



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 health² 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

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*, KPI 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

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

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 groups²⁴ 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/>.