

hb468amend.pdf

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Position: FAV

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MARYLAND JUDICIAL COUNCIL LEGISLATIVE COMMITTEE

MEMORANDUM

TO: Senate Finance Committee
FROM: Legislative Committee
Suzanne D. Pelz, Esq.
410-260-1523
RE: House Bill 468
Petitions for Emergency Evaluation
DATE: March 14, 2025
(3/19)
POSITION: Support

The Maryland Judiciary supports House Bill 468.

The language of the bill provides for a five (5) day extension of the relief granted in a court endorsed Petition for Emergency Evaluation. The Judiciary appreciates the need for the extension provision, as peace officers may have difficulty locating the individual for whom the court has ordered an evaluation in the short period currently provided in statute. An extension would allow peace officers additional time to take the emergency evaluatee for clinical evaluation and treatment.

cc. Hon. Tiffany Alston
Judicial Council
Legislative Committee
Kelley O'Connor

HB468_S&PAA_FAV_WITH_AMEND.pdf

Uploaded by: Evelyn Burton

Position: FWA



Promoting support, research, treatment, and public policies that improve and save lives

Testimony on HB46

Senate Finance and Judicial Proceeding Committees

From: Evelyn Burton, Maryland Advocacy Chair, Schizophrenia & Psychosis Action Alliance

Position: Support with Amendment

March 19, 2025

The Schizophrenia and Psychosis Action Alliance supports HB468 with an amendment to encourage the use of de-escalation techniques, where safe, prior to the use of force in the execution of an emergency petition by a peace officer.

We acknowledge that peace officers require clarity in the law to be able to use force when necessary. However, by only mentioning use of force in reference to Section 3-524 of the Public Safety Article, it is not clear that other provisions of that section, including the sections on de-escalation apply.

Our amendment would make clear that an emergency petition should be executed by a peace officer in accordance with all of the provisions of 3-524 of the Public Safety Article, including the de-escalation provisions, not just the use of force provisions.

The use of force is traumatic for the evacuee and greatly increases the risk of serious harm and even death to the evacuee and the officer. It also greatly increases the risk of criminal charges against the evacuee who often does not understand what is happening and may resist the use of force. Therefore to encourage the use of de-escalation techniques and full compliance with all of the provisions of 3-524 of the Public Safety Article we suggest the following amendment.

On page 3, § 10–624(a), amend paragraph (3), as follows:

(3) A PEACE OFFICER SHALL EXECUTE A PETITION IN ACCORDANCE WITH § 3–524 OF THE PUBLIC SAFETY ARTICLE, INCLUDING DE-ESCALATION AND USE OF FORCE PROVISIONS.

MOPD Written Testimony.HB468.3.19.25_crossover.upd

Uploaded by: Carroll McCabe

Position: UNF



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CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD

ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: HB 468 - Mental Health Law - Petitions for Emergency Evaluation

FROM: Maryland Office of the Public Defender

POSITION: Unfavorable

DATE: 03/19/2025

The Maryland Office of the Public Defender respectfully requests that the Committee issue an unfavorable report on House Bill 468. The bill would move Maryland backward in our progress toward more effective and appropriate responses to mental health crises.

I. Use of Force

The General Assembly recently enacted the Maryland Use of Force Statute, MD PUBLIC SAFETY § 3-524. It is not necessary to include language on the use of force in the Health-General Article of the Maryland Code. In the Maryland Police Accountability Act of 2021 (SB71) - Body-Worn Cameras, Employee Programs, and Use of Force. MD PUBLIC SAFETY § 3-524 (d) provides:

(d)(1) A police officer may not use force against a person unless, under the totality of the circumstances, the force is necessary and proportional to: (i) prevent an imminent threat of physical injury to a person; or (ii) effectuate a legitimate law enforcement objective.

(2) A police officer shall cease the use of force as soon as:

(i) the person on whom the force is used:

1. is under the police officer's control; or

2. no longer poses an imminent threat of physical injury or death to the police officer or to another person; or

(ii) the police officer determines that force will no longer accomplish a legitimate law enforcement objective.

This language offers explicit direction for police.

Marylanders would benefit from better police training on mental health crisis intervention. However, police should not be tasked with being the first response in mental health crises.¹ The DOJ

recently released *Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities*² and noted the following on the use of force:

Research has shown that as many as 10 percent of all police calls involve a person with a serious mental illness. Other estimates indicate that 17% of use of force cases involve a person with a serious mental illness, and such individuals face 11 times the risk of experiencing a police use of force faced by persons without a serious mental illness. Further, while representing only 22% of the population, individuals with disabilities may account for 30% to 50% of incidents of police use of force. In recent years, people with mental illness have accounted for between 20% and 25% of individuals killed by law enforcement. These interactions are not only harmful and potentially deadly for people with disabilities; they also impose monetary costs on taxpayers. Case studies have demonstrated that when communities respond to individuals in crisis with law enforcement responses like arrest, court, and jail services, taxpayer costs are significantly higher than when crisis response services are utilized pre-booking.¹

If the Legislature passes HB 468, Maryland will move further away from the goals associated with the Maryland Police Accountability Act of 2021 (SB 71) and the creation of the Maryland Use of Force Statute, MD PUBLIC SAFETY § 3-524. Ultimately, Maryland should be moving toward best practices that include less police involvement in the service of emergency petitions (“EP”) and more intervention by specially trained mental health professionals. We encourage the Health and Government Operations Committee to work with experts and stakeholders on ways to improve crisis response, and we are grateful for efforts to improve policing.

¹ “Most people with mental health conditions are no more likely to be violent than anyone else. Only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness.” Mental Health Myths and Facts - SAMHSA (Apr 24, 2023), <https://www.samhsa.gov/mental-health/mythsandfacts#:~:text=Myth%3A%20People%20with%20mental%20health,with%20a%20serious%20mental%20illness.>

² U.S. Department of Justice and U.S. Department of Health & Human Services, *Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities*, (Washington, DC: U.S. DOJ and U.S. HHS, May 2023), https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities_FINAL.pdf; see also Bazelon Center for Mental Health Law & Vera Institute of Justice, *New Federal Guidance for Alternatives to Police for People with Behavioral Health or Other Disabilities*, Issue Brief, 2 (Jan. 2024), <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-Vera-issuebrief-re-crisisresponse-01-14-24.pdf>.

¹ Watson, A. & Fulambarker, A. (2012). The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners. *Best Practices in Mental Health*, 8(2):71; Laniyonu, A. & Goff, P. (2021). Measuring Disparities in Police Use of Force and Injury Among Person with Serious Mental Illness. *BMC Psychiatry*, 21; Perry, D. (2016). *The Ruderman White Paper on Media Coverage of Law Enforcement Use of Force and Disability*. Ruderman Family Foundation; Kimberly Kindy et al., *Fatal police shootings of mentally ill people are 39 percent more likely to take place in small and midsized areas*, Washington Post, Oct. 17, 2020, https://www.washingtonpost.com/national/police-mentally-ill-deaths/2020/10/17/8dd5bcf6-0245-11eb-b7ed141dd88560ea_story.html.

II. Good Cause to Extend the Time to Serve an EP

The EP process is intended to provide an immediate evaluation based on recent symptoms and behavior. Police can issue an EP on their own, mental health providers can complete an EP with police, or a court can endorse an EP and serve it through the police. HEALTH-GENERAL, § 10-622 (a) provides that an evaluatee must “present” a danger:

(a) A petition for emergency evaluation of an individual may be made under this section only 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.

Meaning, the danger to self or others must be immediate. This is consistent with Supreme Court jurisprudence requiring that a state cannot confine a person once they no longer meet criteria and they can “survive safely in freedom.”²

After five days, behavior and circumstances can change, and the EP is stale. If there is no new evidence of immediate danger, the EP could effectively turn into an ongoing effort to deprive a person of their liberty without probable cause that they are a danger to themselves or others. The standard for what is probable cause in serving an EP is already low in comparison with the standard in a criminal case, and qualified immunity applies.³

In addition, an extension for good cause requires the petitioner to return to court for a hearing on each requested extension. The petitioner could just as easily file a new petition, which is a one-page form. The petitioner could more easily request a new EP by calling the police without returning to court.

Better police training and resources could help alleviate some of the concerns related to the challenges associated with serving an EP. We support more training or a study on the use of force in police encounters with evaluatees. We know that these situations are incredibly difficult for everyone involved, and it is our understanding that police may enter these situations with very little information on the condition of the evaluatee or the circumstances. Often, police complete an EP during a call. Police have the authority to respond to calls and issue and execute EP’s when cases require urgency. In cases where an EP remains unserved, the need for immediate evaluation may arise again, but the expiration of the first EP does not preclude the issuance and execution of a new EP. An EP serves as documentation that the petitioner believed the person had a mental illness and presented a danger to themselves based on immediate observations. Time is of the essence when an EP is executed, and because the standards are flexible, the

² *O'Connor v. Donaldson*, 422 U.S. 563, 574-75 (1975) (citing *Jackson v. Indiana*, 406 U.S. 715, 738 (1972)) (“Nor is it enough that Donaldson’s original confinement was founded upon a constitutionally adequate basis, if in fact it was, because even if his involuntary confinement was initially permissible, it could not constitutionally continue after that basis no longer existed.”).

³ See *S.P. v. City of Takoma Park, Md.*, 134 F.3d 260, 274 (4th Cir. 1998).

EP process is not a barrier to evaluation. An extension is not necessary when a new EP can be completed just as easily.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue an unfavorable report on House Bill 468.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

Authored by: Julianna Felkoski, Assistant Public Defender, Mental Health Division

Carroll McCabe, Chief Attorney, Mental Health Division

HB 468_DRM_Oppose_SenateCrossoverTestimony.pdf

Uploaded by: Courtney Bergan

Position: UNF

Senate Finance Committee
House Bill 468: Petitions for Emergency Evaluation
Wednesday, March 19, 2025
Position: Oppose

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. In the context of mental health disabilities, we advocate for access to person-centered, culturally responsive, trauma-informed care in the least restrictive environment. We appreciate the opportunity to provide testimony on HB 468, which would explicitly authorize police use of force when executing petitions for emergency evaluation and extend the time that a petition remains valid. DRM opposes HB 468 because it ignores the states' obligations to provide a health care response to a mental health crisis.¹

I. DRM opposes any explicit authorization for police to use force when executing petitions for emergency evaluation.

Police are already permitted to use force when executing petitions for emergency evaluation under the standard set forth in Md. Code, Public Safety § 3-524, which governs use of force in *all* police encounters. DRM is concerned that explicitly authorizing the use of force in petitions for emergency evaluation reinforces police use of force in response to people with mental health disabilities and contravenes the State's policy goals of reducing police responses to mental health crises.

Petitions for emergency evaluation necessarily require that an individual has a known mental illness; people with mental illness are covered under the Americans with Disabilities Act. Authorizing police use of force when responding to mental health crises puts people with mental illness at increased risk of harm as they are more likely to be subject to police use of force. This increased use of force also results in people with mental illness accounting for a disproportionate number of deaths caused by law enforcement officers.² Over-reliance on police response to mental health crisis deprives individuals with disabilities of an equal opportunity to benefit from public services and risks running afoul of the ADA.³ Instead, the

¹ U.S. Department of Justice and U.S. Department of Health & Human Services, *Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities*, (Washington, DC: U.S. DOJ and U.S. HHS, (May 2023) https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities_FINAL.pdf.

² Bazelon Center for Mental Health Law & Vera Institute of Justice, *New Federal Guidance for Alternatives to Police for People with Behavioral Health or Other Disabilities*, Issue Brief, 2 (Jan. 2024), <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-Vera-issue-brief-re-crisis-response-01-14-24.pdf>

³ Rachel Weiner, *Justice Dept. says D.C. police response may violate rights of mentally ill*, WASHINGTON POST (Feb, 23, 2024) (quoting Michael Perloff "The Department of Justice has been concerned nationwide about egregious

ADA requires police officers to provide accommodations for people with mental health disabilities, which may include providing a non-law enforcement response.

If the rationale for authorizing police force is due to concerns about liability when responding to petitions for emergency evaluation where the individual may pose an imminent risk of physical harm, there is nothing precluding officers from using “necessary and proportional” force as specified in Md. Code, Public Safety § 3-524. If officers are unclear of their obligations under the law, this is likely due to a lack of adequate training on the use of force standard across all law enforcement interactions, not an issue with the use of force authorized when executing petitions for emergency evaluation. Importantly, Md. Code, Public Safety § 3-524 already requires agencies to provide officers with training on the application of the “necessary and proportional” force standard; officers are required to sign off that they understand the use of force standard and will comply with that standard. If officers are unclear about the “necessary and proportional” force standard as it applies to petitions for emergency evaluation, then the problem is likely one of training; improving training is the appropriate solution, not adding a provision to explicitly authorize law enforcement’s use of force in the law governing petitions for emergency evaluation.

In addition, multiple reports find Maryland schools frequently misuse petitions for emergency evaluation on Black and disabled children who do not pose any imminent risk of danger.⁴ The Department of Justice entered into a settlement agreement with Wicomico County because of their public schools’ ongoing misuse of petitions for emergency evaluation in response to minor behavioral issues.⁵ Recent reporting suggests schools are still improperly using the petition for emergency evaluation process multiple times per week on children as young as five.⁶ Thus, authorizing police to use force on Black and disabled children who should not be subject to the petition for emergency evaluation process in the first place, puts marginalized children at even greater risk of harm or even death.

DRM also has numerous adult clients who have been harmed by police officers’ use of force during the issuance of petitions for emergency evaluation across jurisdictions, even after the Maryland Police Accountability Act of 2021 amended the use of force statute to limit force and require training. Many of these clients are Black and multiply disabled people who did not pose

violations of the rights of people with disabilities due to local governments’ failure to ensure that a mental health crisis it receives a mental health response.”)

⁴ See, e.g., U.S. Dep’t of Just., C. R. Div., Settlement Agreement, *Wicomico County Public School District*, 2 (Jan. 23, 2017), available at <https://www.justice.gov/crt/case-document/wicomico-county-public-school-district-settlement-agreement>; Meredith Kolodner and Annie Ma, *The School district where kids are sent to psychiatric emergency rooms more than three times a week — some as young as 5*, THE HECHINGER REPORT (Dec. 5, 2023), available at <https://hechingerreport.org/widely-used-and-widely-hidden-the-district-where-kids-as-young-as-5-are-sent-to-psychiatric-hospitals-more-than-three-times-per-week/>.

⁵ U.S. Dep’t of Just., C. R. Div., Settlement Agreement, *Wicomico County Public School District* (Jan. 23, 2017).

⁶ Meredith Kolodner and Annie Ma, *The School district where kids are sent to psychiatric emergency rooms more than three times a week — some as young as 5*, THE HECHINGER REPORT (Dec. 5, 2023), available at <https://hechingerreport.org/widely-used-and-widely-hidden-the-district-where-kids-as-young-as-5-are-sent-to-psychiatric-hospitals-more-than-three-times-per-week/>.

any imminent risk of danger, yet they were still harmed by police force used in the petition for emergency evaluation process. One in four police killings occur when police are responding to mental health crises.⁷ Explicitly authorizing police to use force is unnecessary, potentially unlawful, and it puts our clients at substantially increased risk of harm.

II. Extending the time that petitions for emergency evaluation are valid fails to comport with Constitutional due process requirements.

Petitions for emergency evaluation are currently only authorized for five days under Maryland law, as they are only intended to be used in an emergency, when an individual poses a danger of harming themselves or others. Allowing a petition for emergency evaluation to be renewed for an additional five days, for up to 30 days, without new facts to explicitly demonstrate that an individual remains a danger to themselves, or others risks defeating the purpose of a petition for emergency evaluation and violating the Constitutional requirements set forth by the United States Supreme Court. Extending the time a petition for emergency evaluation is valid raises questions about whether an emergent danger remains when an individual can survive safely in freedom for five days without intervention, let alone up to thirty days out from the initial issuance of a petition. Additionally, if an imminent and evident risk of danger arises, police can always execute a petition for emergency evaluation without endorsement from a judge, so there is no justification for prolonging the time a petition for emergency evaluation is valid.

The standards required for a petition for emergency evaluation have long been the subject of debate in Maryland, but the U.S. Supreme Court precedent requiring a finding of dangerousness remains clear. The Supreme Court finds that “while the State may arguably confine a person to save him from harm, incarceration is rarely if ever a necessary condition for raising the living standards of those capable of surviving safely in freedom, on their own or with the help of family or friends.”⁸ Moreover, even if confinement was initially justifiable, “it may not Constitutionally continue after that basis no longer exists.”⁹ Thus, if an individual has been able to safely survive in the community for 5 days without intervention, then that fact alone suggests the individual is likely not an emergent danger to self or others.

HB 468 only requires “good cause shown based on the presenting behavior of the individual” to grant a five-day extension. This vague criterion fails to comport with Constitutional requirements that the petitioned individual’s behavior must satisfy the dangerous to self or others standard at the time a petition for emergency evaluation is executed. Extending the length of time that a petition for emergency evaluation remains valid in the absence of a showing that the individual’s behavior continues to satisfy the standard of posing a danger to self or others, risks violating the requirements of the Fourteenth Amendment of the U.S. Constitution and Article 24 of the Maryland Declaration of Rights. Further, the inability to locate an individual precludes contemporaneous observation of an individual’s presenting behavior, so

⁷ See Susan Mizner, ACLU, *Police “Command and Control” Culture Is Often Lethal—Especially for People with Disabilities*, ACLU (May 10, 2018).

⁸ *O'Connor v. Donaldson*, 422 U.S. 563, 575 (1975) citing (*Shelton v. Tucker*, 364 U.S. 479, 488-490 (1960)).

⁹ *O'Connor*, 422 U.S. at 575, citing (*Jackson v. Indiana*, 406 U.S., 715, 738 (1972))

the inability to locate an individual on its own is not a sufficient basis to justify extending a petition for emergency evaluation.

The petition for emergency evaluation process is an ex parte process where the person subject to a petition for emergency evaluation is deprived of Constitutionally mandated due process protections based on the emergent nature of the proceeding. However, if there is enough time to file a motion to extend a petition for emergency evaluation, then there is also likely sufficient time to provide due process protections to the person subject to the petition, contradicting the justification for an ex parte proceeding. Thus, if the petition for emergency evaluation process can be extended in five-day increments for up to thirty days, the State is required to provide individuals with additional due process protections during the petition for emergency evaluation process including the right to counsel, notice, and a hearing.

In sum, HB 468's extension of the time that a petition for emergency evaluation remains valid in five-day increments up to thirty days defeats the ordinary definitions of emergency and fails to require a showing of present dangerousness at the time that an extension is granted, depriving individuals of substantive and procedural due process rights that could make the petition for emergency evaluation process unconstitutional and vulnerable to legal challenge. HB 468 also risks inflicting trauma on individuals with mental health disabilities by making them continuously committable and subject to unexpected police intervention based on stigma and stereotypes.

DRM recommends the committee issue an unfavorable report on HB 468 due to the high risk of harm that would likely accompany authorizing force and the increased risk that people with mental health disabilities will be erroneously deprived of liberty by extending the time for a petition for emergency evaluation. Instead of investing time and resources to increase policing and hospitalization of people with mental health disabilities, Maryland should be investing in culturally responsive, choice-based resources that effectively support people with mental health disabilities to safely remain in our communities. Please contact Courtney Bergan, Disability Rights Maryland's Equal Justice Works Fellow, for more information at CourtneyB@DisabilityRightsMd.org or 443-692-2477.

2025-OOOMD-EP_Force-HB468-OPP (Written).pdf

Uploaded by: Michelle Livshin

Position: UNF



ON OUR OWN
OF MARYLAND

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WRITTEN TESTIMONY IN OPPOSITION TO

HB 468: Mental Health Law - Petitions for Emergency Evaluation

Thank you Chair, Vice Chair, and committee members for your commitment to improving the quality and accessibility of healthcare services for Marylanders, especially community members who experience significant behavioral health challenges. On Our Own of Maryland (OOOMD) is a nonprofit behavioral health education and advocacy organization, operating for 30+ years by and for people with lived experience of mental health and substance use recovery.

OOOMD opposes HB 468 for unnecessarily emphasizing use of force when executing an emergency evaluation for involuntary psychiatric admission (Emergency Petition or “EP”). EPs are filed in response to observed and emergent 'dangerousness' to self or others, typically when an individual is experiencing a psychiatric crisis and expediently delivered care is seen as necessary to maintain safety. Per Maryland law, serving an EP necessarily involves law enforcement officers.

Unnecessary Emphasis on Force: If additional training or guidance for law enforcement on how to appropriately serve an EP is needed or desired, this can be accomplished without emphasizing use of force by explicitly articulating it in the EP statute. A police response to a behavioral health crisis not only fails to meet the healthcare needs of individuals experiencing one of the most vulnerable times of their lives, but can also dramatically increase risk of arrest and fatal encounters.^{1,2} This is particularly true for marginalized communities, where a long standing history of discriminatory practices has already warranted distrust of law enforcement.^{3,4,5}

Lack of Data on Current EP Delays and Use of Force: Despite recommendations made in a 2021 Behavioral Health Administration stakeholder workgroup report on involuntary commitment, there is no comprehensive, statewide data collection or analysis on the current use and outcomes of EPs in Maryland or the individuals impacted.⁶ Without this information, it is not possible to accurately assess how frequently EPs are unable to be served in a 5-day timeframe, how often force is already being used, or any trends related to geographic location, demographics, etc.

¹ Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *Lancet* 2018;392:302-310.

² Monk EP Jr. Linked fate and mental health among African Americans. *Soc Sci Med* 2020;266:113340-113340.

³ New York Times (2021) 'Maryland Passes Sweeping Police Reform Legislation', 10 April. Available at: <https://www.nytimes.com/2021/04/10/us/maryland-police-reform.html>.

⁴ Johnson O Jr, St Vil C, Gilbert KL, Goodman M, Johnson CA. How neighborhoods matter in fatal interactions between police and men of color. *Soc Sci Med* 2019;220:226-235.

⁵ Bailey ZD, Feldman JM, Bassett MT. How structural racism works — racist policies as a root cause of U.S. racial health inequities. *N Engl J Med* 2021;384:768-773.

⁶ Behavioral Health Administration (2021). Involuntary Stakeholder's Workgroup Report.



High Quality Crisis Services Save Lives: While current statewide data is not easily accessible to the public, recent outcomes from the Central Maryland Regional Crisis System (encompassing Baltimore City and Baltimore, Carroll, and Howard Counties) shows how robust crisis response services can reduce the need for involuntary interventions, including EPs. From January - November 2024, across 1,600+ completed Mobile Crisis Team visits in that region, only 2.9% resulted in an Emergency Petition.⁷ Of these MCT engagements, 75% were resolved without resulting in an Emergency Department visit, and nearly 70% were resolved on the scene. This shows us that when there are adequate and appropriately funded crisis services, a majority of mental health crisis situations can be resolved without utilizing costly and often traumatic involuntary interventions.

Emergency Petition standards impact thousands of Marylanders each year, and individuals experiencing mental health crises deserve understanding, support, and high quality healthcare. Use of force by police and expanding the timeframe for serving a petition fails to uphold the primary purpose of EPs – to expeditiously establish safety for the individual – and creates significant opportunities for serious harm.

We urge an unfavorable vote on HB 468. Thank you.

⁷ This data has been taken from Behavioral Health Link and reported in the Baltimore Consent Decree Police Department Workgroup meetings.

SSJC Opposition to HB 468 - Emergency Petitions -

Uploaded by: Miriam Ruttenberg

Position: UNF



**OPPOSITION TO
HB 468 - Mental Health Law - Petitions for Emergency Evaluation
Senate Finance Committee**

March 17, 2025

The Silver Spring Justice Coalition (SSJC) urges you to oppose HB 468 because (1) it would exacerbate the use of force against persons suspected to be in mental health crisis and (2) it unduly deprives those persons of their constitutional rights to liberty without just cause.

For the past several years SSJC has closely monitored the use-of-force data reported by the Montgomery County Police Department and elsewhere around the country. MCPD data shows that the use of force against persons with symptoms of mental illness has been increasing over the past several years. This despite the change in state-law requirements for law enforcement officers' use of force. The reality is that the changes to the requirements for the law enforcement's use of force have not significantly reduced the number of times that officers have harmed people who may be suffering from a mental health crisis. The modest expansion of mobile crisis units in Montgomery County has not changed the growing trend of officers unnecessarily using force against persons with mental illness.

Adding that reality to the bill's explicit encouragement that officers can – and therefore should – use force to apprehend persons who are the subjects of Emergency Petitions will surely only increase, rather than decrease, their use of force. Assuming these persons are in a vulnerable mental state, the last thing they need are uniformed officers, with guns, demanding they put their hands behind their heads so they can be handcuffed and shoved into a police or sheriff's car to be forcibly taken to a hospital.

Adding to the harm this bill will cause to some of the most vulnerable people in our communities, the bill will make it easier for petitioners to obtain Emergency Petitions

without current proof that the person who is the subject of the EP is currently a danger to themselves or others. An Emergency Petition is a deprivation of liberty without due process of law – with no opportunity for the accused to face their accuser, with no opportunity to refute the claims brought by petitioners. SSJC is also deeply troubled by the prospect of this bill extending the time for police to execute EPs from the current five days to up to 30 days.

While some Emergency Petitions are filed by sincere, loving family members solely because of their concern for their loved one – that isn't always the case. When we spoke last year to a deputy sheriff from Prince George's County, we were told that EPs are filed for all sorts of perverse reasons, such as a person who didn't want to go for kidney dialysis, and other nefarious reasons such as taking control of the person's assets.

Making it easier for petitioners to perpetuate an EP without current proof that the person continues to be a danger to themselves or others is a violation of a person's constitutional right to liberty, which must not be abridged without current, compelling evidence of their danger to themselves or others.

We all know that a person's mental state, and particularly a person having a mental health crisis, can rapidly change, depending on numerous circumstances. To perpetuate an EP based solely on a motion to extend the EP without knowing that the subject's mental health crisis remains unchanged is an unjustified constitutional short cut and an unwarranted deprivation of a person's liberty.

Creating a shortcut for EPs will further overload already overburdened hospital psychiatric departments, which cannot cope with the current patient load.

We urge the committee to issue an unfavorable report on the bill and to recommend to the administration a complete review of the Emergency Petition process, including the percentage of EPs that cannot be executed in the first five days, the reasons persons seek EPs, the number of EPs that are re-applied for because the subject cannot be found, the length of time it takes for a person to be evaluated, the frequency with which EPs are found to be unwarranted, and why police must be the only transporters after an EP is executed.

Submitted by Miriam Ruttenberg for SSJC

mhruttenberg@gmail.com

Silver Spring, MD

HB0468 Fuld.pdf

Uploaded by: Samantha Fuld

Position: UNF

March 17, 2025

To: Members of the Finance Committee in the Maryland Senate

From: Dr. Samantha Fuld, DSW, MSW, LCSW-C, Clinical Assistant Professor, University of Maryland School of Social Work.

Re: Opposition for HB0468 Petitions for Emergency Evaluation (Arnaud and Magruder Memorial Act)

Position: Oppose

I am a proud resident of Maryland (District 46). I am also licensed as a Clinical Social Worker in Maryland and am a Clinical Assistant Professor at the University of Maryland School of Social Work. In these professional roles I have worked alongside hundreds of individuals and families with mental health disabilities and have contributed to the clinically focused education of hundreds of social workers in Maryland. Please note that in this testimony I am speaking as an individual and not on behalf of my employer.

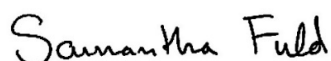
In the realm of clinical supports, services, and treatment, including the process of emergency evaluation when someone is struggling the most, we know that a sense of safety, autonomy, and choice are paramount to successful engagement in supportive services and healing. These are key elements of the evidence-based [Trauma-Informed Care](#) (TIC) model created by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014. These principles include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and [attention to] cultural, historical, and gender issues. These principles have been widely adopted as best practice in the mental and behavioral health realm, including by the Centers for Disease Control and Prevention (CDC) as part of their public health strategy and by the City of Baltimore through the [Elijah Cummings Healing City Act](#).

The proposed changes to the emergency evaluation process directly challenge the TIC model, particularly in the allowance of police force to be expressly permissible in these circumstances. Maryland has stood out in the past as one of the states with the most protections for people experiencing mental health crises, and likewise has made great progress in creating response systems that prioritize community-based support and mental health professionals involved in crisis intervention services. Implementing this new process would be moving farther away from a TIC-informed process rather than moving more firmly toward one. Keeping people in the emergency petition process longer than is currently allowed with the proposed extension option is also in opposition to the core principles of TIC.

I urge you to oppose HB0468 and instead to uplift the need for greater attention to community-based crisis intervention supports that uphold the principles of empowerment, voice, and choice.

Respectfully,

Dr. Samantha Fuld, DSW, MSW, LCSW-C

A handwritten signature in black ink that reads "Samantha Fuld". The script is cursive and fluid, with the first name and last name clearly legible.