

BALTIMORE COUNTY, MARYLAND

A Police-Mental Health Collaboration Assessment

BACKGROUND

One of the most pressing questions facing law enforcement agencies across the country today is how to respond to people who have behavioral health needs (mental illnesses and/or substance use disorders). Calls involving these populations tend to be among the most complex and time-consuming to resolve, with some law enforcement agencies reporting that these calls take twice as long to resolve as others. And when officers lack the training or tools to respond, these calls also sometimes result in injuries or tragic fatalities both to civilians and officers alike.

Baltimore County, Maryland is among the growing number of jurisdictions seeking to improve police responses to people who have behavioral health needs. In September 2016, the Baltimore County Executive asked the Council of State Governments (CSG) Justice Center to conduct an independent assessment of its law enforcement and behavioral health collaboration, the Baltimore County Crisis Response System (BCCRS), which helps the county respond to people who have behavioral health needs. In partnership with the Baltimore County Police Department (BCPD), the Baltimore County Health Department, and the Affiliated Santé Group—a non-profit behavioral health crisis service provider—the CSG Justice Center reviewed the BCCRS for its effectiveness, comprehensiveness, and adherence to national best practices. Based on the findings of the assessments, CSG Justice Center staff identified recommendations to better position the BCCRS to provide an effective and comprehensive response that is available 24 hours a day, seven days a week, and maximizes both public safety and health outcomes. This report describes the assessment’s methodology, highlights key findings, and discusses those recommendations and strategies.

THE BALTIMORE COUNTY CRISIS RESPONSE SYSTEM

The Baltimore County Crisis Response System (BCCRS) is a collaborative partnership between the BCPD, the Baltimore County Health Department, and the Affiliated Santé Group, which provides mental health first responder services and facilitates connections with other appropriate resources under contract with the Health Department. The BCCRS became operational in July 2001 and is designed to provide comprehensive crisis intervention services to people who have mental health needs.

The BCCRS specifically aims to:

- Provide all residents of Baltimore County with access to emergency medical care;
- Divert people from unnecessary hospitalizations and entry into the criminal justice system by providing less restrictive alternatives while utilizing existing support services;
- Increase linkage to community health providers, and;
- Increase community education on mental health needs.

BCCRS programs and services include:

- A 24-hour hotline where staff is available 24 hours a day, 7 days a week to offer assessment, triage, care management, and information/referral functions.
- In-Home Intervention Team (IHIT), which is a clinical team that provides short term services to clients at home or in a community-based setting. IHIT offers therapeutic intervention and case management services.
- A Mobile Crisis Team (MCT)—often known nationally by the term “co-responder model”—consisting of a clinician and a Baltimore County police officer. The team responds to crisis situations in the community and seeks to stabilize an individual in the least restrictive environment while using existing supports and resources.
- The Urgent Care Center (UCC), which provides clients with diagnostic evaluation and assessment. If deemed appropriate, clients may be connected to a psychiatrist.

BALTIMORE COUNTY PRIORITIZES EFFORTS FOR IMPROVEMENT

Since the start of this project, county administrators, police and health department heads, hospital administrators, and other crisis service providers have demonstrated their commitment to working together to address the needs of people with behavioral health needs and support BCCRS as an integral component to the county's efforts to provide comprehensive crisis services for this population. In fact, the County Executive kicked off the beginning of the CSG Justice Center assessment at a press event, signaling the importance of the assessment to the public and to partners. Because BCCRS is viewed as such an asset, Baltimore County officials were eager to make improvements to the BCCRS's practices, policies, and programs even as the CSG Justice Center finalized its assessment.

Below are some of the significant steps county officials have taken to improve BCCRS and BCPD responses to people who have behavioral health needs. These efforts include:

- A three-year strategic plan for providing comprehensive mental health and de-escalation training to staff at all levels
- A proposed new position of commanding officer for the BCCRS to ensure proper data and performance review of the collaboration's efforts to respond to people who have behavioral health needs
- An action plan developed by the police department to improve data collection and analysis for BCCRS data and performance indicators
- Additional specialized training opportunities provided to officers and clinicians on the MCT, such as crisis intervention and mental health/first aid training
- CIT training opportunities for 911 dispatchers and other critical first responders in the county

While the county has a strong foundation in place with the BCCRS and its programs and services, the recommendations provided in this report are intended to further improve the BCCRS response to people who have behavioral health needs. Although efforts are clearly underway to implement many of these recommendations, further implementation will help build on this foundation and position Baltimore County as a nationwide example for progress.

IMPROVING CULTURAL COMPETENCE

In response to Baltimore County officials' requests, the CSG Justice Center assessed the BCPD training offerings focused on cultural competency and found that while the BCPD is not currently implementing training that is clearly defined under the label of cultural competence, it is offering a number of topics that are relevant for cultural competence training. There are not clearly defined national standards or best practices for such training, but the number of hours on these topics that the BCPD is offering exceeds other jurisdictions with which the CSG Justice Center has worked.

Baltimore County officials have been taking important steps toward providing additional training focused on improving law enforcement's cultural competence, including:

- Additional trainings related to implicit bias and cultural competency for all new BCPD recruits on topics such as bias incident, FBI civil rights, and diversity
- "Fair Practices" training for new lieutenants and front-line supervisors (i.e., corporals) that focuses on the opportunities, challenges, and values of ensuring diversity in a public safety agency, including its impact on employee morale and the agency's relationship with the community
- "Blue Courage" curriculum training for all sworn BCPD employees (from recruit to the executive level), which explores the importance of respect in policing and public safety

METHODOLOGY

To conduct its assessment, the CSG Justice Center received data from a variety of county sources: staff conducted interviews with more than 50 people from BCCRS stakeholder organizations; observed dispatch operations and toured police training facilities; attended trainings; and reviewed materials, including written policies and procedures, workload and performance measurement records, and information on training courses. Following an initial audit of county resources and trainings, the CSG Justice Center then reviewed practices that impact people who have behavioral health needs in more depth, with a focus on program size and design, communication across crisis service providers and crisis call systems, and the county's process for evaluating BCCRS's performance.

As part of its assessment, the CSG Justice Center evaluated BCCRS's effectiveness as a comprehensive Police-Mental Health Collaboration (PMHC) in six main focus areas: (1) jurisdictional and law enforcement leadership; (2) protocols, policies, and procedures for identifying and responding to calls involving people who have behavioral health needs; (3) mental health and de-escalation training; (4) crisis stabilization and follow-up services; (5) data collection and tracking; and (6) performance reviews and mechanisms to make improvements.

CSG Justice Center staff synthesized their findings, and identified key themes and preliminary recommendations to guide the formation of four working groups—made up of county personnel, CSG Justice Center staff, and experts from PMHC programs across the country—that were asked to review the findings and offer feedback. Areas of focus included:

1. **A Program Design** working group focused on recommendations to enhance the delivery of BCCRS programs and services by the police and health departments. The group's main task was to provide assistance to BCCRS's desired outcome of responding to people who have behavioral health needs 24 hours a day, seven days a week.
2. **A Training and Education** working group focused on police training needs, activities, and resources to help develop a multi-year training plan for responding to people who have behavioral health needs and to address cultural competency. It also helped with planning training resources for other key staff (such as 911 Center staff) in the BCCRS.
3. **A Data and Performance Measurement** working group focused on data collection, analysis, and reporting systems to give recommendations for improving how BCCRS tracks its performance. It also helped with decisions about how to change programs, including:
 - Call-taking and dispatch systems, with procedures and training for 911 Center staff; and
 - Data collection, analysis, and performance reporting by the police and health departments which make up the BCCRS information management system.
4. **A Community Treatment Supports and Resources** working group focused on recommendations to expand and effectively use services (composed of BCCRS, hospital emergency departments, and human services) to meet the needs of people who have behavioral health needs at risk of contact with law enforcement. It also looked at information-sharing procedures (memoranda of understanding, policies, and procedures) and offered modifications where needed.

The working groups looked into promising and research-driven programs and practices from other communities that the BCCRS might be able to use to create or enhance its own programs, including efforts implemented in the [Law Enforcement-Mental Health Learning Sites](#)—10 police departments in the U.S. selected by the Department of Justice to help other jurisdictions improve their responses to people who have behavioral health needs.

FINDINGS

Finding 1: The BCCRS provides the county with a strong foundation to effectively respond to people who have behavioral health needs; however, BCCRS resources are currently stretched thin and reveal a need for expanded capacity, enhancements, and additions in several areas, including:

- MCT shifts: while the number has expanded since the program's inception in 2001, there are only 4 MCTs (2 per shift- one team east side, one team west side on the day shift; and one team east side, one team west side on the night shift), which respond to roughly 2,300 calls annually. Yet, there are more than 7,600 police calls for service involving people who have behavioral health needs annually, with MCTs only able to respond to a fraction of these calls.
- Number of crisis beds: the number of crisis beds, which can offer an alternative to hospitals for people in psychiatric crisis, is insufficient to meet the current demand. Currently, there are 20 crisis beds and approximately 7,600 police calls for service involving people who have behavioral health needs annually. Given that the 20 beds are regularly occupied and officers often report that beds are not available when needed, the county needs to create additional crisis beds.
- Police department staff assigned to help MCT address behavioral health needs in all police precincts in the county.
- Follow-up and case management services for people who come into repeat contact with the BCCRS, with a goal of reducing their repeat encounters and putting them on a path toward stability and recovery.

Finding 2: BCCRS needs more effective coordination among its partner agencies to ensure staff are aware of all the programs and services it offers, how and when to use them, and related staff roles and responsibilities.

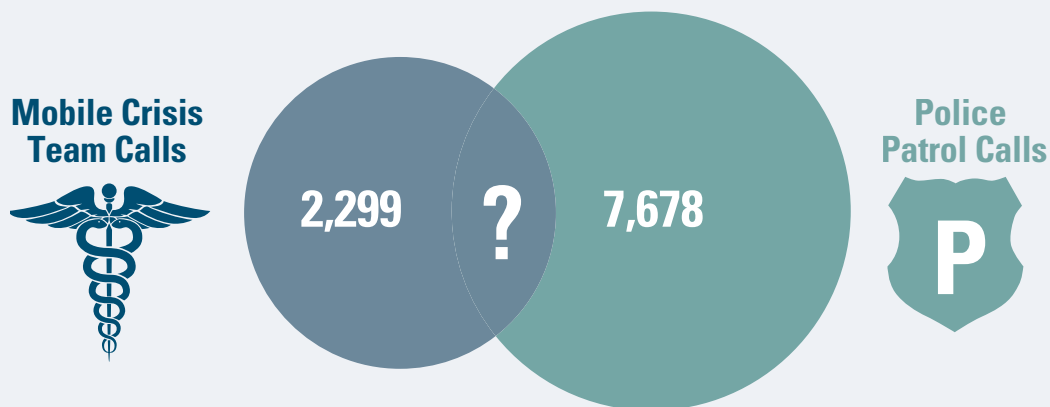
- Roles and responsibilities are not clearly delineated between law enforcement and health service providers. In some instances, there needs to be more understanding of specific procedures (e.g., transferring custody of individuals from patrol officers to hospital staff and completing emergency petitions for hospital staff to act on).
 - There is limited awareness of the BCCRS among some hospital emergency department staff and other crisis service providers, including the range of services provided beyond those of the MCT, such as the hotline, IHIT, and UCC. This lack of awareness, coupled with no clearly identified staff to perform liaison functions between the BCCRS and hospitals, results in a breakdown of sharing critical information before, during, and after crises.
- UCC and IHIT services are underutilized by patients discharged from emergency departments. BCCRS needs a better way to follow up with hospital staff concerning treatment-resistant clients and/or create a system for more of a warm hand-off to UCC and IHIT to stabilize these individuals after discharge from the hospital, preventing repeat encounters with law enforcement.

Finding 3: BCCRS lacks a comprehensive data management system, which limits its ability to collect and analyze data and share relevant information related to BCCRS programs and services.

As a result, the county has difficulty determining the true number of mental health crisis calls to which emergency personnel (police, fire, or medical) and the MCT respond.

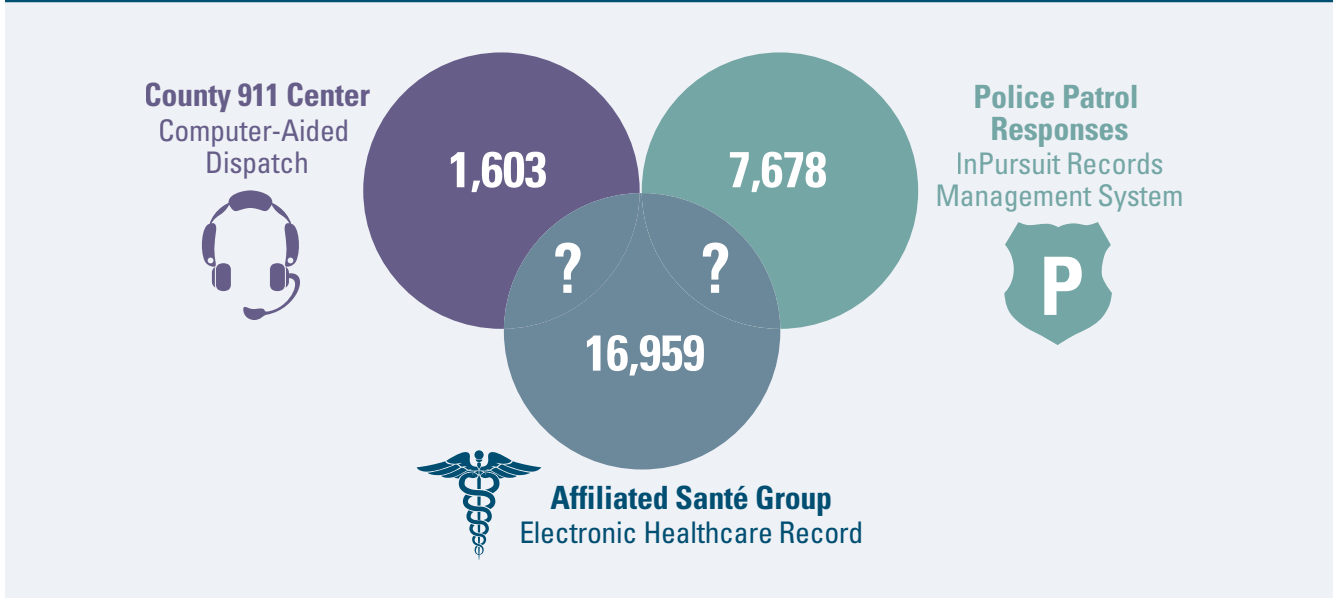
- The BCPD has situation codes to identify mental health related calls, but there are limitations in the coding that effect whether officers can obtain pertinent information needed to determine a suitable response to mental health related calls for service. For example:
 - The BCPD currently does not have sufficient codes in place to accurately capture a number of situations officers are faced with during mental health related calls for service
- While 911 dispatch has designated mental health codes, there are restrictions to the way calls are coded. For example:
 - There is currently no ability to apply a dual code to calls for service, so if a call comes in as a domestic violence call and the responding officer determines it is also mental health related, the officer is then not able to add a second mental health related code.
- There are three separate data systems that contain workload and performance measures for the 911 Center, the BCPD, and the Affiliated Santé Group, making it difficult to identify the number of unique calls for service and the number of people who frequently use services across 911, MCT, and police patrol calls. For instance, over a one-year period, the MCT units responded to 2,299 incidents. However, there is no mechanism to determine the extent of the overlap between the MCT calls and the patrol calls, as seen in Figure 1.

Figure 1. Mobile Crisis Team and Police Patrol Responses from Sept. 2016 to Sept. 2017



- While the Affiliated Santé Group collects extensive information on crisis services provided, it is unclear how many of these calls overlap with 911 and patrol calls. Thus, the BCCRS cannot determine if mental health call counts are being duplicated and cannot identify which people are frequently using multiple crisis services to target for intervention and reduce their contacts with law enforcement. For instance, Figure 2 shows that Affiliated Santé Group responded to 16,959 calls in a one-year period, but it is unclear how many of these calls involved people who also had contact with the 911 system and police patrol responses in the same period.

Figure 2. County 911, Police Patrol, and Affiliated Santé Group Responses from Sept. 2016 to Sept. 2017



Finding 4: There is no regular review of BCCRS performance data by the BCPD or other leadership, which limits the county’s ability to assess and improve BCCRS’s performance.

- There is currently no BCPD staff assigned to collaboratively collect and analyze BCCRS data with the staff from the Affiliated Santé Group. Without this designated role/position, BCPD has no ownership of the BCCRS data.
- There are no set processes for leaders to assess the demand for crisis services and the adequacy of the BCCRS response.

RECOMMENDATIONS

Recommendation 1: Expand BCCRS capacity with new programs and services tailored to Baltimore County’s needs.

- Deploy an MCT on the midnight shift and a third MCT on both the day and evening shifts to provide additional coverage.
- Form a clinician-only mobile team for mental health crisis calls. Supplementing the current co-responder MCT teams, these clinician-only teams would: 1) meet officers on the scene to provide support when the MCT is not available; 2) respond to calls that do not require a law enforcement response; and 3) perform follow-up visits, with a focus on people who frequently use multiple crisis services. This clinician-only mobile team would supplement rather than supplant the current MCT, adding more capacity in cases where law enforcement is not required to respond and could be accomplished by expanding the capacity and scope of the existing IHIT.
- Increase the number of available crisis stabilization beds that provide a safe, inpatient setting on a short-term basis for people experiencing psychiatric emergencies. Doing so will reduce demands on

hospital emergency departments, as well as reduce the number of avoidable jail detentions. Increasing this capacity can be achieved in one of three ways: (1) by incrementally adding more crisis beds within existing programs, (2) by creating a new freestanding Crisis Stabilization Unit or psychiatric receiving center, and/or (3) by designating more beds to serve as “step down” beds to increase the flow of individuals from emergency departments and existing crisis stabilization beds.

- For people with mental illnesses, hospital emergency departments can be frightening and chaotic environments. Recognizing that some hospital admissions will be unavoidable for people experiencing a mental health crisis, the county should designate a safe space for individuals in mental health crisis to safely enter the emergency department.
- Establish a crisis services working group, coordinated by a designated leader with executive power, to oversee recommended changes to the crisis system. The group should focus its immediate efforts on two initiatives: Creating a plan to identify people who frequently use crisis services, and establishing open access appointments at several clinics across the system. The plan for people who have repeated encounters should include: expanding the Affiliated Santé Group’s IHITs to include a collaborative case management function with police, and identifying officers to assume larger roles in collaborative case management functions.

Recommendation 2: Employ a “hub and spoke” approach to BCCRS staffing within the BCPD.

A “hub and spoke” staffing approach, which involves establishing a central manager and creating additional staff positions to implement that manager’s goals in their designated areas of focus, would increase BCCRS capacity to address behavioral health needs in all police precincts in the county.

To implement this approach, BCPD should:

- Assign a full-time lieutenant as commanding officer of the Behavioral Assessment and Crisis Management Unit to ensure adequate direction and supervision across the teams. The central staff would serve as the primary BCCRS liaison for staff at the precinct level. This person would also centrally oversee the work of the specialized teams and regularly evaluate the program, as well as coordinate with partners.
- Establish a Mental Health Officer position in each precinct to serve as point-of-contact for officers and consumers. This position would add capacity, easing the demands on the MCT and improving response times for calls involving a person who has behavioral health needs. These officers would coordinate closely with the centralized BCCRS staff.
- Establish a resource/triage desk to provide patrol officers with guidance for responding to behavioral health calls when the MCT is unavailable. Unlike the BCCRS hotline, this new function would triage calls across the specialized teams and other officers.

Recommendation 3: Provide additional training for personnel that are part of the BCCRS, and establish protocols to clarify staff roles and responsibilities.

- Develop protocols for: 1) the role of Crisis Intervention Team (CIT)-trained officers, including the circumstances when they are dispatched to mental health calls or to provide assistance to patrol officers; 2) referring calls to the MCTs; and 3) when/how callers should be transferred between the 911 Center and the Crisis Hotline.

- Continue to implement the new three-year strategic plan for training police department personnel, with a special focus on comprehensive mental health and de-escalation training for: recruits, in-service, supervisory, and specialized staff. While training alone is never a panacea, the knowledge and skills that police officers and other first responders need to effectively engage individuals in a behavioral health crisis is critical to the success of a PMHC.
- Develop an enhanced training curriculum for officers and clinicians on the MCT.
- Provide training to emergency call-takers and dispatchers about responses to mental health calls, and develop more specific questions to guide call-takers in gathering additional details related to mental health.
- Provide opportunities for other critical first responders in the county to participate in CIT and specialized training programs, including: 911 Center personnel, EMTs, and firefighters. To provide more CIT training sessions for first responders, the training coordinator position would need to become a full-time position (either at the BCPD or the Affiliated Santé Group), which would require additional funding.

Recommendation 4: Develop a formal plan to increase community awareness of BCCRS programs and services.

This formal plan should include:

- Outreach to the community in the form of town hall meetings, public service announcements, and/or meetings with groups within the community to share information about BCCRS programs and services and how they benefit the community's safety. Many agencies have been using this strategy to raise awareness and change public attitudes and behaviors toward police responses to people who have behavioral health needs.
- Production of education materials to promote the existence of BCCRS programs and services

Recommendation 5: Establish a system for tracking BCCRS data and coordinating information sharing among partner agencies.

- Identify a BCPD staff person to regularly analyze BCCRS performance data and provide data analysis to BCPD and behavioral health system leaders. This staff person should collaborate with the MCT to ensure that behavioral health calls are regularly collected and analyzed, and use this information to inform management decisions and allocation of funding to address any gaps in services that may occur. Improving BCCRS's ability to collect and analyze data will increase accuracy when determining the true number of mental health crisis calls, as well as help BCCRS staff more effectively identify people who frequently use its services.
- Modify the 911 call-answering protocol to gather additional information about the mental health status of the caller or the subject of the call.
- Implement policy changes to capture all mental health calls and to identify people who frequently use BCCRS programs and services. These include:
 - Requiring incident reports for instances of repeat calls-for-service with the same person who has behavioral health needs, and in cases of voluntary transports for behavioral health assistance and emergency evaluation.

- Requiring all applicable behavioral health incident offense codes be included in all incident reports, including those that co-occur with other incidents, such as crimes.
- Implementing changes to the system code lists, providing clear definitions for appropriate field use; and training personnel on new code values.
- Establish information-sharing protocols and practices, consistent with federal and state laws on privacy and information sharing, among BCCRS partners and other crisis care providers.
- Develop a process to create a regular, comprehensive report of all mental health crisis calls and responses in Baltimore County, including the 911 Center, the BCPD, Fire and EMS, the Health and Human Services Department, and the Affiliated Santé Group.

Recommendation 6: Develop a process for reviewing and improving BCCRS performance.

- Develop a process where county leaders review comprehensive BCCRS reports on a recurring and regular schedule. This process should be led by the proposed commanding officer and his/her designee, attended by executive leadership, and entail a review of summary reports of the volume and disposition of mental health calls for service, as well as analyses to determine if protocols are being followed, where there are gaps in crisis services, and identification of ongoing areas for performance enhancement.
- Establish protocols to ensure that officer reports on responses to people who have behavioral health needs are regularly reviewed by both county leaders and at the precinct level. BCCRS personnel should review these reports to identify people who use BCCRS programs and services frequently, based on direction from the proposed crisis services working group.

The opinions and findings in this document are those of the authors and do not necessarily represent the official position or policies of the members of the Council of State Governments, or its partners and funders.

About the CSG Justice Center: The Council of State Governments (CSG) Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. It provides practical, nonpartisan advice and evidence-based, consensus-driven strategies to increase public safety and strengthen communities. For more about the CSG Justice Center, see www.csjusticecenter.org.

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