Department of Legislative Services

Maryland General Assembly 2016 Session

FISCAL AND POLICY NOTE First Reader

House Bill 574 (Charles County Delegation)

Health and Government Operations

Ji'Aire Lee Workgroup on the Protection of Adults With Mental Illness and Their Children

This bill requires the Department of Human Resources (DHR), in collaboration with the Department of Health and Mental Hygiene (DHMH), to convene the Ji'Aire Lee Workgroup on the Protection of Adults with Mental Illness and Their Children. The workgroup must evaluate and determine modifications to existing laws, systems, and services to (1) help and protect individuals with serious mental illness who are in crisis and (2) protect the children of these individuals. The bill specifies the membership of the workgroup and requirements for the workgroup's evaluation. DHR must report the workgroup's findings and recommendations by December 1, 2016.

The bill takes effect June 1, 2016, and terminates June 30, 2017.

Fiscal Summary

State Effect: The bill does not materially affect State finances or operations, as discussed below.

Local Effect: The bill does not materially affect local government finances or operations.

Small Business Effect: None.

Analysis

Bill Summary: The workgroup consists of one representative each from the Maryland Judiciary, a local department of social services, law enforcement, and a local core service agency. The workgroup may also include other interested stakeholders.

The workgroup must:

- examine existing laws, including laws related to guardianship and the protection of children in need of assistance, to identify reforms to enable parents, relatives, guardians, or friends to take a supervisory role in the care of an adult with a serious mental illness and a supervisory role in the care of the adult's children, while allowing the adult to maintain custody of said children;
- consider proposals to enact and implement laws for outpatient civil commitment or assisted outpatient treatment in the State, including the feasibility of establishing such treatment systems in Charles County and in other jurisdictions in the State; and
- review the feasibility of establishing a Mental Health Court to assist and prevent the incarceration of individuals with serious mental illness in Charles County and in other jurisdictions in the State.

Current Law: Maryland's Behavioral Health Crisis Response System (BHCRS) provides a range of services for individuals in need of emergency behavioral health services. DHMH's Behavioral Health Administration oversees BHCRS. BHCRS 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; (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. Mandated services in each jurisdiction include mobile crisis teams, urgent care, emergency psychiatric services, family intervention teams, and residential crisis services. Authorized services include suicide prevention and crisis intervention hotlines, triage for initial assessment and referral, coordination of disaster mental health teams, community crisis bed and hospital bed registries, and transportation coordination to emergency psychiatric facilities. Offered services vary amongst jurisdictions throughout the State.

According to the Judiciary's *Annual Report: Problem-Solving Courts (Fiscal Year 2015)*, a mental health court is a specialized court docket for defendants with a primary mental health diagnosis. Participants are identified through mental health screenings and assessments and voluntarily participate in a judicially supervised treatment plan. The purpose of mental health courts is to decrease the frequency of participants' contact with the criminal justice system. Three jurisdictions have mental health courts: Baltimore City, Harford County, and Prince George's County.

Assisted outpatient treatment, also known as outpatient civil commitment, involves providing court-ordered community-based services, including medication, to adults with severe mental illness who are nonadherent to treatment. It is, in essence, the community treatment version of traditional inpatient commitment. According to the Treatment HB 574/Page 2

Advocacy Center, 45 states permit assisted outpatient treatment. Maryland currently does not authorize assisted outpatient treatment.

Background: According to a February 2016 *Washington Post* article, three-year-old Ji'Aire Lee died from hypothermia and dehydration after his mother allegedly pushed him on a swing at a playground in Charles County for nearly two days. His mother was subsequently charged with manslaughter and child abuse. In the article, Ji'Aire's grandmother stated that his mother had been diagnosed with schizophrenia and depression before Ji'Aire's death and had been hospitalized twice due to mental breakdowns, and that despite contacting law enforcement with her concerns, she was unable to obtain assistance for Ji'Aire and his mother.

State Expenditures: DHR and the Judiciary advise that the bill's requirements can be handled with existing resources.

DHMH advises that it must hire a part-time contractual employee to collaborate with DHR in convening the workgroup and to complete the required evaluation. However, given that the evaluation primarily involves assessing aspects of the State's behavioral health services system, and that DHMH oversees much of this system, the Department of Legislative Services advises that DHMH can likely absorb the bill's requirements with existing resources.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Judiciary (Administrative Office of the Courts), Department of Health and Mental Hygiene, Department of Human Resources, *Washington Post*, Treatment Advocacy Center, Department of Legislative Services

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Analysis by: Sasika Subramaniam Direct Inquiries to: (410) 946-5510

(301) 970-5510