



**BALTIMORE**

Let Everyone Advance with Dignity

# BALTIMORE ANNUAL REPORT 2022

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This report was developed  
with the support of the LEAD  
Proof of Concept Project



**SUPPORT BUREAU**  
Law Enforcement Assisted Diversion  
Let Everyone Advance with Dignity

# OVERVIEW

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# OVERVIEW

In recent years, it has become clear that the criminal legal system is not an effective response to the complex challenges of the most vulnerable people in our communities – those whose unlawful behavior stems from unmet needs related to substance use, mental illness, or extreme poverty.

Public disorder, crime, and human suffering associated with behavioral illness cannot simply be ignored, and the people living with these challenges must not be abandoned.

This is why, here in Baltimore, we have implemented Law Enforcement Assisted Diversion (LEAD) . Based on a proven model replicated across the nation and internationally, Baltimore LEAD helps our communities build a better solution to help address the needs of people who commit, or are at high risk of committing, law violations related to mental illness, substance use, or chronic poverty.



# THE PROBLEM

We cannot enforce or arrest our way out of the problems related to drug use and mental illness. Still, two-thirds of the people held in jail in the United States have a mental illness or drug dependency<sup>1</sup>; and more than 60% of people in custody are being held for offenses that pose little risk to public safety: low-level misdemeanors or infractions, such as drug possession, trespass, or disorderly conduct.<sup>2</sup>

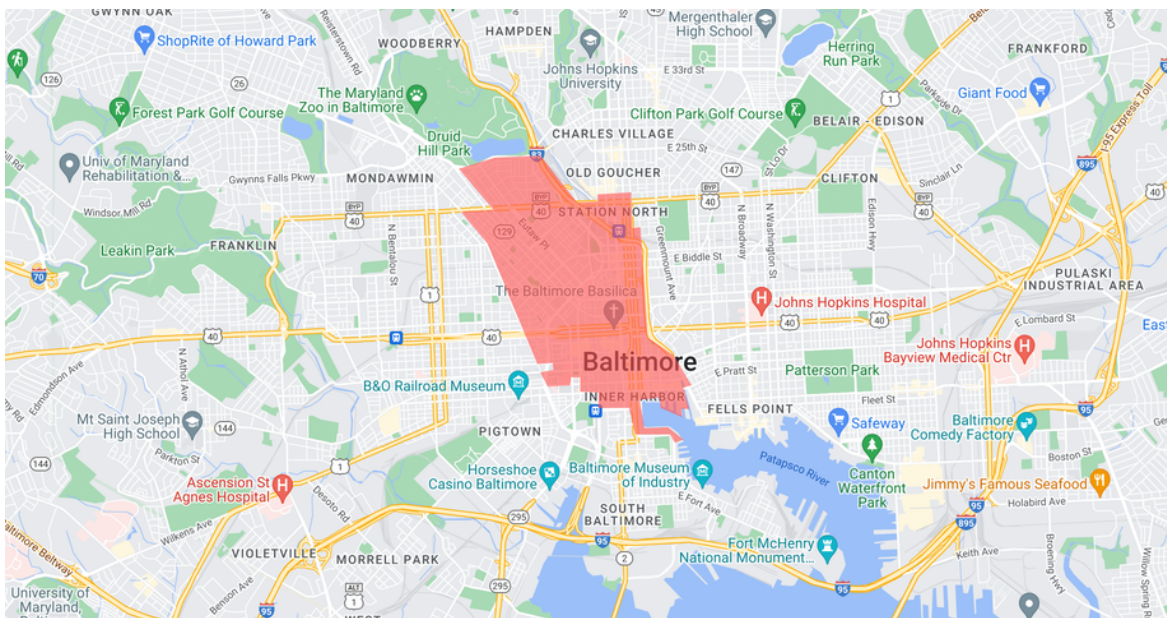
## TWO-THIRDS

OF THE PEOPLE HELD IN JAIL IN THE U.S.  
HAVE A MENTAL ILLNESS OR DRUG  
DEPENDENCY<sup>1</sup>

## 60%

OF PEOPLE IN CUSTODY ARE BEING HELD  
FOR OFFENSES THAT POSE LITTLE RISK TO  
PUBLIC SAFETY<sup>2</sup>

Jail is not an effective response to these problems; in fact, jail is harmful: Studies show that being jailed even for a short time increases a person's risk of engaging in crime<sup>3</sup> decreases employment and government benefits<sup>4,5</sup> increases homelessness<sup>6</sup> and exacerbates the racial disparities embedded into our society. For people with mental illness or problematic substance use, jail's effects are even more detrimental: They may be taken off public benefits, receive inadequate care in custody, are more likely to be sanctioned for rule infractions, are subjected to harsher sentences, and are disproportionately returned to jail. And the devastating intergenerational impact on children when their parents are jailed, even for short periods, is well-documented.





# THE SOLUTION — LEAD

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First developed in Seattle, WA, in 2011, LEAD was the nation's first pre-arrest, pre-booking diversion alternative. The LEAD model seeks to enhance safety, increase equity, and reduce harm by reorienting the systems that shape our communities. With LEAD, local stakeholders come together to develop a coordinated system of long-term community care based on harm reduction principles.

Rather than relying on punitive approaches that stigmatize and criminalize complex behavioral illness and chronic poverty, LEAD cultivates a transformation of attitudes, behaviors, and systems — made possible by local stakeholders committed to collaboration and collective response. LEAD's impact on individuals and systems stems from doing more and less than the status quo: more partnership, more coordination, more access to care, more collective commitment, less coercion, less punishment, and less pointing blame.

In 2020, in the context of national calls for new approaches to safety, LEAD's originators developed a new iteration of the model that eliminates police referral as a necessary portal. Dubbed LEAD: Let Everyone Advance with Dignity, this adaptation retains LEAD's effective, multi-agency stewardship and foundational commitment to non-punitive, community-based harm reduction methodologies while enabling communities to make referrals to LEAD without police involvement.

By enabling community members to refer people to coordinated, non-punitive care, Baltimore LEAD is helping build a better Baltimore. By reorienting our collective approaches to the problems associated with unmet behavioral health needs, Baltimore LEAD increases public safety, health, and equity through community-driven systems change.



Case manager with participant.  
LEAD Seattle · King County, WA

# OUR RESPONSE

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## MISSION

Baltimore LEAD builds a collective, non-punitive pathway to long-term, community-based care for people who commit or are at high risk of committing law violations related to mental illness, substance use, or chronic poverty.

## VISION

Baltimore LEAD will forge a new path to a stronger, safer community by developing robust systems that focus on harm reduction, health, equity, and safety for all.

## VALUE STATEMENT

Baltimore LEAD reduces harm and transforms communities by shifting fundamental attitudes, policies, and practices that shape everyday life.

# LEAD IN BALTIMORE

The City of Baltimore first began to explore LEAD in the summer of 2015 when City officials were invited to a presentation about LEAD at the White House. This experience generated strong interest in LEAD from community stakeholders — including police, politicians, and public health officials.

A planning committee composed of key stakeholders spent over a year studying public safety and public health issues in Baltimore, learning about the LEAD approach, and outlining the basics of what a LEAD initiative in Baltimore would look like.

Baltimore LEAD was launched in February 2017 by a coalition of stakeholders and agencies, with Behavioral Health System Baltimore (BHSB) serving as the project management agency. To foster and maintain these systemic changes, Baltimore LEAD established a framework of collective development and oversight, shared values and policies, multi-sector operational integration, intentional inclusion of diverse expertise and authorities, and high-quality project management and evaluation among cross-functional stakeholders.





# WHO IS LEAD FOR?

Baltimore LEAD exists to establish a new system of response and care to better meet the needs of people who live with complex behavioral health needs, deep histories of trauma, cognitive disabilities, persistent poverty, and often lifelong experiences of punishment, failure, betrayal, and marginalization. This group of people have not had their needs met by traditional care settings. Recognizing this, Baltimore LEAD offers low barrier, long-term, client-driven, field-based case management and support services.



Baltimore LEAD uses a harm reduction approach, working with participants to develop less harmful behaviors. Rather than expecting people to navigate complex service systems, Baltimore LEAD's specially trained case managers serve as the steady, dependable bridge of support to the larger system of care made possible through interagency teams, close coordination, and joint planning. LEAD's approach is grounded in the evidence of what best supports people with complex needs. LEAD's case managers offer trauma-informed, strength-based unconditional support, evidence-based strategies, and harm reduction practices to spark and nurture incremental progress.

Watch this video to learn more about LEAD: <https://www.pbs.org/video/lead-parts-1-4-l04d03/>

# HOW LEAD WORKS

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There are three ways a person can be referred into LEAD: an arrest diversion, newly established 988 helpline screening, and a community referral. Think of these as three doors that lead to the same room.

## 1 ARREST DIVERSION

Law enforcement officers can divert people to LEAD rather than arrest them for eligible offenses - even if there may be probable cause for arrest.

## 2 988

Law enforcement can utilize the 988 helpline for an individual to be screened for LEAD and for access to other comprehensive behavioral health resources.

## 3 COMMUNITY REFERRAL

Community organizations and community members can directly refer eligible people to LEAD without involving law enforcement officers or systems.

# THE FACTS

## LEAD is collectively stewarded.

LEAD is not “owned” by any single entity. It is stewarded and operated by a collection of systems stakeholders – from case managers to police officers to health agencies – who agree that investing in LEAD is preferable to the status quo. Recognizing that it takes coordinated efforts by multiple systems to address systemic problems and effect systemic change, each LEAD site is guided and shaped by its jurisdiction’s partners, including health providers, nonprofit organizations, law enforcement officers, prosecutors, case managers, and community stakeholders.

## LEAD is built upon harm reduction principles and practices.

Harm reduction is a set of principles and practices intended to reduce the individual and collective harms that can come from unmanaged behavioral illness, including drug use. Harm reduction recognizes that not all people who use substances are willing and able to stop their use, that they should have full access to the same health and safety interventions as other people, and that behavior change takes time – for all of us. Thus, rather than demanding abstinence, the LEAD model emphasizes the importance of working with participants to identify

opportunities to reduce behaviors that harm themselves or others. This is a core tenet of the LEAD model. At the same time, whether it’s the distressing evidence of human suffering on our streets, the disruptions and fear caused by public disorder, or the harm caused by our criminal legal systems, the harms must not be ignored or minimized. The LEAD model recognizes that such harms require meaningful responses.

## LEAD is consent-based.

LEAD rejects systemic coercion and is strictly consent based at every stage. As a core principle, LEAD stakeholders must affirmatively agree that referral to LEAD or participation in LEAD may not be used in any way to harm, intimidate, or coerce participants and that accepting a referral is an entirely voluntary decision. No one can be worse off because they participate in LEAD.

## LEAD disrupts the punishment paradigm.

LEAD is a robust and coordinated system of response that supports public safety by diverting people away from the criminal legal system and into community-based care coordination and intensive case management. Unlike other forms of diversion, such as divert-to-treatment or drug courts, LEAD isn’t operated within the criminal legal system and does not impose sanctions, establish deadlines, mandate behavior, or require abstinence.

# OUR VALUES



## ADVANCE RACIAL EQUITY

LEAD acknowledges that many of our current systems, including our criminal legal, social service and child welfare, and health systems, are deeply fraught with racial injustice.



## FOSTER RELATIONSHIPS

LEAD recognizes relationships – in and of themselves – as the core resource and a primary method for change; this is as true for systems leaders as for LEAD participants.



## CREATED SHARED INTENTION

No single organization or person owns LEAD. Instead, it is collectively stewarded and operated by collaborative stakeholders. The collective effort among collaborators sustains and embodies the LEAD model.



## INCREASE DIVERSION

LEAD is committed to diverting people with complex behavioral health issues away from the criminal legal system as early as possible – ideally, avoiding arrest altogether.



## CULTIVATE SYSTEMS CHANGE

LEAD profoundly shifts existing systems at their roots, creating a more just and equitable future by deploying systems that work.



## DO WHAT WORKS

LEAD guides communities to do what will successfully reduce harm and increase well-being and safety.



## RESPECT AUTONOMY

LEAD rejects compulsory, or compliance-based expectations and systems. This evidence-based approach is both ethical and pragmatic. Coercion, further criminal legal action, harm, and intimidation are part of the fabric of current punitive paradigms of criminal legal systems that LEAD exists to transform.



## TAKE HARM SERIOUSLY

LEAD recognizes that harm is experienced by both the individual and the communities, from the system, the environment, and individual behavior. These must be acknowledged, and they require meaningful response.

# OUR IMPACT

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# THE BIG PICTURE BY THE NUMBERS

From the beginning, Baltimore LEAD has always been a primary tool for police and the criminal legal system. The majority of referrals have come from social contact with law enforcement and criminal legal system members. Other referrals are from arrest diversion and other sources, such as walk-ins. COVID has had a noticeable impact our referrals. Outreach was not possible and individuals encountered difficulties to access care in various ways.

# 402

SOCIAL CONTACT

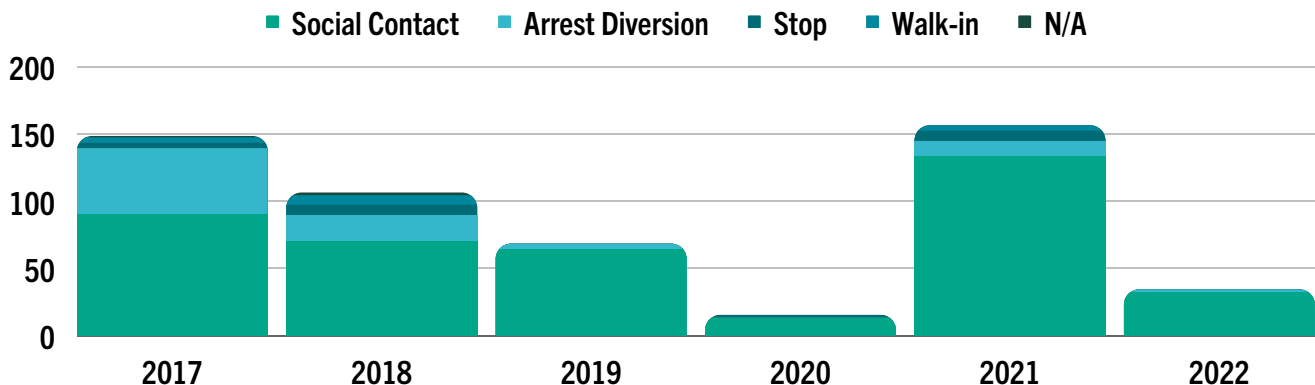
# 85

ARREST DIVERSION

# 37

OTHER  
(STOP, WALK-INS, N/A)

GRAPH A  
INDIVIDUALS REFERRED BY YEAR & TYPE OF DIVERSION/REFERRAL



## Bouncing Back In 2021

# 95%

PARTICIPANTS REMAINED  
ENGAGED IN LEAD  
THROUGHOUT 2021

# 94%

PARTICIPANTS NOT  
ARRESTED FOR ANOTHER  
CHARGE in 2021

During the height of the pandemic, referrals and engagement became significant challenges. But as the pandemic waned, the program has been able to reestablish its efficacy, as indicated by numbers provided by the State's Attorney Office.

# RECENT SUCCESSES

In-person and safe interactions become more possible as the pandemic positions itself in the rear view mirror. What remains constant for Baltimore LEAD before the pandemic leading up to now? Calls to advance community well-being, or what we call public safety and health, is what we continue to pursue. This year Baltimore LEAD eagerly begins ramping up service.

## Law Enforcement Referrals through 988 Helpline

In September 2022, Baltimore LEAD began piloting a referral pathway for law enforcement officers to utilize the 24/7 988 Helpline. This process replaces what was previously considered a "social referral" and allows for a more comprehensive assessment to identify the most appropriate support for an individual an officer may encounter. A LEAD screening component has been added to identify callers who may be eligible and interested in LEAD services, in addition to offering linkage to the wide array of other supports available through this Line.

“

*I can tell that the officer who referred me was a decent guy. I could feel that he actually wanted to help you.*

**- TS, BALTIMORE LEAD PARTICIPANT**

## Developing the LEAD Case Management Database

This year, Baltimore LEAD has worked with a team of national experts through the LEAD Proof of Concept Project to update LEAD's technology and communication resources. Notably, the program received funding for the development of the Baltimore LEAD Case Management Database. Additionally, the PCG updated the community referral process to suit the community's needs best.

## Reconvening the Policy Coordinating Group

Extenuating circumstances – including the ongoing COVID-19 pandemic, changes in local government, and the general climate toward the Baltimore Police Department (BPD) – have disrupted many public services, including Baltimore LEAD.

In October 2021, Baltimore LEAD's Policy Coordinating Group (PCG) was re-established. The PCG brings together system-level leaders to set operational processes, make policy recommendations, and steward the project to evolve and expand to better meet the needs of the community.

# A TOOL FOR BETTER PUBLIC SAFETY & POLICING

To support the use of diversion and referrals across the city, Baltimore City provides law enforcement officers with critical new tools to help people who struggle with chronic mental health issues, substance abuse, or poverty. Consistently, Baltimore City trains officers in harm reduction approaches and how to utilize behavioral health resources to increase safety by diverting the community's most vulnerable populations away from the criminal legal system and into services that can meet their needs.

Crisis Intervention Team (CIT) and other behavioral health trainings reinforce many of the core principles of LEAD and serve a unified goal of equipping law enforcement with many resources and tools necessary to provide quality services to community members experiencing behavioral health challenges.

Baltimore City recognizes the value of these trainings – to both the officers and the community. Once people are diverted into the behavioral health system, professionals work with individuals day in and day out to identify and meet their most urgent needs, gradually connect them to the system of care, and provide practical and emotional support, thus reducing burden on officers and enhancing public safety and order.

253

OFFICERS TRAINED

10

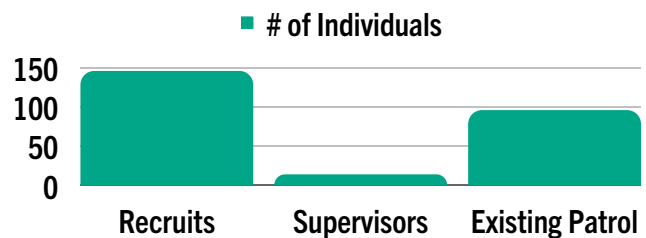
LAW ENFORCEMENT  
TRAININGS HELD

42

TOTAL DAYS OF TRAINING

*\*Fiscal year 2022*

TYPE OF LAW ENFORCEMENT  
OFFICERS TRAINED



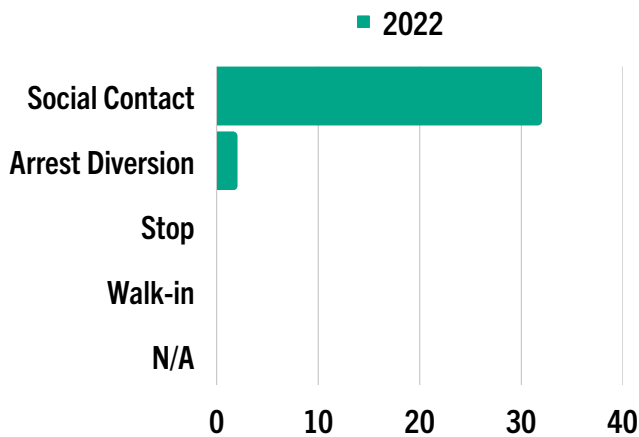
# 2022 IN FOCUS

Partnership and switching referrals to 988 Helpline involves the update of process and policy to scale and be sustainable. Improvement of the response system creates opportunity and possibility for better care in the community.

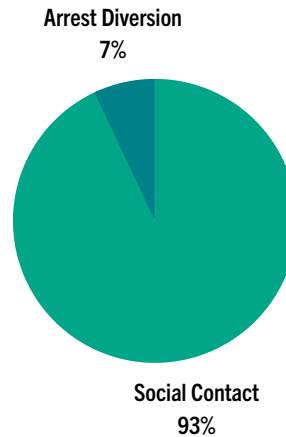
# 34

INDIVIDUALS  
DIVERTED/REFERRED

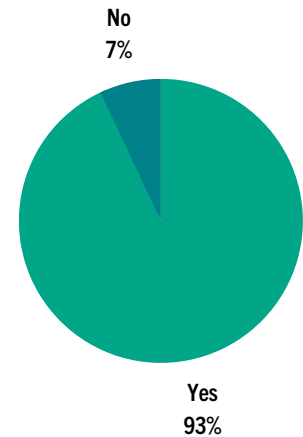
GRAPH A  
INDIVIDUALS BY DIVERSION/REFERRAL TYPE



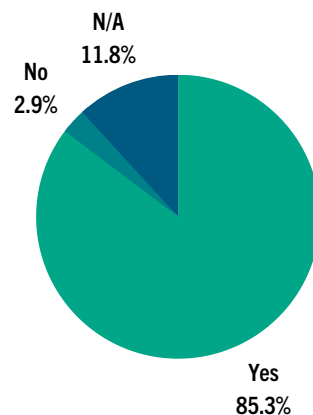
GRAPH B  
BY PERCENTAGE



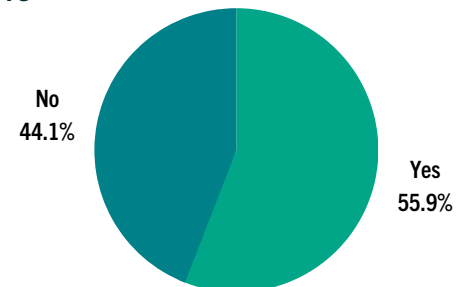
GRAPH C  
% OF REFERRALS WITH  
CO-OCCURRING DISORDER



GRAPH D  
REFERRALS ELIGIBLE  
FOR LEAD



GRAPH E  
ELIGIBLE & ACCEPTED  
AS LEAD PARTICIPANTS

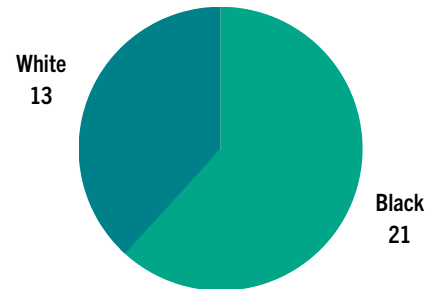


# REFERRAL DEMOGRAPHICS

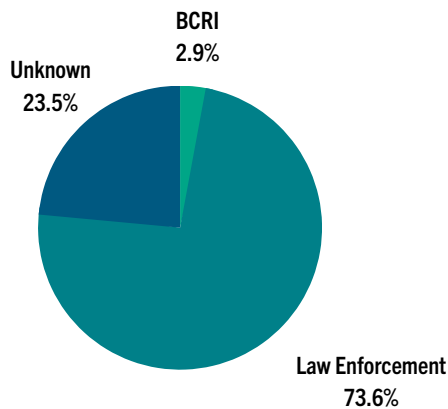
## 8

AVERAGE NUMBER OF DAYS  
BETWEEN INTAKE and  
RECEIVING SERVICES

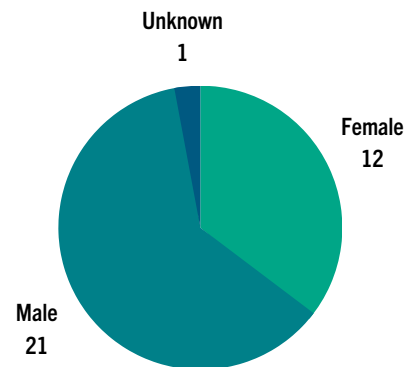
GRAPH A  
RACE



GRAPH B  
REFERRALS BY AGENCY



GRAPH C  
GENDER



“

*Through Baltimore LEAD, I was able to receive a birth certificate, social security card, and drivers license within three months. I was trying to get that done on my own for five months before that. Now, with support from LEAD, I'm currently putting in job applications.*

- TS, BALTIMORE LEAD PARTICIPANT



# CARE & DIRECT SERVICE

After receiving diversions and referrals from partners and consent from LEAD participants, Baltimore LEAD case management provides direct case management services for participants who have ongoing demonstrated needs. By providing a supportive connection, immediate safe shelter, and tending to basic needs, our team provides participants with a pathway to broader community resources.

The focus of our services is to address quality of life concerns in a way that honors the dignity and self-determination of each participant. Case managers offer many types of support, including assistance securing documentation and identification, applying for benefits and employment, identifying and securing housing, accessing medical, dental and mental healthcare, navigating the court system for previous cases or civil legal issues, and re-connecting with family members or community supports. LEAD does not impose requirements, but instead works with participants to identify and reach their personal goals.

6%

LEAD PARTICIPANTS  
WERE REARRESTED

45%

GAINED HOUSING

58%

GAINED INCOME

\*8/16/21-12/31/22

“

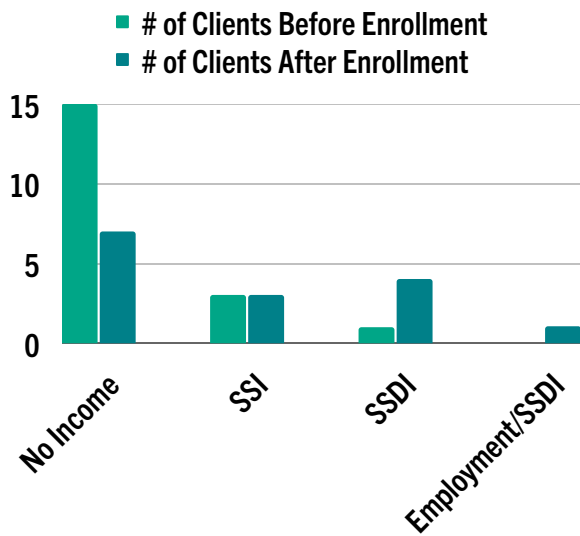
*Baltimore LEAD has done more than get me out of a tricky spot... it's helped me reach a better spot.*

- JS, BALTIMORE LEAD PARTICIPANT

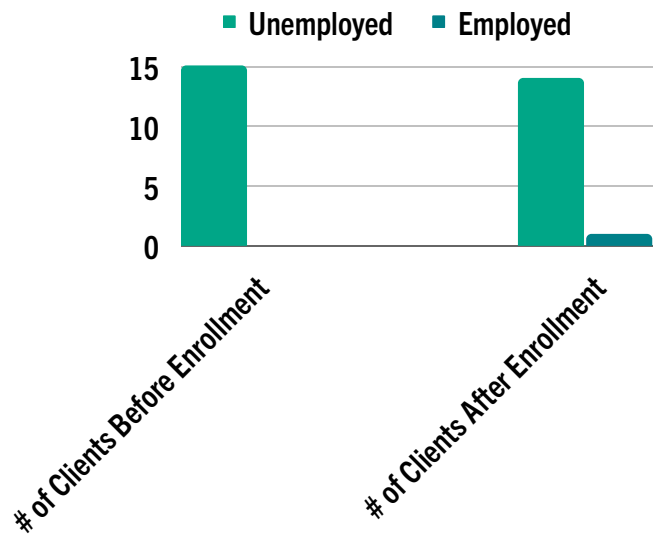
## CHANGES JS HAS MADE THROUGH BALTIMORE LEAD

- Unhoused to permanent housing voucher
- Frequent police run-ins to one year without arrest or pending cases
- Using alcohol and drugs to one year sober
- No documents to ID, social security card, birth certificate

GRAPH A  
INCOME SOURCE BEFORE ENROLLMENT VS. AFTER



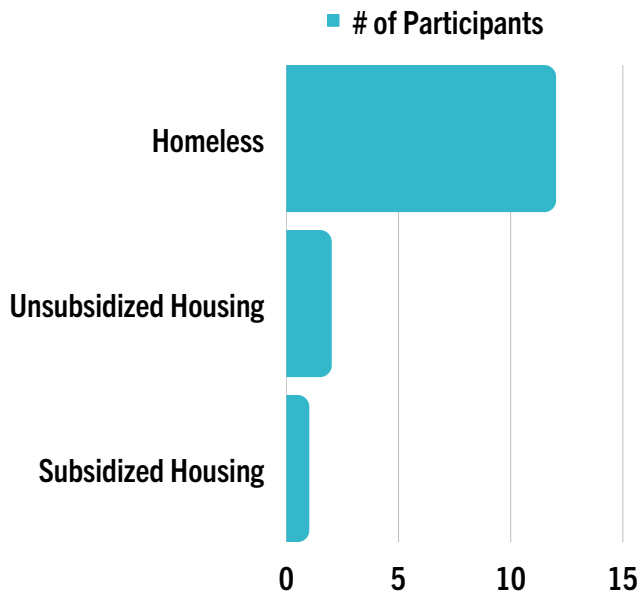
GRAPH B  
EMPLOYMENT STATUS BEFORE ENROLLMENT VS. AFTER



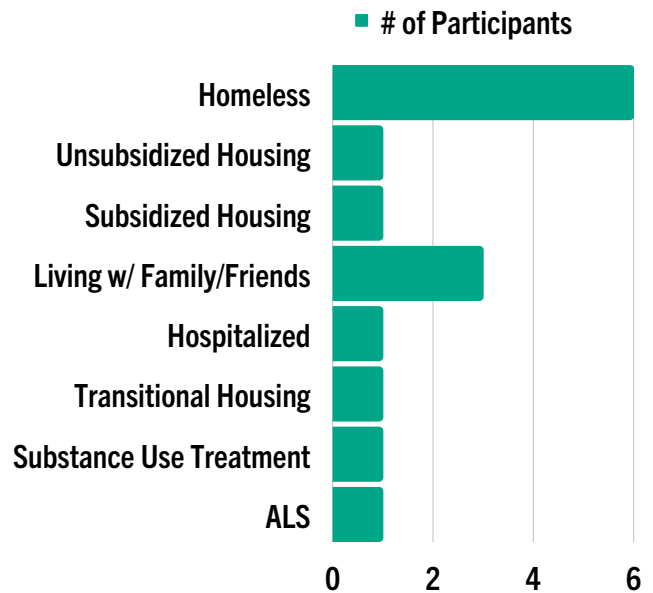
**50%** PERCENTAGE OF INDIVIDUALS WHO WERE HOMELESS AT TIME OF ENROLLMENT PLACED INTO HOUSING

Of the individuals who were homeless at time of enrollment, half (6 out of 12) have since been successfully placed into housing. One person with unsubsidized housing has since moved to transitional housing.

GRAPH C  
HOUSING STATUS BEFORE ENROLLMENT



GRAPH D  
HOUSING STATUS AFTER ENROLLMENT



# IMPLEMENTATION PARTNERS

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# IMPLEMENTATION PARTNERS

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Baltimore LEAD seeks to create new connections and social systems while strengthening existing community relationships. The successful adoption of the LEAD model here in Baltimore relies on the collective engagement of organizations and individuals who might not otherwise typically work together.

- Behavioral Health System Baltimore (BHSB), the local behavioral health authority, receives state and federal funding to serve as the project management agency for Baltimore LEAD and provides oversight to implementation partners.
- Founded in 1992, Baltimore Crisis Response, Inc. (BCRI), the only comprehensive crisis center in Baltimore, serves as Baltimore LEAD's case management partner. Consistent with Baltimore LEAD's values, BCRI's case management services are fundamentally street-based, client-driven, long-term, adaptive, non-clinical, and grounded in harm reduction principles and practices.

## Criminal Legal System Partners

- [Law Enforcement](#) officers from the Baltimore Police Department and the University of Maryland Police Department, are essential partners in Baltimore LEAD, helping to shift our local policies, practices, and investments better to address the problems of unmet behavioral health needs. Officers on the street have particular insight into the challenges LEAD is intended to address; officers can initiate arrest diversions, assist with referrals to LEAD and other support services, and support connections to case management services.
- [The Office of the State's Attorney](#), the Office of the Public Defender, the Division of Parole and Probation, and the Baltimore City Health Department have been involved in Baltimore LEAD since the earliest stages of development. The Office of the State's Attorney receives funding to dedicate a prosecutor to LEAD to coordinate cases involving LEAD clients and provide general legal support and advocacy for the project.



## Specialty Courts

- Many people enrolled in Baltimore LEAD may also be involved in specialty courts (such as Drug Treatment Court or Mental Health Court), either related to non-referred charges or to charges that predated their enrollment in Baltimore LEAD. In such cases, LEAD case managers, the dedicated prosecutor from the Office of the State's Attorney, and other LEAD stakeholders can provide support and coordinate processes to foster positive outcomes for everyone involved in the case.

## Behavioral Health Services

The BCRI Case Management team works closely with a wide array of community-based behavioral health providers in connecting participants to appropriate treatment and rehabilitation services. Some of these include:

- **Opioid Treatment Programs** are consistent with Baltimore LEAD's commitment to harm reduction; many Baltimore LEAD clients benefit from methadone and other Medication-assisted treatment. To ensure continuity of care, case managers refer clients to the clinic they are most familiar with, often MedMark or Methadone Services.
- **Gaudenzia** provides addiction treatment and recovery services, including detox and withdrawal management, residential programs, halfway house accommodations, recovery support services, medication-assisted treatment, and more.
- **Shepherd Pratt** is the largest private, nonprofit mental health provider in the United States, Sheppard Pratt offers in-patient and outpatient services for substance use, detox, crisis stabilization, housing, and psychiatric rehabilitation. Sheppard Pratt is an option offered to Baltimore LEAD participants when they are ready for treatment.
- **Baltimore's Capitation Program** provides a comprehensive range of coordinated service individuals who are the most disconnected. This is a higher level of care responsible for the provision of mental health care and linkage to/coordination with somatic care including daily living support, employment assistance, dental, vision, medication, and substance use services. Services are provided through a team of mental health professionals who work directly with the member and their supports to address the complex needs of those living with serious and persistent mental illness.



## Community Partners

- **HealthCare Access Maryland (HCAM)** is a nonprofit agency that collaborates with individuals, hospitals, politicians, and social services to help Maryland residents access and navigate public healthcare services. HCAM is on a mission to close gaps in services for over 80,000 uninsured or under-insured people. In particular, HCAM serves marginalized populations including people who are homeless, have been recently released from jail, live with substance use disorders, or are pregnant, among others.
- **Lexington Market** is a newly renovated and prominent locale in Baltimore. The team there is a prominent local resource, as many potential LEAD participants live in the downtown area. Importantly, the market features a grocery store and several prepared food vendors that accept Supplemental Nutrition Assistance Program (SNAP). The vendors at the market act as a hub of resources within the community.



## Housing Services

- [Downtown Partnership of Baltimore \(DPOB\)](#) has provided services to unhoused folks for over a decade. DPOB oversees unhoused populations in the 11th and 12th Council districts. DBOP builds a foundation of strong, personal relationships in order to gain trust and connect folks to housing and other social services as needed.
- [Health Care for the Homeless](#) works with healthcare providers, donors, community advocates, and community members in order to connect unhoused people with health care and support services. Recognizing humanity in all, Health Care for Homeless specializes in crisis intervention – bringing over 10,000 individuals and families to move toward stability in 2022.
- [The Mayor's Office of Homeless Services \(MOHS\)](#) oversees programs related to homelessness in the city of Baltimore, including emergency shelters, street-based outreach, transitional housing, permanent supportive housing, Housing Opportunities for Persons with AIDS (HOPWA), and more.
- [People Encouraging People \(PEP\)](#) is a nonprofit organization dedicated to supporting behavioral health needs and rehabilitation services to people in Baltimore. PEP's Homeless Outreach Team provides eligible participants with housing-related services, including affordable housing, property management, and a community living program to meet rehabilitation needs.



# GOALS & UPCOMING PROJECTS

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# GOALS AND UPCOMING PROJECTS

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Baltimore LEAD aims to build a community that is safer, stronger, and more welcoming for everyone. We believe that all people should have what they need to thrive, and the people it serves should be supported in making their own choices. To achieve this goal, in 2023 Baltimore LEAD plans to launch community referrals by integrating into the behavioral healthcare and emergency department systems.

## Community Referrals

To date, Baltimore LEAD has accepted participant referrals made primarily by law enforcement officers who have referred people through arrest diversions and social contact referrals. To expand its impact, Baltimore LEAD is reinvigorating community referrals, enabling community members to directly refer eligible people to Baltimore LEAD without involving law enforcement officers or other criminal legal systems. The community referral pathway will empower Baltimore's stakeholders with an important new tool to address quality of life issues.

## Improving Baltimore's Crisis and Diversion System

Integrating LEAD into the existing behavioral healthcare and emergency department systems will offer the community, social workers, and first responders a tool to better serve people with behavioral illness and poverty concerns. To be truly effective in our city, Baltimore LEAD must engage in meaningful coordination across agencies and sectors. Closer collaboration with relevant stakeholders and agencies will streamline the process of community referrals. This desire to be further integrated in the crisis and diversion infrastructure of Baltimore is rooted in Baltimore LEAD's fundamental commitment to appropriately divert people away from the criminal legal system as early as possible – ideally, avoiding arrest altogether.

## Improved Data Collection Systems

Following the success in the initial development of the Baltimore LEAD Case Management Database, the plan is to launch a pilot of the database expansion with stakeholders. This will test and begin integrating the database system into the overall structure of Baltimore LEAD. This will streamline partner access and increase transparency as it will provide the ability to track, analyze, and report on Baltimore LEAD as a collective unit in real time.

## Evaluation of Program

This year marks five years since the founding of Baltimore LEAD. Exploring funding options for evaluation is a priority. The potential for an external research team to evaluate Baltimore LEAD and publish its findings will be monumental in detailing the effectiveness of LEAD. We would like to evaluate both processes and outcomes, assessing both individual and collective impacts. The Lead Support Bureau (LSB) has been instrumental in supporting the development of the Baltimore LEAD Case Management Database and setting a framework for such evaluation.

To this end, we are searching for funding opportunities and will work to identify an external evaluator.



# GET INVOLVED

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# IN PARTNERSHIP WITH

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[Behavioral Health Systems Baltimore](#)

[Baltimore Crisis Response, Inc.](#)

[Baltimore Police Department](#)

[University of Maryland Police](#)

[Department](#)

[Office of Public Defender's Office](#)

[Office of State's Attorney](#)

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