IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

UNITED STATES OF AMERICA,	*	
Plaintiff,	*	
v.	*	**CIVIL NO. JKB-17-0099**
BALTIMORE POLICE DEPARTMENT, et al.,	*	
Defendants.	*	

NOTICE OF AGREEMENT REGARDING BALTIMORE CITY'S OBLIGATIONS PURSUANT TO PARAGRAPH 97 OF THE CONSENT DECREE

The Baltimore Police Department Monitoring Team ("Monitoring Team") hereby notifies the Court of the agreement of the Department of Justice ("DOJ") and the City of Baltimore (the "City") as to the obligations of the City to assist with the implementation of recommendations developed pursuant to Paragraph 97 of the Consent Decree ("Paragraph 97"). That agreement is memorialized in the memorandum attached as Exhibit A.

Paragraph 97 states:

> The City will coordinate with the Collaborative Planning and Implementation Committee ("CPIC") to conduct an assessment to identify gaps in the behavioral health service system, recommend solutions, and assist with implementation of the recommendations as appropriate. The assessment will include an analysis of a sample of police interactions with people with Behavioral Health Disabilities to identify systemic barriers and solutions, including what precipitated the crisis, what services could have prevented the crisis, how police became involved, how the response to the crisis could be improved, and what can be done to prevent the crisis in the future. The analysis will include identifying gaps in Behavioral Health Disability services (including assertive community treatment, permanent supported housing, targeted case management, crisis services, and substance use disorder services), problems with the quality or quantity of existing services, and other unmet needs that lead to preventable criminal justice system involvement.

ECF No. 2-2 ¶ 97.

The City has worked diligently to satisfy the requirements of Paragraph 97. First, the City retained the Health Services Research Institute to work with the City's behavioral health services system manager, Behavioral Health System Baltimore, to perform an analysis of the gaps in the City's behavioral health services system, (the "Gap Analysis") which was published in December 2019. The Gap Analysis provided over 40 specific recommendations to address the City's behavioral health needs and to help reduce reliance on law enforcement to address behavioral health crisis events. The City next developed an "Implementation Plan" to provide a concrete pathway to achieving the solutions envisioned in the Gap Analysis. The Monitoring Team approved the Implementation Plan on July 18, 2022. *See* ECF No. 525.

With the completion of the Gap Analysis and Implementation Plan, the parties feel it important to specify the precise obligations of the City in "assisting with the implementation the recommendations" generated by the Gap Analysis. *See* ECF No. 2-2 ¶ 97. The Monitoring Team will base its assessments of the City's compliance with Paragraph 97 on these specifics. As laid out in detail in Exhibit A, the City and the DOJ have agreed that these obligations include:

1. Establishing a program with specified attributes to divert 9-1-1 calls and police contacts involving behavioral health emergencies to behavioral health crisis responders instead of police;
2. Creating mobile crisis teams with specified qualifications and attributes capable of meeting a number of specified goals;
3. Supporting peer support through funding and other efforts;
4. Strengthening housing and homeless services through funding, education, advocacy, and outreach;
5. Auditing and reviewing significant behavioral health events that resulted or nearly resulted in serious negative outcomes;
6. Establishing a multi-agency quality assurance and quality improvement process with certain specified characteristics that has the goal of reducing police interventions in behavioral health crises and providing wraparound services; and
7. Negotiating, executing, and implementing a revised memorandum of understanding between the City (including the Baltimore City Police Department)

and the City's behavioral health system manager (Behavioral Health System Baltimore).

This agreement establishes the obligations the City has under the Consent Decree. The specific manner in which the Monitoring Team will measure whether the City has met those obligations, however, has not yet finalized. As the next step, the Monitoring Team, in consultation with the parties, will develop a methodology to assess the City's compliance with these goals.

Accordingly, the Monitoring Team submits this notice of the agreement of the City and the DOJ as to the agreement as to the obligations of the City to assist with the implementation of recommendations developed pursuant to Paragraph 97 attached as Exhibit A.

Respectfully submitted,

/s/

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EXHIBIT A

Implementing Paragraph 97 of the Consent Decree

The City contracted with the Human Services Research Institute ("HSRI") through Behavioral Health System Baltimore ("BHSB") to perform an assessment to identify gaps in behavioral health disability services. The assessment was conducted in collaboration with the Baltimore City Behavioral Health Collaborative (the Collaborative)[1] and its Gaps Analysis subcommittee. The City published the Public Behavioral Health System Gap Analysis Report ("the Report") in December 2019. It met the specifications of Paragraph 97.

The City through BHSB and in collaboration with the Collaborative and the Department of Justice developed a Public Behavioral Health Gap Analysis Implementation Plan ("the Plan") to address the recommendations identified in the Report and released it in June 2022. The Plan aligns with the requirements of the Consent Decree and it demonstrates the City's commitment to addressing the gaps and implementing the Report's recommendations.

To discharge its commitment under paragraph 97 "to assist" in the implementation of the Plan, the City will:

1. Establish a 9-1-1 diversion program operating 24/7 to divert appropriate behavioral health calls and on-scene police contacts to a behavioral health crisis response, instead of a police response. The 9-1-1 system should demonstrate effectiveness in reducing reliance on BPD by accomplishing the following:
    a. Promoting the use of behavioral health services including the use of 9-8-8 rather than 9-1-1.

[1] Formerly the Collaborative Planning and Implementation Committee (CPIC)

b. Staffing the 9-1-1 call center with a sufficient number of qualified personnel to allow for appropriate screening for diversion, and providing them with access to a behavioral health specialist.

c. Establishing protocols and conducting training to ensure that the 9-1-1 operators can identify individuals in behavioral health crises who are appropriate for diversion from police intervention, and connect them to the services they need.

d. Enabling the 9-1-1 operators to connect individuals appropriate for diversion with responders, other than BPD, suited to the handling of behavioral health issues (See Mobile Crisis Teams below).

e. Developing, publishing, and maintaining a public dashboard of data related to diverted and non-diverted behavioral health emergencies.

2. Create sustainable mobile crisis teams that are comprised of a sufficient number of qualified and properly trained personnel with peer support capabilities. The management of the mobile crisis teams shall incorporate the following elements:

a. Services in accordance with national evidence-based models. The staff will receive training in such areas as: crisis intervention and de-escalation techniques; cultural competencies; issues related to youth and aging; trauma-informed services; and Olmstead/ADA requirements.

b. A sufficient number of adequately staffed teams to demonstrate substantial progress toward the goal of providing coverage 24/7 and face-to-face responses on average within one hour of the referral to mobile crisis.

3. Support greater use and work to improve the effectiveness of peer support by advocating for Medicaid funding for appropriate peer support activities and by seeking other funding

as well, such as from private foundations. The City will also work with BHSB and other stakeholders to strengthen the role of peer support in crisis response, such as by including requirements in future mobile crisis contracts.

4. Strengthen housing and homeless services programs to provide greater access and stability to individuals at risk of crises, including those with behavioral health needs. This includes
    a. using housing funds to increase the availability of permanent supportive housing for individuals with disabilities, including behavioral health disorders
    b. readily educating people living in permanent supportive housing on calling 988 for access to behavioral health care
    c. establishing comprehensive outreach services that
        1) are focused on connecting individuals to permanent housing and ongoing community-based care
        2) operate 24/7
        3) include outreach response teams that include
            i. people with lived experience with mental illness, substance use disorder, and/or homelessness,
            ii. behavioral health clinical support for every call/face-to-face contact as needed, and
            iii. training for all staff on behavioral health disorder recognition, crisis de-escalation, and trauma responsive service delivery
        4) are readily accessible to police, EMS, and other emergency services including hospitals

5) include an access mechanism for the general public to make referrals for follow up, develop protocol for this kind of response, and inform the public of its availability

d. advocating for increased funding for affordable, safe housing in Baltimore City recognizing that only housing on demand will fully address the housing needs for people with behavioral health disabilities.

5. Implement the sentinel event review pursuant to the Behavioral Health Crisis Incident Review Protocol for Sentinel Events and Quality Assurance Audits. The City will incorporate the resulting findings and recommendations, including those arising from the Collaborative, in its ongoing QA/QI work in implementing paragraph 97.

6. Establish a multi-agency continuous quality assurance/quality improvement (QA/QI) process

a. with the goal of identifying gaps or obstacles to

1) reducing police interventions in behavioral health crises and

2) ensuring timely access to effective, community-based services, including wraparound services as appropriate, that may

i. prevent people with behavioral health disabilities from having contact with police or using other emergency care unnecessarily, and

ii. redirect people experiencing behavioral health crises to more appropriate community-based services

b. that includes a QA/QI team that

1) evaluates data from

i. calls to 911 and 988,

ii. on-scene referrals,

iii. BPD face-to-face contact for a behavioral health response,

iv. mobile crisis response runs, and

v. relevant community-based behavioral health programs.

2) semiannually, conducts a random audit of behavioral health CAD incidents and a review of behavioral health or crisis-related calls for service, in order to review the system as a whole and identify trends and gaps in systems of care,

i. These CAD incident audits, review of behavioral health or crisis-related calls for service, and resulting review and analysis will be conducted pursuant to the Behavioral Health Crisis Incident Review Protocol for Sentinel Events and Quality Assurance Audits.

3) discusses data in order to identify possible gaps such as

i. unmet or inadequately funded needs (e.g. housing, case management, access to clinical services like Assertive Community Treatment)

ii. insufficient involvement of longer-term, voluntary, community-based behavioral health service providers in the crisis response system,

iii. calls referred inappropriately for behavioral health community-based response,

iv. calls and on-scene police contacts that should have been but were not referred for a behavioral health response, and

v. other systemic issues that impede efforts to respond to people in crisis.

4) Advocates for data that is needed and not currently available.

5) Discusses identified gaps with the Collaborative, who is responsible for advocating for resources to implement solutions and assessing progress made toward intended outcomes.

c. that is, by design, ongoing and evolves. Data sharing is limited by rules and regulations. Information will be shared as appropriate through the Collaborative and may lead to

1) refining the 9-1-1 call center protocol,

2) enhancing training for police, EMS, 911 call center staff or behavioral health providers,

3) advocacy on the part of the city in partnership with BHSB and other Collaborative stakeholders to address gaps, and/or

4) strategies to increase access to resources or additional community-based behavioral health services.

7. Negotiate, execute, and implement a revised MOU among the City (including but not limited to BPD and BCFD) and BHSB in order to ensure accountability for the work required to implement paragraph 97 on an ongoing basis. This includes providing City resources to staff the Collaborative and its work in an ongoing and meaningful way.