

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Third Reader

House Bill 1243 (Delegate Sample-Hughes)

Health and Government Operations

Finance

Behavioral Health Services and Voluntary Placement Agreements – Children
and Young Adults – Report Modifications

This bill modifies and expands the required contents of the Director of the Behavioral Health Administration’s (BHA) annual report on behavioral health services for children and young adults in the State. The bill also requires that additional specified information be included in the Social Services Administration’s (SSA) annual report on voluntary placement agreements for children and young adults in the State.

Fiscal Summary

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

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary:

Behavioral Health Services

When reporting on specified public behavioral health services, BHA must, in addition to existing services, include outpatient services and substance-related disorders program services. When reporting on the length of time children and young adults spent in specified locations, BHA must use the median length of time (rather than the average length of time

under current law). When reporting on children and young adults who were readmitted, BHA must report the number who were readmitted within 30 days (rather than for a 30-day admission). BHA's annual report must also include the number of children and young adults admitted to residential treatment centers during the report year and the number and percentage of children and young adults who used a public behavioral health service provided through telehealth during the reported year. Data in the annual report must be grouped by race and ethnicity, as specified.

Voluntary Placement Agreements

In addition to existing requirements, SSA must include the total number of voluntary placement agreements that were requested for children with a developmental disability who are not also diagnosed with a behavioral health disorder. When a voluntary placement agreement is approved, SSA must report on the type of placement recommended (in addition to reporting on the type of initial placement made as required under current law).

Current Law: The Director of BHA in the Maryland Department of Health must prepare an annual report on behavioral health services for children and young adults. The report must include, for children and young adults, (1) the number and percentage who, during the reported year, were eligible for and used specified public behavioral health services; (2) the total expenditure and expenditure per individual for specified services; (3) the total cost per individual for all behavioral health services provided to the individual; (4) the average length of time individuals spent in emergency rooms pending psychiatric inpatient hospitalization or waiting for placement in a residential treatment center; (5) the number of 30-day readmissions at specified facilities; (6) the average length of stay at specified facilities; and (7) the number of discharges and residents at residential treatment centers. The report must group the required information by jurisdiction and by specified age groups.

SSA in the Department of Human Services must prepare an annual report on voluntary placement agreements for children and young adults. The report must include (1) the total number of voluntary placement agreements for children and young adults in the State that were approved, denied, and requested for specified reasons; (2) the reason for any denials; and (3) the type of initial placements for approved agreements. The report must group the required information into specified regions.

Both annual reports must be prepared in consultation with interested stakeholders and submitted to the Governor and the General Assembly.

Additional Information

Prior Introductions: None.

Designated Cross File: SB 520 (Senator Klausmeier) - Finance.

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

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