Paragraph 97 Implementation Plan & Status Update

2025 SPRING SEMIANNUAL REPORT

Table of Contents

Background 1

Introduction 3

Definitions and Acronyms 5

Paragraph 97 Agreement Status Updates

Section 1: 911 Diversion 8

Section 2: Mobile Crisis Teams 16

Section 3: Peer Services 21

Section 4: Housing and Homeless Services 23

Section 5: Sentinel Event Reviews 27

Section 6: Continuous Quality Improvement 29

Section 7: Memorandum of Understanding 31

Appendix 1: Behavioral Health Diversion Program: Summary & Trends 33

Appendix 2: Behavioral Health Diversion Quality Assurance and Improvement Program Standard Operating Procedures (SOP) 38

Appendix 3: Crisis Response Infrastructure Data and Updates 41

Appendix 4: Baltimore City Behavioral Health Crisis Incident Reviews 43

Appendix # 5: Responses to Public Comments for the Fall 2024 Paragraph 97 Semi-Annual Implementation Report 51

Background

In 2017, the City of Baltimore (the City) and the Baltimore Police Department (BPD) entered into a consent decree with the United States Department of Justice (DOJ). This agreement resolved the DOJ's findings that BPD had engaged in a pattern of conduct that violated the **First, Fourth**, and **Fourteenth** Amendments to the U.S. Constitution.

Paragraph 97 of the Consent Decree relates to the City's behavioral health service system and requires the City to:

- Work with the Collaborative Planning and Implementation Committee (CPIC).
- Assess gaps in the **behavioral health system**.
- Recommend solutions.
- Support the implementation of those solutions.

The CPIC, now called the Baltimore City Behavioral Health Collaborative (BCBHC), has been meeting for more than 15 years. Originally, the group focused on improving police training and building partnerships between BPD and the behavioral health system. In 2017, the BCBHC expanded its mission and membership to focus on broader behavioral health system change.

The BCBHC is co-led by the Mayor's Office, BPD, and Behavioral Health System Baltimore (BHSB). BHSB is the nonprofit that manages the public behavioral health system for the City and the Maryland Department of Health. The BCBHC continues to serve as an accountability body, giving the City feedback and guidance on how to meet the needs of people in Baltimore who experience behavioral health challenges.

As required by Paragraph 97, the City completed a Behavioral Health Gap Analysis Report in December 2019. This assessment identified major service gaps and offered recommendations to improve the system. After receiving nearly 30 pages of public comments, and with input from the DOJ and the Consent Decree Monitoring Team (a group of third- party experts that serve as agents of a United States District Court in overseeing the implementation of a Consent Decree), the City published the Behavioral Health Gap Analysis Implementation Plan (GAIP) in Summer 2022.

The GAIP set out a multi-year roadmap for change in five areas:

1. **911 diversion**
2. **Mobile Crisis Teams**
3. **Crisis system integration**
4. **Peer support services**
5. **Social determinants of health**

Since the release of the GAIP, Baltimore has taken major steps to improve behavioral health supports. Highlights include:

- Creation of a 911 diversion program with BHSB, Baltimore Crisis Response, Inc. (BCRI), BPD, and the Baltimore City Fire Department (BCFD).
- Launch of the Crisis Incident Review Team to review behavioral health crises involving emergency responders.
- Development of the Open Access Project, which helps providers offer same- or next-day appointments through Behavioral Health Systems Baltimore.
- Significant expansion of Mobile Crisis Teams, including the use of **certified peer specialists and specialized youth teams**.
- Creation of a citywide Housing Fund to expand **permanent supportive housing**.

By 2023, the City and DOJ agreed that the GAIP needed additional details to clarify the goals of Paragraph 97. The system is complex and continues to change, both in Baltimore and nationwide. Community input and lessons learned since 2019 also showed that more specific steps were needed. In September 2023, the City and DOJ created a document that focuses on:

1. 911 Diversion
2. Mobile Crisis Teams
3. Peer Services
4. Housing and **Homeless Services**
5. **Sentinel Event Reviews**
6. **Quality Assurance** processes
7. A formal MOU between the City and BHSB

Introduction

This report provides progress updates on each of the areas outlined in the *Implementing Paragraph 97 of the Consent Decree* document that focuses on, 911 Diversion, Mobile Crisis Teams, Peer Services, Housing and Homeless Services, Sentinel Event Reviews, Quality Assurance processes, and the formal MOU between the City and BHSB.

It is updated twice each year. Timelines for updates are based on calendar year quarters (Q1: January–March, Q2: April–June, Q3: July–September, Q4: October–December). This update is for Q1 and Q2 of 2025 (January–June 2025).

This report is designed to be transparent, easy to follow, and accessible to all Baltimore residents. To do that, the document is divided into clear sections. Each section includes:

- The overall goal.
- The strategies to reach the goal.
- The specific activities to carry out each strategy.
- A status update.

Progress is indicated via color-coded icons:

- **Green Check Box** = Goal accomplished, or significant progress toward goal has been made. Work may be ongoing, so the narrative serves as documentation of ongoing progress.
- **Yellow Arrows** = Work has started. Progress update included.
- **Red Clock** = Work has not started. A target timeline is provided.

The format of this report is a response to meaningful participation and feedback from BCBHC members, including but not limited to the BCBHC experiences to date and targeted one-on-one interviews of BCBHC members. This update also includes input received from recent public comments, hearings and convenings on behavioral health and crisis response, and includes:

- Language that is more accessible for all city residents.
- Additional background, context, data and definitions that reflect recent questions comments and discussion in BCBHC meetings and City Council hearings and other public forums.
- The previously titled Addenda have been updated, renumbered and retitled as Appendices. A new Appendix, # 5, has been added to address concerns raised during the public comment period for the previous implementation report.

Finally, the Monitoring Team is working with the City, BPD, and DOJ to finalize a methodology for measuring compliance with Paragraph 97. The methodology is scheduled to be finalized before the end of 2025. It will also explain how progress will be measured when non-City partners, such as community organizations, are involved in the work.

Definitions and Acronyms

911 Behavioral Health Diversion — A program that diverts certain behavioral health–related 911 calls away from police response to trained behavioral health specialists and community resources.

BCRI — *Baltimore Crisis Response, Inc.*, a nonprofit organization that provides behavioral health crisis services in Baltimore City.

BCBHC — *Baltimore City Behavioral Health Collaborative*, formerly CPIC, a group of government, nonprofit, and community stakeholders that guide and oversee behavioral health system changes.

Behavioral Health — An umbrella term that includes both mental health and substance use conditions and supports.

Behavioral Health System — The network of services and supports (prevention, treatment, crisis response, housing, recovery, and peer support) that address the mental health and substance use needs of individuals.

BHSB — *Behavioral Health System Baltimore*, a nonprofit that manages the public behavioral health system on behalf of the City of Baltimore and the Maryland Department of Health.

Certified Peer Specialists — Individuals with lived experience of recovery from mental health or substance use challenges who are trained to support others in recovery.

Consent Decree — A legally binding agreement, approved by a federal court, between the City of Baltimore, BPD, and DOJ, to reform police practices and address unconstitutional conduct.

CPIC — *Collaborative Planning and Implementation Committee*, the original name of what is now the BCBHC.

Crisis System Integration — Efforts to coordinate and align different crisis response services (such as 988, 911, mobile crisis teams, and emergency departments) so that people in crisis can get timely, appropriate care.

First Amendment — Part of the U.S. Constitution that protects freedom of speech, religion, press, assembly, and the right to petition the government.

Fourth Amendment — Part of the U.S. Constitution that protects people from unreasonable searches and seizures by the government.

Fourteenth Amendment — Part of the U.S. Constitution that guarantees equal protection and due process of law for all people.

GAIP — *Behavioral Health Gap Analysis Implementation Plan*, published in 2022, which set out strategies to strengthen the behavioral health system.

GBRICS — Launched in 2020, the GBRICS Partnership (recently renamed The Central Maryland Regional Crisis System) is a five-year project that will invest $45 million of catalyst funding to transform crisis response services in Baltimore City, Baltimore County, Carroll County and Howard County. The Central Maryland Regional Crisis System project will expand the capacity of mobile crisis teams and community-based providers to reduce police interaction and overreliance on emergency department.

Homeless Services — Programs and supports that assist people experiencing homelessness, including housing, shelter, outreach, and supportive care.

MCT — Mobile Crisis Team, a field-based behavioral health team, often including a clinician and peer support specialist, dispatched to respond to people experiencing behavioral health crises.

Methodology — The process, developed by the Monitoring Team in consultation with the City, BPD, and DOJ, for measuring progress toward compliance with Paragraph 97, including how to assess efforts involving both City and non-City partners.

Monitoring Team — A group of third-party experts that serve as agents of a United States District Court in overseeing the implementation of a Consent Decree.

MOU — *Memorandum of Understanding*, a formal agreement between organizations outlining roles and responsibilities.

Opioid Restitution Fund (ORF) — A dedicated fund established from settlements against opioid manufacturers and distributors to support programs addressing the opioid crisis in Baltimore. The ORF provides resources for prevention, treatment, harm reduction, and recovery services.

Peer Support Services – Services provided by individuals with lived experience of recovery who are trained to support others experiencing behavioral health challenges.

Permanent Supportive Housing — Long-term housing combined with supportive services for people with serious behavioral health conditions or histories of homelessness.

Quality Assurance (QA) — Processes to measure, track, and improve the quality of services, programs, and system performance.

Sentinel Events — Unexpected or critical behavioral health related incidents involving interactions with law enforcement that may indicate risks or gaps in care.

Sentinel Event Reviews — Structured reviews of sentinel events to identify causes and develop strategies to prevent future incidents.

Social Determinants of Health — Non-medical factors, such as housing, employment, education, and access to food, that affect health outcomes.

Use of Force (UoF) — Actions taken by police officers to control a situation, protect themselves, or make someone follow the law when the person does not comply.

Levels of Force

- **Level 1** — Force that is not expected to cause injury. This may include actions that cause short-term pain or confusion to gain compliance.
- **Level 2** — Force that could cause more than temporary pain or injury or involves the use of certain weapons (like pepper spray or a taser). This level is still below the most serious category.
- **Level 3** — The most serious type of force. This includes force that causes death, serious injury, loss of consciousness, or requires a hospital stay. It also includes chokeholds, neck holds, and the use of deadly weapons.

1st party caller — The caller is the person having the crisis experience firsthand. Others may be present, but the 911 Call Specialist is talking directly to the person in crisis.

2nd party caller —The caller is not the person experiencing the crisis firsthand but is on scene and with the person in crisis to witness or have witnessed the reason for the call.

2nd party familiar — The caller may be a loved one, significant other, or a friend of the person experiencing the crisis firsthand. They have knowledge of diagnoses, medications, and possibly known triggers of the person in crisis.

2nd party non-familiar — The caller is on scene with the person in crisis but does not know them personally, and has no knowledge of diagnoses, medications, or triggers of the person in crisis.

3rd party caller — The caller is not with the person in crisis and does not have immediate access to the person in crisis and cannot render aid if needed. 3rd party callers can be either a 3rd party familiar or 3rd party non-familiar.

January–June 2025 Status Updates

Section 1: 911 Diversion

Goal #1

Establish a 9-1-1 diversion program (e.g. develop and implement policies and procedures) operating 24/7 that allow Baltimore to divert appropriate behavioral health calls and on-scene police contacts to a behavioral health crisis response instead of a police response

Paragraph 97 Agreement Section 1.a.
Promote the use of behavioral health services, including the use of 988 rather than 911

Activities	Status	Updates
Implement a public education campaign to promote the use of community-based services in lieu of calling 911.	✓	**Q1–Q2 2025:** BHSB received $10 million to use over five years from the Opioid Restitution Fund (ORF) to expand public education about 988. The grant runs from FY 2026 to FY 2030. The grant will be used in three main ways: 1) to expand the CALL 988 Campaign and create tools and resources to reach the community in creative ways. 2) to grow the 988 Ambassadors Program with trusted community leaders that will help spread information about 988. 3) evaluate progress. BHSB will survey local residents to see how much people know about 988, three times over the five years and produce reports to show findings and share updates. **Q1–Q2 2024:** With the use of time-limited funding from the Health Services Cost Review Commission for the Central Maryland Regional Crisis System, BHSB issued a competitive procurement to identify a communications and marketing firm to conduct market re-search to determine how best to communicate to the broader public about what is 988 and what to expect when calling. Marketing for Change won the bid and started their work in August 2021. A public education campaign was developed and has been imple-mented across Baltimore City through multiple means of distribution of written materials including billboards, bus ads, fliers, etc. The public education campaign also includes the 988 Ambassadors program which supports (through training, technical assistance and financial reimbursement for time spent) trusted community members to spread the word about 988 through intentional community engagement in targeted communities. The 988 Ambassadors program is a critical component in supporting the behavioral change needed for people in Baltimore to call 988 instead of 911 when experiencing a behavioral health emergency. BHSB's consultant, Marketing for Change, published a white paper that outlines what communities can do to support the shift from calling 911 to calling 988 using Baltimore as a model for other communities across the country.

Activities	Status	Updates
Identify and use existing structures and processes within Baltimore City to promote 988, i.e. city outreach efforts mass mailings, events, activities and other communication forums.	»	**Q1–Q2 2025:** BHSB continues to regularly promote 988 during public events like health/community fairs and neighborhood meetings/gatherings, as well as during BHSB sponsored events like annual recovery month celebrations, national prevention week, children's mental health week and pride celebrations. • BHSB is coordinating with local hospitals to promote the line through efforts like ta-bling in common areas within hospitals and the creation of "ask me about 988" pins for hospital staff to wear and training videos to support them in being able to respond when asked. • BHSB created marketing materials to promote 988 in local restaurants and bars, things like coasters for drinks and posters in bathrooms, with messages targeted to people that frequent those establishments. • BHSB coordinated with Baltimore City to ensure that 988 information and peer support was onsite at every public listening session to solicit feedback on the City's Overdose Strategic Plan. • 988 was used as a centralized number to call for support during several crisis events in the community with the city handing out 988 resources while canvassing in surrounding neighborhoods and BHSB geotargeting 988 ads to the communities impacted. • 988 was shared with summer youth engagement partners. 110 partners were trained on 988 and engaged with 997 youth during the summer months. **Q3–Q4 2024:** Providing public-facing agencies—including Fire, EMS, Homeless Services, and shelters serving individuals with behavioral health needs—with 988 informational materials and resources to distribute to the community. **Q1–Q2 2024:** Identifying existing structures and processes to promote 988 is an ongoing effort. Most recent activities include: • Using 988 as the point of contact for the public in need of emotional support during disaster response (such as including putting 988 information in the Key Bridge Response website. • In April 2024, Baltimore Crisis Response Inc (BCRI) and BHSB leadership attended the Mayor's Office Grassroot and Community-based Organization Convening to discuss 988 with attendees and encourage support of community members in promoting 988 as an alternative to calling 911. • Training summer youth engagement partners to share 988 as a resource with youth. During summer 2024, 75 partners had 988 supplies available to share with youth. • Distributing palm cards with 988 information when engaging youth on the weekend after curfew. • BHSB is coordinating with Baltimore City Public Schools to include 988 information on student IDs.

Activities	Status	Updates
Advocate for policies that support a permanent funding source for 988 expansion and funding.	✓	**Q1–Q2 2025:** Funding from the 988 telecom fee has been distributed to local jurisdiction. BHSB received this funding for FY 26. The state has devised a methodology for distribution of the telecom fee across jurisdictions. Since it is the first year of using this methodology, BHSB is unable to determine if the methodology sufficiently covers the cost of day-to-day operations for 988. **Q3–Q4 2024:** The telecom fee is active and being charged by cell phone carriers. Funding from the 988 telecom fee has not been distributed to local jurisdictions yet. It is expected that it will be distributed to the MDH Behavioral Health Administration in the next year to support the 988 call centers. The State has been actively working on a methodology for equitable distribution of this new funding source and is looking at a per call rate. **Q1–Q2 2024:** The 988 Coalition led by BHSB, was successful in: • Establishing a 988 Trust Fund for the State of Maryland. Funding from the 988 Trust Fund is being awarded to local jurisdictions in FY25 to support the ongoing needs of local 988 call centers to respond to the increasing volume of 988 calls. • In March 2024, the Maryland General Assembly established a permanent funding source for the state's 988 helpline through a telecom fee. This $0.25 fee on cell phones and landlines will generate more than $25 million each year for local Maryland 988 call centers to hire more staff, invest in text/chat technology, and prepare for continued growth in the demand for 988 and behavioral health services.
Develop a plan to sustain and expand the 988 public education efforts that support the behavioral change needed for people in Baltimore to call 988 instead of 911 when experiencing a behavioral health emergency. This will include support for printed materials, BHBS's 988 Ambassador program and other ongoing communications needs.	»	**Q1–Q2 2025:** In August 2024, as part of the City's settlement against Teva pharmaceuticals and Walgreens pharmacy for a total of $10 million to be used on 988 education and outreach. In July 2025, the City entered into a five-year agreement between the Mayor's Office of Recovery Programs and Behavioral Health System Baltimore (BHSB). Through this grant, BHSB will promote the 988 Helpline through proactive community engagement, outreach, and strategic marketing by hiring contractor(s) to conduct market research and communications campaigns tailored to Baltimore City. **Q1–Q2 2024:** The current 988 marketing efforts are funded through time-limited grant funds from the Health Services Cost Review Commission for the Central Maryland Regional Crisis System. Funding from the 988 Trust Fund and 988 telecom fee (described above) is a potential source of sustainable funding for 988 printed materials, ongoing communications support and the 988 Ambassadors program. While some funding from the 988 Trust Fund has been received for service delivery in Baltimore, it is unclear at present if BHSB will be awarded funding from the 988 Trust Fund for FY 26 and beyond and if the parameters of the funding will meet the full range of service components needed in Baltimore to support the shift from calling 911 to calling 988 when experiencing a behavioral health emergency. BHSB is working with MDH to align multiple funding sources to sustain some of the infrastructure developed through the Central Maryland Regional Crisis System. More details should be available by the end of FY25. Private payors do not currently provide funding for 988 operations. However, they benefit from 988. An example of this is, BHSB supported 988 providers to connect with CareFirst to create a process for warm handoffs from 988 for CareFirst members to connect them with CareFirst behavioral health care managers. BHSB has been unsuccessful in securing active engagement with private payors. This is an opportunity to continue to advocate for partnership building to contribute to ongoing sustainability of this work.

Paragraph 97 Agreement Section 1.b.
Staff the 911 call center with a sufficient number of qualified personnel to allow for appropriate screening for diversion, and provide them with access to a behavioral health specialist

Activities	Status	Updates
Secure funding to hire a behavioral health clinician to work in the 911 call center	✓	**Q1–Q2 2025:** This funding is managed by BHSB and will end on 6/30/2026. There is in-sufficient funding from the 988 telecom fee to cover the cost of the clinicians in the 911 call center. The City is exploring opportunities for sustainable funding after 6/30/2026. **Q1–Q2 2024:** The City secured time-limited funding through the Bureau of Justice Assis-tance for the behavioral health clinician role in 2022.
Identify a vendor to provide a behavioral health clinician within the 911 call center.	✓	**Q1–Q2 2024:** BHSB conducted a procurement process to select a vendor. BCRI was selected as the vendor in early 2023.
Hire and onboard behavioral health clinician	✓	**Q1–Q2 2025:** The vendor currently employs a full-time behavioral health clinician Monday-Friday, 9:00 AM to 5:00 PM and a part time behavioral health clinician Monday-Friday, 5:00 PM to 11:00 PM, and is actively recruiting additional part-time clinicians to cover weekends from 9:00 AM to 11:00 PM. There was turnover in the full-time position in the spring of 2025 and a new full-time clinician has been onboarded. **Q1–Q2 2024:** The behavioral health clinician started with BCRI in March 2024 and began training with the 911 call center later that month.
Establish goals and metrics of success for the behavioral health clinician with partners, including BHSB, BCRI, and the 911 call center	✓	**Q3–Q4 2024:** With the technical assistance provider, Harvard's Government Performance Lab (GPL), the City, BHSB, BCRI and 911 call center developed goals for the Behavioral Health Clinician. These goals are 1) provide real-time support to 911 Call Specialists to aid appropriate decision-making of BH call diversion; 2) link callers to community-based resources; 3) support BH calls that cannot be transferred to 988 due to exclusionary criteria; 4) provide support and de-escalation on law enforcement calls; 5) identify additional types of calls that could be good candidates for diversion, and 6) test solutions for reduction of repeat callers.
Monitor the impact of the behavioral health clinician in the 911 diversion program during monthly check-ins throughout the first 6 months.	✓	**Q1–Q2 2025:** Ongoing meetings review the City's progress, cases, and updates to the program, and provide recommendations to address additional areas of opportunity for clinical staff. **Q3–Q4 2024:** In the Summer of 2024 Harvard's Government Performance Lab (GPL), the City, BHSB, BCRI and 911 call center administered a pulse survey among 911 Call Specialists to understand how to improve the utilization of the Behavioral Health Specialists. Overall, the survey found that 911 Call Specialists varied in their knowledge of the Behavioral Health Clinician's role and impact, indicating they would benefit from further training or information sharing. As a result, the City, BHSB, BCRI, and the 911 call center have convened quarterly meetings to address the knowledge gap, specifically focusing on the Clinician can achieve the goals outlined above through day-to-day activities. The City began hosting quarterly 911 Diversion Strategy meetings in 2024 to monitor this project and the larger diversion program.

Activities	Status	Updates
Develop a plan to sustain, and expand if needed, the Behavioral Health Clinician within the 911 call center.		**Q1–Q2 2025:** Currently, the 911 call center is supported by two behavioral health clinicians: one full-time clinician working Monday through Friday from 9:00 a.m. to 5:00 p.m., and one part-time clinician covering evening hours from 5:00 p.m. to 11:00 p.m. To further expand coverage, BCRI is actively recruiting additional clinicians to staff weekend shifts. Current funding for the clinicians in the 911 call center is managed by BHSB and will end on 6/30/2026. There is insufficient funding from the 988 telecom fee to cover the cost of the clinicians in the 911 call center. BHSB has requested funding from Baltimore City to cover the cost of this service after 6/30/2025. **Q3–Q4 2024:** BCRI hired an additional clinician that will staff hours at the 911 call center that have the average highest number of relevant calls as a pilot for expansion of use of clinician. The new clinician will work evening hours and is currently undergoing training.

Paragraph 97 Agreement Section 1.c.
Establish a behavioral health alternative for 911 operators to receive diverted calls for 911 operators to connect individuals appropriate for diversion with responders other than BPD

Activities	Status	Updates
Use the 988 Helpline to manage calls diverted from 911.		**Q1–Q2 2024:** Baltimore Crisis Response, Inc (BCRI) is the vendor BHSB currently contracts with to manage the 988 helpline. The City executed a MOU with BPD, BCFD and BCRI in June 2021 to implement and manage identified behavioral health crisis calls diverted from 911.
Establish a workgroup to continuously review progress made in diverting calls from 911 to 988.		**Q1–Q2 2024:** An interagency workgroup was established at the launch of 911 diversion program and meets monthly. Additional updates from the group are below.

Paragraph 97 Agreement Section 1.d.
Establish protocols and conduct training to ensure the 911 operators can identify individuals in behavioral health crises who are appropriate for diversion from police intervention and connect them to the services they need

Activities	Status	Updates
Establish initial 911 call types eligible for diversion to 988	✅	**Q1–Q2 2025:** In June 2021, the 911 call center began to divert two behavioral health call types — 25A01, "non-suicidal and alert" (psychiatric/abnormal behavior/suicide) and 25A02, "suicidal and alert" (psychiatric/abnormal behavior/suicide). The decision to begin with these categories was informed by the International Academies of Emergency Dispatch (IAED) and the Priority Dispatch Emergency Medical Dispatch Protocols, known as the Medical Priority Dispatch System® (MPDS). Based on these international standards, 25A01 and 25A02 were identified as call types that could be eligible for diversion because they generally do not require a medical response to address an acute medical complaint or police response and can instead be managed by a behavioral health professional.
Expand 911 call types eligible for diversion to 988 to include a wider variety of behavioral health calls	✅	**Q1–Q2 2024:** The 911 call center added five additional call types: • 25O02 – Suicide ideation and alert (history of mental health conditions) • 25C01 – Altered LOC (history of mental health conditions) • 25C02 – Altered LOC (no or unknown history of mental health conditions) • 25C03 – Altered LOC (ingestion of medications/substances) • 25C04 – Altered LOC (sudden change in behavior/personality) **LOC: Level of Consciousness — a measurement of a person's responsiveness to stimuli from the environment.* **Q1–Q2 2022:** The 911 call center expanded to add a third call type: • 25B03 – Caller is alert and actively threatening suicide.
Expand 911 diversion criteria to youth above the age of 12 years old	✅	**Q1–Q2 2024:** The 911 call center added youth 12 years old or older eligible for diversion.

Activities	Status	Updates
Include 2nd party callers in eligibility for diversion to 988	✅	**Q3–Q4 2024:** Second-party calls are eligible for diversion (added Q1-Q2 2025 "under certain circumstances") In the Summer of 2024, Harvard's Government Performance Lab identified missed opportunities for 2nd party diversion through 911 Call Specialist focus groups. They found that 911 Call specialists are unlikely to divert a 2nd party call unless the caller can confirm a mental health diagnosis, citing misunderstandings and potential medical issues as reasons for not diverting. In response, the City, BHSB, BCRI, and the 911 call center have convened quarterly meetings to address this finding. To start, the 911 call center will reinforce the importance of co-notification through training, one-on-one conversations, and support of the Behavioral Health Clinician. In late 2024, the diversion program implemented an inclusion for callers 12 years of old or greater. This was done in accordance with an amendment to Maryland law which permits patients 12 and older to seek assistance for behavioral/mental health emergencies. **Q1–Q2 2024:** The 911 call center currently allows 2nd party callers to be eligible for diversion (added Q1-Q2 2025 "under certain circumstances"). In partnership with a technical assistance provider, GPL, the City, BHSB, BCRI, and the 911 call center are working to address missed opportunities for 2nd party diversion and streamline the diversion processes. In early June 2024, GPL conducted focus groups to 1) support understanding of how to improve utilization of 911 Diversion Clinician and 2) support understanding of how to improve compliance with Diversion Program policies. GPL will share the results of their findings with the City by end of Summer 2024 and provide recommendations to address 2nd party diversion.
Evaluate feasibility to include 3rd party callers in eligibility for diversion to 9-8-8	✅	**Q1–Q2 2025:** There are still opportunities to improve implementation of 2nd and 3rd party calls. We will revisit 3rd party calls as we continue to progress on this work. **Q3–Q4 2024:** As a result of Harvard's Government Performance Lab's technical assistance and findings of the focus groups and pulse survey (mentioned above), the City, BHSB, BCRI, and the 911 call center have decided to focus on addressing fidelity among 1st and 2nd callers eligible for diversion. We will revisit 3rd party diversion at a later date and discuss readiness on a semiannual basis during the 911 Diversion Quarterly Strategy meetings. **Q1–Q2 2024:** In partnership with GPL, the City, BHSB, BCRI, and the 9-1-1 call center are currently working on designing the pilot program to divert 3rd party callers. The 911 call center, BCFD, BCRI, and the City decided to focus on addressing missed opportunities among 1st and 2nd party calls with GPL this summer and will revisit feasibility of including 3rd party diversion by end of Q4 2024, after further implementation of recommendations to address missed opportunities among 1st and 2nd party callers.

Activities	Status	Updates
Identify call types eligible for diversion as able and appropriate	»	**Q1–Q2 2025:** The 911 Diversion Strategy team explored opportunities to expand the program to certain non-violent police call codes not directly related to behavioral health, such as wellness checks, that may benefit from alternative response. After review, the team determined the priority for this period is to strengthen program fidelity with existing behavioral health call types and to refine diversion processes for second-party callers. An update in the next report will be provided on the results of that next evaluation. **Q3–Q4 2024:** On a semiannual basis the 911 Diversion Strategy meeting will evaluate feasibility of selecting additional call types for expansion. **Q1–Q2 2024:** A total of seven call types have been eligible for diversion at the 911 call center: • 25A01 – Non-suicidal and alert (Psychiatric/Abnormal Behavior/Suicide) • 25A02 – Suicidal and alert (Psychiatric/Abnormal Behavior/Suicide) • 25B03 – Threatening Suicide (Psychiatric/Abnormal Behavior/Suicide) • 25O02 – Suicide ideation and alert (history of mental health conditions) • 25C01 – Altered LOC (history of mental health conditions) • 25C02 – Altered LOC (no or unknown history of mental health conditions) • 25C03 – Altered LOC (ingestion of medications/substances) • 25C04 – Altered LOC (sudden change in behavior/personality) 911 operators have been trained on each call type and the appropriate response.
Ensure call specialists have appropriate training to know when and how to divert calls to 988, and when to utilize the embedded clinicians.	✓	**Q1–Q2 2024:** The 911 Call Center provides call specialists with initial training about how and when to divert calls to 988, and when to utilize the embedded clinicians. On an ongoing basis, the City will assess fidelity to the program and the understanding of protocols with specialists and provide remedial training as necessary.

Paragraph 97 Agreement Section 1.e.
Develop, publish, and maintain a public dashboard of data related to diverted and non-diverted calls for behavioral health emergencies

Activities	Status	Spring 2024 Semiannual Update
Develop and publish the dashboard on the City's website for public access	✓	**Q1–Q2 2024:** Through the data fellows program, housed within the Mayor's Office of Performance and Innovation, a public facing dashboard was developed and made available for residents to follow progress and impact of the behavioral health diversion project in June 2022.
Regularly update the public dashboard to reflect timely data	»	**Q1–Q2 2025:** The City is currently in the process of redesigning the public dashboard to show program progress, update data metrics, clarify definitions and terms, and add narrative. **Q1–Q2 2024:** The City continues to work with BCFD data analyst to have the public dashboard updated quarterly.

Section 2: Mobile Crisis Teams

Goal #2

Create sustainable ***mobile crisis teams (MCT)*** that are comprised of a sufficient number of qualified and properly trained personnel; include peers as a key member of the mobile crisis response team; and are available to respond 24/7 and on average within 1 hour.

Paragraph 97 Agreement Section 2.a.
Expand current capacity of mobile crisis team response in Baltimore

Activities	Status	Updates
Establish core principles and values for mobile crisis response in Baltimore.	✓	**Q1–Q2 2024:** BHSB led a stakeholder engaged process to develop standards for service delivery within the crisis response system. The Crisis Response System Standards are on BHSB's website and are included in all contracts for mobile crisis response in Baltimore City. The standards promote consistency in service delivery within the central Maryland region and create a structure for accountability across the system.
Secure funding for expansion of teams	✓	**Q1–Q2 2025:** Mobile crisis capacity was recently expanded through the addition of family peer support to mobile crisis services at BCRI. This was made possible through the use of opioid restitution funds. **Q1–Q2 2024:** The expansion of mobile crisis response capacity was funded through a 5-year grant from the Health Services Cost Review Commission that BHSB applied for in partnership with 17 hospitals. The project is known as the Central Maryland Regional Crisis Response System, formerly Greater Baltimore Regional Integrated Crisis Response System (GBRICS) partnership and launched in 2020. This partnership has invested $45 million of catalyst funding to transform crisis response services in Baltimore City, Baltimore County, Carroll County and Howard County by expanding the capacity of mobile crisis teams and community-based providers to reduce police interaction and overreliance on emergency departments.
Release RFP to identify vendor(s) to bring on additional mobile crisis teams to serve people of all ages	✓	**Q1–Q2 2024:** Mobile crisis providers were identified through a competitive procurement process and Baltimore Crisis Response, Inc and Affiliated Sante were selected to provide mobile teams for the city serving people across the life span. Dispatch of teams occurs through a shared technology platform, called Behavioral Health Link, that allows 988 to dispatch teams directly and uses geolocation for teams to determine in real time what teams are closest for dispatch.

Activities	Status	Updates
Hire staffing for new mobile crisis team capacity and start providing service delivery	✓	**Q1–Q2 2025:** Recruitment and retention is an ongoing challenge for crisis response services, however service delivery continues 24/7. A statewide needs assessment of the behavioral health workforce identified a significant shortage of behavioral health professionals across the state . Baltimore City is identified as a Mental Health Professional Shortage Area (MHPSA), meaning the city lacks the number of social workers and counselors required to meet the need for care. It is particularly hard to recruit clinicians for in-home/community delivered services vs. remote and in office positions. Clinicians interviewed by Baltimore Crisis Response, Inc. (BCRI), have shared they do not feel comfortable accepting a mobile response position in the city due to safety concerns. This happens about 75% of the time this question is asked of candidates interviewed and not accepting the position. In addition, Baltimore City is a health care rich jurisdiction, and community-based, non-profit providers are competing with large healthcare institutions and for-profit providers for a limited pool of professionals. **Q1–Q2 2024:** While ongoing recruitment and retention of staff is a challenge in the behavioral health field, additional mobile crisis team capacity was implemented in 2023. Mobile crisis teams serving Baltimore City increased by 80% from 10 shifts per day in May 2023 to 18 shifts per day in June 2024. The teams serve people across the age span. Ongoing capacity will continue to be tracked through the continuous quality improvement process being developed and detailed later in this document.
Release RFP to identify vendor to bring on specialized mobile crisis teams for children and youth in the city	✓	**Q3–Q4 2024:** Advanced Behavioral Health is an additional provider that provides specialized teams for children and youth Monday-Friday 8:30AM-7:00PM. BCRI and Affiliated Sante teams that serve the lifespan respond to calls for children and youth overnight. **Q1–Q2 2024:** Through a competitive procurement process, BHSB selected BCRI to implement a new specialty youth mobile crisis team serving children and youth under the age of 18 in Baltimore City for two 8-hour shifts, 7 days per week (7 am-11 pm). The MCT is comprised of one licensed mental health professional and one peer support specialist.
Hire staffing for new specialized mobile crisis team capacity for children and youth and start providing service delivery	✓	**Q1–Q2 2024:** Utilizing funds awarded through the Bureau of Justice Assistance, BHSB conducted a procurement process to select a sub-vendor to establish youth-focused mobile crisis teams. Baltimore Crisis Response, Inc was selected as the sub-vendor and have since hired for the creation of two youth mobile crisis teams. BCRI has assigned a Director of Crisis Services to focus directly on the service and developed the dispatch process to be used for the teams to respond to youth crisis. BCRI is also currently meeting with the school system (administrative staff and teachers) and other youth providers to hear current challenges and identify collaboration opportunities.

Activities	Status	Updates
Develop a plan for evaluating mobile crisis capacity	✓	**Q1–Q2 2025:** There are three providers for mobile crisis services in Baltimore City with 14-22 staff available in staggard shifts throughout the day across the three providers. The federal government recommends responses to crises within a brief but reasonable amount of time (regions vary in their definition of a "reasonable" time, ranging from 60 minutes for urban and up to two hours for rural/remote locations). State of Maryland Health Regulations for mobile crisis service delivery require an average of 60–120 minutes for response time. Currently, Baltimore City mobile crisis response providers are in compliance with state standards. BHSB set the goal of 60 minutes or less for a majority of runs. As of August 2025, 50% of mobile crisis responses meet the goal of a response time of 60 minutes or less. **Q3–Q4 2024:** BHSB meets monthly with crisis response providers and other local behavioral health authorities in the region to monitor outcomes and strategize ways to continuously improve quality within the crisis response system (Central Maryland Crisis System Accountability meeting). Through this collective effort, it was determined that the best way to measure mobile crisis team capacity is by looking at 1) how often a team is unavailable to response and 2) how long it takes for a team to respond. BHSB has determined that looking at response times by percentile is the most accurate reflection of capacity and this methodology is also aligned with how EMS measures capacity. The current goal to respond in 60 minutes or less for 75% of requests. From July 2024 to January 2025, 50% of mobile crisis teams responded in the city within 57 minutes or less and 75% of teams responded in 97 minutes or less.
Develop a plan for sustainability of enhanced capacity and further expansion if needed	»	**Q1–Q2 2025:** Funding from the Health Services Cost Review Commission for the Central Maryland Regional Crisis Response System (formerly GRBICS) ends 12/31/2025. FY 26 funding for mobile crisis services includes grants from the Maryland Department of Health (MDH) and fee-for-service revenue from a provider billing Medicaid for services rendered. Billing for mobile crisis services is new, and an annualized amount of expected fee-for-service revenue is not available at this time. MDH and BHSB recognize that not all people accessing mobile crisis services are Medicaid recipients and that a provider may not be able to bill for all services rendered. MDH has expressed to local behavioral health authorities (LBHA) that they are committed to work-ing with LBHAs to secure sufficient funds for mobile crisis services. It is unclear at this time if the grant funding available for mobile crisis services in the city will be sufficient to sustain current capacity. **Q3–Q4 2024:** Two of the three mobile crisis providers in Baltimore are fully licensed and are submitting claims for reimbursement. The other provider has submitted their licens-ing application. It is unclear whether the reimbursement rate will be sufficient to main-tain the enhanced capacity implemented over the last few years and if the state will allow for grant funds to further support mobile crisis providers. BCRI is actively recruiting mo-bile crisis clinicians who will work virtually along with a two-person team composed of peers. **Q1–Q2 2024:** The State published Behavioral Health Crisis Medicaid Regulations in May 2024, establishing new ways for crisis services, specifically Mobile Crisis Teams and Crisis Stabilization Centers, to be billed through Medicaid. • The newly promulgated regs allow telehealth for clinical assessment in mobile crisis response. This is expected to help with staff recruitment and retention and lead to further enhanced capacity. • Advocacy is needed with commercial insurance providers to pay for mobile crisis services.

Paragraph 97 Agreement Section 2.b.
Develop consistency and transparency for when and how a mobile crisis team is dispatched, encouraging timely and least restrictive response possible

Activities	Status	Updates
Secure funding to hire a consultant to assist BHSB in developing a tool that helps guide appropriate dispatch of mobile crisis teams	✔	**Q1–Q2 2024:** Funding was applied for and received from the state's Behavioral Health Administration (BHA) for this purpose.
Identify a vendor to support the development of a call matrix for 988 call takers to use to guide appropriate dispatch of mobile crisis teams	✔	**Q1–Q2 2024:** BHSB released an RFP to identify a vendor. Dignity Best Practices (DBP), a non-profit consultant with experience working with local municipalities in developing and implementing operational change processes, was chosen.
Develop a call matrix through partnership with key stakeholders	✔	**Q1–Q2 2024:** DBP worked with BHSB, the 988 Helpline and MCT providers and BCBHC and other stakeholders to develop common protocols for the 988 Helpline to triage and dispatch MCTs. The protocols were compiled into a triage matrix implementation report which was presented to the public on October 24, 2023. The new protocols are expected to increase the use of MCTs by encouraging 988 Helpline providers to offer MCT services to more consumers.
Implement the call matrix within the 988 Call Center for mobile crisis team dispatch in Baltimore City	✔	**Q3–Q4 2024:** 988 counselors and mobile dispatchers are fully trained on the 988 call matrix. The call matrix has also been built into the triage section of the care traffic control software and is fully being utilized. The volume of completed mobile crisis visits is steadily rising.

Paragraph 97 Agreement Section 2.c.
Ensure services are provided in accordance with national evidence-based models

Activities	Status	Updates
Ensure a sufficient number of adequately staffed teams to demonstrate substantial progress toward the goal of providing coverage 24/7 and face-to-face responses on average within one hour of the referral to mobile crisis	✓	**Q1–Q2 2024:** Staffing expectations were initially outlined in the crisis system standards discussed above. The newly promulgated mobile crisis response regulations identify required staffing for mobile crisis response in Maryland which consists of a behavioral health clinician, nurse, and/or peer. The regs also specify that service delivery must be 24/7 and response within an average of 1 hour. The regulations also allow Telehealth for certain mobile crisis response functions, which will help maximize staffing for this service. BHSB reviewed draft regs with the BCBHC for feedback before offering comment during the public comment period before full promulgation.
Ensure MCT staff receive training in such areas as crisis intervention and de-escalation techniques; cultural competencies; issues related to youth and aging; trauma-informed services; and Olmstead/ADA requirements.	✓	**Q3–Q4 2024:** The State began a state-wide training program for mobile crisis providers in March 2025. **Q1–Q2 2024:** Training expectations were outlined in the crisis system standards discussed above and are included in contracts for all grant funded mobile crisis teams in Baltimore City. In May 2024, BHSB began supporting crisis providers in Baltimore City with the licensing process and the transition to a fee-for-service model. The recently promulgated crisis response regulations require the state to issue training guidelines. When those guidelines are released, technical assistance will be provided by the state with assistance from BHSB if needed.
Continue to advocate for policies that address the challenges in behavioral health workforce recruitment and retention of qualified staff	✓	**Q2–Q3 2024:** BCRI is actively recruiting mobile crisis clinicians who will work virtually along with a two-person team composed of peers. **Q1–Q2 2024:** The newly promulgated regulations allow for telehealth in mobile crisis service delivery. This will help augment the workforce challenge in recruiting for mobile crisis staff positions.

Section 3: Peer Services

Goal #3

Support greater use and work to improve the effectiveness of ***peer support***.

Paragraph 97 Agreement Section 3.a.
Advocate for additional resources for peer support services in the behavioral health service delivery system

Activities	Status	Updates
Partner with BHSB to advocate for peer delivered services to be reimbursed via Medicaid	✓	**Q1–Q2 2024:** Medicaid reimburses for peer delivered services in ACT teams, SUD outpatient, mobile crisis teams and residential services.
Provide technical assistance to behavioral health organizations interested in implementing and/ or sustaining peer-run services	✓	**Q1–Q2 2025:** In FY 25 BHSB awarded the Maryland Peer Advisory Council (MPAC) funding for the Community Peer Project which will serve individuals experiencing a behavioral health crisis and having difficulty managing their mental health and/or substance use disorders. The target population will also consist of individuals not well connected to resources or services in the community or having challenges attending scheduled follow–up appointments. MPAC will work closely with hospitals to identify and engage people in need of service. The implementation of this kind of service was a recommendation from a sentinel event review. **Q1–Q2 2024:** BHSB grant funds peer-run services through Wellness and Recovery Centers. There are 3 centers in the city–Helping Other People Through Empowerment (HOPE) focusing on serving individuals experiencing homelessness and integrated service delivery (SUD and SMI), Hearts and Ears focusing on services for LGBTQ+ individuals, and Own Our Own, Inc. for individuals with serious mental illness. TA is provided through the ongoing contracting process with BHSB. There is one Clubhouse in Baltimore for adults with serious mental illness called Bmore Clubhouse. The Clubhouse is funded through private fundraising and foundation funding. MDH has not approved the use of grant funding for this model. BHSB is working with the Clubhouse and their consultant to advocate for Medicaid reimbursement for this service delivery. In the meantime, to support the service delivery, Baltimore City awarded $500,000 in American Rescue Plan Act funding for the Clubhouse in 2022.

Paragraph 97 Agreement Section 3.b. Work with BHSB and other stakeholders to strengthen the role of peer support in crisis response service delivery		
Activities	**Status**	**Updates**
Require grant funded providers of crisis response services to use peers in their service delivery model	✔	**Q1–Q2 2024:** All new expansion of mobile crisis teams required mobile crisis team vendors to utilize peers as a part of their staffing model.
Partner with BHSB to advocate for the inclusion of peer delivered services in state regulations for crisis services.	✔	**Q1–Q2 2024:** The new regulations specify that mobile crisis teams should include a certified peer and family recovery specialist who may respond independently without a mental health or licensed professional.
Explore the development of peer run crisis respite services.	✔	**Q1–Q2 2024:** BHSB released an RFP and identified a vendor to develop a white paper on how to implement peer run crisis respite services in the Baltimore metro region. The white paper was presented to stakeholders including the BCBHC for feedback and a final version will be released in Summer/Fall 2024. Next steps to move toward implementation have been shared with MDH for consideration for funding and implementation.

Section 4: Housing and Homeless Services

Goal #4

Strengthen **housing and homeless services programs** to provide greater access and stability to individuals at risk of crises, including those with behavioral health needs.

Paragraph 97 Agreement Section 4.a.
Use housing funds to increase the availability of permanent supportive housing for individuals with disabilities, including behavioral health disorders

Activities	Status	Spring 2024 Semiannual Update
Create a city-wide housing fund to establish permanent supportive housing	✓	**Q1–Q2 2024:** The Housing Accelerator Fund was launched in the Fall of 2023 to fund the construction of permanent supportive housing. The fund focuses on integrating housing, supportive services, and healthcare. In January 2024, the City allocated $29.8 million to a Housing Accelerator initiative which prioritized the creation of affordable and permanent supportive housing for Baltimore City residents. In addition, the City launched a Supportive Housing Institute, coupled with predevelopment grants of up to $150,000 per project, to help build the pipeline of those providing permanent supportive housing solutions in Baltimore. It is projected these projects will result in an additional 122 permanent supportive housing units and 364 affordable housing units. In addition, the City has hired five Housing Navigators to increase accessibility to housing resources and interventions to the Baltimore City residents experiencing homelessness or at-risk of homelessness. These are individuals employed by the Mayor's Office of Homeless Services and embedded in Pratt Library branches to be accessible to the community. These coordinators offer services such as developing individualized housing plans, case management, and connection to healthcare, mental health services and additional support to address both short-term and long-term needs. A QA team monitors the number of referrals entered into HMIS by each Housing Coordinator, as well as the number and type of applications processed, including Flex Fund and Diversion applications. Additionally, the status of each application is tracked. Client demographics, such as name, race, ethnicity, and household size, are also collected. This data is used to assess the program's effectiveness, interventions and services offered and the outcomes for the clients aimed to serve. Since the implementation of this program, through May 2024, 448 Baltimore City residents have received Diversion services and support to ensure connection to housing, case management, and support.

Paragraph 97 Agreement Section 4.b. Educate people living in permanent supportive housing on calling 988 for access to behavioral health care		
Activities	**Status**	**Updates**
Provide ongoing 988 education, public awareness campaigns, and community engagement with permanent supportive housing organizations and residents	»	**Q1–Q2 2025:** With support from BHSB and BCRI, the Mayor's Office of Homeless Services (MOHS) delivered 988 training to 167 participants across three sessions. Trainings reached permanent supportive housing providers, shelter and outreach teams, and MOHS staff. BHSB continues to promote 988 through regular outreach in senior living facilities. BHSB also promotes 988 in community markets near low income housing complexes. **Q1–Q2 2024:** BHSB has promoted the use of 988 in senior housing apartments in Baltimore City. Opportunities to provide ongoing education and engagement will continue to be identified.
Secure funding or other means to expand the 988-ambassador program to target residents of permanent supportive housing	»	**Q3–Q4 2024:** In the Fall of 2024, Baltimore reached settlements with multiple opioid distributors and manufacturers that fueled the worst opioid epidemic in the nation. Per the settlement agreements of Teva Pharmaceuticals and Walgreens, 988 received $10 million dollars to support outreach and educational activities. Identifying opportunities for ongoing funding to support the promotion of 988 will be an ongoing effort. **Q1–Q2 2024:** In July 2025, the City entered into a five-year agreement between the Mayor's Office of Recovery Programs and Behavioral Health System Baltimore (BHSB). Through this grant, BHSB will promote the 988 Helpline through proactive community engagement, outreach, and strategic marketing by hiring contractor(s) to conduct market research and communications campaigns tailored to Baltimore City.

Paragraph 97 Agreement Section 4.c.
Establish comprehensive outreach services that:
1) are focused on connecting individuals to permanent housing and ongoing community-based care;
2) operate 24/7;
3) include outreach teams that include people with lived experience; behavioral health clinical support for every call/face-to-face contact as needed; and training for all staff on behavioral health disorder recognition, crisis de-escalation, and trauma responsive service delivery;
4) are readily accessible to police, EMS, and other emergency services (including hospitals), and 5) include an access mechanism for the general public to make referrals for follow-up, and develop protocols for this kind of response and inform the public of its availability

Activities	Status	Updates
Outline key stakeholders, city-wide goals, and organizational partners required to establish comprehensive outreach services throughout Baltimore City	✓	**Q3–Q4 2024:** From November 2023 to January 2024, key BCBHC stakeholders met to identify proposed goals of a 24/7 city-wide outreach program. These goals include: • Ability to call 24/7 • Multidiscipline • Available to the public • Reliable, show up when needed • Good quality engagement on what is happening – continuously engage with this person, not a one-time only
Invite the Mayor's Office of Homeless Services (MOHS) to meet with BHSB, BPD, and BCFD to establish a partnership	✓	**Q1–Q2 2024: In March 2024, the Mayor's Office and BHSB met with the Director of MOHS to establish a partnership regarding outreach services throughout Baltimore.**
Convene monthly with MOHS, BHSB, BPD, and BCFD to ensure organizational collaboration when it comes to identified outreach and engagement needs	✓	**Q1–Q2 2024:** In April 2024, the Mayor's Office, MOHS, BHSB, BPD, and BCFD began con-vening a regularly occurring interagency workgroup to begin defining and planning for increasing and improving outreach services in the long term.

Activities	Status	Updates
Develop a draft long term implementation plan to establish comprehensive outreach services, which outline immediate, intermediate, and long-term action steps with key partners	»»	**Q1–Q2 2025:** The City released a request for proposals to identify a vendor. The City is working with an identified vendor to narrow down a scope of work. **Q3–Q4 2024:** In the Fall of 2024, Baltimore reached settlements with multiple opioid distributors and manufacturers that fueled the worst opioid epidemic in the nation. Per the settlement agreements Walgreens, $15 million was allocated to establish comprehensive 24/7 outreach services. The City collaborated with key partners to develop components necessary for outreach and to publish a RFP to procure these services.
Implement outreach implementation plan	»»	**Q1–Q2 2025:** The City released a request for proposals to identify a vendor. The City is working with an identified vendor to narrow down a scope of work. A pilot of proposed services is expected to begin in late 2025. **Q3–Q4 2024:** The City collaborated with key partners to develop components necessary for outreach and to publish a RFP to procure these services. Services are expected to begin in Q3 2025.

Paragraph 97 Agreement Section 4.d.
Educate people living in permanent supportive housing on calling 988 for access to behavioral health care

Activities	Status	Spring 2024 Semiannual Update
Meet with BCBHC to identify housing priorities annually. Report back on action steps based on identified priorities.	⏰	**Q1–Q2 2024:** Designated space in Collaborative meetings to ensure this dialogue happens annually, beginning Q4 2025.
Ensure feedback from BCBHC is brought forward to City leadership.	⏰	Annually, following priority development with BCBHC.

Section 5: Sentinel Event Reviews

Goal #5

Implement the sentinel event review pursuant to the Behavioral Health Crisis Incident Review Protocol for Sentinel Events and Quality Assurance Audits.

Paragraph 97 Agreement Section 5
Incorporate findings and recommendations from sentinel event reviews in ongoing QA/QI work in paragraph 97 implementation

Activities	Status	Updates
Establish protocol, parameters and process for identifying and reviewing critical incidents/ sentinel events	✓	**Q1–Q2 2023:** The Behavioral Health Crisis Incident Review Protocol for Sentinel Events and Quality Assurance Audits was developed and finalized in 2022.
Establish a Baltimore City Behavioral Health Crisis Incident Review Team to examine critical incidents/ sentinel events	✓	**Q1–Q2 2025:** There have been eight sentinel event reviews to date. **Q1–Q2 2024:** Under the Maryland General Health Article, section 24, subtitle 18, the "Baltimore City Behavioral Health Crisis Incident Review Team" was established in the 2022 general assembly legislative session. This legislation requires that the review team be provided with access to certain information and records, establishing certain closed meeting, confidentiality, and disclosure requirements for information and records. All members of the review team are required to sign a confidentiality form. Any data will be shared and stored securely and will not be redisclosed beyond the review team.
Establish confidentiality protocol for sentinel event reviews.	✓	**Q1–Q2 2024:** Developed a confidentiality agreement in partnership with the Law Department, that all participants of sentinel event reviews complete and sign before each meeting.
Meet quarterly with Behavioral Health Crisis Incident Review Team to review identified cases	✓	**Q1–Q2 2025:** The review team met in February and again in May for Sentinel Event Reviews. • Review #7: two cases involving a level 3 use of force due to where taser landed on subject's body • Review #8: two cases involving Level 3 use of force due to officer contact with subject's neck area. **Q–Q4 2024:** • Review #6: criminal justice involvement incident and attempted suicide incident **Q1–Q2 2024:** The review team began meeting in September 2023. These have included: • Review #1: hospital-involved incident • Review #2: youth-involved incident (multiple BH related encounters with BPD) • Review #3: delirium/ dementia involved incident, and an officer involved shooting • Review #4: bipolar and severe autism incidents (multiple BH related encounters with BPD) • Review #5: autism and bipolar incident

Activities	Status	Updates
Present recommendations from the Sentinel Event Reviews to the BCBHC for feedback	✓	**Q1–Q2 2024:** Recommendations from each review are presented at the BCBHC meeting immediately following the review for questions and feedback. A tracking mechanism was developed in Spring 2024 to track progress made toward implementing recommendations and status of recommendations will be regularly shared with BCBHC. This can be found in Appendix 3
Work with the BCBHC and other stakeholders to implement recommendations from sentinel event reviews, including feedback, where appropriate, arising from the BCBHC	»	**Q1–Q2 2025:** Updates on SER case summaries, identified structural gaps, recommendations and status of implementation are listed in Appendix 4. **Q1–Q2 2024:** The above-mentioned tracking mechanism includes the status on implementation for each individual recommendation. Some recommendations have been addressed and some require large, complex system change. As appropriate, subcommittees will engage in various action items that emerge from recommendations during sentinel event reviews.

Section 6: Continuous Quality Improvement

Goal #6

Establish a multi-agency continuous ***quality assurance/ quality improvement*** (QA/QI) process that identifies gaps or obstacles to reducing police interventions in behavioral health crises, and ensuring timely access to effective, community-based services.

Paragraph 97 Agreement Section 6.a.
Fully operationalize a multi-agency QA/ QI team to look at police/fire call data and processes including the diversion of 911 calls to 988. The team should 1) evaluate data from specified sources; 2) semiannually, conduct a random audit of behavioral health CAD incidents and a review of behavioral health or crisis-related calls for services, in order to review the system as a whole and identify trends and gaps in systems of care; 3) discuss data to identify possible gaps; 4) advocate for data that is needed and currently not available; and 5) discuss identified gaps with stakeholders, including BCBHC.

Activities	Status	Update
Identify gaps in the data and services with the QA team	✓	**Q1–Q2 2022:** In June 2021 the City convened BPD, BCFD, BCRI, and BSHB to establish a QA team
Establish protocols with BCFD, BPD and 9-1-1 to conduct random audits of behavioral health CAD incidents	»	**Q1–Q2 2025:** BCFD, BPD, 911, and BCBHC leadership are planning for implementation of the CAD audit with the goal of launching the process before the end of 2025. **Q3–Q4 2024:** QA protocols for the 911 Diversion program have been developed. These protocols are included in Appendix 2 of this report.
Meet with the QA team on a regular basis to evaluate data and discuss gaps in behavioral health crisis response calls	✓	The QA team meets monthly.
Identify gaps in the data and services with the QA team	»	**Q3–Q4 2024:** The Quality Assurance Team continued to meet monthly to identify missed opportunities for diversion. During the first 911 Diversion quarterly meeting with the City, BHSB, BCRI, and the 911 call center, we identified key resources to improve the capacity of the QA team to identify and respond to gaps in the data and services, including a Quality Assurance Analyst. The City is developing this position description, with aim to hire in Q3 2025.

Follow-up with necessary stakeholders to ensure identified obstacles and gaps in service are addressed	»	**Q1–Q2 2025:** The City has posted a position for a dedicated QA/QI program manager in the Mayor's Office. **Q3–Q4 2024:** The City and its partners have identified the need for additional staff to support the QA process. The City is working to identify resources to hire for this position and will include an update in the next report. • In April 2024, the City's Project Manager began supporting the BCFD's Data analyst to address obstacles in pre-QA work. • BCFD's medical director follows up with necessary stakeholders to close the loop of specific QA cases. The City's Project Manager will begin to assist the BCFD's medical director to streamline the processes. • Ad-hoc strategy meetings will be convened as needed with relevant stakeholders. • In response to the missed opportunities for diversion among 2nd party callers, the City and its partners are working with GPL to better address 2nd party diversion among 911 Call Specialists. GPL plans to visit the 911 call center in the summer to provide feedback and technical assistance for 911 Call Specialists.
Establish Standard Operating Procedures for QA	✓	**Q3–Q4 2024:** The QA SOP for 911 Diversion was completed in October 2024. See Appendix 2.

Paragraph 97 Agreement Section 6.b.
Information will be shared as appropriate through the Collaborative and may lead to: refining the 911 call center protocol; enhancing training for police, EMS, 911 call center staff or behavioral health providers; advocacy on the part of the City in partnership with BHSB and other Collaborative stakeholders to address gaps; and/or strategies to increase access to resources or additional community-based behavioral health services.

Activities	Status	Updates
Examine data on a quarterly basis to analyze the impact of and identify ongoing implementation needs for MCT response in Baltimore	✓	**Q3–Q4 2024:** BHSB has developed metrics for monitoring the availability of mobile teams, including response times (see above). These metrics are discussed bi-monthly at the BH Collaborative Data Crisis System Subcommittee and through the Central MD Crisis System Accountability meeting, which includes crisis providers.
Identify metrics to examine	»	**Q3–Q4 2024:** BHSB is working with Behavioral Health Link and the state to identify appropriate measures and problem solve access to data challenges
Form a group of stakeholders to collectively review data and identify obstacles/challenge to be addressed	⏰	**Q3–Q4 2024:** The Central MD Crisis System Accountability meeting has been occurring since Fall 2024.

Section 7: Memorandum of Understanding

Goal #7

Negotiate, execute, and implement a revised ***MOU between the City (including but not limited to BPD and BCFD) and BHSB*** to ensure accountability for the work required to implement Paragraph 97 of the Consent decree on an ongoing basis, which includes providing City resources to staff BCBHC and its work in an ongoing and meaningful way.

Paragraph 97 Agreement Section 7.a.
Develop a revised MOU between the City and BHSB

Activities	Status	Updates
Outline key points of the MOU in partnership with BHSB		**Q1–Q2 2025:** The City and BHSB are on track to finalize an MOU by the end of 2025. Q3-Q4 2024: BHSB will submit proposed items by the end of Q1 2025. **Q1–Q2 2024:** The City and BHSB have met to discuss a tentative timeline for drafting a revised MOU. Negotiations will begin by BHSB preparing a list of proposed items to be included and will submit those to the City
Finalize draft of MOU and execute the MOU between all parties.		It is expected that this MOU will be finalized and executed before the end of 2025.
Implement MOU		

Appendix

Appendix 1: Behavioral Health Diversion Program: Summary & Trends

Introduction

This appendix provides an overview of 911 calls for service (CFS) involving behavioral health (BH) concerns. It compares data from **July–December 2024** with **January–June 2025** to highlight key patterns and lessons that guide quality assurance and program improvements.

Covered in this appendix:

- Total BH calls compared to overall 911 call volume
- Total crisis-related encounters and number of individuals with repeat incidents
- Top reasons calls are not eligible for diversion and why
- Escalations (when a diverted call still needed 911 to support)
- Ongoing quality assurance and improvement efforts

Key Observations

- BH call volume increased slightly but remains a small share of overall 911 calls.
- Total crisis encounters decreased, including among individuals with multiple encounters.
- Ineligibility reasons continue to be driven by second- and third-party calls, where call-takers cannot fully assess safety and medical concerns
- Escalations remain rare—very few fully diverted calls needed 911 after diversion.

Monthly Call Volume

The monthly number of behavioral health (BH) calls for service—911 calls coded as police call types “28” and “85”—continues to average around 700 per month. In the last reporting period (July to December 2024), the average was **711 calls per month**, making up **1.38% of all 911 calls**. In the current reporting period (January to June 2025), the average rose slightly to **759 calls per month**, or **1.6% of all 911 calls**. While this increase is notable, BH calls still represent a relatively small share of the overall 911 call volume. Table 1 below shows the month-by-month totals and percentages for both reporting periods.

Table 1. Monthly BH Calls and Percentages

Q3–Q4 2024	BH CFS	% BH Calls	Q1–Q2 2025	BH CFS	% BH Calls
July	719	1.31%	Jan	716	1.61%
August	708	1.34%	Feb	579	1.39%
September	734	1.40%	March	775	1.55%
October	759	1.40%	April	699	1.46%
November	697	1.44%	May	907	1.79%
December	653	1.39%	June	883	1.79%
Total	**4,270**	**1.38%**	**Total**	**4,559**	**1.6%**

Repeat Individuals

While BH call volume has increased, the number of crisis-related encounters per individual has decreased since the last reporting period with fewer individuals experiencing multiple encounters overall. As shown below in **Table 2**, staying consistent with the last reporting period, across all BH calls, **most individuals experienced only a single encounter**. These findings continue to suggest that **frequent repeat callers** represent a relatively small cohort. The 911 diversion program QA/QI team continues to advocate for and facilitate **targeted interventions** or ongoing care coordination whenever possible to support these individuals.

Table 2. Crisis Related Encounters per Individual

Crisis Related Encounters	Q3-Q4 2024 Number of Individuals	Q1-Q2 2025 Number of Individuals
1	1,763	1,539
2	204	188
3	57	47
4	10	21
5 or more	14	12
Total	**2,048**	**1,807**

Ineligibility Reasons

It is important to note that not all calls that are coded as behavioral health (BH) calls are eligible for diversion. Only a small portion of 911 calls for service meet the safety screening criteria required for 911 call-takers to ensure that the scene is safe and that the person in crisis with a behavioral health concern does not need emergency medical care. According to international standards for emergency response protocol, both must be true when engaging a behavioral health professional instead of providing a police or medical response. The diversion program's goal is to ensure the **right response, by the right team, at the right time.**

This means:

- Individuals in behavioral health crisis with urgent medical needs must receive medical care quickly. Emergency medical response is handled by the Fire Department and/or EMS, and dispatched by the 911 call-taker.
- Those individuals in behavioral health crisis who may pose a danger to themselves, or others, may require intervention from police, especially when weapons or violence is involved.
- Behavioral health specialists can only engage in diversions when it is confirmed that the scene is safe and that the person in crisis does not need immediate medical care.
- Behavioral health specialists may be engaged in tandem with police and/or EMS, (co-notification) as an alternative to diversions in some behavioral calls for service where a diversion isn't an ideal response.

Among BH calls that might be eligible for diversion, several factors that are revealed during the 911 call taker triage process can make them ineligible under standard emergency response protocols. The most common reasons are **second- or third-party calls**, where the caller cannot provide enough details for the 911 call-taker to assess safety or medical concerns. Other leading reasons include calls **involving violence or weapons**, or calls originating from **facilities**.

Examples of Ineligible Calls:

- *Second-party caller (business owner):* A store owner reports a stranger who has been outside their store yelling to himself while swinging a large stick violently for several minutes. The caller doesn't know the person and cannot confirm their condition or intent. Because of the potential for violence and a possible weapon, the call requires police instead of a diversion. In this case, the 911 call taker may consider co-notification if a 988 counselor or one of the embedded clinicians believes they can work with the second party call to provide support or resources while waiting for police to arrive.

- *Third-party caller (driver):* A driver sees someone slowly walking and somewhat leaning dangerously over light rail train tracks but waits until the next stoplight to call 911. By then, the caller cannot see the person they are calling about and cannot provide details about the exact location of the person, their ability to respond to verbal prompts, or their physical disposition in real time. Without this information, diversion to a BH response is unsafe, and medical or police intervention is required for immediate intervention.

It is important to note that second- and third-party calls **can sometimes** be diverted if the caller is able to answer all screening questions needed to confirm that the scene is safe and there are no urgent medical concerns.

As shown in Table 3, **second- and third-party calls, along with calls involving weapons or violence, remain the top reasons for ineligibility**, followed by calls from facilities. Quality assurance and improvement processes continue to evolve to ensure that all individuals in crisis who contact 911 receive support—whether through diversion, co-notification, or follow-up by 988 or the embedded clinician after the police or medical issue has been resolved.

Table 3. Top Ineligibility Reasons: Calls can have multiple reasons for ineligibility.

Ineligibility Reason *Calls can have multiple reasons for ineligibility.*	**Q3–Q4 2024 Count**	**Q1–Q2 2025 Count**
Second or Third Party	1,150	1,147
Presence or suspicion of Violence/Weapon	337	319
Call from Facility and/or EP	153	161
Minor [1]	12	14
Medical	33	24
Caller Requests PD Response	4	N/A[2]
Caller Requests EMS Response	4	N/A
Caller declined transfer to 988	N/A	23
BFCD/EMS response after caller declined transfer to 988	N/A	20
BPD response after caller declined transfer to 988	N/A	13

1. Minors include individuals 11 and under
2. All data listed “N/A” in chart is due to an evolution of call code types, data tracking and data descriptions

Escalations

Escalations are calls that are fully diverted to 988 or the 911 embedded clinician that eventually required additional support from 911 after it was diverted. Escalations remain relatively rare and have decreased from 6 (reported for July to December 2024) to 4 for this reporting period. Although escalations may be necessary for reasons like emergent safety concerns or incomplete pre-screening information, the low occurrence indicates that the diversion process is largely effective.

Quality Assurance (QA/QI) Efforts

1. Accuracy in Identifying Calls for Diversion:

The QA team conducts monthly reviews to **spot check** diverted and non-diverted calls, measuring **false positives** (calls diverted that shouldn't have been) and any **missed opportunities** (calls that met diversion criteria but were missed).

The embedded clinicians are now engaged in daily and weekly spot checks to provide follow-up and care coordination for missed opportunities and repeat callers while also providing real-time training to 911 call takers.

2. Ongoing Process Improvements:

a. Call-taker training to recognize eligibility in real time.

b. More refined protocols around "violence" or "weapon" criteria to possibly expand safe diversion in cases where no immediate threat is present.

c. Continue to utilize the Behavioral Health Clinician to support increased fidelity to program policies and monitor the clinician's workplan through quarterly meetings to address the knowledge gap, specifically focusing on the Clinician can achieve the goals outlined earlier in the report.

3. Future Expansion Considerations:

a. Discussions about **third-party diversion** or **additional call types** remain ongoing. Any expansion will require robust planning to ensure adequate safety measures.

Conclusion

Behavioral health calls continue to make up a **small but steady portion of 911 activity**. Most individuals only have a single crisis encounter, and diversions are effective in connecting people with the right supports. While some BH calls will remain ineligible, ongoing **quality assurance and training** continue to reduce gaps and improve outcomes for people in crisis.

Appendix 2: Behavioral Health Diversion Quality Assurance and Improvement Program Standard Operating Procedures (SOP)

Purpose:

Establish a multi-agency continuous quality assurance and quality improvement (QA/QI) process to identify gaps or obstacles to reduce police interventions in behavioral health crises and ensure timely access to effective community-based services.

Key Aspects of Monthly Call Review

1. Identify CAD data involving behavioral health calls within a specific review period.
2. Collect data from 988 that exclusively involves 911 calls diverted to 988.
3. Connect CAD and 988 data to analyze call and response types.
4. Conduct a random audit of behavioral health CAD incidents and a review of behavioral health or crisis-related calls for services.
5. Meet with the QA teams to discuss data and identify possible gaps in diversion, successful diversions, and required follow-up.
6. Close the loop on any specific incidents, including, but not limited to, case resolution, follow-up services, and missing data from BPD, BCFD, or 988.
7. Ensure necessary follow-up care coordination between agencies, if applicable.
8. Discuss identified gaps with the larger Collaborative

Summary of existing 911 diversion program

- 911 call specialists identify calls that may be eligible diversion. The following codes are all approved to be potentially eligible for diversion if triage confirms that the call meets all screening criteria:
  - 25O01 Non-Suicidal and Alert
  - 25O02 Suicidal Ideations and Alert
  - 25A01 Non-Suicidal and Alert
  - 25A02 Suicidal Ideation and Alert
  - 25B03 Intending Suicide
  - 25B06 Unknown Status
  - 25C01 Altered LOC (Hist. Mental Health Condition)
  - 25C02 Altered LOC (Unknown Hist Ment Health Condition)

- First and second-party calls involving callers aged 12 and older that meet screening criteria will be diverted to 988. Diversion to 988 occurs as a warm handoff from the 911 specialist to the 988 clinician
- Exclusion criteria for diversion are as follows:
  a) Age < 12
  b) Potential for violence or presence of a weapon / perceived threat to clinician safety
  c) Third party calls in which no one is physically present or has visibility on the caller
  d) Presence of high priority medical complaints such as chest pain, shortness of breath, bleeding, or perceived alteration in mental status, stroke-like symptoms
- 911 specialists are encouraged to broadly co-notify 988 of any requests for service which may involve a behavioral crisis
- The 911 clinician can utilize their judgment to divert calls to 988 which may benefit from a crisis response

Identification of calls appropriate for audit review

- Cases involving missed diversion or co-notification
- Absence of loop closure/unknown outcome
- Lack of police report for suspected behavioral health crisis/emergency
- Adverse outcomes to include: use of physical or chemical restraint or patient harm
- Cases involving repeat calls or pattern of calls
- Deviation from existing guidelines / operating procedures
- Encounters in which 988 sends the call back to 988 for a behavioral, medical, or other emergency response.

Quality assurance and improvement analysis

- 911 managers, data analysts, and other stakeholders will identify calls for QA/QI review. “Exemplary” calls or successful diversion encounters may also be incorporated into the QA /QI meetings
- The QA/QI meeting will begin with a presentation of relevant updates and a summary of diversion numbers to include the total number of calls, the total number of calls diverted to BCRI/988, and the number of missed diversion opportunities. These data points will be displayed in the internal data dashboard.

- QA/QI personnel will attempt to gather related data into the existing review spreadsheet. Review data should include: CAD information, demographics, relevant BCFD/BPD reports, and the expressed reason for review
- QA/QI team members will review the call timeline and identify areas for follow-up
- QA/QI team members will review calls prior to the meeting to prepare and flag calls

Reporting metrics

- Internal dashboard will report out on the following metrics:

  a) Total number of 911 calls involving behavioral health crisis

  b) Number of calls diverted to 988

  c) Number of co-notification events

  d) Estimate of time savings attributed to diversion / avoided responses

  e) Number of sentinel events

  d) Total number of calls involving physical restraint or chemical restraint (Ketamine)

  e) Total number of “dropped calls” where requests for diversion were unable to be connected to mental health clinician

  f) Total number of mobile crisis teams deployed via BCRI/988 through diversion program

  g) Total number of calls diverted in 988 that get kicked back to BCFD and/or BPD and why they got sent back, i.e., the MCT wasn’t available

Appendix 3: Crisis Response Infrastructure Data and Updates

This appendix offers additional context to the change that is happening within the crisis response infrastructure in Baltimore City. Goal #2 of Paragraph 97 of the Implementation Plan and Status Report looks specifically at mobile crisis response. Baltimore City's mobile crisis response is a part of the Central Maryland Crisis Response System, which is a partnership between Baltimore City, and Baltimore, Howard and Carroll counties to develop a comprehensive regional crisis response infrastructure within Central Maryland. This regionalized infrastructure change began in 2020 and included expanding the number of mobile crisis teams, enhancing mobile crisis response to 24/7 response, and the development of better data collection and accountability mechanisms for the crisis response system. Measuring mobile crisis team capacity is larger than counting the number of mobile crisis teams funded and includes the development of the additional data points shown below to determine when and why a team is not available to respond when requested.

Figure 1: Baltimore City Mobile Response Teams Total Mobile Request Volume July 2024 to June 2025

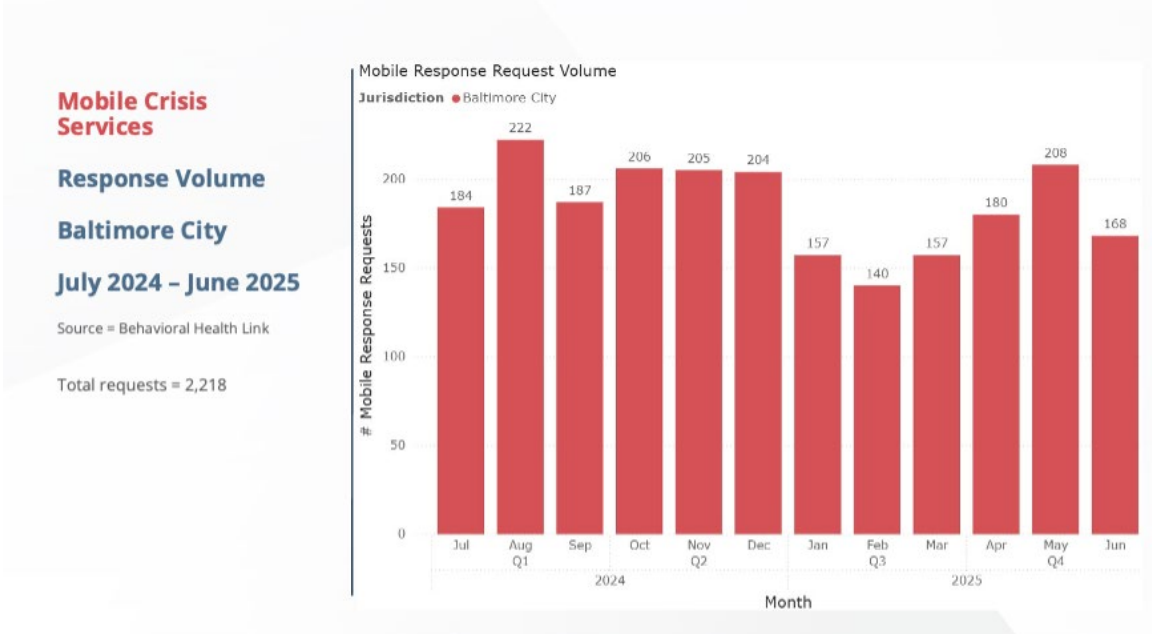


Figure 2: Baltimore City Mobile Response Teams Response Times from July 2024 to June 2025

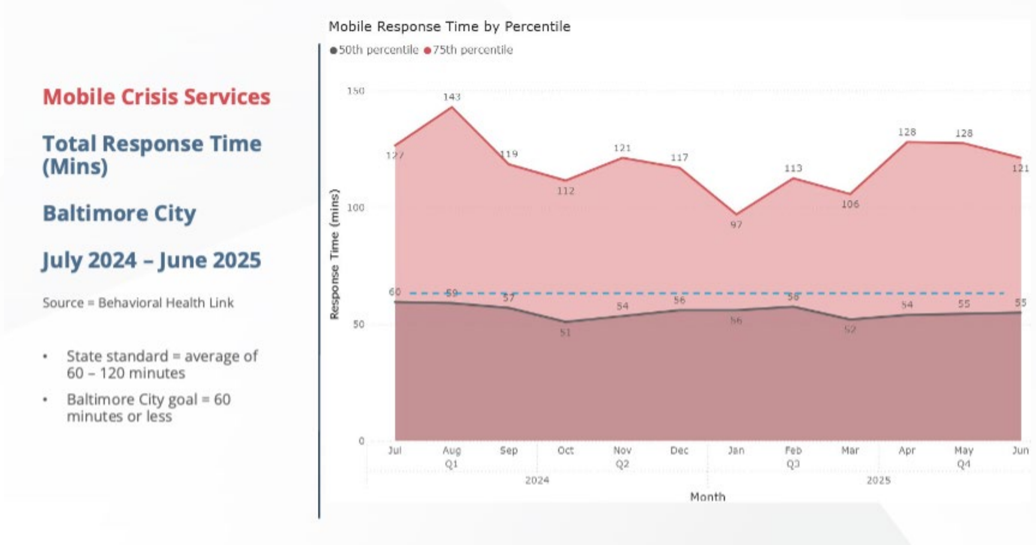
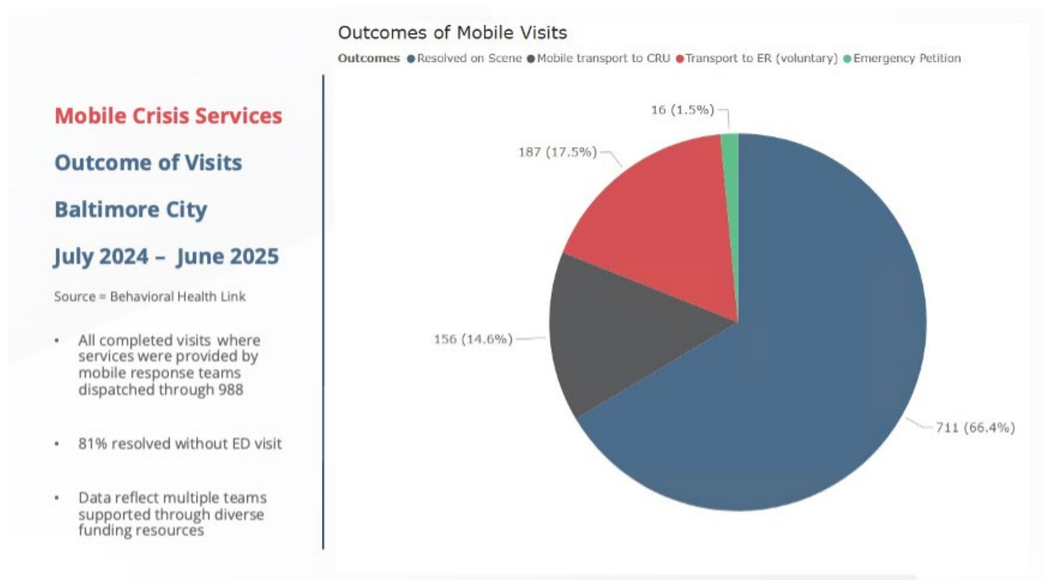


Figure 3: Baltimore City Mobile Response Teams Outcomes of Completed Visits July 2024 to June 2025



Appendix 4: Baltimore City Behavioral Health Crisis Incident Reviews

Background:

Under the Maryland General Health Article, section 24, subtitle 18, the "Baltimore City Behavioral Health Crisis Incident Review Team" was established. The purpose of establishing this team is to examine behavioral health crises that involve interaction with law enforcement in Baltimore City and recommend and facilitate changes within the system. This legislation requires that the review team be provided with access to certain information and records, establishing certain closed meetings, confidentiality, and disclosure requirements for information and records. All members of the review team are required to sign a confidentiality form. Any data will be shared and stored securely and will not be redisclosed beyond the review team.

Sentinel Event Reviews:

Sentinel Events are unexpected or critical behavioral health related incidents involving interactions with law enforcement that may indicate risks or gaps in care. Sentinel Event Reviews (SER) are structured reviews of sentinel events to identify causes and develop strategies to prevent future incidents. Sentinel Events are encounters that do not occur in isolation; there are many diverse "root causes" and factors that may lead to an individual encountering law enforcement. As such, it is critical to conduct Behavioral Health Crisis Incident Reviews that include the participation of key decision-makers within the city's public behavioral health system to promptly identify where an individual was not adequately served and how such encounters may be prevented in the future.

Since 2023, there have been eight Sentinel Event Reviews held by the Baltimore City Behavioral Health Crisis Incident Review Team. Table 4 includes the meeting number, date and includes a summary of the case(s) with all identifying information removed.

Table 4: Baltimore City Sentinel Event Review Case Summaries

Event #	Event Date	Case A Overview	Case B Overview
8	5/1/25	Level 3 use of force incident occurred following an assault report and during police interaction, the subject wielded a weapon, necessitating taser deployment to ensure safety of officers and civilians involved.	Level 3 use of force due after officers were dispatched to a behavioral crisis involving a subject who exhibited agitated and aggressive behavior toward medical facility staff.
7	3/18/25	Level 3 due to taser deployment location on individual. Court order EP	Level 3 use of force due to location of taser deployment on individual, confluence of behavioral health, substance use, and co-morbidities.
6	11/7/24	Structural gap identified in case review: criminal justice involvement over multiple decades leading to disconnection from comprehensive behavioral health services	Structural gap identified in case review: siloed mental health and substance use care coordina-tion services
5	8/15/24	An individual struggling with substance use, that had 30+ BPD endorsed emergency petitions, and limited English language	
4	5/2/24	An individual with a diagnosis of bipolar. Involvement included police barricades, EPs, and the Central Booking Intake Facility.	An individual with a diagnosis of autism. Involvement included multiple EMS calls from care facilities, EPs, and physical and medical restraints.
3	2/7/24	An incident involving an officer involved shooting when police responded to a call for service. Following the shooting, the individual was treated at the hospital and then EP'd.	Officers responded to a call reporting a break in and encountered an individual with delirium/dementia. The individual was EP'd.
2	11/14/23	A review involving a youth with multiple (at least 5) interactions with police and EPs at various locations including care facilities within a six month timeframe	
1	9/23/23	An incident involving a hospital and police and EMS interaction with an individual with SMI BPD responded to a behavioral health crisis call. A Medic was requested to the scene to assess the individual; however, they refused treatment, and the Medic left the scene. BPD transported the individual to the hospital. The individual died while in care at the hospital a few days later.	

During the Sentinel Event Review meetings, the group discusses opportunities for improvements to the behavioral health system to prevent similar situations in the future. Recommendations from these conversations are collected. The recommendations range in complexity and tackle various aspects of the behavioral health system. Given this, it is important to note that some of the recommendations named below are system-level changes that will take years to implement and coordinate.

Table 5 below provides a summary of the Sentinel Event Review recommendations and their progress to date. Recommendations for SER # 8 are still being finalized and will be included in the next report.

Table 5: Baltimore City Sentinel Event Review Recommendations and Status of Implementation Progress

SER #:	Recommendation:	Status	Update:
7	Continue to advocate for integration of CRISP data (see SER 6 recommendation)	In process	
7	Consider Updates to the Levels of care w/ SUD a. If generalized to all BH disorders, this patient could have been flagged to receive additional follow-up. b. Expanding levels of care beyond hospitals—explore and strategize how levels of care could be implemented across the behavioral health system c. Challenge—implementation and cost of implementation d. Need to have peer recovery specialists to be able to do follow-up	In process	BCHD to lead
7	Expand hours of CRT when staffing and budget allow for this	Not Started	
7	All SER recommendations should be integrated into the city-wide needs assessment and strategic plan for overdose response	In process	2025 Needs Assessment and Strategic Plan completed. Some but not all recommendations were included
7	Continue to advocate for hospital policy changes (See SER 6 recommendation)	Not Started	
7	Continue to advocate for integration of targeted case management and ensure inclusion of SUD (See SER 6 recommendation)	Not Started	
7	Increased need for immediate follow-up and coordination after hospital or inpatient discharge	Not Started	BCHD to lead as part of hospital engagement

6	BHSB to contact the Forensic Alternative Services Team (FAST) for future behavioral health case reviews and include relevant data in submitted reports.	Completed	
6	BHSB to look into the ability to gain more information on cases that involve an 8505-8507 court order. The Mayor's Office will provide additional support if needed.	In process	BHSB is currently working on this.
6	Invite a representative from drug or mental health courts to Sentinel Event Review if the case involves drug or mental health court.	Completed	The Mayor's Office and BHSB will invite representatives from drug/ mental health court if relevant to future cases at Sentinel Event Review.
6	BHSB to collaborate with hospital workgroup focused on ad-dressing siloed hospital operations systems when it comes to protocols relevant to patients reviewed.	Completed	BHSB attends regular meetings with the hospital workgroup.
6	Connect CRISP with mental health providers.	In process	PDMP – moving forward
6	Expand crisis intervention training to all City employees who provide people-centered services. Given the training for BPD and 911 call specialists, the review committee suggests that BCFD first responders are the next logical group to receive the training. In process	In process	MO to lead this.
6	Advocate for the state to seek CMS approval to integrate tar-geted case management eligibility to include individuals expe-riencing substance use and/or mental health disorders.	Not Started	BHSB to lead however, the State is not opening up Medicaid cur-rently.
6	Revise the sentinel event review submission form for BHSB to include a report from HMIS, FAST, and Drug Treatment and Mental Health Courts.	Completed	
6	Work with CRISP to see if there is an ability to flag clients who repeatedly come into city ERs with chronic unmet behavioral health needs.	Not Started	
6	Explore feasibility and barriers to including OTP treatment da-ta in the CRISP PDMP. This would require a state law change to require support from CRISP.	Not Started	
6	Advocate for linking all discharge plans across hospitals and providers that focus on standardized care coordination and referral.	Not Started	

6	Expand distribution of 988 flyers, cards, and information to BPD and BCFD responders for use in their outreach and ena-bling them to distribute materials to the community.	Not Started	
5	Develop a BPD policy or public education to flag cases that meet crisis team criteria (i.e., what is the threshold among be-havioral health cases when CRT should be flagged?)	Completed	BPD developed a Standard Operating Procedure (SOP) for the Crisis Intervention Team coordinator and the Crisis Response Team. BPD's Policy 712, Crisis Intervention Program was revised as recently as 2024.
5	Ensure there are on-call Spanish speaking providers at 988	In process	BCRI is working on hiring Spanish-speaking providers. They cur-rently use language services to provide services to callers.
5	Develop and resource 24/7 outreach as described in paragraph 97 of the consent decree. This case highlights the importance of outreach services to 1) engage with people when they are not in crisis and 2) develop ongoing relationships with peers	Completed	As of October 2024, $15 million of the opioid settlement will be used to establish comprehensive outreach services that operate 24/7.
5	Better coordinate the 988 and 911 systems to catch cases with repeated behavioral health contacts sooner. This will allow for better case recognition, education for calling 988 during inter-actions, and ongoing interaction with participants outside of times of crisis.	Completed	The embedded clinicians are now conducting daily and weekly checks to identify individuals with repeated behavioral health–related 911 calls. When possible, clinicians proactively reach out to these callers to provide education about 988 and help connect them to appropriate services.
5	Ensure that the right service is dispatched earlier on in the process, i.e., a mobile crisis team or calling 988, before police interaction	In process	
5	Work towards system-level coordination when a person is discharged from the hospital.	In process	MD Peer Advisory Council is providing this service.

5	Continue to work on data-sharing agreements among parties to flag people with frequent EPs	In process	• The City is working to engage CRISP to attend SERs in the future • BHSB and BPD are working on finalizing a data-sharing agree-ment to look at individuals with a high number of EPs and con-nect them to resources • The BCBHC data subcommittee is BPD EP data to determine fa-cilities that could use resources and support from BHSB to offer alternatives to BPD EPs • BHSB to look at a list of high EPs and connect them to resources
5	Create high utilizer working group with key partners to identify specific strategies	In process	• Current hospitals meetings should include city agencies within these meetings • The City will follow up to see if there is potential to collaborate with Hopkins • Sgt Smith will provide John Crouch with information about the Bayview meeting addressing individuals with frequent visits to the ED.
5	Increase education among BDP patrol about CRT	Completed	BDP CRT currently conduct information sessions about CRT at rollcalls
5	Address the disconnect between mental health and substance use services to create an integrated and comprehensive system of behavioral health services	Not started	This could be a role for the new division at BCHD
5	Resource and value alternative emergency response system for behavioral health to make it a comprehensive system.	Completed	$10 million from opioid settlement funds has been allocated for 988 education and outreach as of October 2024
5	Create and invest in culturally component services. Advocate for the right level of resources to support comprehensive fund-ing for language services.	Not Started	The City and BHSB plan to participate in the state's working group to address the billing of language services
5	Advocate for substance use case management to be billable through Medicaid.	Not Started	
4	Schedule a follow-up meeting with the Central Booking and Intake Facility (CBIF) to discuss behavioral health services offered at the facility and communication strategies among BPD and BCFD.	Completed	The City, BCFD, BPD, and BCRI met with CBIF in June 2024. CBIF and BPD identified key areas to increase communication and build more significant relationships.

4	Conduct a discussion with Baltimore City hospitals to address communication strategies with BPD, BCFD, BHSB/ BCRI regarding emergency petitions	In process	A representative from a hospital attended the November 2023 Sentinel Event Review. BCHD hosts on going meetings with hospital leadership.
4	Disseminate information about proper communication channels and processes among BPD, BCFD, hospitals, and CBIF to appropriate parties.	In process	The City plans to address communication channels through on-going and future meetings with BPD, BCFD, hospitals, and CBIF.
4	Communicate to the hospitals about paragraph 97 and the Sentinel Event Review process to deepen collaboration to im-prove the behavioral health system	Completed	The City has invited hospitals to participate in SERs.
4	Arrange for the Development Disabilities Administration (DDA) to provide a training for BCFD and BPD CIT to increase awareness of their services and learn how to make referrals.	Completed	BHSB connected DDA with BPD's Crisis Intervention Team in May 2024. BCFD also connected with DDA and passed on the DDA representative's email to the BCFD population health team.
4	Connect BCRI and DDA to increase collaboration among agencies.	Completed	This connection was made in May 2024, the partnership development is ongoing.
4	Connect DDA with hospitals in the region to connect with DDA-involved clients.	Completed	BHSB invited DDA to attend their monthly meeting with the hospitals.
4	Look into the potential for DDA to provide a list of DDA-involved people to input in CRISP to flag people during hospitalization.	Completed	The City facilitated a connection between DDA and CRISP.
4	Invite hospitals, CRISP, and CBIF to the next Sentinel Event Review	Completed	CBIF, CRISP, and Johns Hopkins Emergency Room attend the Sentinel Events as of November 2024
3	Identify and track individuals with repeat EPs. This could allow service providers, in particular crisis response and providers, to prioritize individuals who have a history of repeat EP presentation	In process	This is ongoing work within the data subcommittee. Additionally, BHSB and BPD have created a data sharing agreement that will assist with this.
3	Establish a robust follow-up process for people who have been EP'd or engaged by BPD's mobile response team and transition the follow-up role away from BPD	In process	
3	Identify contacts from hospital EDs to participate in the Senti-nel Event Reviews	In process	Outreach is ongoing regarding this, but a hospital is confirmed to participate in the November Sentinel Event Review.

3	Execute data sharing agreement with BPD and BHSB	In process	Outreach is ongoing regarding this, but a hospital is confirmed to participate in the November Sentinel Event Review.
3	Execute data sharing agreement with BPD and BHSB	In process	BHSB and BPD are in the final stages of finalizing a data-sharing agreement. BHSB will look at the information of consumers who have frequent BPD contact (3> contacts in 6 months) and do an aggregate data analysis to see if people are connected to the public behavioral health system.
3	Adjust BPD-BCFD Co-Responder Protocol & Emergency Response Training	Completed	Adjusted beginning May 1, 2024.
2	Hold quarterly Sentinel Event Reviews	Completed	SER are scheduled on a quarterly basis. To date, there have been 4 SER
2	Look at volume of calls for specific locations to address unmet community needs	In process	This work is ongoing. Supported by the data sharing agreement.
2	Invite additional members to SERs, including representation from LGBTQ+, youth, homelessness, etc. services	In process	This is ongoing
1	Develop a draft proposal of criteria to determine eligibility of sentinel events to discuss with Board	Completed	SERs are now slated for Behavioral Health Incidents that involve a Level 3 Use of Force.
1	Revise BPD data collection form and include all previous interactions rather than just behavioral health related interactions. (i.e., instances of victimization, other calls for service)	Completed	As of this recommendation, BPD now submits all previous interactions with individuals as a part of the SER.
1	Develop a checklist to identify sources of information that should be considered for an individual case review. (i.e., if an individual in a case was experiencing homelessness, check for HMIS data.)	Completed	The City developed a data collection form for SER members to ensure consistency and transparency across agencies.
1	Meet with Law Department ahead of all case reviews to discuss any confidentiality concerns	Completed	
1	Include additional information/data within data packets and/or presentation for cases under review	Completed	Identified agencies submit data for every Sentinel Event Review. The City plans to continue including additional data from agencies as SER expands and evolves
1	Secure additional staff capacity to support project management of reviews	Completed	The City hired a Behavioral Health Project Manager in February 2024.

Appendix # 5: Responses to Public Comments for the Fall 2024 Paragraph 97 Semi-Annual Implementation Report

Background:

The Fall 2024 Paragraph 97 Semi-Annual Implementation Report was published on the Baltimore Police Department (BPD) Transparency Page and open for public comment from July 11 to August 10, 2025.

During this time:

- BPD received three written public comments.
- The Baltimore City Behavioral Health Collaborative (BCBHC) also received a public request for more information on the 911 Diversion Program.

Key Themes from Public Comments:

1. Racial Disparities in Crisis Response

Concern: A commentor noted that 74% of people identified as “in crisis” during BPD interactions were Black, while Black residents make up 58% of the city’s population. They also raised concerns about whether people of color are diverted from police response at the same rates as white residents.

Response:

- Racial disparities in behavioral health and crisis response reflect long-standing inequities in both healthcare and public safety nationwide, including Baltimore.
- Current data does **not show evidence** that diversion decisions favor white residents over residents of color.
- The City’s ongoing quality assurance and quality improvement (QA/QI) process includes continuous review of outcomes by race and ethnicity to ensure fairness.

2. Low Diversion Rates from 911 to 988

Concern: A commentor highlighted that fewer than 325 calls were diverted from 911 to 988 in 2024, compared to 8,550 behavioral health-related calls overall.

Response:

- Not all behavioral health calls are eligible for diversion. Only a small subset meets the strict international safety standards that allow transfer to behavioral health professionals without EMS or police involvement.
- The 911 Diversion Program launched as a pilot in 2022 with a narrow scope, intentionally limited to ensure the highest safety and lowest risk for the public. Since then, the program has expanded from two call types to seven, and QA/QI processes continuously review program fidelity and additional call types for possible inclusion.
- Diversion is not always the safest or most effective option. In those cases, the program increasingly uses co-notification, where behavioral health providers are alerted and involved alongside police, fire, or EMS to deliver targeted interventions and improve care coordination.
- The program is designed to expand gradually and responsibly, so that every behavioral health caller receives the **right response, by the right team, at the right time.** Additional details can be found in Appendix 1.

3. Transparency and Data Access

Concern: A commentor stated that data on diversion, demographics, use of force, and outcomes is fragmented and not easily accessible.

Response:

- The City recognizes the importance of presenting data in a clear and comprehensive way so the public and stakeholders can fully understand program progress and effectiveness.
- In response to feedback from LDF, BCBHC, and the community, the City is actively redesigning the public dashboard to provide clearer data, stronger narratives, and better context.
- The goal is a single, user-friendly platform that allows side-by-side comparisons of 911 diversion and 988 call data.
- Because the data comes from multiple agencies and systems, this work requires careful planning and coordination to ensure accuracy and transparency.
- While the dashboard redesign is underway, BCBHC hosts public forums—including general body meetings and Data-Informed Subcommittee meetings—where agency data teams present updates, answer questions, and gather real-time feedback on metrics.

4. Repeat Crisis Contacts

Concern: A commentor noted that 285 people had multiple crisis interactions in six months, including one person with 14 encounters.

Response:

- Repeat crisis calls highlight gaps in the broader behavioral health system, especially around sustained treatment and care planning.
- Most individuals (about 86%) who had a behavioral health crisis interaction during this time had only one encounter.
- Embedded clinicians in the 911 Call Center have expanded capacity by providing real-time coordination in connecting frequent callers with case management and ongoing services.

5. Follow-Up and Wrap-Around Services

Concern: A commentor emphasized limited case management and gaps in follow-up, especially in high-need neighborhoods.

Response:

- Both the 988 Call Center and embedded clinicians in 911-call center are providing increased support for follow-up and care coordination for callers with behavioral health concerns wherever possible.
- BHSB (the local behavioral health authority) and the 988-call center continue to expand follow-up services, including short-term case management and warm hand-offs to long-term providers.

6. Public Education and Outreach

Concern: Multiple commenters noted that 988 is not widely understood as a non-police crisis option, and public outreach is limited.

Response:

- According to a 2024 national poll by the National Alliance on Mental Illness, one in three people are aware of 988 as a crisis resource.
- BHSB, Baltimore's local behavioral health authority, has received $10 million through the Opioid Restitution Fund (ORF) to support 988 public education over five years.
- These funds will expand the existing "CALL 988 Campaign" and develop new tools and creative resources to reach more community members and increase awareness of 988 as a non-police crisis option.
- A full update on these efforts is available in Section 1a of this implementation report.

7. Commentor Recommendations

A commentor provided several recommendations. The City's responses are below.

Strengthen 911 Diversion Capacity

- The 911 call center has expanded embedded clinician coverage during peak hours (9:00 a.m.–11:00 p.m., Monday–Friday), with plans to explore weekend coverage in the future.
- QA/QI protocols include call monitoring, scoring, and debriefing. Findings inform training and process improvements that increase program fidelity and identify opportunities to expand eligible call types.
- Diversion for third-party callers is currently limited by safety concerns. However, embedded clinicians can now support real-time decisions and participate in co-notifications whenever feasible.

Improve Data Transparency

- The City is redesigning the 911 diversion data dashboards to provide more complete and disaggregated information along with clearer narrative context.
- Because 911 diversion involves data work across multiple agencies and systems, the dashboard redesign and implementation will take time. To support this effort, the City is hiring a QA Project Manager to oversee data quality, cleaning, and overall management, with plans to have the person onboarded by Q3 2025.
- While the dashboard is being updated, BCBHC continues to host public forums—including general body and Data-Informed Subcommittee meetings—where community members can ask questions, review reports, and provide real-time feedback to agency data teams.

Expand Follow-Up Services

- Embedded clinicians in the 911 call center are expanding capacity to follow up with behavioral health callers, provide resources, and coordinate care.
- BHSB, BCRI/988, and the Mayor's Office are working together to expand follow-up initiatives, case management, and culturally competent services in high-need neighborhoods. Efforts include peer support programs, transitional housing resources, and user-friendly service directories.

Strengthen Community Engagement

- People with lived experience are included in consultations, audits, and program design through BCBHC and other advisory bodies.
- The City is committed to expanding these opportunities in ways that insure patient privacy and anonymity.
- Community members are encouraged to join the Baltimore City Behavioral Health Collaborative (BCBHC) to provide real-time input, feedback, and engagement in decision-making for programs under Paragraph 97 of the consent decree. The City is also recruiting community members for the newly forming Community Engagement Subcommittee of BCBHC. For more information, email behavioralhealth@baltimorecity.gov

8. Homelessness & Lived Experience

Concerns:

- Include individuals with lived experience on homeless outreach committees.
- Improve officer–homeless community interactions through input from people with lived experience.
- Empower people with lived experience to connect unsheltered residents to services.

Response:

- The City and BCBHC agree that people with lived experience are essential voices. They are included in outreach efforts, committees, and program design.
- Training and "tools of engagement" are being expanded for both officers and outreach staff.
- The City supports peer-led connections to services and will continue to strengthen this approach.
- Community members are encouraged to join the Baltimore City Behavioral Health Collaborative (BCBHC) to provide real-time input, feedback, and engagement in decision-making for programs under Paragraph 97 of the consent decree. The City is also recruiting community members for the newly forming Community Engagement Subcommittee of BCBHC. For more information, email behavioralhealth@baltimorecity.gov

9. Questions About the 911 Diversion Program

Who decides which calls are eligible for diversion?

Decisions are developed jointly by 911 leadership, the Mayor's Office, BCFD, EMS, BPD, BHSB, and BCRI, and informed by international standards of best practices from the International Academies of Emergency Dispatch (IAED).

How are eligibility criteria set?

Criteria is set based on international standards, local data, clinical safety concerns, and continuous QA/QI review.

Are there follow-up mechanisms for case management?

Yes. BCRI/988 and 911 embedded clinicians provide follow-up, case management, and connections to community services when callers consent.

Where can residents find wrap-around services?

BHSB maintains a public resource directory at bhsbaltimore.org/find-help.

City of Baltimore