

## Chapter 416

**(House Bill 367)**

AN ACT concerning

**Public Health – Maryland Behavioral Health Crisis Response System**

FOR the purpose of altering the name of the Maryland Mental Health Crisis Response System to be the Maryland Behavioral Health Crisis Response System; establishing the Crisis Response System in the Behavioral Health Administration; ~~requiring~~ authorizing certain services to be provided by the Crisis Response System; requiring the Crisis Response System to include an evaluation of outcomes of services through the annual collection of certain data; ~~requiring the Administration to maintain a certain bed registry;~~ requiring the Administration to implement the Crisis Response System in collaboration with the core service agency serving each jurisdiction; repealing a prohibition against the State spending more than a certain amount of State general funds in each fiscal year to implement the Crisis Response System; providing that community benefit includes certain support of the Crisis Response System; making certain conforming changes; defining a certain term; repealing a certain provision of law that makes the Crisis Response System contingent on the receipt of certain funding; and generally relating to a behavioral health crisis response system.

BY repealing and reenacting, with amendments,

Article – Health – General

Section 10–1401 through 10–1405 to be under the amended subtitle “Subtitle 14.

Maryland Behavioral Health Crisis Response System”

Annotated Code of Maryland

(2009 Replacement Volume and 2014 Supplement)

(As enacted by Chapter 371 of the Acts of the General Assembly of 2002)

BY repealing and reenacting, with amendments,

Article – Health – General

Section 19–303(a)(3)

Annotated Code of Maryland

(2009 Replacement Volume and 2014 Supplement)

BY repealing

Chapter 371 of the Acts of the General Assembly of 2002

Section 2

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

**Article – Health – General**

Subtitle 14. Maryland [Mental] **BEHAVIORAL** Health Crisis Response System.

10–1401.

(a) In this subtitle the following words have the meanings indicated.

**(B) “ADMINISTRATION” MEANS THE BEHAVIORAL HEALTH ADMINISTRATION.**

**[(b)] (C)** “Core service agency” has the meaning stated in § 10–1201 of this title.

**[(c)] (D)** “Crisis Response System” means the Maryland [Mental] **BEHAVIORAL** Health Crisis Response System.

10–1402.

(a) There is a Maryland [Mental] **BEHAVIORAL** Health Crisis Response System in the Behavioral Health Administration.

(b) The Crisis Response System shall:

(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 [mental] **BEHAVIORAL** health services; and

(3) Respond quickly and effectively to community crisis situations.

(c) The Administration shall consult with consumers of [mental] **BEHAVIORAL** health services, family members, and [mental] **BEHAVIORAL** health advocates in the development of the Crisis Response System.

10–1403.

(a) The Crisis Response System shall include:

(1) A ~~WALK-IN~~ crisis communication center ~~THAT IS OPEN 24 HOURS A DAY AND 7 DAYS A WEEK~~ in each jurisdiction or region to provide:

(i) A single point of entry to the Crisis Response System;

(ii) Coordination with the local core service agency, police, emergency medical service personnel, and [mental] BEHAVIORAL health providers; ~~and~~

~~(iii) TRANSPORTATION COORDINATION TO ACCESS SERVICES, INCLUDING TRANSPORTATION TO URGENT APPOINTMENTS OR TO EMERGENCY PSYCHIATRIC FACILITIES; AND~~

~~(iii)~~ ~~(iv)~~ [Services] PROGRAMS that ~~may~~ ~~SHALL~~ include:

1. A [hotline] CLINICAL CRISIS TELEPHONE LINE for suicide prevention and crisis intervention;

2. A [telephone service] HOTLINE for [mental] BEHAVIORAL health information, referral, and assistance;

3. [Triage for initial assessment and referral;

4. Referral to treatment, family and peer support groups, and other services as needed;

5. Follow-up for up to 1 month] CLINICAL CRISIS WALK-IN SERVICES, INCLUDING:

A. TRIAGE FOR INITIAL ASSESSMENT;

B. CRISIS STABILIZATION UNTIL ADDITIONAL SERVICES ARE AVAILABLE;

C. LINKAGE TO TREATMENT SERVICES AND FAMILY AND PEER SUPPORT GROUPS; AND

D. LINKAGE TO OTHER HEALTH AND HUMAN SERVICES PROGRAMS;

[6.] 4. [Coordination of] CRITICAL INCIDENT STRESS MANAGEMENT TEAMS, PROVIDING disaster [mental] BEHAVIORAL health [teams] SERVICES, critical incident stress management, and [maintenance of] an on-call system for these services;

5. CRISIS RESIDENTIAL BEDS TO SERVE AS AN ALTERNATIVE TO HOSPITALIZATION;

~~7.~~ 6. A community crisis bed and hospital bed registry, including a daily tally of empty beds;

~~8. 7.~~ Transportation coordination, ensuring transportation of patients to urgent appointments or to emergency psychiatric facilities; ~~and~~

~~9. Linkage to 911 emergency systems and other telephone systems providing public or social services;~~

~~(2) Emergency services including:~~

~~(i)~~ ~~6. 8.~~ Mobile crisis teams **OPERATING 24 HOURS A DAY AND 7 DAYS A WEEK** to provide assessments, crisis intervention, [treatment] **STABILIZATION**, follow-up, and referral to urgent care, and to arrange appointments for individuals to obtain [public mental] **BEHAVIORAL** health services;

[(ii) Urgent care; and

(iii) Emergency psychiatric services;

(3) Follow-up services including:

(i) Mobile treatment teams to provide outreach services on location;]

~~7. 9.~~ **23-HOUR HOLDING BEDS;**

~~8. 10.~~ **EMERGENCY PSYCHIATRIC SERVICES;**

~~9. 11.~~ **URGENT CARE CAPACITY;**

~~10. 12.~~ **EXPANDED CAPACITY FOR ASSERTIVE COMMUNITY TREATMENT;**

~~11. 13.~~ **CRISIS INTERVENTION TEAMS WITH CAPACITY TO RESPOND IN EACH JURISDICTION 24 HOURS A DAY AND 7 DAYS A WEEK; AND**

[(ii) ~~12. 14.~~ Individualized family intervention teams;] and

(iii) Residential crisis services;]

[(4) (2) Community awareness promotion and training programs; and

[(5) (3) An evaluation of outcomes of services through:

(I) [an] AN annual survey by the Administration of consumers and family members who have received services from the Crisis Response System; AND

(II) ANNUAL DATA COLLECTION ON THE NUMBER OF BEHAVIORAL HEALTH CALLS RECEIVED BY POLICE, ATTEMPTED AND COMPLETED SUICIDES, UNNECESSARY HOSPITALIZATIONS, HOSPITAL DIVERSIONS, ARRESTS AND DETENTIONS OF INDIVIDUALS WITH BEHAVIORAL HEALTH DIAGNOSES, AND DIVERSION OF ARRESTS AND DETENTIONS OF INDIVIDUALS WITH BEHAVIORAL HEALTH DIAGNOSES.

~~(B) THE ADMINISTRATION SHALL MAINTAIN A COMMUNITY CRISIS BED AND HOSPITAL BED REGISTRY, INCLUDING A DAILY TALLY OF EMPTY BEDS.~~

~~[(b)] (C)~~ The Crisis Response System services shall be implemented as determined by THE ADMINISTRATION IN COLLABORATION WITH the core service agency serving each jurisdiction.

~~[(c)] (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.

~~[(d)] (E)~~ This subtitle may not be construed to affect petitions for emergency evaluations under § 10–622 of this title.

10–1404.

[(a)] The State may not expend more than \$250,000 in State general funds in each fiscal year to implement the Maryland Mental Health Crisis Response System.

[(b)] The Administration shall implement the Crisis Response System, in collaboration with core service agencies, on a regional or jurisdictional basis as federal funding or funding from other sources becomes available.

10–1405.

The Crisis Response System providers shall contract with service providers who employ individuals who use or have used [mental] BEHAVIORAL health services.

19–303.

(a) (3) “Community benefit” means an activity that is intended to address community needs and priorities primarily through disease prevention and improvement of health status, including:

(i) Health services provided to vulnerable or underserved populations such as Medicaid, Medicare, or Maryland Children’s Health Program enrollees;

- (ii) Financial or in-kind support of public health programs;
- (iii) Donations of funds, property, or other resources that contribute to a community priority;
- (iv) Health care cost containment activities; [and]
- (v) Health education, screening, and prevention services; AND

**(VI) FINANCIAL OR IN-KIND SUPPORT OF THE MARYLAND BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM.**

**Chapter 371 of the Acts of 2002**

[SECTION 2. AND BE IT FURTHER ENACTED, That Section 1 of this Act is contingent on the receipt of federal funding or funding from any other private or public source to implement the Maryland Mental Health Crisis Response System established under Section 1 of this Act. The Mental Hygiene Administration, within 15 days after the receipt of federal funding or other sources of funding for the Maryland Mental Health Crisis Response System, shall give written notice to the Department of Legislative Services, 90 State Circle, Annapolis, Maryland, of the receipt of funding. Section 1 of this Act shall take effect 5 days after the date of the written notice from the Administration.]

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2015.

**Approved by the Governor, May 12, 2015.**