

Chapter 755

(House Bill 108)

AN ACT concerning

Behavioral Health Crisis Response Services – Modifications

FOR the purpose of ~~requiring the Maryland Department of Health to require that proposals requesting Behavioral Health Crisis Response Grant Program funding contain certain response standards~~; altering the proposals the Maryland Department of Health is required to prioritize in awarding grants under the Program; requiring a local behavioral health authority, for each service or program that receives funding under the Program, to make certain information available to the public; altering a certain system of measurement that the Department is required to establish; requiring, for certain fiscal years, the Governor to include in the budget bill certain appropriations for the Program; requiring, beginning in a certain fiscal year, that at least a certain proportion of the appropriation be used to award competitive grants for mobile crisis teams; altering a certain crisis communication center that the Maryland Behavioral Health Crisis Response System is required to include; establishing certain requirements for certain data; altering the entities with which the Department must collaborate when implementing the System; defining certain terms; and generally relating to behavioral health crisis response services.

BY repealing and reenacting, with amendments,
Article – Health – General
Section 7.5–208, 10–1401, and 10–1403
Annotated Code of Maryland
(2019 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, without amendments,
Article – Health – General
Section 10–1402
Annotated Code of Maryland
(2019 Replacement Volume and 2020 Supplement)

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

Article – Health – General

7.5–208.

(a) **(1)** In this section[,] **THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(2) “MOBILE CRISIS TEAM” HAS THE MEANING STATED IN § 10–1401 OF THIS ARTICLE.

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

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

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

(c) The Department shall administer the Program.

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

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

(ii) Meet national standards;

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

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

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

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

1. Mobile crisis teams;

2. On–demand walk–in services;

3. Crisis residential beds; and

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

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

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

~~(4) IN AWARDING GRANTS UNDER THIS SECTION, THE DEPARTMENT SHALL REQUIRE THAT PROPOSALS CONTAIN RESPONSE STANDARDS THAT MINIMIZE LAW ENFORCEMENT INTERACTION FOR INDIVIDUALS IN CRISIS.~~

~~(4)~~ (5) In awarding grants under this section, the Department shall prioritize proposals that:

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

(ii) 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; [and]

(iii) SERVE ALL MEMBERS OF THE IMMEDIATE COMMUNITY WITH CULTURAL COMPETENCY AND APPROPRIATE LANGUAGE ACCESS;

(iv) COMMIT TO GATHERING FEEDBACK FROM THE COMMUNITY ON AN ONGOING BASIS AND IMPROVING SERVICE DELIVERY CONTINUALLY BASED ON THIS FEEDBACK;

(v) DEMONSTRATE STRONG PARTNERSHIPS WITH COMMUNITY SERVICES THAT INCLUDE FAMILY MEMBER AND CONSUMER ADVOCACY ORGANIZATIONS AND REGIONAL STAKEHOLDERS;

(vi) EVIDENCE A PLAN OF LINKING INDIVIDUALS IN CRISIS TO PEER SUPPORT AND FAMILY SUPPORT SERVICES AFTER STABILIZATION; AND

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

~~(5)~~ (6) For each service or program that receives funding under the Program, a local behavioral health authority shall report to the Department AND MAKE AVAILABLE TO THE PUBLIC all [outcome]:

(i) OUTCOME measurement data required by the Department; AND

(ii) PUBLIC FEEDBACK RECEIVED FROM THE COMMUNITY THROUGH A COMBINATION OF SURVEYS, PUBLIC COMMENTS, TOWN HALL MEETINGS, AND OTHER METHODS.

~~[(6)] (7)~~ The Department shall establish:

- (i) Application procedures;
- (ii) A statewide system of outcome measurement to **[assess]**:

1. **ASSESS** the effectiveness and adequacy of behavioral health crisis response services and programs; **AND**

2. **PRODUCE DATA THAT SHALL BE:**

A. **COLLECTED, ANALYZED, AND PUBLICLY REPORTED BACK AT LEAST ANNUALLY; AND**

B. **DISAGGREGATED BY RACE, GENDER, AGE, AND ZIP CODE;**

(iii) Guidelines that require programs to bill third-party insurers and, when appropriate, the Maryland Medical Assistance Program; and

(iv) Any other procedures or criteria necessary to carry out this section.

(e) The Governor shall include in the annual operating budget bill the following amounts for the Program:

- (1) \$3,000,000 for fiscal year 2020;
- (2) \$4,000,000 for fiscal year 2021; **[and]**
- (3) \$5,000,000 for fiscal year 2022;
- (4) ~~\$8,000,000~~ **\$5,000,000** FOR FISCAL YEAR 2023;
- (5) ~~\$9,000,000~~ **\$5,000,000** FOR FISCAL YEAR 2024; **AND**
- (6) ~~\$10,000,000~~ **\$5,000,000** FOR FISCAL YEAR 2025.

(F) BEGINNING IN FISCAL YEAR 2023, AT LEAST ONE-THIRD OF THE APPROPRIATION REQUIRED UNDER SUBSECTION (E) OF THIS SECTION SHALL BE USED TO AWARD COMPETITIVE GRANTS FOR MOBILE CRISIS TEAMS.

[(f)] (G) On or before December 1 each year beginning in 2020, the Department shall submit to the Governor and, in accordance with § 2-1257 of the State Government

Article, to the General Assembly a report that includes, for the most recent closed fiscal year:

- (1) The number of grants distributed;
- (2) Funds distributed by county;
- (3) Information about grant recipients and programs and services provided; and
- (4) Outcome data reported under the statewide system of measurement required in subsection (d)(6)(ii) of this section.

10-1401.

- (a) In this subtitle the following words have the meanings indicated.
- (b) “Administration” means the Behavioral Health Administration.
- (c) “Core service agency” has the meaning stated in § 7.5-101 of this article.
- (d) “Crisis Response System” means the Maryland Behavioral Health Crisis Response System.
- (E) “FAMILY SUPPORT SERVICES” HAS THE MEANING STATED IN § 7.5-101 OF THIS ARTICLE.**

~~[(e)]~~ **(F)** “Local behavioral health authority” has the meaning stated in § 7.5-101 of this article.

(G) “MOBILE CRISIS TEAM” MEANS 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:

(1) ~~LIMITING INTERACTION OF LAW ENFORCEMENT WITH INDIVIDUALS IN CRISIS;~~

~~(H)~~ PROVIDING CONNECTION TO SERVICES AND COORDINATING PATIENT FOLLOW-UP, INCLUDING PEER SUPPORT AND FAMILY SUPPORT SERVICES AFTER STABILIZATION; AND

~~(H)~~ (II) SERVING ALL MEMBERS OF THE IMMEDIATE COMMUNITY WITH CULTURAL COMPETENCY AND APPROPRIATE LANGUAGE ACCESS.

10-1402.

(a) There is a Maryland Behavioral Health Crisis Response System in the Behavioral Health Administration.

(b) The Crisis Response System shall:

(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.

(c) The Administration shall consult with consumers of behavioral health services, family members, and behavioral health advocates in the development of the Crisis Response System.

10-1403.

(a) The Crisis Response System shall include:

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

(i) A single point of entry to the Crisis Response System;

(ii) Coordination with the local core service agency or local behavioral health authority, police, ~~9-1-1 DISPATCH~~, ~~3-1-1~~, ~~2-1-1~~, OR OTHER LOCAL MENTAL HEALTH HOTLINES, emergency medical service personnel, and behavioral health providers; ~~and~~

~~(H) AUTHORITY FOR 9-1-1 TO DISPATCH MOBILE CRISIS TEAMS; AND~~

~~[(iii)]~~ ~~(iv)~~ Programs that may include:

1. A clinical crisis telephone line for suicide prevention and crisis intervention;
2. A hotline for behavioral health information, referral, and assistance;
3. Clinical crisis walk-in services, including:
 - A. Triage for initial assessment;
 - B. Crisis stabilization until additional services are available;
 - C. Linkage to treatment services and family and peer support groups; and
 - D. Linkage to other health and human services programs;
4. Critical incident stress management teams, providing disaster behavioral health services, critical incident stress management, and an on-call system for these services;
5. Crisis residential beds to serve as an alternative to hospitalization;
6. A community crisis bed and hospital bed registry, including a daily tally of empty beds;
7. Transportation coordination, ensuring transportation of patients to urgent appointments or to emergency psychiatric facilities;
8. Mobile crisis teams [operating 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];
9. 23-hour holding beds;
10. Emergency psychiatric services;
11. Urgent care capacity;
12. Expanded capacity for assertive community treatment;

13. Crisis intervention teams with capacity to respond in each jurisdiction 24 hours a day and 7 days a week; and

14. Individualized family intervention teams.

(2) Community awareness promotion and training programs; and

(3) An evaluation of outcomes of services through:

(i) An annual survey by the Administration of consumers and family members who have received services from the Crisis Response System; and

(ii) Annual data collection 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.

(B) THE DATA DERIVED FROM THE EVALUATION OF OUTCOMES OF SERVICES REQUIRED UNDER SUBSECTION (A)(3) OF THIS SECTION SHALL 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 LINKAGES TO EFFECTIVE COMMUNITY HEALTH SERVICES.

[(b)] (C) The Crisis Response System services shall be implemented as determined by the Administration in collaboration with the core service agency or local behavioral health authority serving each jurisdiction **AND COMMUNITY MEMBERS OF EACH JURISDICTION.**

[(c)] (D) An advance directive for mental health services under § 5–602.1 of this article shall apply to the delivery of services under this subtitle.

[(d)] (E) This subtitle may not be construed to affect petitions for emergency evaluations under § 10–622 of this title.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2021.

Enacted under Article II, § 17(c) of the Maryland Constitution, May 30, 2021.