

# HOUSE BILL 129

J1, E4

(PRE-FILED)

2lr1078  
CF SB 12

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By: **Delegate Charkoudian**

Requested: October 29, 2021

Introduced and read first time: January 12, 2022

Assigned to: Health and Government Operations and Judiciary

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 9, 2022

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Behavioral Health Crisis Response Services and Public Safety Answering**  
3 **Points – Modifications**

4 FOR the purpose of requiring the Maryland Department of Health to require that proposals  
5 requesting Behavioral Health Crisis Response Grant Program funding contain  
6 response standards that ~~minimize law enforcement interaction for~~ prioritize mobile  
7 crisis units over law enforcement when responding to individuals in crisis; altering  
8 the definition of “mobile crisis team” to include prioritizing limiting interaction of  
9 law enforcement with individuals in crisis; requiring each public safety answering  
10 point to develop a written policy for calls involving an individual suffering an active  
11 mental health crisis; and generally relating to behavioral health crisis response  
12 services and public safety answering points.

13 BY repealing and reenacting, with amendments,  
14 Article – Health – General  
15 Section 7.5–208 and 10–1401(g)  
16 Annotated Code of Maryland  
17 (2019 Replacement Volume and 2021 Supplement)

18 BY repealing and reenacting, with amendments,  
19 Article – Public Safety  
20 Section 1–304  
21 Annotated Code of Maryland  
22 (2018 Replacement Volume and 2021 Supplement)

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### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
2 That the Laws of Maryland read as follows:

3 **Article – Health – General**

4 7.5–208.

5 (a) (1) In this section the following words have the meanings indicated.

6 (2) “Mobile crisis team” has the meaning stated in § 10–1401 of this article.

7 (3) “Program” means the Behavioral Health Crisis Response Grant  
8 Program.

9 (b) (1) There is a Behavioral Health Crisis Response Grant Program in the  
10 Department.

11 (2) The purpose of the Program is to provide funds to local jurisdictions to  
12 establish and expand community behavioral health crisis response systems.

13 (c) The Department shall administer the Program.

14 (d) (1) The Program shall award competitive grants to local behavioral health  
15 authorities to establish and expand behavioral health crisis response programs and  
16 services that:

17 (i) Serve local behavioral health needs for children, adults, and  
18 older adults;

19 (ii) Meet national standards;

20 (iii) Integrate the delivery of mental health and substance use  
21 treatment; and

22 (iv) Connect individuals to appropriate community–based care in a  
23 timely manner on discharge.

24 (2) Funds distributed to a local behavioral health authority under the  
25 Program:

26 (i) May be used to establish or expand behavioral health crisis  
27 response programs and services, such as:

28 1. Mobile crisis teams;

29 2. On–demand walk–in services;

1                                   3.     Crisis residential beds; and

2                                   4.     Other behavioral health crisis programs and services that  
3 the Department considers eligible for Program funds; and

4                                   (ii)    Shall be used to supplement, and not supplant, any other funding  
5 for behavioral health crisis response programs and services.

6                                   (3)    A local behavioral health authority may submit a proposal requesting  
7 Program funding to the Department.

8                                   (4)    In awarding grants under this section, the Department shall prioritize  
9 proposals that:

10                                   (i)     Make use of more than one funding source;

11                                   (ii)    Demonstrate efficiency in service delivery through  
12 regionalization, integration of the behavioral health crisis program or service with existing  
13 public safety and emergency resources, and other strategies to achieve economies of scale;

14                                   (iii)   Serve all members of the immediate community with cultural  
15 competency and appropriate language access;

16                                   (iv)    Commit to gathering feedback from the community on an  
17 ongoing basis and improving service delivery continually based on this feedback;

18                                   (v)     Demonstrate strong partnerships with community services that  
19 include family member and consumer advocacy organizations and regional stakeholders;

20                                   (vi)    Evidence a plan of linking individuals in crisis to peer support  
21 and family support services after stabilization; and

22                                   (vii)   Evidence a strong plan for integration into the existing  
23 behavioral health system of care and supports to provide seamless aftercare.

24                                   (5)    **IN AWARDING GRANTS UNDER THIS SECTION, THE DEPARTMENT**  
25 **SHALL REQUIRE THAT PROPOSALS CONTAIN RESPONSE STANDARDS THAT MINIMIZE**  
26 **LAW ENFORCEMENT INTERACTION FOR PRIORITIZE MOBILE CRISIS UNITS OVER**  
27 **LAW ENFORCEMENT WHEN RESPONDING TO INDIVIDUALS IN CRISIS.**

28                                   (6)    For each service or program that receives funding under the Program,  
29 a local behavioral health authority shall report to the Department and make available to  
30 the public all:

31                                   (i)     Outcome measurement data required by the Department; and

1 (ii) Public feedback received from the community through a  
2 combination of surveys, public comments, town hall meetings, and other methods.

3 ~~[(6)]~~ (7) The Department shall establish:

4 (i) Application procedures;

5 (ii) A statewide system of outcome measurement to:

6 1. Assess the effectiveness and adequacy of behavioral  
7 health crisis response services and programs; and

8 2. Produce data that shall be:

9 A. Collected, analyzed, and publicly reported back at least  
10 annually; and

11 B. Disaggregated by race, gender, age, and zip code;

12 (iii) Guidelines that require programs to bill third-party insurers  
13 and, when appropriate, the Maryland Medical Assistance Program; and

14 (iv) Any other procedures or criteria necessary to carry out this  
15 section.

16 (e) The Governor shall include in the annual operating budget bill the following  
17 amounts for the Program:

18 (1) \$3,000,000 for fiscal year 2020;

19 (2) \$4,000,000 for fiscal year 2021;

20 (3) \$5,000,000 for fiscal year 2022;

21 (4) \$5,000,000 for fiscal year 2023;

22 (5) \$5,000,000 for fiscal year 2024; and

23 (6) \$5,000,000 for fiscal year 2025.

24 (f) Beginning in fiscal year 2023, at least one-third of the appropriation required  
25 under subsection (e) of this section shall be used to award competitive grants for mobile  
26 crisis teams.

27 (g) On or before December 1 each year beginning in 2020, the Department shall  
28 submit to the Governor and, in accordance with § 2-1257 of the State Government Article,  
29 to the General Assembly a report that includes, for the most recent closed fiscal year:

1 (1) The number of grants distributed;

2 (2) Funds distributed by county;

3 (3) Information about grant recipients and programs and services  
4 provided; and

5 (4) Outcome data reported under the statewide system of measurement  
6 required in subsection [(d)(6)(ii)] **(D)(7)(II)** of this section.

7 10–1401.

8 (g) “Mobile crisis team” means a team established by the local behavioral health  
9 authority that:

10 (1) Operates 24 hours a day and 7 days a week to provide assessments,  
11 crisis intervention, stabilization, follow-up, and referral to urgent care and to arrange  
12 appointments for individuals to obtain behavioral health services;

13 (2) Incorporates nationally recognized standards and best practices; and

14 (3) Prioritizes:

15 (i) Providing connection to services and coordinating patient  
16 follow-up, including peer support and family support services after stabilization; [and]

17 (ii) Serving all members of the immediate community with cultural  
18 competency and appropriate language access; **AND**

19 **(III) LIMITING THE INTERACTION OF LAW ENFORCEMENT WITH**  
20 **INDIVIDUALS IN CRISIS.**

21 **Article – Public Safety**

22 1–304.

23 (a) Each county shall have in operation an enhanced 9–1–1 system.

24 (b) If implementation is preceded by cooperative planning, the enhanced 9–1–1  
25 system required under subsection (a) of this section may operate as part of a multicounty  
26 system.

27 (c) (1) Services available through a 9–1–1 system shall include police, fire  
28 fighting, and emergency ambulance services.

1 (2) Other emergency and civil defense services may be incorporated into  
2 the 9-1-1 system at the discretion of the county or counties served by the 9-1-1 system.

3 (d) (1) The digits 9-1-1 are the primary emergency telephone number in the  
4 9-1-1 system.

5 (2) A public safety agency whose services are available through the 9-1-1  
6 system:

7 (i) may maintain a separate secondary backup telephone number  
8 for emergency calls; and

9 (ii) shall maintain a separate telephone number for nonemergency  
10 calls.

11 (e) Educational information that relates to emergency services made available by  
12 the State or a county:

13 (1) shall designate the number 9-1-1 as the primary emergency telephone  
14 number;

15 (2) may include a separate secondary backup telephone number for  
16 emergency calls; and

17 (3) shall include information on the requirements of § 1-314 of this  
18 subtitle.

19 (f) (1) Each public safety answering point shall notify the public safety  
20 agencies in a county 9-1-1 system of requests for emergency services in the county.

21 (2) Written guidelines shall be developed to govern the referral of requests  
22 for emergency services to the appropriate public safety agency.

23 (3) State, county, and local public safety agencies with concurrent  
24 jurisdiction shall have written agreements to ensure a clear understanding of which specific  
25 requests for emergency services will be referred to which public safety agency.

26 (g) Counties, other units of local government, public safety agencies, and public  
27 safety answering points may enter into cooperative agreements for the allocation of  
28 maintenance, operational, and capital costs attributable to the 9-1-1 system.

29 **(H) (1) EACH PUBLIC SAFETY ANSWERING POINT SHALL DEVELOP A**  
30 **WRITTEN POLICY ON THE PROCEDURES TO BE FOLLOWED BY THE PUBLIC SAFETY**  
31 **ANSWERING POINT WHEN A CALL IS RECEIVED THAT INVOLVES AN INDIVIDUAL**  
32 **SUFFERING AN ACTIVE MENTAL HEALTH CRISIS.**

1           **(2) THE WRITTEN POLICY DEVELOPED UNDER PARAGRAPH (1) OF**  
2 **THIS SUBSECTION SHALL INCLUDE:**

3                   **(I) THE PROCEDURES TO TRIAGE A CALL INVOLVING AN**  
4 **INDIVIDUAL SUFFERING AN ACTIVE MENTAL HEALTH CRISIS;**

5                   **(II) THE RESOURCES THAT ARE AVAILABLE FOR DISPATCH; ~~AND~~**

6                   **(III) THE PROCEDURES FOR MAKING A DISPATCH DECISION; AND**

7                   **(IV) TRAINING FOR APPLICABLE STAFF ON IMPLEMENTING THE**  
8 **PROCEDURES.**

9           SECTION 2. AND BE IT FURTHER ENACTED, That:

10           (a) On or before December 1, 2022, each public safety answering point shall  
11 submit the written policy developed in accordance with § 1-304(h)(1) of the Public Safety  
12 Article, as enacted by Section 1 of this Act, to the Maryland Department of Health and  
13 make the written policy available to the public.

14           (b) On or before January 1, 2023, the Maryland Department of Health shall  
15 submit the written policies received under subsection (a) of this section to the General  
16 Assembly, in accordance with § 2-1257 of the State Government Article.

17           SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
18 October 1, 2022.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.