CITY OF BALTIMORE

Brandon M. Scott – Mayor
Zeke Cohen – Council President

Office of Council Services
Nancy Mead – Director
100 Holliday Street, Room 415
Baltimore, MD 21202

COMMITTEE OF THE WHOLE

The Honorable Council President Zeke Cohen
CHAIR

HEARING NOTES

LO25-0026
Legislative Oversight – Crisis Response

Hearing Date: 8/27/2025
Hearing Start Time: 5:00 PM
Hearing End Time: 9:00 PM
Location: Du Burns Council Chamber / Webex
Total Estimated Attendance: 100

Committee Members in Attendance:

- **Chair** Zeke Cohen
- Mark Parker
- Ryan Dorsey
- James Torrence
- John Bullock
- Zac Blanchard
- **Vice Chair** Sharon Green Middleton
- Paris Gray
- Phylicia Porter
- Jermaine Jones
- Odette Ramos

MAJOR SPEAKERS

(This is NOT an attendance record.)

- Dr. Letitia Dzirasa – Deputy Mayor of Health and Human Services
- Michelle Taylor – Acting Commissioner of the Baltimore City Health Department
- Richard Worley – Commissioner of Baltimore Police Department
- Tenea Reddick – Director of Baltimore City 911

NOTES

- The Council President began the hearing with some opening remarks
  - Discussed today's order of events
    - Bishop speaks
    - Community panel
    - City agencies
    - Outside behavioral health agencies
    - Committee questions
    - Public testimony

    - Today will be a difficult topic to discuss-
        - There are professionals in the building to help those who need someone to talk to
    - Too many of our residents are isolated and alone
        - We are constrained by stigma and fragmented systems designed to address the problems
    - Recent incidents are tragic reminders
        - We cannot litigate those tonight while they are under investigation
        - But we can address the mental health services in Baltimore
    - Several gaps
        - Too many calls are not being diverted to the 988 behavioral health system
            - We must divert more calls
        - Even when calls reach 988 – there are not enough mobile response teams to respond effectively
            - The response time is far too long – average time is 92-136 minutes
        - Many police officers responding do not have the training to respond
            - Training does seem a priority
        - Information is siloed
            - Someone in the administration needs to be responsinble for managing the system
            - We cannot continue with the status quo where everyone is working hard but in different directions
- Councilmember Bullock gave some opening remarks
    - This is difficult time for many
    - 3 of the most recent incidents happened in the 9th district
    - Social determinants of health impact both physical and mental health
    - This issue touches all of us
    - Public safety professionals do have very difficult jobs and our addressing of those issues should take that into account
    - All people in our city should be valued and treated with dignity
    - We also need to listen to those on the front lines to inform the decisions that we make
    - Thankful to the people of Baltimore who came here today to express their thoughts
- Bishop Spriggs
    - Brother of Ms. Brooks
    - The system is highly fragmented and misunderstood
    - The trauma of experiencing her circumstances over and over were significant
    - We cannot allow residents to be "murdered" when they do not know the situation they are in
    - We need action within police department and health department, and first responders
    - There are people seated among us who could one day be subjected to an improper response to a mental health crisis
- Community Leader Panel and Advocate Perspectives
    - Jasmine Pope – Trauma Informed Care Taskforce
        - Trauma informed care task force began working to get more resources for the city in 2022
        - Has used Baltimore Crisis Response several times
        - We need to break down silos

        - Baltimore needs to use its incredible resources and people effectively
    - Jamal Turner – Police Accountability Board
        - Speaks as both the chair of the PAB and a Baltimorean
        - In the span of 8 days, three people lost their lives during encounters with police during suspected mental health crises
        - No one should ever have to lose their life because they were experiencing a crisis and reached out for help
        - We owe answers to those families and all of our neighbors
        - Key failure is the lack of adequate training and preparedness within the BPD
            - Under current policy, CIT is voluntary
            - Why aren't all officers provided with this training?
    - Ray Kelly – Citizens Policing Project
        - There are not clear uniform procedures to address crises
            - Families are confused and services are opaque
        - Community has held many listening session and forums – 6 concerns
            - Public education and navigation support among those resources – where do you go, most don't know about 988
            - Opaque and fragmented wrap around services – unclear guidance on what services exist and how to access them
            - Lack of community owned accountability – dashboards provide numbers but not human stories
            - Lack of prevention and early intervention infrastructure
            - Fragmentation of response system(s)
            - Limited civic inclusion and decision making
        - Recommended solutions
            - Quarterly meetings at churches, schools, etc. to explain with plain language toolkits
            - Create a searchable map to access services with first person testimonials, repeat call tracking, and resolution timelines
            - Establish city funded mental health wellness hubs
            - Form standing community oversight committee
            - Convene interagency summit to define roles and responsibilities
- City agencies
    - Law
        - Reiterates we cannot litigate recent incidents
        - Consent decree
            - Touches on entirety of police department
            - Major implications for mental health – paragraph 97
                - References city's responsibility to make improvements to behavioral health ecosystem
                - Somewhat vague – city must conduct gaps analysis
    - 911
        - Diversion program exists to connect 911 callers to mental health professionals and reduce unnecessary emergency response
        - Use internationally established protocols

        - 25 card is the standard protocol for assessing calls
        - Call intake
            - Triage
                - Ask right questions in right order
                - Determine severity of situation
                - Decide whether it can be diverted
                    - Must be 12 y/o, only first and second party callers are eligible
                - Ensures we are not relying on guesswork
            - After triage – calls can follow different paths
                - Diversion or co-notification
                - If high risk – dispatch sent while 988 remains on the line
    - Fire
        - Role – first point of contact for individuals in crisis
        - Agitation protocol – follow Maryland state guidelines
            - Safety first, rule out medical causes that may present as mental health crises
    - Police
        - Policies are developed collaboratively
        - All is reemphasized in CIT training
            - 40 hours voluntary course – offered 6 times a year
        - Follow co-response model
            - Clinician paired with BCRI
        - Emphasis on least police involved response
        - Multiple accountability mechanisms
    - Health Department
        - Multiple stakeholders working together to help Baltimoreans
        - BCHD primary role is assisting with overdose spikes
        - Health department is not permitted to show non-fatal overdose maps
        - New division of public behavioral health
    - Mayor's Office of Overdose Response
        - Opioid restitution fund is granting funds to crisis response as well as other resources
        - 24/7 outreach
            - Ensures that the right response is available for every call
        - Bcore
            - 5 components to expand access
                - Telemedicine
                - Emergency department standard improvement
                - GOLDIE – software for referrals
                - BCFD population health
                - Community connection teams
- BHSB
    - Detailed crisis framework
    - Partners closely with city to improve services, systems, and engagement efforts
    - There has been growth in 988 use over the past two years
    - Typically over 150 mobile dispatches per month
- BCRI
    - 988 has a triage in place to ensure that the response is appropriate

- Now has a heat mapping system to locate teams in areas with high call volumes

- Questions
  - Cohen
    - how many calls in first 6 months of this year were eligible for diversion; how many diverted; what should we do to expand
      - Response by physician
      - There are many outcomes other than diversion
      - Cohen – feels like a chicken and egg
        - Need to get calls to 988 and need more capacity to those systems
        - We need both
  - Cohen
    - BPD must have a best-in-class intervention program, do you believe that every new officer should receive the CIT training at the academy and will you commit to that
      - Worley – yes, does agree
        - Reason they don't is because they adopted a voluntary model
        - We need to get DOJ to allow us to change that policy
        - Training is also costly and time consuming
      - Cohen – appreciate that commitment and look forward to working with you to make that happen
        - It is critical that BPD officers get an in-depth training that allows for a human response
  - Bullock
    - what do we do for cases with multiple repeat calls; is there a change in protocol
      - Worley - It is part of the process to review a hazard file in the CAD (computer aided dispatch) system
        - CAD system has gone out around 25 times this year
        - We have a very outdated CAD system
        - CAD system is city-owned and monitored by supervisors from various agencies
        - On down nights, we need to constantly adjust
  - Ramos
    - BCRI/BHSB who are the 988 partners
      - BHSB
        - BCRI, Affiliated XXX, Grassroots together staff the helpline
        - Mobile crisis has several as well
    - what response times are we evaluating
      - BHSB
        - The total mobile response system
        - We are investigating why
        - Need more community responders who are not police
        - Standard is an hour
    - are you working to improve standard response
      - BHSB
        - State standard is 60 minutes – also national standard
        - We need something different

        - we worked to provide BCRI with additional money to expand capacity; what happened to that money
            - BCRI
                - That money did fund additional teams for a year
                - Mayor's office does have reports explaining where the use of the money went
        - Are you recommending to not fund BCRI directly?
            - BHSB
                - Not a specialty team
                - Helped us get to medicare funding now authorized
            - We are now being told the infrastructure we invested in is not the right infrastructure
    - Cohen
        - Makes request for plan from BHSB
            - Federal partners are taking aim at Medicaid and we cannot rely on that
    - Torrence
        - how does $10 million to BHSB from opioid restitution fund affect services
            - MOOR – earmarked for marketing for 988
            - Cohen – frustrating to be marketing for something that doesn't exist
    - Torrence
        - request for clarification on what funds are necessary to reach the scale necessary
            - MOOR – clarifies those funds were earmarked by a judge
            - Torrence – we want to go above that floor set
            - BHSB
                - VP of Policy and Communications – Adriene Br
                    - $10 million for education over 5 years
                    - Funding used for several specific things
                        - 988 ambassadors program – work directly with community members to promote at a grassroots level
            - Law
                - Huge overlap between overdose, crisis response, and behavioral health
                - 988 does not only serve those in crisis
            - Cohen – it is an expectation that we have capacity to respond regardless of what that is
    - Blanchard
        - less time on mental health response from police means more on violent crime
    - Dorsey
        - Heard about Medicaid, ARPA, and other sources of funding for mobile crisis response
        - Is 60 minutes the average or maximum
            - BHSB
                - Average
        - Is an average response time or is it a mandate that our average must not exceed?
            - Do we actually respond on average 60 minutes or on average must we?

- BHSB presented to PAB on 8/4/25 that the monthly average response time for first half of 2025 was between 92 and 136 minutes
- New state law adds .25 fee to cell phone bills to fund 988
    - Is it the case that the money is only being used for 988 centers or is it going to mobile response teams
        - BHSB
            - Used for call centers and working with the state to see how else it can be used
- Law does allow for it to be used otherwise
    - BHSB
        - It is our understanding as well but it is decided by the Maryland Department of Health
- Is it BHSB's position that some portion of the money should go to mobile crisis teams
    - BHSB – yes because Medicaid will not cover the full cost
- Do you believe that there is enough money that you could use from that pot to achieve the 60 minute response time
    - BHSB – suspects not
- What would that figure be?
    - BHSB – would need a review
- Deeply unnerved by these response times, has experienced these wait times and was lucky to not devolve during that wait

- Porter
    - Deeply concerned that there are many agencies that should be at the table but are not
    - The first hour of response time is crucial and dangerous
    - We have not discussed any sort of protocols and workflows
        - Who is the responsible agency
    - Request to Deputy Mayor Dzirasa for detailed account of the workflows for 911 callers in crisis
    - Cohen – it is unclear who is in charge
    - What indicators trigger BPD's behavioral crisis response? Who makes the call?
        - BPD
            - Dispatchers have ability to search for CIT trained officers in the field as noted in the CAD system
            - BPD can later request a CIT officer if a non-CIT officer is initially dispatched
    - Fire previously identified 321 calls from 8 people, how many CIT officers went to those 8 people
        - BPD - would need to look back, sometimes fire responds independently
- Gray
    - Is 988 a part of CitiStat meetings?
        - Mayor's team – currently they are not, monitored by BHSB
        - BHSB on oversight of BCRI
            - Fund 988 and meet regularly with vendors

        - Would like to see hotspot information and other trends in CitiStat
    - Will BPD, BCFD, BCRI, BHSB, United Way commit to a quarterly dashboard sharing the following:
        - Review diversion, conotification, EP, written reports, 988 transfers
        - All by district
        - Mayor's Office – do have 911 data dashboard
- Green Middleton
    - MACO awarded the city for its efforts to improve crisis response and we are a leader
    - You are asking us to fund an entirely different model, what are you doing with the teams you already have?
        - BHSB
            - There has been significant growth over the past few years
            - Initially needed to get to 24/7 response
            - Now we need to go further
    - What are your offices doing to share this with the community?
        - BHSB
            - Promoting 988 wherever we can
            - Community ambassadors program to engage with local community
    - Who are you talking with? Community leaders and meetings? What is the plan for the outreach?
        - BHSB
            - Team of people who interact directly with community in libraries, hospitals, places of worship
            - In addition to 988 ambassadors program we go all over if we are asked or target proactively
            - Also share materials and trainings with community members
            - 988 can also be used for help with substance abuse disorder
        - Mayor's Office
            - BHSB is present when invited
- Parker
    - Constituents know what to expect when they call 911 for police and fire, or 311 and city services
    - Many people are very unclear on when to call 988 and what will happen when they do
        - What they imagine it ought to be is not yet the case
    - For 988 calls – is the same first, second, third person caller part of the screening process
        - Can you call about someone on your corner who you can't sit with for an hour?
        - BCRI
            - Everyone should call 988 regardless
            - If they can gain the appropriate type of information they will send a mobile team out, if not they will make a warm hand off to an appropriate part

        - Do 2% of calls result in warm hand off?
            - BCRI
                - Uncertain of exact number but it is very few calls that get sent to 911 from 988
        - In 3rd person situation when someone is clearly calling about mental health crisis but cannot be diverted, are they flagged?
            - 911
                - Left to 911 specialist
                - Means the caller is not directly connected to the event
                - Can be inputted into the system
                - Council members are welcome to observe 911 calls
        - Say triage state indicated BPD response but what is shared also suggests mental health crisis, will BPD response include behavioral health trained officers
            - All BPD officers are trained annually in behavioral health
            - Dispatchers can search CAD system for officers with CIT training
        - If in the course of response fire or police come to understanding that mobile crisis team would be helpful, is there a direct line to arrange that co-response
            - Officers are trained for least police involved response and are supposed to directly call 988
            - There is a direct line for public safety personnel
    - Jones
        - Concerned that calls not characterized as the "right" call are not diverted to 988
            - Gives sense of track a or track b
        - BPD
            - Have co-response model of officer paired with clinician
        - Cohen – understanding that there is only one co-responder team
            - BPD – correct
            - That is a very small number of co-responders
            - One team is very small for a city of our size
        - Our mobile crisis response times are unacceptable
            - A crisis is happening **now**
        - What is the process for amending the consent decree to make CIT training mandatory
            - Goes to DOJ for approval
            - Then city lawyers draft formal proposed change
            - Must be approved by judge
            - The request is currently with the DOJ
- Public Testimony
    - People are fearful to call for mental health crises for fear of losing their lives
    - Many expressed the belief that the police are out of control
    - Many referenced the slogan "healthcare not handcuffs" in reference to the request to remove BPD from mental health responses
    - We should not be providing more money to BPD
    - Mental health crisis should be treated like other health issues – without stigma
- President Cohen delivered closing remarks

- Thank you to everyone who attended – especially given that it is so difficult
- We do not have enough capacity to run an effective, fast crisis response system
- Have asked this evening for an analysis and appreciate the Mayor's team for their willingness to respond in seven days
- Far too few calls are being diverted from 911 to 988
- Not nearly enough officers are trained in CIT
    - Appreciate commitment to mandate it
- We need to cut through the noise – too many teams in the space, not a clear system of management and accountability
- Someone in City government needs to own this issue and be responsible
- Baltimore is capable of solving this issue – we have experienced exceedingly high amounts of trauma
    - But this year we have seen fewer homicides than ever and we are collectively committed to doing this right
- Thank you to those families who have lost loved ones who attended tonight
    - Your pain is immense and your sharing will help shape a better system

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FURTHER STUDY REQUESTED

Request	From	Agency	Expected Timeline
Full report from BHSB and BCRI on mobile crisis response teams detailing where we currently are, where it is recommended that we scale to, and what it would cost to reach those recommendations. President Cohen requested this report within one week of the hearing	Cohen	BHSB and BCRI	One Week - 9/4/25
Ensure report also detail the funds available in the next year and additional funds necessary that would allow those teams to reach the recommended mobile crisis response scale.	Torrence	BHSB and BCRI	One Week - 9/4/25
Clarify what the $10 million allocated from the Opioid Restitution Fund will cover for 988 marketing purposes.	Torrence	MORP and BHSB	30 Days - 9/27/25
Share explicitly in dollars how much money it would take to ensure that the current mobile crisis system response to individuals in need of mobile crisis response team is within the 60 minute standard for urban areas as described by BHSB.	Dorsey	BHSB	One Week - 9/4/25
Provide a report detailing the workflow for how 911 crisis calls are handled, detailing each step of the response, paying specific attention to any instances where flags identifying mental health crises can happen.	Porter	MOGR	60 Days - 10/27/25
All 911 calls from 2022, 2023, 2024, and year-to-date that include any mental or behavioral health crisis, or related matter. Specifically, Councilmember Gray requested that this report include the following:	Gray	911	60 Days - 10/27/25

A breakdown of 911 calls diverted exclusively to 988, detailing how many calls resulted in the dispatch of a mobile crisis response team, a crisis intervention team, and/or a crisis response team.			
A breakdown of 911 calls diverted to 988 and police dispatchers, detailing how many calls resulted in the dispatch of a mobile crisis response team, a crisis intervention team, and/or a crisis response team.			
A breakdown of 911 calls where only BPD was notified, detailing how many calls resulted in the dispatch of a mobile crisis response team, a crisis intervention team, and/or a crisis response team.			
A breakdown of 911 calls where BCFD was notified, detailing how many calls resulted in the dispatch of a mobile crisis response team, a crisis intervention team, and/or a crisis response team.			
A breakdown of 911 calls where BCRI was notified, detailing how many calls resulted in the dispatch of a mobile crisis response team, a crisis intervention team, and/or a crisis response team.			
A report from BPD detailing the total number of incidents that BPD deployed its Crisis Intervention Program, including a breakdown of incidents with a response from either a mobile crisis team, a crisis intervention team, and/or a crisis response team.	Gray	BPD	60 Days - 10/27/25

Hearing Packet in bill file? ---------- ☒ **YES** ☐ **NO** ☐ **N/A**
Attendance Sheet in bill file? ---------- ☒ **YES** ☐ **NO** ☐ **N/A**
Agency reports read? ---------- ☒ **YES** ☐ **NO** ☐ **N/A**
Hearing televised or audio-digitally recorded? ---------- ☒ **YES** ☐ **NO** ☐ **N/A**
Certification of advertising/posting notices in the bill bile? ---------- ☐ **YES** ☐ **NO** ☒ **N/A**
Evidence of notification to property owners in bill file? ---------- ☐ **YES** ☐ **NO** ☒ **N/A**

Notes by: Ethan Navarre
Notes Date: 8/27/2025

Direct Inquiries to: ethan.navarre@baltimorecity.gov