

Department of Legislative Services
Maryland General Assembly
2019 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1060 (Delegate Washington)
Health and Government Operations

Residential Rehabilitation Programs - Reporting of Critical Incidents

This bill requires the Secretary of Health to provide the address of a residential rehabilitation program (RRP) to specified local entities at least 14 days prior to issuing a license to the RRP. The administrative head of an RRP must report any “critical incident” occurring at the RRP to specified entities within 24 hours of the incident. The local behavioral health authority for the county where an RRP is located must conduct an assessment of the RRP and an evaluation of the critical incident within 14 days of receiving such a report.

Fiscal Summary

State Effect: The bill’s requirements can be handled with existing budget resources. Revenues are not affected.

Local Effect: To the extent that critical incidents are reported to local behavioral health authorities, local expenditures may increase to conduct the required assessments and evaluations. Revenues are not affected. **This bill may impose a mandate on a unit of local government.**

Small Business Effect: Potential minimal.

Analysis

Bill Summary: “Critical incident” includes (1) the death of a program participant; (2) a life-threatening injury to a program participant; (3) nonconsensual sexual activity that is prohibited in specified regulations; (4) any sexual activity between a staff member of an

RRP and a program participant; and (5) the evacuation of a building, if the evacuation disrupts the operations of an RRP.

At least 14 days before issuing a license to an RRP, the Secretary of Health must provide the address of the RRP to the local health department (LHD), the local department of social services, the local behavioral health authority, and the law enforcement agency for the county in which the RRP is located. Within 24 hours of receiving notification of a critical incident, the administrative head of an RRP must report the critical incident to these same entities.

Current Law: In order for an RRP to be licensed, it must meet several standards:

- service individuals with a mental disorder;
- be operated by a licensed psychiatric rehabilitation program for adults;
- lease or own the site;
- be approved by the Behavioral Health Administration for RRP funding;
- provide a home-like supportive residential environment;
- provide services for no more than three individuals per RRP site, unless also licensed as a group home;
- promote the individual's ability to engage and participate in appropriate community activities;
- enable the individual to develop the daily living skills needed for independent functioning;
- have on-site staffing as needed and staff that is available on call at all times;
- meet specified site requirements that can be verified through an annual inspection; and
- have a written policy regarding the development of and process for implementation of a managed intervention plan and if executed, a transition plan, both of which meet certain specifications.

Background: RRP's provide housing and supportive services to individuals with mental health needs. The goal of residential rehabilitation is to provide services that will support an individual to transition to the independent housing of their choice. RRP's provide staff support around areas of personal needs, such as medication monitoring; independent living skills; symptom management; stress management; relapse prevention planning with linkages to employment, education, and vocational services; crisis prevention; and other services to help the individual's recovery.

Local Expenditures: The Maryland Association of County Health Officers advises that LHDs that run the behavioral health authority for their locality can absorb the bill's

requirements within existing resources; however, the volume of critical incidents reported in each locality and the level of reporting and investigating necessary will ultimately determine the extent of the impact on local expenditures. Any impact on individual jurisdictions is likely to be minimal.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Anne Arundel and Garrett counties; Maryland Association of Counties; Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - March 12, 2019
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