



April 16, 2018

2018 Maryland General Assembly *Legislative Session Summary*

The 2018 Legislative Session of the Maryland General Assembly began on January 10th and ended at midnight on April 9th, marking considerable progress in advancing Behavioral Health System Baltimore's 2018 Policy Priorities. This year, the General Assembly considered over 3,000 bills and resolutions. We are proud to report that several key bills passed that will better support behavioral health and wellness in Baltimore City.

Legislative Priorities

To continue to expand access to quality behavioral health services for the citizens of Baltimore, Behavioral Health System Baltimore (BHSB) worked closely with our partners on the passage of key priority pieces of legislation and budgetary actions.

- **Behavioral Health Crisis Response Grant Program** - (*HB1092/SB 703: Behavioral Health Crisis Response Grant Program-Establishment*) - This legislation allocates \$12 million over three years to assist local jurisdictions in establishing or expanding community behavioral health crisis response systems.
- **Certified Peer Recovery Specialists** - (*HB 772/SB765: Maryland Medical Assistance Program- Clinical Services Provided by Certified Peer Recovery Specialists*) - This legislation requires the Secretary of Health to convene a workgroup to examine issues related to the reimbursement of peer support services under Maryland Medicaid. A report of the workgroups findings and recommendations must be submitted to the Governor and the General Assembly by December 1, 2018.
- **Public Safety and Violence Prevention Act** - (*HB432: Public Safety-Grant Programs and Funding (Public Safety and Violence Prevention Act of 2018)*) - This legislation provides funding for various public safety and violence prevention and intervention programs including, \$425,000 in funding for the Law Enforcement Assisted Diversion (LEAD) Program each year for Fiscal Years 2020 through 2023.

Fiscal Year 2019 Budget

The Fiscal Year 2019 budget maintains the increase in funding for community behavioral health services. Unfortunately, the fiscal year 2019 budget initially introduced in early January cut the 3.5% rate increase for mental health and substance use services. Restoring this funding was a top priority for BHSB. Because of strong advocacy by the community, the General Assembly decided to "Keep the Door Open" by



maintaining the full \$8 million in State general funds for community behavioral health services.

The General Assembly also restored full funding to the Community Health Resources Commission, a key partner for BHSB. The Governor's proposed budget had decreased funding to \$4 million in beginning in Fiscal Year 2020.

The Fiscal Year 2019 budget also includes language requiring the Maryland Department of Health and other agencies to complete various reports related to the public behavioral health system, including:

- **Staffing Levels of Direct Care Employees** - Requires a report on the appropriate staffing levels for direct care employees within the facilities administered by the Behavioral Health Administration. The report shall be submitted by November 1, 2018.
- **Voluntary Placement Agreements** - Requires that the Maryland Department of Health and the Maryland Department of Human Services submit a report detailing the use of Voluntary Placement Agreements over the past three years for youth with behavioral health disorders or co-occurring developmental disability and behavioral health disorders who were discharged from residential treatment centers. Voluntary Placement agreements allow parents or guardian to retain legal custody of their child while the local department of social services is given the responsibility to determine the most appropriate out-of-home placement based on treatment recommendations.
- **Review of behavioral health workforce capacity** - Requires the Maryland Department of Health conduct an analysis of the behavioral health workforce and infrastructure to determine the strengths and weaknesses of the State's Public Behavioral Health System.
- **Fidelity Audits of Supported Employment (SE) and Assertive Community Treatment (ACT) Programs** - Requires the Maryland Department of Health to provide a detailed review of the fidelity audits conducted on supported employment and ACT programs in the state. The report must be completed by January 4, 2019.
- **Plans for funding contained in the Opioid Crisis Fund** - Requires quarterly reports for FY19 on the funding plan for the funds contained in the Opioid Crisis Fund from the Opioid Operational Command Center as well as the Maryland Department of Health. The Hogan Administration proposed additional money for the Opioid Crisis Fund (OCF), raising the appropriation from \$10 million in Fiscal Year 2018 to \$13 million for Fiscal Year 2019. However, the Administration advised that \$5.3 million of these Fiscal Year 2019 funds have already been designated to support the 2% rate increase for providers (which has now been increased per the



General Assembly action.). The slow, bureaucratic release of OCF funding by the Opioid Operational Command Center (OOCC) to the Opioid Intervention Teams in fiscal year 2018 served as the catalyst for the quarterly reports.

Summary of Other Legislation

BHSB took positions on several bills in the 2018 General Assembly that impact behavioral health in Baltimore City. The following bills **passed**:

- **Powdered Alcohol Prohibition-** (*HB 213/SB 253: Alcoholic Beverages-Sale of Powdered Alcohol Prohibition*) - This legislation makes permanent the prohibition of the sale of alcoholic beverages in powder or crystalline form.
- **Behavioral Health Services for Children and Young Adults -** (*HB1517/SB977: Behavioral Health Services and Voluntary Placement Agreements- Children and Young Adults- Reports*) -This legislation requires that the Behavioral Health Administration and the Social Services Administration prepare reports that provide data on the availability of services for children and youth. The reports must include public behavioral health eligibility and expenditures, average wait time for placement in emergency departments or residential treatment centers, readmission and discharge data, and information specific to the availability of voluntary placement agreements.
- **Telehealth -** (*HB1652/SB 704: Maryland Medical Assistance Program- Telemedicine- Assertive Community Treatment and Mobile Treatment Services*) - This legislation allows psychiatrists in the Maryland Medicaid program to participate in Assertive Community Treatment or mobile treatment services remotely via telehealth.
- **Comprehensive Health Care Monitoring Program -** (*HB1582: Human Services- Children Receiving Child Welfare Services- Centralized Comprehensive Health Care Monitoring Program*) - This legislation requires the Department of Human Services to employ a new State medical director to ensure greater coordination and monitoring for children receiving welfare services and those in out of home placements.
- **Collaborative Care Pilot Program-** (*HB 1682/SB 835: Maryland Medical Assistance Program - Collaborative Care Pilot Program*) -This legislation provides \$550,000 each year for 4 years to establish a Collaborative Care Pilot Program to Medicaid enrollees at up to three primary care sites across the state. The



Collaborative Care Pilot Program is an evidence-based intervention with core elements that include the use of standardized outcomes measures, care coordination and management, and the availability of behavioral health specialists for phone-based consultation to the primary care office.

- **Substance Exposed Newborns Reporting** - (*HB 1744: Child Abuse and Neglect-Substance-Exposed Newborns- Reporting*) - This legislation alters current law to require that a health care practitioner involved in the delivery or care of a substance-exposed newborn must make a report to the local department of social services if they test positive for a controlled substance, legal or illegal.
- **Involuntary Placements**- (*HB111/SB23: Maryland Department of Health-Defendants Found incompetent to Stand Trial or not Criminally Responsible*) - This bill requires that individuals found incompetent to stand trial or not criminally responsible are placed within 10 days in a health care facility by the Maryland Department of Health.
- **School Safety** - (*SB1265: Maryland Safe to Learn Act 2018*)-This omnibus legislation includes multiple provisions including:
 - Requires the development of a specialized curriculum for training school resource officers. The training shall include information on de-escalation techniques, disability awareness, maintaining a positive school climate, implicit bias and diversity awareness.
 - Requires development of a model policy for and establishment of assessment teams to identify and intervene with students or others who may pose a threat to school safety. The policies must include processes for diversion, de-escalation and referral to authorities or evaluation and treatment when appropriate.
 - Requires each local school system to appoint a mental health services coordinator by September 1, 2018 to coordinate existing mental health services and referral procedures. The coordinator must work with local entities to develop plans and maximize external funding for delivering behavioral health and wraparound services to students in need.
 - Tasks the School Safety Subcabinet with completing a jurisdictional review of the availability of mental health services and practitioners to address the needs of school-age children in the state. The gap analysis must include recommendations for expanding treatment and capacity as necessary.

The following bills **failed**:

- **Protest of License Renewals** - (*HB747/SB 398: Baltimore City Alcoholic Beverages- Protest of License Renewal*) - This legislation would have authorized the



Baltimore City Board of License Commissioners to require an alcoholic beverages license holder and parties protesting the license renewal to participate in mediations before the hearing on the protest.

- **Good Samaritan Law** – (*HB799/SB625: Criminal Procedure- Medical Emergency-Immunity*) - This legislation would have provided a technical clarification to ensure that persons who are experiencing a medical emergency are provided immunity under the Maryland Good Samaritan Law.
- **Safe Consumption Facility** – (*HB326/ SB288: Public Health-Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program*) - This legislation would have authorized the establishment of an Overdoes and Infectious Disease Prevention Supervised Drug Consumption Facility Program by a community-based organization. BHSB joined the Drug Policy Alliance and other advocates to support this legislation. The Senate Finance Committee voted the bill favorable. However, it was re-referred to the Committee prior to being debated before the full Senate Chamber. While this legislation did not move forward this year, it showed growing support amongst community groups and stakeholders.