

SENATE BILL 262

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CF HB 273

By: **Senators Madaleno, Benson, Currie, Feldman, Forehand, Kelley, Klausmeier, Middleton, Montgomery, Pugh, Ramirez, and Robey**

Introduced and read first time: January 17, 2014

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Mental Health and Substance Use Disorder Safety Net Act of 2014**

3 FOR the purpose of requiring the Department of Public Safety and the Department of
4 Health and Mental Hygiene (DHMH) to establish a certain Prison In–Reach
5 Program; requiring each county board of education to include behavioral health
6 services with school health services; requiring DHMH to report to the Governor
7 and the General Assembly on or before a certain date on a plan for statewide
8 implementation of the School Health Program; requiring the Alcohol and Drug
9 Abuse Administration to implement a certain program throughout the State to
10 promote early identification of substance abuse; requiring the Director of the
11 Mental Hygiene Administration to provide a certain annual report to the
12 Governor and the General Assembly on the progress of the Administration in
13 implementing certain evidence–based practices; requiring DHMH to develop a
14 certain reimbursement methodology for the reimbursement of community
15 behavioral health providers; requiring DHMH to implement a certain plan to
16 provide funding support for community behavioral health providers; requiring
17 the Governor to provide certain funding in certain fiscal years in a certain
18 manner for providing housing assistance and residential levels of care for
19 certain individuals; requiring the Mental Hygiene Administration to require
20 each core service agency to enter into memoranda of understanding with local
21 detention centers to establish a certain data–sharing initiative; requiring the
22 Mental Hygiene Administration, in coordination with the Department of Aging
23 and core service agencies, to implement a certain geriatric behavioral health
24 specialist program; requiring the Governor to include in the annual budget bill
25 certain funding to implement the Maryland Mental Health Crisis Response
26 System; requiring the Mental Hygiene Administration to implement a certain
27 Mental Health First Aid program; requiring DHMH and the State Department
28 of Education, in collaboration with certain schools, to implement a Behavioral
29 Health Integration in Pediatric Primary Care program (B–HIPP); providing for
30 the purpose of B–HIPP; requiring B–HIPP to provide certain services; requiring

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 the Governor to include in the annual budget bill certain funding for B–HIPP;
2 requiring managed care organizations to require certain primary care providers
3 to implement a certain collaborative care model; repealing a certain provision of
4 law that makes the Maryland Mental Health Crisis Response System
5 contingent on the receipt of certain funding; repealing a certain provision of law
6 that makes contingent on the receipt of certain funding the requirement that
7 DHMH suspend, instead of terminate, Maryland Medical Assistance Program
8 benefits for certain individuals who are incarcerated or admitted to an
9 institution for the treatment of mental disease; stating the intent of the General
10 Assembly; requiring DHMH to conduct a certain examination of certain funding
11 sources and to provide a certain report, on or before a certain date, to the
12 Governor and the General Assembly; defining a certain term; and generally
13 relating to mental health, substance use disorders, and behavioral health
14 services.

15 BY adding to
16 Article – Correctional Services
17 Section 9–614
18 Annotated Code of Maryland
19 (2008 Replacement Volume and 2013 Supplement)

20 BY repealing and reenacting, with amendments,
21 Article – Education
22 Section 7–401(a) and 7–415
23 Annotated Code of Maryland
24 (2008 Replacement Volume and 2013 Supplement)

25 BY adding to
26 Article – Health – General
27 Section 8–1101 to be under the new subtitle “Subtitle 11. Early Intervention
28 Services”; 10–906, 10–907, 10–1204, and 10–1205; 10–1501 to be under
29 the new subtitle “Subtitle 15. Mental Health First Aid”; 10–1601 through
30 10–1605 to be under the new subtitle “Subtitle 16. Behavioral Health
31 Integration in Pediatric Primary Care Program”; and 15–103(b)(9)(xvii)
32 Annotated Code of Maryland
33 (2009 Replacement Volume and 2013 Supplement)

34 BY repealing and reenacting, with amendments,
35 Article – Health – General
36 Section 10–207 and 15–103(b)(9)(xv) and (xvi)
37 Annotated Code of Maryland
38 (2009 Replacement Volume and 2013 Supplement)

39 BY repealing and reenacting, with amendments,
40 Article – Health – General
41 Section 10–1404
42 Annotated Code of Maryland

1 (2009 Replacement Volume and 2013 Supplement)
2 (As enacted by Chapter 371 of the Acts of the General Assembly of 2002)

3 BY repealing
4 Chapter 371 of the Acts of the General Assembly of 2002
5 Section 2

6 BY repealing
7 Chapter 82 of the Acts of the General Assembly of 2005
8 Section 2

9 Preamble

10 WHEREAS, A 1999 Surgeon General's report and a 2003 New Freedom
11 Commission on Mental Health report documented the inadequacy of the nation's
12 public mental health safety net; and

13 WHEREAS, Department of Justice reports in 1999 and 2006 documented the
14 transition of individuals with mental illness from psychiatric hospitals to jails and
15 prisons that resulted from deinstitutionalization in the mid-20th century; and

16 WHEREAS, The solutions proposed in the federal Community Mental Health
17 Act of 1963 to address the inhumane treatment of individuals living with mental
18 illness have not been fully implemented; and

19 WHEREAS, Maryland is a leading state in the nation in advancing its mental
20 health system; and

21 WHEREAS, Serious gaps in Maryland's public mental health safety still exist
22 for children, adults, and older adults; and

23 WHEREAS, National evidence-based practices for the treatment of mental
24 illness have been established; and

25 WHEREAS, The General Assembly enacted legislation establishing the
26 Maryland Mental Health Crisis Response System in 2002 and this system remains
27 only partially implemented; and

28 WHEREAS, House Bill 990 of 2005, House Bill 1594 of 2006, and House Bill 281
29 of 2007 called for actions to reduce the cycle of arrest and incarceration of individuals
30 with mental illness that have not been fully achieved; and

31 WHEREAS, Older adults are the fastest growing segment of Maryland's
32 population, live with an average of three chronic health conditions, and have the
33 highest rate of suicide of any population group; and

1 WHEREAS, The number of individuals living with mental illness and a
2 substance use disorder is estimated at 50% or higher, and chronic need exists for
3 comprehensive substance use treatment services; and

4 WHEREAS, Lack of housing remains a barrier to recovery for individuals living
5 with mental illness; and

6 WHEREAS, Inadequate understanding of mental illness contributes to stigma
7 and remains a barrier to treatment; and

8 WHEREAS, Investment in the infrastructure of the behavioral health workforce
9 is essential to establishing a properly functioning mental health safety net that
10 assures access to behavioral health services; now, therefore,

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

13 **Article – Correctional Services**

14 **9–614.**

15 **(A) THE DEPARTMENT, IN COLLABORATION WITH THE DEPARTMENT**
16 **OF HEALTH AND MENTAL HYGIENE, SHALL ESTABLISH A PRISON IN–REACH**
17 **PROGRAM.**

18 **(B) THE PRISON IN–REACH PROGRAM ESTABLISHED UNDER**
19 **SUBSECTION (A) OF THIS SECTION SHALL:**

20 **(1) SERVE MODERATE– TO HIGH–RISK OFFENDERS WITH**
21 **HISTORIES OF CHRONIC MENTAL ILLNESS AND SUBSTANCE USE WHO:**

22 **(I) ARE RETURNING TO THE COMMUNITY; AND**

23 **(II) DEMONSTRATE AN INTEREST IN TREATMENT WHILE**
24 **INCARCERATED AND A DESIRE TO CONTINUE TREATMENT SERVICES WHEN**
25 **RELEASED INTO THE COMMUNITY;**

26 **(2) PROVIDE AN IN–REACH TEAM TO:**

27 **(I) MEET WITH AN ELIGIBLE INDIVIDUAL AT LEAST THREE**
28 **TIMES DURING THE 4 MONTHS PRIOR TO THE INDIVIDUAL’S RELEASE TO ASSESS**
29 **THE COMMUNITY NEEDS OF THE INDIVIDUAL AND TO ESTABLISH LINKAGES TO**
30 **COMMUNITY SERVICES; AND**

1 **(II) PROVIDE SERVICES TO THE INDIVIDUAL FOR AT LEAST 6**
2 **MONTHS POST-RELEASE TO PROVIDE CONTINUITY OF CARE AND ENSURE THAT**
3 **A SUCCESSFUL TRANSITION IS MADE TO PUBLICLY FUNDED BEHAVIORAL**
4 **HEALTH SERVICES AND OTHER SUPPORTS; AND**

5 **(3) MONITOR RECIDIVISM RATES AND OTHER INDICATORS OF**
6 **PROGRAM SUCCESS.**

7 **Article – Education**

8 7-401.

9 (a) With the assistance of the county health department, each county board
10 shall provide:

11 (1) Adequate school health services, **INCLUDING BEHAVIORAL**
12 **HEALTH SERVICES;**

13 (2) Instruction in health education, including the importance of
14 physical activity in maintaining good health; and

15 (3) A healthful school environment.

16 7-415.

17 (a) (1) There is a School Health Program.

18 (2) The general purpose of the Program is to implement a program in
19 two areas of this State in which portions of the population currently are underserved.

20 (3) The Program is designed to:

21 (i) Improve the health of school age children in this State; and

22 (ii) Provide reports on the performance of the Program.

23 (4) Each of the two areas of this State shall be served by separate and
24 equal component parts. One part of the Program will be operated in Baltimore City
25 and the other in Caroline County.

26 (b) (1) The specific purposes and objectives of the Program operated in
27 Baltimore City are:

28 (i) To encourage and promote appropriate and cost effective use
29 of health care services;

1 (ii) To reduce unnecessary use of hospital emergency room
2 services;

3 (iii) To demonstrate the efficacy of involving parents, students,
4 and community organizations in school health programs, particularly with regard to
5 recruiting and retaining students in school health programs; and

6 (iv) To assess whether school health programs could be used as a
7 basis for advising other family members of the student of other sources of primary
8 care.

9 (2) The specific purposes and objectives of the Program operated in
10 Caroline County are:

11 (i) To concentrate on the early identification, health counseling,
12 and referral for mental health problems to prevent suicides;

13 (ii) To assess whether school health programs could be used as a
14 basis for advising other family members of the student of other sources of primary
15 care; and

16 (iii) To provide the following health and referral services for
17 students:

- 18 1. First aid;
- 19 2. Physical exams and sports physicals;
- 20 3. Care for minor and chronic illnesses;
- 21 4. Immunizations;
- 22 5. Preventive health education services;
- 23 6. Referrals for counseling at the County Health
24 Department; and
- 25 7. Social services referrals.

26 (c) (1) Funds for this Program shall be used to acquire:

27 (i) For the Baltimore City Program, the services of one
28 full-time nurse practitioner, physician assistant, or other appropriate health care
29 provider; and

1 (ii) For the Caroline County Program, the services of one
2 full-time nurse practitioner, physician assistant, or other appropriate health care
3 provider.

4 (2) The local subdivisions shall be reimbursed for the purchase of
5 necessary supplies for the Program.

6 (3) The Department of Health and Mental Hygiene or the Baltimore
7 City Health Department shall designate a part-time health research design analyst:

8 (i) To work with the local subdivisions to collect and analyze
9 data during the Program period; and

10 (ii) Subject to § 2-1246 of the State Government Article, to
11 prepare the reports to the General Assembly and the Secretary of Health and Mental
12 Hygiene on July 1, 1992, July 1, 1997, and July 1, 2001 on the status and success of
13 the Program.

14 (d) The Program staff shall develop or appropriately adapt an existing
15 parental consent form for the provision of health services.

16 **(E) ON OR BEFORE OCTOBER 1, 2014, THE DEPARTMENT OF HEALTH**
17 **AND MENTAL HYGIENE SHALL REPORT TO THE GOVERNOR AND, IN**
18 **ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE**
19 **GENERAL ASSEMBLY ON A PLAN FOR STATEWIDE IMPLEMENTATION OF THE**
20 **PROGRAM.**

21 **Article – Health – General**

22 **SUBTITLE 11. EARLY INTERVENTION SERVICES.**

23 **8-1101.**

24 **THE ADMINISTRATION SHALL IMPLEMENT AN EVIDENCE-BASED**
25 **PROGRAM THROUGHOUT THE STATE TO PROMOTE EARLY IDENTIFICATION OF**
26 **SUBSTANCE ABUSE THAT:**

27 **(1) PROVIDES FOR SCREENING, BRIEF INTERVENTION, AND**
28 **REFERRAL TO TREATMENT (SBIRT); AND**

29 **(2) IS USED FOR ALL AGE GROUPS WITH A PRIORITY OF**
30 **REACHING ADOLESCENTS AND YOUNG ADULTS.**

31 10-207.

1 (a) By January 1, 1992, within existing resources, the Director shall update
2 the current Mental Hygiene Administration 3-year plan for mental health, which was
3 submitted to the federal government in response to § 1925 of the Public Health Service
4 Act, in order to plan for those individuals who:

5 (1) Have a serious mental disorder as defined in the plan; and

6 (2) Are not receiving the appropriate array of community-based
7 services described in the "total need" section of the 3-year mental health plan that
8 expired on June 30, 1991.

9 (b) (1) By October 1, 1993, within existing resources and in concert with
10 local core service agencies, the Director shall prepare a comprehensive mental health
11 plan which identifies the needs of all individuals who have a serious mental disorder
12 and who are targeted for services in the "Comprehensive Mental Health Services Plan"
13 submitted by the State to the federal government in accordance with § 1925 of the
14 Public Health Service Act.

15 (2) The comprehensive mental health plan shall:

16 (i) Include annual strategic projections, through the year 2000,
17 of resources needed;

18 (ii) Plan for those individuals who have a serious mental
19 disorder, including those who are presently not being served by the public mental
20 health system, those who are homeless, and those children, adults, and elderly
21 individuals living without services in the community with their families or on their
22 own who are at risk of further institutionalization;

23 (iii) Plan for individuals who have a serious mental disorder and
24 who are presently residing in a State facility, nursing home, or jail who could
25 appropriately be served in the community if the proper community-based services
26 were available to them;

27 (iv) Plan for individuals who have a serious mental disorder and
28 who are unable or unwilling to obtain community-based services from existing
29 State-supported programs or from the private sector and assess their need for
30 additional, flexible, individualized, or otherwise more appropriate services;

31 (v) Plan for the extent of need for the development of additional
32 community-based housing and related support services;

33 (vi) Plan for the extent of the need for additional
34 community-based support services, including rehabilitation, clinical treatment, case
35 management, crisis and emergency services, mobile treatment, in-home intervention
36 services, school-based, after-school services, respite and family support services, and
37 vocational services in order to implement the orderly transfer of institutionalized

1 individuals who can live in the community and to serve those individuals presently in
2 the community who are now underserved or unserved and at risk of
3 institutionalization;

4 (vii) Evaluate the role of existing State hospitals and plan for the
5 reallocation to the community of any funds saved through hospital downsizing,
6 consolidation, or closure; and

7 (viii) Be consistent with the goal of providing comprehensive,
8 coordinated community-based housing and support services for every individual who
9 has a serious mental disorder and who is appropriate for and in need of such services.

10 (c) The Director, within existing resources, shall submit each plan and any
11 updates to the Governor and, as provided in § 2-1246 of the State Government Article,
12 to the General Assembly.

13 (d) The Director shall, in concert with local core service agencies, implement
14 each plan to the extent that resources are available.

15 **(E) (1) ON OR BEFORE JULY 1 OF EACH YEAR, THE DIRECTOR SHALL**
16 **REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE**
17 **STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE PROGRESS**
18 **OF THE ADMINISTRATION IN IMPLEMENTING EVIDENCE-BASED PRACTICES FOR**
19 **THE TREATMENT OF MENTAL ILLNESS AND SUBSTANCE USE DISORDERS IN**
20 **CHILDREN, ADULTS, AND OLDER ADULTS IN PRIMARY CARE AND SPECIALTY**
21 **CARE SETTINGS.**

22 **(2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS**
23 **SUBSECTION SHALL INCLUDE:**

24 **(I) A COUNTY-BY-COUNTY UPDATE ON PROGRESS IN**
25 **TAKING EACH EVIDENCE-BASED PRACTICE TO SCALE THROUGHOUT THE STATE**
26 **IF A PRACTICE IS NOT YET AVAILABLE TO EACH INDIVIDUAL SERVED BY THE**
27 **PUBLIC BEHAVIORAL HEALTH SYSTEM;**

28 **(II) AN ESTIMATE OF THE COST TO ACHIEVE**
29 **IMPLEMENTATION OF EVIDENCE-BASED PRACTICES THROUGHOUT THE STATE;**
30 **AND**

31 **(III) OUTCOMES RESULTING FROM THE IMPLEMENTATION**
32 **OF EVIDENCE-BASED PRACTICES.**

33 **10-906.**

1 **(A) THE DEPARTMENT SHALL DEVELOP A COST-BASED**
2 **REIMBURSEMENT METHODOLOGY FOR THE REIMBURSEMENT OF COMMUNITY**
3 **BEHAVIORAL HEALTH PROVIDERS THAT:**

4 **(1) ANNUALLY ADJUSTS FOR INFLATION;**

5 **(2) APPLIES RATE SETTING AND ADJUSTMENT METHODOLOGIES**
6 **THAT ARE COMPARABLE TO THE METHODOLOGIES USED TO REIMBURSE**
7 **FEDERALLY QUALIFIED HEALTH CENTERS, HOSPITALS, NURSING HOMES, AND**
8 **MANAGED CARE ORGANIZATIONS; AND**

9 **(3) INCLUDES ACCREDITATION COSTS, PROGRAM START-UP**
10 **COSTS, AND LONG-TERM CAPITAL NEEDS IN THE REIMBURSEMENT**
11 **METHODOLOGY.**

12 **(B) THE DEPARTMENT SHALL IMPLEMENT A PLAN TO PROVIDE**
13 **FUNDING SUPPORT FOR COMMUNITY BEHAVIORAL HEALTH PROVIDERS TO**
14 **INVEST IN TECHNOLOGY TO IMPLEMENT ELECTRONIC MEDICAL RECORDS THAT**
15 **IS COMPARABLE TO THE FUNDING SUPPORT PROVIDED FOR SOMATIC HEALTH**
16 **CARE PROVIDERS TO INVEST IN TECHNOLOGY.**

17 **10-907.**

18 **(A) (1) FOR FISCAL YEAR 2016 THROUGH FISCAL YEAR 2025, THE**
19 **GOVERNOR SHALL INCREASE GENERAL FUNDS FOR THE PURPOSE OF**
20 **PROVIDING HOUSING ASSISTANCE FOR INDIVIDUALS WITH A PRIMARY**
21 **DIAGNOSIS OF SERIOUS MENTAL ILLNESS BY AT LEAST \$1,000,000 PER YEAR**
22 **OVER THE FISCAL YEAR 2015 FUNDING LEVEL OR UNTIL THAT FUNDING EQUALS**
23 **\$25,000,000 ANNUALLY.**

24 **(2) ONCE THE FUNDING LEVEL FOR THE PURPOSE IDENTIFIED IN**
25 **PARAGRAPH (1) OF THIS SUBSECTION REACHES \$25,000,000, THE GOVERNOR**
26 **SHALL INCLUDE AT LEAST THE SAME LEVEL OF FUNDING FOR THAT PURPOSE IN**
27 **EACH SUBSEQUENT BUDGET.**

28 **(B) (1) FOR FISCAL YEAR 2016 THROUGH FISCAL YEAR 2025, THE**
29 **GOVERNOR SHALL INCREASE GENERAL FUNDS FOR THE PURPOSE OF**
30 **PROVIDING RESIDENTIAL LEVELS OF CARE AND RECOVERY SUPPORT SERVICES**
31 **FOR CHILDREN, YOUTH, ADULTS, AND OLDER ADULTS BY AT LEAST \$1,000,000**
32 **PER YEAR OVER THE FISCAL YEAR 2015 FUNDING LEVEL OR UNTIL THAT**
33 **FUNDING EQUALS \$24,500,000 ANNUALLY.**

1 **(2) ONCE THE FUNDING LEVEL FOR THE PURPOSE IDENTIFIED IN**
2 **PARAGRAPH (1) OF THIS SUBSECTION REACHES \$24,500,000, THE GOVERNOR**
3 **SHALL INCLUDE AT LEAST THE SAME LEVEL OF FUNDING FOR THAT PURPOSE IN**
4 **EACH SUBSEQUENT BUDGET.**

5 **10-1204.**

6 **THE ADMINISTRATION SHALL REQUIRE EACH CORE SERVICE AGENCY TO**
7 **ENTER INTO MEMORANDA OF UNDERSTANDING WITH LOCAL DETENTION**
8 **CENTERS TO ESTABLISH A DATA-SHARING INITIATIVE THAT:**

9 **(1) PROMOTES THE CONTINUITY OF TREATMENT FOR**
10 **INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS WHO HAVE RECEIVED SERVICES**
11 **IN THE PUBLIC MENTAL HEALTH SYSTEM AND WHO BECOME INVOLVED IN THE**
12 **CRIMINAL JUSTICE SYSTEM;**

13 **(2) IMPLEMENTS ELECTRONIC SUBMISSION BY THE LOCAL**
14 **DETENTION CENTER OF INFORMATION ON EACH ARRESTEE FOR EACH 24-HOUR**
15 **PERIOD TO THE PUBLIC MENTAL HEALTH SYSTEM'S ADMINISTRATIVE SERVICES**
16 **ORGANIZATION;**

17 **(3) REQUIRES THE ADMINISTRATIVE SERVICES ORGANIZATION**
18 **TO CROSS-REFERENCE THE INFORMATION RECEIVED FROM THE DETENTION**
19 **CENTER TO IDENTIFY RESIDENTS WITHIN THE JURISDICTION WHO ARE PUBLIC**
20 **MENTAL HEALTH SYSTEM ENROLLEES WITH A SERIOUS MENTAL ILLNESS AND**
21 **PROVIDE THE NAMES OF THE ENROLLEES TO THE CORE SERVICE AGENCY FOR**
22 **THE JURISDICTION; AND**

23 **(4) PROVIDES A MECHANISM FOR A CORE SERVICE AGENCY, WITH**
24 **THE ARRESTEE'S CONSENT, TO:**

25 **(I) SHARE TREATMENT INFORMATION WITH THE**
26 **DETENTION CENTER HEALTH CARE PROVIDER; AND**

27 **(II) MAKE NECESSARY LINKAGES TO THE COMMUNITY**
28 **SERVICE PROVIDER NETWORK TO ENSURE THAT TREATMENT INFORMATION IS**
29 **AVAILABLE TO APPROPRIATE DETENTION CENTER STAFF.**

30 **10-1205.**

31 **(A) (1) THE ADMINISTRATION, IN COORDINATION WITH THE**
32 **DEPARTMENT OF AGING AND CORE SERVICE AGENCIES, SHALL IMPLEMENT A**

1 GERIATRIC BEHAVIORAL HEALTH SPECIALIST PROGRAM IN EACH COUNTY THAT
2 COORDINATES WITH LOCAL MARYLAND ACCESS POINT OFFICES.

3 (2) THE PURPOSE OF THE GERIATRIC BEHAVIORAL HEALTH
4 SPECIALIST PROGRAM IMPLEMENTED UNDER PARAGRAPH (1) OF THIS
5 SUBSECTION IS TO:

6 (I) ASSIST OLDER ADULTS, CAREGIVERS, AND AGING
7 NETWORK PROFESSIONALS IN NAVIGATING BEHAVIORAL HEALTH SYSTEMS;

8 (II) FACILITATE ACCESS TO THE FULL ARRAY OF GERIATRIC
9 SCREENING, ASSESSMENT, TREATMENT, AND RECOVERY OPTIONS FOR OLDER
10 ADULTS IN COMMUNITY SETTINGS; AND

11 (III) SERVE AS CONSULTANT, LIAISON, AND REFERRAL
12 SOURCE ON BEHALF OF OLDER ADULTS WITH BEHAVIORAL HEALTH DISORDERS
13 WHO ARE MAKING TRANSITIONS ACROSS CARE SETTINGS.

14 (B) THE DEPARTMENT SHALL PROVIDE TRAINING AND TECHNICAL
15 ASSISTANCE AND MEASURE PROGRAM OUTCOMES.

16 10-1404.

17 (a) The [State may not expend more than \$250,000 in] GOVERNOR SHALL
18 INCLUDE IN THE ANNUAL BUDGET BILL ENOUGH State general funds in each fiscal
19 year to implement the Maryland Mental Health Crisis Response System.

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

23 SUBTITLE 15. MENTAL HEALTH FIRST AID.

24 10-1501.

25 (A) THE ADMINISTRATION SHALL IMPLEMENT A MENTAL HEALTH
26 FIRST AID PROGRAM IN THE STATE TO IMPROVE MENTAL HEALTH LITERACY.

27 (B) THE PROGRAM DEVELOPED UNDER SUBSECTION (A) OF THIS
28 SECTION SHALL:

29 (1) USE THE MENTAL HEALTH FIRST AID TRAINING
30 CURRICULUM; AND

1 **(2) ENSURE THE AVAILABILITY OF TRAINING IN MENTAL**
2 **HEALTH FIRST AID THROUGHOUT THE STATE.**

3 **SUBTITLE 16. BEHAVIORAL HEALTH INTEGRATION IN PEDIATRIC PRIMARY**
4 **CARE PROGRAM.**

5 **10-1601.**

6 **IN THIS SUBTITLE, “B-HIPP” MEANS THE BEHAVIORAL HEALTH**
7 **INTEGRATION IN PEDIATRIC PRIMARY CARE PROGRAM.**

8 **10-1602.**

9 **THE DEPARTMENT AND THE STATE DEPARTMENT OF EDUCATION, IN**
10 **COLLABORATION WITH SCHOOLS OF PUBLIC HEALTH, MEDICINE, AND SOCIAL**
11 **WORK IN THE STATE, SHALL IMPLEMENT A BEHAVIORAL HEALTH INTEGRATION**
12 **IN PEDIATRIC PRIMARY CARE PROGRAM.**

13 **10-1603.**

14 **THE PURPOSE OF B-HIPP IS TO:**

15 **(1) INCREASE THE AVAILABILITY OF MENTAL HEALTH SERVICES**
16 **TO CHILDREN AND YOUTH ACROSS THE SPECTRUM OF CONCERNS AND**
17 **SEVERITY BY BUILDING THE CAPACITY OF PRIMARY CARE PROVIDERS AND**
18 **OTHERS WHO PROVIDE GENERAL MEDICAL CARE TO CHILDREN AND YOUTH IN A**
19 **VARIETY OF SETTINGS;**

20 **(2) INCREASE THE NUMBER OF RESOURCES AVAILABLE THAT**
21 **CAN PROVIDE EARLY DETECTION OF RELAPSE, BETTER SUPPORT FOR**
22 **DAY-TO-DAY FUNCTIONING, AND AVOIDANCE OF EMERGENCY AND INPATIENT**
23 **SERVICES FOR CHILDREN AND YOUTH WITH MORE SEVERE MENTAL HEALTH**
24 **PROBLEMS;**

25 **(3) INCREASE AVAILABILITY OF CARE IN SETTINGS THAT BEST**
26 **FIT FAMILY NEEDS AND CHOICES FOR CHILDREN AND YOUTH WITH LESS**
27 **SEVERE MENTAL HEALTH PROBLEMS;**

28 **(4) INCREASE OPPORTUNITIES FOR EARLY DETECTION AND**
29 **INTERVENTION FOR CHILDREN AND YOUTH WITH EMERGING MENTAL HEALTH**
30 **PROBLEMS;**

1 **(5) ASSIST IN PROVIDING OPTIMAL MENTAL HEALTH CARE FOR**
2 **CHILDREN AND YOUTH ACROSS THE SPECTRUM OF CONCERNS BY FACILITATING**
3 **COORDINATION OF GENERAL MEDICAL AND MENTAL HEALTH CARE; AND**

4 **(6) ASSIST IN PROMOTING SYSTEM EFFICACY BY MAKING MENTAL**
5 **HEALTH CONSULTATION AVAILABLE TO GENERAL MEDICAL PROVIDERS THAT**
6 **DO NOT HAVE THE VOLUME OF MENTAL HEALTH PATIENTS TO JUSTIFY THE**
7 **HIRING OF ON-SITE MENTAL HEALTH STAFF.**

8 **10-1604.**

9 **TO FULFILL THE PURPOSES IDENTIFIED IN § 10-1603 OF THIS SUBTITLE,**
10 **B-HIPP SHALL PROVIDE:**

11 **(1) PHONE CONSULTATION SERVICES FOR PRIMARY CARE**
12 **PROVIDERS WITH CHILD MENTAL HEALTH SPECIALISTS THAT PROVIDE**
13 **GENERAL AND CASE SPECIFIC CONSULTATION IN BEHAVIORAL HEALTH;**

14 **(2) CONTINUING EDUCATION IN MENTAL HEALTH SKILLS**
15 **TRAINING FOR PRIMARY CARE PROVIDERS;**

16 **(3) REFERRAL AND RESOURCE NETWORKING TO INCREASE**
17 **ACCESS TO CHILDREN'S MENTAL HEALTH SERVICES BY IMPROVING LINKS**
18 **BETWEEN PRIMARY CARE PROVIDERS AND THE MENTAL HEALTH PROVIDERS**
19 **WHO WORK IN THE SAME COMMUNITY; AND**

20 **(4) CO-LOCATION OF SOCIAL WORKERS IN WHICH SOCIAL WORK**
21 **INTERNS ARE AVAILABLE ON-SITE IN PRIMARY CARE PRACTICES TO PROVIDE**
22 **SCREENING, BRIEF INTERVENTION, REFERRAL, AND CONSULTATION.**

23 **10-1605.**

24 **THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AT LEAST**
25 **\$2,000,000 IN GENERAL FUND SUPPORT TO IMPLEMENT B-HIPP.**

26 15-103.

27 (b) (9) Each managed care organization shall:

28 (xv) Upon provision of information specified by the Department
29 under paragraph (19) of this subsection, pay school-based clinics for services provided
30 to the managed care organization's enrollees; [and]

1 (xvi) In coordination with participating dentists, enrollees, and
2 families of enrollees, develop a process to arrange to provide dental therapeutic
3 treatment to individuals under 21 years of age that requires:

4 1. A participating dentist to notify a managed care
5 organization when an enrollee is in need of therapeutic treatment and the dentist is
6 unable to provide the treatment;

7 2. A managed care organization to provide the enrollee
8 or the family of the enrollee with a list of participating providers who offer therapeutic
9 dental services; and

10 3. A managed care organization to notify the enrollee or
11 the family of the enrollee that the managed care organization will provide further
12 assistance if the enrollee has difficulty obtaining an appointment with a provider of
13 therapeutic dental services; AND

14 (XVII) REQUIRE PRIMARY CARE PROVIDERS WHO SERVE
15 INDIVIDUALS WITH MENTAL ILLNESS TO IMPLEMENT COLLABORATIVE CARE
16 WITHIN PRIMARY CARE FOR COMMON MENTAL HEALTH AND SUBSTANCE USE
17 DISORDERS USING A COLLABORATIVE CARE MODEL THAT INCLUDES:

18 1. CARE MANAGEMENT;

19 2. CLINICAL MONITORING USING A VALIDATED
20 TOOL; AND

21 3. BEHAVIORAL HEALTH CONSULTATION.

22 **Chapter 371 of the Acts of 2002**

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

32 **Chapter 82 of the Acts of 2005**

33 [SECTION 2. AND BE IT FURTHER ENACTED, That Section 1 of this Act is
34 contingent on the Department of Health and Mental Hygiene's receipt of funding for

1 the development of a new computerized eligibility system for the Maryland Medical
2 Assistance Program and the implementation of the system, and shall take effect on the
3 date the system is implemented. The Department, within 5 days after the
4 implementation of a new computerized eligibility system for the Maryland Medical
5 Assistance Program, shall notify the Department of Legislative Services, 90 State
6 Circle, Annapolis, Maryland 21401 in writing of the implementation.]

7 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the
8 General Assembly that this Act shall be funded using general funds that result from:

9 (1) cost savings associated with implementation of the Affordable Care
10 Act, the reallocation of cost savings resulting from hospital diversion efforts in the
11 State, and other efforts in the State to promote efficiency in health care spending; and

12 (2) any savings achieved through the safety net programs and
13 initiatives established in Section 1 of this Act.

14 SECTION 3. AND BE IT FURTHER ENACTED, That the Department of
15 Health and Mental Hygiene:

16 (1) shall examine potential funding sources to fund mental health
17 services in the State, including a tax on health insurers and the use of interest on the
18 reserve funds of nonprofit health insurers to pay for health care provided by the State
19 system for privately insured individuals; and

20 (2) on or before December 1, 2015, shall report to the Governor and, in
21 accordance with § 2-1246 of the State Government Article, the General Assembly on
22 the examination conducted under item (1) of this section.

23 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
24 July 1, 2014.