Senate Judiciary Committee Hearing
"Behavioral Health and Policing: Interactions and Solutions"
Questions for the Record
for Maj. Martin Bartness, Baltimore Police Department
Submitted April 29, 2021

QUESTIONS FROM SENATOR WHITEHOUSE

1. This hearing highlighted the difficulties that arise when police officers are called upon to respond to mental health, substance use, and other behavioral health crises, and alternative approaches to these situations.

   a. Based on your experience, what are the most promising models to handle these situations?
   A crisis response system needs to have different levels of response available to meet the varying acuity levels of crises. A hotline (988) with counselors can handle a segment of crisis calls that do not require an in-person response or an immediate in-person response. The next level of response is mobile crisis teams staffed with clinicians who can respond to crises where there isn't a threat to public safety. When there is a threat to public safety (e.g., weapons present), law enforcement paired with a mental health clinician (co-responder model) or the emerging multi-disciplinary team model—consisting of a paramedic, mental health clinician, and law enforcement officer—can respond to the most acute cases.

   b. What are the biggest obstacles these programs face?
   Lack of funding to fully staff different levels of response to meet consumer demand.

   c. How can the federal government encourage and support these programs?
   Fund multiple levels of response to meet consumer demand.

   d. How have cities and states created sustainable funding for these programs? What can the federal government do to help other jurisdictions do the same?
   The Greater Baltimore Regional Integrated Crisis System (GBRICS) partnership is investing $45 million over five years to transform the behavioral health crisis response system in Baltimore City, Baltimore County, Carroll County, and Howard County. GBRICs will expand the capacity of mobile crisis teams and community-based providers. This kind of funding is essential.

2. Even when jurisdictions have alternate responder programs, police may still respond to situations where people are experiencing mental health or substance use crises or have disabilities (whether because of inaccurate dispatching, to support behavioral health professionals, or because a serious crime is in progress).

a. What should police departments do to better prepare their officers to respond safely and effectively to these situations?
The implementation of behavioral health training and crisis response teams can better prepare officers when responding to these situations. BPD offers a crisis intervention team (CIT) training to officers. This is 40 hours of specialized training for patrol officers to serve as primary responders to behavioral health-related calls for service to which a police response is necessary. The Crisis Response Team is a specialized unit comprised of certified officers and licensed mental health professionals who respond in pairs to persons in crisis and highly complex and/or emotionally heightened situations.

b. How can the federal government support these efforts—i.e., by providing funding, developing best practices, etc.?
As previously stated, funding is key, but so is high-quality policy and training that requires police departments to adopt best practices. Research is demonstrating what works but too many jurisdictions are slow to adopt these practices for a variety of reasons.

3. Reforming how law enforcement responds to mental and behavioral health crises also requires working with other stakeholders at the state and local levels, such as health departments and behavioral health providers.
   a. Are there any jurisdictions successfully coordinating various state and local stakeholders? If so, which ones?
   b. What suggestions do you have to better coordinate funding, training, and resources among stakeholders?

Subcommittee on Criminal Justice and Counterterrorism
Behavioral Health and Policing: Interactions and Solutions
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QUESTIONS FROM SENATOR BOOKER

Questions for Major Bartness

1. The Washington Post database[1] recording fatal shootings by law enforcement from 2015-2021 shows that 23% of them involved people with mental illness. Why do you think this number is so high?

   There are multiple reasons why such a large percentage of police-involved shootings involve people with mental illness. First, people in psychiatric crisis can be very difficult to communicate with and may fail to comply with commands. When someone in psychiatric crisis is also armed with a deadly weapon, officers may reasonably fear their lives, or the lives of others, are in imminent danger. Second, many police departments have not yet adopted use of force policies, practices, and training that prioritize the standards of reasonableness, necessity, and proportionality, and require officers to attempt de-escalation techniques such as time, distance, cover, and utilization of resources. Third, few jurisdictions have sufficiently funded the behavioral health system to meet the demands of America's drug dependency and rates of mental illness. People who need treatment are therefore untreated, homeless, and acting in ways that cause people to fear for their safety.

2. Cities across the country are beginning to increase their behavioral health services in order to reduce the burdens on law enforcement officers who spend large amounts of their time responding to calls for service involving people in distress.

   a. Can you describe the steps that the Baltimore Police Department is taking to work with behavioral health service providers and how shifting to a model in which they become first responders to crisis will serve individuals with behavioral health or substance use issues?

      The Baltimore Police Department (BPD) works collaboratively with the Collaborative Planning and Implementation Committee (CPIC), a partnership of over 50 local, state, and community-based behavioral health providers and advocates to develop and implement policy and training and to collect and analyze data to improve response delivery. More specifically, BPD partners with Baltimore Health Systems Baltimore (BHSB) and Baltimore Crisis Response, Inc. (BCRI) to improve the city's response to crisis calls for service. To provide the least police-involved response possible to citizens' behavioral health needs, the city is developing a 911 diversion program that sends low-acuity behavioral health related calls to a crisis hotline rather

[1] WASH. POST., Police shootings database 2015-2021 - Washington Post.

than to police officers. Additionally, BPD, BHSB, and BCRI have created a Crisis Response Team comprised of officers and clinicians who co-respond to acute behavioral crises and serve high-risk petitions for emergency psychiatric evaluation.

b. Can you describe the 911 call diversion program that the City of Baltimore is creating and the effect you see this having on your officers?

Since June 2021, Baltimore's 911 call center has piloted a process to divert certain low-acuity, mental health-related emergency calls for service to a 24-hour behavioral health and crisis hotline staffed by trained counselors. The process has served as a first step in the city's goal of providing the least police-involved response to behavioral health emergencies and responding to individuals experiencing a behavioral health crisis in a manner that respects their civil rights, contributes to their overall health and welfare, ensures appropriate crisis response techniques, promotes a connection to the behavioral health system, and decreases inappropriate criminal justice involvement for individuals with behavioral health disabilities or experiencing a crisis.

In addition to refining the operations of the diversion program, the stakeholders (BPD, Baltimore City Fire Department (BCFD), BCRI, BHSB, and the CPIC) examined the city's 911 call-intake and dispatch system, gaining firsthand insight to the needs of callers experiencing behavioral health emergencies. This program was designed with significant input from CPIC and was purposely limited in scope, with the intention to expand after pilot testing and an increase in resources.

The 988 Crisis Hotline is designed to resolve non-emergency calls through community-based referrals or response by a mobile crisis team, but a responding clinician may return a call to the 911 center if an emergent need requires a BPD or BCFD response. Calls that require a first responder are diverted to BPD (including the deployment of a Crisis Intervention Team officer or Crisis Response Team), BCFD, or both for a co-response. At the discretion of the 911 Specialist, the 988 Hotline can be notified in parallel with the dispatch of BCFD and/or BPD resources. All of these efforts combined have contributed to a steady increase in the total number of hours saved by BPD, allowing police officers time to focus more attention on other areas of public service.

3. Does responding to calls involving people in crisis or with mental illness divert law enforcement resources from public safety issues that actually require a response by an armed officer? How so?

Yes, responding to calls for people in crisis or with mental illness diverts law enforcement resources from addressing other public safety issues to which only armed police officers ought to respond. This is why the law enforcement profession has advocated for and adopted several 911 diversion practices in recent years: online crime

reporting for incidents such as theft, destruction of property, identify theft, and automobile accidents without injury; 988 Crisis Hotlines, and co-responder models. Effective policing also requires officers to have sufficient time to proactively patrol hot spots, problem solve, walk foot patrol, and talk to the community. All of an officer's time cannot be consumed in call response if communities are going to be safe and citizens are going to have confidence in police to meet their needs.

a. Would officers prefer to spend time investigating crimes rather than responding to calls involving people in crisis or with mental illness?

   In general, I believe police officers would rather investigate crimes rather than respond to people in crisis or living with mental illness. However, when someone's behavior requires police to respond, officers are eager to do so to protect the public and to safely take the person in crisis into custody.