

HB0129/743526/1

BY: Delegate Griffith

AMENDMENTS TO HOUSE BILL 129
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 8, after “crisis;” insert “requiring a law enforcement officer to be dispatched in a certain manner if a mobile crisis team or a behavioral health professional will be dispatched through the Crisis Response System in response to an individual in need of behavioral health services;”; in line 14, strike “and” and substitute a comma; and in the same line, after “10-1401(g)” insert “, and 10-1403”.

AMENDMENT NO. 2

On page 5, after line 18, insert:

“10-1403.

(a) The Crisis Response System shall include:

(1) A crisis communication center in each jurisdiction or region to provide:

(i) A single point of entry to the Crisis Response System;

(ii) Coordination with the local core service agency or local behavioral health authority, police, 3-1-1, 2-1-1, or other local mental health hotlines, emergency medical service personnel, and behavioral health providers; and

(iii) Programs that may include:

1. A clinical crisis telephone line for suicide prevention and crisis intervention;

2. A hotline for behavioral health information, referral, and assistance;

3. Clinical crisis walk-in services, including:
 - A. Triage for initial assessment;
 - B. Crisis stabilization until additional services are available;
 - C. Linkage to treatment services and family and peer support groups; and
 - D. Linkage to other health and human services programs;
4. Critical incident stress management teams, providing disaster behavioral health services, critical incident stress management, and an on-call system for these services;
5. Crisis residential beds to serve as an alternative to hospitalization;
6. A community crisis bed and hospital bed registry, including a daily tally of empty beds;
7. Transportation coordination, ensuring transportation of patients to urgent appointments or to emergency psychiatric facilities;
8. Mobile crisis teams;
9. 23-hour holding beds;
10. Emergency psychiatric services;
11. Urgent care capacity;
12. Expanded capacity for assertive community treatment;
13. Crisis intervention teams with capacity to respond in each jurisdiction 24 hours a day and 7 days a week; and

14. Individualized family intervention teams.

(2) Community awareness promotion and training programs; and

(3) An evaluation of outcomes of services through:

(i) An annual survey by the Administration of consumers and family members who have received services from the Crisis Response System; and

(ii) Annual data collection on the number of behavioral health calls received by police, attempted and completed suicides, unnecessary hospitalizations, hospital diversions, arrests and detentions of individuals with behavioral health diagnoses, and diversion of arrests and detentions of individuals with behavioral health diagnoses.

(B) IF A MOBILE CRISIS TEAM OR A BEHAVIORAL HEALTH PROFESSIONAL WILL BE DISPATCHED THROUGH THE CRISIS RESPONSE SYSTEM IN RESPONSE TO AN INDIVIDUAL IN NEED OF BEHAVIORAL HEALTH SERVICES, A LAW ENFORCEMENT OFFICER SHALL BE DISPATCHED TO THE INDIVIDUAL'S LOCATION IN A MANNER THAT RESULTS IN THE LAW ENFORCEMENT OFFICER ARRIVING AT THE LOCATION BEFORE OR AT THE SAME TIME AS THE MOBILE CRISIS TEAM OR MENTAL HEALTH PROFESSIONAL FOR THE PURPOSE OF EVALUATING THE SAFETY OF AND, AS APPROPRIATE, PROVIDING PROTECTION FOR ALL INDIVIDUALS AT THE LOCATION.

[(b)] (C) The data derived from the evaluation of outcomes of services required under subsection (a)(3) of this section shall be:

(1) Collected, analyzed, and publicly reported at least annually;

(2) Disaggregated by race, gender, age, and zip code; and

(3) Used to formulate policy recommendations with the goal of decreasing criminal detention and improving crisis diversion programs and linkages to effective community health services.

[(c)] (D) The Crisis Response System services shall be implemented as determined by the Administration in collaboration with the core service agency or local behavioral health authority serving each jurisdiction and community members of each jurisdiction.

[(d)] (E) An advance directive for mental health services under § 5–602.1 of this article shall apply to the delivery of services under this subtitle.

[(e)] (F) This subtitle may not be construed to affect petitions for emergency evaluations under § 10–622 of this title.”.