



BALTIMORE CONSENT DECREE MONITORING TEAM

COMPLIANCE REVIEW REGARDING OFFICER ASSISTANCE & SUPPORT

November 30, 2022

CD
Monitoring
Team

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I. EXECUTIVE SUMMARY

Paragraphs 436 through 441 of the Consent Decree address the Baltimore Police Department's ("BPD" or "the Department") programs and resources related to officer assistance and support. These include the operation of an Employee Assistance Program ("EAP") for sworn officers; the provision of counseling and mental health services; the availability of peer support services; and the development of health and well-being protocols after a traumatic incident or during significant events such as public demonstrations or civil unrest.

The Monitoring Team has conducted a compliance review to determine if BPD is complying with the Decree's specific requirements regarding officer assistance and support. This review finds that BPD, and its Officer Safety and Wellness ("OSW") section, have engaged in a number of new and useful initiatives relating to officer assistance, safety, and wellness. Especially given the lack of coordinated, centralized services within BPD before 2018, the progress that the Department has made is noteworthy, important, and commendable. Indeed, the Monitoring Team's review found ample evidence of the Department and OSW undertaking initiatives and creating programs for officers well beyond what the Decree strictly requires. Nevertheless, the Department will need to demonstrate some additional progress and more sustained improvement in some areas to demonstrate initial compliance with the specific requirements of the Decree.

Summary of Findings

- **BPD is providing, and BPD members are increasingly utilizing, an Employee Assistance Program that provides officers and members of their households with counseling and assistance services.** Through a partnership with Behavioral Health System Baltimore ("BHS"), individuals accessing the EAP receive free, confidential mental health counseling and support services. The portion of BPD officers who have used EAP services in some way increased from 15.5% in 2020 to 31.0% in 2021.
- **A large portion of BPD officers appear to know that the EAP is available and have at least some knowledge about the types of help that they can access through the program.**
- **Although BPD and OSW have engaged in a variety of robust efforts to raise awareness of EAP and officer wellness resources, EAP information is not as available in BPD's districts as it should be.** During in-person audits of all nine BPD districts, the Monitoring Team did not identify much material related to officer wellness generally or to the EAP program. Indeed, in many locations, command staff or supervisors had to search actively for the material – with many unaware of whether there was such information present.

- **BPD has created and maintains a Decree-required list of mental and physical health service providers that are available for the EAP – and is appropriately making this information available to BPD officers.**
- **BPD’s Peer Support Team is meaningfully responding to critical and traumatic incidents to provide the emotional, social, and practical support that the Decree requires. This brings the Department into initial compliance with requirements related to peer support.**
- **The Department has made substantial and commendable strides toward implementing the type of peer intervention program that the Decree requires, but performance in the field still needs to demonstrate sustained, effective intervention when appropriate.** The Monitoring Team has previously found BPD’s Ethical Policing is Courageous (“EPIC”) training – which addresses active bystandership and peer intervention in instances where officers may be engaging in, or may be about to engage in, conduct contrary to policy – to be of high quality. At the same time, in its compliance review and outcome assessment on the use of force, the Monitoring Team found that officers were not intervening as much as necessary in instances where their peers were engaging in conduct contrary to policy. Consequently, this assessment finds BPD remaining on track toward compliance with requirements relating to peer intervention.
- The Monitoring Team’s review of BPD after-action reports and the self-reporting of officers participating in an anonymous survey that the Team conducted in 2022 suggests that **BPD appears to be offering mental health evaluations to officers following a traumatic incident.**
- **BPD has made progress toward implementing wellness protocols during periods of public demonstrations and civil unrest.** The Decree requires BPD to implement protocols related to officer wellness during public demonstrations or civil unrest. The Monitoring Team reviewed evidence that many of these protocols were being followed. However, deficiencies with documentation prevent the Monitoring Team from certifying compliance with respect to these protocols.
- **BPD is appropriately and adequately assessing the quality of its safety and wellness programs on an annual basis.**

II. BACKGROUND

A. The Department of Justice’s Investigative Findings Regarding Officer Assistance and Support

The Department of Justice’s investigation of BPD identified a number of “systemic deficiencies” that “impair[ed] officer safety and effectiveness and [led] directly to violations of the Constitution and federal law.”¹ One such systemic deficiency was the Department’s “fail[ure] to support its officers” in a number of critical ways that included a “lack [of] critical resources to support officers, such as psychological counseling for officers following a traumatic incident”² and access to a “peer support program.”³

B. Consent Decree Requirements

The Decree requires BPD to establish a variety of mechanisms for providing support and assistance to sworn personnel. First, the Department must maintain for “all sworn officers” an EAP that provides “access to no- or low-cost counseling and mental wellness services.”⁴ As part of the EAP, the Department must keep updated “a list of mental and physical health service providers” and ensure “easy access to . . . information” about EAP resources.⁵

Second, the Decree requires BPD to “develop peer support services including” (1) “[a] peer support program through which officers provide emotional, social, and practical support to other officers,” and (2) “[a] peer intervention program” focused on “active bystandership” and peer intervention.⁶

Third, BPD must implement procedures and protocols regarding (1) “mental health evaluation(s)” before an officer returns “to full duty following a traumatic incident,” and (2) mental health and well-being for officers “deploy[ed] during public demonstrations or civil unrest.”⁷

Finally, the Department must conduct annual assessments of its “officer assistance and support programs to ensure officers are provided adequate support to maintain their physical and mental health.”⁸

¹ U.S. Department of Justice, *Investigation of the Baltimore Police Department* (Aug. 10, 2016), <https://www.justice.gov/crt/file/883296/download> [hereinafter “DOJ Findings Letter”] at 128.

² *Id.* at 137.

³ *Id.* at 138.

⁴ Dkt. 2-2 ¶ 436.

⁵ *Id.* ¶ 437.

⁶ *Id.* ¶ 438.

⁷ *Id.* ¶¶ 439–440.

⁸ *Id.* ¶ 441.

C. BPD's Implementation Progress to Date

This report addresses the various steps that BPD has taken toward complying with the Decree as part of its compliance evaluations.

III. SCOPE OF THE REVIEW & DETERMINING COMPLIANCE STATUS

This assessment is a compliance review. The Monitoring Team has previously described this assessment type:

Compliance reviews are . . . evaluations of BPD performance in different areas of the Consent Decree. They are conducted with an eye toward determining how far BPD has come, and how far it still needs to go, to achieve compliance with [particular] Consent Decree requirements⁹

This report evaluates BPD's compliance with Paragraphs 431 through 437. The Monitoring Team, in collaboration with BPD and DOJ, has previously adopted and used a standardized way of scoring BPD's performance in its effort to fully implement the Decree's many requirements:

0 - Not Assessed: The Monitoring Team has yet to assess if the City/Department has made progress or complied with the requirement.

1 - Not Started: The City/Department has not yet demonstrated progress toward implementing the requirement, possibly in order to work on other, necessary projects.

2 – Planning/Policy Phase: The City/Department is addressing the planning and/or policy provisions for the requirement.

3 – Training Phase: The City/Department is addressing the training provisions for the requirement, based on approved policy.

4 – Implementation Phase: The City/Department is in the implementation phase for the requirement, having developed any required plan or policy and conducted any required training, but has not yet demonstrated compliance with the requirement.

4a – Implementation - Not Assessed: The City/Department has initiated the implementation phase for the requirement, but the Monitoring Team has not yet assessed the City/Department's progress in implementation.

4b – Implementation - Off Track: The City/Department is not making satisfactory progress toward compliance with the requirement.

⁹ Dkt. 279-1 at 22–23.

4c – Implementation - On Track: The City/Department is making satisfactory progress toward compliance with the requirement.

4d – Implementation - Initial Compliance: The City/Department has demonstrated compliance with the requirement but has not sustained compliance for the required time period specified in Paragraph 504 of the Consent Decree.

5 – Sustained Compliance: The City/Department has complied fully with the requirement and has demonstrated sustained compliance by consistently adhering to the requirement over time, as defined in Paragraph 504 of the Consent Decree.

This review is largely focused on whether BPD has, or has not, moved from working to implement the Decree’s requirements on officer assistance and support to having successfully implemented those requirements in practice.¹⁰ To make determinations about whether BPD is in Initial Compliance with a material requirement of the Decree, the Monitoring Team continues to weigh the following factors:

- 1. The quality of BPD’s performance across a material span of time, number of incidents/events, and number of officers.** Successfully carrying out a requirement in practice requires more than meeting expectations on one day, in one case or event, or for one officer. Instead, it requires that BPD adhere to Decree requirements across a material span of time, number and/or portion of incidents, and number of officers. In this way, isolated compliance does not establish “Initial Compliance” in practice. At the same time, however, isolated non-compliance does not, by itself, eliminate the possibility of systemic compliance. The issue is whether, across time, events, and people, BPD is, in aggregate, sufficiently doing what the Decree requires. For some requirements that are applicable only to a relatively small absolute number of incidents or circumstances, performance in a single instance may weigh more significantly than it would in connection with a more commonly implicated requirement.
- 2. The severity or significance of deviations from Consent Decree requirements, BPD policy, and/or law.** The Monitoring Team considers not simply whether BPD’s performance has deviated in some instances from the Decree’s requirements but also the severity or significance of that deviation. Several minor or more technical deviations from administrative requirements may be different in quality than a single significant or gross deviation from core requirements for officer performance in the field. Likewise, deficient performance in connection with less foundational

¹⁰ See Dkt. 2-2 ¶ 506 (indicating that Initial Compliance with any material requirement of the Consent Decree involves evaluating whether a given requirement “is being carried out in practice by BPD”).

requirements or issues may be different in quality than deficient performance in connection with significant requirements or issues.

- 3. The extent to which BPD is identifying and appropriately addressing problematic performance.** In its focus on accountability, supervision, and mechanisms for fostering critical self-analysis within BPD, the Consent Decree expressly contemplates that a BPD in compliance with the Decree will have mechanisms in place to engage with departmental and officer performance that is deficient in some way. Therefore, the Monitoring Team's compliance reviews consider whether, when BPD personnel have deviated from policy, law, or Decree requirements, the Department has identified the deviation and, if so, if it has appropriately addressed the issue. With respect to Consent Decree implementation and meaningful organizational change, the Department is in a different condition if a policy deviation is identified and appropriately addressed than if the deviation goes unnoticed and unaddressed.
- 4. BPD's progress over time.** Where possible, the Monitoring Team aims to situate its evaluation of BPD's performance in terms of progress over time. Steady improvement may suggest positive, meaningful adoption of Consent Decree requirements in a way that erratic swings in performance over time may not.

IV. EVALUATION OF BPD'S COMPLIANCE WITH DECREE REQUIREMENTS REGARDING OFFICER ASSISTANCE & SUPPORT

This section evaluates BPD's compliance with the Consent Decree's requirements regarding officer assistance and support. The Monitoring Team must emphasize that, since the start of the Decree, **BPD has taken a number of steps, and implemented a variety of initiatives, that go beyond what the Decree requires in this area.**

"Prior to 2018, there was little or no support focused on the health and wellness of BPD officers."¹¹ That changed "[i]n January 2018, [when] the first Officer Safety and Wellness section was created within" BPD. The Department indicates that the "goal of the section is to improve the personal and professional lives of department members by encouraging a healthy lifestyle, mental health checkups, and providing access to various other resources."¹²

Compliance with the Consent Decree's requirements on assistance and support, including those relating to the EAP and peer support, are the responsibility of the Officer Safety and Wellness ("OSW") section. OSW also coordinates a number of other initiatives aimed at officer wellness. For instance, OSW:

- "[D]eliver[s] care packages to officers in the field as a means of maintaining relationships and marketing" officer wellness resources.¹³ In 2021, OSW members "delivered a total of 891 care packages";¹⁴
- Helps to coordinate a therapy dog program for "officers seeking to reduce their threat," which has included the development of "an official policy" on the use of therapy dogs;¹⁵
- Assists in coordinating and publicizing an "acupuncture program administered through Mend Acupuncture in Baltimore" that "provides officers with treatments for stress and body pain";¹⁶
- Has hosted "breast cancer awareness events [to] educate BPD officers on the importance of screening and early detection";¹⁷
- Distributes email communications on a variety of topics, including "at-home exercise[], safety belt reminders, healthy eating tips, and" EAP resources.¹⁸

The Monitoring Team's charge is to evaluate BPD's compliance with the Decree's particular

¹¹ Baltimore Police Department, *Officer Assistance Assessment Report 4* (Dec. 2020).

¹² *Id.*

¹³ Baltimore Police Department, *Officer Safety and Wellness: Annual Report–2021 12* (June 21, 2022).

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ Baltimore Police Department, *Officer Safety and Wellness: Annual Report–2021 13* (June 21, 2022).

requirements. However, we recognize and commend Department efforts that do not fall strictly within the scope of Paragraphs 436 through 441 because they help both to build awareness of Decree-required resources and to enhance officer health and wellness. Where these efforts have reinforced or promoted compliance with Decree requirements, the following sections reference them as appropriate.

A. Paragraph 436

1. Provision of EAP

BPD will provide an Employee Assistance Program (“EAP”) to all sworn officers, which allows access to no- or low-cost counseling and mental wellness services including: confidential counseling services; crisis counseling; stress management counseling; and mental health evaluations.

Paragraph 436 generally requires BPD to maintain counseling and mental health services for officers at no or minimal cost. The Department has established an EAP program. A partnership with Behavioral Health System Baltimore (“BHS”) is the primary vehicle for providing EAP services, with BHS professionals engaged to “provide on-scene counseling and debriefings for officers involved in critical or traumatic incidents, as well as one-on-one therapy sessions with family members.”¹⁹

According to a brochure about EAP created by BPD and BHS, the EAP provides both officers and their “household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities.”²⁰ The brochure notes that services are “provided and paid for by the Baltimore Police Department” and “completely confidential.”²¹ As part of the EAP, a BPD officer or household member is matched with a “Care Coordinator [who] will confidentially assess the problem . . . and connect . . . the appropriate resources.”²² The program offers participants “[u]p to six free counseling sessions per issue,” with BHS referring individuals “to a long-term treatment provider” in the event that “a matter requires longer treatment.”²³

According to BHS and BPD, the portion of BPD officers who have used EAP services in some way – i.e., have engaged with BHS professionals for some type of counseling or mental health

¹⁹ *Id.* at 8.

²⁰ Baltimore Police Department and BHS, Officer Safety and Wellness Brochure, provided to the Monitoring Team by BPD. *See* Figure 5.

²¹ Baltimore Police Department and BHS, Officer Safety and Wellness Brochure, provided to the Monitoring Team by BPD.

²² *Id.*

²³ *Id.*

service or evaluation – increased from around 16% in 2020 to 31% in 2021.²⁴ BPD reports that officers who utilize EAP services are most likely to be between the ages of 31 and 50 (approximately 45% of program utilization in 2021) and to have more years of experience with BPD, with officers with 10 or more years of experience accounting for 56% of program utilization in 2021.²⁵

Among those officers who provided BHS and BPD with information about reasons that they elected to utilize EAP in 2021, work stress (26% of officers utilizing EAP), personal stress (22%), and relationship issues (21%) were most common. Family concerns (9%), anxiety (8%), trauma (6%), depression (4%) and grief/loss (4%) were also cited.

2. Availability of Information About EAP

BPD will provide information about this program in all BPD facilities.

The Decree obligates BPD not just to maintain an EAP but to meaningfully publicize the availability of EAP resources to officers across the Department. This general obligation is addressed both in Paragraph 437 (discussed below), which requires BPD to maintain and circulate updated information about wellness resources, and Paragraph 436, which requires BPD to provide EAP information in all Department facilities.

The Department has sought to distribute information on the EAP to officers in a few different ways. First, in 2021, Officer Safety and Wellness peer team members “conducted numerous ‘pop-up’ health workshops at each of the nine police districts.” At the pop-ups, BPD personnel could “obtain educational materials from vendors and hear more about” officer safety and wellness resources.²⁶

Table 1. BPD Officer Safety & Wellness Peer Team “Pop-Up” Health Workshops (2021)

Date	Location/District	# of Participants
April 12 – 16	Communications Section	55
June 4	Eastern	54
July 29	Southwestern	86
August 12	Western	65
August 26	Southern	67
September 9	Northeastern	40

²⁴ Baltimore Police Department, *Officer Safety and Wellness: Annual Report–2021* 8 (June 21, 2022).

²⁵ *Id.* at 8–9.

²⁶ *Id.* at 10.

September 16	Central	43
September 30	Southeastern	66
October 7	Northwestern	65
October 13	Northern District	83
November 11	Headquarters	120

Source: BPD

Additionally, in 2021, the peer wellness team “hosted two ‘lunch and learn’ sessions” for “52 attendees” that “further promote[d] . . . wellness resources and educate[d] officers on how to manage common workplace stressors.”²⁷ The 2021 “lunch and learn sessions” built on the success of 9 similar sessions in 2019²⁸ and another 9 sessions in 2020.²⁹

Second, OSW developed the brochure about EAP and how to access EAP resources, described previously Section IV(A)(1) and depicted in Figure 5 (see Section IV(B), below).

Third, OSW developed and has maintained a “list of wellness providers who are part of BPD’s” EAP, and “distributed [the list] to members on a regular basis via e-mail and posted on BPD’s intranet.”³⁰

Fourth, OSW indicates that it maintains ongoing communications via email and other avenues, including ongoing programming for officers, that provide the list of EAP providers and seek to raise awareness of safety and wellness resources.

The purpose of distributing information about EAP resources is to raise officer awareness. An EAP is useful only if personnel know that it exists and know how to access it. To understand more about officer knowledge about, and views of, officer wellness programs, the Monitoring Team, with assistance from BPD, fielded an anonymous electronic survey in 2022. Participation in the survey was voluntary. BPD asked officers across ranks to participate through Department-wide email communications. A total of 650 BPD officers provided a response to at least one survey question, though not all officers who began the survey completed it or answered every question.

Overall, the vast majority of officers who responded to the Monitoring Team’s anonymous survey (81.5%) indicated that they had at least *some* level of awareness about the EAP program.

Table 2. BPD Officer Awareness of Employee Assistance Program

²⁷ *Id.*

²⁸ *Id.*

²⁹ Baltimore Police Department, *Officer Assistance Assessment Report 6* (Dec. 2020).

³⁰ Baltimore Police Department, *Compliance Assessment: Officer Assistance and Support 1* (Dec. 16, 2021).

Response <i>Question: Before taking this survey, were you already aware that BPD provides an Employee Assistance Program?</i>	% N
Yes - I was aware of the EAP and its function	61.7% 314
Yes - I was aware of the EAP program, but didn't know its name	9.6% 49
Yes - I was aware of the EAP, but didn't know who/what it was for	11.0% 56
No - I was not aware of the EAP	17.1% 87
Blank	0.6% 3
Total	509

Further, and central to the requirements of paragraph 437, **the majority of participating officers could identify at least one way in which BPD had previously communicated to them about the EAP.**

Table 3. BPD Officer Source of Information about EAP

Response <i>How did you learn about the EAP (select all that apply)?</i>	% n
Academy/Training	58.9% 247
Roll Call	22.9% 96
Posted Flyer	14.8% 62
Email	43.7% 183
Other	10.0% 42

Notes: Percent of n=419 respondents who selected "yes" to previous question about awareness; because respondents could select all that apply, % will not add to 100%, and n will not add to 419.

BPD has separately conducted its own “Annual Health & Wellness Survey” of employees. Its findings indicated a high rate of awareness about the EAP – indeed one that is higher than the Monitoring Team’s 2022 survey. The difference may stem from any of several factors. First, BPD’s findings were from 2020 and 2021, while the Monitoring Team conducted its survey in 2022. Second, BPD’s survey question was framed slightly differently, focusing on officer awareness of an “employee wellness program” rather than the Employee Assistance Program. BPD has indicated to the Monitoring Team that one reason for this difference in measured awareness between the Monitor’s survey and BPD’s own survey is the term “EAP.” Although the Consent Decree expressly uses the term, BPD more regularly uses the term “wellness” to encompass both those services that fall under the Decree’s definition of the EAP and additional services related to officer well-being.

Table 4. BPD Officer EAP Awareness (BPD Survey, 2020–2021)

Response	2020	2021
<i>I am aware that my employer has an employee wellness program.</i>		
Yes	96.5% 1,209	96.7% 494
No	3.5% 44	3.3% 77
Total	1,253	511

Source: BPD

BPD’s survey and the Monitoring Team’s own survey found a comparatively large portion (80% to 90%) of officers saying that they have some level of knowledge about what specific types of resources the Department’s EAP offers.

Table 5. BPD Officer Knowledge of EAP (BPD Survey, 2020–2021)

Response	2020	2021
<i>I know what the employee wellness program offers.</i>		
Yes	44.9% 563	47.2% 241
Somewhat	40.8% 511	41.7% 213
No	14.3% 179	11.2% 57
Total	1,253	511

Source: BPD

The existence of BPD's various EAP resources constitutes encouraging progress. Likewise, the Department has clearly raised awareness among personnel about both the existence of the EAP generally and about the types of help that officers might access through the program.

At the same time, the Monitoring Team interprets Paragraph 436 as obligating the Department to provide information about the EAP program across all BPD facilities not simply in a standalone or one-off manner but continually so that officers can access information if and when they need. To that end, the Monitoring Team sought to determine whether BPD's districts maintain information about EAP resources for BPD personnel.

Between August 10, 2022 and August 12, 2022, the Monitoring Team visited all nine BPD districts on an unannounced basis. At each, a member of the Monitoring Team presented themselves to the officer at the front desk and asked to speak to the highest-ranking officer available. The Monitoring Team let this BPD representative know that the Monitoring Team was present to perform an audit of the district for officer safety and wellness materials. In particular, the Monitoring Team indicated an interest in seeing:

- Posters, signs, or other materials hanging in the district relating to wellness programs;
- Brochures available for officers on EAP or wellness topics;
- Other materials available regarding employee wellness services, mental health support, peer support, and the like.

Overall, as the following discussion of materials found in each of BPD's districts inventories, the Monitoring Team did not find that material related to officer wellness, assistance, or support was widely available. Some districts maintained a dedicated bulletin board or "wellness space." The Department had hosted a wellness fair on July 31, 2022, and most districts displayed a flier marketing the fair in their roll call rooms. Beyond this information, which focused on a special event, the Monitoring Team regularly found insufficient resources related to the EAP specifically or to wellness specifically in BPD's districts. Indeed, in many districts, command staff or supervisors had to search actively for the material around the district, with many unaware of whether there was such information present.

Separately, several districts displayed a framed photo of three officers in dress uniforms with a caption underneath in bold, red font reading, "Policing your thoughts comes first. Officer safety through great mental health." Smaller, black text displayed the number for a crisis hotline. In the districts that displayed the image, it often hung near photos of City and BPD leadership – which made it look like another headshot rather than a wellness resource. Additionally, the image's text was small, which seemed to require that a person be very close to the image to receive the broader

message. The image was often overlooked by commanders and senior BPD leaders as they looked for materials that might qualify as relating to officer wellness – suggesting to the Monitoring Team that it is not a sufficient tool to promote a wellness resource. BPD indicates to the Monitoring Team that it agrees that improvements can be made in this area and that the Department is working to create a new, larger poster with all relevant phone numbers and information – as well as a QR code linked to the officer safety and wellness resource/EAP provider list. The Monitoring Team looks forward to seeing this strong idea implemented across BPD’s districts going forward.

The following sections briefly summarize the Monitoring Team’s observations from specific district audits.

a. Eastern District

A desk in the Eastern District’s roll call room serves as a repository of information for officers. During the Monitoring Team’s visit in August, it was full of a variety of materials covering an array of topics – from trainings and information about wanted individuals to departmental directives. One of the materials available on the table was a brochure about EAP services. The district also displayed the framed photo that had the suicide prevention hotline number under a photo of three officers.

Figure 2. Eastern District Roll Call Table



Source: Monitoring Team

Figure 3. Crisis Hot Line Framed Image, Eastern District



Source: Monitoring Team

b. Northeastern District

This district had very little easily displayed beyond the aforementioned framed suicide prevention photo. A Lieutenant told the Monitoring that “there used to be a bulletin board” with wellness materials, but no such materials were displayed.

c. Northern District

The Northern District displayed wellness material on a full bulletin board inside the roll call room, where it was reasonably accessible to all sworn personnel. The board displayed a wealth of useful information about various topics and resources. The Monitoring Team notes that, while not strictly required by the Decree, the bulletin board area might be even more useful to officers if it featured additional pamphlets or fliers that personnel could take with them.

Figure 4. Officer Resource Bulletin Board, Northern District



d. Southeastern District

The Southeastern District did not have much EAP information displayed. However, the district was in the process of refashioning several bulletin boards, and signs of this active work in progress were clear to the visiting Monitoring Team member. A brochure about officer wellness programs was visible on the Commander’s podium. The framed suicide prevention picture was also displayed.

e. Southern District

Although personnel made a protracted, good-faith effort to identify officer wellness materials for the Monitoring Team to review, relatively little was available in this district. Ultimately, a health fair brochure was observed hanging and – unique to this district – a list of chaplains and peer assistance members was available on a bulletin board in a corner of the district near where a variety of paper forms that officers may need to access are available. The suicide prevention image was again displayed.

f. Western District

The Western District had little available to officers beyond the wellness fair poster and the framed suicide prevention photograph. In searching for possible wellness program materials, the officer in charge began asking officers if they had seen any wellness resources available. Few had, with

personnel saying in response, “What are the wellness programs?,” “I’ve never seen a brochure or flier,” and “We don’t do bulletin boards.”

g. Southwestern District

The BPD member who toured the Southwestern District with the Monitoring Team member noted that the July 2022 health fair poster had been posted but taken down after the event had concluded. The District also purported to have displayed the framed suicide prevention image, but it was no longer displayed. No EAP brochures or fliers were displayed or accessible. A flier entitled “Health + Wellness for City of Baltimore Employees” relating to COVID-19 protocols was displayed on one wall, while a general Baltimore City crisis information line poster was also displayed.

h. Central District

The Central District had the health fair brochure out in three locations in the roll call room. A financial education card on the podium for the commander was available to be read out to the officers. A few benefits-related brochures were available.

3. Conclusion

BPD has established and maintained a robust EAP program that provides officers with the services that Paragraph 436 requires. Even as OSW has undertaken a variety of activities to promote officer safety and wellness resources, however, the inadequacy of visible information on EAP resources in districts prevents a finding of initial compliance with Paragraph 436.

The Monitoring Team understands that BPD is preparing posters for districts advertising the EAP and providing a QR to EAP resources. The Team anticipates that this initiative may very well be sufficient to bring BPD into compliance with Paragraph 436 after it is implemented.

B. Paragraph 437

BPD will compile, periodically review and revise as necessary, and maintain a list of mental and physical health service providers available as part of the EAP to all officers and employees. BPD will ensure that officers have easy access to this information through email, the BPD website, or other means.

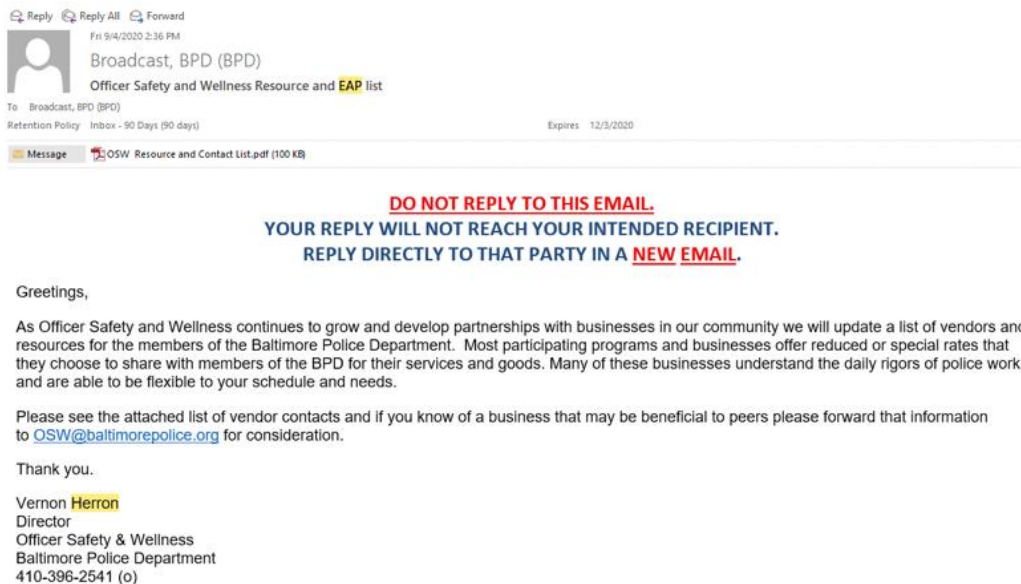
Paragraph 437 of the Consent Decree requires that BPD create and make available a list of mental and physical health providers and ensure that personnel have “easy access to this information” through at least one of a variety of means.³¹ To assess compliance, the Monitoring Team reviewed

³¹ Dkt. 2-2 ¶ 437.

(1) the availability of EAP provider information to officers and employees and (2) whether BPD officers indeed knew about the availability of EAP providers.

BPD provided the Monitoring Team with documentation about the various ways it says it has used to circulate information about the EAP and the mental and physical health providers who are part of it. Initially, BPD provided two emails, displayed in Figure 4, that it circulated to all employees on September 4, 2020 and January 13, 2021. The 2020 email attached a PDF with various resource and contact information. The 2021 email reminded officers of free mental health resources available through BHS but did not include an attachment with contact information for specific services. BPD has indicated that the Monitoring Team that this 2021 email was sent every day from January 13 through January 31, 2021 – which is consistent with how the BPD broadcast e-mail system currently works, in which the sender of the email designates how frequently emails should be sent and re-sent and the period of time that they should be circulated.

Figure 5. Sample BPD EAP Communications



From: Sullivan, Charles K. (BPD) **Sent:** Wednesday, January 13, 2021 3:56 PM **To:** Broadcast, BPD (BPD) <BPD.Broadcast@baltimorepolice.org>
Subject: Start the New Year off Right

Please broadcast starting today and ending on 1/31/2021

Greetings,

Have you scheduled your annual physical exam for 2021? How about your bi-annual dental cleaning? These things are important **and, so is your mental health**. Officer Safety and Wellness wants to help get you started on the right track for 2021.

As a member of the Baltimore Police Department, you are entitled to a free and confidential **mental health CHECKUP!** By contacting our partner, BHS, you can take advantage of this free service offered to you and your family. Please join me in protecting our mental health, I have had mine, so get your free and confidential health checkup TODAY!!

Thank you.

Vernon Herron
Director
Officer Safety and Wellness
410-396-2541 (o)

Source: BPD

After reviewing a draft version of this assessment report, BPD provided a set of additional emails relating to a variety of officer health and wellness topics. These included a number of email communications about general officer wellness topics, including the availability of peer support officers for issues related to stress and alcohol use and the publicizing of a breast cancer awareness event, and additional topics.

The emails also included additional electronic communications to BPD personnel with lists of available mental and physical health providers. For instance, a September 2021 email circulated the entire EAP/officer wellness provider list. A March 2021 email circulated a list of physical health resources for officers, including facilities and fitness resources providing discounts to BPD members. Additional emails, such as a recent October 2022 communication related to suicide awareness month, steered officers to the EAP list via the BHS app, discussed below.

BPD also provided the Monitoring Team a PDF file of a pamphlet that it indicates is made available to Department personnel, pictured in Figure 5. The Monitoring Team verified that the “MyBHS Portal” login information provided in the pamphlet (see Figure 6) is active, and observed that the website is current as of the date of this report. BPD reported, and provided documentary evidence to the Monitoring Team, that it distributed an electronic flyer on how to access BHS services via the Department’s PowerDMS training platform in February 2020. BPD also demonstrated that PowerDMS also maintains updated versions of the EAP resource provider list.

Figure 6. BPD Health and Wellness Program Brochure

ASSISTANCE

About BHS
At BHS, we're in the business of bettering lives, so employees can bring their best selves to work. BHS' wide range of services raises productivity, opportunity, happiness and success for individuals and organizations.

Support Services
A Care Coordinator will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. This may include long-term support or the need for further assessment. The Care Coordinator then becomes your personal point of contact and will keep in touch to ensure you achieve your desired outcomes.

Baltimore Police Health and Wellness Program
• is a FREE* service benefit provided and paid for by the Baltimore Police Department
• is completely confidential
• provides access to a panel of clinicians and professional resources nationwide
• provides TTY and a Language Line for over-the-phone translation

Life is Full of Unexpected Challenges
Everyone experiences personal or work-related problems that can become unmanageable. With the help from BHS, many of these challenges can be easily resolved.

Relationships	Transitions	Risks	Challenges
Spouse/Kids	Marriage/Divorce	Depression/Anxiety	Stress/Conflict
Boss/Co-worker	Birth/Death	Suicidal thoughts	Financial/Legal
Customers	Promotion/Retirement	Burnout/Anger	Parenting/Balance
Friends	Health/Illness	Substance abuse	Daily responsibilities

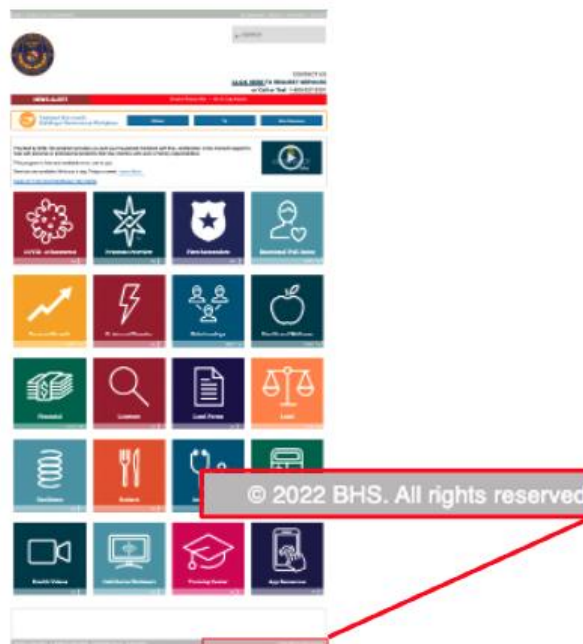
ACCESS SERVICES
CALL or TEXT **800-327-2251**
TTY and Language Line Accessible
MOBILE APP
portal.BHSONline.com | username: BPD
Access online and through the app
*If you require a referral for long-term treatment, costs may be incurred. These are often covered by your health insurance plan.

bhs.

Source: BPD

Even as this brochure and the accompanying MyBHS portal are useful, the Monitoring Team's audits of EAP-related information in BPD's districts, discussed previously, found that, as of August 2022, the brochure was not readily available to BPD personnel in districts.

Figure 7. BHS Website (2022)



Source: BHS Internal Website (2022), accessed by Monitoring Team June 2022

BPD's EAP brochure also references a mobile app that personnel can use to access support services. Although reviews available in the Google Play store, dated from 2022, suggest that the app was, at least at some point, not functional and only provided users with a blank page, BPD has indicated to the Monitoring Team that this may be because the app only works for BPD employees. That is, non-BPD personnel cannot download the app and use it. BPD personnel provided the Monitoring Team with documentary evidence that the app is accessible, provides information on the EAP, and allows users to call the EAP telephone number directly.

Considering BPD's efforts at disseminating information about the EAP together, the Monitoring Team finds that BPD is in initial compliance with Paragraph 437 regarding the availability of the EAP provider list.

C. Paragraph 438

The BPD will develop peer support services including:

- a. A peer support program through which officers provide emotional, social, and practical support to other officers; and*
- b. A peer intervention program through which BPD will provide officers with training, based on theories of active bystandership and passive bystandership, (1) to safely intervene before an officer engages in unethical behavior, to prevent it from occurring; (2) to accept an intervention from another officer when it occurs; and (3) provide emotional, social, and practical support to officers who intervene to prevent or end unethical behavior.*

1. Paragraph 438(a): Peer Support Program

Paragraph 438(a) requires BPD to develop a peer support program. BPD's Policy 1711, which became effective on December 7, 2020, outlines "responsibilities and expectations of Peer Support Team members."³²

Under BPD policy, "the Peer Support Team shall be composed of BPD members, sworn and civilian, who maintain their normal duties, and a Psychological Service Provider."³³ BPD members must apply, be interviewed, and be selected to be a Peer Team member, and must have "[e]xcellent listening and interpersonal skills," "[t]he respect and confidence of command and/or subordinates in the Department," and "[a] disciplinary history that does not include

³² Baltimore Police Department, Policy 1115 (last rev. Dec. 7, 2020), available at <https://public.powerdms.com/BALTIMOREMD/documents/810072>.

³³ *Id.* at ¶ 19.

misrepresentation of facts or any other conduct that would indicate that a member is unfit to serve as a Peer Mentor” serving as specific selection criteria.³⁴ As of October 4, 2022, there were 54 Peer Support Team members.

New Peer Support Team members receive training on the program and the role.³⁵ Training was held for Peer Support Team members in March 2021, with a Zoom refresher training occurring in October 2021. Support Team members also receive a “pin which will be affixed to their uniform blouse, or on the members’ outer garment” to identify them as a member of the Peer Support Team.³⁶

The Peer Support Team is managed by a Peer Support Team Coordinator.³⁷ The Coordinator ensures that Peer Mentors acquit themselves of their Peer Support Team duties appropriately and attend “all initial and on-going training opportunities for new and current members.”³⁸ The Coordinator also “manage[s] the administrative and logistical functions of the Team.”³⁹ The Coordinator, and the Peer Support Team, operate “under the direction and supervision” of BPD’s Officer Safety and Wellness Section.⁴⁰

The Peer Support Team is intended to be an officer wellness and assistance resource separate from the EAP.⁴¹ Like the counseling and mental health services that members can access through the EAP, “[m]ember participation and involvement with the Peer Support Team is strictly voluntary.”⁴²

Generally, the Peer Support Team may respond to or be engaged by BPD officers in three primary contexts. First, “[a]ny member may request contact with a Peer Mentor for individual support any time when experiencing stressors not related to a Critical Incident.”⁴³ BPD officers may engage with a peer mentor for issues such as the “death of a family member, financial hardship, or work stressors.”⁴⁴ Second, the Peer Support Team must be “notified by communications to respond” to a Critical Incident, defined as “[a]n incident that is unusual, violent, and/or involves a perceived threat to or actual loss of human life that may overwhelm an individual’s normal coping mechanisms and cause psychological distress.”⁴⁵ Finally, any “supervisor or member may request

³⁴ *Id.* at ¶ 19.

³⁵ *Id.* at ¶¶ 21.

³⁶ *Id.* at ¶¶ 22.

³⁷ *Id.* at ¶ 14.

³⁸ *Id.* at ¶¶ 14, 15

³⁹ *Id.* at ¶ 17.

⁴⁰ *Id.* at ¶ 1.

⁴¹ *See id.* at ¶ 3.

⁴² *Id.* at ¶ 3.

⁴³ *Id.* at ¶ 5.

⁴⁴ *Id.* at ¶ 5.

⁴⁵ *Id.* at ¶ 5; *id.* at 1.

the Peer Support Team to respond to any situation that may not rise to a Critical Incident, but may have an adverse impact on affected personnel.”⁴⁶

BPD reports that, during 2019, Peer Support Team members deployed to 7 officer-involved shootings. In 2021, members deployed to 11 officer-involved shootings.

The Team also deploys to a number of other Critical or traumatic incidents. The array of incidents to which Peer Team members responded in 2021 is summarized in Table 6.

Table 6. BPD Peer Support Team Deployments to Critical and/or Traumatic Incidents (2021)

Date	Incidents
January	Death of a family member due to COVID-19.
February	Child shot, western district.
March	Member experiencing hardship due to extremely sick relative; member in mental health crisis; Baltimore County police shot a suspect within city limits.
April	Groceries delivered to a member on long-term medical leave.
May	Emotional support, off-duty loss of an active-duty member; off-duty death of an active member.
June	Death of infant; dog shooting; serious vehicle accident.
July	Member struck by vehicle.
August	Child death.
September	Workplace stress; off-duty death of active member.
December	Off-duty death of active member; member killed in line of duty; support for officers affected by the killing of active member.

Source: BPD

The Monitoring Team concludes that BPD’s Peer Support Team is meaningfully responding to critical and traumatic incidents to provide the type of “emotional, social, and practical support” that the Decree envisions. Consequently, BPD is in initial compliance with Paragraph 438(a), which requires the maintenance of a Peer Support Team.

2. Paragraph 438(b): Peer Intervention Program

Paragraph 438(b) requires that BPD maintain a peer intervention program that provides officers with skills and support for preventing, or intervening during, inappropriate officer conduct. The

⁴⁶ *Id.* at ¶ 6.

Monitoring Team’s February 2022 Compliance Review & Outcome Assessment Regarding BPD Training (the “Training Assessment”) previously summarized the Department’s efforts to implement these Decree requirements through participation in the Ethical Policing is Courageous (“EPIC”) program and training.⁴⁷

EPIC “is a peer intervention program that trains officers to be ‘active bystanders’—to intervene with fellow officers to prevent misconduct before it occurs and to stop misconduct as it occurs. At its core, EPIC is an officer wellness program. It is designed to keep officers from getting into situations that could ruin their careers in law enforcement or adversely affect their physical and mental health.”⁴⁸

“EPIC has several components including officer training, increased support for officer health and wellness, and policy and procedure changes to facilitate more active bystandership behavior.”⁴⁹

In its Training Assessment, the Monitoring Team reported that, “[i]n April 2021, BPD successfully completed one-day [in-person] EPIC training for all officers”⁵⁰ other than those who were not eligible for the training due to extended leave.⁵¹ The Monitoring Team’s Sixth Semiannual Report noted that:

The Monitoring Team, as well as Judge Bedar, observed various EPIC classes. The instructors have been confident in the materials they are teaching and fully vested in the EPIC program and its benefits for both BPD members and the communities they serve.⁵²

Additionally, the Training Assessment reported that “[o]fficer performance on tests administered during the [EPIC] training suggest that learning objectives were achieved,” with “nearly every officer obtain[ing] a 100% final score” on a substantive exam conducted at the conclusion of the EPIC training.⁵³

BPD notes that:

While EPIC begins as an eight-hour training for all current and future officers, the Department is incorporating EPIC principles throughout operations to support peer

⁴⁷ Dkt. 488.

⁴⁸ Dkt. 414-1 at 86.

⁴⁹ National Police Foundation, “Do Something. Do the Right Thing: An Evaluation on the Impact of Active Bystandership Training” (Apr. 23, 2022), <https://datascience.policefoundation.org/2022/04/23/do-something-do-the-right-thing/>.

⁵⁰ *Id.* at 21.

⁵¹ Dkt. 413-1 at 1.

⁵² Dkt. 414-1 at 86–87.

⁵³ Dkt. 488 at 31.

intervention for officer and community wellness. On top of the eight-hour introductory training, BPD will continually reinforce EPIC throughout future training, provide policy protections and benefits to officers who intervene, emphasize the availability of officer wellness services, and support officers who intervene through performance evaluation recognition, promotional considerations, and departmental awards.⁵⁴

In September 2021, the National Police Foundation (now the National Policing Institute) conducted an independent evaluation of BPD's EPIC program. As the Monitoring Team reported in its Training Assessment, that independent evaluation involved "an officer survey immediately post-training" on the EPIC program, "which resulted in 1,753 responses"⁵⁵ out of 2,029 identified training participants. The Foundation reported that, among other findings:

- "More than 80% of the respondents indicated that they thought the training was likely to promote ethical conduct (81%);"
- "A large majority of respondents indicated a *greater* likelihood of intervening after completing the training (82%) and having confidence in their ability to intervene with peers (86%) and supervisors (79%);"
- "Officers indicated willingness to intervene across a wide variety of scenarios, including: confronting fellow officers who had violated departmental policy, appeared to be making an unjustifiable search, or were demonstrating unusual behavior or moods. They were also likely to refer coworkers to behavioral health services. Agreement with these questions ranged from 73% to 84%"; and
- "Officers indicated considerable confidence in their ability to intervene in a wide variety of situations. They were most confident in responding to co-workers using excessive force (86%) and in peer-to-peer verbal altercations."⁵⁶

In April 2022—subsequent to the Monitoring Team's Training Assessment—the National Policing Institute completed a follow-up evaluation of BPD's EPIC Program.⁵⁷ That inquiry explored whether the EPIC program was impacting the number of community complaints made against BPD officers, uses of force, and Early Intervention System referrals. The Institute "found no evidence that the EPIC training reduced or reversed" a post-2020 "upward trend in monthly complaint counts," while "the implementation of EPIC training did not appear to create additional

⁵⁴ Baltimore Police Department, *Ethical Policing is Courageous (EPIC)*, <https://epic.baltimorepolice.org/> (last visited Oct. 4, 2022).

⁵⁵ National Police Foundation, "Do Something. Do the Right Thing: An Evaluation on the Impact of Active Bystandership Training" (Sept. 11, 2021), <https://datascience.policefoundation.org/2021/09/11/epic-training/>.

⁵⁶ *Id.*

⁵⁷ National Police Foundation, "Do Something. Do the Right Thing: An Evaluation on the Impact of Active Bystandership Training" (Apr. 23, 2022), <https://datascience.policefoundation.org/2022/04/23/do-something-do-the-right-thing/>.

reductions” in the volume of force used by BPD officers “over what would have been expected.”⁵⁸ Similarly, “[t]here were no consistent trends in early intervention referrals” in the period after officers received EPIC training.⁵⁹

However, the April 2022 Policing Institute report stated that “results should be interpreted with caution”.⁶⁰

Macro factors, such as the COVID public health crisis and the nationwide protests, may have overpowered the effect of the training especially since they occurred closely in time. Whether these increases would have been even stronger without the training cannot be answered in the current context due to a lack of appropriate comparisons.⁶¹

BPD is transitioning its participation in the EPIC program to participation in the Active Bystandership for Law Enforcement (ABLE) project, which is an evolution of the original ABLE program.⁶²

The Monitoring Team also included information about the efficacy of EPIC in its Compliance Review and Outcome Assessment Regarding the Use of Force. In that report, which was just published, the Monitoring Team concluded that:

BPD is definitively on track toward compliance with respect to officer intervention in problematic force encounters. [Among the evaluated years of 2018 through 2020,] 2020 saw the fewest number of instances where officers might reasonably have intervened under the circumstances to prevent or stop illegal, out-of-policy, inappropriate, and/or excessive force across the three years studied – but also the highest number and rate of officers intervening and *successfully* intervening (to the extent that it stopped the problematic force). Still, the relatively low rate of intervention in 2019 (in just 1 of 7 instances where applicable) and the relative recency of officer training on intervention mean that the Monitoring Team will want to see continuing, sustained progress with respect to officer intervention before issuing a finding of initial compliance in the area.⁶³

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² See Georgetown Law, Center for Innovations in Community Safety, *Active Bystandership for Law Enforcement (ABLE) Project*, <https://www.law.georgetown.edu/cics/able/> (last visited Oct. 11, 2022).

⁶³ Dkt. 488 at 4.

The Monitoring Team concludes that BPD has made substantial and commendable strides toward implementing the type of peer intervention program that the Decree requires. However, as with other requirements of the Consent Decree, compliance requires not only policy and training on Decree requirements, but also a demonstration “that each material requirement is being carried out in practice.”⁶⁴ Once the Department’s performance in the field signals more sustained improvement – with officers intervening to prevent misconduct where necessary and possible – the Monitoring Team will be able to certify BPD as in compliance with Paragraph 438(b). For now, BPD’s progress remains significant, and its trajectory toward compliance with the peer intervention requirements of the Decree remains on track.

D. Paragraph 439

BPD will offer to all officers a voluntary mental health evaluation before returning an officer to full duty following a traumatic incident (e.g., serious injury, officer-involved shooting, officer-involved accident involving fatality, or all other uses of force resulting in death or serious injury). Officers may voluntarily seek further mental health services following this meeting.

Paragraph 439 requires BPD to provide all officers with an opportunity to receive a “mental health evaluation” before they resume full-duty responsibilities after having been involved in a “traumatic incident.”⁶⁵

To assess compliance, the Monitoring Team reviewed after-action reports (“AARs”) from critical incidents provided by BPD. BPD indicated that these AARs are the type of documentation that will indicate whether officers were offered a mental health evaluation after a critical incident.

Initially, the Monitoring Team proposed that it review a statistically representative sample of all AARs from critical incidents in 2021. However, as 20 AARs had been completed during that year, the Monitoring Team reviewed all available forms. The 20 AAR forms completed in 2021 provided responding officers the opportunity to document how they engaged with the affected officer, and which resources were offered to them. The circumstances in which AARs were completed in 2021 included: discharging a departmental firearm, on-the-job accidents, responding to calls involving child fatalities, officers in mental crisis, and officers dealing with family stresses such as medical issues, among others.

In 15 of the 20 critical incident responses for which AARs were provided, the documentation indicated that the peer provided the officer with BHS information. An additional two of the 20 AARs were marked “not applicable,” with one incident involving supporting officers from a non-

⁶⁴ Dkt. 2-2 ¶ 506.

⁶⁵ *Id.* ¶ 439.

BPD agency who lacked their own support service (specifically, Capitol Police after the events of January 6, 2021) and the other a traumatic incident after which no BPD officers showed up to utilize the voluntary debriefing services. For the three remaining critical incidents, it was unclear whether involved officers in fact received mental health referrals. One of the AARs for these three incidents documented a conversation with an officer's partner while the officer was in surgery, another indicated a conversation with an officer's mother, and the third described the detailed response to the shooting of Officer Keona Holley. None of these AARs specifically mentioned BHS resources.

Following its review of a draft of this report, BPD requested the Monitoring Team modify its methodology and also review AARs from 2019 and 2020, which it believed would add important, additional context. The Monitoring Team agreed and subsequently reviewed 10 AARs from 2019 and 22 AARs from 2020.

Of the AARs from 2019 and 2020, 2 involved civil unrest and demonstrations and are discussed in greater detail below. Of the remaining cases that either clearly met the Consent Decree's definition of a "traumatic incident" or where the underlying, critical incident was deemed by BPD to be sufficiently serious to warrant an OSW response, the AARs offered sufficient indication that the implicated officer(s) were offered a voluntary mental health evaluation. In at least one case, from 2020, Monitoring Team reviewers found indication that mental health evaluations were offered to the wives of involved officers and to officers.

The specific definition of "traumatic incident" in Paragraph 439 suggests that a mental health evaluation should be offered following any Level 3 use of force. However, the numbers of AARs from each year do not match neatly with the incidence of Level 3 force. Specifically, per BPD data, there were 20 Level 3 force incidents in 2019 compared to 10 AARs. In 2020, there were 23 Level 3 force incidents and 18 AARs. In 2020, there were 20 Level 3 incidents and 20 AARs. Additionally, in 2020, at least 6 AARs involved potentially traumatic incidents that were not Level 3 force incidents. Thus, it is possible that officers involved in some incidents that Paragraph 439 contemplates as "traumatic" and requiring the offer of a mental health evaluation are not being offered them – but that the Monitoring Team's review did not surface them because no AARs were completed.

In discussions with BPD, the Monitoring Team learned that the Department advised supervisors that they should complete AARs after all Level 3 force incidents as of August 2022. If supervisors do so, BPD and the Monitoring Team can have greater confidence that all incidents of the type that Paragraph 439 contemplates are reflected in AARs going forward.

The Monitoring Team also asked BPD officers about their experiences with mental health evaluations following traumatic incidents. One quarter (n=127) of respondents to the Monitoring

Team's 2022 anonymous officer survey reported that they had been involved in a traumatic incident between January 2020 and June 2022. About one-quarter of those individuals (26.0%, n=33) recalled being offered a voluntary mental health evaluation before returning to full duty, while nearly three out of five (59.8%, n=76) reported that they were not offered such an evaluation.

Table 7. BPD Officer Self-Reported Involvement in Traumatic Incident Since January 2020

Response <i>Have you been involved in a traumatic incident on the job at any point since January 2020?</i>	% n
Yes	25.0% 127
No	73.5% 373
Blank	1.8% 9
Total	509

Table 8. BPD Officer Self-Reported Recollection of Being Offered Voluntary Mental Health Evaluation Following a Traumatic Incident

Response <i>Were you offered a voluntary mental health evaluation before returning to full duty?</i>	% n
Yes	26.0% 33
No	59.8% 76
Don't Remember	7.9% 10
Other	6.3% 8
Total	127

Note: Responses limited to those who responded "yes" to the earlier question about whether they had been involved in a traumatic incident.

Among those who had been involved in a traumatic incident and responded “other” regarding whether they had been offered a voluntary evaluation, responses included:

- “Supervisor constantly called for status on the return day. [B]order-line harassment”;
- “Peer support visited the office”;
- “Services were offered to all involved”;
- “Sometimes but not always”;
- “It was mandatory”; and
- “Ordered not offered.”

Of the survey respondents who indicated that they had *not* been involved in a traumatic incident between January 2020 and June 2022, or did not respond to the inquiry about being involved in such an incident (n=382), just over two-thirds (68.3%, n=261) responded that they were aware that BPD offers voluntary mental health evaluations for those involved in traumatic incidents.

Table 9. BPD Officer Awareness of Voluntary Mental Health Evaluations for Those Involved in Traumatic Incidents

Response	%
<i>Were you aware that BPD offers voluntary mental health evaluations for those involved in traumatic incidents?</i>	<i>n</i>
Yes	68.3% 261
No	27.5% 105
Other	0.5% 2
Blank	3.7% 14
Total	382

Note: Responses limited to those who responded “no”, or left blank, the earlier question about whether they had been involved in a traumatic incident.

The Monitoring Team hypothesizes that the survey results suggesting that the offer of voluntary mental health evaluations may not be as widespread as AAR documentation suggests may in part stem from officers viewing “traumatic incidents” more broadly than BPD currently is. That is, officers may be recollecting incidents that they believed were traumatic but that BPD has not, to

date, viewed as such. This potential difference in what constitutes a “traumatic incident” where a mental health evaluation may be warranted is something that BPD should explore in the future.

Taken together, the available evidence from AARs and the accounts of BPD officers suggest that, in many circumstances, BPD is appropriately offering mental health evaluations following traumatic incidents of the sort that the Consent Decree specifically identifies. More problematically, however, documentation from 2021 suggested a rate of compliance lower than 2019 and 2020 in this regard.

Going forward, BPD will need to strengthen its record-keeping with respect to traumatic incidents, AARs, and the offering of mental health evaluations to officers. Likewise, BPD may need to consider how to bridge a potential disconnect between what officers believe are traumatic incidents that might warrant assistance, like the offer of a voluntary mental health evaluation, and what OSW and BPD are currently providing – which may account for at least part of the difference between the offer of mental health evaluations recorded in AARs and officer self-reporting.

Within this context, the Monitoring Team finds BPD’s performance to be generally consistent with initial compliance with Paragraph 439 but that BPD will need to demonstrate going forward (1) enhanced record-keeping protocols regarding the offering of mental health evaluation in traumatic incidents, and (2) thoughtful engagement with the potential difference in what OSW is currently considering traumatic with what officers find traumatic.

E. Paragraph 440

BPD will develop well-being protocols to be activated during officer deployments during public demonstrations or civil unrest. These protocols will include:

- a. Close monitoring and periodic affirmative checks of officers’ well-being by supervisors;*
- b. Availability of mental health and medical professional(s) to provide health care to officers;*
- c. Inclusion of health and safety guidance during pre-deployment briefings;*
- d. Close monitoring of officer fatigue and indications of stressors;*
- e. During prolonged periods of demonstrations or unrest, the deployment of police counselors or psychologists to provide individual counseling to officers and their family members.*

Paragraph 440 of the Consent Decree requires BPD to implement various protocols related to mental health and officer wellness in the context of “public demonstrations or civil unrest.”⁶⁶ The Monitoring Team reviewed all available “protest planning forms,” which are attached to incident

⁶⁶ *Id.* ¶ 440.

action plans (“IAP”) and AARs, to determine what role officer safety and wellness monitoring is playing during protests and unrest, whether peer support members are conducting checks, and if supervisors are providing the required pre-deployment briefings and monitoring detailed in Paragraph 440.

BPD provided the Monitoring Team with one IAP with a wellness monitoring log, from April 16, 2021. This form was completed following demonstrations held in response to the police involved shooting of Duante Wright in Brooklyn Park, Minnesota. According to BPD, Officer Safety and Wellness only began using the forms in late 2020 and did not have others from 2020 or 2021 available to provide when requested by the Monitoring Team in May 2022.

The Monitoring Team’s review of the one IAP Health and Wellness Plan (ICS Form 208) BPD provided found a summary record of peer members deploying to headquarters or the atrium during the demonstration, and the outcome of that check. Additionally, the form indicated that a mental health professional was on call during the event – but it was unclear if officers were aware that she was available to them. The log also indicates that pre-deployment briefings were held at headquarters between 16:00 – 21:45. However, it was unclear how many officers involved in working the demonstrations were present for the briefings or what content was included in the briefing.

After BPD’s review of a draft of this assessment report, it proposed, and the Monitoring Team agreed, that the Team review additional AARs from 2019 and 2020. Although most of these AARs pertained to Paragraph 439, as discussed above, 2 AARs addressed demonstration management and civil unrest. One AAR addressed events occurring over the period of May 31, 2020 through June 2, 2020. Another AAR addressed events occurring over the period of May 31, 2020 through June 19, 2020.

The second, seven-page AAR from 2020 contains much of the content from the first, two-page AAR, leading the Monitoring Team to believe that the first is a truncated or incomplete version of this second, more comprehensive AAR. This AAR contains more evidence that BPD personnel were conducting the requisite welfare checks and including information about health and wellness in pre-deployment briefings. However, the AAR inventories conclusory statements that assert rather than document what specific actions or activities BPD personnel performed. For instance, the AAR indicates that, on June 4, a BPD sergeant “check on officers who were stationed on the front line” of protests, “offering any assistance needed and monitoring their stress levels.” It is unclear based on the documentation precisely when this occurred (e.g., during one or many shifts), how the check-ins and stress monitoring proceeded, and precisely what assistance was offered. Further, the AAR documentation suggests that some personnel were paying attention to wellness needs, but the report provides insufficient demonstration that can establish that the asserted activities constitute “close monitoring” or “periodic” checks of officer wellness. Additionally, the

AAR contains no clear reference to “the deployment of police counselors or psychologists to provide individual counseling to officers and their family members” per Paragraph 440(e).

Although the AAR from the May and June protests provides many assertions that BPD personnel conducted activities likely consistent with the requirements of Paragraph 440, the after-the-fact assertions that the report contains prevent the Monitoring Team from certifying that protocols were systematically followed by the Department. Instead, it appears that OSW personnel took the initiative to provide services where, when, and how they determined at the time. Although this might have resulted in high-quality, responsive wellness services for officers, the nature of available documentation frustrates the Monitoring Team’s ability to determine this.

With respect to improved documentation, BPD provided documentation relating to the April 2021 IAP discussed above that includes space for specifically logging the provision of pre-deployment briefings and conducting wellness checks in alignment with Paragraph 440. The implementation of this system – which has been in effect since January 2021 – is a promising step toward ensuring full and effective implementation of the Paragraph 440 protocols.

Separately, the Monitoring Team asked officers and supervisors about the availability of wellness resources during public demonstrations and/or periods of civil unrest. Slightly more than one-quarter of respondents to the Monitoring Team’s 2022 officer survey (28.5%, n=145) indicated that they had been deployed in response to at least one public demonstration or civil unrest event since January 2020. A few who selected “other” reported being involved in supporting functions, such as working in the command room, or being placed on standby. Of those who responded that they had been deployed in response to a least one public demonstration or civil unrest event, **half said that they had *not* received a pre-deployment briefing with health and safety guidance each time they were deployed in response to public demonstration or civil unrest.** Additionally, **only about half of respondents recalled a supervisor checking in with them to monitor well-being, fatigue, and other stressors during the course of their deployment.**

Table 10. BPD Officer Self-Reported Deployment in Public Demonstration or Civil Unrest Event Since January 2022

Response	%
<i>Have you been deployed in response to at least one public demonstration or civil unrest event since January 2020?</i>	<i>n</i>
Yes	28.5% 145
No	34.0% 173

Other	0.8% 4
Blank	36.7% 187
Total	509

Table 11. BPD Officer Self-Reported Receipt of Pre-Deployment Briefing During Public Demonstration or Civil Unrest Deployment

Response	%
<i>Did you receive a pre-deployment briefing with health and safety guidance each time you were deployed in response to public demonstration or civil unrest?</i>	<i>n</i>
Yes/Always	22.8% 33
Sometimes	24.8% 36
No/Never	49.7% 72
Other	2.1% 3
Blank	0.7% 1
Total	145

Note: Responses limited to those who responded “yes” to question about whether they had responded to public demonstrations or civil unrest.

Table 12. BPD Officer Self-Reported Supervisor Inquiry re: Officer Wellness During Public Demonstration or Civil Unrest Deployment

Response	%
<i>Did your supervisor check in with you to monitor well-being, fatigue, or any other stressors during the course of each deployment?</i>	<i>n</i>
Yes	51.0% 64
No	44.1% 64

Other	3.4%
	5
Blank	1.4%
	2
Total	145

Note: Responses limited to those who responded “yes” to question about whether they had responded to public demonstrations or civil unrest.

The responses of officers who reported deploying to at least one public demonstration or civil unrest event since January 2020 raise concerns about compliance with the Consent Decree’s that BPD ensure monitoring of officer health and wellness during these deployments.

BPD indicates that, for Paragraph 440 compliance requirements, the activities of peer support officers and OSW personnel are sufficient. Nevertheless, the Monitoring Team wanted to explore whether more operational, direct supervisors also were helping to support the Paragraph 440 protocols. Of the 72 supervisors who responded that they had supervised subordinates during at least one public demonstration or civil unrest event since January 2020, about half (48.6%, n=35) reported never providing a pre-deployment briefing to their subordinates with health and safety guidance in these situations.

Table 13. BPD Supervisors Self-Reported Supervision of Public Demonstration or Civil Unrest Event Since January 2020

Response	%
<i>Have you supervised subordinates during at least one public demonstration or civil unrest event since January 2020?</i>	<i>n</i>
Yes	40.7%
	72
No	57.1%
	101
Other	1.7%
	3
Blank	0.6%
	1
Total	177

Note: Responses limited to those who indicated earlier that they have a rank of sergeant or higher.

Table 14. BPD Supervisors Saying They Provided a Pre-Deployment Briefing with Health and Safety Guidance Before Public Demonstration or Civil Unrest Deployments

Response	%
<i>Did you provide a pre-deployment briefing to your subordinates with health and safety guidance each time they were deployed in response to a public demonstration or civil unrest?</i>	<i>n</i>
Yes/Always	34.7% 25
Sometimes	16.7% 12
No/Never	48.6% 35
Total	72

Note: Responses limited to those who indicated earlier that they have a rank of sergeant or higher and had supervised subordinates during at least one demonstration or civil unrest event.

Nearly all supervisors (94.4%, n=68) reported that they monitored subordinate wellbeing during these deployments. It should be noted that this finding may conflict, at least somewhat, with the earlier finding in which only about half of all survey respondents who reported being deployed in these situations recalled a supervisor checking in with them to monitor well-being, fatigue, and other stressors. Some of this disconnect may be explained in the comments provided by supervisors and subordinates. For example, one supervisor stated that “there was no relief and we were on the line for 10 hours without food or water.” Another reported that they “usually had to provide food and water personally because the City and the Agency did not.” A third supervisor recounted “refus[ing] orders to redeploy my units because they were not functioning in a safe manner; they were exhausted during the riots and became unsafe.” It seems that, in at least some circumstances, supervisors may have been actively monitoring their subordinates but did not feel that they had the necessary resources to effectively support them even if they observed fatigue or other wellness concerns.

Table 15. BPD Supervisors Reporting They Monitored Officer Well-Being During Public Demonstration and Civil Unrest Deployment

Response	%
<i>Did you monitor your subordinates' well-being, fatigue, or any other</i>	<i>n</i>

<i>stressors during the course of each deployment in response to a public demonstration or civil unrest?</i>	
Yes	94.4% 68
No	4.2% 3
Blank	1.4% 1
Total	72

Note: Responses limited to those who indicated earlier that they have a rank of sergeant or higher and had supervised subordinates during at least one demonstration or civil unrest event.

The survey also asked whether officers were aware that, during prolonged periods of demonstrations or unrest, police counselors could provide individual counseling to officers or their families. Respondents were evenly split, with about half (49.1%, n=250) indicating that they were aware, and about half (49.1%, n=250) indicating that they were not.

Table 16. BPD Officer Awareness of Availability of Police Counselors During Prolonged Periods of Demonstrations or Unrest

Response	%
<i>Prior to this survey, were you already aware that police counselors could provide individual counseling to officers or their families during prolonged periods of demonstrations or unrest?</i>	<i>n</i>
Yes	49.1% 250
No	49.1% 250
Blank	1.8% 9
Total	509

Overall, there is evidence that BPD is making significant strides to implement the Paragraph 440 protocols. However, limits in terms of the specificity and comprehensiveness of documentation prevent a finding of initial compliance. Changes, especially those undertaken since 2021, give the Monitoring Team some optimism that BPD will be able to demonstrate initial compliance with Paragraph 440 during any prolonged periods of demonstrations or unrest that occur going forward.

F. Paragraph 441

BPD will develop protocols for annually, assessing BPD's officer assistance and support programs to ensure officers are provided adequate support to maintain their physical and mental health. As part of this assessment process, BPD will identify deficiencies and opportunities for improvement; implement appropriate corrective action and improvement measures; and document measures taken.

In 2019, 2020, and 2021, BPD prepared comprehensive annual reports on its Officer Safety and Wellness programs. Those reports address the EAP, peer support programs, the early intervention system, and an array of other safety and wellness initiatives. In addition to summarizing the efforts of OSW across these areas, the 2020 and 2021 reports include the results of surveys of BPD personnel about their awareness of and experiences with safety and wellness resources and initiatives.

All of the reports identify areas for improvement. Each one evaluates the programs and initiatives from the year under review against prior assessments of BPD needs and OSW opportunities for growth or improvement.

The Monitoring Team concludes that BPD is in initial compliance with Paragraph 441.

VII. COMPLIANCE ASSESSMENT CONCLUSIONS

Consent Decree Paragraph		Compliance Score
436	BPD will provide an Employee Assistance Program (“EAP”) to all sworn officers, which allows access to no- or low-cost counseling and mental wellness services including: confidential counseling services; crisis counseling; stress management counseling; and mental health evaluations. BPD will provide information about this program in all BPD facilities.	4c (Implementation – On Track)
437	BPD will compile, periodically review and revise as necessary, and maintain a list of mental and physical health service providers available as part of the EAP to all officers and employees. BPD will ensure that officers have easy access to this information through email, the BPD website, or other means.	4d (Initial Compliance)
438(a)	The BPD will develop peer support services including: a. A peer support program through which officers provide emotional, social, and practical support to other officers;	4d (Initial Compliance)
438(b)	The BPD will develop peer support services including: . . . b. A peer intervention program through which BPD will provide officers with training, based on theories of active bystandership and passive bystandership, (1) to safely intervene before an officer engages in unethical behavior, to prevent it from occurring; (2) to accept an intervention from another officer when it occurs; and (3) provide emotional, social, and practical support to officers who intervene to prevent or end unethical behavior.	4c (Implementation – On Track)
439	BPD will offer to all officers a voluntary mental health evaluation before returning an officer to full duty following a traumatic incident (e.g., serious injury, officer- involved shooting, officer-involved accident involving fatality, or all other uses of force resulting in death or serious injury). Officers may voluntarily seek further mental health services following this meeting.	4d (Initial Compliance)
440	BPD will develop well-being protocols to be activated during officer deployments during public demonstrations or civil unrest. These protocols will include: a. Close monitoring and periodic affirmative checks of officers’ well-being by supervisors; b. Availability of mental health and medical professional(s) to provide health care to officers; c. Inclusion of health and safety guidance during pre-deployment briefings; d. Close monitoring of officer fatigue and indications of stressors; e. During prolonged periods of demonstrations or unrest, the	4c (Implementation – On Track)

	deployment of police counselors or psychologists to provide individual counseling to officers and their family members.	
441	BPD will develop protocols for annually, assessing BPD's officer assistance and support programs to ensure officers are provided adequate support to maintain their physical and mental health. As part of this assessment process, BPD will identify deficiencies and opportunities for improvement; implement appropriate corrective action and improvement measures; and document measures taken.	4d (Initial Compliance)