

Department of Legislative Services  
 Maryland General Assembly  
 2020 Session

FISCAL AND POLICY NOTE  
 Third Reader - Revised

House Bill 1121

(Delegate Pena-Melnyk, *et al.*)

Health and Government Operations

Finance

Maryland Mental Health and Substance Use Disorder Registry and Referral System

This bill establishes a Maryland Mental Health and Substance Use Disorder Registry and Referral System (and a related advisory committee) to provide a statewide system through which health care providers can identify and access available inpatient and outpatient mental health and substance use services for patients in a seamless manner. By December 1, 2021, the Maryland Department of Health (MDH), in collaboration with the State-designated health information exchange (HIE), must (1) develop and make available a specified resource directory; (2) develop a specified registry and referral pilot program; (3) develop a plan for funding the statewide expansion of the registry and referral system, and (4) submit a report to specified committees of the General Assembly. MDH must adopt regulations to carry out the bill. **The bill takes effect June 1, 2020.**

Fiscal Summary

**State Effect:** No effect in FY 2020. General fund expenditures increase by *at least* \$255,900 in FY 2021 (for the resource directory and registry and referral system pilot program) and by approximately \$1.9 million in FY 2022 for ongoing costs and to develop and manage a database to serve as the registry and referral system. Revenues are not likely affected.

(in dollars)	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	255,900	1,867,700	754,600	763,200
Net Effect	\$0	(\$255,900)	(\$1,867,700)	(\$754,600)	(\$763,200)

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

**Local Effect:** The bill does not materially affect local government finances or operations.

**Small Business Effect:** Minimal.

## Analysis

### Bill Summary:

#### *Maryland Mental Health and Substance Use Disorder Registry and Referral System*

Subject to the availability of funds, MDH must develop and implement the registry and referral system, in collaboration with the State-designated HIE. The registry and referral system must include (1) a searchable inventory of any provider of mental health and substance use disorder services; (2) the capability to allow a provider to update registry information including the real-time availability of services; and (3) an electronic referral system that is available to any health care provider in the State to facilitate electronic referrals to mental health and substance use disorder providers.

MDH must determine the appropriate technology to support the operation of the registry and referral system, while taking into account specified considerations.

#### *Advisory Committee*

The advisory committee must make specified recommendations to MDH relating to the design, development, implementation, and funding of the registry and referral system on (1) necessary regulations; (2) the status of the resource directory and pilot program developed by MDH; and (3) sources of funding.

By January 1 each year, the advisory committee must report to the Senate Finance Committee and the House Health and Government Operations Committee on the implementation of the registry and referral system.

#### *Hospital Requirements*

Each hospital must ensure the availability of staff to identify appropriate and available services for patients in the hospital who are in need of mental health or substance use disorder services and to assist the patient in accessing the services.

#### *Resource Directory, Pilot Program, and Reporting Requirement*

By December 1, 2021, MDH, in collaboration with the State-designated HIE, must:

- develop and make available a resource directory of mental health and substance use disorder providers' inventory;
- develop a registry and referral system pilot program in at least two jurisdictions to assess the feasibility and necessity of mandating all inpatient and outpatient mental

health and substance use disorder providers to update registry information in real time;

- develop a plan for funding the statewide expansion of the registry and referral system, and ongoing operations of the registry and referral system; and
- report to the Senate Finance Committee and the House Health and Government Operation Committee on (1) the development of the required resource directory; (2) the development of the required pilot program; and (3) recommendations for enforcement mechanisms to be applied to providers who are mandated to use the statewide registry and referral system.

### **Current Law/Background:**

#### *Maryland Behavioral Health Crisis Response System*

The Maryland Behavioral Health Crisis Response System (BHCRS) 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.

In each jurisdiction, a crisis communication center provides a single point of entry to the system and coordination with the local core service agency (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 (1) provide assessments, crisis intervention, stabilization, follow-up, and referral to urgent care and (2) 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 Behavioral Health Administration (BHA) within MDH 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 209 of 2018 established a Behavioral Health Crisis Response Grant Program in MDH to provide funds to local jurisdictions to establish and expand community BHCRSs. The Governor must include the following appropriations in the State operating budget for the program: (1) \$3.0 million for fiscal 2020; (2) \$4.0 million for fiscal 2021; and (3) \$5.0 million for fiscal 2022.

#### *State-designated Health Information Exchange*

The Maryland Health Care Commission designated the Chesapeake Regional Information System for our Patients (CRISP) as the statewide HIE in 2009, and the infrastructure became operational in 2010. An HIE allows clinical information to move electronically among disparate health information systems. CRISP offers tools aimed at improving the facilitation of care for the region's health care providers.

**State Expenditures:** General fund expenditures increase by *at least* \$255,894 in fiscal 2021, which accounts for a 30-day start-up delay from the bill's June 1, 2020 effective date. This estimate reflects the cost of hiring one program manager and two database specialists to develop and make available the resource directory and develop and oversee the registry and referral system *pilot* program, both of which must be completed by December 1, 2021. It includes salaries, fringe benefits, one-time start-up

costs, and ongoing operating expenses. To the extent additional employees are required, expenditures may increase.

Positions	3
Salaries and Fringe Benefits	\$231,819
One-time Start-up Costs	14,670
Operating Expenses	<u>9,405</u>
<b>Total FY 2021 Special Fund Expenditures</b>	<b>\$255,894</b>

Future year expenditures reflect full salaries with annual increases and employee turnover and ongoing operating expenses.

The registry and referral system is required to be implemented statewide, subject to available funding. This analysis assumes general funds are used for implementation, absent another funding source. Thus, following development of the resource directory and registry and referral pilot program, the three positions noted above are maintained to support statewide expansion of the registry and referral system beginning in fiscal 2022. Although BHA is currently in the process of developing a bed registry to support crisis services for substance use disorder treatment through a combination of federal grants, the registry and referral system under the bill expands beyond both the scope and capabilities of the currently planned system.

Accordingly, general fund expenditures further increase, by approximately \$1,620,000 in fiscal 2022, to develop and manage a database with the capacity to serve as a registry and referral system for use statewide by health care providers to identify and access available inpatient and outpatient mental health and substance use services for patients. Ongoing licensing costs of approximately \$500,000 per year are anticipated beginning in fiscal 2023.

To the extent that CRISP can provide development and licensing support, this amount could be reduced. However, the estimate does not account for any additional development required due to the types of electronic health records or other software used by all health care providers. Also, to the extent another funding source is identified, general fund expenditures are mitigated.

**Additional Comments:** It is unclear what type of pilot program may be implemented given the time it will take to get the required database implemented.

## Additional Information

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

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