



# Sentinel Event Reviews

## Overview and Recommendations

BCBHC General Meeting May 27, 2025



**Brandon M. Scott**  
Mayor



# Overview

- **Sentinel Events:** Sentinel Events are critical incidents—often involving individuals with behavioral health, intellectual, or developmental disabilities—that may include excessive use of force, injury or death during encounters with BPD.
- **Sentinel Event Reviews (SERs):** Baltimore City Behavioral Health Crisis Incident Review Team reviews the incidents to support better outcomes for individuals and communities through meaningful system change
- **Process:**
  - Bring together all stakeholders involved in the incident, as well as other key stakeholders across the behavioral health system
  - Examine what happened and why
  - Identify structural/system-level gaps
  - Recommend improvements in policy, training, supervision, resources, and system coordination



# Typical Quarterly SER Agenda

- Introductions
- Case Summary Overview
- Presentations by all agencies involved in the incident:
- Baltimore Police Department (BPD)
- Baltimore City Fire Department (BCFD)
- Behavioral Health System Baltimore (BHSB)
- Baltimore Crisis Response Inc (BCRI)
- Mayor's Office of Homeless Services (MOHS)
- Department of Social Services (DSS)
- Central Booking and Intake Facility (CBIF)
- Open discussion on structural gaps and recommendations





## SER #8: May 1, 2025

There have been **eight** sentinel event reviews to date. The most recent review was held May 1st 2025.

**Review #8 – Case A:** Level 3 use of force involving neck contact. Incident followed an assault report. Subject had a serious mental illness was off prescribed treatment.

### Structural gap(s) identified:

- Absence of proactive coordination between hospitals and behavioral health services for follow-up care.



## Case A Recommendations

- Enable EMS co-response to administer calming meds once scene is established as safe
- Prevent escalation through strategic disengagement on scene
- Update outpatient forms to support voluntary treatment
- Educate EMS on crisis residential options vs. hospitalization



## Case B

**Review #8 – Case B:** Level 3 use of force involving neck contact. Officers responded to behavioral crisis; subject was agitated and aggressive toward medical staff.

**Structural gap(s) identified:**

- No protocol for staff to consult medical directors/nursing leads for agitated patients
- Medicaid reimbursement incentivizes 911 transport over alternative responses
- Limited on-scene behavioral health and EMS coordination before/during police contact
- Gaps in information sharing from law enforcement to medical staff affect care continuity
- Assisted living lacks protocols to provide key patient info during 911 calls, impacting police, EMS, and ED response





## Case B Recommendations

- Add dispatch flags for addresses tied to medical or assisted living facilities
- Require officer consultation with facility medical leads before intervention
- Train officers to identify supervisors for patient context on-site
- Include 988 and crisis system training in facility licensing/accreditation
- Standardize protocols for providing patient info sheets to officers in emergencies
- Work with health departments to distribute 988 crisis materials to facilities



## Conclusion

### Takeaways:

- These cases highlight how structural gaps—especially in care coordination, information-sharing, and behavioral health response—can escalate already complex situations.
- The recommendations reflect the thoughtful work of our multidisciplinary review team, who will continue their diligence in implementation, turning these insights into action.
- Progress on the implementation of recommendations is tracked and will be reported in future collaborative meetings.



**Thank You!**

**Questions?**

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