HB 682

Department of Legislative Services

Maryland General Assembly
2016 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 682 (Delegate Rosenberg, *et al.*)
Health and Government Operations Finance

Behavioral Health Advisory Council - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan

This bill requires the Behavioral Health Advisory Council, in consultation with local core service agencies (CSAs), community behavioral health providers, and interested stakeholders, to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide and operating 24 hours a day and 7 days a week. The bill specifies requirements for the strategic plan and requires the council to submit an update on the development of the strategic plan in its 2016 annual report, which is required by December 31, 2016. The council must submit the strategic plan in its 2017 annual report, which is required by December 31, 2017.

The bill takes effect June 1, 2016.

Fiscal Summary

State Effect: The bill's requirement to develop and submit a strategic plan can be handled within existing budgeted resources. Any future costs associated with implementation of such a strategic plan are not required by the bill; those costs will depend on the strategy (and related timeframe) identified for each jurisdiction to be able to provide or expand the specified services as well as the availability of funding to do so. Revenues are not affected.

Local Effect: The bill's requirement to develop and submit a strategic plan can be handled within existing budgeted resources.

Small Business Effect: Minimal.

Analysis

Bill Summary: The strategic plan must include (1) a design to ensure that the Maryland Behavioral Health Crisis Response System (BHCRS) is accessible to individuals in need of mental health and substance use crisis services; (2) consideration of regional models and other strategies to ensure efficient delivery of mental health and substance use crisis services; (3) measures to monitor services and outcomes for individuals served by BHCRS; and (4) methods for recovering payment for mental health and substance use crisis services delivered to individuals with private health insurance.

Current Law: BHCRS is required to (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.

In each jurisdiction, a crisis communication center provides a single point of entry to the system and coordination with the local CSA or local behavioral health authority, police, emergency medical service personnel, and behavioral health providers.

Crisis communication centers *may* provide programs that include the following:

- 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, including triage for initial assessment, crisis stabilization until additional services are available, linkage to treatment services and family and peer support groups, and linkage to other health and human services programs;
- critical incident stress management teams providing disaster behavioral health services, critical incident stress management, and an on-call system for these services;
- crisis residential beds to serve as an alternative to hospitalization;
- a community crisis bed and hospital bed registry, including a daily tally of empty beds;
- transportation coordination, ensuring transportation of patients to urgent appointments or to emergency psychiatric facilities;

- 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;
- 23-hour holding beds;
- emergency psychiatric services;
- urgent care capacity;
- expanded capacity for assertive community treatment;
- crisis intervention teams with capacity to respond in each jurisdiction 24 hours a day and 7 days a week; and
- individualized family intervention teams.

The Department of Health and Mental Hygiene's Behavioral Health Administration (BHA) determines the implementation of BHCRS in collaboration with the local CSA or local behavioral health authority serving each jurisdiction. Additionally, BHCRS must conduct an annual survey of consumers and family members who have received services from the system. Annual data collection is also required 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.

Chapter 328 of 2015 established the Behavioral Health Advisory Council. The 55-member council consists of several Executive department Secretaries and directors, as well as representatives from the Legislative and Judicial branches of State government, local government associations, local behavioral health advisory councils, local and State behavioral health organizations, and the mental health and substance use disorder treatment community. The council must promote and advocate for the enhancement of behavioral health services across the State for individuals who have behavioral health disorders and their family members. The council must submit an annual report to the Governor and the General Assembly by December 31 of each year. County mental health advisory committees and intercounty mental health advisory committees must send annual reports to the council, and the Secretary of Health and Mental Hygiene must consult the council before initiating the development of CSAs for the planning, management, and financing of mental health services.

Background: BHA advises that it is actively engaged with CSAs in each jurisdiction to develop and enhance each local "continuum of crisis services," and that these services provide less restrictive, community-based alternatives to hospitalization. Services in each jurisdiction vary considerably, and none of the jurisdictions offers the entire continuum of services. Crisis services in most jurisdictions are not available 24 hours a day and 7 days a week. The majority of jurisdictions rely on State funding to support their programs,

although some jurisdictions also provide local funding. BHA additionally advises that mobile crisis teams are currently available in 13 jurisdictions; of these, 3 programs are available 24 hours a day and 7 days a week (Anne Arundel, Montgomery, and Prince George's counties). Walk-in crisis services are also available in 3 jurisdictions (Frederick, Howard, and Montgomery counties).

Additional Information

Prior Introductions: None.

Cross File: SB 551 (Senator Pugh, *et al.*) - Finance.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

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