HOUSE BILL 1146

J1 5lr2608
CF SB 900

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

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 ~~crisis communication center~~ State 9–8–8 Suicide and Crisis Lifeline in the ~~Maryland Behavioral Health Crisis Response~~ 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 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.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

10–1403.

(a) The Crisis Response System shall include:

(1) A ~~crisis communication center~~ **STATE 9–8–8 SUICIDE AND CRISIS LIFELINE** in each jurisdiction or region to **[**provide**]**:

(i) **[**A**]** **PROVIDE A** single point of entry to the Crisis Response System;

(ii) **[**Coordination**]** **COORDINATE WITH THE NATIONAL 9–8–8 SUICIDE AND CRISIS LIFELINE TO PROVIDE THE FULL RANGE OF SERVICES PROVIDED BY THE NATIONAL 9–8–8 SUICIDE AND CRISIS LIFELINE, INCLUDING:**

1. SUPPORTIVE COUNSELING;

2. SUICIDE PREVENTION;

3. CRISIS INTERVENTION; ~~AND~~

4. REFERRALS TO ADDITIONAL RESOURCES; AND

5. DIRECT DISPATCH OR WARM HAND–OFFS TO MOBILE CRISIS RESPONSE AND STABILIZATION SERVICES AND OTHER IMMEDIATE SERVICES AS NEEDED;

(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

[(iii)**] (IV) [**Programs**] PROVIDE OTHER PROGRAMS** that may include:

1. A clinical crisis telephone line for suicide prevention and crisis intervention;

2. A hotline for behavioral health information, referral, and assistance;

3. 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;

4. Critical incident stress management teams, providing disaster behavioral health services, critical incident stress management, and an on–call system for these services;

5. Crisis residential beds to serve as an alternative to hospitalization;

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

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

8. Mobile crisis teams;

9. 23–hour holding beds;

10. Emergency psychiatric services;

11. Urgent care capacity;

12. Expanded capacity for assertive community treatment;

13. Crisis intervention teams with capacity to respond in each jurisdiction 24 hours a day and 7 days a week; and

14. Individualized family intervention teams;

(2) Community awareness promotion and training programs; and

(3) An evaluation of outcomes of services **[**through**]**:

(I) IN EACH JURISDICTION OR REGION, INCLUDING AN EVALUATION OF:

1. 9–8–8 CALL, TEXT, AND CHAT VOLUME;

2. 9–8–8 LOCAL ANSWER RATE;

3. 9–8–8 CALL, TEXT, AND CHAT RESOLUTION DATA, INCLUDING:

A. THE PROPORTION OF CRISES RESOLVED BY PHONE;

B. THE PROPORTION OF CRISES RESOLVED THROUGH MOBILE CRISIS TEAM DISPATCH; AND

C. THE PROPORTION OF CRISES RESOLVED BY TRANSFER TO 9–1–1;

4. MOBILE CRISIS TEAM DISPATCH VOLUME;

5. MOBILE CRISIS TEAM RESPONSE TIME;

6. MOBILE CRISIS TEAM DISPATCH RESOLUTION DATA, INCLUDING:

A. THE PROPORTION OF CRISES RESOLVED SAFELY IN THE COMMUNITY; AND

B. THE PROPORTION OF CRISES RESOLVED THROUGH TRANSFER TO A HIGHER LEVEL OF CARE;

7. CRISIS STABILIZATION CENTER USAGE; AND

8. CRISIS STABILIZATION CENTER DISCHARGE DATA, INCLUDING:

A. THE PROPORTION OF CRISES RESOLVED THROUGH A DISCHARGE TO HOME; AND

B. THE PROPORTION OF CRISES RESOLVED THROUGH A DISCHARGE TO A HIGHER LEVEL OF CARE;

[(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 **COLLECTED THROUGH ONGOING DATA COLLECTION FROM 9–8–8 CALL, TEXT, AND CHAT PROVIDERS AND OTHER CRISIS PROVIDERS THAT IS REPORTED ANNUALLY**; and

[(ii)**] (III) [**Annual**] THROUGH ANNUAL CRISIS SERVICES** 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~~ **INVOLVEMENT OF LAW**

ENFORCEMENT, INVOLUNTARY STATUS OF CLIENTS, AND DIVERSION FROM HIGHER LEVELS OF CARE, INCLUDING HOSPITALS.

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

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

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

(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.

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

(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.

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

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2025.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.