

Department of Legislative Services
Maryland General Assembly
2022 Session

FISCAL AND POLICY NOTE
Third Reader

House Bill 1222

(Delegate Amprey)

Health and Government Operations and
Judiciary

Finance

Public Health - Baltimore City Behavioral Health Crisis Incident Review Team

This bill establishes the Baltimore City Behavioral Health Crisis Incident Review Team in Baltimore City to (1) review behavioral health crisis incidents involving law enforcement in Baltimore City; (2) identify root causes and patterns within and across public systems that result in behavioral health crises involving law enforcement; (3) provide recommendations based on identified factors that contribute to behavioral health crises involving law enforcement for quality and performance improvement; (4) facilitate coordination and collaboration among entities involved in the behavioral health and law enforcement systems; and (5) assist in the implementation of procedural, logistical, and clinical changes to minimize the need for law enforcement involvement in behavioral health crises. The bill also establishes provisions governing (1) review team membership; (2) access to and disclosure of specified information; and (3) meetings. A person who violates the bill's provisions regarding meetings and the disclosure of information is guilty of a misdemeanor and on conviction is subject to maximum penalties of imprisonment for 90 days and/or a \$500 fine.

Fiscal Summary

State Effect: Potential minimal increase in general fund revenues and expenditures due to the bill's penalty provisions. Any affected State agencies can provide access to records and information on request of the review team with existing budgeted resources.

Local Effect: The bill is not anticipated to materially affect Baltimore City finances.

Small Business Effect: None.

Analysis

Bill Summary: The Mayor of Baltimore City must establish the membership of the review team, as specified, as well as the requirements and procedures applicable to the review team, including (1) requirements for review team meetings and any subcommittees established by the review team; (2) confidentiality requirements; and (3) procedures related to the collection, utilization, sharing, and disclosure of information collected by the review team.

On request of the review team and as necessary to carry out the review team's purpose and duties, the review team must be provided with access to (1) public behavioral health system data, records of service utilization history, and clinical information relevant to a behavioral health crisis involving law enforcement under review and (2) information and records maintained by a State or local government agency, as specified. In general, all information and records acquired by the review team are confidential, exempt from disclosure under the Public Information Act, and not subject to discovery or introduction into evidence in any proceedings. Mental health and substance abuse treatment records are subject to additional limitations. Specified types of data and reports are public records/information.

When the review team is discussing individual behavioral health crises or incidents involving law enforcement interaction, meetings of the review team must be closed to the public and are not subject to the Open Meetings Act. The meetings are also subject to specified confidentiality requirements for the disclosure of information.

Current Law:

Maryland Behavioral Health Crisis Response System

Behavioral Health Crisis Response Services 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 a Behavioral Health Crisis Response Grant Program in the Maryland Department of Health to provide funds to local jurisdictions to establish and expand community behavioral health crisis response systems. The Governor was required to include the following appropriations in the State operating budget for the program:

(1) \$3.0 million in fiscal 2020; (2) \$4.0 million in fiscal 2021; and (3) \$5.0 million in fiscal 2022. Chapters 755 and 756 of 2021 expand the grant program, extend the term of the \$5.0 million mandated appropriation through fiscal 2025, and beginning in fiscal 2023, require at least one-third of the mandated appropriation be used to award competitive grants for mobile crisis teams (MCTs).

Crisis Communication Centers

In each jurisdiction, a crisis communication center, in coordination with 3-1-1, 2-1-1, or other local mental health hotlines, provides a single point of entry to the system and coordination with the local core service agency or local behavioral health authority (LBHA), police, emergency medical service personnel, and behavioral health providers. Crisis communication centers *may* provide programs that include:

- a clinical crisis telephone line for suicide prevention and crisis intervention;
- a hotline for behavioral health information, referral, and assistance;
- clinical crisis walk-in services;
- critical incident stress management teams;
- crisis residential beds to serve as an alternative to hospitalization;
- a community crisis bed and hospital bed registry;
- transportation coordination;
- MCTs;
- 23-hour holding beds;
- emergency psychiatric services;
- urgent care capacity;
- expanded capacity for assertive community treatment;
- crisis intervention teams; and
- individualized family intervention teams.

Mobile Crisis Teams

An MCT is a team established by an LBHA 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.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Baltimore City; Maryland State Commission on Criminal Sentencing Policy; Judiciary (Administrative Office of the Courts); Office of the Public Defender; Maryland Department of Health; Department of Human Services; Department of Public Safety and Correctional Services; Department of State Police; Department of Legislative Services

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