



2019 Maryland General Assembly Legislative Session Summary

The 2020 Legislative Session of the Maryland General Assembly ended on March 18, 2020, nearly three weeks early this year due to the spread of the COVID-19 (coronavirus). The General Assembly will reconvene in May. Behavioral Health System Baltimore and our partners worked to advance critical legislation to support behavioral health and wellness in Baltimore City.

Policy Priorities

Strengthen and Expand Behavioral Health Crisis Services

- **Mental Health-Confidentiality of Medical Records and Emergency Facilities List** (SB 441/HB 332 *passed*). This legislation will allow the Maryland Department of Health (MDH) to include behavioral health crisis response centers on its list of designated emergency facilities. It also requires annual departmental reporting on the identification of new designated emergency facilities and a stakeholder protocol development process to ensure prospective facilities have the appropriate safeguards and supports in place.
- **Crisis Intervention Team Center of Excellence** (SB 305 *passed*)- This legislation establishes a Crisis Intervention Team (CIT) Center of Excellence in the Governor's Office of Crime Control and Prevention to assist local jurisdictions in developing, evaluating and improving their CIT programs.

Support Funding Commitments for Behavioral Health

The Fiscal Year 2021 budget includes the mandated 4 percent reimbursement rate increase for community behavioral health services. Ensuring the FY 2021 funding was a top priority for BHSB. Because of the strong advocacy by the Behavioral Health Coalition, the General Assembly decided to "Keep the Door Open" by fully funding behavioral health budget commitments as required in the HOPE Act and minimum wage bill, increasing the funding for community mental health and substance use treatment by nearly \$50 million over the next year.

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



- Behavioral Health Administration report on **quality and performance measures in the public behavioral health system** (*Due 10/1/2020*)
- Behavioral Health Administration report on causes for the increase in **psychiatric rehabilitation program (PRP) expenditures** (*Due 12/1/2020*)
- Medicaid Administration report on potential expansion of the **Baltimore City Capitation Project** (*Due 11/15/2020*)
- Maryland Department of Health report on the **ASO transition**, including the status of estimated payments to providers and client access issues (*Due 7/1/2020*)
- Maryland Department of Health report on new **Assertive Community Treatment (ACT) fidelity measurement standards** (*Due 9/1/2020*)
- Department of Human Services plan for improving the provision of appropriate physical and mental health **services for children in out-of-home placements** (*Due 10/1/2020*)
- Joint report from the Departments of Human Services and Health on **psychiatric bed capacity for youth and a plan to improve youth psychiatric crisis response** to prevent hospitalization (*Due 12/1/2020*)
- Joint report from the departments of Human Services, Health, and Juvenile Services on **emergency room visits, hospital stays, and out-of-state placements for youth** with psychiatric and medical conditions (*Due 9/1/2020*)
- The General Assembly also included that over \$7 million in funding for the Department of Public Safety and Correctional Services **may only be used** to create a **Medication Assisted Treatment (MAT)** program in the Baltimore Pretrial Complex or for MAT programs in local detention centers as required by HB 116 of 2019.

Increase School Behavioral Health Supports

- **Blueprint for Maryland's Future- Implementation** (HB 1300 *passed*) This legislation dedicates staff at the Maryland Department of Education to coordinate with school behavioral health coordinators, requires training of school personnel in all schools to recognize student behavioral health concerns and protocols to support students in need of behavioral health services, and requires each local school system to develop and implement systemic screening to identify students with behavioral health needs. Also it establishes a Maryland Consortium on Coordinated Community Supports to develop and fund community-partnered school behavioral health programs across the state. The Consortium will develop, work with the MDH to determine reimbursement options for uninsured students and for services not covered by commercial insurance, and develop a list of evidence-based programs for addressing students' behavioral health needs in the classroom. Funding for the services begins at \$25 million in FY 22, increasing to \$125 million in FY 26 and each year thereafter.

Support a Coordinated Response to Adverse Childhood Experiences



- **State Department of Education- Guidelines on Trauma- Informed Approach** (HB 277 *passed*) This legislation requires the Maryland Department of Education (MSDE), in consultation with the MDH and the Department of Human Services develop guidelines to local school systems and make the guidelines available on their website.
- **Workgroup on Screening Related to Adverse Childhood Experiences (HB 666 *failed*)** This legislation would have created a workgroup that would update, improve and develop screening tools that primary care providers can use to identify and treat youth who have mental health disorders that may be caused by or related to adverse childhood experiences.

Promote Harm Reduction Strategies

- **Overdose Response and Infectious Disease Prevention Services Program (SB 990/ HB 464 *failed*)** This legislation would have authorized the establishment of Overdose and Infectious Disease Prevention Site Programs by community-based organization in rural, urban and suburban areas of the state with no more than two programs in each area. These sites will provide a supervised location where individuals can consume drugs. Sites will also provide essential healthcare services, education and referrals to treatment. While this legislation did not move forward this year, it continues to show growing support amongst community groups, legislators and other stakeholders.
- **Criminal Procedure- Medical Emergency- Immunity (SB 849/HB 738 *failed*)** This legislation would have built on the existing “Good Samaritan” law enacted in 2015 by clarifying that the victim of the overdose medical emergency is provided the same immunity from arrest, charge and prosecution as the person calling for help. It also sought to expand the offenses that people are immune from.