

**Department of Legislative Services**  
Maryland General Assembly  
2020 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 1470  
Judiciary

(Delegate Williams, *et al.*)

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**First Responders - Mandatory Mental Health Training**

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This bill requires each “first responder” in the State to complete mental health awareness training approved by the Maryland Police Training and Standards Commission (MPTSC) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS), as specified.

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**Fiscal Summary**

**State Effect:** Affected State agencies can meet the bill’s requirements with existing resources. Revenues are not affected.

**Local Effect:** Local government expenditures may increase minimally for some jurisdictions to conduct the required training. Revenues are not affected.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** The required training must include 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.

“First responder” means an individual who is licensed or certified under § 13-516 of the Education Article (*i.e.*, cardiac rescue technicians, emergency medical dispatchers, emergency medical responders, emergency medical technicians, and paramedics).

## **Current Law/Background:**

### *Maryland Police Training and Standards Commission*

MPTSC, an independent commission within the Department of Public Safety and Correctional Services, 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*. In addition, MPTSC requires for entrance-level police training and at least every two years for in-service level police training conducted by the State and each county and municipal police training school, that the curriculum and minimum courses of study include *special training, attention to, and study of the application of antidiscrimination and use of force de-escalation training*.

### *Maryland Institute for Emergency Medical Services Systems*

MIEMSS oversees and coordinates all components of the statewide emergency medicine services (EMS) system (including planning, operations, evaluation, and research), provides leadership and medical direction, conducts and/or supports EMS educational programs, operates and maintains a statewide communications system, designates trauma and specialty centers, licenses and regulates commercial ambulance services, and participates in EMS-related public education and prevention programs.

MIEMSS provides the executive support for the EMS Board in reviewing and approving the budgets for agencies receiving funds from the EMS Operations Fund, developing and promulgating regulations and protocols, proposing EMS system legislation, licensing/certifying and disciplining EMS clinicians, and conducting other EMS Board business. MIEMSS also provides the administrative and staff support for the Statewide EMS Advisory Council and five EMS regional councils.

## *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 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.

#### *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.

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### **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** SB 454 (Senator Pinsky, *et al.*) - Judicial Proceedings.

**Information Source(s):** Maryland Institute for Emergency Medical Services Systems; Baltimore City; Montgomery, Prince George's, Washington, and Worcester counties; cities of Bowie and Westminster; Maryland Association of Counties; Maryland Municipal League; towns of Bel Air and Leonardtown; Comptroller's Office; University System of Maryland; Morgan State University; Department of General Services; Department of Natural Resources; Department of Public Safety and Correctional Services; Department of State Police; Department of Legislative Services

**Fiscal Note History:** First Reader - March 6, 2020  
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