

# SENATE BILL 12

J1, E4

(PRE-FILED)

2lr1079  
CF HB 129

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By: **Senator Augustine**

Requested: October 29, 2021

Introduced and read first time: January 12, 2022

Assigned to: Finance

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## A BILL ENTITLED

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 individuals in  
7 crisis; altering the definition of “mobile crisis team” to include prioritizing limiting  
8 interaction of law enforcement with individuals in crisis; requiring each public safety  
9 answering point to develop a written policy for calls involving an individual suffering  
10 an active mental health crisis; and generally relating to behavioral health crisis  
11 response services and public safety answering points.

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

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

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

24 **Article – Health – General**

25 7.5–208.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1           (a)   (1)   In this section the following words have the meanings indicated.
- 2                   (2)   “Mobile crisis team” has the meaning stated in § 10–1401 of this article.
- 3                   (3)   “Program” means the Behavioral Health Crisis Response Grant  
4 Program.
- 5           (b)   (1)   There is a Behavioral Health Crisis Response Grant Program in the  
6 Department.
- 7                   (2)   The purpose of the Program is to provide funds to local jurisdictions to  
8 establish and expand community behavioral health crisis response systems.
- 9           (c)   The Department shall administer the Program.
- 10           (d)   (1)   The Program shall award competitive grants to local behavioral health  
11 authorities to establish and expand behavioral health crisis response programs and  
12 services that:
- 13                   (i)   Serve local behavioral health needs for children, adults, and  
14 older adults;
- 15                   (ii)   Meet national standards;
- 16                   (iii)   Integrate the delivery of mental health and substance use  
17 treatment; and
- 18                   (iv)   Connect individuals to appropriate community–based care in a  
19 timely manner on discharge.
- 20           (2)   Funds distributed to a local behavioral health authority under the  
21 Program:
- 22                   (i)   May be used to establish or expand behavioral health crisis  
23 response programs and services, such as:
- 24                           1.   Mobile crisis teams;
- 25                           2.   On–demand walk–in services;
- 26                           3.   Crisis residential beds; and
- 27                           4.   Other behavioral health crisis programs and services that  
28 the Department considers eligible for Program funds; and

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

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

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

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

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

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

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

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

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

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

21 (5) **IN AWARDING GRANTS UNDER THIS SECTION, THE DEPARTMENT**  
22 **SHALL REQUIRE THAT PROPOSALS CONTAIN RESPONSE STANDARDS THAT MINIMIZE**  
23 **LAW ENFORCEMENT INTERACTION FOR INDIVIDUALS IN CRISIS.**

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

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

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

30 **[(6)] (7)** The Department shall establish:

31 (i) Application procedures;

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

2 1. Assess the effectiveness and adequacy of behavioral  
3 health crisis response services and programs; and

4 2. Produce data that shall be:

5 A. Collected, analyzed, and publicly reported back at least  
6 annually; and

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

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

10 (iv) Any other procedures or criteria necessary to carry out this  
11 section.

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

14 (1) \$3,000,000 for fiscal year 2020;

15 (2) \$4,000,000 for fiscal year 2021;

16 (3) \$5,000,000 for fiscal year 2022;

17 (4) \$5,000,000 for fiscal year 2023;

18 (5) \$5,000,000 for fiscal year 2024; and

19 (6) \$5,000,000 for fiscal year 2025.

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

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

26 (1) The number of grants distributed;

27 (2) Funds distributed by county;

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

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

5 10–1401.

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

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

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

12 (3) Prioritizes:

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

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

17 **(III) LIMITING THE INTERACTION OF LAW ENFORCEMENT WITH**  
18 **INDIVIDUALS IN CRISIS.**

### 19 **Article – Public Safety**

20 1–304.

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

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

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

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

29 (d) (1) The digits 9–1–1 are the primary emergency telephone number in the  
30 9–1–1 system.

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

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

5 (ii) shall maintain a separate telephone number for nonemergency  
6 calls.

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

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

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

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

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

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

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

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

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

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

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

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

2                   **(III) THE PROCEDURES FOR MAKING A DISPATCH DECISION.**

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

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

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

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