SENATE BILL 900

J15lr2606 CF HB 1146 By: Senator Augustine Introduced and read first time: January 28, 2025 Assigned to: Finance Committee Report: Favorable with amendments Senate action: Adopted Read second time: February 24, 2025 CHAPTER AN ACT concerning Maryland Behavioral Health Crisis Response System – Integration of 9–8–8 Suicide and Crisis Lifeline Network and Outcome Evaluations 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 center, in each jurisdiction; requiring each erisis communication center State 9-8-8 Suicide and Crisis Lifeline in the Maryland Behavioral Health Crisis Response System to coordinate with the <u>national</u> 9-8-8 Suicide and Crisis Lifeline Network to provide certain support services; altering the evaluation of outcome of services the System is required to include; and generally relating to the Maryland Behavioral Health Crisis Response System. BY repealing and reenacting, with amendments, Article – Health – General Section 10-1403 Annotated Code of Maryland (2023 Replacement Volume and 2024 Supplement) SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows: Article - Health - General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

1

2

3

4

5 6

7

8 9

10

11

12

13

14

15

16

17

18

19

20

10-1403.

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



SENATE BILL 900

1	(a) The Crisis I	Respon	se System shall include:		
2 3	(1) A eri		mmunication center STATE 9-8-8 SUICIDE AND CRISIS or region to [provide]:		
4 5	(i) System;	[A]]	PROVIDE A single point of entry to the Crisis Response		
6 7 8		Life	rdination] COORDINATE WITH THE <u>NATIONAL</u> 9-8-8 LINE TO PROVIDE THE FULL RANGE OF SERVICES <u>2</u> 9-8-8 SUICIDE AND CRISIS LIFELINE, INCLUDING:		
9		1.	SUPPORTIVE COUNSELING;		
0		2.	SUICIDE PREVENTION;		
.1		3.	CRISIS INTERVENTION; AND		
2		4.	REFERRALS TO ADDITIONAL RESOURCES; AND		
.3 .4 .5	CRISIS RESPONSE AND AS NEEDED;	<u>5.</u> STABI	DIRECT DISPATCH OR WARM HAND-OFFS TO MOBILE ILIZATION SERVICES AND OTHER IMMEDIATE SERVICES		
.6 .7 .8	(III) COORDINATE 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				
9	[(iii)] include:	(IV)	[Programs] PROVIDE OTHER PROGRAMS that may		
21 22	crisis intervention;	1.	A clinical crisis telephone line for suicide prevention and		
23 24	assistance;	2.	A hotline for behavioral health information, referral, and		
25		3.	Clinical crisis walk–in services, including:		
26		A.	Triage for initial assessment;		
27		В.	Crisis stabilization until additional services are available;		
28 29	groups: and	C.	Linkage to treatment services and family and peer support		

1		D.	Linkage to other health and human services programs;
2 3 4	disaster behavioral heal system for these services		Critical incident stress management teams, providing vices, critical incident stress management, and an on-call
5 6	hospitalization;	5.	Crisis residential beds to serve as an alternative to
7 8	including a daily tally of	6. empty	A community crisis bed and hospital bed registry, beds;
9	patients to urgent appoir	7. ntment	Transportation coordination, ensuring transportation of as or to emergency psychiatric facilities;
1		8.	Mobile crisis teams;
2		9.	23-hour holding beds;
13		10.	Emergency psychiatric services;
4		11.	Urgent care capacity;
5		12.	Expanded capacity for assertive community treatment;
16 17	jurisdiction 24 hours a da	13. ay and	Crisis intervention teams with capacity to respond in each 7 days a week; and
18		14.	Individualized family intervention teams;
9	(2) Comr	nunity	awareness promotion and training programs; and
20	(3) An ev	aluati	on of outcomes of services [through]:
21 22	(I) EVALUATION OF:	In 1	EACH JURISDICTION OR REGION, INCLUDING AN
23		1.	9-8-8 CALL, TEXT, AND CHAT VOLUME;
24		2.	9-8-8 LOCAL ANSWER RATE;
25 26	INCLUDING:	3.	9-8-8 CALL, TEXT, AND CHAT RESOLUTION DATA,
27		A.	THE PROPORTION OF CRISES RESOLVED BY PHONE;

1 2	B. MOBILE CRISIS TEAM DISPA	THE PROPORTION OF CRISES RESOLVED THROUGH ATCH; AND
3 4	C. TRANSFER TO 9–1–1;	THE PROPORTION OF CRISES RESOLVED BY
5	4.	MOBILE CRISIS TEAM DISPATCH VOLUME;
6	5.	MOBILE CRISIS TEAM RESPONSE TIME;
7 8	6. INCLUDING:	MOBILE CRISIS TEAM DISPATCH RESOLUTION DATA,
9 10	A. THE COMMUNITY; AND	THE PROPORTION OF CRISES RESOLVED SAFELY IN
11 12	B. TRANSFER TO A HIGHER LE	THE PROPORTION OF CRISES RESOLVED THROUGH VEL OF CARE;
13	7.	CRISIS STABILIZATION CENTER USAGE; AND
14 15	8. INCLUDING:	CRISIS STABILIZATION CENTER DISCHARGE DATA,
16 17	A. DISCHARGE TO HOME; AND	THE PROPORTION OF CRISES RESOLVED THROUGH A
18 19	B. DISCHARGE TO A HIGHER L	THE PROPORTION OF CRISES RESOLVED THROUGH A EVEL OF CARE;
20 21 22 23 24	from the Crisis Response Sys	[An] THROUGH AN annual survey by the Administration consumers and family members who have received services tem COLLECTED THROUGH ONGOING DATA COLLECTION AND CHAT PROVIDERS AND OTHER CRISIS PROVIDERS LLY; and
25 26 27 28 29 30	collection on the number of completed suicides, unnecedetentions of individuals with detentions of individuals with detentions of individuals with the collection of the complete of the complete of the collection of the complete of the collection of the complete of the collection of the collection of the complete of the collection of the col	[Annual] THROUGH ANNUAL <u>CRISIS SERVICES</u> data behavioral health calls received by police, attempted and ssary hospitalizations, hospital diversions, arrests and health diagnoses, and diversion of arrests and ith behavioral health diagnoses <u>INVOLVEMENT OF LAW ARY STATUS OF CLIENTS</u> , AND DIVERSION FROM HIGHER

$\frac{1}{2}$	(b) The data derived from the evaluation of outcomes of services required under subsection (a)(3) of this section shall be:					
3 4	(1) Collected, analyzed, and publicly reported [at least annually] ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2026;					
5	(2) Disaggregated by race, gender, age, and zip code; and					
6 7 8	(3) Used to formulate policy recommendations with the goal of decreasing criminal detention and improving crisis diversion programs and linkages to effective community health services.					
9 10 11	the Administration in collaboration with the core service agency or local behavioral healt					
12 13	(d) An advance directive for mental health services under § 5–602.1 of this article shall apply to the delivery of services under this subtitle.					
14 15	(e) This subtitle may not be construed to affect petitions for emergency evaluations under $\S 10-622$ of this title.					
16 17	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2025.					
	Approved:					
	Governor.					
	President of the Senate.					
	Speaker of the House of Delegates.					