Police Programs in Baltimore
Response to People with Disabilities in Crisis
Behavioral Emergency Services Team (BEST)

- 2004 – Police academy training program for all new recruits. Training included provided how to recognize mental illness or other behavioral health disabilities and how to deescalate situations.
- Training provided by Baltimore Crisis Response, Inc.
- Goal: take people to the hospital instead of jail.
- Modest success because recruits often did not retain the info once they were on patrol and paired with seasoned officers.
Crisis Intervention Training (CIT)

- Voluntary 40-hour training program for officers using national CIT model;
- Ongoing refresher trainings for supervisors and seasoned officers, and specific training for 911 and dispatch officers;
- Stated goal is to keep people with mental illness out of jails and improve public safety.
- Works in conjunction with the Crisis Response Team (CRT)
- Goal is to have 30% of patrol officers CIT trained.
Crisis Response Team

- Pilot now operating in BPD’s central district, using CIT-trained officers
- Collaboration between Baltimore’s mental health agency, BPD, NAMI, Baltimore Crisis Response, Inc. and Baltimore Child and Adolescent Response System.
- Officer-clinician teams are dispatched to suspected incidents of behavioral health crises in the pilot area.
- Includes enhanced data collection to demonstrate the effectiveness of the model.
- Involves collaboration between behavioral health providers and officers.
- The program is supposed to have the capacity to link individuals with mental illness to treatment and resources in the community.
Crisis Response Team in Practice:

- Not enough CIT-trained officers to ensure that they are available in every district and on every shift. Most crises still being responded to by untrained officers.
- Stated goals are for least police-involved response possible and de-escalation for all situations where police are called and behaviors are indicative of persons with mental illness or in crisis.
- But police still called to every mental health-related call
- Little to no actual diversion going on.
- Pilot area is business/tourist district of downtown Baltimore.
- Difficult to link people to supports and intervention services due to long waiting lists and programmatic barriers.
- Currently, Intervention Report asks officers to check which de-escalation techniques were used:
  - *verbal; * handcuffs, * leg restraints, * taser, * Arrest control (hands/feet), *other
CRT – A few more concerns:

- Team conducts proactive outreach to link persons in need to behavioral health services.
- Specialized team to improve police response to individuals experiencing a behavioral health crisis. “Social” visits to follow up on individuals after they get home from the hospital.
- BPD keeping record of any location where someone with a behavioral health disorder is known to reside.
- Crisis response in Baltimore does not operate at night and is frequently at capacity, particularly for youth response.
- Other activities: “Conduct proactive investigations involving mentally ill homeless persons with the goal of directing them to appropriate services. Coordinate these interventions with the Homeless Outreach Team. (HOT).”
Law Enforcement Assisted Diversion (LEAD)

- Officers have discretion to divert individuals accused of minor crimes (petty drug possession and prostitution) to treatment or services.
- Two-pronged strategy: “Stop” referrals and “Social contacts”
- With Social contacts – police officer can refer those he sees on patrol, other referrals from public or shopkeepers
- Applies even to people who haven’t been accused as a crime, IF judged by the officer to be at a high risk of committing a minor crime in the future, because of their disability.
- The individual who is accused of a crime or a risk of a future crime is offered participation in LEAD as a way to be diverted to treatment instead of facing criminal charges.
- Operates 10 am to 6 pm, in downtown Baltimore area only.
LEAD concerns

- Why do police need to be involved in these types of diversion activities at all?
- Social contacts program is scary and dangerous. Example of over-policing, with potentially dangerous consequences.
- Encourages the community to look at people with disabilities as potential criminals and an unwanted nuisance in a community.
- Does not build trust within the community.
- LEAD participants are asked to sign away their right to sue BPD later as a condition of participating in LEAD.
- Coercive nature of the interaction: There may not even be probable cause to arrest the person, but people are not told this prior to being asked if they want to participate.
- Charges can be reinstated if the individual does not continue with treatment or services.
Homeless Outreach Team (HOT)

- Generally doesn’t engage with people except early in the morning and after 5 pm
- Stated goal is to better serve the city’s homeless and unsheltered population. “We’re here to help.”
- Policy aims to decrease police involvement by getting police involved. (?!)
- HOT members serve as liaison between homeless persons, service providers and the citizens of Baltimore by utilizing departmental and outside resources to identify safe and proper placement for homeless or unsheltered persons.
- May be called for referrals or assistance 24/7 by patrol or other divisions.
HOT concerns

- This program appears to be a response to the City’s desire to make sure homeless persons are not visible in our downtown area.
- Police not in best position to perform the role of an outreach worker or connect people with service providers.
- HOT members work with individuals who are not suspected or accused of any criminal activity. The police appear to be targeting them because they are homeless.
- We have heard complaints (read about some in the newspaper) of HOT members being involved in encampment cleanups and using bullhorns to encourage homeless people sleeping outside to move when the morning rush begins.
- HOT members do not have to have any special training and are not provided with any additional resources for housing, social or support services.