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BALTIMORE CITY COUNCIL
PUBLIC HEALTH AND ENVIORNMENT COMMITTEE

Mission Statement

On behalf of the Citizens of Baltimore City, the mission of the **Public Health and Environment Committee** is dedicated to safeguarding the well-being of Baltimore's residents by advancing policies that promote health equity, environmental justice, and sustainability. Recognizing the deep connection between public health and the environment, the committee works to reduce health disparities, improve access to essential services, and address climate-related challenges that impact communities.

The Honorable Phylicia Porter
Chair

PUBLIC HEARING

WEDNESDAY, JULY 23, 2025
10:00 AM

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Legislative Oversight #LO25-0023

Understanding Psychiatric Rehabilitation Programs (PRPs) in Baltimore City

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Brandon M. Scott – Mayor
Zeke Cohen – Council President

Office of Council Services
Nancy Mead - Director
100 Holliday Street, Room 415
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BILL SYNOPSIS

Committee: Public Health and Environment

Legislative Oversight: LO25-0023

Understanding Psychiatric Rehabilitation Programs (PRPs) in Baltimore City

Sponsor: *Councilmembers Porter, et al*
Introduced: *June 16, 2025*

Purpose:

For the purpose of examining the accessibility, effectiveness, and regulatory oversight of PRP services, ensuring they align with community needs and best practices in mental and behavioral health care. The discussion will focus on improving coordination, accountability, and equitable service delivery.

Effective: Upon enactment.

State Level Partners that have been invited:

Maryland Behavioral Health Authority	Each region in Maryland has a Behavioral Health Authority to assist the public in finding and accessing treatment and recovery for mental health and substance use disorders.
Behavioral Health Systems Baltimore	Behavioral Health System Baltimore is the area's leading expert and resource in advancing behavioral health and wellness; to help guide innovative approaches to prevention, early intervention, treatment and recovery for those who are dealing with mental health and substance use disorders to help build healthier individuals, stronger families and safer communities.
Maryland Department of Health – Behavioral Health Research and Innovation	Research and Innovation Programs empowers individuals and communities by channeling the voices of those impacted by mental health conditions into effective solutions. These programs work with data from over 5 million users each year to understand community and workplace trends on mental illness, trauma, disparity, and access to supports.
Maryland Department of Health – Behavioral Health Administration	The Behavioral Health Administration, as part of the Maryland Department of Health, oversees inpatient and community behavioral health services to help Marylanders with mental health, substance use disorders and more.

Analysis

Background

Psychiatric rehabilitation is a mental health service focused on helping individuals with serious mental illnesses live more independently and meaningfully in their communities. It's a strengths-based approach that helps people develop skills and access resources to manage their conditions and achieve their goals in areas like living, working, learning, and social life.[1]

Psychiatric rehabilitation services may include community residential services, workplace accommodations, supported employment or education, social firms, assertive community treatment (or outreach) teams assisting with social service agencies, medication management (e.g., self-medication training and support).[2]

On Wednesday, July 23, 2025, the committee will convene, along with other pertinent representations to discuss the accessibility, effectiveness, and regulatory oversight of psychiatric rehabilitation services and/or programs.

Also attached:

News article: Despite Surge, Baltimore Diverting Fewer Calls to Mental Crisis Team

Additional Information

Fiscal Note: None

Information Source(s): Primary sponsor, the Honorable Phylicia Porter, Google, and the Baltimore City government website.

Marguerite Currin

Analysis by: Marguerite Currin
Analysis Date: July 21, 2025

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[1] Google website
[2] Ibid

Despite Surge, Baltimore Diverting Fewer Calls to Mental Crisis Team

July 17, 2025

A probe is underway to determine why 9-1-1 dispatchers are not sending the crisis response team.

By Mathew Schumer
Source Baltimore Sun (TNS)

Two people suffering a mental health crisis died in Baltimore Police custody last month.

In an analysis of 911 data, The Baltimore Sun found that, while behavioral health calls in Baltimore surged in the past two years, the number of those calls diverted to mental health services dropped more than 50%, leaving police officers to respond to situations they might be ill-prepared to handle.

In June alone, at least two Baltimore residents thought to be experiencing mental health episodes died during encounters with city police officers. Police Commissioner Richard Worley said his department was investigating why a crisis response team wasn't called in at least one of those situations.

“Police officers are police officers,” Worley said during a news conference earlier this month. “We give them the training we can give them to deal with this, but … behavioral health is a medical issue that we have to address, and people that aren’t police officers have to help us address this.”

911 diversion data reviewed by The Sun shows the number of annual calls referred for behavioral health diversions dipped below 500 in 2023 to around 450, and then to just over 325 in 2024. As of the first week of May, there have been 105 in 2025.

In January 2022, there were 55 diversions, compared with only 17 in January 2025.

“[We shouldn’t] put officers in these unrealistic situations where you’re asking them to swing between social workers and responding with potentially deadly force,” said Greg Midgette, an associate professor of criminology and criminal justice at the University of Maryland and a researcher at RAND. “It’s really hard on the most capable, cool-headed person.”

Establishing diversions in Baltimore

After Freddie Gray’s death from injuries sustained in police custody in 2015, Baltimore’s consent decree with the U.S. Department of Justice ordered the city to deploy a more effective behavioral health diversion program.

Soon after Mayor Brandon Scott took office in 2020, he introduced a plan to fill gaps in the city’s behavioral health system in accordance with the consent decree.

A major element was the establishment of a 911 diversion program, in partnership with Behavioral Health System Baltimore and Baltimore Crisis Response, Inc. — two area nonprofits specializing in mental health intervention.

Under the program, 911 operators were instructed to redirect calls to a line operated by mental health professionals when the caller or subject of the call is exhibiting severe emotional distress or disorientation, posing a risk to themselves or others.

These experts would either handle the situation themselves or partner with the police or fire responders in more severe cases. Diversions weren’t available for some types of behavioral health calls, including those from juveniles or second-party callers.

Scott estimated at the time that around 1,000 calls each year could be diverted by the program, though in its first year of operation there were about 500.

Claiming the program was still a work in progress, Scott began efforts to expand it with a $1.5 million allocation of city funds and additional $2 million in federal funding secured by U.S. Sen. Chris Van Hollen, a Democrat.

In March 2023, the city announced an expansion that included diversion services for juveniles and second-party callers, as well as plans for mobile crisis teams of mental health professionals ready for dispatch.

In the first quarter of 2024, the system implemented these changes.

But around the same time, the number of 911 behavioral health diversions began to drop.

Decline in diversions

Both Baltimore Crisis Response, Inc. and Behavioral Health System Baltimore declined to comment on the decrease in diversions.

However, Johnathan Davis, the CEO of Baltimore Crisis Response, Inc., told The Sun that the organization currently has about 100 counselors manning its helpline, down from 170 in May 2021. when the city's pilot program launched.

Since then, Baltimore Crisis Response, Inc. also has taken on additional responsibilities as the operator of the Central Maryland 988 Helpline, which was established in July 2022 to streamline the process of providing support for those in a mental health crisis.

Midgette, who co-authored a 2024 study of diversion programs and how they could apply to Baltimore, said he identified multiple cities that rolled out behavioral health diversion programs, only to abandon plans to expand them.

He said some planned expansions of diversion operations were derailed by risk-averse public officials, according to interviews Midgette conducted for his study. These officials were wary of sending civilian mental health specialists into potentially life-threatening situations in the field, Midgette said.

What can be done?

Baltimore City Council President Zeke Cohen took to X in June to call for a hearing to examine the city's behavioral crisis response system after multiple incidents last month ended in fatal police encounters for individuals who appeared to be in crisis.

An unidentified man experiencing a mental health crisis in June approached police, who restrained him and called for medics. When emergency responders failed to arrive at the scene, officers took the man to a nearby hospital, where he was pronounced dead.

The next day, police fatally shot Pytorcarcha Brooks, 70, after she attacked officers responding to her West Baltimore home to perform a wellness check.

“This last week demonstrates that we have a long way to go, and that some of the systems that have been developed may have atrophied,” Cohen told The Sun at the time. “It is critically important … to make sure that the systems continue to work.”

Asked about the steep decline in 911 diversions since 2023, Cohen said “that kind of precipitous drop” warrants investigation.

Ray Kelly, a community advocate and vice chair of the Baltimore City Administrative Charging Committee, told The Sun that he sees the decline as an indication of poor judgment at the 911 call center.

He said that operators often regard police as the more convenient way to handle calls.

“[It would benefit Baltimoreans] to eliminate the city’s reliance on law enforcement,” Kelly said.

The mayor’s office, which shepherded the diversion program, has not directly addressed the slowdown in the city’s behavioral health crisis response in the last two years. Despite outlining a plan to issue semiannual reports on the program, none have been published since the first update in the fall of 2022.

Both the mayor’s office and 911 communications center did not respond to requests for comment.

At the news conference this month, Commissioner Worley said that he believes there is a “nationwide crisis” of behavioral health emergencies, adding that “unfortunately, too many of [behavioral health crisis calls] end up with use of force.”

In the wake of Gray’s death, the Baltimore Police Department set a goal of training officers to respond to mental health crises by de-escalating and reducing unnecessary use of force, according to a report published by the consent decree monitoring team.

The report states that BPD has made some progress in adding members to the department’s Crisis Intervention Team but remains behind its assigned target of having at least 30% of police officers in Baltimore trained in crisis intervention.

BPD Spokesperson Lindsey Eldridge said that 273 sworn officers have received training — roughly 13% of the force — up from less than 10% in 2024, according to the report.

She added that all officer trainees receive 24 hours of behavioral health training while at the police academy, plus an additional eight hours every year.

However, Midgette said that even maximum expectations of officers’ behavioral health training falls short of the expertise needed to handle behavioral health crises.

In cities with mental health specialists to handle nonviolent behavioral health crisis calls and assist with escalated calls, Midgette found that officers had more time to focus on crime prevention and other initiatives.

Behavioral health calls that were handled only by mental health specialists have saved police units in Baltimore more than 400 hours, and firefighters nearly 800 hours since the diversion program was launched, according to a dashboard maintained by the Mayor's office.

That dashboard was removed in early July for review.

PUBLIC HEALTH AND ENVIRONMENT COMMITTEE

LO25-0023

AGENCY REPORTS AND/OR HANDOUTS

NONE AS OF THIS WRITING

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WRITTEN TESTIMONY

NONE AS OF THIS WRITING