

A MODEL FOR SYSTEMIC CHANGE: BALTIMORE CITY GAP ANALYSIS IMPLEMENTATION PLAN

Maryland Philanthropy Network
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Brandon M. Scott
Mayor

CONSENT DECREE OVERVIEW

- Filed in Court January 2017
- Parties: Department of Justice, Baltimore Police Department, and Mayor and Baltimore City Council for the City
- Purpose: ensure the City and BPD
 - protect individuals' constitutional and statutory rights
 - treat individuals with dignity and respect, and
 - promote public safety in a manner that is fiscally responsible and responsive to community priorities

CONSENT DECREE – BEHAVIORAL HEALTH

- Found Baltimore City in violation of the Americans with Disabilities Act
- Required Baltimore City to:
 - Reconstitute the Collaborative Planning and Implementation Committee (CPIC)
 - Review and revise police policies, data collection and analysis processes, and training curriculum and procedures
 - Conduct a gaps analysis of the behavioral health system in the city

WE ENVISION A POLICE FORCE WHERE:

- Diversion is routine,
- All officers are trained at a basic level to respond to behavioral health emergencies,
- There is a humane response to people in crisis,
- There is a sufficient number of specially trained Crisis Intervention Team (CIT) officers to be dispatched to calls for service involving people experiencing a behavioral health crisis, and
- There is a process for police to respond in partnership with the behavioral health system to allow for more complex diversion opportunities.

COLLABORATIVE PLANNING AND IMPLEMENTATION COMMITTEE (CPIC)

OPPORTUNITY

*Participate in CPIC
meetings*

*Spread the word and
let others know how
to get involved*

*Promote, encourage,
and connect partners
to available
community mental
health training
opportunities*

- Shared leadership (co-chairs: BHSB, BPD, Mayor's Office)
- Comprised of a wide range of individuals and organizations focused on reducing police interactions with people with behavioral health conditions
- Supports BPD and the City to address behavioral health requirements of the consent decree
- Membership open to anyone who shares the goal of preventing people from having unnecessary contact with police
- Meets monthly, 4th Tuesday of the month at 5:30pm
- Subcommittees – Policy, Data, Gap Analysis, and Training and Implementation

BALTIMORE CITY WILL DEVELOP A SYSTEM OF CARE THAT:

- Treats all people with dignity and respect,
- Prevents people from having unnecessary contact with police,
- Diverts people away from the criminal justice system into services that will meet the needs of the individual and their family, and
- De-escalates crisis situations with minimal or no use of force.

BALTIMORE PBHS GAPS ANALYSIS

HSRI, independent
research firm in
Cambridge, MA

Final Report issued in
December 2019

Includes 38
recommendations



Baltimore Public Behavioral Health System Gap Analysis

Final Report, December 2019



EXAMPLES OF RECOMMENDATIONS

- Crisis Intervention Team (CIT) officers in sufficient quantity
- Improved data collection, analysis and data sharing
- Integration of existing BH/police partnerships
- 24/7 crisis stabilization and mobile crisis services
- Comprehensive call center to oversee crisis response system including diversion of calls from 911
- Walk-in urgent care (non-ED)
- Increased system level accountability

IMPLEMENTATION PLAN

OPPORTUNITY

Offer feedback when the plan is released again for public comment

Promote and encourage participation in CPIC

Participate in advocacy efforts

- Focused on most immediate need
- Builds from existing infrastructure
- Realistic timeframes –
 - Meaningful, long-lasting change takes time
- Sustainability is part of planning from the very beginning
- Partnership is critical to success
 - People with lived experience, community members, multiple city agencies, service providers, hospitals, advocates, etc.
- Collective voice has more impact and advocacy will be needed for sustainability
- CPIC provides the infrastructure for ensuring intentional community engagement in service development

IMPLEMENTATION PLAN PRIORITIES

Behavioral Health Crisis Services

Social Determinants of Health

911 Diversion

Peer Driven Services

System Accountability

CRISIS SERVICES

OPPORTUNITY

Encourage participation in GBRICS public meetings and work groups as they are formed

Promote and support the Fund 988 campaign

Let your partners know how to access BH care and link to BHSB as needed for assistance.

When implemented, promote 988 within your network

- BHSB had published a plan to strengthen and expand the crisis response system that is referenced in the Gap Analysis Report
- GBRICS core elements
 - Crisis system standards
 - Comprehensive, integrated call center that is supported with technology
 - Adoption of 988
 - Increased mobile response team capacity that includes peer support services
 - Same-day access to outpatient services
 - Increased data access and system accountability
 - Community driven marketing on how to access care in BH system
- Regular updates provided to CPIC
- CPIC members participate in GBRICS forums

SOCIAL DETERMINANTS OF HEALTH

OPPORTUNITY

Offer feedback when the enhanced plan is released

Participate in the City's Continuum of Care processes

Support and promote anti-stigma activities

Support stakeholder convenings

Three priority outcomes were identified under Social Determinants of Health in the Gap Analysis Report:

(1) Increase coordination among hospital systems in the city that more effectively address the level of trauma, violence, and poverty for people with behavioral health disabilities.

- Convene hospital leaders to facilitate conversations to develop strategy for more collaboration in responding to community health needs assessments across the City and build upon the community health benefit requirements

(2) Fewer individuals with behavioral health disabilities will have challenges finding and maintaining housing

- Develop a plan to expand permanent supportive housing available to people with behavioral health disabilities
- Support Continuum of Care in their effort to build stable infrastructure, monitor data and make strategic decisions
- Evaluate Coordinated Access System

(3) Decrease stigma that creates barriers to individuals with behavioral health disabilities in obtaining stable, integrated housing

- Develop and implement targeted outreach plan to landlords, expand landlord engagement

911 DIVERSION

OPPORTUNITY

Offer feedback on policies when released for public comment

Offer feedback on protocols when presented and discussed with CPIC

Support work of community providers as we expand capacity and funding

911 Diversion Pilot Overview:

- Since mid-June 2021, the City of Baltimore has been piloting a 911 Diversion process in collaboration with the Here2Help line, the City's 24/7 crisis response # funded by BHSB and run by a community partner, Baltimore Crisis Response, Inc.
 - Pilot started with two behavioral health call types, added a third call type in March
 - Has served as a “proof of concept,” a first step in the City's mission to provide the least police-involved response to behavioral health emergencies.

A look at the data:

- 1,143 diversion-eligible instances
 - 421 included BCRI,
 - 694 included BCFD, and
 - 481 included BPD.
- An estimated 13,942 combined BCFD & BPD unit minutes saved by diverted calls

What's next?

- Expand capacity and number of mobile crisis teams (GBRICS)
- Embed mental health clinicians in call center
- Continue to plan and invest in infrastructure to expand 911 diversion to additional call types

PEER DRIVEN SERVICES

OPPORTUNITY

Technical assistance and capacity building workshops for peer run organizations to encourage grant applications

Offer feedback through CPIC

Promote peer certification trainings within your networks

Recommend organizations and/or individuals with lived experience to join CPIC or participate in the peer led leadership group when formed

Create necessary infrastructure to strengthen existing peer-led organizations and increase peer support workforce and services throughout Baltimore City:

- Document a landscape of peer led organizations and develop a peer led leadership group
- Support financial sustainability of peer-run organizations
 - e.g. Accessing Medicaid reimbursement, convening peers to discuss vision for peer-run services, targeted grant programs for peer-led programs, technical assistance/capacity building opportunities for peer-led organizations
- Partner with educational institutions to increase access and opportunity to obtain the Certified Peer Recovery Specialist
- Encourage employment opportunities for Certified Peer Recovery Specialists

SYSTEM ACCOUNTABILITY

OPPORTUNITY

*Attend incident review
debriefs in CPIC
meetings*

*Recommend governance
body members*

Behavioral Health Crisis Incident Review Protocol

- Will include the participation of key decision-makers (Board of Governors) within the city's public behavioral health system to promptly identify where an individual was not adequately served in a Sentinel Event or other behavioral health calls for service, and how such encounters may be avoided in the future
- Reviews will serve to inform continuous improvement in service delivery by reviewing the system and identifying trends and gaps in systems of care and will establish recommendations and implement change as necessary to improve crisis care experience
- Create a process for reviewing recommendations provided with CPIC, receiving feedback on identified recommendations and establishing a system for reporting on progress of implementation and accountability
- Board of Governors will
 - Meet within 45 days of notification of a Sentinel Event
 - Meet on a semiannual basis to review audit of Behavioral Health Calls for Service

COMMUNITY PARTNER PERSPECTIVE

- Kerry Graves, Executive Director, NAMI Metropolitan Baltimore
 - Key partner in curriculum development and implementation of police training



- Johnathan Davis, Executive Director, Baltimore Crisis Response, Inc. (BCRI)
 - Key partner in development, implementation and continuous quality improvement of 911 diversion



DISCUSSION

- Questions?
- Things to think about:
 - Are these the top priorities?
 - How can we engage a broader audience?
 - How do we sustain engagement through a changing landscape and leadership?
 - How do we engage others in the collective advocacy needed for long term success?

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