADDICTIVE DISORDER" MEANS A <u>CHRONIC</u> DISORDER OF THE BRAIN'S REWARD–ACTIVATION SYSTEM IN WHICH ~~BEHAVIOR BECOMES REPETITIVE, THERE IS~~ <u>THE INDIVIDUAL PATHOLOGICALLY PURSUES REWARD OR RELIEF BY</u>

SUBSTANCE USE OR OTHER BEHAVIORS, WITH DIMINISHED CONTROL, AND THE INDIVIDUAL PERSISTS IN THE BEHAVIOR DESPITE ADVERSE CONSEQUENCES.

(2) "ADDICTIVE DISORDER" INCLUDES GAMBLING, WHICH IS THE ONLY NONSUBSTANCE–RELATED ADDICTIVE DISORDER RECOGNIZED BY MARYLAND LAW.

[(b)**] (C)** "Administration" means the Behavioral Health Administration.

[(c)**] (D)** "Behavioral health" includes **[**substance use**] SUBSTANCE–RELATED** disorders, addictive disorders, and mental disorders.

[(d)**] (E)** "Behavioral health care" includes prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services, for individuals with **[**substance use**] SUBSTANCE–RELATED** disorders, addictive disorders, mental disorders, or a combination of these disorders.

(F) "BEHAVIORAL HEALTH PROGRAM" MEANS A SUBSTANCE–RELATED DISORDERS PROGRAM, A MENTAL HEALTH PROGRAM, OR AN ADDICTIVE DISORDERS PROGRAM, OR A PROGRAM THAT CONSISTS OF MORE THAN ONE OF THESE PROGRAMS.

(G) "CORE SERVICE AGENCY" MEANS THE DESIGNATED COUNTY OR MULTICOUNTY AUTHORITY THAT IS RESPONSIBLE FOR PLANNING, MANAGING, AND MONITORING PUBLICLY FUNDED MENTAL HEALTH SERVICES.

[(e)**] (H)** "Director" means the Director of the Administration.

(I) "FAMILY SUPPORT SERVICES" MEANS A SET OF NONCLINICAL ACTIVITIES PROVIDED BY FAMILY MEMBERS OF INDIVIDUALS WITH MENTAL HEALTH OR SUBSTANCE–RELATED DISORDERS AND ADDICTIVE DISORDERS TO SUPPORT INDIVIDUALS WITH MENTAL HEALTH OR SUBSTANCE–RELATED DISORDERS AND ADDICTIVE DISORDERS OR THEIR FAMILIES.

(J) "LOCAL ADDICTIONS AUTHORITY" MEANS THE DESIGNATED COUNTY OR MULTICOUNTY AUTHORITY THAT IS RESPONSIBLE FOR PLANNING, MANAGING, AND MONITORING PUBLICLY FUNDED SUBSTANCE–RELATED DISORDERS AND ADDICTIVE DISORDER SERVICES.

(K) "LOCAL BEHAVIORAL HEALTH AUTHORITY" MEANS THE DESIGNATED COUNTY OR MULTICOUNTY AUTHORITY THAT IS RESPONSIBLE FOR PLANNING, MANAGING, AND MONITORING PUBLICLY FUNDED MENTAL HEALTH, SUBSTANCE–RELATED DISORDER, AND ADDICTIVE DISORDER SERVICES.

(L) (1) "MENTAL DISORDER" MEANS A BEHAVIORAL OR EMOTIONAL ILLNESS THAT RESULTS FROM A PSYCHIATRIC ~~OR NEUROLOGICAL~~ DISORDER.

(2) "MENTAL DISORDER" INCLUDES A MENTAL ILLNESS THAT SO SUBSTANTIALLY IMPAIRS THE MENTAL OR EMOTIONAL FUNCTIONING OF AN INDIVIDUAL AS TO MAKE CARE OR TREATMENT NECESSARY OR ADVISABLE FOR THE WELFARE OF THE INDIVIDUAL OR FOR THE SAFETY OF THE PERSON OR PROPERTY OF ANOTHER.

(3) "MENTAL DISORDER" DOES NOT INCLUDE AN INTELLECTUAL DISABILITY.

(M) "MENTAL HEALTH PROGRAM" MEANS A SET OF SERVICES THAT CONSISTS OF COMMUNITY–BASED TREATMENT, CARE, OR REHABILITATION SERVICES, OR ANY COMBINATION OF THESE, FOR INDIVIDUALS WITH A MENTAL DISORDER.

(N) "PEER SUPPORT SERVICES" MEANS A SET OF NONCLINICAL ACTIVITIES PROVIDED BY INDIVIDUALS IN RECOVERY FROM MENTAL DISORDERS, SUBSTANCE–RELATED DISORDERS, OR ADDICTIVE DISORDERS WHO USE THEIR PERSONAL, LIVED EXPERIENCES AND TRAINING TO SUPPORT OTHER INDIVIDUALS WITH MENTAL DISORDERS, SUBSTANCE–RELATED DISORDERS, OR ADDICTIVE DISORDERS.

(O) "RECOVERY RESIDENCE" MEANS A SERVICE THAT:

(1) PROVIDES ALCOHOL–FREE AND ILLICIT–DRUG–FREE HOUSING TO INDIVIDUALS WITH SUBSTANCE–RELATED DISORDERS OR ADDICTIVE DISORDERS OR CO–OCCURRING MENTAL DISORDERS AND SUBSTANCE–RELATED DISORDERS OR ADDICTIVE DISORDERS; AND

(2) DOES NOT INCLUDE CLINICAL TREATMENT SERVICES.

(P) <u>(1)</u> "SUBSTANCE–RELATED DISORDER" MEANS ~~ALCOHOL ABUSE, ALCOHOL DEPENDENCE, ALCOHOL MISUSE, DRUG ABUSE, DRUG DEPENDENCE, DRUG MISUSE, OR ANY COMBINATION OF THESE~~<u>:</u>

<u>(I) AN ALCOHOL USE DISORDER, ALCOHOL ABUSE, ALCOHOL DEPENDENCE, ALCOHOL MISUSE, ALCOHOL INTOXICATION, OR ALCOHOL WITHDRAWAL;</u>

<u>(II) A NONALCOHOL SUBSTANCE USE DISORDER, DRUG DEPENDENCE, DRUG MISUSE, NONALCOHOL SUBSTANCE INDUCED INTOXICATION, OR NONALCOHOL SUBSTANCE WITHDRAWAL; OR</u>

(III) ANY COMBINATION OF THE DISORDERS LISTED IN ITEMS (I) AND (II) OF THIS PARAGRAPH.

(2) "SUBSTANCE–RELATED DISORDER" INCLUDES SUBSTANCE USE DISORDERS AND SUBSTANCE INDUCED DISORDERS.

(Q) "SUBSTANCE–RELATED DISORDERS PROGRAM" MEANS A SET OF SERVICES THAT:

(1) ARE COMMUNITY–BASED, INCLUDING THOSE SERVICES PROVIDED BY THE STATE OR ANY OF ITS POLITICAL SUBDIVISIONS; AND

(2) CONSIST OF:

(I) ANY COMBINATION OF TREATMENT, CARE, OR REHABILITATION FOR INDIVIDUALS WITH A SUBSTANCE–RELATED DISORDER; OR

(II) EDUCATION FOR INDIVIDUALS KNOWN TO BE AT RISK OF DEVELOPING SUBSTANCE–RELATED DISORDERS.

7.5–204.

(a) The Director is responsible for carrying out the powers, duties, and responsibilities of the Administration.

(b) In addition to the powers set forth elsewhere in this title, the Director may:

(1) Within the amounts made available by appropriation or grant, make any agreement or joint financial arrangement to do or have done anything necessary, desirable, or proper to carry out the purposes of this title **AND TITLES 8 AND 10 OF THIS ARTICLE**;

(2) Organize and manage the Administration in a manner that will enable it best to discharge the duties of the Administration;

(3) Appoint the number of assistant directors and staff provided for in the State budget;

(4) Remove an assistant director for incompetence or misconduct; and

(5) Unless expressly provided otherwise by law, assign to any subordinate unit or individual in the Administration any function that is imposed by law on the Director.

(c) In addition to the duties set forth elsewhere in this title, the Director shall**[**:

(1) Adopt regulations to carry out the provisions of this title, including provisions setting reasonable fees for the issuance and renewal of licenses; and

(2) Do**]** **DO** anything necessary or proper to carry out the scope of this title **AND TITLES 8 AND 10 OF THIS ARTICLE**.

[(d) The Director is responsible for supervising the custody, care, and treatment of individuals who have mental disorders.

(e) The Director shall provide facilities for the care and treatment of individuals who have mental disorders.

(f) (1) The Director shall establish programs for research and development of care and treatment for individuals who have behavioral health disorders.

(2) The Director may provide money for a public or nonprofit organization to carry out pilot or demonstration projects regarding individuals who have behavioral health disorders.**]**

(D) IT IS THE POLICY OF THE STATE THAT THE DIRECTOR MAY COLLABORATE WITH OTHER STATE AGENCIES TO PROMOTE COORDINATED CARE AND TREATMENT OF INDIVIDUALS WHO HAVE BEHAVIORAL HEALTH DISORDERS.

7.5–205.

(A) THE SECRETARY SHALL PROVIDE FACILITIES FOR THE CARE AND TREATMENT OF INDIVIDUALS WHO HAVE MENTAL DISORDERS~~, TO THE EXTENT THAT FUNDS ARE PROVIDED IN THE STATE BUDGET FOR THIS PURPOSE~~.

(B) ~~TO THE EXTENT TO WHICH FUNDS ARE PROVIDED IN THE STATE BUDGET, THE~~ *THE* ADMINISTRATION SHALL:

(1) SUPERVISE THE CUSTODY, CARE, AND TREATMENT OF INDIVIDUALS IN STATE FACILITIES WHO HAVE MENTAL DISORDERS;

(2) PROVIDE OVERSIGHT OF COMMUNITY–BASED SERVICES FOR PERSONS WITH BEHAVIORAL HEALTH DISORDERS; AND

(3) ESTABLISH PROGRAMS FOR RESEARCH AND DEVELOPMENT OF CARE AND TREATMENT FOR INDIVIDUALS WHO HAVE BEHAVIORAL HEALTH DISORDERS.

(C) THE ADMINISTRATION MAY PROVIDE FUNDS FOR A PUBLIC OR NONPROFIT ORGANIZATION TO CARRY OUT PILOT OR DEMONSTRATION PROJECTS RELATING TO INDIVIDUALS WHO HAVE BEHAVIORAL HEALTH DISORDERS.

(D) THE SECRETARY SHALL ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS TITLE AND TITLES 8 AND 10 OF THIS ARTICLE, INCLUDING PROVISIONS SETTING REASONABLE FEES FOR THE ISSUANCE AND RENEWAL OF LICENSES.

7.5–206.

NO OTHERWISE–QUALIFIED INDIVIDUAL WITH A BEHAVIORAL HEALTH DISORDER, SOLELY BY REASON OF THE INDIVIDUAL'S STATUS AS AN INDIVIDUAL WITH A BEHAVIORAL HEALTH DISORDER, SHALL BE DENIED THE SERVICES OF, OR BE SUBJECTED TO DISCRIMINATION BY, ANY PUBLIC OR PRIVATE HOSPITAL OR COMMUNITY–BASED TREATMENT PROGRAM.

SUBTITLE 3. BEHAVIORAL HEALTH PROGRAMS.

7.5–301.

(A) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, A BEHAVIORAL HEALTH PROGRAM SHALL BE LICENSED BY THE SECRETARY BEFORE PROGRAM SERVICES MAY BE PROVIDED IN THIS STATE.

(B) THE SECRETARY MAY EXEMPT THE FOLLOWING PERSONS FROM THE LICENSURE REQUIREMENTS OF THIS SECTION:

(1) A HEALTH PROFESSIONAL, IN EITHER SOLO OR GROUP PRACTICE, WHO IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE AND WHO IS PROVIDING <u>MENTAL HEALTH OR</u> SUBSTANCE–RELATED DISORDER SERVICES ACCORDING TO THE REQUIREMENTS OF THE APPROPRIATE PROFESSIONAL BOARD;

(2) ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, RECOVERY RESIDENCES, PEER SUPPORT SERVICES, FAMILY SUPPORT SERVICES, OR OTHER SIMILAR ORGANIZATIONS, IF THE ORGANIZATION HOLDS MEETINGS OR PROVIDES SUPPORT SERVICES BUT DOES NOT PROVIDE ANY TYPE OF TREATMENT;

(3) AN EMPLOYEES' ASSISTANCE PROGRAM OF A BUSINESS ENTITY;

(4) OUTPATIENT BEHAVIORAL HEALTH TREATMENT AND REHABILITATION SERVICES PROVIDED IN A REGULATED SPACE IN A HOSPITAL, AS DEFINED IN § 19–301 OF THIS ARTICLE, IF THE SERVICES ARE ACCREDITED BY AN

APPROVED ACCREDITATION ORGANIZATION UNDER ITS BEHAVIORAL HEALTH STANDARDS; OR

(5) A PRIVATE THERAPEUTIC GROUP HOME AS DEFINED IN § 10–920 OF THIS ARTICLE.

7.5–302.

(A) REGULATIONS ADOPTED UNDER THIS SUBTITLE SHALL INCLUDE:

(1) THE REQUIREMENTS FOR LICENSURE OF A BEHAVIORAL HEALTH PROGRAM;

(2) THE PROCESS FOR A BEHAVIORAL HEALTH PROGRAM TO APPLY FOR A LICENSE;

(3) A DESCRIPTION OF THE BEHAVIORAL HEALTH PROGRAMS THAT ARE REQUIRED TO BE LICENSED;

(4) ANY REQUIREMENTS FOR THE GOVERNANCE OF A BEHAVIORAL HEALTH PROGRAM, INCLUDING A PROVISION PROHIBITING A CONFLICT OF INTEREST BETWEEN THE INTERESTS OF THE PROVIDER AND THOSE OF THE INDIVIDUAL RECEIVING SERVICES;

(5) PROVISIONS FOR INSPECTIONS OF A BEHAVIORAL HEALTH PROGRAM, INCLUDING INSPECTION AND COPYING OF THE RECORDS OF A BEHAVIORAL HEALTH PROGRAM IN ACCORDANCE WITH STATE AND FEDERAL LAW; AND

(6) PROVISIONS FOR DENIALS, SANCTIONS, SUSPENSIONS, AND REVOCATIONS OF LICENSES, INCLUDING IMPOSITION OF CIVIL MONETARY PENALTIES, AND NOTICE AND AN OPPORTUNITY TO BE HEARD.

(B) (1) THE SECRETARY MAY REQUIRE A BEHAVIORAL HEALTH PROGRAM TO BE GRANTED ACCREDITATION BY AN ACCREDITATION ORGANIZATION APPROVED BY THE SECRETARY UNDER TITLE 19, SUBTITLE 23 OF THIS ARTICLE AS A CONDITION OF LICENSURE UNDER REGULATIONS ADOPTED UNDER THIS SUBTITLE.

(2) BY BECOMING LICENSED IN ACCORDANCE WITH PARAGRAPH (1) OF THIS SUBSECTION, A PROGRAM AGREES TO COMPLY WITH ALL APPLICABLE STANDARDS OF THE ACCREDITATION ORGANIZATION.

(C) REGULATIONS ADOPTED UNDER THIS SUBTITLE MAY INCLUDE PROVISIONS SETTING REASONABLE FEES FOR APPLYING FOR A LICENSE AND FOR THE ISSUANCE AND RENEWAL OF LICENSES.

7.5–303.

EACH INDIVIDUAL SERVED BY A BEHAVIORAL HEALTH PROGRAM IS ENTITLED TO THE RIGHTS ~~IDENTIFIED~~ *THAT ARE:*

(1) IDENTIFIED* IN THE BEHAVIORAL HEALTH PROGRAM'S ACCREDITATION STANDARDS ~~THAT ARE ADOPTED~~*; OR

***(2) ESTABLISHED FOR NONACCREDITED BEHAVIORAL HEALTH PROGRAMS* BY THE DEPARTMENT IN REGULATIONS.**

7.5–304.

(A) AN INDIVIDUAL OR ORGANIZATION MAY NOT OPERATE A BEHAVIORAL HEALTH PROGRAM IN VIOLATION OF THIS SUBTITLE.

(B) AN INDIVIDUAL OR ORGANIZATION THAT OPERATES A BEHAVIORAL HEALTH PROGRAM WITHOUT THE LICENSE REQUIRED BY THIS SUBTITLE IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING $10,000 FOR EACH VIOLATION.

(C) THE DEPARTMENT MAY FILE FOR AND PURSUE AN INJUNCTION TO PREVENT AN INDIVIDUAL OR ORGANIZATION FROM OPERATING A BEHAVIORAL HEALTH PROGRAM WITHOUT THE LICENSE REQUIRED BY THIS SUBTITLE.

8–101.

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

(B) (1) "ADDICTIVE DISORDER" MEANS A CHRONIC DISORDER OF THE BRAIN'S REWARD–ACTIVATION SYSTEM IN WHICH ~~BEHAVIOR BECOMES REPETITIVE, THERE IS~~ THE INDIVIDUAL PATHOLOGICALLY PURSUES REWARD OR RELIEF BY SUBSTANCE ABUSE OR OTHER BEHAVIORS, WITH DIMINISHED CONTROL, AND THE INDIVIDUAL PERSISTS IN THE BEHAVIOR DESPITE ADVERSE CONSEQUENCES.

(2) "ADDICTIVE DISORDER" INCLUDES GAMBLING, WHICH IS THE ONLY NONSUBSTANCE–RELATED ADDICTIVE DISORDER RECOGNIZED BY MARYLAND LAW.

[(b)**] (C)** "Administration" means the Behavioral Health Administration.

[(c)**] (D)** "Administrator" means the program director or the clinical director of an alcohol or drug abuse treatment facility or a health care facility.

[(d)**] (E)** "Alcohol abuse" means a disease that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho–social.

[(e)**] (F)** "Alcohol dependence" means a disease characterized by:

(1) Alcohol abuse; and

(2) Physical symptoms of withdrawal or tolerance.

[(f)**] (G)** "Alcohol misuse" means:

(1) Unlawful use of alcohol;

(2) Alcohol abuse; or

(3) Alcohol dependence.

[(g) "Detoxification facility" means a facility that provides direct or indirect services to an acutely intoxicated individual to fulfill the physical, social, and emotional needs of the individual by:

(1) Monitoring the amount of alcohol and other toxic agents in the body of the individual;

(2) Managing withdrawal symptoms; and

(3) Motivating the individual to participate in the appropriate addictions treatment programs for alcohol or drug abuse.**]**

(h) "Director" means the Director of the Administration.

(i) "Drug" means:

(1) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act;

(2) A prescription medication; or

(3) A chemical substance when used for unintended and harmful purposes.

(j) "Drug abuse" means a disease which is characterized by a pattern of pathological use of a drug with repeated attempts to control the use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho–social.

(k) "Drug dependence" means a disease characterized by:

(1) Drug abuse; and

(2) Physical symptoms of withdrawal or tolerance.

(l) "Drug misuse" means:

(1) Unlawful use of a drug;

(2) Drug abuse; or

(3) Drug dependence.

[(m) "Substance use disorder" means alcohol abuse, alcohol dependence, alcohol misuse, drug abuse, drug dependence, drug misuse, or any combination of these.**]**

(M) "HALFWAY HOUSE" MEANS A CLINICALLY MANAGED, LOW INTENSITY RESIDENTIAL TREATMENT SERVICE FOR INDIVIDUALS WITH SUBSTANCE–RELATED DISORDERS WHO ARE CAPABLE OF SELF–CARE BUT ARE NOT READY TO RETURN TO INDEPENDENT LIVING.

(N) "LARGE HALFWAY HOUSE" MEANS A HALFWAY HOUSE THAT ADMITS AT LEAST 9 BUT NOT MORE THAN 16 INDIVIDUALS.

(O) (1) "MENTAL DISORDER" MEANS A BEHAVIORAL OR EMOTIONAL ILLNESS THAT RESULTS FROM A PSYCHIATRIC ~~OR NEUROLOGICAL~~ DISORDER.

(2) "MENTAL DISORDER" INCLUDES A MENTAL ILLNESS THAT SO SUBSTANTIALLY IMPAIRS THE MENTAL OR EMOTIONAL FUNCTIONING OF AN INDIVIDUAL AS TO MAKE CARE OR TREATMENT NECESSARY OR ADVISABLE FOR THE WELFARE OF THE INDIVIDUAL OR FOR THE SAFETY OF THE PERSON OR PROPERTY OF ANOTHER.

(3) "MENTAL DISORDER" DOES NOT INCLUDE AN INTELLECTUAL DISABILITY.

(P) "RECOVERY RESIDENCE" MEANS A SERVICE THAT:

(1) PROVIDES ALCOHOL–FREE AND ILLICIT–DRUG–FREE HOUSING TO INDIVIDUALS WITH SUBSTANCE–RELATED DISORDERS OR ADDICTIVE DISORDERS OR CO–OCCURRING MENTAL DISORDERS AND SUBSTANCE–RELATED DISORDERS OR ADDICTIVE DISORDERS; AND

(2) DOES NOT INCLUDE CLINICAL TREATMENT SERVICES.

(Q) "SMALL HALFWAY HOUSE" MEANS A HALFWAY HOUSE THAT ADMITS AT LEAST 4 BUT NOT MORE THAN 8 INDIVIDUALS.

(R) (1) "SUBSTANCE–RELATED DISORDER" MEANS ~~ALCOHOL ABUSE, ALCOHOL DEPENDENCE, ALCOHOL MISUSE, DRUG ABUSE, DRUG DEPENDENCE, DRUG MISUSE, OR ANY COMBINATION OF THESE~~:

(I) ALCOHOL USE DISORDER, ALCOHOL ABUSE, ALCOHOL DEPENDENCE, ALCOHOL MISUSE, ALCOHOL INTOXICATION, OR ALCOHOL WITHDRAWAL;

(II) NONALCOHOL SUBSTANCE USE DISORDER, DRUG DEPENDENCE, DRUG MISUSE, NONALCOHOL SUBSTANCE INDUCED INTOXICATION, OR NONALCOHOL SUBSTANCE WITHDRAWAL; OR

(III) ANY COMBINATION OF THE DISORDERS LISTED IN ITEMS (I) AND (II) OF THIS PARAGRAPH.

(2) "SUBSTANCE–RELATED DISORDER" INCLUDES SUBSTANCE USE DISORDERS AND SUBSTANCE INDUCED DISORDERS.

(S) "WITHDRAWAL MANAGEMENT" MEANS DIRECT OR INDIRECT SERVICES FOR AN ACUTELY INTOXICATED INDIVIDUAL TO FULFILL THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF AN INDIVIDUAL BY:

(1) MONITORING THE AMOUNT OF ALCOHOL AND OTHER TOXIC AGENTS IN THE BODY OF THE INDIVIDUAL;

(2) MANAGING WITHDRAWAL SYMPTOMS; AND

(3) MOTIVATING AN INDIVIDUAL TO PARTICIPATE IN THE APPROPRIATE SUBSTANCE–RELATED DISORDER PROGRAMS.

8–405.

(A) A HALFWAY HOUSE SHALL BE LICENSED IN ACCORDANCE WITH TITLE 7.5 OF THIS ARTICLE.

(B) THE SECRETARY SHALL ADOPT REGULATIONS FOR ESTABLISHING, LICENSING, AND OPERATING HALFWAY HOUSES.

8–406.

(A) A SMALL HALFWAY HOUSE:

(1) IS DEEMED CONCLUSIVELY A SINGLE–FAMILY DWELLING FOR PURPOSES OF ZONING; AND

(2) IS PERMITTED TO LOCATE IN ALL RESIDENTIAL ZONES.

(B) A LARGE HALFWAY HOUSE IS DEEMED CONCLUSIVELY A MULTI–FAMILY DWELLING AND IS PERMITTED TO LOCATE IN ZONES OF SIMILAR DENSITY.

(C) A HALFWAY HOUSE IS NOT SUBJECT TO ANY SPECIAL EXCEPTION, CONDITIONAL USE PERMIT, OR PROCEDURE THAT DIFFERS FROM THAT REQUIRED FOR A SINGLE–FAMILY DWELLING OR A MULTIFAMILY DWELLING OF SIMILAR DENSITY IN THE SAME ZONE.

(D) A GENERAL ZONING ORDINANCE THAT CONFLICTS WITH THE PROVISIONS OF THIS SECTION IS SUPERSEDED BY THIS SECTION, TO THE EXTENT OF THE CONFLICT.

10–101.

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

(b) "Administration" means the Behavioral Health Administration.

(c) (1) "Admission" means the process by which an individual is accepted as a resident in:

(i) An inpatient facility; or

(ii) A Veterans' Administration hospital in this State that provides care or treatment for individuals who have mental disorders.

(2) "Admission" includes the physical act of the individual entering the facility or Veterans' Administration hospital.

(D) "BEHAVIORAL HEALTH CARE" INCLUDES PREVENTION, SCREENING, EARLY INTERVENTION, TREATMENT, RECOVERY, SUPPORT, WRAPAROUND, AND REHABILITATION SERVICES FOR INDIVIDUALS WITH SUBSTANCE–RELATED

DISORDERS, ADDICTIVE DISORDERS, MENTAL DISORDERS, OR A COMBINATION OF THESE DISORDERS.

(E) "CORE SERVICE AGENCY" MEANS THE DESIGNATED COUNTY OR MULTICOUNTY AUTHORITY THAT IS RESPONSIBLE FOR PLANNING, MANAGING, AND MONITORING PUBLICLY FUNDED MENTAL HEALTH SERVICES.

[(d)**] (F)** "Director" means the Director of the Behavioral Health Administration.

[(e)**] (G)** (1) Except as otherwise provided in this title, "facility" means any public or private clinic, hospital, or other institution that provides or purports to provide treatment or other services for individuals who have mental disorders.

(2) "Facility" does not include a Veterans' Administration hospital.

(H) "LOCAL BEHAVIORAL HEALTH AUTHORITY" MEANS THE DESIGNATED COUNTY OR MULTICOUNTY AUTHORITY THAT IS RESPONSIBLE FOR PLANNING, MANAGING, AND MONITORING PUBLICLY FUNDED MENTAL HEALTH, SUBSTANCE–RELATED DISORDER, AND ADDICTIVE DISORDER SERVICES.

[(f)**] (I)** (1) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric ~~or neurological~~ disorder.

(2) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.

(3) "Mental disorder" does not include an intellectual disability.

[(g)**] (J)** "State Advisory Council" means the State Advisory Council on Mental Hygiene.

[(h)**] (K)** "State facility" means a facility that is owned or operated by the Department.

[(i)**] (L)** "Treatment" means any professional care or attention that is given in a facility, private therapeutic group home for children and adolescents, or Veterans' Administration hospital to improve or to prevent the worsening of a mental disorder.

10–207.

(b) (1) **[**By**] ON OR AFTER** October 1, 1993, within existing resources and in concert with local core service agencies **OR LOCAL BEHAVIORAL HEALTH AUTHORITIES**, the Director shall prepare a comprehensive mental health plan which identifies the needs

of all individuals who have a serious mental disorder and who are targeted for services in the "Comprehensive Mental Health Services Plan" submitted by the State to the federal government in accordance with § 1925 of the Public Health Service Act.

(d) The Director shall, in concert with local core service agencies **OR LOCAL BEHAVIORAL HEALTH AUTHORITIES**, implement each plan to the extent that resources are available.

10–308.

(f) In Baltimore City, the governing body may designate **[**Baltimore Mental Health Systems, Inc.,**] BEHAVIORAL HEALTH SYSTEMS BALTIMORE** the **[**core service agency**] LOCAL BEHAVIORAL HEALTH AUTHORITY** for Baltimore City under Subtitle 12 of this title, as the mental health advisory committee for Baltimore City.

(g) In Anne Arundel County, the governing body may designate Anne Arundel County Mental Health Agency, Inc., the core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** for Anne Arundel County under Subtitle 12 of this title, as the mental health advisory committee for Anne Arundel County.

10–309.

(a) (1) The mental health advisory committee of each county shall consist of:

(i) As nonvoting ex officio members, the following individuals or their designees:

1. The health officer for the county;

2. A representative of a State inpatient facility that serves that county, appointed as provided in paragraph (2) of this subsection;

3. The county mental health director;

4. The director of the core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**, if any; and

5. In jurisdictions with designated State inpatient beds located in local general hospitals, a representative from that facility; and

(ii) As voting members, appointed by the governing body of the county and representative of the county's major socio–economic and ethnic groups:

1. At least 5, but not more than 7, representatives selected from among the following groups or agencies:

A. The governing body;

B. The county department of education;

C. The local department of social services;

D. The practicing physicians;

E. Mental health professionals who are not physicians;

F. The clergy;

G. The legal profession;

H. A local law enforcement agency;

I. A local general hospital that contains an inpatient psychiatric unit;

J. The Department of Aging;

K. The Department of Juvenile Services;

L. The local alcohol and drug abuse agency; and

M. A local community rehabilitation or housing program; and

2. At least 5 individuals selected from among the following groups or organizations and appointed as provided in paragraph (3) of this subsection:

A. At least 2 individuals who are currently receiving or who have in the past received mental health services;

B. Parents or other relatives of adults with mental disorders;

C. Parents or other relatives of children or adolescents with emotional, behavioral, or mental disorders the onset of which occurred during childhood or adolescence;

D. The local mental health association, if any; and

E. A member of the general public.

(2) If more than one State inpatient facility serves a county, a representative from at least 1 of the facilities shall be appointed by the Director.

(3) At least one–half of the voting members shall be appointed from among the individuals listed in paragraph (1)(ii)2A through C of this subsection.

(4) Notwithstanding paragraphs (1) through (3) of this subsection, if the governing body of Baltimore City or Anne Arundel County designates a core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** as the mental health advisory committee, the mental health advisory committee shall consist of the governing body of the core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**.

10–312.

(b) Each county advisory committee and intercounty advisory committee shall:

(4) (i) Prepare and disseminate an annual report to the following:

5. The director of the local core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**, if any;

10–516.

(A) A PRIVATE GROUP HOME SHALL BE LICENSED IN ACCORDANCE WITH TITLE 7.5 OF THIS ARTICLE.

[(a)**] (B)** The Secretary shall adopt rules and regulations for establishing, licensing, and operating private group homes.

[(b) These rules and regulations shall ensure at least:

(1) That the proposed staff will be adequate to supervise properly the individuals in the private group home;

(2) That the procedure under which the proposed private group home will receive, investigate, document, and dispose of written complaints from neighborhood residents is acceptable; and

(3) That the proposed care or treatment:

(i) Reasonably can be expected to benefit the individuals in the private group home; and

(ii) Will be provided by an adequate staff or, under agreement, by a provider of mental health services.**]**

10–518.

(a) **[**To qualify for a license, an applicant shall satisfy the Secretary that the proposed private group home:

(1) Is needed;

(2) Is compatible with the nature and character of the area involved;

(3) Is near transportation facilities;

(4) Meets or, on completion, will meet the requirements of this subtitle and the rules and regulations that the Secretary adopts under this subtitle; and

(5) Meets or, on completion, will meet all general zoning requirements that apply to the site and that relate to:

(i) The height and size of any buildings that are involved;

(ii) The land that may be covered or occupied;

(iii) The size of yards that require open space;

(iv) The density of population; and

(v) The use of the land and buildings.

(b) (1)**]** A small private group home:

[(i)**] (1)** Is deemed conclusively a single–family dwelling; and

[(ii)**] (2)** Is permitted to locate in all residential zones.

[(2)**] (B)** A large private group home is deemed conclusively a multi–family dwelling and is permitted to locate in zones of similar density.

[(3)**] (C)** A private group home **[**may**] IS** not **[**be**]** subject to any special exception, conditional use permit, or procedure that differs from that required for a single–family dwelling or a multi–family dwelling of similar density in the same zone.

[(4)**] (D)** A general zoning ordinance that conflicts with the provisions of this section is superseded by this section to the extent of the conflict.

10–630.

(a) All court records relating to a petition for an emergency evaluation made under this subtitle are confidential and the contents may not be divulged, by subpoena or otherwise, except by order of the court on good cause shown.

(b) This section does not prohibit review of a court record relating to a petition by:

(5) Authorized personnel of the local core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**;

10–701.

(a) (6) "State facility" means **[**a**] AN INPATIENT** facility that is maintained under the direction of the Behavioral Health Administration.

10–1101.

This title may be cited as the "Maryland Mental **[**Hygiene**] HEALTH** Law".

Subtitle 12. Core Service Agencies**, LOCAL ADDICTIONS AUTHORITIES, AND LOCAL BEHAVIORAL HEALTH AUTHORITIES**.

10–1201.

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

(b) "Core service agency" **[**means the designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health services**] HAS THE MEANING STATED IN § 7.5–101 OF THIS ARTICLE**.

(C) "LOCAL ADDICTIONS AUTHORITY" HAS THE MEANING STATED IN § 7.5–101 OF THIS ARTICLE.

(D) "LOCAL BEHAVIORAL HEALTH AUTHORITY" HAS THE MEANING STATED IN § 7.5–101 OF THIS ARTICLE.

[(c)**] (E)** "Services to persons with mental illnesses" means the health care and community support rendered to a recipient primarily in connection with the diagnosis, evaluation, treatment, case management, rehabilitation, or supervised housing for individuals with serious mental disorders.

10–1202.

(a) A core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** shall:

(1) Be an agent of a county or Baltimore City government which may include a local health department;

(2) Unless an exception is requested by an individual county and is granted by the Secretary, serve a county or counties with an estimated population of over 80,000 people;

(3) Either purchase services or provide the services directly;

(4) Annually submit a program plan to the secretaries of the affected State departments for review and to the ~~Secretary~~ **DIRECTOR** for approval; and

(5) Meet the standards required under this subtitle and, as needed, the rules and regulations set by the Secretary.

(b) A core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** may not be a for–profit entity.

(c) Each core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** shall function under the Secretary's authority.

(d) Once established in a jurisdiction, the core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** shall:

(1) Submit, on an annual basis, a program plan to the **[**Secretary**]** **DIRECTOR** for approval;

(2) Incorporate in its method of governance a mechanism for the local county mental health advisory committee**, LOCAL DRUG AND ALCOHOL ABUSE COUNCIL,** or joint mental health and ~~substance abuse~~ **SUBSTANCE–RELATED** committee to serve as the advisory committee to the core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** and, if serving more than 1 unit of government, a method of representation serving those jurisdictions;

(3) Implement guidelines developed by the **[**Secretary**]** **DIRECTOR** which establish or designate the **AUTHORITY OF THE** local mental health advisory **[**committee's authority**]** **COMMITTEE, LOCAL DRUG AND ALCOHOL ABUSE COUNCIL, OR JOINT MENTAL HEALTH AND SUBSTANCE–RELATED COMMITTEE** to advise and assist in the planning and evaluation of the publicly funded mental health **AND SUBSTANCE–RELATED DISORDER** services;

(4) In accordance with guidelines developed by the ~~Secretary~~ **DIRECTOR**, develop planning, management, and accountability mechanisms for the delivery of services including:

(iii) A yearly summary which includes at a minimum:

1. Relevant financial statements; and

2. Program evaluation reports which articulate the core service agency's**, LOCAL ADDICTIONS AUTHORITY'S, OR LOCAL BEHAVIORAL HEALTH AUTHORITY'S** ability to identify the outcomes of services provided for the target populations and the effects of those services on program planning for the target population;

(7) Provide clear guidelines to avoid either the appearance or occurrence of conflicts of interest in the direction and operation of the core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** or organizations which provide mental health **OR SUBSTANCE–RELATED** services.

10–1202.1.

(b) (1) The purpose of this section is to authorize the establishment of a quasi–public authority which may be activated by Howard County, if the county decides to designate a quasi–public authority as the core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** to perform the duties imposed under this subtitle.

(2) This section has no effect on any other form of core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**, whether it is a unit of Howard County government, a local health department, or a private, nonprofit corporation.

(c) (2) The quasi–public authority shall:

(i) Serve as the core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** for the jurisdiction; and

(f) Howard County shall send to the Secretary a copy of any ordinance or resolution activating a quasi–public authority which will serve as a core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**.

10–1203.

(a) To the extent resources are available, the **[**Secretary**] DIRECTOR**, after consultation with the Maryland Advisory Council on Mental Hygiene as established in Subtitle 3 of this title and federal requirements mandated under P.L. 99–660, may initiate the development of core service agencies**, LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES** as a mechanism for community planning, management, and financing of mental health **AND SUBSTANCE–RELATED DISORDER** services.

(b) When core service agencies**, LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES** are initiated, the **[**Secretary**] DIRECTOR** shall:

(1) Define the priority populations to be served by the core service agencies, ~~with a special emphasis on the provision of services to the seriously mentally ill populations~~ **LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES**;

(2) Define the essential mental health**, SUBSTANCE–RELATED DISORDER,** and associated support services to be provided under the auspices of the core service agencies**, LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES**;

(3) Define the essential administrative functions to be carried out by core service agencies**, LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES**; and

(4) Outline the requirements for the core service agencies'**, LOCAL ADDICTIONS AUTHORITIES', OR LOCAL BEHAVIORAL HEALTH AUTHORITIES'** governance structure.

(c) To assure the continuing provision of appropriate services, the **[**Secretary**] DIRECTOR** shall:

(1) Annually review and may approve the core service agencies'**, LOCAL ADDICTIONS AUTHORITIES', OR LOCAL BEHAVIORAL HEALTH AUTHORITIES'** program plan;

(2) In conjunction with the appropriate authorities, establish and maintain a funding mechanism for the core service agencies**, LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES** which may include the allocation of funds for inpatient services;

(3) Develop a mechanism whereby any unexpended funds remaining at the end of the year shall remain with the core service agencies**, LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES** or the community providers;

(4) Establish procedures to facilitate intraagency and interagency linkages at State and local levels with the core service agencies**, LOCAL ADDICTIONS AUTHORITIES, OR LOCAL BEHAVIORAL HEALTH AUTHORITIES**; and

(5) Establish procedures within the Behavioral Health Administration for a process regarding program, policy, or contract disputes that gives all community mental health **AND SUBSTANCE–RELATED DISORDER** programs regulated by the Administration the right to:

(i) Access the mediation process established by the Administration; and

(ii) If dissatisfied with the outcome of the mediation by the Administration, request a hearing with the Office of Administrative Hearings in accordance with Title 10, Subtitle 2 of the State Government Article.

[(d) The Secretary may adopt regulations to carry out the provisions of this subtitle.

(e)**] (D)** If a core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** violates any provision of this subtitle, the **[**Secretary**] DIRECTOR** may deny approval of the core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** and, after written notification of denial of approval, cease funding or request the return of unspent funds by the core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY**.

[(f)**] (E)** If a county elects to terminate its core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY**, the county may do so upon 90 days' written notice to the **[**Secretary**] DIRECTOR**.

[(g)**] (F)** The **[**Secretary**] DIRECTOR** may not require a core service agency**, LOCAL ADDICTIONS AUTHORITY, OR LOCAL BEHAVIORAL HEALTH AUTHORITY** to provide services the Department does not provide funding for.

10–1401.

(b) "Core service agency" has the meaning stated in **[**§ 10–1201 of this title**] § 7.5–101 OF THIS ARTICLE**.

(D) "LOCAL BEHAVIORAL HEALTH AUTHORITY" HAS THE MEANING STATED IN § 7.5–101 OF THIS ARTICLE.

10–1403.

(a) The Crisis Response System shall include:

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

(ii) Coordination with the local core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**, police, emergency medical service personnel, and mental health providers; and

(b) The Crisis Response System services shall be implemented as determined by the core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** serving each jurisdiction.

10–1404.

(b) The Administration shall implement the Crisis Response System, in collaboration with core service agencies **OR LOCAL BEHAVIORAL HEALTH AUTHORITIES**, on a regional or jurisdictional basis as federal funding or funding from other sources becomes available.

16–101.

(b) (2) As to a recipient of services under the Maryland Mental **[**Hygiene**] HEALTH** Law, a word used in this title has the same meaning as is indicated by a definition of the word in **§ 7.5–101 OR** § 10–101 of this article.

(e) (1) "Recipient of services" means an individual who receives care, maintenance, treatment, or support in a facility or program that is operated or funded wholly or partly by the Department.

(2) "Recipient of services" includes:

(i) An individual in a public facility under the Maryland Mental **[**Hygiene**] HEALTH** Law;

(v) An individual in a private therapeutic group home from which this State obtains residential care under the Maryland Mental **[**Hygiene**] HEALTH** Law.

16–201.2.

(a) (3) "Community mental health services provider" means a community–based mental health program approved by the Department or an individual practitioner who contracts with the Department or the appropriate core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**.

(4) "Core service agency" has the meaning stated in **[**§ 10–1201**] § 7.5–101** of this article.

(6) "LOCAL BEHAVIORAL HEALTH AUTHORITY" HAS THE MEANING STATED IN § 7.5–101 OF THIS ARTICLE.

16–204.

(c) The Department may collect fees from a core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY** for the cost of treatment of individuals whom the core service agency authorizes as eligible for admission into a State facility as described in Title 10, Subtitle 4 of this article. Any such fees collected by the Department for the admission and treatment of individuals authorized by the core service agency **OR LOCAL**

BEHAVIORAL HEALTH AUTHORITY shall be kept by the Department to be used to maintain and operate the respective State facility.

19–2301.

(d) "Health care facility" means:

(10) A **[**substance use**]** **SUBSTANCE–RELATED** disorder program as defined in **[**§ 8–403**]** **§ 7.5–101** of this article; and

(11) A mental health program as defined in **[**§ 10–901**]** **§ 7.5–101** of this article.

Article – Human Services

8–101.

(e) "Core service agency" **[**means the designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health services as provided under Title 10, Subtitle 12**]** **HAS THE MEANING STATED IN § 7.5–101** of the Health – General Article.

(K–1) "LOCAL BEHAVIORAL HEALTH AUTHORITY" HAS THE MEANING STATED IN § 7.5–101 OF THE HEALTH – GENERAL ARTICLE.

8–302.

A local management board may be composed of:

(2) a senior representative or department head of the:

(iii) core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**;

8–406.

(a) Each local care team shall include:

(1) at least one representative from:

(iv) if determined to be appropriate by the Behavioral Health Administration, the local core service agency **OR LOCAL BEHAVIORAL HEALTH AUTHORITY**;

8–407.

A local care team shall:

(4) identify and share resource development needs and communicate with the care management entity, local core service agencies, **OR LOCAL BEHAVIORAL HEALTH AUTHORITY,** provider networks, local management boards, and other local care teams in surrounding jurisdictions; and

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2015.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.