November 3, 2017

The Honorable Thomas V. Mike Miller, Jr.  The Honorable Michael E. Busch
President of the Senate  Speaker of the House
H-107 State House  H-101 State House
Annapolis, MD 21401-1991  Annapolis, MD 21401-1991

The Honorable Katherine Klausmeier  The Honorable Eric M. Bromwell
Senate Chair, Joint Committee on Behavioral House Chair, Joint Committee on Behavioral
Health and Opioid Use Disorders  Health and Opioid Use Disorders
103 James Senate Office Building  241 House Office Building
Annapolis, MD 21401-1991  Annapolis, MD 21401-1991

Re:  HB 1329, Chapter 571 and SB 967, Chapter 572 of the Acts of 2017, and Health-General § 7.5–207(d)—Report on the Status of the Establishment of Crisis Treatment Centers

Dear President Miller, Speaker Busch, Chairwoman Klausmeier, and Chairman Bromwell:

Pursuant to Health-General § 7.5–207(d), House Bill 1329, Chapter 571, and Senate Bill 967, Chapter 572 (2017), the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017, the Maryland Department of Health respectfully submits the attached report detailing the status of the Behavioral Health Administration’s establishment of crisis treatment centers.

If you have any questions regarding this report, please contact Webster Ye, Deputy Chief of Staff, at (410) 767–6480 or webster.ye@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

Enclosure

cc:  Webster Ye, MDH Deputy Chief of Staff
     Dr. Barbara J. Bazron, MDH Deputy Secretary for BHA
     Sarah Albert, MSAR# 11272
Behavioral Health Administration
Report on the Status of Establishing Crisis Treatment Centers
House Bill 1329, Chapter 571 and Senate Bill 967, Chapter 572 of the Acts of 2017 and
Health-General § 7.5–207(d)

Background

The Maryland General Assembly passed the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 (HB 1329 and SB 967). The Governor signed it into law on May 25, 2017, as Chapters 571 and 572 (2017). Under the HOPE Act, Health-General § 7.5–207 now requires the Behavioral Health Administration (BHA) to establish crisis treatment centers with clinical staff who perform assessments and level-of-care determinations 24 hours a day and 7 days a week, and who connect the individuals to care immediately. One crisis treatment center must be established by June 1, 2018. BHA is also instructed to establish crisis treatment centers in a manner that is consistent with the strategic plan developed by the Behavioral Health Advisory Council (Strategic Plan). This council was established by SB 551 (Chapter 405) and HB 682 (Chapter 406) during the 2016 legislative session. Health-General § 7.5–207 requires BHA to report annually to the Joint Committee on Behavioral Health and Opioid Use Disorders on the status of establishing the crisis treatment centers.

The Behavioral Health Advisory Council is required by SB 551 and HB 682 to deliver to the Legislature by December 31, 2017, a strategic plan that describes the current crisis services landscape, with comments on the effectiveness of services as well as on service needs. The Strategic Plan should include broad distribution of crisis services as well as availability of 24/7 walk-in services and Mobile Crisis Team services. The Crisis Services Strategic Plan Committee, a subcommittee of the council, meets monthly to develop the Strategic Plan. BHA is required to establish the crisis treatment centers in a manner that is consistent with the Strategic Plan.

BHA is represented on the subcommittee by staff as well as by a consultant, who is the primary author of the Strategic Plan. The subcommittee, which is scheduled to meeting monthly during 2017, convened three meetings prior to the passage of the HOPE Act.

Status Report

BHA is advancing in the following ways to establish crisis treatment centers:

I. Funding

In May 2017, BHA was awarded $10 million in funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), through the 21st Century Cures grant. Of that, $2,016,728 is designated to expand crisis services in level 3.7 residential treatment programs in fiscal year 2018, and $2 million in fiscal year 2018 will be allocated to establishing a crisis stabilization center in Baltimore City. Additional funding will need to be secured to implement additional crisis treatment centers or services.
II. Location of the first BHA center

On July 7, 2017, Governor Hogan announced that the pilot crisis stabilization center will be located in Baltimore City. The pilot center will follow the recommendations of the Strategic Plan, and is intended to satisfy the requirements of the HOPE Act.

Until the permanent site is renovated, the Tuerk House, also located in Baltimore City, will be used as a temporary location.

III. Strategic Plan Guidance

In April 2017, the Behavioral Health Advisory Council conducted an analysis of the crisis services currently available in the State of Maryland. This study highlighted that, of the many crisis services around the state, there are only three walk-in crisis services, and most local residents are unaware of their presence.

The Council is currently in the process of developing strategic guidance to support the development of the crisis treatment centers in accordance with SB 551 and HB 682. In August 2017, the Council submitted a draft of the Strategic Plan to local behavioral health authorities for a 30-day comment period. The Crisis Services Strategic Plan Committee will produce the Strategic Plan on or before December 31, 2017. As BHA moves forward with establishing the pilot center in Baltimore City, BHA will make adjustments to plans for the center to ensure that the pilot center complies with the recommendations set forth in the Strategic Plan. Any additional crisis treatment centers will likewise comply with the recommendations set forth in the Strategic Plan.

IV. Anticipated Risks

The major risk in establishing the first crisis treatment center by June 1, 2018, is that the Strategic Plan has not yet been completed by the Crisis Services Strategic Plan Committee. Without knowing what recommendations are included in the Strategic Plan, it is difficult for BHA to assess any challenges to satisfying those recommendations. Any future crisis treatment center will be established with consideration of the Strategic Plan’s recommendations. It is important to note that the decisions surrounding establishment of the centers will be data-driven, and will be aimed at serving the regions with the greatest need. Another major risk is securing funding to establish crisis treatment centers in addition to the Baltimore City pilot center.