

Written Testimony of Major Martin A. Bartness

Commander

Education & Training Section

Baltimore Police Department

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Good morning Committee Chairman Booker, Ranking Member Cotton, and distinguished members of the Subcommittee on Criminal Justice and Counterterrorism of the Senate Judiciary Committee. My name is Major Martin Bartness, and I am a 24-year member of the Baltimore Police Department, where I currently serve as the Commander of Education & Training and lead the Crisis Response Program. I am also a Bloomberg Fellow at the Johns Hopkins Bloomberg School of Public Health.

While it is my privilege to appear before you today, I wish my presence were not necessary. We have come together, in large measure, because for at least the past decade, law enforcement actions have led to the annual death of about 1,100 people nationwide. The non-profit *Treatment Advocacy Center* estimates that 25% to 50% of these deaths involve persons who have been diagnosed with a severe mental illness.ⁱ In the past three weeks alone, more than a dozen “people who were mentally ill or in the throes of a breakdown” were killed by police.ⁱⁱ These tragedies point to the urgent need for law enforcement to partner with behavioral health professionals, community stakeholders, and individuals with lived experience to develop and implement solutions that most effectively respond to persons in crisis and meet the complex behavioral health needs of those we serve.

We are in this situation because of public policy decisions made decades ago, when psychiatric institutions were closed and those living with mental illness were returned to their communities without adequate treatment and support. While these institutions were not the answer, states and municipalities failed to provide the supports and treatment needed for people with mental illness to live free from discrimination in their communities. To this day, in Baltimore and many other locales across the United States, the behavioral health system’s goal of crisis prevention has not been realized. I will share a story to highlight this point. In June of

last year, a 19-year-old man, completely nude and in psychiatric crisis, repeatedly fired a handgun at motorists as he walked the streets of his Baltimore neighborhood. Police responded, safely took the man into custody, recovered the firearm he had been discharging, and drove him to an emergency room for psychiatric treatment. This would have been a great outcome except for within six days of his release from the hospital, he had another psychotic episode. This time, when officers answered the 911 call to his home and calmly attempted to de-escalate him, the man pulled a handgun from his pants pocket and pointed it at the officers. In fear for their lives, the officers shot him. He is now paralyzed.

Far too often, police find themselves in positions like this, where the behavioral health system has failed to meet consumers' needs. This is why an estimated 10% of total police calls involve mental health situations.ⁱⁱⁱ Inadequate funding and a system that diffuses responsibility among numerous, uncoordinated entities are at the core of the problem. As a result, people experience crises more frequently, and police are thrust into the role of a last-resort safety net for people in crisis. Even when police peacefully handle behavioral health calls and link consumers to service providers, these calls can take a lot of time, which is often at odds with the demands of the 911 system and the expectations communities have for timely police response to crime and disorder.

I know we can do better. My testimony today is informed by 10 years of partnering with behavioral health professionals. I have witnessed firsthand how service delivery is improved dramatically when police partner with highly-trained clinicians to conduct forensic interviews of sexually abused children; when police partner with victim advocates to coordinate counseling services to survivors of intimate partner violence; when police partner with outreach workers whose credibility within our nation's most marginalized communities allows them to interrupt

and mediate disputes to disrupt cycles of retaliatory violence; and when police co-respond with licensed clinical social workers to de-escalate a person in crisis.

Through these kinds of successful partnerships between the criminal justice and behavioral health systems, we have demonstrated how it is possible to improve public health outcomes for even the most challenged populations. Moving forward, I hope you will help build upon the promising practices of behavioral health programs like CAHOOTS in Eugene, Oregon,^{iv} STAR in Denver, Colorado,^v and GBRICS in Baltimore, Maryland.^{vi} I hope you will fund research so that jurisdictions can make evidence-based decisions for allocating scarce resources. I hope you will incentivize law enforcement, behavioral health providers, and academic institutions to collaborate on policy writing, training, data analysis, and outcome evaluation. And I hope you will heed the calls of behavioral health practitioners and clinicians to fund crisis response services, long-term treatment, and community-based providers at the levels needed to meet the extraordinary demands.

I thank you for the opportunity today to discuss how the Committee can make our communities safer and more responsive to the millions of people who desperately need a robust behavioral health and crisis response system. Your support of law enforcement, behavioral health professionals, and the citizens we serve is greatly appreciated.

Thank you, Mr. Chairman.

ⁱ Maciag M. 2016 May. The Daily Crisis Cops Aren't Trained to Handle. *Governing*. Accessed April 19, 2021 at <https://www.governing.com/archive/gov-mental-health-crisis-training-police.html>

ⁱⁱ Eligon J and Hubler S. 2021 April 17. Throughout trial over George Floyd's death, killings by police mount. The New York Times. Accessed April 19, 2021 at <https://www.nytimes.com/2021/04/17/us/police-shootings-killings.html?referringSource=articleShare>

ⁱⁱⁱ Maciag M. 2016 May. The Daily Crisis Cops Aren't Trained to Handle. *Governing*. Accessed April 19, 2021 at <https://www.governing.com/archive/gov-mental-health-crisis-training-police.html>

^{iv} What Is CAHOOTS? <https://whitebirdclinic.org/what-is-cahoots/>

^v Hauck G. 2021 February 6. Denver successfully sent mental health professionals, not police, to hundreds of calls. USA Today. Accessed April 20, 2021 at <https://www.usatoday.com/story/news/nation/2021/02/06/denver-sent-mental-health-help-not-police-hundreds-calls/4421364001/>

^{vi} Greater Baltimore Region Integrated Crisis System (GBRICS) Partnership. <https://www.bhsbaltimore.org/learn/gbrics-partnership/>