



BALTIMORE POLICE DEPARTMENT

911 Diversion Program Expansion

March 8, 2023

Executive Summary

This report details how the City and the Baltimore Police Department (BPD) can expand 911 diversion opportunities and support the 911 Diversion structure in order to provide individuals with Behavioral Health Disabilities and those in Crisis with the response that best fits the callers' needs.

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Key Definitions

Baltimore Crisis Response, Inc. (BCRI): Baltimore City's comprehensive Crisis center that services individuals with mental health and substance use disorders. They also dispatch emergency assistance and connect callers with more intensive BCRI and community services as needed. BCRI is the operator for the regional Crisis call center, an accredited National Suicide Prevention Lifeline (988 Hotline) where trained counselors provide mental health and substance use information and referrals, supportive counseling, and suicide Crisis Intervention.

Behavioral Health Disability: Primarily refers to any Mental Illness and/or Substance Use Disorders, but may also be used to describe any disabling condition that impacts a person's ability to self-regulate their thinking, mood, or behavior, including intellectual and developmental disabilities, autism spectrum disorders, and dementia. A person may be suspected of experiencing a Behavioral Health Disability through a number of factors including:

- Self-report,
- Information provided to dispatch or members directly by witnesses or informants,
- An individual's previous interaction(s) with the BPD, or
- A member's direct observation including, but not limited to, behaviors consistent with psychiatric diagnoses, such as disorientation/confusion, unusual behavior/appearance (neglect of self-care), hearing voices/hallucinating, anxiety/excitement/agitation, depressed mood, crying, paranoia or suspicion, self-harm, and/or threatening violence towards others.

NOTE: The terms "disability" and "disorder" are often used interchangeably. In this context, the preferred term is disability.

Baltimore City Behavioral Health Collaborative (BCBHC): Formerly known as the Collaborative Planning and Implementation Committee (CPIC), the BCBHC is a working group comprised of individuals and organizations representing a wide range of disciplines and perspectives who seek to improve encounters between law enforcement and people with Behavioral Health Disabilities. The vision of BCBHC is that Baltimore City will develop a system of care that:

- Treats all people with dignity and respect.
- Prevents people from having unnecessary contact with the police.
- Diverts people away from the criminal justice system into services that will meet the needs of the individual and their families.
- De-escalates Crisis situations with minimal or no use of force.

Computer-Aided Dispatch (CAD): Systems utilized by 911 dispatchers to prioritize and record incident calls, identify the status and location of responders in the field, and effectively dispatch responder personnel.

Consent Decree: A federal court enforced agreement to resolve the Department of Justice's findings that the BPD engaged in a pattern and practice of conduct that violated the First, Fourth, and Fourteenth Amendments to the United States Constitution, and certain provisions of federal statutory law.

Crisis: An incident in which a person experiences or displays intense feelings of personal distress (e.g., anxiety, depression, anger, fear, panic, hopelessness) that they are unable to address with their ordinary coping strategies and that may cause disruptions in thinking (e.g., visual or auditory hallucinations, delusions, cognitive impairment). Crisis can result from Mental Illness, a Substance Use Disorder, an intellectual or developmental disability, a personal Crisis, or the effects of drugs or alcohol.

Crisis Intervention: The attempt to de-escalate an encounter with an individual experiencing Crisis, to return the individual to a pre-Crisis level, and divert the individual to community resources when appropriate.

Crisis Intervention Team (CIT) Officers: BPD patrol officers who volunteer to undergo a selection process and receive 40 hours of specialized training in order to serve as primary responders to Behavioral Health Disability-related calls for service to which a BPD response is necessary.

Crisis Response Team (CRT): 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.

Mobile Crisis Team (MCT): A team of mental health professionals including psychiatrists, social workers, peers, and nurses who can be dispatched to any Baltimore city location to provide immediate assessment, intervention, and treatment currently between the hours of 0700 and midnight.

Second Party Caller: A person in the presence of someone experiencing a Behavioral Health (BH) Crisis that calls 911 to seek aid for the person in crisis.

911 Diversion: When an eligible call results in a “warm” handoff to the 988 Hotline managed by Baltimore Crisis Response, Inc. (BCRI) and NO response from BPD, Baltimore City Fire Department (BCFD), or Emergency Medical Services (EMS) is required. The caller’s needs are successfully addressed by BCRI.

988 Hotline: A free and confidential crisis and suicide hotline available 24/7 to anyone in suicidal Crisis or emotional distress. The caller is routed to their nearest crisis center to receive immediate counseling from trained professionals and local mental health referrals. The lifeline supports people who call for themselves or someone they care about.

Section 1. 911 Diversion Protocols

A. Background

In June 2021, Baltimore City launched the Behavioral Health 911 Diversion Pilot Program with the goal of diverting certain mental health-related 911 calls from law enforcement to experienced mental health professionals through the 988 Hotline (formerly known as Here2Help). The program is housed within the city’s emergency response network and was implemented in partnership with BPD, Baltimore City Fire Department (BCFD), Behavioral Health Systems Baltimore (BHSB), and BCRI. The 988 Hotline is available 24/7, 365 days a year, and staffed by mental health clinicians who provide mental health assistance via telephone through de-escalation, crisis aid, and referrals to additional resources. MCTs can also be dispatched to provide in-person aid should the BCRI clinician determine that response is necessary¹. The central mission of this pilot program is to match callers to the most appropriate and available resource through reducing unnecessary police encounters with people experiencing a BH Crisis.

B. Overview of Protocols

The City of Baltimore’s 911 Diversion protocols follow processes to allow certain low-acuity, mental health-related emergency calls for service to be forwarded to the 988 Hotline. The goal of these protocols is to allow for the least police-involved response to BH-related calls. In cases where police response is appropriate, BPD members are trained to respond to individuals experiencing a BH 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 BH system, and decreases inappropriate criminal justice involvement for individuals with BH disabilities or experiencing a Crisis. Multiple stakeholders

¹ <https://bcresponse.org/our-work/mobile-crisis-team.html>

(BPD, BCFD, BCRI, BHSB,) examine the City's 911 call intake and dispatch system gaining firsthand insight of the needs of callers experiencing BH-related emergencies. The protocols are reviewed on a weekly basis with the express intent of expansion after refinement² and the increase in response resource, as this work is related to Consent Decree³ paragraphs 96, 97, 98, 105, 113, 114, and 122.

C. Diversion Eligibility

Two BPD policies help guide the 911 Diversion process. [Policy 712](#)⁴, Crisis Intervention Program and [Policy 715](#)⁵, Behavioral Health Crisis Dispatch were drafted in collaboration with BCBHC, the Department of Justice (DOJ), and a court-appointed Monitoring Team while also incorporating feedback from the public. These policies include a set of core principles that include community planning and implementation, de-escalation and the sanctity of human life. In addition to abiding by these policies, the 911 Diversion eligibility currently requires an individual to be 18 years of age or older and classified as one of the selected BH "call types⁶." The call types are coded into CAD by BCFD 911 Specialists, as it is the 911 Specialists who determine 911 Diversion eligibility based on the callers' responses. When appropriate, the 911 Specialist then performs the warm handoff to the staff at BCRI after collecting as much information as possible that properly documents the caller's behavior, and assesses their needs. The call types that are currently eligible for diversion are:

- 25A01: Caller is alert and not experiencing any suicidal ideations.
- 25A02: Caller is alert and is experiencing suicidal ideations.

In April 2022, the 911 Diversion protocols expanded to a third call type to be included for eligibility

- 25B03: Caller is alert and actively threatening suicide.

NOTE: 25 = Psychiatric/Abnormal Behavior/Suicide Attempt

Letter designation is related to health priorities. A high priority symptom could include loss of consciousness, chest pain, etc.

A = Absence of priority health symptoms

B = Urgent priority health symptoms

² <https://mayor.baltimorecity.gov/news/press-releases/2022-06-30-mayor-scott-provides-update-9-1-1-diversion-behavioral-health-pilot>

³ <https://www.justice.gov/opa/file/925056/download>

⁴ <https://www.baltimorepolice.org/transparency/bpd-policies/712-crisis-intervention-program>

⁵ <https://www.baltimorepolice.org/transparency/bpd-policies/715-behavioral-health-crisis-dispatch>

⁶ https://wiki.radioreference.com/index.php/Priority_Dispatch_Codes

When a call is transferred to the 988 Hotline, the responding clinician may return a call to the 911 call center if an emergent need requires a BPD and/or BCFD response. In cases where a BPD response is necessary, dispatchers are required to use all reasonable efforts to assign at least one CIT-trained member to respond to the Crisis. At the discretion of the 911 Specialist, the 988 Hotline can be notified in parallel with the dispatch of BCFD and/or BPD resources.

D. Plans for Expansion

Through a prudent review of data and a weekly quality assurance (QA) meeting (attended by the primary 911 Diversion partners and other stakeholders), in less than a year, the City's 911 Diversion pilot thoughtfully expanded the eligibility of callers that can be diverted to the 988 Hotline. While this expansion marks an important milestone, it does not mean that the 911 Diversion pilot is done expanding. Below outlines additional plans for expansion as well as other opportunities to increase services for those in crisis.

- Second Party Callers:

Through the 911 Diversion Pilot QA review, it was quickly identified that Second Party Callers frequently call 911 to report someone in a BH crisis. Sometimes the second party caller is a stranger to the person in crisis, other times a family member, close friend or neighbor, calls 911 to seek aid. However, all callers are in the presence of the person experiencing a crisis. The challenge for the 911 Specialist, however, is quickly and effectively gather information to determine the appropriate service that is required without the benefit of talking directly to the person in crisis.

At the start of the pilot, Second Party callers were not eligible for diversion even if the information provided by the Second Party caller could be assigned one of three eligible call types for diversion. Yet, as the pilot progressed it became clear that depending on the information provided by the caller, it might be possible to conduct a warm hand-off to a BCRI counselor. At the very least, in some cases, co-notification can be made. Now, if the caller has first-hand knowledge of the emergency, the 911 Specialist is able to connect them to BCRI should the call-type criteria allow it.

- Youth Diversion Expansion

Another opportunity for expansion, is to include youth in the 911 Diversion program. Youth require specific resources and while 988 Hotline counselors can assist youth currently, the City recognized that the establishment of youth-focused

MCTs should be an available resource before this expansion officially starts. Child and youth-focused MCTs will allow adequate expansion capacity to safely divert calls received by 911 from youth and families to MCTs that have the capacity to serve any child or youth in the City. Second party callers will also be able to call the 988 Hotline directly to access the youth focused MCT. Expanding to include youth in the program has been a priority identified by community members and stakeholders such as BCBHC. It is important to note that youth are currently eligible to receive assistance from the 988 Hotline's mental health counselors through co-notification.

Providing these services to youth is challenging. Baltimore City has gaps in mobile service availability for children and youth that are not addressed through the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership because these gaps do not exist in other GBRICS jurisdictions. GBRICS funding is not sufficient to meet the entire need for youth MCT expansion in Baltimore City. Therefore, BHSB plans to use Bureau of Justice Assistance (BJA) funding to expand services for youth in Baltimore City to match the same level of services as its regional partners.

Baltimore City currently has two providers that provide mobile response services. BCRI serves individuals aged 18 and over. The other provider is the Baltimore Child and Adolescent Response System (BCARS), which serves individuals under 18 and is operated by Associated Catholic Charities. Funding sources limit BCARS to serving a strictly defined population for mobile response services. BCARS can only respond with mobile services for youth who have Medicaid (or are uninsured and already BCARS clients) or to youth receiving foster care services through the Department of Social Services. Youth who have Medicaid but are not already a BCARS client can be seen by walk-in services (if they do not already have a BH provider) but are not eligible for mobile services. Youth with private insurance are not eligible for mobile services.

The Maryland Behavioral Health Administration is currently promoting the Mobile Response and Stabilization (MRSS) program as the model for serving youth. The MRSS model includes a face-to-face response within 1 hour and up to 8 weeks of follow-up care. However, Baltimore City is not included in the first or second waves of state funding for the MRSS model. BHSB plans to leverage the BJA funding to begin the process of expanding mobile response services to all youth in Baltimore City. Funding for youth expansion planning is anticipated to be available beginning in April 2023.⁷

⁷ <https://www.bhsbaltimore.org/wp-content/uploads/2022/10/Mobile-Response-Teams-for-Youth-RFP.pdf>

- Adding BH Clinician to 911 Call Center

As a result of the weekly QA meetings, it was identified that the 911 Specialists would benefit from the support of a licensed behavioral health clinician in diagnosing the call types eligible for Diversion. 911 Specialists must very quickly triage calls to the appropriate resources. While calls are routinely reviewed by supervisors to ensure protocols were followed, including an embedded behavioral health clinician in the call center should improve the proper identification of calls that are eligible for diversion. Co-locating a BH clinician in the 911 Call Center is a practice that has been adopted in several communities across the country. There are several models for implementing this intervention and the model employed by Baltimore City would be specifically tailored to fit within its unique structure of emergency triage and dispatch.

The primary role of the clinicians will be to support 911 call takers in de-escalating crises and conducting screening to determine the most appropriate response. The QA and planning workgroup in place for the current 911 Diversion program will review data to determine which calls are considered safe for the BH clinicians to manage. BH clinicians will work closely with 911 Diversion partners to understand the current processes and call protocols in place and then lead a comprehensive planning process to establish a co-location implementation model.

As the local BH authority for the city, BHSB will partner with the city and oversee the planning and implementation of this expansion. BHSB plans to use Bureau of Justice Assistance (BJA) funding to procure services to incorporate a licensed BH clinician into the Baltimore City 911 Call Center for one 8-hour shift per week, 7 days a week, using call volume to determine the appropriate shift. BHSB plans to fund this position for 30 months, after a 6-month planning period. Funding for this planning period is expected to begin in February 2023. Depending on the outcome of this process, implementation options could include:

- BH Clinician is connected into a live call involving BH by call-taker to listen and assist with de-escalation and disposition decision.
- BH Clinician has access to database to track live calls and can connect to calls flagged as BH to assist with de-escalation and disposition decision.
- BH Clinician is connected into a live call involving BH by call-taker where there is potential risk for violence to provide an additional safety and risk assessment to determine eligibility for 911 Diversion to BH services.
- BH Clinician has capacity to receive calls from law enforcement and EMS on-scene to provide additional support or advice.

- BH Clinician assists with follow-up to individual calls and individuals determined as high utilizers.

While these advancements will take some time to implement, it is important to note that those in BH Crisis - have the option of calling the Hotline directly by dialing 988. The 988 number bypasses the 911 call center entirely. However, clinicians who staff the 988 Hotline may need to contact police, EMS, or initiate co-response to safely address the caller's needs based on the caller's situation.

BPD and the City are committed to maintaining the accredited 911 call center's integrity while reducing the number of unnecessary police responses to BH-related calls and creating positive encounters when law enforcement is needed. In its first year, the 911 Diversion Pilot Program has proven to be a great start at meeting the requirements of the Consent Decree and building a police department that the community can trust as we continue expanding through community data-driven self-assessments.

It is also important to identify the additional resources the City is marshalling to strengthen the BH system overall. For example, BHSB is expanding crisis services through GBRICS, a public private partnership committed to investing \$45 million over five years (starting in 2021) in BH infrastructure and services in Baltimore City, Baltimore County, Carroll County, and Howard County. The overall goal is to reduce unnecessary emergency department use and police interaction for people in need of immediate access to BH care. The four components of GBRICS are a new, no-wrong-door 988 Regional Call Center, expansion of MCTs (by 2.5 shifts in Baltimore City by the end of Q1 of 2023), increasing the availability of BH services at outpatient clinics using an open access model, and community engagement and education to promote the 988 Regional Call Center and other BH services as an alternative to calling 911 or using hospital emergency departments. BHSB serves as the Regional Administrative Manager for the GBRICS Partnership.

To support the expansion plans for MCTs, GBRICS envisions implementing a Care Traffic Control (CTC) system in Q1, 2023. The CTC will represent a “no wrong door” for people who have questions, need information, are struggling, or are in crisis by taking and managing calls 24/7. This hotline. The CTC will be able to dispatch MCTs, provide information about community resources, and seamlessly schedule behavioral health appointments—without the individual having to call a different phone number. G-BRICS believes that linking a person to a behavioral health provider—without additional effort from the person—will dramatically improve access to care and services promptly, thereby helping to prevent individuals from going into crisis. Currently, the behavioral health crisis system lacks an accessible and reliable way to identify which providers have immediate

openings for relevant services, which makes it extremely difficult to access and coordinate crisis care. The CTC will have a dashboard that can show if a person has checked in for their appointment, did not show up, canceled, or rescheduled. The CTC real-time database can show every referral waiting for care, how long they are waiting, and where they are waiting. By providing real-time information to hospitals, behavioral health providers, and local behavioral health authorities, we will make a significant leap in transparency and accountability from the existing system capabilities.⁸

Section 2. Diversion Data

The BCFD works collaboratively with BPD, and other city agencies, such as the Health Department, BHSB, and BCRI, weekly to ensure a comprehensive review of all encounters involving the BH protocol of the 911 Diversion Pilot Program. These weekly QA meetings evaluate the protocols' accuracy related to the triage, transport, and treatment of individuals experiencing an acute BH Crisis. This is accomplished by examining person-oriented outcome metrics to ensure that the most appropriate level of care is assigned to the individuals in need. Information from these calls also helps identify calls from repeat addresses, which might indicate an unlicensed care facility. Data gathered from the review aids in permitting subsequent expansion of the program's scope.

During the current pilot period, data from every call is collected from the Computer Aided Dispatch (CAD) system as well as additional data from BCRI, including call narratives. Under BPD's commitment to transparency with the community, the data is uploaded to a [dashboard](#) available to the general public.⁹

⁸<https://hsrc.maryland.gov/Documents/Modernization/Regional%20Partnership%20%20Docs/GBRICS%20RP%20Behavioral%20Health%20%20Full%20Proposal.pdf>

⁹ <https://mayor.baltimorecity.gov/behavioral-health-and-consent-decree/9-1-1-diversion>

911 Behavioral Health Diversion Program

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[Indicators](#)
[Diversion Map](#)

 Behavioral Health System
Baltimore

BCRI

 ALL THINGS
CLERICAL
SUPPORT INC.

 Brandon M. Scott
Mayor

Overview

448 Attempted diversions to the 988 Helpline

● Diversions resolved by 988 only ● Diversions returned to 911



30-Day Rolling Percentage of Diversions Resolved by 988 Without Police or Fire Response



Efficiency Savings

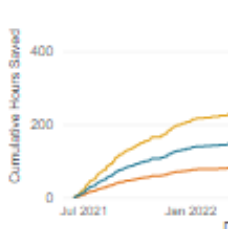
428 Hours saved total

152 Hours saved by BPD units

276 Hours saved by BCFD units

Cumulative Time Savings

● Total ● BPD Units ● BCFD Units



Additional Indicators

42 Callers declined to speak with the 988 Helpline

49 Diversions resolved by the 988 Helpline

75 988 Helpline mobile crisis team responses

Cumulative 988 Mobile Crisis Team Responses


 Designed by the [Mayor's Office of Performance & Innovation](#)

Data as of 12/31/2022

Figure 1: Screenshot of Public Dashboard

911 Behavioral Health Diversion Program

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 Behavioral Health System
Baltimore

BCRI

 ALL THINGS
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Map Views:

[All Diversions](#)
[% 988 Only Response](#)

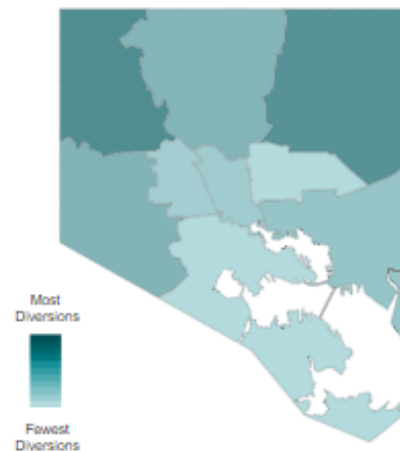
This page maps the total number of attempted diversions which does not include co-responses. Attempted diversions have two outcomes: 988 Helpline Only Response or Returned to 911. Above is a set of **map view** buttons which show the total number of diversions in each police district or the percent of the diversions that were responded to with BCRI only. Below is a table which has the same breakdown. The middle row shows the total number of incidents for that district and the percent resolved by 988 uses the middle column as the denominator for that district.

Police District Diversions % 988 Only Response

Police District	Diversions	% 988 Only Response
Northwestern	67	48%
Northeastern	64	47%
Southwestern	43	49%
Northern	42	43%
Southeastern	33	48%
Central	28	57%
Western	27	52%
Eastern	19	47%
Southern	19	42%

106 out of 448 attempted diversions could not be matched with a police district.

All Diversions by Police District


 Designed by the [Mayor's Office of Performance & Innovation](#)

Data as of 12/31/2022

Figure 2: Screenshot of Public Dashboard

Data presented by the Dashboard for the period between June 16th, 2021 and December 31st, 2022 indicates:

- 254 (57%) of 448 incidents were resolved exclusively by BCRI, without assistance from law enforcement, supporting the least police-involved response.
- 194 (43%) of 406 incidents were ineligible calls for 911 Diversion – requiring either a BPD, BCFD, or co-response.
- A steady increase in the total amount of hours saved by BPD, allowing members to focus more attention on other areas of public service.
- A steady increase in MCTs' deployment, saving hours for unnecessary BPD responses.

The weekly QA meeting, mentioned earlier in this report, reviews the calls behind this data. Of particular interest is the number of calls (43%) that were deemed ineligible for diversion even though they were designated 25A01, 25A02 and 25B03. A majority of these calls were disqualified from diversion because the call was coming from a second- or third-party caller. As previously discussed, second party callers are a part of the planned expansion.

The second most frequent reason cited for diversion ineligibility is the presence of a weapon/violence. A potential discussion point is the callers' response to the 911 Specialists questions regarding violence. The determination of "violence" is subjective. In addition to a potential review of the "violence" algorithm, 911 Specialists need continual training on the basics of the call protocol to ensure they are being followed (as determined by the QA calls), especially as the 911 diversion program grows.

The third most common reason for ineligibility is due to the need for an Emergency Petition and or/the "caller" is a facility.

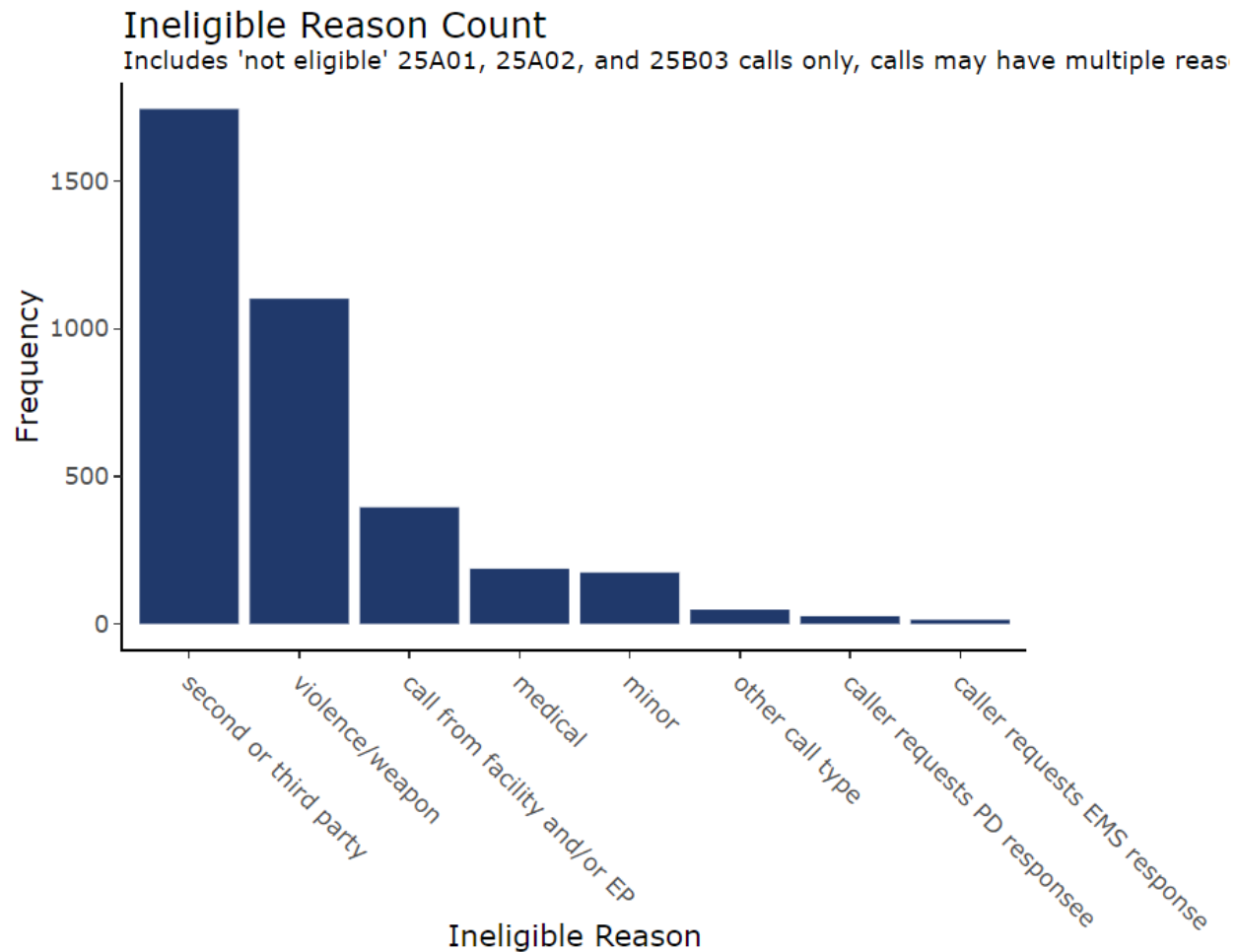


Figure 3: Screenshot of data collected internally by BCFD

As expansion is planned and executed it is important to confirm that resources are available for those eligible for diversion. A review of data regarding the calls that were connected to the hotline from June 2021 to December 2022 reveals:

- 96 callers indicated at some point during their call with the 988 Hotline they did not want a MCT response.
- 110 calls were Hotline Counselor submitted referrals for a MCT response
- 72 total MCT responses. Of these:
 - 5 included a response from BPD and 8 a response from EMS
- 38 calls were unable to have a MCT respond as the MCT was not available at the time of the call. That represents approximately 34.5% of the 110 requests for a MCT response. Of these:
 - Police were called to respond to 10

- 1 of the calls the police already responded by the time MCT was requested
- EMS responded to 2
- 9 calls were resolved by hotline Counselor. Examples of this include a caller that agreed to wait for MCT availability and was not in acute crisis and another where the hotline Counselor was able to find other resources to resolve the crisis
- 1 was duplicate call

As previously stated, there are significant plans to add more MCT's, including MCT's that will respond to youth callers in 2023. Once these teams are available to assist, this data will be reassessed to determine their impact.

In conclusion, the City including BPD and BCFD, as well as key partners such as BHSB and BCRI have devoted resources and support to create, expand, and continue to improve the 911 diversion effort. These efforts are informed by BCBHC and other community voices all to reduce unnecessary encounters with police and to connect people in crisis with the services they need.