

Department of Legislative Services
 Maryland General Assembly
 2019 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 815 (Senators Smith and Klausmeier)
 Judicial Proceedings

Public Safety - Crisis Intervention Team Technical Assistance Center

This bill establishes a Crisis Intervention Team Technical Assistance Center (CITTAC) in the Maryland Police Training and Standards Commission (MPTSC) to (1) provide technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and (2) develop and implement a “crisis intervention model program.” The Department of Public Safety and Correctional Services (DPSCS) must appoint specified individuals to oversee CITTAC. The bill also establishes a Collaborative Planning and Implementation Committee (Collaborative Committee) for CITTAC and provides for the membership and duties of the committee. The operation of CITTAC is subject to the limitations of the State budget, and the operation of both CITTAC and the committee must be supported by appropriations provided in the State budget, grants or other assistance from federal, State, or local government and any other money made available to CITTAC from any public or private source.

Fiscal Summary

State Effect: General fund expenditures increase by \$189,500 in FY 2020. Future years reflect annualization and inflation. Revenues are not directly affected.

(in dollars)	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	189,500	233,100	240,800	249,100	257,600
Net Effect	(\$189,500)	(\$233,100)	(\$240,800)	(\$249,100)	(\$257,600)

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

Local Effect: Local government finances are not materially affected, but local governments may benefit from any technical assistance provided by CITTAC.

Small Business Effect: Minimal.

Analysis

Bill Summary: CITTAC must:

- be guided by the Collaborative Committee;
- on request, assist a law enforcement agency or local government in implementing a crisis intervention model program;
- provide educational resources to law enforcement to promote crisis intervention team programs; and
- monitor statewide progress for implementation of crisis intervention model programs.

The bill establishes provisions governing the membership and terms of the Collaborative Committee. The committee must:

- review services and training provided by CITTAC;
- develop outcome measures for and evaluation of CITTAC;
- develop recommendations for full implementation of the crisis intervention model program at the municipal, county, and State level; and
- provide general oversight of CITTAC.

Members of the committee may not receive compensation but may be reimbursed for expenses under the standard State travel regulations, as provided in the State budget.

“Crisis intervention model program” means a nationally recognized crisis intervention team program developed and published by the University of Memphis in Tennessee or a comparable nationally recognized crisis intervention team program.

Current Law/Background:

Maryland Behavioral Health Crisis Response System

The Maryland Behavioral Health Crisis Response System (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, 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.

In each jurisdiction, a crisis communication center provides a single point of entry to the system and coordination with the local core service agency (CSA) or local behavioral health authority, police, emergency medical service personnel, and behavioral health providers.

Crisis communication centers *may* provide programs that include the following:

- a clinical crisis telephone line for suicide prevention and crisis intervention;
- a hotline for behavioral health information, referral, and assistance;
- clinical crisis walk-in services, including triage for initial assessment, crisis stabilization until additional services are available, linkage to treatment services and family and peer support groups, and linkage to other health and human services programs;
- critical incident stress management teams providing disaster behavioral health services, critical incident stress management, and an on-call system for these services;
- crisis residential beds to serve as an alternative to hospitalization;
- a community crisis bed and hospital bed registry, including a daily tally of empty beds;
- transportation coordination, ensuring transportation of patients to urgent appointments or to emergency psychiatric facilities;
- mobile crisis teams operating 24 hours a day and 7 days a week to (1) provide assessments, crisis intervention, stabilization, follow-up, and referral to urgent care and (2) arrange appointments for individuals to obtain behavioral health services;
- 23-hour holding beds;
- emergency psychiatric services;
- urgent care capacity;
- expanded capacity for assertive community treatment;
- crisis intervention teams with capacity to respond in each jurisdiction 24 hours a day and 7 days a week; and
- individualized family intervention teams.

The Behavioral Health Administration (BHA) within the Maryland Department of Health (MDH) determines the implementation of BHCRS in collaboration with the local CSA or local behavioral health authority serving each jurisdiction. Additionally, BHCRS must conduct an annual survey of consumers and family members who have received services from the system. Annual data collection is also required 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.

Chapter 209 of 2018 established a Behavioral Health Crisis Response Grant Program in MDH to provide funds to local jurisdictions to establish and expand community behavioral health crisis response systems. The Governor must include the following appropriations in the State operating budget for the program: (1) \$3.0 million for fiscal 2020; (2) \$4.0 million for fiscal 2021; and (3) \$5.0 million for fiscal 2022.

Maryland Police Training and Standards Commission

MPTSC, an independent commission within DPSCS, operates approved police training schools and prescribes standards for and certifies schools that offer police and security training. In consultation and cooperation with various entities, it also sets minimum qualifications for instructors and certifies qualified instructors for approved training schools.

Among other requirements, MPTSC requires, for entrance-level police training and, as determined by MPTSC, for in-service level training conducted by the State and each county and municipal police training school, that the curriculum and minimum courses of study include, consistent with established law enforcement standards and federal and State constitutional provisions (1) training in lifesaving techniques, including cardiopulmonary resuscitation; (2) training in the proper level and use of force; (3) training regarding sensitivity to cultural and gender diversity; and (4) *training regarding individuals with physical, intellectual, developmental, and psychiatric disabilities.*

Behavioral Health Units in Baltimore City and Baltimore County

Chapter 126 of 2015 required the Baltimore City Police Department (BPD) and the Baltimore County Police Department (BCPD) to each establish, to the extent practicable, a behavioral health unit by October 1, 2016. Training was required to be developed in consultation with BHA. The purpose of the units is to respond to emergency calls involving an individual suspected of having a mental health, substance use, or co-occurring mental health and substance use disorder, with the goals of diverting such an individual into treatment instead of the criminal justice system and preventing and reducing unnecessary use of force and loss of life. Each unit must consist of at least six officers who are specially trained (1) to understand the needs of these individuals and (2) in cultural sensitivity and cultural competency. The requirements of Chapter 126 terminate on June 30, 2019.

On October 1, 2018, [BCPD reported](#) that in 2018 (January through August), BCPD's Mobile Crisis Team (MCT) responded to 1,542 emergency calls for service regarding behavioral health related issues with 225 of the calls resulting in the completion of an emergency petition. The remaining 1,317 calls resulted in MCT providing community resource referral or linkage to mental health resources, or both. Ninety-two of the calls for service resulted in diversion from the criminal justice system.

In January 2017, the U.S. Department of Justice (DOJ) reached agreement on a consent decree with Baltimore City and BPD to address systemic issues identified during a DOJ investigation of BPD. Among other issues, the consent decree outlines requirements for BPD to improve its response to, and interaction with, people with behavioral health issues or who are experiencing a behavioral health crisis. In addition to continuing to utilize the Behavioral Emergency Services Team training program (an existing behavioral health training program for BPD officers), BPD also agreed to provide specialized training for certain officers – these officers will be known as Crisis Intervention Team (CIT) officers and will be called upon to respond to behavioral health crisis incidents in addition to their regular patrol duties. The training for CIT officers must be at least 40 hours of in-person training in areas such as field evaluations, suicide intervention, community behavioral health resources, substance use, and crisis de-escalation. Further, all officers (not just CIT officers) must receive at least eight hours of annual in-service training in crisis response.

Emergency Evaluations and Involuntary Admissions

Under the Health-General Article, specified health professionals and other interested parties may petition for an emergency evaluation of an individual, which may result in the involuntary admission of the individual to a mental disorder treatment facility, if the petitioner has reason to believe that the individual (1) has a mental disorder and (2) presents a danger to the life or safety of the individual or of others. Additionally, on receipt of a valid petition for an emergency evaluation, a peace officer must take the individual to the nearest emergency facility. The peace officer may stay for the duration of the evaluation on request of the evaluating physician if the individual exhibits violent behavior. A peace officer may also petition for an emergency evaluation of an individual if the peace officer personally observed the individual or the individual's behavior. A "peace officer" is defined as a sheriff, deputy sheriff, State police officer, county police officer, municipal or other local police officer, or Secret Service agent.

The Memphis Crisis Intervention Team

The Memphis Crisis Intervention Team (MCIT) is an innovative police-based first responder program that has become nationally known as the "Memphis Model" of pre-arrest jail diversion for those in a mental illness crisis. The program provides law enforcement-based crisis intervention training for helping those individuals with mental illness. Involvement in MCIT is voluntary and based in the patrol division of the police department. In addition, MCIT works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and police officers.

State Expenditures: General fund expenditures increase by \$189,518 in fiscal 2020, which accounts for the bill's October 1, 2019 effective date. Future year expenditures reflect annualization and ongoing costs.

Maryland Police Training and Standards Commission

General fund expenditures for MPTSC increase by \$189,518 in fiscal 2020. This estimate reflects the cost of hiring one coordinator, one research analyst, and one administrative assistant to (1) support the work of CITTAC in providing technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and (2) assist with the development and implementation of a crisis intervention model program in Maryland. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Positions	3
Salaries and Fringe Benefits	\$173,442
Operating Expenses	<u>16,076</u>
Total FY 2020 MPTSC Expenditures	\$189,518

Future year expenditures reflect full salaries with annual increases and employee turnover and ongoing operating expenses.

Although MPTSC also projects travel costs in fiscal 2020 as well as the need to purchase a vehicle, the Department of Legislative Services believes that such needs are unclear without information regarding which agencies will request assistance of CITTAC and require travel by MPTSC staff. Should additional travel costs emerge, such costs could be handled through the annual budget process.

Behavioral Health Administration

BHCRS, within BHA, is currently required to (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. In each jurisdiction, a crisis communication center provides a single point of entry to the system and coordination with the local CSA or local behavioral health authority, police, emergency medical service personnel, and behavioral health providers. While BHA can work with CITTAC using existing budgeted resources, any interdepartmental coordination likely has an operational impact on BHA.

Additional Information

Prior Introductions: None.

Cross File: HB 1210 (Delegate Charkoudian, *et al.*) - Judiciary.

Information Source(s): Montgomery, Washington, and Worcester counties; City of Laurel; Maryland Municipal League; Maryland Department of Health; Department of Public Safety and Correctional Services; University of Memphis; Department of Legislative Services

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