

**Comments from the Maryland Office of the Public Defender for Baltimore City
Baltimore Public Behavioral Health System Gap Analysis
November 1, 2019**

The Baltimore Public Behavioral Health System Gap Analysis (“Gap Analysis Report”) is a thorough and thoughtful document that examines prior studies, current data, and key stakeholder input to establish important and relevant recommendations. The Office of the Public Defender (OPD) urges the BPD to adopt this report and implement the recommendations provided. Our comments here aim to further strengthen this report with additional clarifying information and recommendations to ensure accountability and improvement.

I. Provide for Accountability and Oversight

The Gap Analysis Report notes a prior advisory council, task force, workgroup, and various reports that have examined the behavioral health and crisis response systems and provided recommendations that mirror several of the recommendations in the Gap Analysis Report and/or the consent decree more broadly. The report notably lacks discussion on the extent of implementation of these earlier efforts and why they have not prevented the current gaps and issues. The Gap Analysis Report further provides no measures to encourage a more successful outcome from this review and recommendations.

The consent decree prioritizes accountability and transparency, including mandating reporting to the consent decree parties and the public. CPIC should require similar measures to address the behavioral health gaps that are within the BPD’s purview. In particular, the BPD should provide the CPIC with an initial report detailing its level of commitment to each of the recommendations and its plans for implementing the ones it adopts. A schedule should then be established for ongoing public reporting on implementation progress.

II. Implement the Recommendations Related to CIT Dispatch Immediately

The Gap Analysis Report includes shocking data on the underutilization of CIT officers even for established behavioral health calls. The decrease in the reliance on CIT officers for behavioral health calls in 2018, compared to 2017, and the apparent randomness of utilizing these specially trained officers underscores the urgency of addressing the related gaps in BPD’s behavioral health response. While all of the recommendations provided in the Gap Analysis Report are important, the sub-recommendations on page 110, which seek to maximize the use of CIT trained responders, have particular urgency. BPD should prioritize these recommendations

III. Include OPD’s Justice and Mental Health Collaboration Project (JMHCP) among the Diversion and Community Reintegration Services

The discussion of Discharge and Community Reintegration, beginning on page 78, discusses promising approaches, including Second Chance, an in-reach program that connected community mental health service providers with prison inmates four months before their release. While that program is no longer funded, OPD’s Justice and Mental Health Collaboration Program (JMHCP)

provides similar services to pretrial jail inmates. With federal funding from the Bureau of Justice Assistance, our JMHCP project had a two year planning period from 2016-2018, which included a stakeholder group (that included BHSB and other CPIC members) and data collection that helped identify the target population of individuals who frequent the criminal justice system and have an unaddressed mental health condition. In late 2018, a three-year implementation grant was awarded, with services beginning in October 2019. We expect for this project to play a similarly positive role as Second Chance, and we are hopeful that its success encourages it to continue and grow after the current grant period. Its recognition in this report and more generally as part of the criminal justice/behavioral health landscape would help encourage its sustainability and provide a more complete reflection of the current services landscape.

IV. Clarify that drug court is a post-plea program

Diversion programs are typically efforts to minimize exposure to the criminal justice system. The problem solving courts, such as drug court and mental health court, do not inherently do so. While they provide treatment as an alternative to incarceration, Baltimore City's drug courts and mental health courts (like those throughout Maryland) require participants to plead guilty as a condition of participation and to comply with requirements similar to (and often greater than) what would be required by parole or probation, with the same risk of incarceration if they do not meet every condition. These aspects of problem solving courts and their limitations as a true diversion should be specified, both to better describe these options and to contextualize the criticisms of the specialty courts as relying on the criminal justice system to address mental and behavioral health concerns.

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OPD is proud to serve on the CPIC and be an active stakeholder in addressing the reliance on the criminal justice system to address behavioral health issues in Baltimore City. The Gap Analysis Report is an important contribution to the current data, understanding, and landscape of these issues. We are committed to working with the BPD and other community partners to encourage and assist in the implementation of the report's recommendations.