

Department of Legislative Services

Maryland General Assembly

2002 Session

FISCAL NOTE

Revised

Senate Bill 556

(Senators Exum and Dorman)

Finance

Environmental Matters

Mental Hygiene - Maryland Mental Health Crisis Response System

This bill establishes the Maryland Mental Health Crisis Response System within the Mental Hygiene Administration (MHA) of the Department of Health and Mental Hygiene (DHMH), contingent upon DHMH receiving federal funds or funds from other public or private sources. The State may not spend more than \$250,000 in general funds each fiscal year to implement the response system.

Fiscal Summary

State Effect: Assuming DHMH receives sufficient funding from the federal government or other public or private sources to pay for the response system, DHMH revenues and expenditures are each expected to increase by \$177,100 in FY 2003 for planning and development. Future year expenditures reflect a three-year system implementation.

(in dollars)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
SF/FF Rev.	\$177,100	\$5,701,200	\$11,786,200	\$18,230,900	\$18,783,400
GF Expenditure	0	250,000	250,000	250,000	250,000
SF/FF Exp.	177,100	5,701,200	11,786,200	18,230,900	18,783,400
Net Effect	\$0	(\$250,000)	(\$250,000)	(\$250,000)	(\$250,000)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: No effect in FY 2003. Revenues are expected to increase by \$6.0 million in FY 2004. Future year revenues reflect a three-year system implementation. Expenditures are expected to equal revenues.

Small Business Effect: Potential minimal.

Analysis

Bill Summary: The Maryland Mental Health Crisis Response System must operate a statewide network using existing resources and coordinating interjurisdictional services to develop crisis response systems to serve the entire State. The system must provide skilled clinical intervention to prevent suicides, homicides, unnecessary hospitalizations, and arrests or detentions, and to reduce dangerous situations involving individuals in need of mental health services.

The crisis response system must include a crisis communication center in each jurisdiction, emergency services, follow-up services, community awareness and training programs, and an evaluation of service outcomes through an annual survey of consumers and family members who have received services.

Crisis response systems may provide a suicide prevention and crisis intervention hotline, mental health information and referrals, coordination of disaster mental health teams, a community crisis bed and hospital bed registry, and linkages to 911 emergency and other social services telephone systems.

Emergency services may include mobile crisis teams, urgent care, and emergency psychiatric services. Follow-up services may include mobile treatment teams, individualized family intervention teams, and residential crisis services.

Core service agencies serving each jurisdiction will determine how the crisis response systems will be implemented. A core service agency is the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health services. Crisis response system providers must contract with service providers who employ individuals who use or have used mental health services.

Current Law: DHMH may make grants to public agencies or nonprofit organizations to establish and operate local mental health programs. The programs may provide inpatient services, outpatient services, services for part of a day, 24-hour emergency services, aftercare services, consultation services, education services, other preventive or rehabilitation services or treatment, community residential programs for children and adolescents, and research and training to improve or extend these services.

Background: A report to the Governor by the Community Access Steering Committee concluded that one of the major barriers to expanding community access to mental health treatment is the lack of a comprehensive statewide mental health crisis intervention system as an alternative to hospitalization.

There are crisis response systems in Baltimore City and Anne Arundel, Baltimore, Montgomery, Prince George's, Wicomico, and Worcester counties. However, few of these systems include the full array of comprehensive services that would be provided under the bill.

State Expenditures: Assuming DHMH receives sufficient funds from the federal government and/or other public or private sources to pay for the crisis response system, DHMH expenditures could increase by an estimated \$177,117 in fiscal 2003, which accounts for the bill's October 1, 2002 effective date. The crisis response system cannot be implemented without DHMH receiving federal funds or funding from other public or private sources. This estimate reflects the cost of hiring one advanced practice clinical nurse and two licensed clinical social workers to do the initial planning and development of the system. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Salaries and Fringe Benefits	\$159,992
Operating Expenses	<u>17,125</u>
Total FY 2003 State Expenditures	\$177,117

Future year expenditures reflect: (1) full salaries with 3.5% annual increases and 3% employee turnover; (2) 1% annual increases in ongoing operating expenses; and (3) a three-year system implementation beginning in fiscal 2004.

Funds will be distributed to Baltimore City, the middle and lower shore, and 14 counties in the State. The counties are Anne Arundel, Prince George's, Montgomery, St. Mary's, Calvert, Cecil, Harford, Baltimore, Carroll, Howard, Frederick, Allegany, Garrett, and Washington.

Fiscal 2004 expenditures could increase by \$5,951,167 (\$250,000 in general funds and \$5,701,200 in federal and/or special funds) assuming the State receives \$5,701,200 in federal and/or special fund revenues. This estimate reflects the costs of residential community crisis beds; mobile crisis and treatment teams; a crisis communication center in each jurisdiction; telephone services for information, referral, and assistance; triage for initial assessment and treatment; linkages to 911 and other public or social services systems; urgent care clinics; follow-up for individuals who received services; mobile communications equipment; and transportation costs. This estimate assumes DHMH will use an additional \$3.5 million in federal block grant funds annually beginning in fiscal 2004 to help fund the requirements of this bill. These federal funds are currently being used to fund community mental health services. Revenues would not be affected.

Local Fiscal Effect: No effect in fiscal 2003. Fiscal 2004 revenues could increase by \$5,951,167 as DHMH makes grants to core service agencies to implement the system. Local agencies will continue to receive the additional \$3.5 million in federal block grant funds annually. Future year revenues to core service agencies reflect a three-year implementation of the system. Expenditures are expected to equal revenues.

Additional Information

Prior Introductions: None.

Cross File: HB 483 (Delegate Rosenberg) – Environmental Matters.

Information Source(s): Cecil County; Prince George's County; Department of Human Resources; Department of Health and Mental Hygiene; Carroll County; Mental Health Association of Maryland, Inc.; Department of Legislative Services

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