BALTIMORE CITY COUNCIL

COMMITTEE OF THE WHOLE

LO25-0026

Legislative Oversight – Crisis Response

Public Testimony

Baltimore City Council
Committee Hearing Attendance Record

Subject: Crisis Response	**Bill #:** LO25-0026
Committee Committee of the Whole	**Chair:** Zeke Cohen
Date: 8/27/2025	**Time:** 5:00 PM
Location: Clarence "Du" Burns Council Chamber	

PLEASE PRINT CLEARLY

CHECK HERE TO TESTIFY →

First Name	Last Name	Address / Organization / Email	✓	What is your position on this bill? For	Against	Lobbyist: Are you registered in the City?* Yes	No
~~John~~ BRIDGETTE	DOBYNS ~~Doe~~	400 N. Holliday St. Johndoenbmore@yahoo.com	✓	✓	✓	✓	✓
Sherrty	Davis			Need oversight			
Janet	Bailey	607N, Ashburton St, Baileyjanet1@yahoo.com					
Brige	Dumais	1199 SEIU, campaign for Justice, Safety, and Jobs					
Eric	Lewitus	Jews united for Justice					
Krissy	Roth	Legal Defense Fund					
Dana	Parsons Parsons	individual					
TREVERIC	SPEAKS	Out for Justice. Inc.	✓				
Attorney Alec	Summerfield PPA		✓				

*NOTE: IF YOU ARE COMPENSATED OR INCUR EXPENSES IN CONNECTION WITH THIS BILL, YOU MAY BE REQUIRED BY LAW TO REGISTER WITH THE CITY ETHICS BOARD AS A LOBBYIST. REGISTRATION CAN BE DONE ONLINE AND IS A SIMPLE PROCESS. FOR INFORMATION VISIT: HTTPS://ETHICS.BALTIMORECITY.GOV/ OR CALL: 410-396-4730

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John	Doe	400 N. Holliday St. Johndoenbmore@yahoo.com	✓	✓	✓	✓	✓
Carrinston	Scott	149 Denison St. Cwordbank bl@gmail.com					
JAnet	Bailey	609 N. Ashburton St. LABurt Improvement Com. Assoc/ MosherFridge Bailey JanetF@yahoo.com					
Shorty	DAVIS			Need			
Nadeem	Paige	ARCD Community Leader					
Alec	Summerfield	PPA / community attorneys					
Joyce	Butler	Peoples Power Assembly					
David	Richichi	davrichichi@gmail.com	✓				
Charlene	Rucks-Foster	ceerezfos@gmail.com	✓				

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John	Doe	400 N. Holliday St. Johndoenbmore@yahoo.com	✓	✓	✓	✓	✓
Lauren 'Bemi	Byrd	206 LAURENS ST #5 BALTIMORE, MD 21217	✓				
Fiona	Chamness	709 E 33rd St	✓				
Jack	Lewis	710 Saint Paul St 1E	✓				
Benjamin	Eke	1703 E Lombard St. Baltimore MD	✓				
Annalese	Estepp	36 Solar Circle, Parkville					
DeVonn	Caldwell	307 Dolphin St Baltimore, MD	✓				
Tawanda	Jones	3706 Hamilton Ave	✓				
Hillary	Hellerbach	3706 Hamilton Ave	✓				

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John	Doe	400 N. Holliday St. Johndoenbmore@yahoo.com	✓	✓	✓	✓	✓
Crystal	Favonto	918 E Lombard St Baltimore MD 21202	✓	✓			✓
Dan	Hellerbach	3706 Hamilton Ave	✓				
Brigitte	Dobyns	3615 Cottage Ave	✓				
[illegible]	[illegible]	2404 Winchester APT J	✓				
Brianna	Murray	231 Holliday St	✓			✓	
Joyce	Butler	614 Richard Ave	✓				

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John	Doe	400 N. Holliday St. Johndoenbmore@yahoo.com	✓	✓	✓	✓	✓
Audrey	Kelly	1301 Northview Rd Baltimore, MD 21218 audreymkelly@gmail.com	✓				
Chris	Guinnup	4010 Roland Ave Baltimore MD 21211	✓			✓	
Donna	Gourt	2904 Poplar Terr					
Khaliah	Deya	PLP	✓				
Tawanda	Jones	West Wednesday	✓				
Dan	Hellerbach	West Wednesday	✓				
Hilary	Hellerbach	West Wednesday	✓				
Nia	Hampton	Black Alliance for Peace	✓				

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August 26, 2025
Christina L. Bell
Baltimore, Md 21211

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

My name is Christina Bell and I'm a resident of the Medifield neighborhood (Council District 7), and a member of Showing up for Racial Justice (SURJ) Baltimore. I am submitting this testimony on 25-0026 – Baltimore City Council Committee of the Whole Hearing on Crisis Response.

Along with many others in Baltimore, I have been deeply saddened and disappointed by recent unecessary deaths in Baltimore related to police response to mental/behavioral health crises. We can and we must do better for our residents, especially those who struggle with mental health challenges.

One clear way to do this is to divert additional resources to professionals who are trained in responding to mental health crises so that these situations can be escalated without resulting in unnecessary injuries and fatalities. We must do a better job of promoting 988 as a non-police 911 alternative so that people know to use this line when concerned about a potential mental health crisis in a family member, friend or neighbor. At the same time, we must continue to build up policies and protocols at our 911 and 988 call centers so that we can direct and handle calls appropriately, and identify those community members who have been the subject of repeat calls and may be in need of additional services.

Another need at this time is public data. We know that Black Baltimoreans in times of crisis are more likely to have contact with police. Centralized and publicly available data can help to quantify the scale of the issue, allow communities to investigate trends within their neighborhoods, help gather community input, and overall support engagement on the city's response to behavioral and mental health crises.

The foundation for all this is greater investment in social services for our city so that we can improve quality of life for all, provide effective support for those who are struggling -- we all struggle with mental health challenges from time to time! --, and hopefully reduce the volume of mental and behavioral health crises in our communities.

Thank you for your time and consideration on this important issue.
Christina Bell
Baltimore, Md 21211

August 27, 2025
Briana Ciccarino
Baltimore, Maryland 21211

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

My name is Briana Ciccarino. I am a resident of Baltimore City District 7 and I'm a Woodberry neighbor. I am submitting this testimony on 25-0026– Baltimore City Council Committee of the Whole Hearing on Crisis Response.

I proudly live, volunteer, attend church, and advocate in Baltimore City. I am a licensed social worker having obtained both my undergraduate and graduate degrees from institutions in Baltimore City. I have been working in an inpatient, psychiatric hospital unit for over a year and share deep concerns about Baltimore City's Crisis Response.

I feel so lucky to work with a team of professionals trained in how to respond to mental and behavioral health crises. It brings tears to my eyes when patients are stabilized, ready to leave and say "thank you" to us for not only their care, but for the empathy and humanity with which we treat them. Every Baltimorean deserves that.

In a city of close to 600 thousand people, we do not yet have enough mobile crisis response units or mental health professionals to staff 911 call centers. People live with the impacts every day. We saw that this summer when in a span of less than two weeks, three people were killed by police officers. Two of them were experiencing mental health crises, but died at the hands of police. Ms. Brooks, a 70-year-old Black senior citizen, and Mr. Melton, a 31-year-old Black young adult, should still be alive today. Their neighbors and families should not be grieving them. A mental illness or crisis should not be a death sentence.

We can prevent more deaths like Ms. Brooks and Mr. Melton's. Our city deserves to know about the existence of the 988 helpline and that it is intended to be a non-police alternative to 911 for mental or behavioral health emergencies. Mental and behavioral health incidents are public health matters that are never meant to be treated by the police department. The 911 and 988 call centers must standardize protocols and implement a case-management system. Publicly available data and resources must be centralized to foster more public engagement.

Baltimoreans deserve answers. Baltimoreans deserve health care, not handcuffs or bullets. We must hold the city accountable for delivering on its promise to provide a comprehensive, non-police response to behavioral and mental health crises that works.

Briana Ciccarino
Baltimore City, District 7 Resident

August 26, 2025

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

Members of the Committee of the Whole
Baltimore City Council
100 N. Holliday Street
Baltimore, Maryland 21202

RE: Written Testimony for the August 27 Baltimore City Council Committee of the Whole Hearing on Baltimore City's Mental and Behavioral Health Crisis Response

Dear Council President Cohen and Committee of the Whole Members:

The Campaign for Justice, Safety, and Jobs (CJSJ),[1] which comprises the undersigned non-profit organizations, welcomes the opportunity to present written testimony for the Baltimore City Council Legislative Oversight Public Hearing on Crisis Response before the Committee of the Whole, scheduled for August 27, 2025. This public hearing comes in the wake of the police-involved deaths of two Baltimore residents within one day of each other. On June 24, 2025, Dontae Melton, Jr., a 31-year-old Black man, reportedly approached a Baltimore Police Department (BPD) cruiser while he appeared to be experiencing a mental health crisis.[2] Mr. Melton was restrained by BPD officers and waited over an hour for emergency medical services. Those emergency services never came. BPD officers then transported Mr. Melton to the hospital where he died.[3] The next day, June 25, 2025, BPD officers deployed a taser and then fatally shot Pytorcarcha Brooks, a Black 70-year-old senior woman, who was reportedly holding a knife and appeared to be experiencing a mental health crisis in her home[4]

[1] The Campaign for Justice, Safety & Jobs (CJSJ) is a coalition of faith, labor, and civil rights organizations that convened in April 2015 to address the systemic injustices unearthed by Freddie Gray's police-involved killing and the subsequent uprising throughout Baltimore City.
[2] Anthony G. Brown, Maryland Attorney General, *Independent Investigations Division Investigating Fatal Police-Involved In-Custody Death in the City of Baltimore,* Press Release, (Jun. 26, 2025), https://www.marylandattorneygeneral.gov/press/2025/062625b.pdf. We use behavioral health and mental health interchangeably throughout this testimony.
[3] *Id*.
[4] Anthony G. Brown, Maryland Attorney General, *Independent Investigations Division Investigation a Fatal Officer –Involved Shooting in the City of Baltimore,* Press Release, (Jun. 26, 2025), https://www.marylandattorneygeneral.gov/press/2025/062625a.pdf.

Sadly, these deaths are not isolated incidents; rather, they are emblematic of system-wide failures. According to news reports, family members of Mr. Melton and Ms. Brooks attempted to avoid these tragic situations through legal remedies: Ms. Brooks' family sought guardianship over her but was denied a waiver for the court fee;[5] Mr. Melton's family sought to have him admitted to a mental health facility, but a court denied their request.[6] While crisis intervention is our focus today, we must acknowledge that, in both instances, there could have been interventions that addressed these mental health needs before they reached a crisis point. Mental health disabilities and behavioral health incidents are not crimes, but public health matters that must be treated as medical issues by experts in the City's behavioral health infrastructure—not BPD officers. To that end, CJSJ offers the recommendations below to close identified gaps in the City's mental and behavior health crisis response.

I. Public education efforts about the City's 988 helpline must underscore the intent to shift crisis response away from police intervention.

Despite a multi-million-dollar public education campaign,[7] we continue to encounter Baltimore City residents who do not know that the 988 helpline is available for individuals experiencing mental or behavioral health crises. Residents must know about available mental and behavioral health resources, especially for crisis situations, and they must trust that those resources will lead to healthcare services—not criminalization or death. Transforming how communities respond to behavioral and mental health crises requires clear, widespread public education. Most notably, the City's 988 webpage fails to make clear that the helpline is for mental or behavioral health emergencies intended to avoid a police response.[8] This omission leaves residents without crucial guidance in times of crisis. While the 988 Ambassadors Program is a promising foundation, a broader and deeper investment in consistent, in-person community engagement is needed, particularly in neighborhoods with the most police responses to people experiencing mental or behavioral health crises.[9]

II. The City must make public data about use of force against people who are experiencing mental or behavioral health crisis readily available to ensure its compliance with the consent decree.

In April 2017, the U.S. Department of Justice (DOJ), the City of Baltimore, and BPD entered into a federal consent decree, i.e., a court-enforced agreement to settle litigation, following the DOJ's findings that the BPD routinely violated the U.S. Constitution and federal statutes by using excessive force, engaging in unlawful stops, searches, and arrests disproportionately against Black residents, and

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[5] Madeline O'Neil, *Before BPD killed a 70-year-old woman in crisis, a relative who sought court intervention was hindered by fees,* Balt. Beat, (Jun. 26, 2025), https://baltimorebeat.com/before-bpd-killed-a-70-year-old-woman-in-crisis-a-relative-who-sought-court-intervention-was-hindered-by-fees/.

[6] Darreonna Davis, *A mother's emergency petition for her son was denied. He dies just over 24 hours later.*, BALT. BANNER, (Jul. 11, 2025), https://www.thebaltimorebanner.com/community/local-news/dontae-melton-baltimore-police-custody-death-HQHHHJTUKVCCPJCNDX4TSFJCDU/.

[7] City of Baltimore, *Paragraph 97 Implementation Plan & Status Update, Fall Semiannual Report*, 5 and 17 (Jul. 25, 2025), https://www.baltimorepolice.org/sites/default/files/2025-07/behavioral-health-report-0725.pdf [hereinafter "Fall 2024 Paragraph 97 Report"].

[8] *988 Suicide & Crisis* Lifeline, MARYLAND DEP'T OF HEALTH BEHAV. HEALTH ADMIN., https://health.maryland.gov/bha/Pages/988md.aspx (last visited Aug. 20, 2025).

[9] The two zip codes with the most mobile crisis unit visits per 100,000 are predominantly Black neighborhoods. Those zip codes are 21201and 21202. Fall 2024 Paragraph 97 Report at 14. According to Census Reporter, 61% of the population in 21201 is Black. *21201*, CENSUS. REP., https://censusreporter.org/profiles/86000US21201-21201/ (last visited Aug. 21, 2025). 52% of the population in 21202 is Black. *21202*, CENSUS. REP., https://censusreporter.org/profiles/86000US21202-21202/ (last visited Aug. 21, 2025).

interacting with residents in a manner that violates the Americans with Disabilities Act.[10] Due to deeply troubling findings that the BPD regularly uses excessive force against Baltimoreans with mental health disabilities or those experiencing crises,[11] Paragraph 97 of the consent decree established the urgent goal to create a program to divert 911 calls and subsequent responses involving behavioral health emergencies away from police to behavioral health crisis responders instead.[12]

The need for a 911 diversion program is supported by city data. Black Baltimoreans in crisis disproportionately interact with BPD officers compared with people of other races. The most recent demographic data indicates that 58% of Baltimore residents are Black;[13] yet between July and December 2024, 74% of persons identified as being "in crisis" in BPD interactions were Black.[14] During that same period, BPD reported 439 total use of force incidents, 40 (9%) of which occurred in response to behavioral health-related calls for service.[15] While that percentage may appear modest, the recent police-involved deaths of Ms. Brooks and Mr. Melton demonstrate the high stakes for people interacting with BPD while in crisis, as they risk becoming the one in ten use of force incidents committed by BPD.

Despite consent decree findings, there is no data on the City of Baltimore's "Behavioral Health and the Consent Decree" website that provide information about use of force against people with mental disabilities or those experiencing mental or behavioral health crises, nor information about the race or gender of people who had contact with BPD during a crisis.[16] This lack of information is particularly troubling given a 2016 DOJ investigation's finding that BPD had a pattern of using force against people with mental health disabilities or those experiencing crises.[17] Although information about BPD's contact with, and use of force against, people with mental disabilities or those experiencing related crises is available in Baltimore City Behavioral Health Collaborative Data Subcommittee Biannual reports, only those select individuals who are familiar with these reports would know where to access this vital information and be able to assess any progress or offer recommendations where needed.

If the City truly wants more community members engaged in shaping Baltimore's alternative, non-law enforcement response to behavioral health crises or other non-emergencies, it must increase the transparency and accessibility of relevant data, reports, and analyses, notify the public when new information is available, and communicate next steps clearly and concisely.

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[10] *See* Press release, Dep't of Just., Justice Department Announces Findings of Investigation into Baltimore Police Department (Aug. 10, 2025), https://www.justice.gov/archives/opa/pr/justice-department-announces-findings-investigation-baltimore-police-department.

[11] U.S. Dep't of Just., C.R. Div., Investigation of the Baltimore City Police Department 8 (Aug. 10, 2016), https://www.justice.gov/opa/file/883366/download.

[12] Notice of Agreement Regarding Baltimore City's Obligations Pursuant to Paragraph 97 of the Consent Decree, United States v. Baltimore Police Department, et al., No. JKB-17-0099 (D. Md. 2023), https://static1.squarespace.com/static/59db8644e45a7c08738ca2f1/t/65babd3cc613565851074c68/1706736957061/643+-+Notice+re+Paragraph+97+%281%29.pdf.

[13] *Baltimore City 2020 Decennial Census Results*, https://planning.baltimorecity.gov/sites/default/files/BaltimoreCity2020CensusResultsSummary.pdf (last visited Aug. 20, 2025).

[14] *Baltimore City Behavioral Health Collaborative Data Subcommittee Biannual Report Jul 1, 2024 – Dec 31* (Jun. 25, 2025), https://www.baltimorepolice.org/sites/default/files/2025-06/Q3-Q4%202024%20BH%20Data%20Report.pdf [hereinafter "BCBHC Data Report Jul.-Dec. 2024"].

[15] BCBHC Data Report Jul.-Dec. 2024, at 15. This report notes that "… BPD responded to 4,270 behavioral health calls from July to December 2024, [so] less than 1% of behavioral health calls resulted in a use of force incident during the reporting period."

[16] *Id*.

[17] U.S. Dep't of Just., C.R. Div., Investigation of the Baltimore City Police Department 8 (Aug. 10, 2016), https://www.justice.gov/opa/file/883366/download.

III. The 911 and 988 call centers must standardize protocols and implement a case-management system.

While we appreciate that Baltimore City has previously secured congressional funding, and recently dedicated opioid settlement funds to the 911 diversion and 988 system, we eagerly await a system that operates more seamlessly.[18] According to news reports, the volume of calls transferred from 911 to 988 in Baltimore has fallen below expectations.[19] In fact, available data from 2023 to 2025 show that a "significant number" of 911 calls were eligible for diversion to 988, but the call taker made "no diversion attempt, thus causing 'missed opportunities."[20] To address this problem, 911 call takers must receive ongoing training on when it is appropriate to divert calls to 988 based on up-to-date data and standardized best practices.[21]

In addition to ongoing training, both 911 call-takers and 988 call-takers should be monitored for quality control, as done by the 988 call center in Sioux Falls, South Dakota, which has implemented a feedback loop. Either training or quality assurance managers in Sioux Falls monitor one call for each call taker per shift to make sure calls are appropriately handled, review and debrief every call that is transferred from 988 to 911, and score each call according to structured criteria, such as crisis intervention skills.[22] As Baltimore seeks to increase the capacity of the quality assurance team, it would benefit from a similar system in its own 911 and 988 call centers.

Moreover, 911 and 988 call-takers must be equipped with information about all available services for people experiencing a behavioral health crisis beyond a law enforcement response, such as outpatient and inpatient services, medication refills, and mobile crisis responses.[23] Callers experiencing a behavioral health crisis should also be filtered into a case management system, thereby diverting them to public health resources rather than police. Had this model been applied, Ms. Brooks may still be alive today; BPD officers reportedly responded to 20 behavioral health calls at Ms. Brooks' residence before a BPD officer fatally shot her on June 25.[24]

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[18] In FY 2022, Senator Van Hollen (D-MD) secured $2,000,000 for the Baltimore City Diversion Pilot Program. Press release, Chris Van Hollen, U.S. Senator for Maryland, FY 22 Congressionally Directed Spending Projects Secured, https://www.vanhollen.senate.gov/investing-in-md/fy22-congressionally-directed-spending-project (last visited Aug. 8, 2025). *See also* Fall 2024 Paragraph 97 Report at 5; Jenyne Donaldson and Hanna Hoffman, *Board of estimates approved funding for promotion of the 9-8-8 crisis help line,* WBALTV, (Jul, 16 2025), https://www.wbaltv.com/article/baltimroe-board-of-estimates-funding-9-8-8-crisis-help-line/65428925.

[19] Mathew Schumer, *Baltimore's 911 mental health experts handling fewer calls, leaving police to respond*, BALT. SUN, (Jul. 17, 2025), https://www.firehouse.com/ems/news/55303805/despite-surge-baltimore-diverting-fewer-calls-to-mental-crisis-team

[20] Fall 2024 Paragraph 97 Report at 26.

[21] We appreciate that the 911 call center provides call takers with initial training about how and when to divert calls to 988. Fall 2024 Paragraph 97 Report at 9. *See also* Amos Irwin and Rachel Eisenberg, *Dispatching Community Responders to 911 Calls*,THE CTR. FOR AM. PROGRESS (Dec. 2023), at 20, https://www.americanprogress.org/article/dispatching-community-responders-to-911-calls/.

[22] Stephanie Brooks Holliday et al., *The Road to 988/911 Interoperability: Three Case Studies on Call Transfer, Colocation, and Community Response*, RAND (Mar. 20, 2024), at 13, https://www.rand.org/pubs/research_reports/RRA3112-1.html.

[23] *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN. (Jan.15, 2025), at 12, https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf.

[24] Sanya Kamidi and Logan Hullinger, *City's crisis response system under scrutiny after three police-involved deaths in eight days*, BALTIMORE BEAT, (Jun. 27, 2025), https://baltimorebeat.com/citys-crisis-response-system-under-scrutiny-after-three-police-involved-deaths-in-eight-days/.

Community members with lived experience must be included in all consultations, reviews, and auditing processes related to the 911 diversion and 988 system.[25] Studies of diversion programs have shown that white people are more likely to be diverted, while people of color are more likely to receive a traditional law enforcement response.[26] In the second half of 2024, Black Baltimoreans were overrepresented in the BPD's interactions with people "in crisis."[27] Thus, it is imperative to learn from the perspectives and experiences of affected people at all stages of the behavioral health system, including the shaping of case-management response, to ensure that services are culturally appropriate, will reduce health inequities, and will improve in their quality.[28] In order to provide the most effective care, the City should collect quantitative and qualitative data on the experiences and outcomes of individuals who receive case-management services.[29]

IV. The City must provide wrap-around services for people experiencing behavioral health crises.

Non-coercive peer services are promising alternatives to law enforcement. The two zip codes with the most mobile crisis unit visits per 100,000 are predominantly Black neighborhoods,[30] thus suggesting that culturally competent, community-based, wrap-around services are insufficiently available in those neighborhoods. A 2023 feasibility study that looked at peer respite recommended the development of 5 peer respites across the Central Maryland region over the next 10 years, starting in Baltimore City. With full implementation, these peer respites could ultimately achieve a potential cost savings of up to $36 million annually through effective hospital diversion of up to 2,000 individuals each year across the region, along with providing more autonomy and life choices for people with mental health and substance use needs.[31] CJSJ recommends that the City invest further in peer respite and peer services as additional non-clinical, recovery-oriented environments, as people with lived experiences serving as trained peer workers may be more empathetic to people in crises, more credible messengers, and more culturally responsive when supporting persons with the same race, ethnicity, gender identity, or religion.[32] This will reduce the burden on the current system and provide more holistic and supportive services, rather than short-term solutions, to those who are most affected. Importantly, service providers should take a trauma-informed approach, grounded in the needs of clients and sensitive to the

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[25] *Community-Based Services for Black People with Mental Illness*, LDF & BAZELON CTR. (Jan. 2023), at 18, https://www.naacpldf.org/wp-content/uploads/2023-LDF-Bazelon-brief-Community-Based-Services-for-MH48.pdfand *Needs Assessment*, CSJ JUST. CTR.: THE COUNCIL OF STATE GOV'T, https://csgjusticecenter.org/publications/expanding-first-response/topics/needs-assessment/ (last visited Aug. 7, 2025).

[26] Amos Irwin and Rachel Eisenberg, *Dispatching Community Responders to 911 Calls*, THE CTR. FOR AM. PROGRESS (Dec. 2023), at 32, https://www.americanprogress.org/article/dispatching-community-responders-to-911-calls/.

[27] 74% of persons "in crisis" were Black. BCBHC Data Report Jul.-Dec. 2024 at 2.

[28] *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN. (Jan.15, 2025), at 66, https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf.

[29] *988, 911 Diversion and West Baltimore*, CITIZENS POLICING PROJECT (Dec., 2023), at 16, https://cpproject.org/911-diversion-nd-west-baltimore.

[30] Those zip codes are 21201and 21202. Paragraph 97 Update at 14. According to Census Reporter, 61% of the population in 21201 is Black. *21201*, CENSUS. REP., https://censusreporter.org/profiles/86000US21201-21201/ (last visited Aug. 8, 2025). 52% of the population in 21202 is Black. *21202*, CENSUS. REP., https://censusreporter.org/profiles/86000US21202-21202/ (last visited Aug. 20, 2025).

[31] Behavioral Health System Baltimore, Inc. *Peer Respite: Central Maryland Feasibility Study Recommendations Report*. 5 (Sep. 2023). https://drive.google.com/file/d/1hv1G5d8poft-PF6P27vqwPX3sNA6oqPH/view.

[32] Bazelon Center for Mental Health Law, When There's a Crisis, Call a Peer: How People with Lived Experience Make Mental Health Crisis Services More Effective (Jan. 2024), https://www.bazelon.org/wp-content/uploads/2024/01/BazelonWhen-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf.

disproportionate economic insecurity, underfunded schools, and law enforcement abuses that certain Black communities in Baltimore have historically faced.[33] We further urge the City of Baltimore to consult and include community voices, including those with direct experience with mental and behavioral health issues, as the City seeks to expand culturally competent services.

***

The above recommendations seek to address gaps in key components of the City's behavioral health infrastructure but are mainly reactive to crisis moments. Improving community safety is not merely about preventing police contact, but also about improving the larger systems that contribute to people's mental health wellness, such as health care, including mental health care, affordable and equitable housing, and living wage jobs to increase people's economic stability and protect their inherent dignity.[34] Investment in these programs can create longer-term stability and safety and may ultimately reduce crisis incidents in the first place. As engaged community groups, we hope to continue to partner with Baltimore to advise on improving the City's behavioral health infrastructure. Should you have any questions about this testimony, do not hesitate to contact Kristina Roth, kroth@naacpldf.org, Monique Dixon, m.dixon@law.umaryland.edu, and Donna Brown, donna.brown@cpproject.org.

Campaign for Justice, Safety, and Jobs

1199SEIU United Healthcare Workers East

Citizens Policing Project

Gibson-Banks Center for Race and the Law at the University of Maryland Francis King Carey School of Law

Jews United for Justice

NAACP Legal Defense and Educational Fund, Inc. (LDF)

Organizing Black

Showing up for Racial Justice Baltimore

cc: Richard Worley, Commissioner, Baltimore Police Department
Chauna Brocht, Director, Crisis Services, Behavioral Health Systems Baltimore
Kenneth Thompson, Monitor, Baltimore City Police Department Monitoring Team

[33] *See generally* Anthony Smooth, *The Problem with Baltimore*, AFR. AM. INTELL. HIST. SOC'Y (Mar. 22, 2024), https://www.aaihs.org/the-problem-with-baltimore/; *Case: Bradford v. Maryland State Board of Education*, NAACP LDF, https://www.naacpldf.org/case-issue/bradford-v-maryland-board-of-education/ (last visited Aug. 20, 2025); U.S. Dep't of Just., C.R. Div., Investigation of the Baltimore City Police Department 8 (Aug. 10, 2016), https://www.justice.gov/opa/file/883366/download.

[34] *See, e.g.*, "Framework for Public Safety." *NAACP Legal Defense and Educational Fund, Inc.* (May. 2025) https://www.naacpldf.org/framework-for-public-safety/.

Empowering People to Lead Systemic Change
The Protection and Advocacy System for the State of Maryland

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
DisabilityRightsMD.org

August 26, 2025

Mayor Brandon M. Scott
Baltimore City Hall
100 N. Holliday Street
Baltimore, MD 21202

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

Re: Recommendations for Strengthening Baltimore's Mobile Crisis Response System

Dear Mayor Scott and Councilmember Cohen:

On behalf of Disability Rights Maryland (DRM), we write regarding the need to strengthen its mobile crisis response system. DRM is the state's designated Protection and Advocacy system for Marylanders with disabilities, created to ensure that people with disabilities are free from abuse, neglect, and rights violations. As a nonprofit law firm, we champion the rights of individuals with disabilities to full inclusion and meaningful participation in their communities.

As participants in the Baltimore Police Department (BPD) Consent Decree's Behavioral Health Collaborative and members of its Policy and Data Subcommittees, DRM has observed firsthand the City's investment in expanding access for its mobile crisis team, developing 911–988 diversion protocols, extending services to youth 12 years and older, and investing in supportive housing. These are important and necessary steps forward.

At the same time, critical gaps remain. Recent use of force incidents, some resulting in civilian deaths, underscore the urgent need to expand non-police responses to mental and behavioral health crises. Too often, individuals in crisis continue to be met by law enforcement rather than mobile crisis response, provision of needed supports and services, and competent de-escalation tactics. We respectfully urge the City to prioritize the following improvements:

Dispatch, Diversion, and Infrastructure

- BCPD's failure to meet its goal for CIT training for officers is concerning. While the DOJ Consent Decree requires 30% to be trained, DRM recommends that **all** officers should be trained, and that BCPD leadership convey to officers its strong belief that such training is essential for all officers working with Baltimore City residents.

- The City must address **failures in the Computer-Aided Dispatch (CAD) system**, which recently contributed to the death of a person with disabilities when emergency services could not be reached for more than two hours. CAD infrastructure must be reinforced to ensure timely contact with emergency and crisis response services.
- Diversion data is troubling: **it appears that calls diverted from 911 to behavioral health services have declined** from nearly 500 in 2023 to just over 325 in 2024, and only 105 as of May 2025. The City should investigate and correct the causes of this decline.
- While we support BPD's goal of increasing second-party diversions to 988, Baltimore should **expand diversion to include third-party callers**, as most mental health calls come from third parties. Other jurisdictions have demonstrated this can be done safely and effectively.

Assessment and Quality Improvement

- Data collection and oversight must improve. **It appears that wide variance exists between calls eligible for diversion and those actually diverted.** Ongoing training for call-takers, along with an expanded quality assurance team, is necessary to ensure consistent practices.
- The City should analyze and publish **use of force data involving people with mental disabilities**, disaggregated by race and gender, to assess whether diversion is occurring equitably. This should be made available on the City's crisis response dashboard.
- People with lived experience must be included in planning and evaluation. The City should collect both quantitative and qualitative data on outcomes and service experiences to ensure services are person-centered and effective.
- Family perspectives should be included in all Sentinel event reviews to permit families to give input into what happened and incorporate that perspective into reviews and recommendations for improvement.

Mobile Crisis Response Capacity

- **It has been publicly reported that Baltimore Crisis Response, Inc. (BCRI) currently has just 100 counselors, down from 170 in 2021**, despite expanded responsibilities for the Central Maryland 988 Helpline. This reduction is straining the system and must be addressed.
- We are hearing community concerns about **delayed response times** and the inability to serve certain populations. Additional crisis teams are urgently needed.
- Consider expanding mobile crisis services to additional providers.
- **Youth crisis response for children under 12** is urgently needed.
- BCRI's crisis stabilization services should be expanded to **serve people with developmental disabilities**. We have received information that they are currently being excluded from needed support.

Mental and Behavioral Health Resources

- **Centralize access to behavioral health resources** and ensure that Behavioral Health System Baltimore enforces quality standards for contracted services.
- The City should connect **people with multiple crisis calls with voluntary case management services**, potentially seeking Congressionally Directed Spending in FY26 to support this initiative.
- We strongly support plans for **peer respite centers and peer "bridger" services**, which provide transitional housing and support post-crisis. Peer-led services should be prioritized and expanded.

Baltimore has laid an important foundation for a stronger, safer crisis response system. But the continued involvement of police in behavioral health emergencies, coupled with capacity shortfalls and declining diversion rates, threatens to undermine progress. By addressing these gaps—strengthening infrastructure, building capacity, collecting and publishing data, and centering the voices of those with lived experience—the City can ensure that its mobile crisis response system delivers on its promise: saving lives, promoting dignity, and reducing unnecessary involvement of law enforcement for people experiencing behavioral health crises.

We would welcome the opportunity to meet with you to discuss these recommendations in greater detail and to partner on ensuring their implementation.

Sincerely,

/s/
Luciene Parsley
Litigation Director
Disability Rights Maryland

UNIVERSITY of MARYLAND
FRANCIS KING CAREY
SCHOOL OF LAW
GIBSON-BANKS CENTER
FOR RACE AND THE LAW

500 West Baltimore Street
Baltimore, MD 21201
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August 26, 2025

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

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

RE: **Written Comments for the August 27, 2025 Baltimore City Council Committee of the Whole Public Hearing on Baltimore City's Crisis Response**

Dear President Cohen and Members of the Committee of the Whole:

On behalf of the Gibson-Banks Center for Race and the Law (Gibson-Banks Center or Center) at the University of Maryland Francis King Carey School of Law,[1] we appreciate the opportunity to submit written comments on Baltimore City's behavioral health[2] crisis response system (crisis response system) for the August 27, 2025 Baltimore City Council Committee of the Whole Public Legislative Oversight Hearing on the topic. We applaud you for creating a public forum for Baltimore residents to provide feedback on the city's crisis response system in the wake of the June 2025 police-involved in-custody death of Dontae Melton, Jr., a 31-year-old Black man,[3] and the police fatal shooting of Pytorcarcha Brooks, a Black 70-year-old senior citizen.[4] Both Mr. Melton and Ms. Brooks reportedly were experiencing behavioral health crises during their interactions with police.[5] Against this backdrop, we urge Baltimore city officials to invest more resources in crisis response systems that do not involve police and take steps to

[1] This letter is submitted on behalf of the Gibson-Banks Center and not on behalf of the University of Maryland Francis King Carey School of Law, the University of Maryland, Baltimore, the University System of Maryland, or the State of Maryland. The Center supports and incorporates by reference the written testimony of the Campaign for Justice, Safety, and Jobs (CJSJ) submitted to the Baltimore City Council Committee of the Whole for the August 27 public hearing on the city's crisis response system. *See*, Letter from CJSJ to Zeke Cohen, Baltimore City Council President and Members of the Committee of Whole (August 26, 2025).
[2] We use "behavioral health" and "mental health" interchangeably throughout this letter.
[3] *See*, Anthony G. Brown, Maryland Attorney General, *Independent Investigations Division Investigating Fatal Police-Involved In-Custody Death in the City of Baltimore*, Press Release, (Jun. 26, 2025), https://www.marylandattorneygeneral.gov/press/2025/062625b.pdf.
[4] *See*, Anthony G. Brown, Maryland Attorney General, *Independent Investigations Division Investigating a Fatal Officer-Involved Shooting in the City of Baltimore*, Press Release, (Jun. 26, 2025), https://www.marylandattorneygeneral.gov/press/2025/062625a.pdf.
[5] *Id*. *See also*, *supra* note 3.

ensure that Baltimore residents in crisis who need behavioral health services have equal access to these services without regard to race.

The Gibson-Banks Center examines and addresses persistent racial inequalities, including the intersection of race with sex or disability, across systems and institutions at the local, state, and national levels. Through education and engagement, advocacy, and research, the Center clarifies and protects the civil rights of racially marginalized groups with a focus on the youth and criminal legal systems, education, housing, health, and voting, to name a few topics. The Gibson-Banks Center served as a member of the Maryland Equitable Justice Collaborative (MEJC). Led by Maryland Attorney General Anthony Brown and Maryland Public Defender Natasha Dartigue, the MEJC researched, developed, and recommended reforms that would reduce racial disparities in Maryland's incarcerated population. On March 13, 2025, the MEJC released a report that recommended, among other things, an assessment of Maryland's behavioral health crisis response systems to identify needs and develop ways the State could help counties improve the use, implementation, and expansion of alternative crisis response models that do not involve law enforcement and prioritizes the delivery of healthcare service to people in crisis.[6]

The MEJC report recognizes Baltimore's 911 diversion program, which refers eligible behavioral health crisis calls to civilian mental health professionals, as a promising model for removing "police from situations that go beyond their core duties."[7] We urge city leaders to redouble efforts to expand and improve crisis response systems that do not involve police.

I. BPD officers have a documented history of using unreasonable force against persons who are experiencing behavioral health crises, particularly Black people and youth, underscoring the urgent need for crisis response systems that do not involve police.

According to recent data, Black Baltimore residents who experience behavioral health crises disproportionately interact with BPD officers when compared to residents of other races and ethnicities. From July through December 2024, BPD officers interacted with 2,048 persons in crisis; 74% were Black even though Black residents comprise only 57% of Baltimore's population.[8] During the same time period, BPD reported 439 use of force incidents, 40 (9%) of which occurred in response to behavioral health-related calls for service.[9] While the percentage of these incidents involving behavioral health crisis calls seems low, the police-involved deaths of Mr. Melton and Ms. Brooks continues a disturbing history of BPD officers using force during

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[6] Maryland Equitable Justice Collaborative, *Breaking the 71%: A Path Toward Racial Equity in the Criminal Legal System*, 23-25 (March 13, 2025), https://www.marylandattorneygeneral.gov/reports/MEJC_Report.pdf

[7] *Id.* at 24.

[8] *See*. BPD, *Baltimore City Behavioral Health Collaborative Data Subcommittee Biannual Report Jul 1, 2024 – Dec 31, 2024*, KP1 4: Individual Demographics (Jun. 25, 2025), https://www.baltimorepolice.org/sites/default/files/2025-06/Q3-Q4%202024%20BH%20Data%20Report.pdf. Of the 2,048 persons in crisis with whom BPD officers interacted, 20% was white, 0.8% was Asian, and 1.0% was Latino; these racial and ethnic groups comprised 26%, 2%, and 6% of Baltimore's overall population, respectively. *Id.* "American Indian/Alaskan Natives and Native Hawaiian/Pacific Islanders made up less than 1% of the crisis population combined." *Id.*

[9] *Id.* at KPI 5.1.1. Supporting Metric: Use of Force (explaining "[g]iven that BPD responded to 4,270 behavioral health calls from July to December 2024, less than 1% of behavioral health calls resulted in a use of force incident during the reporting period.").

interactions with persons in crisis, and underscores the need for Baltimore city officials to utilize alternative crisis response systems.

In its 2016 investigative report of the BPD, the U.S. Justice Department (DOJ) found that BPD officers "routinely use unreasonable force against individuals with mental health disabilities … [and] fail to make reasonable modifications necessary to avoid [disability] discrimination…" in violation of the Fourth Amendment to the U.S. Constitution, which protects people from unreasonable searches and seizures, and Title II of the Americans Disabilities Act of 1990.[10] The report noted that since 2004, BPD had provided specialized training to new officers on how to interact with people with disabilities and those in crisis, but there was no protocol for trained officers to be dispatched to a crisis call.[11] Consequently, BPD officers failed to de-escalate interactions with persons with mental health disabilities, including those who had not committed crimes or were unarmed, often deploying tasers in drive-stun mode, which inflicts pain on the person struck to force compliance with an officer's command.[12] The report also noted a 2015 incident involving BPD officers who reportedly punched and slapped a child who was handcuffed in a hospital room awaiting an evaluation for a mental health condition.[13]

To address these findings, in 2017, the BPD, Baltimore City officials, and the DOJ entered into a consent decree, requiring the BPD to create and implement a crisis intervention team of officers trained in responding to incidents involving individuals in crisis.[14] BPD and city officials are also required to create crisis response systems, "with a preference for the least police involved response utilizing techniques that will help prevent situations that could lead to the unreasonable use of force, promote utilization of the health system for individuals with behavioral health disabilities and in crisis, and diminish inappropriate utilization of the criminal justice system for such individuals."[15]

For the past eight years, Baltimore City officials have worked in partnership with BPD and nonprofit organizations to create alternatives to police responses to behavioral health crisis calls through the creation of a 911 diversion program, which diverts eligible behavioral health calls and on-scene police contacts away from police and to crisis response programs, such as the

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[10] U.S. Dep't of Justice, Civil Rights Division, *Investigation of the Baltimore City Police Department*, 80 (Aug. 10, 2016), https://www.justice.gov/d9/bpd_findings_8-10-16.pdf.
[11] *Id.*
[12] *Id.* at 80-85.
[13] *Id.* at 87.
[14] *U.S. v. Police Department of Baltimore City*, *et al*, Case 1:17-cv-00099-JKB, ¶¶ 99-120 (D. Md 2017). https://www.justice.gov/opa/file/925056/dl?inline=. (hereinafter Consent Decree)
[15] CD Monitoring Team, Baltimore Consent Decree Monitoring Team Tenth Semiannual Report, 51 (Dec. 20, 2024), https://static1.squarespace.com/static/59db8644e45a7c08738ca2f1/t/677d9e1a878d9765604b9c91/1736285724548/781+-+Tenth+Semiannual+Report+%281%29.pdf. *See also,* Consent Decree, *supra* note 11 at ¶¶ 96 and 98; Notice of Agreement Regarding Baltimore City's Obligations Pursuant to Paragraph 97 of the Consent Decree, *U.S. v. Baltimore Police Department, et al.*, Case 1:17-cv-00099-JKB (D. Md 2023), https://static1.squarespace.com/static/59db8644e45a7c08738ca2f1/t/65babd3cc613565851074c68/1706736957061/643+-+Notice+re+Paragraph+97+%281%29.pdf.

988 helpline.[16] Additionally, city officials have created mobile crisis teams comprising qualified and trained behavioral health professionals who are available to respond to crisis calls, including for calls involving children and youth in crisis.[17]

Data show that Baltimore's 911 diversion program and mobile crisis teams are moving forward with promise, but there are several aspects of these programs that are in need of improvement, including investing more financial resources in outreach efforts to publicize the availability of the 988 helpline and mobile crisis teams. We are encouraged to learn that Baltimore officials received $10 million dollars to support 988 outreach and educational activities through settlement agreements with opioid distributors, and look forward to hearing more about how these funds will be utilized.[18]

Baltimore's expansion of specialized mobile crisis teams for children and youth is also a step in the right direction given the DOJ's findings that BPD officers used unreasonable force against children and youth, including children in crisis.[19] Data show that from March 2024 to February 2025, 2% (or 22) of the 1,120 completed mobile team visits occurred at Baltimore City schools.[20] We urge city officials to begin collecting demographic data about children and youth in crisis who are served through the city's 911 diversion program and mobile crisis teams as well as those who interact with police. These data will inform expansion plans for the specialized mobile crisis teams.

Expanding resources to support alternate crisis response systems in Baltimore is important given the fact that several components of BPD's crisis intervention teams (CIT) reportedly are deficient. According to the consent decree's monitoring team, audits of BPD's CIT officers' documentation and on-scene responses show that BPD has not guaranteed the presence of CIT officers at behavioral crisis events, among other things.[21] This begs the question of whether any of the officers who interacted with Mr. Melton and Ms. Brooks on those fateful days were trained in crisis intervention and if so, whether their escalation techniques during their interactions with Mr. Melton (handcuffs and leg restraints) and Ms. Brooks (taser and a firearm) were reasonable.[22]

In addition, and very importantly, expanding resources to support crises response systems is consistent with improving public safety in Baltimore by focusing police resources on where they are most needed. Research conducted by Baltimore's Abell Foundation estimated that "a fully implemented [911] diversion program could reduce police officer time devoted to

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[16] City of Baltimore, *Paragraph 97 Implementation Plan & Status Update, 2024 Fall Semiannual Report*, 4-10 (Jul. 25, 2025), https://www.baltimorepolice.org/sites/default/files/2025-07/behavioral-health-report-0725.pdf [hereinafter "Fall 2024 Paragraph 97 Report"].
[17] *Id.* at 11-14.
[18] *Id.* at 5.
[19] U.S. Dep't of Justice, Civil Rights Division, *Investigation of the Baltimore City Police Department*, 85-87 (Aug. 10, 2016), https://www.justice.gov/d9/bpd_findings_8-10-16.pdf.
[20] Fall 2024 Paragraph 97 Report, *supra* note 16 at 31-32.
[21] CD Monitoring Team, *Baltimore Consent Decree Monitoring Team Tenth Semiannual Report*, 52, https://static1.squarespace.com/static/59db8644e45a7c08738ca2f1/t/677d9e1a878d9765604b9c91/1736285724548/781+-+Tenth+Semiannual+Report+%281%29.pdf (Dec. 2024)
[22] *See*, Anthony Brown, *supra* notes 3 and 4.

emergency call response by the equivalent of approximately 60 officers per year."[23] Baltimore's 911 diversion and other alternate response programs have the potential of allowing police officers to focus on responding to violent crimes, not behavioral health crises.

II. Baltimore officials must ensure that all Baltimoreans in need of behavioral health services have equal access to them without regard to race

The fact that Black residents who experience behavioral health crises disproportionately interact with BPD officers when compared to other racial and ethnic groups[24] suggests that they may not be receiving the same benefits from Baltimore's 911 diversion programs and mobile crisis teams as their peers. Studies of diversion programs show that "white people are more likely to be diverted, while people of color are more likely to receive a traditional law enforcement response."[25] Questions remain whether officers handling Mr. Melton's and Ms. Brooks' behavioral health crises reached out to the city's mobile crisis team, for example. It is crucial that Baltimore officials collect relevant data, including demographic data, and conduct reviews of both successful and unsuccessful behavioral health crisis responses to ensure that Baltimore residents have equal access to needed crisis response services regardless of race.

Thank you for considering our comments. Please do not hesitate to contact us at m.dixon@law.umaryland.edu and mpinard@law.umaryland.edu with any questions.

Sincerely,

/s/
Monique L. Dixon
Executive Director

/s/
Professor Michael Pinard
Faculty Director

[23] Greg Midgette, *et al*, *Improving Baltimore Police Relations with the City's Black Community: Part 2 Alternate response to non-criminal emergency calls for service*, 4-5, Abell Foundation (May 2024), https://abell.org/wp-content/uploads/2024/05/2024_Abell-Foundation_Police-Community-Relations_Report_Part-2_digital.pdf.
[24] *See supra,* note 8 and accompanying text.
[25] Amos Irwin and Rachael Eisenberg, *Dispatching Community Responders to 911 Calls,* 32, (Dec. 2024), https://www.americanprogress.org/article/dispatching-community-responders-to-911-calls/.

LO25-0026 – Legislative Oversight – Crisis Response
Testimony before the Baltimore City Council Committee of the Whole
August 27, 2025

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver integrated medical care, behavioral health services, dental care and harm reduction interventions for more than 11,000 people annually at multiple clinic sites in Baltimore City and Baltimore County and through a Mobile Clinic and Street Medicine team. We also support more than 800 highly vulnerable Baltimoreans in more than 550 units of permanent supportive housing.

Health Care for the Homeless' Chief Behavioral Health Officer, Lawanda Williams, MPH, LCSW-C, respectfully submits the following testimony on LO25-0026.

My name is Lawanda Williams and I serve as Chief Behavioral Health Officer at Health Care for the Homeless. I am a licensed clinical social worker serving individuals experiencing homelessness in Baltimore, a city that I've always called my home. Over the past few weeks, our city has witnessed police-involved shootings during metal health crisis situations. For those of us on the ground, these tragedies are not isolated events. Rather, they are the predictable outcome of relying on a carceral system historically built on punishment rather than care. For generations, poor and unhoused communities in this city have borne the brunt of that system. When someone in a mental health crisis is met with armed law enforcement, the results can be fatal. The people I serve sleep in shelters, on our streets, under bridges, and on the margins. We walk by them every day. They are among the most vulnerable and yet they are also highly criminalized. When their suffering is met with armed law enforcement, the results are too often fatal.

But Baltimore has been creating a different path. Through the 988 hotline, residents already have access to trained counselors who can de-escalate crises over the phone and connect people to services. Behavioral Health Systems Baltimore (BHSB) and their partners are also leveraging mobile crisis teams, creating the infrastructure to send care, not force and control, when someone is in distress. And other cities across the country, cities like Denver with STAR (Support Team Assisted Response) and Durham, North Carolina with HEART (Holistic Empathetic Assisted Response Team), are showing us another way; crisis response led by mental health professionals, peer specialists and medics instead of police. These community-based models provide a light for how to center care at the heart of crisis response. A Stanford Study also showed the efficacy of community-based models that center care in responding to individuals experiencing behavioral health crises. Baltimore has an opportunity to strengthen

what BHSB and community partners are already doing by investing deeply in non-police crisis response and scaling 988 awareness and capacity.

As a social worker, I know my clients' lives have inherent value. They deserve a response rooted in dignity and care, not punishment. I urge you to act boldly to expand funding for non-police, community-based crisis response models in Baltimore. Every day we wait is another day that someone's cry for help may end in violence instead of care.

For more information about our agency, visit www.hchmd.org.
Our Vision: Everyone is healthy and has a safe home in a just and respectful community.
Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

My name is Tess Hoffman. I am a resident of Baltimore County District 6. I am submitting this testimony on 25-0026–Baltimore City Council Committee of the Whole Hearing on Crisis Response.

I am writing because I am concerned about how police officers respond to City residents' mental and behavioral health crises. Recently two members of the community died in police custody during behavioral health crises: Ms. Brooks, 70, a Black woman, and Mr. Melton, 31, a Black man. Behavioral health incidents due to mental illnesses are not crimes and should not be criminalized. Rather, they are public health matters that must be treated as medical issues by people with expertise in the City's behavioral health infrastructure, not the Baltimore Police Department.

Sadly, it is not surprising that the two community members who died in police custody were Black. Compared to people of other races, Black residents of Baltimore are more likely to have contact with BPD compared with people of other races. Moreover, the responsibility for handling behavioral health crises should not fall solely to police officers who are not trained in mental health.

To shift crisis response away from police intervention, the public must be educated about alternatives—specifically, the existence of the 988 helpline that is designed to be a non-police alternative to 911 for mental or behavioral health emergencies. The 911 and 988 call centers must use input from community members with lived experience of mental health crises to standardize protocols and implement a case-management system, especially for repeat callers who need comprehensive services.

Thank you for your time and consideration.

Sincerely,

Tess Hoffman

August 27, 2025
Kyle Long, LCSW-C
Baltimore, MD 21218

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

My name is Kyle Long. I am a resident of Baltimore City District 14. I am submitting this testimony on 25-0026– Baltimore City Council Committee of the Whole Hearing on Crisis Response.

I am a practicing clinical social worker working with families across Baltimore City, providing case management and therapeutic services. I was deeply saddened to learn that two community members died in police custody while experiencing behavioral health crises earlier this year: Ms. Brooks, a 70-year-old Black senior citizen, and Mr. Melton, a 31-year-old Black young adult. There are also many examples of this occurring across the country, particularly to Black and Brown folks. Someone who is in distress and needs mental health support should not have to fear that a call to 911 will result in their death.

It is important that we send trained professionals to support people experiencing mental health crises. To even get to this place in my profession, I have had to be in a full time masters program for 2 years and complete 4 semesters of internship, pass two licensure tests and practice social work for 3 years. To expect a police officer to be equipped with the correct knowledge and approach to deal with folks experiencing mental or behavioral crises without this level of education and experience is ineffective at best and deadly at worst. I hear routinely with the families that I work with that they are scared for themselves and their families in interactions with police. Especially during tense moments of mental and behavioral crises, we need to support people with a compassionate and trauma responsive approach. To have someone with a gun present during these interactions only seeks to escalate an already tense situation.

We need better integrated services to support those with behavioral and mental health crises. Firstly, we need trained behavioral health professionals to support folks in moments of behavioral or mental health crises. Second, we need case management support to those experiencing crises. Structural and economic disparities can often exacerbate mental health and behavioral health conditions and having navigated systems with families, they are cumbersome and difficult to navigate, even for someone with the privileges that I have. Third, we need better public messaging around the existence of 988 to make sure folks know how and when to use it. Lastly, folks with lived experience should be involved in decision making for the development of a city wide crisis response. Folks with experience will be better able to say what would be supportive and helpful for them and it will make whatever is created more responsive to

their needs. Subsequently, this will make it a program that folks will want to access when they need support.

It is important that professionals who are trained to support folks experiencing mental and behavioral crises are the ones that respond to calls. We need to do more as a city to properly support folks in distress. Our failure to act and develop trauma-responsive systems to support those in crisis will undoubtedly result in increased harm and in some cases death. It is for these reasons that I support the development of a more robust 988 response and mental/behavioral health diversion in Baltimore.

Thank you for your attention to this matter.

Kyle Long, LCSW-C

OUT FOR JUSTICE

Testimony of Treveric Speaks
Leadership Development Organizer, Out for Justice
District 41 – West Baltimore

Good afternoon Councilmembers,

My name is **Treveric Speaks**, and I am the **Leadership Development Organizer for Out for Justice**, a nonprofit that advocates for people impacted by the legal system. I was born and raised in West Baltimore, District 41, and I still live there today.

This issue is very personal for me. In 2017, I lost my mother to a heroin overdose. As a child, I also witnessed my mother and my aunt go through severe mental health breakdowns. What I remember most is that no one in our community was trained to respond. The people who came were always from outside our neighborhood. They didn't know us, and they didn't have the trust or relationships needed to truly help.

That is why I believe the **988 Suicide & Crisis Lifeline** is such an important program—but right now, it's not reaching communities like mine the way it should. To make 988 stronger, Baltimore needs to **train and hire people directly from our neighborhoods** to respond to crisis calls. When the person on the line—or the one who shows up—is someone from the community, they bring trust, cultural understanding, and compassion that an outsider simply can't.

At **Out for Justice**, we already have strong relationships with residents across the city. We would welcome the chance to partner with the City Council to train community members as crisis responders—if the funding is made available. This would not only improve 988 but also create opportunities for leadership and healing within our neighborhoods.

Closing Statement:
Baltimore cannot keep losing lives because crisis response is disconnected from the people it serves. I stand here as someone who lost my mother, and as someone who works every day to empower my community. I urge you to invest in community-led crisis response and partner with groups like Out for Justice. When we train our own people to respond, 988 can finally become a program that saves lives and restores trust.

Thank you.

August 26, 2025
Rebecca Shillenn
5401 Elsrode Avenue
Baltimore, MD 21214

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

My name is Rebecca Shillenn, and am a resident of Hamilton, in the third district. I am submitting this testimony on 25-0026– Baltimore City Council Committee of the Whole Hearing on Crisis Response.

I am concerned about police response to mental and behavioral health crisis, especially the recent cases of people who have died in police custody when having a crisis themselves. I have met or come in contact with folks having mental health issues in my neighborhood and around the city multiple times, and when I have experienced them interacting with police or even the fire department, it frequently makes the situation worse, or at best, the person who needs help is met with indifference.

Mental health disabilities are not a crime and shouldn't be treated as such. In my opinion, folks with training and expertise to handle those situations should be available to respond in those situations, not police. At this time, I would rather not call 911 when I witness someone having a mental health issue, than to risk them potentially losing their life. I wasn't familiar with the 988 program until recently, and I'm sure many others are not as well.

I'd like to see better processes and training set up for the 911 and 988 systems and staff, a case management system that helps responders understand the full situation when answering a call, and more trauma-informed training for these workers.

Thank you for considering these changes, and for working to make all of us safer in our city.

Best,
Rebecca Shillenn

Speech to the Baltimore City Council: The Armada Estate

Good morning Councilmembers, my name is Nadia Sinclair.

Thank you for allowing me the opportunity to speak before you today.

Im not here to ask for funding. Weve built this initiative with our own hands and hearts and well continue forward with or without financial support. What I am asking for is your partnership, your voice, and your influence to help us formally establish The Armada Estate, a proactive security task force designed to protect the most vulnerable members of our community: our children.

In too many of our schools, safety is no longer guaranteed. Students are being recruited into gangs, pulled into cliques, and, in the darkest corners, manipulated by cult-like influence groups that thrive on chaos. These arent just behavioral issues theyre organized threats. And our teachers, counselors, and public safety officers are often left overwhelmed and under-supported.

The Armada Estate is a direct response to that crisis.

Its not just a task force its a security system. One built to recognize threats before they escalate. One that shields educators from retaliation. One that steps in when the current systems fall short.

This is not a police-state proposal. This is a protective alliance one that works with schools, with parents, and with communities to identify patterns, intervene early, and create a safer learning environment for all.

What were asking from this Council is simple:

Help us formalize the Armada Estates presence within Baltimore Citys educational infrastructure.

Open the doors to collaboration with school administrators and safety personnel.

Lend us your voice, your support, and your reach to ensure the families of Baltimore know we are serious about protecting our future.

You know whats at stake. Youve seen the headlines. Youve read the data. And many of you have lived it or had to watch others suffer through it.

The Armada Estate isnt waiting for permission. But with your help, it can move faster, more effectively, and with greater reach.

We dont need funding. We need access, cooperation, and the green light to move.

Lets show our kids that the adults in the room still know how to stand up, work together, and protect what matters most.

Thank you.

August 25, 2025

Gretchen M. Tome

Baltimore, MD 21213

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

My name is Gretchen Tome and I am a resident of Baltimore City, in Belair-Edison, District 13. I am submitting this testimony on 25-0026- Baltimore City Council Committee of the Whole Hearing on Crisis Response.

I am deeply concerned and outraged over the police killings of three people in the month of June – Bilal "BJ" Abdullah, Pytorcarcha Brooks, and Dontae Melton, Jr. Baltimore Police officers have shown us time and again that they are not able to de-escalate situations involving our Black neighbors and instead often resort to violence, including deadly violence. A mental health crisis was the direct reason for two of the incidents, and, with the third, Mr. Abdullah was reported to have not been acting as his usual self. Mental health crises and behavioral health incidents are not crimes. These are public health concerns that should be handled by people who are trained to respond with compassion, dignity, and patience, not by the Baltimore Police Department.

As a social worker, I am familiar with the 988 system and crisis response techniques. I attended the Police Accountability Board town hall this past Saturday to learn more about the current state of crisis response in our city. Our police department has a goal – not a requirement, merely a goal – for 30% of officers to be trained in crisis response. Only 6-7% currently are. At least 90% of the time, the 988 system can resolve the calls that come in without involving police. Two barriers noted are that more outreach is needed for people to learn about 988 and get used to calling it instead of 911, and more staff is needed to improve the availability and response times of mobile crisis teams.

In order to grow our crisis response system and have a broader strategy to spread the word about 988, we must stop giving the police department hundreds of millions of dollars more than departments with services that directly benefit our communities. In the current budget, BPD receives $200 million more than our public schools, $400 million more than our health department, and over $500 million more apiece than the departments of housing and community development and parks and recreation.

While our Mayor had strong words for the Trump administration's support and expansion of unconstitutional law enforcement practices, it was also our Mayor and this City Council who approved Worley as Police Commissioner, knowing full well that he was in charge of the Northeast Police District when the Gun Trace Task Force terrorized residents and officers from his district killed Tyrone West. Worley has continued to support police officers' violent tactics during his time as Commissioner, overseeing the department during a time when overall violent crime is down in our city but police murder is on the rise.

If our Mayor and City Council can't take a strong stand against our own police department to demand and ensure the safety of all city residents, especially Black and Brown residents and those who are vulnerable during mental health crises, how can we expect that you will stand up and protect our city if the Trump administration follows through on threats to send federal law enforcement to communities? Many of the people living in the neighborhoods that would be most severely impacted by a federal takeover are already living under traumatic and violent policing practices.

Now more than ever, we need to take clear steps to remove police from crisis response and replace them with a strong, expansive, community-based crisis response system.

In closing, I join many of our city residents in calling on our City Council and Mayor to ensure that the following steps happen:

Address public education to shift crisis response away from police intervention

- There is currently a lack of common knowledge about (1) the existence of the 988 helpline and (2) the fact that 988 is intended to be a non-police alternative to 911 for mental or behavioral health emergencies.

Ensure that the 911 and 988 call centers standardize protocols and implement a case-management system

- Community members with lived experience should be included in all consultations, reviews, and auditing processes related to the 911 diversion and 988 system, including ongoing training and quality control processes.
- A case management system should be implemented to help repeat callers experiencing a behavioral health crisis. We know that BPD officers reportedly responded to at least 20 behavioral health calls at Ms. Brooks' residence before she was killed by police; a case management system would save lives.

Provide wrap-around services for people experiencing behavioral health crises

- Service providers must be grounded in trauma-informed and racial equity approaches to serve the needs of clients and be sensitive to the disproportionate economic insecurity, underfunded schools, and law enforcement abuses that certain Black communities in Baltimore have historically faced.

Taking the time to develop a strong, expanded system will not only improve the quality of life for those who are impacted by mental health emergencies, it will save lives.

My name is Rachel Wallach and I'm a resident of Baltimore City Council District 3. I am submitting this testimony on 25-0026– Baltimore City Council Committee of the Whole Hearing on Crisis Response.

I am concerned about police response to mental and behavioral health crises, including the recent deaths of two community members who died in police custody while experiencing behavioral health crises. Mental health disabilities and behavioral health incidents are not crimes, and must be treated as the medical issues they are by people with expertise in mental wellness and who are trusted by people in need of care, not the Baltimore Police Department.

We need to put several pieces in place to shift our current policies and practices toward safer ones:

- We must invest in public education that shifts our default impulse away from calling police in mental or behavioral health emergencies. Resources including the 988 helpline need to become the first tool we automatically reach for in such situations.
- We must centralize publicly available data and resources to foster more public engagement. It is unacceptable that Black Baltimoreans in crisis continue to disproportionately have BPD contact compared with people of other races. Increased transparency and accessibility of data will facilitate the community engagement that will help address this inequity.
- The 911 and 988 call centers must standardize protocols and implement a case-management system. Community members with lived experience must be included in all consultations, reviews, and auditing processes related to the 911 diversion and 988 system, including ongoing training and quality control processes. A case management system must be implemented to help repeat callers experiencing behavioral health crises.
- Existing resources with community roots and informed by lived experience must be coordinated—along with investment in new resources as needed to fill gaps and that meet the same criteria—to provide wraparound service for every person experiencing a behavioral health crisis in Baltimore. Such service providers must take a trauma-informed approach grounded in the needs of clients and sensitive to the disproportionate economic insecurity, underfunded schools, and law enforcement abuses that certain Black communities in Baltimore have historically faced.

Community safety is at its highest when we trust communities to know what they need and how to use it, and direct resources accordingly. Investment in social services and the people and groups best positioned, through lived experience, to provide them authentically can create longer-term stability and safety, reduce costs, and eliminate crisis incidents in the first place.

Thank you.

From: Katie L <ktll99@gmail.com>
Sent: Wednesday, August 27, 2025 12:51 PM
To: Testimony <Testimony@baltimorecity.gov>
Subject: Holding BPD accountable

Hello,

I sent the following to President Cohen's office and was advised to send it here to Testimony email address. Thank you.

June was a devastating month for police violence in Baltimore when Bilal “B.J.” Abdullah, Dontae Melton Jr., and Pytorcarcha Brooks, were killed by the Baltimore Police Department. Reportedly, all were either experiencing a behavioral or mental health crisis or behaving out of character. This is unacceptable. I am calling on you to take meaningful action to hold the Baltimore Police Department accountable, strengthen civilian oversight, and ensure that mental health crises lead to proper care and treatment – not death.

I am urging you to take the recommendations of the Campaign for Justice, Safety, and Jobs and work with the City Administration and City Council to:

-- Review and revise BPD’s use of force and de-escalation policies and ensuing trainings, informed by the recent BPD-involved deaths;
-- Invest more in the city’s 988 emotional support helpline and behavioral health crisis services, and in diversion programs which move help for residents in crisis away from BPD to community-based health care programs;
-- Provide, through policymaking or legislation, Baltimore's Police Accountability Board and Administrative Charging Committee access to independent counsel and independent investigatory powers, and in the long-term create an Independent Office of Police Accountability; and
-- Codify existing executive orders that prevent the BPD from partnering with ICE.

As a Baltimore resident, I ask you to work closely together with the City Administration and your colleagues on the City Council to exercise oversight of BPD and to continue to ensure that the people of Baltimore have a seat at the table as we build a public safety system responsive to the needs of all residents.

Sincerely,
Katie Little
881 W Lombard St Baltimore, MD 21201-1061
ktll99@gmail.com

JEWS UNITED FOR JUSTICE

THINK JEWISHLY. ACT LOCALLY.

August 27, 2025
Eric Lewitus
Baltimore, MD 21218

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

My name is Eric Lewitus and I live in District 14. I am a senior scientist in infectious disease biology focusing on HIV, although I also worked on the vaccine during the COVID pandemic. I am testifying today on behalf of Jews United for Justice, which organizes over 2,000 Jews and allies across Baltimore to advance economic and racial justice. We are part of the Campaign for Justice, Safety, and Jobs and encourage you to review our coalition's written testimony.

When an individual acquires a viral infection, that person becomes at risk of succumbing to the virus and of putting others in similar danger. We respond by directing that person to a facility that will provide treatment. We do not ask police to subdue the virus or put the symptoms in the back of a patrol car. So why do we continue to do this when a person is experiencing a mental health crisis?

People living with HIV have been treated as criminals rather than patients, because they are thought of as unworthy of our sympathy. I like to think that Maryland no longer holds this attitude towards people living with HIV, but it persists for those experiencing mental health crises.

We must recognize that a mental health crisis is not a crime and should be treated with the same sympathy as other health issues.

To put this differently, in 2023 the Department of Justice ruled [1] that the Americans with Disabilities Act applies to emergency response systems and therefore not meeting the needs of someone experiencing a mental health crisis is discriminatory.

There is plenty of precedent for non-police alternatives to crisis response, which have been implemented in the majority of the country's largest cities [2]. The data show that these are safe for responders: less than 1% of responses have resulted in requests for police backup [3-5]; and safe for citizens: no serious injuries caused by responders have been reported when a non-police crisis response team has intervened [6]. Whereas, a police encounter with a civilian is 16 times more likely to result in that person's death if they have a mental illness than if they do not [7-9]. A statistic that is even more grim for our Black neighbors [10] and is not improved with crisis intervention training for police [11].

Baltimore has some of the best healthcare infrastructure in the country. We now need to fund crisis response teams divorced from police that can connect that care to us when we need it. This is how we save lives.

1. U.S. Department of Justice and U.S. Department of Health & Human Services, Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities, (Washington, DC: U.S. DOJ and U.S. HHS, May 2023)
2. https://www.themarshallproject.org/2024/07/25/police-mental-health-alternative-911
3. https://whitebirdclinic.org/wp-content/uploads/2020/07/CAHOOTS-Media.pdf
4. https://www.cabq.gov/acs/documents/acs-quarterly-report-fy24-q2-final.pdf
5. https://denvergov.org/files/assets/public/v/1/public-health-and-environment/documents/cbh/2022_midyear_starreport_accessible.pdf
6. Lamanna et al., *Int J Ment Health Nurs.,* 2018 (PMID: 29044920)
7. Rafla-Yuan et al., *NEJM*, 2021 (PMID: 33951369)
8. Sahel et al., *Int J Law Psychiatry*, 2018 (PMID: 29853001)
9. https://www.washingtonpost.com/graphics/investigations/police-shootings-database
10. Edwards et al., *PNAS*, 2019 (PMID: 31383756)
11. Taheri et al., *Crim Just Policy Rev*, 2016 (DOI: 10.1177/0887403414556289)