

## **AngelaAlsobrooks\_FAV\_SB454**

Uploaded by: alsobrooks, angela

Position: FAV



# THE PRINCE GEORGE'S COUNTY GOVERNMENT

## OFFICE OF THE COUNTY EXECUTIVE

**BILL:** Senate Bill 454 - Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers

**SPONSOR:** Senators Pinsky, *et al.*

**HEARING DATE:** February 13, 2020

**COMMITTEE:** Judicial Proceedings

**CONTACT:** Intergovernmental Affairs Office, 301-780-8411

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**POSITION:** SUPPORT

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The Office of the Prince George's County Executive **SUPPORTS Senate Bill 454 - Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers** which would require all law enforcement officers to receive mental health awareness training as approved by the Maryland Police & Corrections Training Commissions (MPCTC).

MPCTC already requires all law enforcement agencies to train their officers in subject areas regarding individuals with physical, intellectual, developmental, and psychiatric disabilities. The Commission also require law enforcement officers to complete autism awareness training. This bill articulates what must be included in mental health awareness training, covering topics such as crisis de-escalation and connecting individuals with health services. The Prince George's Police Department already complies with the training as outlined in this bill, and while we can't speak for the MPCTC, we suspect most agencies across the state also teach a mental health block in line with this legislation.

Mental health training has become an essential portion of any basic recruit training class, and we see no need not to codify this training as an ongoing requirement for all future police officers/first responders.

For the reasons stated above, the Office of the Prince George's County Executive **SUPPORTS Senate Bill 454** and asks for a **FAVORABLE** report.

## **BaltimoreCounty\_FWA\_SB0454**

Uploaded by: Byrne, Julia

Position: FAV



JOHN A. OLSZEWSKI, JR.  
*County Executive*

CHARLES R. CONNER III, ESQ.  
*Chief Legislative Officer*

KIMBERLY S. ROUTSON  
*Deputy Legislative Officer*

JOEL N. BELLER  
*Assistant Legislative Officer*

**BILL NO.: SB 454**

**TITLE:** Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers

**SPONSOR:** Senator Pinsky

**COMMITTEE:** Judicial Proceedings

**POSITION: SUPPORT WITH AMENDMENTS**

**DATE:** February 13, 2020

Baltimore County **SUPPORTS WITH AMENDMENTS** Senate Bill 454 – Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers. Under this proposed legislation, each first responder and law enforcement officer in Maryland would be required to complete mental health awareness training approved by the Maryland Police Training and Standards Commission.

Law enforcement officials often are the ones responding to mental health crises, and without adequate tools to respond to a situation, both the officials and the people in crisis can end up in danger. SB 454 addresses this issue, seeking to guarantee that law enforcement officials know how to effectively employ crisis de-escalation techniques and put individuals in contact with mental health services. Passing this legislation would be a step towards improving mental health support systems for law enforcement personnel.

However, the requirement that training be approved by the Maryland Police Training and Standards Commission could interfere with the training of Baltimore County's first responders. Baltimore County proposes the bill be amended to have the mental health awareness training be approved by the National Fire Protection Association (NFPA), or by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). This is where our current standards are created.

Accordingly, Baltimore County requests a **FAVORABLE WITH AMENDMENTS** report on SB 454. For more information, please contact Chuck Conner, Chief Legislative Officer, at 443-900-6582.

## **Caroom\_FAV\_SB 454**

Uploaded by: Caroom, Phil

Position: FAV

# SUPPORT SB 454 - mental health training for law enforcement

MARYLAND ALLIANCE FOR JUSTICE REFORM  
Working to end unnecessary incarceration and build strong, safe communities



TO: Chair Will Smith and Senate Judicial Proceedings Committee

FROM: Phil Caroom, MAJR Executive Committee

DATE: February 13, 2020

Md. Alliance for Justice Reform ([MAJR-www.ma4jr.org](http://MAJR-www.ma4jr.org)) strongly supports SB 454 to require general police training for recognition of individuals with mental illness, as well as deescalation and proper referrals, so that arrests may be avoided.

## What's the Problem?

Studies of Maryland's pretrial system have estimated that at least 39% of local jail inmates suffer from mental health disorders (GOCCP 2016, p. 24 and p. 50; OPD 2017). Despite such a high incidence of mental illness, most Maryland law enforcement officers lack training in "crisis intervention" — that is, how to recognize, de-escalate and obtain appropriate mental health care for this large segment of their communities.

Police often are called to public places or homes to handle crisis situations created by individuals with drug or alcohol problems, abusive behavior, or mental illness. These situations often lead to criminal charges instead of addressing the underlying causes with treatment.

Currently, many counties have specially designated "Crisis Intervention Teams (CIT)" but the need is so great that such training should not be a specialty know only to a few. First responders need crisis intervention training in order to better assure safety, appropriate de-escalation, less lethal consequences and opportunities for treatment. The services available in each county may not be familiar to responders and may even be hard to discover for a busy law-enforcement officers searching for resources.

## What's one Solution?

Some states, such as [Virginia](#), have made concerted state-wide efforts to train Crisis Intervention Teams that combine police and mental health professionals to help de-escalate crisis situations and divert people to social services such as drug/alcohol treatment, mental health evaluation and treatment, or to counseling or mediation. Training these teams, providing extra personal, and funding social service programs has proven to be cost-effective in the long run because of improved functionality of individuals in their families and communities, and the reduced costs to the state related to crime and incarceration.

MAJR supports the formation of a strong Crisis Intervention Team program in Maryland. Along with mental health organizations such as [NAMI](#) and [MHAMD](#), MAJR supports improved training for law enforcement and first responders to recognize mental illness and be familiar with diversion options. We believe such efforts would reduce the number of people being placed in jails and prisons who are primarily in need of treatment or services that could improve their ability to be functional and to contribute.

In particular, MAJR is supporting three 2020 bills:

-SB 305/HB 607 *Establishing the Crisis Intervention Team Center of Excellence in the Governor's Office of Crime Control and Prevention*;

-SB 454/HB 1470 *Mandatory Mental Health Training – First Responders and Law Enforcement Officers*; and

-HB 332/SB 441 *Emergency Facilities List – Comprehensive Crisis Response Centers, Crisis Stabilization Centers, and Crisis Treatment Centers*.

### **Do Crisis Intervention Teams work?**

Some Maryland counties and Baltimore City have already started Crisis Intervention Team Training (CIT). The city was under a consent decree to analyze what was better needed in the city to respond to crisis situations relating to mental health and produced a [Gap Analysis](#). The Baltimore Police Department CIT curriculum has been based on national best practice models, such as the [Memphis model](#). The training consists of 40 hours focused on mental health, including de-escalation techniques and hearing from individuals with lived experience, with the goal of diverting individuals with behavioral health disabilities from the criminal justice system.

Other programs for assistance or treatment of people in crisis situations vary significantly depending on county. Among the types of assistance programs that exist in some Maryland counties are: drug/alcohol abuse programs, mental health treatment programs, domestic violence/abuser programs, anger management programs, parenting classes, employment training, homeless services, veteran's services, victim-offender mediation, family mediation, restorative justice programs, and prostitution prevention programs.

### **Learn More!**

Maryland State Commission on Criminal Sentencing Policy “Study on Alternatives to Incarceration” [http://msccsp.org/Files/Reports/Alternatives to incarceration Jan2018.pdf](http://msccsp.org/Files/Reports/Alternatives_to_incarceration_Jan2018.pdf)

NAMI's National Public Policy Document: [https://www.nami.org/getattachment/Learn-More/Mental-Health-Public-Policy/Public-Policy-Platform-December-2016-\(1\).pdf](https://www.nami.org/getattachment/Learn-More/Mental-Health-Public-Policy/Public-Policy-Platform-December-2016-(1).pdf)

Baltimore Public Behavioral Health System Gap Analysis, Final Report, December 2019 <https://www.baltimorepolice.org/baltimore-public-health-system-gap-analysis>

Governor's Office of Crime Control and Prevention, [Substance Use and Mental Health Disorders Gaps and Needs Analysis](#), December 31, 2016.

NAMI Maryland, Johns Hopkins School of Education, and Johns Hopkins University Bloomberg School of Public Health, [Summit Report Course Correction: Collaboration of Criminal Justice and Behavioral Health Advancing New and Proven Models for State and Local Government](#), 2017

National Conference of State Legislatures, “[The Legislative Primer Series for Front End Justice: Mental Health](#),” August 2018.

Treatment Advocacy Center and National Sheriffs Association, [More Mentally Ill Persons are in Jails and Prisons than Hospitals: A Survey of the States](#) (May 2010).

Mental Health Association of Maryland (MHAMD) *Crisis Intervention Training*: <https://www.mhamd.org/crisis-intervention-training/> , 2019

The University of Memphis, School of Urban Affairs and Public Policy, *Crisis Intervention Team Core Elements*, <http://www.citinternational.org/resources/Pictures/CoreElements.pdf>

Nov 2019 Symposium in Baltimore: *The Case for Crisis Response*, <https://disabilityrightsmd.org/decriminalizing-disability-the-case-for-crisis-response-in-baltimore-city/>

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*PLEASE NOTE: Phil Caroom offers this testimony for Md. Alliance for Justice Reform and not for the Md. Judiciary.*

## **MCF\_Fav\_SB 454**

Uploaded by: Geddes, Ann

Position: FAV





## **SB 454 – Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers**

**Committee: Judicial Proceedings**

**Date: February 13, 2020**

**POSITION: Support**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

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MCF strongly supports SB 454.

First responders and law enforcement officers frequently respond when an individual is experiencing a mental health crisis. For these reasons both need solid training in mental health.

Too often first responders or law enforcement officers are ill-equipped to provide adequate assistance when an individual is experiencing a mental health crisis. While some may have received training in de-escalation techniques, they lack the knowledge to help connect individuals with mental illness to mental health services. This is a lost opportunity.

When children are experiencing a crisis, such as out-of-control or aggressive behavior, families frequently call 911. Instead of seeing the scene as an incident of “bad behavior,” it would be tremendously beneficial if first responders or law enforcement officers could help to identify the signs of a mental illness. For example, out-of-control or aggressive behavior is often a symptom of post-traumatic stress disorder. Equipped with knowledge about the signs of mental illness, and how to connect individuals to mental health services, families could be supported to seek help for their child.

Outside of crisis situations too, first responders and law enforcement officers should possess mental health literacy. They have the opportunity to intervene in people’s lives even when an individual is not experiencing a crisis. SB 454 would go a long way toward improving the lives of people with mental illness.

We urge a favorable report on SB 454.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**10632 Little Patuxent Parkway, Suite 234**  
**Columbia, Maryland 21044**  
**Phone: 443-741-8668**  
**[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)**

## **LeClair\_FAV\_SB454**

Uploaded by: LeClair, Danielle

Position: FAV

**Testimony in Favor of SB 454**

**Submitted by: Danielle LeClair, University Park, MD**

**Position: Support**

Chairman Smith and fellow committee members – Thank you for allowing me the opportunity to submit testimony in favor of SB 454, which would require each first responder and law enforcement officer in the state to complete certain mental health awareness training. I want to also thank the bill's lead sponsor, my state Senator Paul Pinsky, and the other sponsors of the bill.

This is difficult testimony to submit, because I want to protect my family's privacy – especially my young daughter's. But I feel that sharing a bit about the significant challenges we have faced when we have needed emergency response assistance will hopefully lead to positive change for families living with mental illness as well as helping first responders.

My 12 year old daughter and I live in University Park, MD. I adopted my daughter as a single parent almost three years ago from the foster care system. She is a smart and kind girl who has made Honor Roll almost every quarter, is a great athlete, plays the trombone in the school band, and loves animals, especially dogs.

She also has a number of significant mental health issues from the trauma she suffered in her birth and foster homes for the first 9 years of her life. What happened to her during those tragically abusive years which was in no way her fault. But she lives every day with the resulting trauma. And as her mom, so do I.

You may have heard that most trauma results in a person engaging in one of the following: flight, fight, or freeze.

Sometimes my daughter's trauma manifests as flight, where she will run out of the room when asked to do something seemingly simple that triggers her and reminds her of where she experienced her trauma in her birth home. We haven't needed to call 911 for that type of response.

But sometimes she freezes. One example is going from the car into our house, because in the past, she was safe in a car but harmed in her birth mother's house. An example of her "freezing" that required me to call 911 was one night last year when my daughter got very dysregulated – her brain and body just sort of shut down and she was immobile. Once the EMTs and police arrived, she got scared. That's because in her birth home, she witnessed a great deal of domestic violence, and when she was removed from her birth mother, it was police who removed her so seeing them can trigger her. Once the EMTs and police arrived, my daughter hid in my clothes hamper and got stuck. She froze up and was terrified and literally could not move. Thankfully, that night, the police and EMTs worked calmly for about a half hour and got her out of the hamper, but not without considering options such as calling a medic to sedate her first to get her out. So that's an example of when an emergency call for help went right.

But that night is unfortunately the exception.



I estimate that I have had to call 911 at least 15 times over the past 2 years when my daughter's PTSD has gotten triggered, typically resulting in her becoming dysregulated, disassociating, and often getting violent as a result. Aka the "fight" response kicks in.

Well-intentioned EMTs and paramedics have told me every single time they arrived that they'd like to help, but had no training in mental health, including what to do when a child (or adult) was having a PTSD episode. They took cues from me from training I've received about how to help re-regulate my daughter. The last time paramedics were at our home several months ago, they actually asked me to lobby to get them mental health first response training because they said the request would have more of an impact coming from someone needing services, i.e. me, than from them. So here I am today asking you on my behalf and theirs to support SB 454.

While my goal is to have EMTs/paramedics arrive when my daughter is having a mental health crisis, I understand that the protocol generally dictates that police are dispatched by the 911 operator as well. My family has had a much more challenging time with law enforcement in understanding mental health/PTSD episodes, despite state law mandating this training for LEOs after the tragic death of a young man with autism, Ethan Saylor of Frederick, a few years ago, and despite me immediately telling every single law enforcement officer who enters our home that my daughter is a child with a history of trauma who is having a PTSD episode.

She should be treated like a patient, not a criminal.

I've had police come to my home and tell me the following:

- "So you're just going to keep your kid on meds the rest of her life? What kind of life is that??" This was after I told a police officer that my child was having a bad PTSD episode because her psychiatrist had just changed her dose of medication and she was having a bad reaction. I seriously doubt that any law enforcement officer would say the same thing about medication if my daughter had asthma or diabetes.
- "She's really a handful, isn't she?" This comment is both disparaging and discouraging. Especially from a police officer who was also our town crossing guard at the time. Yes, my daughter has behavioral challenges, but I'd like our community to give us support and not demean her.

And there was one horrible event in April 2019. I can't even talk about it today, because it's just too upsetting. Police acted in a manner that was completely inappropriate, especially for a child with a known health condition (it was known because I told them before they came in our house, and from the 911 call). And EMTs misled me about what they could do, but thankfully I knew from the hamper experience that EMTs could in fact help my daughter, albeit in a way that required a specially trained medic to come.

A few days later, after I told the police that I was considering filing a misconduct/brutality charge against them for what they did to my daughter, the police retaliated by calling Child Protective Services to investigate me. I told CPS that in fact I'd welcome any help that they could provide to my daughter in addition to the weekly therapy, monthly psychiatry, equine

therapy and other resources that I have fought to get to help my daughter. I doubt many parents say that to CPS. But it is unconscionable that I was being investigated, and my daughter could have been removed from our family, because police were ill-trained to respond to a child's PTSD episode.

After that incident last April, I will not call police if my daughter has a PTSD episode in our home. Because I am afraid of what they will do to her. Their actions that night resulted in my daughter's recovery regressing significantly.

If the police – and EMTs – had just been trained in how to deal with a child with PTSD, my daughter would have learned she could trust the police, and not fear them. She could have learned that EMTs can actually help her and not stand idly by.

I do want to say that I am extremely grateful to University Park Police Chief Harvey Baker, who worked with my family after the incident last year to better understand children's mental health issues. He not only sent our town's police officers to mental health training last year, but he also instituted a new protocol with the help of our wonderful Town Councilwoman Laurie Morrissey about police relations with children with mental health.

No parent of a child with a mental health issue should fear calling for help when their child is having a health emergency, including a PTSD episode.

Ensuring that all first responders – 911 operators, law enforcement officers, and paramedics/EMTs – have training in mental health awareness training will mean that just like parents of kids with physical health conditions like asthma, epilepsy, and diabetes, my child will get the help she needs in an emergency.

SB 454 will help all first responders by ensuring that they understand to treat mental health emergencies like the health issue that they are – not like a crime. The bill will help families suffering from mental illness by giving us the security that if we have to call 911, we will be helped and not harmed.

I hope that you will move quickly to a vote in favor of this important bill and to support other legislation to help families struggling with mental health issues.

Thank you.

## **Ingrid Lofgren\_FAV\_Sb 454**

Uploaded by: Lofgren, Ingrid

Position: FAV





# HOMELESS PERSONS REPRESENTATION PROJECT, INC.

201 North Charles Street, Suite 1104 Baltimore, MD 21201

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## **SUPPORT – SB 454 – Public Safety - Mandatory Mental Health Training - First Responders & Law Enforcement Officers**

Senate Judicial Proceedings Committee, February 13, 2020

Testimony of Akyra Brown, Homeless Persons Representation Project, Inc.

*Homeless Persons Representation Project, Inc. (HPRP) is a non-profit legal services provider that provides free legal representation to people who are homeless or at risk of homelessness on legal issues that will lead to an end to homelessness. HPRP's Homeless Youth Initiative serves unaccompanied homeless youth ages 24 and younger.*

HPRP strongly supports SB 454, which will protect people with mental health disabilities by ensuring that first responders and law enforcement are trained to deescalate stressful situations and otherwise interact with the public in a trauma-informed and safe manner. Awareness of the criminalization of poverty and mental illness is a critical capacity for these professionals.

**People experiencing homelessness are disproportionately affected by mental illness and must live their private lives in public spaces, which increases contact with first responders and law enforcement.**

Mental health disabilities are often a precursor to housing instability if they negatively affect an individual's ability to sustain employment, housing, and support networks. In addition, the trauma of housing instability and homelessness very often causes or exacerbates mental illness. Because they are unhoused, homeless individuals are often criminalized simply because they are experiencing the trauma of poverty out in the open. SB 454 acts as a critical stepping stone towards creating a response grounded in awareness of the intersections of mental illness, poverty, and criminalization.

**People experiencing homelessness often hold other marginalized identities that can further put them at risk of harmful interactions with law enforcement and first responders.** Youth, people of color, sexual and gender minorities, and veterans are disproportionately represented among people experiencing homelessness. These compounding marginalized identities can lead to interactions with first responders that are further traumatizing, often lead to violent conclusions, and exacerbate distrustful feelings towards first responders. According to a 2015 study by the Treatment Advocacy Center, "Numbering fewer than 1 in 50 U.S. adults, individuals with untreated severe mental illness are involved in at least 1 in 4 and as many as half of all fatal police shootings."<sup>1</sup> Considering that less than 1 in 50 adults could be considered as having "severe mental illness" the rate of fatal shootings is wildly disproportionate and highlights the immediate need our communities have for first responders and law enforcement to prioritize mental health awareness. A rehabilitative approach which focuses on addressing interactions between people with mental health disabilities and first responders or law enforcement officers as a public health issue will protect some of the most vulnerable communities from further trauma and ease community relations.

**HPRP strongly urges the committee to issue a Favorable Report on SB 454.**

Please contact Akyra Brown at [abrown@hprplaw.org](mailto:abrown@hprplaw.org) or 410-685-6589 ext. 15 for additional information

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<sup>1</sup> TREATMENT ADVOCACY CENTER, "OVERLOOKED IN THE UNDERCOUNTED: THE ROLE OF MENTAL ILLNESS IN FATAL LAW ENFORCEMENT ENCOUNTERS," available at: <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>



## **SHIRLEY\_FAV\_SB 454**

Uploaded by: Shirley, Glennor

Position: FAV

**SB 454 - Mandatory Mental Health Training for first Responders.**

As the mother, and volunteer in on various Development Disability Organizations, I am requesting support for the passage and enactment of SB 454

My personal story.

My Name is Glennor Shirley. My 53 year old son, Cornell Smith, has Downs syndrome, with a mental cognitive level of a 2 year old and social level of a 5 year old. His psychological profile says he answers YES to most questions until you realize he does not understand the questions. He loves to look at cars.

One day the police arrested Cornell and placed him in the Howard County Jail.

It was painful to see my son locked in the jail having no idea why he was there, nor the seriousness of his situation.

He was looking at the cars in our apartment parking lot. Someone called the police, to complain about a black man looking into cars.

The police asked him if he was looking for change. He said YES, although at the time he had no idea that change meant money.

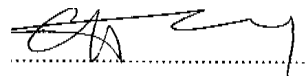
I went to every level of the police department, and brought all his psychological evaluations that identified his cognitive and social levels and the fact he answers YES often without understanding.

The head of the police department eventually withdrew his arrest record and gave it to me. The record had no description of his obvious disability. Prominent were the words: Illiterate Black Male.

Educating the police on all mental issues will reduce the high and costly rate of incarceration and enable more tax payers funds to be directed towards more health and education for all.

On behalf of my son, and all parents and family members with mental issues, I request passage of SB 454

Glennor Shirley. glennorloy@gmail.com



Mother

9161 Helaine Hamlet Way

Columbia, MD 21045

## **MPS\_FAV\_SB454**

Uploaded by: Tompsett, Tommy

Position: FAV



February 13, 2020

The Honorable Senator William C. Smith, Jr  
Senate Judicial Proceedings Committee  
2 East Miller Senate Office Building  
Annapolis, MD 21401

RE: Support– SB 454: Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers

Dear Chairman Smith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS supports Senate Bill 454: Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers (SB 454). First responders and law enforcement officers routinely encounter individuals with mental illness in many different types of situations and in roles that include criminal offenders, disorderly persons, missing persons, complainants, victims, and persons in need of care. Because the individual's mental illness is not always self-evident to a first responder or law enforcement officer, he may try to handle the situation as usual by giving directions, issuing commands, or making an arrest. For an individual experiencing a mental health crisis, such routine encounters for first responders and law enforcement officers can be upsetting and potentially exacerbate the anxiety or paranoia that the individual is experiencing.

The approaches taught in a mandatory mental health training course, as established under SB 454, should help defuse the uncertainty of a situation, both for first responders and the individual experiencing the crisis. Mental health training will provide crucial and potentially life-saving skills to ensure the safety of law enforcement professionals, first responders, and those they encounter in the course of their work. De-escalation techniques can defuse tense situations involving people with serious mental illness, but also involving people in the midst of severe life stress or who are acutely



intoxicated. Furthermore, information about crisis intervention services and mental health supports may ensure that individuals get appropriately diverted to treatment rather than jail.

Finally, sensitivity to the early signs of depression or post-traumatic stress disorder may be life-saving for the first responders and law enforcement officers themselves, given that as many as 12% of police officers have considered suicidal thoughts

For all the reasons above, MPS asks the committee for an unfavorable report of SB 454. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Legislative Action Committee for the Maryland Psychiatric Society

## **ACY\_Fav\_SB454**

Uploaded by: White, Rachel

Position: FAV

# EQUITY FOR ALL KIDS



To: The Judicial Proceedings Committee  
From: Rachel White, JD, Child Welfare Policy Director  
Re: SB 454: Public Safety-Mandatory Mental Health Training- First Responders and Law Enforcement  
Date: February 13, 2020  
Position: Support

Thank you for the opportunity to provide testimony on SB454-Public Safety-Mandatory Mental Health Training- First Responders and Law Enforcement. Advocates for Children and Youth (ACY) supports this bill as it will help equip first responders with the skills necessary to appropriately interact with those who are battling mental illness.

ACY works to improve the lives of all kids but especially our most vulnerable populations to include youth who are affected by mental illness and have a higher probability to interact with the police and other first responders. As a result, it is imperative that first responders are required to complete mental health awareness training for a variety of reasons.

Stigma has been a major barrier between police and those who might display signs of a mental health condition. Each, he says, tended to view the other as a potential threat, with many officers leery of the unknown while individuals with mental health issues might fear being jailed over misunderstood behavior. It is imperative that trusts is developed between the community and first responders that is rooted in dignity and compassion.

To protect the lives of our challenged youth when interacting with first responders, it is imperative that the training addresses combating the stigma associated with mental illness, connect individuals to mental health services, employ crisis de-escalation techniques, and enable early interventions by recognizing the signs and symptoms of mental illness to prevent unnecessary harm.

The bill works to advance the safety of individuals affected by mental health crisis and first responders and for the reasons stated above, we ask that you issue a favorable report on SB 454.

1 North Charles Street Suite 2400 | Baltimore, MD 21201 | [www.acy.org](http://www.acy.org) | 410-547-9200 |

Advocates for Children and Youth builds a strong Maryland by advancing policies and programs to ensure children and families of every race, ethnicity, and place of birth achieve their full potential.

# **MarylandCoalitiononMentalHealthandAging\_FWA\_SB0454**

Uploaded by: Burton, Kim

Position: FWA



## **Support for SB 454 with Amendments**

### **Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers**

**Maryland Coalition on Mental Health and Aging  
Senate Judicial Proceedings Committee  
February 13, 2020**

The Mental Health Association of Maryland (MHAMD) is a voluntary, non-profit citizens' organization concerned with all aspects of behavioral health. MHAMD's Coalition on Mental Health and Aging is comprised of representatives from aging, mental health, consumer, family and professional associations and government agencies working together to improve the quality and accessibility of behavioral health assessment, treatment, recovery and illness prevention services for older Marylanders.

We applaud SB 454 which requires mandatory mental health training regarding mental health to first responders and law enforcement officers. The rates of mental health disorders is disproportionately high among older adults, which is a quickly growing demographic in Maryland. In fact, individuals over the age of 80 are the fastest growing segment of Maryland's population. Among this age cohort, it is estimated that one in three individuals is afflicted with some form of dementia. Also problematic among older adults is delirium which commonly results from medications, infections or other organic physiological causes. Recent analysis of Emergency Department visits reveal high rates of delirium among older patients.

We believe Maryland' older adults, first responders and law enforcement officers will all benefit from the addition of dementia and delirium education with the mental health curriculum. Many problematic symptoms of dementia overlap with behavioral health disorders and the same is true for delirium. For example, individuals with dementia or delirium may present with agitation, psychosis, inability to sustain focus, inability to communicate, combative and oppositional behaviors and other symptoms of anxiety and depression. Yet, because of disease differences, responses appropriate for a mental health problem might actually exacerbate the distress and problematic behaviors of an individual with dementia or delirium.

Without understanding dementia and delirium, officers and first responders might unintentionally worsen the situation in cases involving older adults.

The Maryland Coalition on Mental Health and Aging supports SB 454 with an amendment to add language at the end of SB 454 to read:

SECTION 1

(B)

(7) UNDERSTAND THE BEHAVIORAL AND PSYCHIATRIC SYMPTOMS OF DEMENTIA AND DELIRIUM

(8) ENGAGE APPROPRIATE INTERVENTION STRATEGIES FOR INDIVIDUALS WITH DEMENTIA AND DELIRIUM; AND

(9) ENABLE EARLY INTERVENTION THROUGH RECOGNITION OF SIGNS AND SYMPTOMS OF DEMENTIA AND DELIRIUM

Given the rapid rise of individuals experiencing dementia and delirium, first responders and law officers should know as much about those conditions as they do about mental health conditions. This education will benefit our communities and we urge your favorable response to SB 454 with amendments.

## **AlzAssoc\_FWA\_SB454**

Uploaded by: Colchamiro, Eric

Position: FWA



**Position** of the Alzheimer's Association, Greater Maryland and National Capital Area chapters on

## **Senate Bill 454: Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers**

### **Position: SUPPORT WITH AMENDMENT**

February 13, 2020

Dear Chairman Smith and Vice Chair Waldstreicher:

My name is Eric Colchamiro, and I am the Director of Government Affairs for the Alzheimer's Association in Maryland. Thank you for the opportunity to testify on Senate bill 454; today, I offer the Alzheimer's Association's support for this legislation, and a proposed bill amendment.

This legislation, if passed into law, requires each first responder and law enforcement officer in the state to complete certain trainings approved by the Maryland Police Training and Standards Commission. As currently written, this includes training to: 1) combat the stigma of mental illness; 2) connect individuals with mental illness to mental health services; 3) employ crisis de-escalation techniques; 4) enable early intervention through recognition of signs and symptoms of mental illness; 5) identify individuals with mental illness; and 6) promote mental health literacy.

**The Alzheimer's Association proposes that the fifth criterion be amended with the following language, which has been shared with the bill sponsors in both chambers:**

“identify and provide care for psychiatric symptoms of Alzheimer's and related dementia, and mental illnesses, which shall include: the risks of wandering, elder abuse, and best practices for interacting with individuals experiencing symptoms of dementia;

This amendment—and spelling out impacts of 'Alzheimer's disease and related dementia' in the bill—is necessary because over 1,100 Marylanders die from Alzheimer's annually, which cost our state \$1.17 billion in Medicaid dollars last year. And it is necessary because one in three seniors currently dies with Alzheimer's disease or another dementia.

As the bill suggests, care for individuals with Alzheimer's and dementia is complicated, as they often have multiple chronic conditions. They forget family members and societal norms, and their actions may result in false reports of victimization, indecent exposure, and shoplifting. Six in 10 people with dementia will wander, and they may not remember their name or address—and can become disoriented, even in familiar places. Individuals with Alzheimer's and dementia present a more specific concern, and often a more dire concern, than the bill's otherwise blanket requirement for 'mental illness' training requires.

I urge a favorable report on SB 454, and ask that this amendment be included in the final version of this legislation. Thank you.

Eric Colchamiro  
Director of Government Affairs, Alzheimer's Association  
[ercolchamiro@alz.org](mailto:ercolchamiro@alz.org)

## **Cox\_Unf\_SB454**

Uploaded by: cox, Michael

Position: UNF



UNIVERSITY OF  
**MARYLAND**  
MARYLAND FIRE AND RESCUE INSTITUTE  
Michael E. Cox, Jr., Executive Director

College Park, Maryland 20742-6811  
301.226.9900 TEL 301.314.0686 FAX

February 12, 2020

The Honorable Paul G. Pinsky  
Chairman  
Education, Health and Environmental Affairs Committee  
2 West Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

Dear Chairman Pinsky and Committee Members:

I am writing to bring to your attention some issues that currently exist with the proposed Senate Bill 454 – Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers.

As the State's comprehensive training and education system for all EMS/Fire/Rescue programs, the Maryland Fire and Rescue Institute trains on average more than 35,000 emergency responders a year statewide. A large part of this training is EMS training that includes, both initial certification and recertification courses that meet National EMS Standards, the Maryland Emergency Medical Services Board requirements and regulations promulgated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) - Maryland's Regulatory Agency for emergency medical services operations.

An additional requirement that mental health training be required for all EMS/Fire/Rescue personnel is unnecessary. Unlike our law enforcement partners, Maryland's EMS/Fire/Rescue personnel receive this training during their initial certification program and periodically as mandated by the State Medical Director (MIEMSS) through a provider's continuing education program that is required for their medical license recertification. In fact, provider continuing education mandated by MIEMSS in 2018 and 2019 included instruction on: dementia; suicide; addiction; post-traumatic stress syndrome; mental health emergencies; mental health for first responders; and behavioral emergencies.

The Maryland Fire and Rescue Institute believes that requiring training of EMS/Fire/Rescue providers proposed in Senate Bill 454 is unnecessary and creates regulatory conflicts with the States EMS Board, MIEMSS, and the Maryland Fire and Rescue Training Commission which is a subsidiary of the Maryland Higher Education Commission, as well as, the Maryland Police Training Commission which has no regulatory authority over Maryland's EMS/Fire/Rescue providers.

While we believe that this bill is well intended. I would respectfully request that SB 454 be amended to remove any reference to first responders (EMS/Fire/Rescue personnel).

Such an amendment would allow us to support the bill; however, in its current form we would not be able to provide a favorable review.

I want to thank you for continued support of the EMS/Fire/Rescue service. I hope you find this information helpful. If you have any questions or require additional information, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael E. Cox, Jr.", with a stylized flourish at the end.

Michael E. Cox, Jr., MS, CFO, EFO, NRP  
Executive Director

MEC/mec

CC: Assistant Director F. Patrick Marlatt, Special Operations  
Acting Assistant Director Stephan Cox, Field Operations  
My Files

## **MIEMSS\_UNF\_SB 454**

Uploaded by: DELBRIDGE, MD, TED

Position: UNF





State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
21201-1536

*Larry Hogan  
Governor*

*Clay B. Stamp, NRP  
Chairman  
Emergency Medical  
Services Board*

*Theodore R. Delbridge, MD, MPH  
Executive Director*

*410-706-5074  
FAX 410-706-4768*

**Re: SB 454-Public Safety-Mandatory Mental Health Training-  
First Responders and Law Enforcement Officers**

**MIEMSS Position: Oppose (Amendment Suggested)**

**Rationale:** SB 454 would require individuals licensed / certified under the Education Article 13-516 – that is, all Emergency Medical Services (EMS) personnel – and law enforcement officers to complete mental health awareness training approved by the Maryland Police Training Standards Commission. **Specific to EMS personnel, MIEMSS believes the bill to be unnecessary because EMS providers in Maryland already receive initial and continuing education mental health training that has been approved by the State EMS Board.**

- The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent state agency responsible for the coordination of emergency medical services in Maryland. MIEMSS is governed by the State EMS Board comprised of members appointed by the Governor.
- **By statute, the EMS Board licenses / certifies all Maryland EMS personnel, including Emergency Medical Responders, and approves all initial and continuing education programs for EMS personnel.** See Education Article §13-516 (a) (5) and (a)(7)(iii); Education Article §13-516(b); and COMAR 30.02.02.03C.
- In 2012, MIEMSS adopted the National EMS Education Standards which define the competencies for each level of EMS certification / licensure and integrate the skills and knowledge taught as part of the new standards into each certification level.
- **Based on the National Standards, all EMS students are taught about mental health disorders, characteristics and recognition of mental health disorders, and the skills needed to sensitively accommodate patients with mental health disorders.**
- After completion of initial education leading to certification / licensure, Maryland's EMS providers must then also obtain a specified amount of continuing education credits prior to the periodic expiration of their certification / license.
- **Continuing education for EMS providers in mental health awareness is an ongoing focus in Maryland. Continuing education courses conducted in 2018 and 2019 alone included: Dementia; Addiction; PTSD and Suicide; Suicide prevention; Mental Health Emergencies; Mental Health for First Responders; and Behavioral Emergencies.**
- MIEMSS believes that the initial training provided to EMS students which includes mental health-specific education and training, is approved by the EMS Board and is in compliance with the EMS National Education Standards provides an appropriate educational foundation for EMS personnel. Further, this foundation is augmented with continuing education offerings in Maryland that include courses specific to mental health disorders.

**MIEMSS Opposes SB 454 and Requests an Unfavorable Report**

(See suggested amendment at page 2)

AMENDMENTS TO SENATE BILL 454  
(First Reading File Bill)

Amendment No. 1

On page 1, in line 19, strike beginning with “FIRST” through “ARTICLE.” in line 20.

Amendment No. 2

On page 1, in line 21, strike “(3)”.

Amendment No. 3

On page 2, in line 4, strike “FIRST RESPONDER AND”.

## **Tomanelli\_Unf\_SB454**

Uploaded by: tomanelli, kate

Position: UNF

# MARYLAND STATE FIREMEN'S ASSOCIATION

*Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel*



**Kate Tomanelli**  
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**February 13, 2020**

## **OPPOSITION OF SB-454; Public Safety – Mandatory Mental Health Training – First Responders and Law Enforcement Officers**

**Mr. Chairman Clippinger**

**Madam Vice Chair Atterbeary**

**My name is Kate Tomanelli and I am the Executive Director for the Maryland State Firemen's Association (MSFA), and I am also a volunteer emergency medical technician in Queen Anne's County. I am writing in OPPOSITION of Senate bill 454.**

**As many of you know, the MSFA is a statewide organization representing over 25,000 volunteer fire, rescue, emergency medical technicians, and paramedics and 363 member companies.**

**The MSFA and its fire service members rely on the Maryland Institute of Emergency Medical Services Systems (MIEMSS) and the Maryland Fire and Rescue Institute (MFRI) to design and implement mental health training for our volunteer personnel. To date, as stated in MIEMSS' testimony, specific to EMS personnel, the EMS providers in Maryland already receive initial and continuing education mental health training that has been approved by the State EMS Board.**

**So due to this training already being offered to our volunteers, the MSFA also believes the bill to be unnecessary and, as such, is opposed to SB-454.**