

BALTIMORE CITY COUNCIL



COMMITTEE OF THE WHOLE

*LO25-0026
Crisis Response*

Public Testimony

Good evening Council President Zeke Cohen, Councilmembers, and members of the public.

My name is Dr. Melissa Buckley. I am a licensed social worker, Associate Professor and Chair of the Department of Social Work at Coppin State University, and Executive Director of the Dorothy I. Height Center for the Advancement of Social Justice.

I am here in strong support of Baltimore City's continued efforts to build a community-centered, best-in-class crisis response system, one that ensures the right response, at the right time, by the right professionals.

Baltimore has already demonstrated national leadership in this area. As the first city in the nation to legislate a trauma-informed approach to governance, Baltimore made a clear statement that healing, prevention, and equity must guide how we respond to harm and crisis. The work before you today is a natural extension of that commitment.

The recommendations before you rightly acknowledge that our current system relies heavily on police, fire, and emergency medical services for calls that are not criminal, violent, or medically urgent, but instead involve emotional distress, conflict, and unmet social needs. These are situations where a community-based, civilian response is not only appropriate, but more effective and more humane.

Equally critical is the workforce reality. Baltimore City is designated as a Mental Health Professional Shortage Area, but this challenge does not exist in isolation. Maryland (and the nation) are facing a projected shortage of behavioral health professionals through at least 2030, driven by workforce attrition, increasing demand, and limited pipelines into community-based care.

What is important to name is that the next generation of social workers is already stepping into this work. Our students are preparing for crisis response, trauma-informed care, de-escalation, and community-based intervention, and many are already serving Baltimore communities while completing their degrees. They are not waiting to be invited into the solution—they are actively seeking pathways into it.

Universities with social work programs are therefore not just training sites; we are workforce partners. With intentional investments, such as loan repayment initiatives, residency-style training pathways developed in partnership with academic institutions, and well-supported civilian response roles, Baltimore can retain emerging professionals who are deeply committed to serving this city.

A civilian emergency response model, paired with sustainable workforce development, allows us to reduce unnecessary system involvement, support first responders in focusing on their core responsibilities, and ensure people in crisis receive care that is timely, appropriate, and grounded in dignity.

This is a public safety issue, a public health issue, and a workforce sustainability issue but above all, it is a values issue. Baltimore has already shown the courage to lead. This moment invites us to continue doing so.

Thank you for the opportunity to testify.



January 14, 2026

The Honorable Zeke Cohen
Baltimore City Council President
100 Holliday Street
Baltimore, MD 21202

Members of the Committee of the Whole
Baltimore City Council
100 Holliday Street
Baltimore, MD 21202

Written Testimony for LO25-0026: Legislative Oversight Hearing on Crisis Response

Dear Council President Cohen and Members of the Committee of the Whole,

My name is Hans Menos and I am a social worker who has held leadership roles in Juvenile Justice, Victim Services, and Civilian Oversight of Law Enforcement. Currently, I am the Vice President of Public Safety Innovations at the Center for Policing Equity, a research and action organization made up of former law enforcement, academics, and community engagement specialists that uses scientific research to identify and reduce racial disparities in policing and cultivate holistic public safety systems.

Alternative response programs are a critical tool for jurisdictions seeking to effectively, safely, and equitably meet the needs of their community members. By diverting calls from 911 and sending the appropriate response for the situation, these programs help move individuals out of harm's way and allow other emergency responders to focus on the jobs they signed up to do. As reported by the Baltimore Sun, the Mayor's Office estimated that the city's crisis response program has already diverted 400 hours of work from the police, and 800 hours from the fire department.¹

Unfortunately, the tragic deaths of Dontae Melton and Pytorcarcha Brooks last summer are a grim reminder that even as the City of Baltimore recognizes the need to stand up alternatives to enforcement, there are critical response and care gaps in services and responses to mental health emergencies that must be addressed to keep everyone in Baltimore safe. While there are certainly many ways to close gaps and improve services of alternative response in Baltimore, increasing capacity of alternative response programs and improving dispatch are two of the most effective ways to better serve the community.

¹ Schumer, M. (2025, July 17). Baltimore's 911 mental health experts handling fewer calls, leaving police to respond. The Baltimore Sun. <https://www.baltimoresun.com/2025/07/17/baltimore-behavioral-health-system/>.



Baltimore is not alone in experiencing the challenges of building an alternative response program with the capacity to meet the tremendous need for its services. Our analysis of the top 50 alternative response programs by site population found that fifty percent of programs responded to fewer than five thousand calls per year and seventy-one percent of those alternative response programs responded to fewer than five calls per one thousand residents.² Police should not be the primary responders to mental health emergencies, but when alternative response programs lack the capacity to respond, their impact is diminished. Ideally, alternative response programs should be staffed and funded to operate like other emergency services: 24 hours a day, seven days a week, and providing services to as much of the community they serve as possible.

Another way to improve the impact of an alternative response program is to improve dispatch to divert calls to alternative response programs and mental health service providers. In Baltimore, calls dispatched to behavioral health providers have steadily declined in the last three years.³ Dispatchers are particularly well-positioned to determine when an armed response is unnecessary. They should be well-trained, well-paid, and provided with clear dispatch and diversion criteria to prevent bias from influencing decisions about which response is needed. Dispatch should also inform 911 callers that alternative services are available. For example, 911 callers in Austin are asked: “Do you need police, fire, EMS, or mental health services?”⁴ Dispatch can also be aided by embedding mental health clinicians who can resolve some mental health issues by phone and can improve the efficiency of the whole dispatch team.⁵

I encourage the City Council to listen to service providers and community members to understand what people want and need in their alternative response programs. Baltimoreans deserve to know that when they are at their most vulnerable, their City will show up with the care and compassion they deserve.

Hans Menos
Vice President, Public Safety Innovations
Center for Policing Equity

² Cook, A., Lloyd, J. Sharara, F., and Key, J. (2025, December). Nonpolice Alternative Response Programs Across the United States: A National Portrait. Center for Policing Equity.

<https://policingequity.org/reportandresources/data-brief-arig/>

³ Schumer. Baltimore's 911 mental health. Baltimore Sun.

⁴ City of Austin. (2021, February 12). Mental health option added to 9-1-1. Reimagining Public Safety Blog. austintexas.gov/blog/mental-health-option-added-9-1-1

⁵ Resing, C., Neath, S., Rau, H., and Eslich, A. (2023, December). Redesigning Public Safety: Mental Health Emergency Response. Center for Policing Equity.

<https://policingequity.org/reportandresources/policing-equity-white-paper-mental-health-emergency-response/>