HB 1146

Department of Legislative Services

Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

House Bill 1146 (Delegate White Holland, *et al.*)
Health and Government Operations Finance

Maryland Behavioral Health Crisis Response System – Integration of 9–8–8 Suicide and Crisis Lifeline Network and Outcome Evaluations

This bill alters the program and reporting requirements of the Crisis Response System. The system must include a State 9-8-8 Suicide and Crisis Lifeline in each jurisdiction or region to (1) provide a single point of entry to the system; (2) coordinate with the national 9-8-8 Suicide and Crisis Lifeline to provide the lifeline's full range of services (including supportive counseling, suicide prevention, crisis intervention, referrals to additional resources, and direct dispatch or warm hand-offs to mobile crisis response and stabilization services and other immediate services as needed); (3) coordinate with other specified entities; and (4) provide other programs. Additionally, the crisis response system must include an evaluation of outcomes of services in each jurisdiction or region, as specified. The data derived from this evaluation must be collected, analyzed, and publicly reported *by December 1 annually, beginning in 2026*. **The bill takes effect July 1, 2025.**

Fiscal Summary

State Effect: Maryland Department of Health (MDH) general fund expenditures increase by $63,100 in FY 2026 for one part-time employee to oversee data collection and analysis for the annual report. Future years reflect ongoing costs. Revenues are not affected.

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	$0	$0	$0	$0	$0
GF Expenditure	63,100	55,200	57,700	60,300	62,900
Net Effect	($63,100)	($55,200)	($57,700)	($60,300)	($62,900)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: To the extent that the bill is a replication of responsibilities already undertaken by local health departments (LHDs) and local behavioral health authorities (LBHAs), local revenues and expenditures are not affected, as described below.

Small Business Effect: None.

Analysis

Bill Summary: The evaluation of outcomes of services must also encompass an evaluation in each jurisdiction or region of:

- 9-8-8 call, text, and chat volume and local answer rate;
- 9-8-8 call, text, and chat resolution data, including (1) the proportion of crises resolved by phone; (2) the proportion of crises resolved by mobile crisis team dispatch; and (3) the proportion of crises resolved by transfer to 9-1-1;
- mobile crisis team dispatch volume and response time;
- mobile crisis team dispatch resolution data, including (1) the proportion of crises resolved safely in the community and (2) the proportion of crises resolved through transfer to a higher level of care;
- crisis stabilization center usage; and
- crisis stabilization center discharge data, including (1) the proportion of crises resolved through a discharge to home and (2) the proportion of crises resolved through a discharge to a higher level of care.

The evaluation of outcomes of services must be through (1) data obtained from consumers and family members who have received services from the system – via ongoing collection from 9-8-8 call, text, and chat providers and other crisis providers that is reported annually and (2) annual crisis services data on the involvement of law enforcement, involuntary status of clients, and diversion from higher levels of care, including hospitals.

Current Law:

Crisis Response System

The Behavioral Health Crisis Response System must (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 behavioral health services; and (3) respond quickly and effectively to community crisis situations.

The crisis response system must include:

- a crisis communication center in each jurisdiction or region to provide (1) a single point of entry to the system; (2) coordination with the local core service agency or LBHA, police, local mental health hotlines, emergency medical services personnel,

and behavioral health providers; and (3) programs that may include hotlines, walk-in crisis services, critical incident stress management teams, crisis residential beds, transportation coordination, and mobile crisis teams, among others;

- community awareness promotion and training programs; and
- an evaluation of outcomes of services through annual survey by the Behavioral Health Administration of consumers and family members and annual data collection, as specified.

The data derived from the evaluation of outcomes of services must be (1) collected, analyzed, and publicly reported at least annually; (2) disaggregated by race, gender, and zip code; and (3) used to formulate policy recommendations.

9-8-8 Suicide and Crisis Lifeline

Pursuant to Chapters 145 and 146 of 2022 and the federal National Suicide Hotline Designation Act of 2020, MDH designated 9-8-8 as the State's behavioral health crisis hotline on July 16, 2022. The 988 Suicide & Crisis Lifeline provides free and confidential support 24 hours a day, 7 days a week, for people in distress, prevention and crisis resources, and best practices for professionals.

Chapters 145 and 146 also established the 9-8-8 Trust Fund to provide reimbursement for costs associated with designating and maintaining 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline and developing and implementing a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services. The fund may also be used for behavioral health crisis response services in the State, including (1) crisis call centers; (2) mobile crisis team services; (3) crisis stabilization centers; and (4) other acute behavioral health care services.

State Expenditures: MDH advises that it already possesses much of the data required under the bill; however, the data collection system has not been *fully* implemented. To that end, MDH would need to establish data systems for mobile crisis teams and crisis stabilization centers, as well as processes for reviewing and verifying data. To accomplish this, MDH advises that it would need one part-time (50%) epidemiologist to oversee data collection and reporting systems and analyze data, and one part-time (50%) health policy analyst to prepare the reports. Under these assumptions, MDH general fund expenditures would increase by $95,995 in fiscal 2026.

However, the Department of Legislative Services advises that report writing responsibilities can be absorbed within existing budgeted resources. Thus, MDH general fund expenditures increase by $63,092 in fiscal 2026, which accounts for the bill's July 1, 2025 effective date. This estimate reflects the cost of hiring one part-time (50%) epidemiologist to establish data systems for mobile crisis teams and crisis stabilization

centers and oversee data collection and reporting. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	0.5
Salary and Fringe Benefits	$55,999
Operating Expenses	7,093
Total FY 2026 State Expenditures	**$63,092**

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Local Expenditures: The Maryland Association of County Health Officers (MACHO) advises that crisis communication centers are currently integrated and coordinated with the 9-8-8 helpline through LBHAs. Additionally, most of the data that would be collected under the bill is already collected and reported to the federal Substance Abuse and Mental Health Services Administration (better known as SAMHSA). Thus, there would be no fiscal or operational impact on LHDs and LBHAs.

However, MACHO advises that if a separate reporting system were required, LHDs would require additional staff support to complete the duplicate reports, incurring an indeterminate fiscal impact.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 900 (Senator Augustine) - Finance.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - March 2, 2025
km/jc Third Reader - March 24, 2025
Revised - Amendment(s) - March 24, 2025
Enrolled - April 7, 2025
Revised - Amendment(s) - April 7, 2025

Analysis by: Eliana R. Prober

Direct Inquiries to:
(410) 946-5510
(301) 970-5510