

Department of Legislative Services
 Maryland General Assembly
 2022 Session

FISCAL AND POLICY NOTE
 Third Reader - Revised

House Bill 293 (Delegate K. Young, *et al.*)
 Health and Government Operations and
 Appropriations

Behavioral Health Crisis Response Services - 9-8-8 Trust Fund

This bill establishes the 9-8-8 Trust Fund to provide reimbursement for costs associated with designating and maintaining 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline and developing and implementing a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services. The Maryland Department of Health (MDH) must (1) designate 9-8-8 as the State’s behavioral health crisis hotline by July 16, 2022, in accordance with the federal National Suicide Hotline Designation Act of 2020; (2) administer the trust fund; (3) collaborate with specified entities to promote consistent public messaging of 9-8-8 services; and (4) submit a report on specified activities by December 1 each year. In fiscal 2024, the Governor must include \$5.5 million in the annual budget bill for the trust fund. **The bill takes effect July 1, 2022.**

Fiscal Summary

State Effect: General fund expenditures increase by up to \$5.0 million in FY 2023 to cover initial expenditures, which include a minimum of \$410,000 in expenditures for public messaging. The FY 2023 budget includes \$5.0 million in general funds for costs related to 9-8-8. General fund expenditures and special fund revenues increase by \$5.5 million in FY 2024 from the mandated appropriation. Special fund expenditures increase beginning in FY 2024 for authorized purposes. MDH can issue the required report, and the Office of Legislative Audits (OLA) can audit the fund with existing budgeted resources. **This bill establishes a mandated appropriation for FY 2024.**

(in dollars)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
SF Revenue	\$0	\$5,500,000	\$0	\$0	\$0
GF Expenditure	\$5,000,000	\$5,500,000	\$0	\$0	\$0
SF Expenditure	\$0	-	-	-	-
Net Effect	(\$5,000,000)	\$0	\$0	\$0	\$0

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

Local Effect: Local revenues and expenditures may increase significantly for jurisdictions that provide behavioral health crisis response services, as discussed below.

Small Business Effect: Potential meaningful, as discussed below.

Analysis

Bill Summary: In addition to designating and maintaining 9-8-8, the fund may be used for behavioral health crisis response services in the State, including (1) crisis call centers; (2) mobile crisis team (MCT) services; (3) crisis stabilization centers; and (4) other acute behavioral health care services.

The fund is a special, nonlapsing fund consisting of all money appropriated to the fund in the State budget, interest earnings of the fund, and any other money accepted for the benefit of the fund. Money expended from the fund is supplemental to and is not intended to supplant funding that would otherwise be appropriated for the fund's purpose.

The fund is subject to audit by OLA pursuant to the State Government Article.

MDH's required annual report must include an accounting of (1) the amount of funds transferred and distributed from the fund; (2) the additional services provided by the funding in each local jurisdiction; (3) the amount of any unspent funds in the fund; and (4) the reasons why any unspent funds were not spent.

Current Law:

Maryland's Health Crisis Hotline

Chapters 571 and 572 of 2018 require MDH to establish and operate a toll-free health crisis hotline that is available 24 hours a day and 7 days a week to assist callers by (1) conducting specified health screenings; (2) conducting risk assessments for callers experiencing an overdose or potentially committing suicide or homicide; (3) connecting callers to an emergency response system; (4) referring callers for ongoing care; and (5) following up with callers to determine if the callers' needs were met. MDH must also train staff for the hotline and disseminate information about the hotline to the public.

The three-digit number 2-1-1 is established in statute as the primary information and referral telephone number for health and human services in the State. 2-1-1 Press 1 provides immediate access 24 hours a day and 7 days a week to a trained specialist in suicide prevention, opioid crisis intervention, and mental health assistance.

Maryland Behavioral Health Crisis Response System

Behavioral Health Crisis Response Services 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.

Behavioral Health Crisis Response Grant Program

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 behavioral health crisis response systems. The Governor was required to include the following appropriations in the State operating budget for the program: (1) \$3.0 million in fiscal 2020; (2) \$4.0 million in fiscal 2021; and (3) \$5.0 million in fiscal 2022. Chapters 755 and 756 of 2021 expand the grant program, extend the term of the \$5.0 million mandated appropriation through fiscal 2025, and beginning in fiscal 2023, require at least one-third of the mandated appropriation be used to award competitive grants for MCTs.

Crisis Communication Centers

In each jurisdiction, a crisis communication center, in coordination with 3-1-1, 2-1-1, or other local mental health hotlines, provides a single point of entry to the system and coordination with the local core service agency or local behavioral health authority (LBHA), police, emergency medical service personnel, and behavioral health providers. Crisis communication centers *may* provide programs that include:

- 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;
- critical incident stress management teams;
- crisis residential beds to serve as an alternative to hospitalization;
- a community crisis bed and hospital bed registry;
- transportation coordination;
- MCTs;
- 23-hour holding beds;
- emergency psychiatric services;

- urgent care capacity;
- expanded capacity for assertive community treatment;
- crisis intervention teams; and
- individualized family intervention teams.

Mobile Crisis Teams

An MCT is a team established by LBHA that (1) operates 24 hours a day and 7 days a week to provide assessments, crisis intervention, stabilization, follow-up, and referral to urgent care and to arrange appointments for individuals to obtain behavioral health services; (2) incorporates nationally recognized standards and best practices; and (3) prioritizes providing connection to services and coordinating patient follow-up and serving all members of the immediate community with cultural competency and appropriate language access.

Federal Action on 9-8-8

On July 16, 2020, the Federal Communications Commission (FCC) issued a final order designating 9-8-8 as the new National Suicide Prevention Lifeline (NSPL) and National Veterans Crisis Line (VCL). The rule requires telecommunication providers to make every land line, cell phone, and voice-over Internet device in the United States capable of using the 9-8-8 number to reach the existing NSPL structure by July 16, 2022.

On October 17, 2020, the National Suicide Hotline Designation Act of 2020 was enacted to designate 9-8-8 as the universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system.

State Fiscal Effect: Pursuant to FCC’s final rule designating 9-8-8 as the new NSPL and VCL, telecommunication providers are required to make every land line, cell phone, and voice-over Internet device in the United States capable of using the 9-8-8 number to reach the existing NSPL structure by July 16, 2022; thus, costs associated with *designating* 9-8-8 are attributed primarily to the private sector. Moreover, any costs for MDH to designate 9-8-8 as the State’s behavioral health crisis hotline are attributable to the federal National Suicide Hotline Designation Act of 2020, not the bill.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) is authorized to issue one-time grant funding to states for 9-8-8 implementation under 9-8-8 State and Territory Cooperative Agreements. MDH advises that it anticipates a grant award of \$1,972,989 for the period April 30, 2022, through April 29, 2024. While this grant award may be credited to the 9-8-8 Trust Fund established under the bill, the grant award

is not attributable to this legislation but to the federal National Suicide Hotline Designation Act of 2020.

The bill requires MDH to collaborate with SAMHSA, NSPL, VCL, and other appropriate entities to promote consistent public messaging on 9-8-8 services. MDH advises that the general fund allocation for 2-1-1 Press 1 promotional activities was \$410,000 in fiscal 2021 and \$255,000 in fiscal 2022. As the trust fund will not be capitalized until fiscal 2024 under the bill, the fiscal 2023 budget includes \$5.0 million in general funds for MDH for the 9-8-8 behavioral health crisis hotline, allowing for *at least* \$410,000 for promotional activities in fiscal 2023. To the extent that federal grant funds may be used for this purpose, general fund expenditures may be redirected to other 9-8-8 related purposes. Beginning in fiscal 2024, any such expenditures are special fund expenditures made from the trust fund.

General fund expenditures and special fund revenues to the 9-8-8 Trust Fund increase by \$5.5 million in fiscal 2024, reflecting the bill's mandated appropriation. Special fund expenditures from the trust fund increase by an indeterminate amount beginning in fiscal 2024, to the extent that MDH expends money from the fund for authorized purposes under the bill. Any replenishment of the fund is not accounted for in this analysis.

MDH advises that it currently operates 2-1-1 Press 1 as Maryland's Crisis Intervention Hotline but must transition from primarily using and promoting 2-1-1 Press 1 to 9-8-8 by July 16, 2022. Per MDH, in fiscal 2022, the State allocated more than \$6.5 million to 2-1-1 Press 1. To the extent that the State's fiscal 2023 budget includes funding for 2-1-1 Press 1 and that funding can be diverted to the purpose of promoting 9-8-8, initial expenditures from other sources may be reduced.

Local Fiscal Effect: Local revenues and expenditures increase for jurisdictions that operate crisis call centers, MCT services, crisis stabilization services, and other acute behavioral health care services to the extent that money is awarded from the 9-8-8 Trust Fund in accordance with the State budget and expended to implement behavioral health crisis response services in the State.

Small Business Effect: Small businesses that provide acute behavioral health care services may receive funding from the 9-8-8 Trust Fund for costs associated with delivering behavioral health crisis response services in the State.

In addition, small businesses operating as behavioral health providers may receive more referrals from designating 9-8-8 as an easy to remember national crisis services line due to higher call volumes over time for local crisis centers. However, it should be noted that any increase for small businesses related to 9-8-8 designation results from the federal National Suicide Hotline Designation Act of 2020 rather than the bill.

Additional Information

Prior Introductions: None.

Designated Cross File: SB 241 (Senator Augustine, *et al.*) - Finance.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Department of Legislative Services - Office of Legislative Audits

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