
By: **Delegate Marriott**

Introduced and read first time: February 9, 2001

Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Transition to Community-Based Services for Individuals with**
3 **Developmental Disabilities**

4 FOR the purpose of requiring the Secretary of Health and Mental Hygiene and the
5 Mental Hygiene Administration to establish a process to transition certain
6 individuals from a psychiatric hospital setting into the community; requiring
7 the Administration to establish a discharge planning team to identify and
8 evaluate persons eligible for transition; requiring written notification; requiring
9 discharge to community placement within a certain time after notification;
10 requiring the Administration to continuously survey residents of State
11 psychiatric hospitals to identify individuals for transition; requiring the
12 Secretary to submit certain reports by certain dates to the General Assembly
13 and other entities; requiring the report to address certain concerns; requiring
14 reduced admission of certain individuals to psychiatric hospitals; requiring
15 development of a plan to reduce the admission of certain persons to psychiatric
16 hospitals; providing for the termination of certain provisions of this Act; and
17 generally relating to the retention of certain individuals with developmental
18 disabilities in a community setting.

19 BY adding to
20 Article - Health - General
21 Section 7-307 and 7-308
22 Annotated Code of Maryland
23 (2000 Replacement Volume)

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

26 **Article - Health - General**

27 7-307.

28 (A) THE SECRETARY AND THE ADMINISTRATION SHALL ESTABLISH A
29 PROCESS FOR THE ORDERLY TRANSITION FROM A STATE PSYCHIATRIC HOSPITAL TO
30 AN APPROPRIATE COMMUNITY SETTING OF INDIVIDUALS WHO:

1 (1) HAVE A DEVELOPMENTAL DISABILITY, TRAUMATIC BRAIN INJURY,
2 OR OTHER DISABILITY, OTHER THAN THE SOLE DIAGNOSIS OF MENTAL ILLNESS; AND

3 (2) REQUIRE SUPERVISED RESIDENTIAL CARE, MEDICAL CARE, OR
4 OTHER SPECIALIZED SERVICES.

5 (B) THE ADMINISTRATION SHALL ESTABLISH A DISCHARGE PLANNING TEAM
6 FOR EACH INDIVIDUAL ELIGIBLE FOR TRANSITION TO DETERMINE THE RESOURCES
7 AND SUPPORT NEEDED FOR THE INDIVIDUAL TO BE SUCCESSFULLY TRANSFERRED
8 TO AN APPROPRIATE COMMUNITY PLACEMENT.

9 (C) THE DISCHARGE PLANNING TEAM SHALL INCLUDE:

10 (1) THE INDIVIDUAL;

11 (2) A FAMILY MEMBER OR GUARDIAN;

12 (3) A COMMUNITY ADVOCATE;

13 (4) A REPRESENTATIVE FROM THE MENTAL HYGIENE ADMINISTRATION;
14 AND

15 (5) A REPRESENTATIVE FROM THE DEVELOPMENTAL DISABILITIES
16 ADMINISTRATION.

17 (D) ANY INDIVIDUAL RESIDING IN A STATE PSYCHIATRIC HOSPITAL WITH A
18 DIAGNOSIS OF DEVELOPMENTAL DISABILITY, TRAUMATIC BRAIN INJURY, OR OTHER
19 DISABILITY, OTHER THAN THE SOLE DIAGNOSIS OF MENTAL ILLNESS, SHALL BE
20 IDENTIFIED BY THE ADMINISTRATION AND EVALUATED BY THE DISCHARGE
21 PLANNING TEAM.

22 (E) IF THE DISCHARGE PLANNING TEAM DETERMINES THAT AN INDIVIDUAL
23 MAY BE TRANSFERRED TO AN APPROPRIATE COMMUNITY SETTING WITH
24 SUFFICIENT SUPPORT SERVICES, THE DISCHARGE PLANNING TEAM SHALL PROVIDE
25 WRITTEN NOTIFICATION OF THAT DETERMINATION TO THE ADMINISTRATION. THE
26 ADMINISTRATION SHALL DISCHARGE THAT INDIVIDUAL TO A COMMUNITY
27 PLACEMENT WITHIN 90 DAYS AFTER NOTIFICATION.

28 (F) THE ADMINISTRATION SHALL CONTINUOUSLY SURVEY RESIDENTS OF
29 STATE PSYCHIATRIC HOSPITALS TO IDENTIFY INDIVIDUALS WITH A DIAGNOSIS OF
30 DEVELOPMENTAL DISABILITY, TRAUMATIC BRAIN INJURY, OR OTHER DISABILITY,
31 OTHER THAN THE SOLE DIAGNOSIS OF MENTAL ILLNESS, WHO ARE ELIGIBLE FOR
32 EVALUATION BY A DISCHARGE PLANNING TEAM.

33 (G) ON OR BEFORE JUNE 1, 2002 AND ANNUALLY THEREAFTER, THE
34 SECRETARY SHALL SUBMIT A REPORT TO THE GENERAL ASSEMBLY IN ACCORDANCE
35 WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE. AT THE TIME THE REPORT IS
36 DISTRIBUTED TO THE GENERAL ASSEMBLY, A COPY OF THE REPORT ALSO SHALL BE
37 PROVIDED TO THE PROTECTION AND ADVOCACY SYSTEM FOR THE STATE. THE
38 REPORT SHALL IDENTIFY:

1 (1) THE NUMBER OF INDIVIDUALS DISCHARGED TO AN APPROPRIATE
2 COMMUNITY SETTING DURING THE COURSE OF THE YEAR;

3 (2) THE TYPES OF PLACEMENT AND SUPPORT SERVICES PROVIDED;

4 (3) THE FUNDING APPROVED FOR EACH INDIVIDUAL TO MAKE A
5 SUCCESSFUL TRANSITION;

6 (4) THE NUMBER OF INDIVIDUALS WHO INAPPROPRIATELY REMAIN IN A
7 HOSPITAL; AND

8 (5) THE BARRIERS TO DISCHARGE, INCLUDING THE AMOUNT OF
9 FUNDING NECESSARY FOR NEWLY CREATED OR EXPANDED PLACEMENTS,
10 SUPPORTS, AND SERVICES.

11 (H) THE SECRETARY SHALL ADOPT REGULATIONS NECESSARY TO
12 IMPLEMENT THE PROVISIONS OF THIS SECTION.

13 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland
14 read as follows:
15 7-308.

16 (A) THE ADMINISTRATION SHALL REDUCE ADMISSIONS OF INDIVIDUALS
17 WITH A DEVELOPMENTAL DISABILITY, TRAUMATIC BRAIN INJURY, OR OTHER
18 TRAUMA, OTHER THAN THE SOLE DIAGNOSIS OF MENTAL ILLNESS, TO PSYCHIATRIC
19 HOSPITALS.

20 (B) THE ADMINISTRATION SHALL DEVELOP A PLAN TO PROVIDE FOR:

21 (1) THE APPROPRIATE PLACEMENT OF INDIVIDUALS WITH A
22 DEVELOPMENTAL DISABILITY, BRAIN INJURY, OR OTHER TRAUMA, OTHER THAN THE
23 SOLE DIAGNOSIS OF MENTAL ILLNESS; AND

24 (2) A QUANTIFIABLE REDUCTION OF PLACEMENT OF THOSE
25 INDIVIDUALS IN PSYCHIATRIC HOSPITALS.

26 (C) THE PLAN SHALL INCLUDE ESTIMATED COSTS, A SCHEDULE FOR
27 IMPLEMENTATION, AND THE FOLLOWING SERVICE AND HOUSING COMPONENTS:

28 (1) A MOBILE CRISIS RESPONSE TEAM THAT SHALL DIVERT ADMISSIONS
29 TO PSYCHIATRIC HOSPITALS BY PROVIDING ASSESSMENT, EVALUATION, AND
30 TREATMENT TO INDIVIDUALS EXPERIENCING A PSYCHIATRIC OR BEHAVIORAL
31 CRISIS IN THE COMMUNITY;

32 (2) ALTERNATIVE CRISIS RESIDENTIAL OPTIONS TO DIVERT AN
33 INDIVIDUAL FROM HOSPITALIZATION BY PROVIDING STABILIZATION IN AN
34 APPROPRIATE, ALTERNATIVE COMMUNITY ENVIRONMENT;

1 (3) RESPITE CARE TO PROVIDE ENHANCED SUPPORT SERVICES OR A
2 TEMPORARY ALTERNATIVE LIVING SITUATION IN A COMMUNITY SETTING OR TO
3 TEMPORARILY FREE THE CAREGIVER FROM THE RESPONSIBILITY OF CARING;

4 (4) TRANSITIONAL HOUSING TO PROVIDE ENHANCED SUPPORT
5 SERVICES FOR INDIVIDUALS WHILE LONG-TERM HOUSING AND SUPPORT HOUSING
6 OPTIONS ARE DEVELOPED OR TO PROVIDE SUPPORT FOR INDIVIDUALS WHO NO
7 LONGER NEED TO FUNCTION IN A HOSPITAL OR OTHER CRISIS SETTING;

8 (5) THE TEMPORARY AUGMENTATION OF STAFF IN THE RESIDENTIAL
9 SETTING;

10 (6) TARGETED CASE MANAGEMENT SERVICES;

11 (7) THE CREATION BY THE SECRETARY OF A JOINT POOL OF FUNDING
12 WITHIN THE MENTAL HYGIENE ADMINISTRATION AND THE DEVELOPMENTAL
13 DISABILITIES ADMINISTRATION TO PROVIDE NECESSARY COMMUNITY SUPPORT
14 SERVICES;

15 (8) THE CROSS-TRAINING OF PROVIDERS IN THE DEVELOPMENTAL
16 DISABILITIES ADMINISTRATION AND THE MENTAL HYGIENE ADMINISTRATION ON
17 CLINICAL MANAGEMENT DIFFERENCES, INCLUDING THE USE OF RESTRAINTS, THE
18 DISPENSING OF MEDICATIONS, AND SERVICE DELIVERY; AND

19 (9) GUIDANCE AND DIVERSION OPTIONS AND THE PROTOCOLS FOR USE
20 OF THOSE OPTIONS BY PROVIDERS BEFORE POLICE ARE CALLED OR AN INDIVIDUAL
21 IS TAKEN TO A HOSPITAL EMERGENCY ROOM.

22 (D) ON OR BEFORE JUNE 1, 2002, THE SECRETARY SHALL SUBMIT A WRITTEN
23 REPORT OF THE PLAN REQUIRED UNDER SUBSECTION (A) OF THIS SECTION TO THE
24 GENERAL ASSEMBLY IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT
25 ARTICLE. AT THE TIME THE REPORT IS DISTRIBUTED TO THE GENERAL ASSEMBLY, A
26 COPY ALSO SHALL BE PROVIDED TO THE PROTECTION AND ADVOCACY SYSTEM FOR
27 THE STATE.

28 SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall
29 take effect October 1, 2001. It shall remain effective for a period of 6 years and, at the
30 end of September 30, 2007, with no further action required by the General Assembly,
31 Section 1 of this Act shall be abrogated and of no further force and effect.

32 SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall
33 take effect October 1, 2001. It shall remain effective for a period of 9 months, and at
34 the end of June 30, 2002, with no further action required by the General Assembly,
35 Section 2 of this Act shall be abrogated and of no further force and effect.

36 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
37 October 1, 2001.