City *of* Baltimore

Consent Decree Paragraph 97 Implementation Report

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Introduction

The City of Baltimore (the City) and the Baltimore Police Department (BPD) entered into a consent decree with the United States Department of Justice (DOJ) in 2017 to resolve the DOJ's findings that BPD had engaged in a pattern and practice of conduct that violates the First, Fourth, and Fourteenth Amendments to the United States Constitution. Specifically, Paragraph 97 of the Consent Decree outlines the City's responsibilities to identify gaps in the behavioral health service system and recommend and implement solutions.

Partnership with system stakeholders, community members, and individuals with lived and living experience is a necessary component of systems level transformational change. The Baltimore City Behavioral Health Collaborative (BCBHC), formerly known as the Collaborative Planning Implementation Committee or CPIC, has been meeting for over 15 years to foster partnership between BPD and the behavioral health system with an emphasis on police training. In 2017 the BCBHC expanded its focus and stakeholders to address and implement fundamental changes to the behavioral health system. The BCBHC is led by the Baltimore City Mayors' Office, BPD, and Behavioral Health System Baltimore (BHSB), a non-profit organization that manages the public behavioral health system on behalf of the City and the State of Maryland Department of Health. The BCBHC regularly engages in the system transformation work needed to satisfy the requirements of Paragraph 97 of the Consent Decree and will serve as an ongoing accountability body for the City to gather input and feedback into system level change needed to address the behavioral health needs of people in Baltimore.

As required in Paragraph 97, the City conducted an assessment to identify gaps in the behavioral health system and recommend implementation strategies to address the identified gaps and published the **Public Behavioral Health System Gap Analysis Report** in December 2019. In response to the recommendations issued in the analysis, after collaboration between the Department of Justice, and the Consent Decree Monitoring team, and public comment periods that generated nearly 30 pages of comment and feedback – the **Behavioral Health Gap Analysis Implementation Plan (GAIP)** was published in Summer 2022. This plan outlined a multi-year approach to transform the behavioral health system in Baltimore City to adequately provide the resources and support that those experiencing behavioral health crises need through several critical focus areas: 911 diversion, mobile crisis team response, crisis service system integration, peer support services, and social determinants of health.

Since its publication, the GAIP has served as a road map to work across government agencies, organizations and community to address and achieve significant changes in the behavioral health system. These changes have included, but are not limited to, the creation of a 911 diversion program in partnership with BHSB, Baltimore Crisis Response Inc. (BCRI), BPD, and Baltimore City Fire Department (BCFD); the implementation of Baltimore City Behavioral Health Crisis Incident Review Team to examine behavioral health crises that involve interaction with law enforcement and other emergency responders; the development of the Open Access Project to support behavioral health service providers to provide same-day or next-day appointments; significant expansion of mobile crisis teams that include certified peers; and the creation of a city-wide housing fund to increase permanent supportive housing.

As progress under the Consent Decree continued, the City, BPD, and DOJ found it necessary to outline more specific actions and outcomes that are required under Paragraph 97. However, the evolving and complex landscape of behavioral health service delivery, not only across Baltimore City but across Maryland and the United States, combined with ongoing community feedback and the generality, and outdated implementation strategies within the GAIP, demonstrated a need for a more specific agreement between the City and DOJ to satisfy the requirements of Paragraph 97 of the Consent Decree. The City, BPD, and DOJ negotiated this agreement, and in September 2023, the Monitoring Team approved and filed it with the Court. This document presents the key areas the City, BPD, and DOJ have agreed to address to satisfy the requirements of Paragraph 97 of the Consent Decree and will focus on the progress in meeting these requirements. These include 911 diversion, Mobile Crisis Teams, Peer Services, Housing and Homeless Services, Quality Assurance processes, and an MOU between the City and BHSB. Below, each section outlines:

- the overall goal,
- strategies to achieve the goal,
- activities to accomplish each strategy,
- and a status report.

The aim of the format is to create a transparent, easily to understand document that demonstrates the City's previous and current progress in implementing the requirements of Paragraph 97 of the Consent Decree to improve the range, availability and quality of the behavioral health service delivery system. Progress made on activities is visually marked:

- **Green** if accomplished or significant work has been done and the activity is ongoing, and update narrative is serves as documentation of the achievement and will not change once the activity is marked as green (when necessary additional progress will be included via footnote or addendum),
- **Yellow** if the activities have started and an update of recent progress made is included, or
- **Red** if work has not started and an update is not included.

For all activities marked "red", a timeline has been included in the narrative update. The timelines included are target dates and can be adjusted if needed given the ongoing complexities of behavioral health system work. Timelines are based on calendar year quarters which include:

- **Quarter 1(Q1):** January to March, YEAR
- **Quarter 2 (Q2):** April to June, YEAR
- **Quarter 3 (Q3):** July to September, YEAR
- **Quarter 4 (Q4):** October to December, YEAR

The new format is a response to meaningful participation and feedback from BCBHC members, including but not limited to the BCBHC experiences to date and targeted one-on-one interviews of BCBHC members. The intent of this report is twofold: one, a mechanism for the Monitoring Team to measure the City's progress addressing the goals named in paragraph 97 of the consent decree, and two, a public document to share how Baltimore City has and is planning to make changes to its behavioral health system. In all, this public document aims to garner feedback from the public to shape this critical body of work. This document will be updated semiannually and shared with the public for open comment. The strategies and associated action steps in this report do not encompass the full range of work needed or happening in Baltimore City to address behavioral health.[1]

The Monitoring Team is in the process of developing a methodology, in consultation with the City, BPD, and DOJ, by which to measure the City's and BPD's progress in implementing paragraph 97. That process will yield additional clarity as to what the City and BPD are required to do in order to achieve compliance with paragraph 97. Activities outlined in this report may or may not be included in the required steps to achieve compliance. The methodology will also address how to measure the City's and BPD's progress in implementing paragraph 97 where non-City entities are also involved in this work.

1. Future iterations of this report will attempt to offer further context to the fuller landscape of work happening to address behavioral health in the City.

911 Diversion

Goal #1

Establish a 9-1-1 diversion program (e.g. develop and implement policies and procedures) operating 24/7 that allow Baltimore to divert appropriate behavioral health calls and on-scene police contacts to a behavioral health crisis response instead of a police response[2].

Paragraph 97 Agreement Section 1.a.
Promote the use of behavioral health services, including the use of 988 rather than 911

Activities	Status	Spring 2024 Semiannual Update
Implement a public education campaign to promote the use of community-based services in lieu of calling 911	✓	With the use of time-limited funding from the Health Services Cost Review Commission for the Central Maryland Regional Crisis System, BHSB issued a competitive procurement to identify a communications and marketing firm to conduct market research to determine how best to communicate to the broader public about what is 988 and what to expect when calling. Marketing for Change won the bid and started their work in August 2021. A public education campaign was developed and has been implemented across Baltimore City through multiple means of distribution of written materials including billboards, bus ads, fliers, etc. The public education campaign also includes the 988 Ambassadors program which supports (through training, technical assistance and financial reimbursement for time spent) trusted community members to spread the word about 988 through intentional community engagement in targeted communities. The 988 Ambassadors program is a critical component in supporting the behavioral change needed for people in Baltimore to call 988 instead of 911 when experiencing a behavioral health emergency. BHSB's consultant, Marketing for Change, published a white paper that outlines what communities can do to support the shift from calling 911 to calling 988 using Baltimore as a model for other communities across the country.
Identify and use existing structures and processes within Baltimore City to promote 988, i.e. city outreach efforts mass mailings, events, activities and other communication forums.	»	Identifying existing structures and processes to promote 988 is an ongoing effort. Most recent activities include: • Using 988 as the point of contact for the public in need of emotional support during the response effort to the collapse of the Key Bridge including putting 988 information in the Key Bridge Response website. • In April 2024, Baltimore Crisis Response Inc (BCRI) and BHSB leadership attended the Mayor's Office Grassroot and Community-based Organization Convening to discuss 988 with attendees and encourage support of community members in promoting 988 as an alternative to calling 911. • Training summer engagement partners on 988 as a resource. • Distributing palm cards with 988 information when engaging youth on the weekend after curfew. • BHSB is coordinating with Baltimore City Public Schools to include 988 information on student IDs.

2. The next semiannual report will provide an update on and analysis of ongoing work to divert eligible calls from 911 to 988, such as additional data on diverted calls and quality assurance efforts related to the diversion program (including analysis of the program's success in identifying calls subject to diversion and any responsive actions, and analysis of whether and how to expand what calls are eligible for diversion).

Advocate for policies that support a permanent funding source for 988 expansion and funding.		The 988 Coalition led by BHSB, was successful in: • Establishing a 988 Trust Fund for the State of Maryland. Funding from the 988 Trust Fund is being awarded to local jurisdictions in FY25 to support the ongoing needs of local 988 call centers to respond to the increasing volume of 988 calls. • In March 2024, the Maryland General Assembly established a permanent funding source for the state's 988 helpline through a telecom fee. This $0.25 fee on cell phones and landlines will generate more than $25 million each year for local Maryland 988 call centers to hire more staff, invest in text/chat technology, and prepare for continued growth in the demand for 988 and behavioral health services.
Develop a plan to sustain and expand the 988 public education efforts that support the behavioral change needed for people in Baltimore to call 988 instead of 911 when experiencing a behavioral health emergency. This will include support for printed materials, BHBS's 988 Ambassador program and other ongoing communications needs.		The current 988 marketing efforts are funded through time-limited grant funds from the Health Services Cost Review Commission for the Central Maryland Regional Crisis System. Funding from the 988 Trust Fund and 988 telecom fee (described above) is a potential source of sustainable funding for 988 printed materials, ongoing communications support and the 988 Ambassadors program. It is unclear at present if BHSB will be awarded funding from the 988 Trust Fund for these purposes and if the parameters of the funding will meet the full range of components needed in Baltimore to support the shift from calling 911 to calling 988 when experiencing a behavioral health emergency. BHSB has consulted with the Maryland Department of Health (MDH) about replicating the 988 Ambassadors program statewide. It is unclear if the state will support the full educational, technical assistance and reimbursement for time spent components of the current 988 Ambassadors program. Private payors do not currently provide funding for 988 operations. However, they benefit from 988. Specifically, BHSB supported 988 providers to connect with CareFirst to create a process for warm handoffs from 988 for CareFirst members to connect them with CareFirst behavioral health care managers. BHSB will be reaching out to other insurance companies in the upcoming months to explore similar partnerships which may contribute to ongoing sustainability.

Paragraph 97 Agreement Section 1.b.
Staff the 911 call center with a sufficient number of qualified personnel to allow for appropriate screening for diversion, and provide them with access to a behavioral health specialist

Activities	Status	Spring 2024 Semiannual Update
Secure funding to hire a behavioral health clinician to work in the 911 call center		The City secured time-limited funding through the Bureau of Justice Assistance for the behavioral health clinician role in 2022.
Identify a vendor to provide a behavioral health clinician within the 911 call center.		BHSB conducted a procurement process to select a vendor. BCRI was selected as the vendor in early 2023.

Hire and onboard behavioral health clinician		The behavioral health clinician started with BCRI in March 2024 and began training with the 911 call center later that month.
Establish goals and metrics of success for the behavioral health clinician with partners, including BHSB, BCRI, and the 911 call center		In partnership with Harvard's Government Performance Lab (GPL), the City, BHSB, BCRI and 911 call center have developed goals and metrics of success for the Behavioral Health Clinician. These goals are 1) provide real-time support to 911 Call Specialists to aid appropriate decision-making of BH call diversion; 2) link callers to community-based resources; 3) support BH calls that cannot be transferred to 988 due to exclusionary criteria; 4) provide support and de-escalation on law enforcement calls; 5) identify additional types of calls that could be good candidates for diversion, and 6) test solutions for reduction of repeat callers.
Monitor the impact of the behavioral health clinician in the 911 diversion program during monthly check-ins throughout the first 6 months.		GPL, the City, BHSB, BCRI, and the 911 call center developed a pulse survey to send out to all 911 Call Specialists to complete. This anonymous survey will 1) support understanding of how to improve utilization of 911 Diversion Clinician and 2) support understanding of how to improve compliance with Diversion Program policies. 911 Call Specialists will take this survey this Summer and repeat it every six months to track the impact of the Behavioral Health Clinician's role in 911 diversion. A summary of survey findings and any identified action items will be shared in subsequent reports. Meanwhile, the City is working with BHSB to expand the current contract with the current funds to hire additional clinicians that will staff hours at the 911 call center that have the average highest number of relevant calls as a pilot for expansion of use of clinician.
Develop a plan to sustain, and expand if needed, the Behavioral Health Clinician within the 911 call center.		The 988 Trust Fund or newly approved 988 telecom fee could potentially be used to support this program, but BHA has not yet released guidance on allowable uses of these sources of funding.

Paragraph 97 Agreement Section 1.c.
Establish a behavioral health alternative for 911 operators to receive diverted calls for 911 operators to connect individuals appropriate for diversion with responders other than BPD

Activities	Status	Spring 2024 Semiannual Update
Use the 988 Helpline to manage calls diverted from 911.		Baltimore Crisis Response, Inc (BCRI) is the vendor BHSB currently contracts with to manage the 988 helpline. The City executed a MOU with BPD, BCFD and BCRI in June 2021 to implement and manage identified behavioral health crisis calls diverted from 911.
Establish a workgroup to continuously review progress made in diverting calls from 911 to 988.		An interagency workgroup was established at the launch of 911 diversion program and meets monthly.

Paragraph 97 Agreement Section 1.d.
Establish protocols and conduct training to ensure the 911 operators can identify individuals in behavioral health crises who are appropriate for diversion from police intervention and connect them to the services they need

Activities	Status	Spring 2024 Semiannual Update
Establish initial 911 call types eligible for diversion to 988.	✓	In June 2021, the 911 call center began to divert two behavioral health call types — "non-suicidal and alert" (psychiatric/abnormal behavior/suicide) and "suicidal and alert" (psychiatric/abnormal behavior/suicide). These two categories alone account for an estimated 1,000 calls received by 911 operators annually.
Expand 911 call types eligible for diversion to 988 to include a wider variety of behavioral health calls.	✓	In Q2 2022, the 911 call center expanded to add a third call type: • 25B03 – Caller is alert and actively threatening suicide. In 2024 Q1, the 911 call center added five additional call types: • 25O02 – Suicide ideation and alert (history of mental health conditions) • 25C01 – Altered LOC (history of mental health conditions) • 25C02 – Altered LOC (no or unknown history of mental health conditions) • 25C03 – Altered LOC (ingestion of medications/substances) • 25C04 – Altered LOC (sudden change in behavior/personality) **LOC: Level of Consciousness - a measurement of a person's responsiveness to stimuli from the environment.*
Expand 911 diversion criteria to youth above the age of 12 years old	✓	In 2024 Q1, the 911 call center added youth 12 years old or older eligible for diversion.
Include 2nd party callers in eligibility for diversion to 988	»	The 911 call center currently allows 2nd party callers to be eligible for diversion. In partnership with GPL, the City, BHSB, BCRI, and the 911 call center are working to address missed opportunities for 2nd party diversion and streamline the diversion processes. In early June 2024, GPL conducted focus groups to 1) support understanding of how to improve utilization of 911 Diversion Clinician and 2) support understanding of how to improve compliance with Diversion Program policies. GPL will share the results of their findings by end of Summer 2024 and provide recommendations to address 2nd party diversion.
Evaluate feasibility to include 3rd party callers in eligibility for diversion to 9-8-8	»	In partnership with GPL, the City, BHSB, BCRI, and the 9-1-1 call center are currently working on designing the pilot program to divert 3rd party callers. The 911 call center, BCFD, BCRI, and the City decided to focus on addressing missed opportunities among 1st and 2nd party calls with GPL this summer and will revisit feasibility of including 3rd party diversion by end of Q4 2024, after further implementation of recommendations to address missed opportunities among 1st and 2nd party callers.

Identify call types eligible for diversion as able and appropriate		Since 2024 Q1, a total of seven call types have been eligible for diversion at the 911 call center: • 25A01 – Non-suicidal and alert (Psychiatric/Abnormal Behavior/ Suicide) • 25A02 – Suicidal and alert (Psychiatric/Abnormal Behavior/ Suicide) • 25B03 – Threatening Suicide (Psychiatric/Abnormal Behavior/ Suicide) • 25O02 – Suicide ideation and alert (history of mental health conditions) • 25C01 – Altered LOC (history of mental health conditions) • 25C02 – Altered LOC (no or unknown history of mental health conditions) • 25C03 – Altered LOC (ingestion of medications/substances) • 25C04 – Altered LOC (sudden change in behavior/personality) 911 operators have been trained on each call type and the appropriate response. The City and its partners are working with GPL to implement effective and efficient 2nd and 3rd party diversion. As of 2024 Q1, 2nd party calls have been eligible for diversion.
Ensure call specialists have appropriate training to know when and how to divert calls to 988, and when to utilize the embedded clinicians[3].		The 911 Call Center provides call specialists with initial training about how and when to divert calls to 988, and when to utilize the embedded clinicians. On an ongoing basis, the City will assess fidelity to the program and the understanding of protocols with specialists and provide remedial training as necessary.

Paragraph 97 Agreement Section 1.e.
Develop, publish, and maintain a public dashboard of data related to diverted and non-diverted calls for behavioral health emergencies

Activities	Status	Spring 2024 Semiannual Update
Develop and publish the dashboard on the City's website for public access		Through the data fellows program, housed within the Mayor's Office of Performance and Innovation, a public facing dashboard was developed and made available for residents to follow progress and impact of the behavioral health diversion project in June 2022.
Regularly update the public dashboard to reflect timely data		The City continues to work with BCFD data analyst to have the public dashboard updated quarterly.
Develop and implement a strategy to receive community and BCBHC stakeholder feedback on ways to improve public dashboard reporting.		Not yet started as of May 2024. Will develop a draft strategy by end of Q1 2025.
Expand data metrics reported on the public dashboard in response to community and BCBHC feedback		Not yet started as of May 2024. This will occur on an ongoing basis.

3. This item corresponds to 1(c) in the Paragraph 97 Agreement, ECF No. 643-1.

Additional Context

- **1st party caller:** The caller is the person having the experience. experiencing what is happening firsthand. No one else is involved. Others may be present, but the 911 Call Specialist is talking to the person in crisis.
- **2nd party caller:** The caller is not the person experiencing what is happening but is on scene and with the person in crisis to witness or have witnessed the reason for the call.
    - o 2nd party familiar: person may be a loved one, significant other, or a friend. They have knowledge of diagnoses, medications, and possibly known triggers.
    - o 2nd party non-familiar: person is just on scene but has no knowledge of what the person may or may not be experiencing.
- **3rd party caller:** The caller is not with the person in crisis and does not have immediate access to the person in crisis and cannot render aid if needed. 3rd party callers can be either a 3rd party familiar or 3rd party non-familiar.

Mobile Crisis Teams

Goal #2

Create sustainable ***mobile crisis teams (MCT)*** that are comprised of a sufficient number of qualified and properly trained personnel; include peers as a key member of the mobile crisis response team; and are available to respond 24/7 and on average within 1 hour.

Paragraph 97 Agreement Section 2.a.
Expand current capacity of mobile crisis team response in Baltimore

Activities	Status	Spring 2024 Semiannual Update
Establish core principles and values for mobile crisis response in Baltimore.	✓	BHSB led a stakeholder engaged process to develop standards for service delivery within the crisis response system. The Crisis Response System Standards are on BHSB's website and are included in all contracts for mobile crisis response in Baltimore City. The standards promote consistency in service delivery within the central Maryland region and create a structure for accountability across the system.
Secure funding for expansion of teams	✓	The expansion of mobile crisis response capacity was funded through a 5-year grant from the Health Services Cost Review Commission that BHSB applied for in partnership with 17 hospitals. The project is known as the Central Maryland Regional Crisis Response System, formerly Greater Baltimore Regional Integrated Crisis Response System (GBRICS) partnership and launched in 2020. This partnership has invested $45 million of catalyst funding to transform crisis response services in Baltimore City, Baltimore County, Carroll County and Howard County by expanding the capacity of mobile crisis teams and community-based providers to reduce police interaction and overreliance on emergency departments.
Release RFP to identify vendor(s) to bring on additional mobile crisis teams to serve people of all ages	✓	Mobile crisis providers were identified through a competitive procurement process and Baltimore Crisis Response, Inc and Affiliated Sante were selected to provide mobile teams for the city serving people across the life span. Dispatch of teams occurs through a shared technology platform, called Behavioral Health Link, that allows 988 to dispatch teams directly and uses geolocation for teams to determine in real time what teams are closest for dispatch.
Hire staffing for new mobile crisis team capacity and start providing service delivery	✓	While ongoing recruitment and retention of staff is a challenge in the behavioral health field, additional mobile crisis team capacity was implemented in 2023. Mobile crisis teams serving Baltimore City increased by 80% from 10 shifts per day in May 2023 to 18 shifts per day in June 2024. The teams serve people across the age span. Ongoing capacity will continue to be tracked through the continuous quality improvement process being developed and detailed later in this document.

Release RFP to identify vendor to bring on specialized mobile crisis teams for children and youth in the city	✓	Through a competitive procurement process, BHSB selected BCRI to implement a new specialty youth mobile crisis team serving children and youth under the age of 18 in Baltimore City for two 8-hour shifts, 7 days per week (7 am-11 pm). The MCT is comprised of one licensed mental health professional and one peer support specialist.
Hire staffing for new specialized mobile crisis team capacity for children and youth and start providing service delivery	✓	Utilizing funds awarded through the Bureau of Justice Assistance, BHSB conducted a procurement process to select a sub-vendor to establish youth-focused mobile crisis teams. Baltimore Crisis Response, Inc was selected as the sub-vendor and have since hired for the creation of two youth mobile crisis teams. BCRI has assigned a Director of Crisis Services to focus directly on the service and developed the dispatch process to be used for the teams to respond to youth crisis. BCRI is also currently meeting with the school system (administrative staff and teachers) and other youth providers to hear current challenges and identify collaboration opportunities.
Develop a plan for evaluating mobile crisis capacity.		In early Q4 2024 BHSB will be meeting with mobile crisis providers and will begin conversations at that time about how to most effectively measure capacity.
Develop a plan for sustainability of enhanced capacity and further expansion if needed	»	• The State published behavioral health crisis Medicaid regulations in May 2024 establishes new ways for crisis services, specifically Mobile Crisis Teams and Crisis Stabilization Centers, to be billed through Medicaid. BHSB submitted comments (informed by the BCBHC and other stakeholders) on the regulations when they were in draft form. • The newly promulgated regs allow telehealth for clinical assessment in mobile crisis response. This is expected to help with staff recruitment and retention and lead to further enhanced capacity. • Advocacy is needed with commercial insurance providers to pay for mobile crisis services. BHSB supported 988 providers to connect with CareFirst to create a process for warm handoffs from 988 for CareFirst members to connect them with CareFirst behavioral health care managers. BHSB will be reaching out to other insurance companies in the upcoming months to explore similar partnerships.

Paragraph 97 Agreement Section 2.b.
Develop consistency and transparency for when and how a mobile crisis team is dispatched, encouraging timely and least restrictive response possible

Activities	Status	Spring 2024 Semiannual Update
Secure funding to hire a consultant to assist BHSB in developing a tool that helps guide appropriate dispatch of mobile crisis teams	✓	Funding was applied for and received from the state's Behavioral Health Administration (BHA) for this purpose.

Identify a vendor to support the development of a call matrix for 988 call takers to use to guide appropriate dispatch of mobile crisis teams	✓	BHSB released an RFP to identify a vendor. Dignity Best Practices (DBP), a non-profit consultant with experience working with local municipalities in developing and implementing operational change processes, was chosen.
Develop a call matrix through partnership with key stakeholders	✓	DBP worked with BHSB, the 988 Helpline and MCT providers and BCBHC and other stakeholders to develop common protocols for the 988 Helpline to triage and dispatch MCTs. The protocols were compiled into a triage matrix implementation report which was presented to the public on October 24, 2023. The new protocols are expected to increase the use of MCTs by encouraging 988 Helpline providers to offer MCT services to more consumers.
Implement the call matrix within the 988 Call Center for mobile crisis team dispatch in Baltimore City	»	Training on the triage matrix began in spring of 2024 focusing on supervisors and is continuing into the summer of 2024 with training of all impacted personnel. The implementation report will be modified as needed during the implementation process. BHSB will monitor the volume of mobile crisis response visits and if the volume increases after the dispatch training that started in spring 2024.

Paragraph 97 Agreement Section 2.c.
Ensure services are provided in accordance with national evidence-based models

Activities	Status	Spring 2024 Semiannual Update
Ensure a sufficient number of adequately staffed teams to demonstrate substantial progress toward the goal of providing coverage 24/7 and face-to-face responses on average within one hour of the referral to mobile crisis	✓	Staffing expectations were initially outlined in the crisis system standards discussed above. The newly promulgated mobile crisis response regulations identify required staffing for mobile crisis response in Maryland which consists of a behavioral health clinician, nurse, and/or peer. The regs also specify that service delivery must be 24/7 and response within an average of 1 hour. The regulations also allow Telehealth for certain mobile crisis response functions, which will help maximize staffing for this service. BHSB reviewed draft regs with the BCBHC for feedback before offering comment during the public comment period before full promulgation.
Ensure MCT staff receive training in such areas as crisis intervention and de-escalation techniques; cultural competencies; issues related to youth and aging; trauma-informed services; and Olmstead/ADA requirements.	✓	• Training expectations were outlined in the crisis system standards discussed above and are included in contracts for all grant funded mobile crisis teams in Baltimore City. • In May 2024, BHSB began supporting crisis providers in Baltimore City with the licensing process and the transition to a fee-for-service model. • The recently promulgated crisis response regulations require the state to issue training guidelines. When those guidelines are released, technical assistance will be provided by the state with assistance from BHSB if needed.
Continue to advocate for policies that address the challenges in behavioral health workforce recruitment and retention of qualified staff	»	The newly promulgated regulations allow for telehealth in mobile crisis service delivery. This will help augment the workforce challenge in recruiting for mobile crisis staff positions.

Additional Context

In 2024 Q1 (January–March 2024), 277 mobile crisis teams were dispatched across Baltimore City.

Peer Services

Goal #3

Support greater use and work to improve the effectiveness of ***peer support***.

Paragraph 97 Agreement Section 3.a.
Advocate for additional resources for peer support services in the behavioral health service delivery system

Activities	Status	Spring 2024 Semiannual Update
Partner with BHSB to advocate for peer delivered services to be reimbursed via Medicaid	✓	Medicaid reimburses for peer delivered services in ACT teams, SUD outpatient, mobile crisis teams and residential services.
Provide technical assistance to behavioral health organizations interested in implementing and/or sustaining peer-run services	✓	• BHSB grant funds peer-run services through Wellness and Recovery Centers. There are 3 centers in the city – Helping Other People Through Empowerment (HOPE) focusing on serving individuals experiencing homelessness and integrated service delivery (SUD and SMI), Hearts and Ears focusing on services for LGBTQ+ individuals, and Own Our Own, Inc. for individuals with serious mental illness. TA is provided through the ongoing contracting process with BHSB. • There is one Clubhouse in Baltimore for adults with serious mental illness called Bmore Clubhouse. The Clubhouse is funded through private fundraising and foundation funding. MDH has not approved the use of grant funding for this model. BHSB is working with the Clubhouse and their consultant to advocate for Medicaid reimbursement for this service delivery. In the meantime, to support the service delivery, Baltimore City awarded $500,000 in American Rescue Plan Act funding for the Clubhouse in 2022.

Paragraph 97 Agreement Section 3.b.
Work with BHSB and other stakeholders to strengthen the role of peer support in crisis response service delivery

Activities	Status	Spring 2024 Semiannual Update
Require grant funded providers of crisis response services to use peers in their service delivery model	✓	All new expansion of mobile crisis teams required mobile crisis team vendors to utilize peers as a part of their staffing model.
Partner with BHSB to advocate for the inclusion of peer delivered services in state regulations for crisis services.	✓	The new regulations specify that mobile crisis teams should include a certified peer and family recovery specialist who may respond independently without a mental health or licensed professional.
Explore the development of peer run crisis respite services.		BHSB released an RFP and identified a vendor to develop a white paper on how to implement peer run crisis respite services in the Baltimore metro region. The white paper was presented to stakeholders including the BCBHC for feedback and a final version will be released in Summer/Fall 2024. Next steps to move toward implementation have been shared with MDH for consideration for funding and implementation.

Social Determinants of Health

Goal #4

Strengthen housing and homeless services programs to provide greater access and stability to individuals at risk of crises, including those with behavioral health needs[4].

Paragraph 97 Agreement Section 4.a.
Use housing funds to increase the availability of permanent supportive housing for individuals with disabilities, including behavioral health disorders

Activities	Status	Spring 2024 Semiannual Update
Create a city-wide housing fund to establish permanent supportive housing	✓	The Housing Accelerator Fund was launched in the Fall of 2023 to fund the construction of permanent supportive housing. The fund focuses on integrating housing, supportive services, and healthcare. In January 2024, the City allocated $29.8 million to a Housing Accelerator initiative which prioritized the creation of affordable and permanent supportive housing for Baltimore City residents. In addition, the City launched a Supportive Housing Institute, coupled with predevelopment grants of up to $150,000 per project, to help build the pipeline of those providing permanent supportive housing solutions in Baltimore. It is projected these projects will result in an additional 122 permanent supportive housing units and 364 affordable housing units. In addition, the City has hired five Housing Navigators to increase accessibility to housing resources and interventions to the Baltimore City residents experiencing homelessness or at-risk of homelessness. These are individuals employed by the Mayor's Office of Homeless Services and embedded in Pratt Library branches to be accessible to the community. These coordinators offer services such as developing individualized housing plans, case management, and connection to healthcare, mental health services and additional resources and support to address both short-term and long-term needs. A QA team monitors the number of referrals entered into HMIS by each Housing Coordinator, as well as the number and type of applications processed, including Flex Fund and Diversion applications. Additionally, the status of each application is tracked. Client demographics, such as name, race, ethnicity, and household size, are also collected. This data is used to assess the program's effectiveness, interventions and services offered and the outcomes for the clients aimed to serve. Since the implementation of this program, through May 2024, 448 Baltimore City residents have received Diversion services and support to ensure connection to housing, case management, and support.

4. Individuals with behavioral health disorders qualify for these programs, but the number of actual beneficiaries with primary behavioral health issues served by these programs is not known.

Paragraph 97 Agreement Section 4.b.
Educate people living in permanent supportive housing on calling 988 for access to behavioral health care

Activities	Status	Spring 2024 Semiannual Update
Provide ongoing 988 education, public awareness campaigns, and community engagement with permanent supportive housing organizations and residents		BHSB has promoted the use of 988 in senior housing apartments in Baltimore City. Opportunities to provide ongoing education and engagement will continue to be identified.
Secure funding or other means to expand the 988-ambassador program to target residents of permanent supportive housing		Currently exploring opportunities to pursue funding. This will be an ongoing effort.

Paragraph 97 Agreement Section 4.c.
Establish comprehensive outreach services that:
1) are focused on connecting individuals to permanent housing and ongoing community-based care;
2) operate 24/7;
3) include outreach teams that include people with lived experience; behavioral health clinical support for every call/face-to-face contact as needed; and training for all staff on behavioral health disorder recognition, crisis de-escalation, and trauma responsive service delivery;
4) are readily accessible to police, EMS, and other emergency services (including hospitals), and 5) include an access mechanism for the general public to make referrals for follow-up, and develop protocols for this kind of response and inform the public of its availability

Activities	Status	Spring 2024 Semiannual Update
Outline key stakeholders, city-wide goals, and organizational partners required to establish comprehensive outreach services throughout Baltimore City		From November 2023 to January 2024, key BCBHC stakeholders met to identify proposed goals of a 24/7 city-wide outreach program. These goals include: • Ability to call 24/7 • Multidiscipline • Available to the public • Reliable, show up when needed • Good quality engagement on what is happening – continuously engage with this person, not a one-time only
Invite the Mayor's Office of Homeless Services (MOHS) to meet with BHSB, BPD, and BCFD to establish a partnership		In March 2024, the Mayor's Office and BHSB met with the Director of MOHS to establish a partnership regarding outreach services throughout Baltimore.
Convene monthly with MOHS, BHSB, BPD, and BCFD to ensure organizational collaboration when it comes to identified outreach and engagement needs.		In April 2024, the Mayor's Office, MOHS, BHSB, BPD, and BCFD began convening a regularly occurring interagency workgroup to begin defining and planning for increasing and improving outreach services in the long term.

Develop a draft long term implementation plan to establish comprehensive outreach services, which outline immediate, intermediate, and long-term action steps with key partners.		Not yet started as of May 2024. It is intended that this will be drafted by end of Q2 2025.
Implement outreach implementation plan.		Not yet started as of May 2024. Implementation will begin immediately following development of plan above.

Paragraph 97 Agreement Section 4.d.
Educate people living in permanent supportive housing on calling 988 for access to behavioral health care

Activities	Status	Spring 2024 Semiannual Update
Meet with BCBHC to identify housing priorities annually. Report back on action steps based on identified priorities.		Designate space in Collaborative meetings to ensure this dialogue happens annually, beginning Q4 2025.
Ensure feedback from BCBHC is brought forward to City leadership.		Annually, following priority development with BCBHC.

Continuous Quality Improvement

Goals #5–6

Establish a multi-agency continuous ***quality assurance/ quality improvement*** (QA/QI) process that identifies gaps or obstacles to reducing police interventions in behavioral health crises, and ensuring timely access to effective, community-based services[5].

Paragraph 97 Agreement Section 6.a.
Implement a *sentinel event review process*[6] to examine critical incidents involving BPD and individuals experiencing behavioral health crises or people with behavioral health disabilities

Activities	Status	Spring 2024 Semiannual Update
Establish protocol, parameters and process for identifying and reviewing critical incidents/ sentinel events	✓	The Behavioral Health Crisis Incident Review Protocol for Sentinel Events and Quality Assurance Audits was developed and finalized in 2022.
Establish a Baltimore City Behavioral Health Crisis Incident Review Team to examine critical incidents/ sentinel events	✓	Under the Maryland General Health Article, section 24, subtitle 18, the "Baltimore City Behavioral Health Crisis Incident Review Team" was established in the 2022 general assembly legislative session. This legislation requires that the review team be provided with access to certain information and records, establishing certain closed meeting, confidentiality, and disclosure requirements for information and records. All members of the review team are required to sign a confidentiality form. Any data will be shared and stored securely and will not be redisclosed beyond the review team.
Establish confidentiality protocol for sentinel event reviews.	✓	Developed a confidentiality agreement in partnership with the Law Department, that all participants of sentinel event reviews complete and sign before each meeting.
Meet quarterly with Behavioral Health Crisis Incident Review Team to review identified cases	✓	The review team began meeting in September 2023. There have been five sentinel event reviews to date. These have included: • Review #1: hospital-involved incident • Review #2: youth-involved incident (multiple BH related encounters with BPD) • Review #3: delirium/ dementia involved incident and an officer involved shooting • Review #4: bipolar and severe autism incidents (multiple BH related encounters with BPD) • Review #5: autism and bipolar incident
Establish confidentiality protocol for sentinel event reviews.	✓	Developed a confidentiality agreement in partnership with the Law Department, that all participants of sentinel event reviews complete and sign before each meeting.

5. The QA/QI process will examine gaps or obstacles to accessing services that may a) prevent people with behavioral health disabilities from having contact with police or using other emergency care unnecessarily, and b) redirect people experiencing behavioral health crises to more appropriate community-based services. This will include wraparound services as appropriate.
6. According to the Paragraph 97 Agreement, this review will be conducted pursuant to the Behavioral Health Crisis Incident Review Protocol for Sentinel Events and Quality Assurance Audits.

Present recommendations from the Sentinel Event Reviews to the BCBHC for feedback	✓	Recommendations from each review are presented at the BCBHC meeting immediately following the review for questions and feedback. A tracking mechanism was developed in Spring 2024 to track progress made toward implementing recommendations and status of recommendations will be regularly shared with BCBHC.
Work with the BCBHC and other stakeholders to implement recommendations from sentinel event reviews, including feedback, where appropriate, arising from the BCBHC.	»	The above-mentioned tracking mechanism includes the status on implementation for each individual recommendation. Some recommendations have been addressed and some require large, complex system change. As appropriate, subcommittees will engage in various action items that emerge from recommendations during sentinel event reviews. On 6/25/2024, the Policy and Advocacy Subcommittee reviewed recommendations from the Sentinel Event Review.

Paragraph 97 Agreement Section 6.b.
Fully operationalize a multi-agency QA/ QI team to look at police/fire call data and processes including the diversion of 911 calls to 988. The team should 1) evaluate data from specified sources[7]; 2) semiannually, conduct a random audit of behavioral health CAD incidents and a review of behavioral health or crisis-related calls for services, in order to review the system as a whole and identify trends and gaps in systems of care; 3) discuss data to identify possible gaps[8]; 4) advocate for data that is needed and currently not available; and 5) discuss identified gaps with stakeholders, including BCBHC.

Activities	Status	Spring 2024 Semiannual Update
Meet with the QA team on a regular basis to evaluate data and discuss gaps in behavioral health crisis response calls	✓	The QA team meets monthly.
Identify gaps in the data and services with the QA team	»	In 2024, the QA team identified missed opportunities for diversion among 2nd party callers. Recommendations for addressing these missed opportunities will be included in the next report.
Follow-up with necessary stakeholders to ensure identified obstacles and gaps in service are addressed		• In April 2024, the City's Project Manager began supporting the BCFD's Data analyst to address obstacles in pre-QA work. • BCFD's medical director follows up with necessary stakeholders to close the loop of specific QA cases. The City's Project Manager will begin to assist the BCFD's medical director to streamline the processes. • Ad-hoc strategy meetings will be convened as needed with relevant stakeholders. • In response to the missed opportunities for diversion among 2nd party callers, the City and its partners are working with GPL to better address 2nd party diversion among 911 Call Specialists. GPL plans to visit the 911 call center in the summer to provide feedback and technical assistance for 911 Call Specialists.

7. The Paragraph 97 Agreement lists these sources: calls to 911 and 988, on-scene referrals, BPD face-to-face contact for a behavioral health response, mobile crisis response runs, and relevant community-based behavioral health programs.
8. The Paragraph 97 Agreement lists examples of such gaps: unmet or inadequately funded needs (e.g. housing, case management, access to clinical services in the crisis response system; calls referred inappropriately for behavioral health community-based response; calls and on-scene police contacts that should have been but were not referred for a behavioral health response; and other systemic issues that impede efforts to respond to people in crisis.

Establish Standard Operating Procedures for QA		A draft of QA SOP was completed in May 2024. The BCFD Medical Director reviewed the draft in June 2024. The QA working group will provide feedback on the draft in July 2024.

Paragraph 97 Agreement Section 6.c.
Information will be shared as appropriate through the Collaborative and may lead to: refining the 911 call center protocol; enhancing training for police, EMS, 911 call center staff or behavioral health providers; advocacy on the part of the City in partnership with BHSB and other Collaborative stakeholders to address gaps; and/or strategies to increase access to resources or additional community-based behavioral health services.

Activities	Status	Spring 2024 Semiannual Update
Examine data on a quarterly basis to analyze the impact of and identify ongoing implementation needs for MCT response in Baltimore		• BHSB is meeting internally to discuss data collection and presentation challenges in reviewing data to assess the quality of MCT services and capacity to meet demand. • Preliminary data has been shared publicly in BCBHC meetings and other meetings with stakeholders. • BHSB is recruiting for a data manager position using time-limited funding from the Health Services Cost Review Commission for the Central Maryland Regional Crisis System. This position offers dedicated support to the continuous assessment needed to measure and track capacity of mobile crisis response and a sustainable funding source is need for this position.
Identify metrics to examine		BHSB is working with Behavioral Health Link and the state to identify appropriate measures and problem solve access to data challenges
Form a group of stakeholders to collectively review data and identify obstacles/challenge to be addressed		Completion timeline: Q1 2025

MOU

Goal #7

Negotiate, execute, and implement a revised ***MOU between the City (including but not limited to BPD and BCFD) and BHSB*** to ensure accountability for the work required to implement Paragraph 97 of the Consent decree on an ongoing basis, which includes providing City resources to staff BCBHC and its work in an ongoing and meaningful way.

Paragraph 97 Agreement Section 7.a.
Develop a revised MOU between the City and BHSB

Activities	Status	Spring 2024 Semiannual Update
Outline key points of the MOU in partnership with BHSB		The City and BHSB have met to discuss a tentative timeline for drafting a revised MOU. Negotiations will begin by BHSB preparing a list of proposed items to be included and will submit those to the City before the end of calendar year Q3. The City and BHSB will work toward having a draft revised MOU by the end of calendar Q4.
Finalize draft of MOU and execute the MOU between all parties.		It is expected that this MOU will be finalized and executed before the end of 2025.
Implement MOU.		

Addendums

As requested by the Department of Justice and the Monitoring Team, the City has included two addendums to expand on the context in Paragraph 97 Implementation Plan and Status Report. These addendums include 1) additional mobile crisis response data, and 2) an overview of Sentinel Event Review cases and recommendations.

Addendum #1

The data below offers additional context to the change that is happening within the crisis response infrastructure in Baltimore City. Goal #2 of Paragraph 97 of the Implementation Plan and Status Report looks specifically at mobile crisis response. Baltimore City's mobile crisis response is a part of the Central Maryland Crisis Response System, which is a partnership between Baltimore City, and Baltimore, Howard and Carroll counties to develop a comprehensive regional crisis response infrastructure within Central Maryland. This regionalized infrastructure change began in 2020 and included expanding the number of mobile crisis teams, enhancing mobile crisis response to 24/7 response, and the development of better data collection and accountability mechanisms for the crisis response system. Measuring mobile crisis team capacity is larger than counting the number of mobile crisis teams funded and includes the development of additional data points to determine when and why a team is not available to respond when requested. BHSB is working with the regional mobile crisis providers, the operator of the 988 call center, and local behavioral health authorities in all 4 regions to develop systems to better analyze crisis response system data and use it to make improvements within the system of care. This work includes developing a way to measure capacity of mobile crisis response in Baltimore City. The data below is an overview of MCT data from July 2023 to June 2024 within the regional crisis response system. Chart specifics to Baltimore City are labeled accordingly.

The Behavioral Health Link (BHL) software produces data to assist BHSB in managing the system of care. An internal workgroup is looking closely at the data points available and planning for how this enhancement in data from the new software can be used to tell the story of what is happening within the crisis response system. It is expected that the dashboards presented will evolve over time as the workgroup progresses in its planning and a data manager is hired.

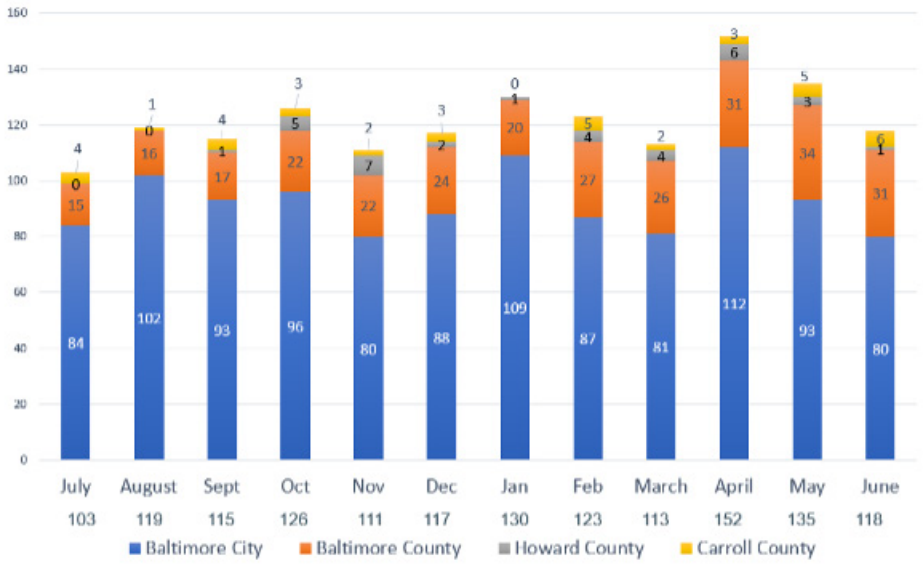
MOBILE RESPONSE TEAM

COMPLETED VISITS

JULY 2023 – JUNE 2024

Source = Behavioral Health Link

- All completed visits in the region where services were provided by non-law enforcement mobile response teams dispatched through Behavioral Health Link

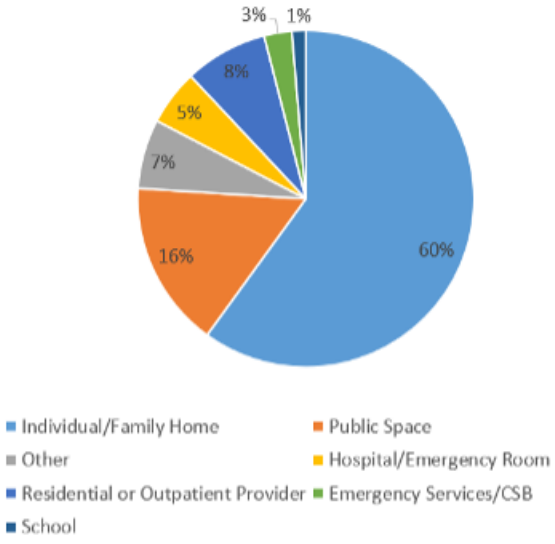


BALTIMORE CITY MOBILE TEAMS

JUNE 2024

Source: BHL

Location of service, completed mobile team visits

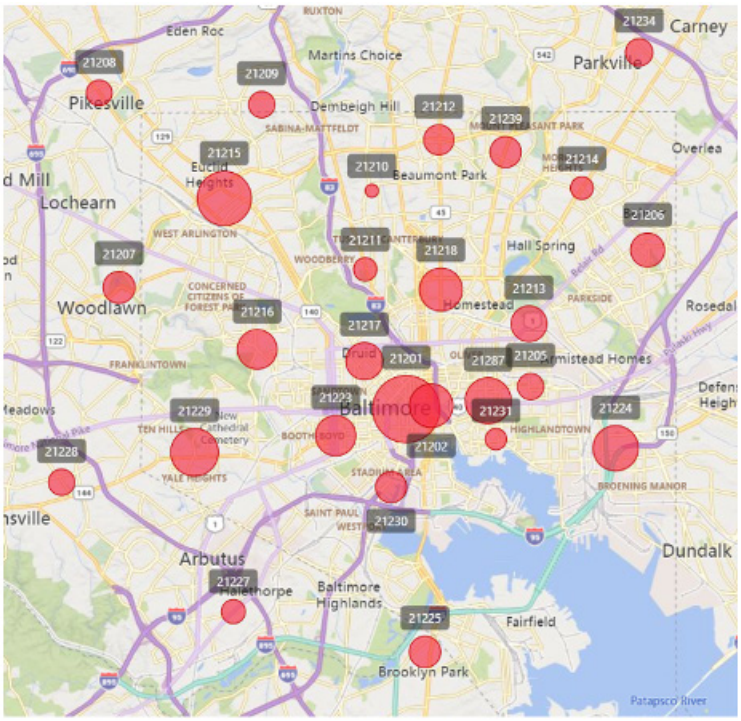


MOBILE RESPONSE TEAM - COMPLETED VISITS BY ZIP CODE

JULY 2023 – JUNE 2024

Source = Behavioral Health Link

- All completed visits in the region where services were provided by non-law enforcement mobile response teams dispatched through Behavioral Health Link
- Baltimore City
- 1,143 completed visits
- Zip codes with the most visits: 21201 (175); 21215 (108)



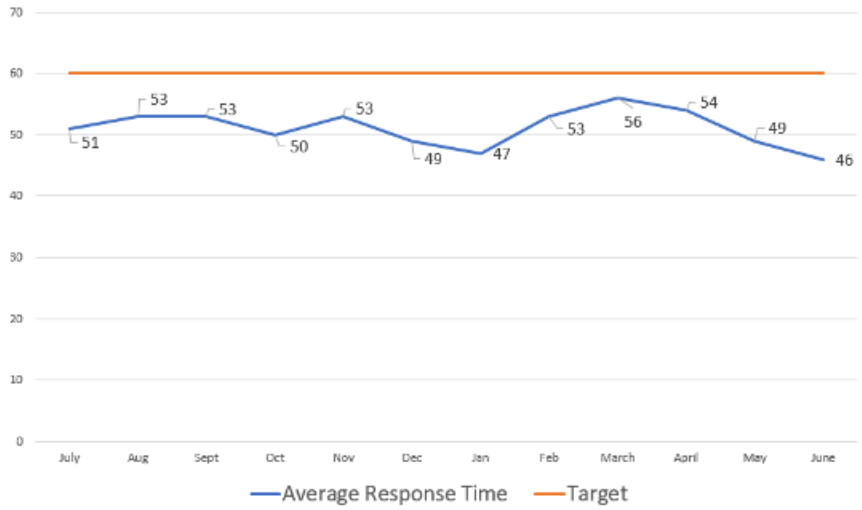
MOBILE TEAMS

AVERAGE RESPONSE TIME (MINUTES)

JULY 2023 – JUNE 2024

Source = Behavioral Health Link

- All non-law enforcement mobile response teams dispatched through Behavioral Health Link in the region
- Target is under 60 minutes



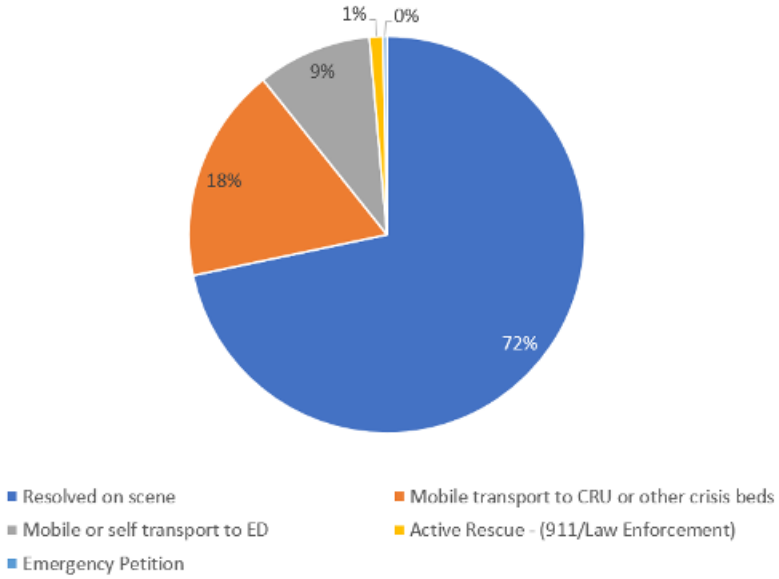
MOBILE RESPONSE TEAM

OUTCOME OF VISITS

JANUARY 2024 – JUNE 2024

Source = Behavioral Health Link

- All completed visits in the region where services were provided by non-law enforcement mobile response teams dispatched through Behavioral Health Link
- Began collecting data in December 2023
- 90% resolved without ED visit or involving other emergency services



Addendum #2

Under the Maryland General Health Article, section 24, subtitle 18, the "Baltimore City Behavioral Health Crisis Incident Review Team" was established. The purpose of establishing this team is to examine behavioral health crises that involve interaction with law enforcement in Baltimore City and recommend and facilitate changes within the system. This legislation requires that the review team be provided with access to certain information and records, establishing certain closed meetings, confidentiality, and disclosure requirements for information and records. All members of the review team are required to sign a confidentiality form. Any data will be shared and stored securely and will not be redisclosed beyond the review team. Sentinel Events are encounters that do not occur in isolation; there are manifold "root causes" and precipitating factors that lead to an individual encountering law enforcement. As such, it is critical to conduct Behavioral Health Crisis Incident Reviews that include the participation of key decision-makers within the city's public behavioral health system to promptly identify where an individual was not adequately served and how such encounters may be avoided in the future.

The tables below provides the context of the cases that the Baltimore City Behavioral Health Crisis Incident Review Team has reviewed to date. The table outlines:

- Summary of the case (all identifying information removed)
- Recommendations based on the case
- Status
- Update on the progress of the recommendation implementation

The recommendations range in complexity and tackle various aspects of the behavioral health system. Given this, it is important to note that some of the recommendations named below are system-level changes that will take years to implement and coordinate.

Sentinel Event Review #4 Case Overview: May 2024
Case #1: an individual with a diagnosis of bipolar. Involvement included police barricades, EPs, and the Central Booking Intake Facility.
Case #2: an individual with a diagnosis of autism. Involvement included multiple EMS calls from care facilities, EPs, and physical and medical restraints.

Recommendation	Status	Updates as of June 2024
Schedule a follow-up meeting with the Central Booking and Intake Facility (CBIF) to discuss behavioral health services offered at the facility and communication strategies among BPD and BCFD.	Completed	The City, BCFD, BPD, and BCRI met with CBIF in June. CBIF and BPD identified key areas to increase communication and build more significant relationships.
Conduct a discussion with Baltimore City hospitals to address communication strategies with BPD, BCFD, BHSB/BCRI regarding emergency petitions	In process	A representative from a Hospital will attend the next Sentinel Event Review. The City is developing additional strategies to engage hospitals.

Disseminate information about proper communication channels and processes among BPD, BCFD, hospitals, and CBIF to appropriate parties.	In process	The City plans to address communication channels through ongoing and future meetings with BPD, BCFD, hospitals, and CBIF.
Communicate to the hospitals about paragraph 97 and the Sentinel Event Review process to deepen collaboration to improve the behavioral health system	In process	The City is drafting a letter to hospitals to provide an overview of the consent decree and ask for their participation in SERs.
Arrange for the Development Disabilities Administration (DDA) to provide a training for BCFD and BPD CIT to increase awareness of their services and learn how to make referrals.	Completed	
Connect BCRI and DDA to increase collaboration among agencies.	Completed	This connection was made in May 2024, the partnership development is ongoing.
Connect DDA with hospitals in the region to connect with DDA-involved clients.	Completed	BHSB invited DDA to attend their monthly meeting with the hospitals.
Look into the potential for DDA to provide a list of DDA-involved people to input in CRISP to flag people during hospitalization.	In process	The City faciliiated a connection between DDA and CRISP.
Invite hospitals, CRISP, and CBIF to the next Sentinel Event Review	In process	The City met with CBIF in late April to discuss their involvement in SERs. CBIF will attend future SERs. The City is currently drafting a letter to invite hospitals to SERs and will send by the end of 2024. The City emailed CRISP to establish a relationship and set up a meeting regarding their role in SERs.

Sentinel Event Review #3 Case Overview: February 7, 2024

Case #1: An incident involving an officer involved shooting when police responded to a call for service. Following the shooting, the individual was treated at the hospital and then EP'd.

Case #2: Officers responded to a call reporting a break in and encountered an individual with delirium/dementia. The individual was EP'd.

Recommendation	Status	Updates as of June 2024
Identify and track individuals with repeat EPs. This could allow service providers, in particular crisis response and providers, to prioritize individuals who have a history of repeat EP presentation	In process	This is ongoing work within the data subcommittee. Additionally BHSB and BPD have created a data sharing agreement that will assist with this.
Establish a robust follow-up process for people who have been EP'd or engaged by BPD's mobile response team and transition the follow-up role away from BPD	In process	The data sharing agreement mentioned above has been a significant step in this. More progress will be included in next report.
Identify contacts from hospital EDs to participate in the Sentinel Event Reviews	In process	Outreach is ongoing regarding this, but a hospital is confirmed to participate in next Sentinel Event Review.
Execute data sharing agreement with BPD and BHSB	In process	BHSB and BPD are in the final stages of finalizing a data-sharing agreement. BHSB will look at the information of consumers who have frequent BPD contact (3> contacts in 6 months) and do an aggregate data analysis to see if people are connected to the public behavioral health system.
Adjust BPD-BCFD Co-Responder Protocol & Emergency Response Training	Completed	Adjusted beginning May 1, 2024.

Sentinel Event Review #2 Case Overview: November 14, 2023

Case #1: A review involving a youth with multiple (at least 5) interactions with police and EPs at various locations including care facilities within a six month timeframe

Recommendation	Status	Updates as of June 2024
Hold quarterly Sentinel Event Reviews	Completed	
Look at the volume of calls for specific locations to address unmet community needs	In process	This work is ongoing. Supported by the data sharing agreement mentioned above.
Invite additional members to SERs, including representation from LGBTQ+, youth, homelessness, etc. services	In process	This is ongoing.

Sentinel Event Review #1 Case Overview: September 20, 2023
Case #1: An incident involving a hospital and police and EMS interaction with an individual with SMI

Recommendation	Status	Updates as of June 2024
Provide information to members to ensure that BPD requests for EMS assistance include explicit reference/ justification to medical accommodations needed and allow for clear definition of roles and responsibilities of BPD and EMS on scene.	In process	
Revise the BPD data collection form and include all previous interactions rather than just behavioral health-related interactions. (i.e., instances of victimization, other calls for service)	Completed	As of this recommendation, BPD now submits all previous interactions with individuals as a part of the SER.
Develop a checklist to identify sources of information that should be considered for an individual case review. (i.e., if an individual in a case was experiencing homelessness, check for HMIS data.)	Completed	The City developed a data collection form for SER members on to ensure consistency and transparency across agencies.
Meet with Law Department ahead of all case reviews to discuss any confidentiality concerns	Completed	
Include additional information/ data within data packets and/ or presentation for cases under review	Completed	Identified agencies submit data for every Sentinel Event Review. The City plans to continue including additional data from agencies as SER expands and evolves.
Secure additional staff capacity to support project management of reviews	Completed	The City hired a Behavorial Health Project Manager in February 2024.