

Department of Legislative Services
 Maryland General Assembly
 2020 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 305

(Senator Augustine, *et al.*)

Judicial Proceedings

Judiciary

Public Safety - Crisis Intervention Team Center of Excellence

This bill establishes a Crisis Intervention Team Center of Excellence (CITCE) in the Governor’s Office of Crime Prevention, Youth, and Victim Services to (1) provide technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and (2) develop and implement a “crisis intervention model program.” The office must appoint specified individuals to oversee CITCE. The bill also establishes a Collaborative Planning and Implementation Committee for CITCE and provides for the membership and duties of the committee. The operation of CITCE is subject to the limitations of the State budget, and the operation of both CITCE and the committee must be supported by appropriations provided in the State budget, grants or other assistance from federal, State, or local government, and any other money made available to CITCE from any public or private source. By December 1 annually, CITCE must report to the General Assembly on its activities and related criminal justice efforts.

Fiscal Summary

State Effect: General fund expenditures increase by \$183,000 in FY 2021. Future years reflect annualization and ongoing costs. Revenues are not directly affected.

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	183,000	216,500	221,600	229,200	237,200
Net Effect	(\$183,000)	(\$216,500)	(\$221,600)	(\$229,200)	(\$237,200)

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

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

Small Business Effect: Minimal.

Analysis

Bill Summary: CITCE must be guided by the committee and may:

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

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

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

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

The report required to be submitted by CITCE to the General Assembly must include an analysis regarding any deficiencies and recommendations on priorities for improving the criminal justice system response to and treatment of individuals with mental illness.

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

Current Law/Background:

Maryland Behavioral Health Crisis Response System

The Maryland Behavioral Health Crisis Response System (BHCRS) must (1) operate a statewide network utilizing existing resources and coordinating interjurisdictional services to develop efficient and effective crisis response systems to serve all individuals in the State, 24 hours a day and 7 days a week; (2) provide skilled clinical intervention to help prevent suicides, homicides, unnecessary hospitalizations, and arrests or detention, and to reduce dangerous or threatening situations involving individuals in need of behavioral health services; and (3) respond quickly and effectively to community crisis situations.

In each jurisdiction, a crisis communication center provides a single point of entry to the system and coordination with the local core service agency (CSA) or local behavioral health authority, police, emergency medical service personnel, and behavioral health providers. Crisis communication centers *may* provide programs that include the following:

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

- 23-hour holding beds;
- emergency psychiatric services;
- urgent care capacity;
- expanded capacity for assertive community treatment;
- crisis intervention teams with capacity to respond in each jurisdiction 24 hours a day and 7 days a week; and
- individualized family intervention teams.

The Behavioral Health Administration 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.

The Memphis Crisis Intervention Team

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

State Expenditures: General fund expenditures increase by \$182,991 in fiscal 2021, which accounts for the bill’s October 1, 2020 effective date. This estimate reflects the cost of hiring one crisis intervention law enforcement coordinator, one mental health coordinator, and one advocacy coordinator within the Governor’s Office of Crime Prevention, Youth, and Victim Services to (1) support the work of CITCE in providing technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and (2) assist with the development and implementation of a crisis intervention model program in Maryland. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

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Salaries and Fringe Benefits	\$166,892
Equipment/Operating Expenses	<u>16,099</u>
Total FY 2021 State Expenditures	\$182,991

Future year expenditures reflect full salaries with annual increases and employee turnover and ongoing operating expenses. To the extent that the office is able to secure grants or other assistance from any public or private sources, the need for general funds decreases.

Additional Information

Prior Introductions: HB 1210 of 2019, a similar bill, passed the House as amended and was referred to the Senate Judicial Proceedings Committee, but no further action was taken. Its cross file, SB 815, received a hearing in the Senate Judicial Proceedings Committee, but no further action was taken.

Designated Cross File: HB 607 (Delegate Charkoudian, *et al.*) - Judiciary.

Information Source(s): Maryland Association of County Health Officers; Caroline, Montgomery, and Prince George's counties; Maryland Association of Counties; City of Bowie; Maryland Municipal League; Maryland Department of Health; Department of Public Safety and Correctional Services; Governor's Office of Crime Prevention, Youth, and Victim Services; Department of Legislative Services

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