## HOUSE BILL 1146

#### By: Delegate White Holland Delegates White Holland, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Chisholm, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Szeliga, Woods, Woorman, and Ross

Introduced and read first time: February 5, 2025 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments House action: Adopted Read second time: March 3, 2025

CHAPTER \_\_\_\_\_

#### AN ACT concerning 1

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#### $\mathbf{2}$ Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 3 Suicide and Crisis Lifeline Network and Outcome Evaluations

- 4 FOR the purpose of requiring the Maryland Behavioral Health Crisis Response System to have a State 9-8-8 Suicide and Crisis Lifeline, rather than a crisis communication  $\mathbf{5}$ 6 center, in each jurisdiction; requiring each <del>crisis communication center</del> State 9–8–8 7 Suicide and Crisis Lifeline in the Maryland Behavioral Health Crisis Response 8 System to coordinate with the national 9-8-8 Suicide and Crisis Lifeline Network to provide certain support services; altering the evaluation of outcome of services the 9 10 System is required to include: and generally relating to the Maryland Behavioral Health Crisis Response System. 11
- 12BY repealing and reenacting, with amendments,
- Article Health General 13
- Section 10–1403 14
- 15Annotated Code of Maryland
- (2023 Replacement Volume and 2024 Supplement) 16
- SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, 1718
- That the Laws of Maryland read as follows:
- 19

## Article – Health – General

#### 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.



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1	10–1403.			
2	(a) The Crisis Resp	oonse System shall include:		
$\frac{3}{4}$	(1) A crisis communication center STATE 9-8-8 SUICIDE AND CRISIS LIFELINE in each jurisdiction or region to [provide]:			
$5 \\ 6$	(i) [A System;	] PROVIDE A single point of entry to the Crisis Response		
7 8 9	(ii) [Coordination] COORDINATE WITH THE <u>NATIONAL</u> 9–8–8 SUICIDE AND CRISIS LIFELINE TO PROVIDE THE FULL RANGE OF SERVICES PROVIDED BY THE <u>NATIONAL</u> 9–8–8 SUICIDE AND CRISIS LIFELINE, INCLUDING:			
10	1.	SUPPORTIVE COUNSELING;		
11	2.	SUICIDE PREVENTION;		
12	3.	CRISIS INTERVENTION; AND		
13	4.	<b>R</b> EFERRALS TO ADDITIONAL RESOURCES; <u>AND</u>		
$\begin{array}{c} 14\\ 15\\ 16\end{array}$	<u>5.</u> CRISIS RESPONSE AND STA AS NEEDED;	DIRECT DISPATCH OR WARM HAND–OFFS TO MOBILE ABILIZATION SERVICES AND OTHER IMMEDIATE SERVICES		
$17 \\ 18 \\ 19$	<b>(III) COORDINATE</b> with the local core service agency or local behavioral health authority, police, 3–1–1, 2–1–1, or other local mental health hotlines, emergency medical service personnel, and behavioral health providers; and			
$\begin{array}{c} 20\\ 21 \end{array}$	[(iii)] <b>(IV</b> include:	7) [Programs] PROVIDE OTHER PROGRAMS that may		
$\begin{array}{c} 22 \\ 23 \end{array}$	1. crisis intervention;	A clinical crisis telephone line for suicide prevention and		
$\begin{array}{c} 24 \\ 25 \end{array}$	2. assistance;	A hotline for behavioral health information, referral, and		
26	3.	Clinical crisis walk–in services, including:		
27	А.	Triage for initial assessment;		
28	B.	Crisis stabilization until additional services are available;		

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$\frac{1}{2}$	groups; and	C.	Linkage to treatment services and family and peer support
3		D.	Linkage to other health and human services programs;
4 5 6		4. h serv	Critical incident stress management teams, providing vices, critical incident stress management, and an on-call
7 8	hospitalization;	5.	Crisis residential beds to serve as an alternative to
9 10	including a daily tally of e	6. mpty	A community crisis bed and hospital bed registry, beds;
$\frac{11}{12}$		7. zment	Transportation coordination, ensuring transportation of as or to emergency psychiatric facilities;
13		8.	Mobile crisis teams;
14		9.	23–hour holding beds;
15		10.	Emergency psychiatric services;
16		11.	Urgent care capacity;
17		12.	Expanded capacity for assertive community treatment;
$\frac{18}{19}$	jurisdiction 24 hours a day	13. y and	Crisis intervention teams with capacity to respond in each 7 days a week; and
20		14.	Individualized family intervention teams;
21	(2) Comm	unity	awareness promotion and training programs; and
22	(3) An eva	aluati	on of outcomes of services [through]:
$\frac{23}{24}$	(I) EVALUATION OF:	In 1	EACH JURISDICTION OR REGION, INCLUDING AN
25		1.	9-8-8 CALL, TEXT, AND CHAT VOLUME;
26		2.	9-8-8 LOCAL ANSWER RATE;
27 $28$	INCLUDING:	3.	9-8-8 CALL, TEXT, AND CHAT RESOLUTION DATA,

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1	A. THE PROPORTION OF CRISES RESOLVED BY PHONE;
$2 \\ 3$	B. THE PROPORTION OF CRISES RESOLVED THROUGH MOBILE CRISIS TEAM DISPATCH; AND
45	C. THE PROPORTION OF CRISES RESOLVED BY TRANSFER TO 9–1–1;
6	4. MOBILE CRISIS TEAM DISPATCH VOLUME;
7	5. MOBILE CRISIS TEAM RESPONSE TIME;
8 9	6. MOBILE CRISIS TEAM DISPATCH RESOLUTION DATA, INCLUDING:
10 11	A. THE PROPORTION OF CRISES RESOLVED SAFELY IN THE COMMUNITY; AND
12 13	B. THE PROPORTION OF CRISES RESOLVED THROUGH TRANSFER TO A HIGHER LEVEL OF CARE;
14	7. CRISIS STABILIZATION CENTER USAGE; AND
$\begin{array}{c} 15\\ 16\end{array}$	8. CRISIS STABILIZATION CENTER DISCHARGE DATA, INCLUDING:
17 18	A. THE PROPORTION OF CRISES RESOLVED THROUGH A DISCHARGE TO HOME; AND
19 20	B. THE PROPORTION OF CRISES RESOLVED THROUGH A DISCHARGE TO A HIGHER LEVEL OF CARE;
$21 \\ 22 \\ 23 \\ 24 \\ 25$	[(i)] (II) [An] THROUGH AN annual survey by the Administration of DATA OBTAINED FROM consumers and family members who have received services from the Crisis Response System <u>COLLECTED THROUGH ONGOING DATA COLLECTION</u> FROM 9–8–8 CALL, TEXT, AND CHAT PROVIDERS AND OTHER CRISIS PROVIDERS THAT IS REPORTED ANNUALLY; and
26 27 28 29	[(ii)] (III) [Annual] THROUGH ANNUAL <u>CRISIS SERVICES</u> data collection on the <del>number of behavioral health calls received by police, attempted and</del> <del>completed suicides, unnecessary hospitalizations, hospital diversions, arrests and</del> <del>detentions of individuals with behavioral health diagnoses, and diversion of arrests and</del>

30 detentions of individuals with behavioral health diagnoses INVOLVEMENT OF LAW

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# <u>ENFORCEMENT, INVOLUNTARY STATUS OF CLIENTS, AND DIVERSION FROM HIGHER</u> <u>LEVELS OF CARE, INCLUDING HOSPITALS</u>.

3 (b) The data derived from the evaluation of outcomes of services required under 4 subsection (a)(3) of this section shall be:

5 (1) Collected, analyzed, and publicly reported [at least annually] ON OR 6 **BEFORE DECEMBER 1 EACH YEAR**;

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(2) Disaggregated by race, gender, age, and zip code; and

8 (3) Used to formulate policy recommendations with the goal of decreasing 9 criminal detention and improving crisis diversion programs and linkages to effective 10 community health services.

11 (c) The Crisis Response System services shall be implemented as determined by 12 the Administration in collaboration with the core service agency or local behavioral health 13 authority serving each jurisdiction and community members of each jurisdiction.

14 (d) An advance directive for mental health services under § 5–602.1 of this article 15 shall apply to the delivery of services under this subtitle.

16 (e) This subtitle may not be construed to affect petitions for emergency 17 evaluations under § 10–622 of this title.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July1, 2025.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.