City *of* Baltimore

Paragraph 97 Implementation Plan & Status Update

2024 FALL SEMIANNUAL REPORT

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Introduction

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) in 2017 to resolve the DOJ's findings that BPD had engaged in a pattern and practice of conduct that violates the First, Fourth, and Fourteenth Amendments to the United States Constitution. Specifically, Paragraph 97 of the Consent Decree outlines the City's responsibilities to identify gaps in the behavioral health service system and recommend and implement solutions.

Partnership with system stakeholders, community members, and individuals with lived and living experience is a necessary component of systems level transformational change. The Baltimore City Behavioral Health Collaborative (BCBHC), formerly known as the Collaborative Planning Implementation Committee or CPIC, has been meeting for over 15 years to foster partnership between BPD and the behavioral health system with an emphasis on police training. In 2017 the BCBHC expanded its focus and stakeholders to address and implement fundamental changes to the behavioral health system. The BCBHC is led by the Baltimore City Mayors' Office, BPD, and Behavioral Health System Baltimore (BHSB), a non-profit organization that manages the public behavioral health system on behalf of the City and the State of Maryland Department of Health. The BCBHC regularly engages in the system transformation work needed to satisfy the requirements of Paragraph 97 of the Consent Decree and will serve as an ongoing accountability body for the City to gather input and feedback into system level change needed to address the behavioral health needs of people in Baltimore.

As required in Paragraph 97, the City conducted an assessment to identify gaps in the behavioral health system and recommend implementation strategies to address the identified gaps and published the **Public Behavioral Health System Gap Analysis Report** in December 2019. In response to the recommendations issued in the analysis, after collaboration between the Department of Justice, and the Consent Decree Monitoring team, and public comment periods that generated nearly 30 pages of comment and feedback – the **Behavioral Health Gap Analysis Implementation Plan (GAIP)** was published in Summer 2022. This plan outlined a multi-year approach to transform the behavioral health system in Baltimore City to adequately provide the resources and support that those experiencing behavioral health crises need through several critical focus areas: 911 diversion, mobile crisis team response, crisis service system integration, peer support services, and social determinants of health.

Since its publication, the GAIP has served as a road map to work across government agencies, organizations and community to address and achieve significant changes in the behavioral health system. These changes have included, but are not limited to, the creation of a 911 diversion program in partnership with BHSB, Baltimore Crisis Response Inc. (BCRI), BPD, and Baltimore City Fire Department (BCFD); the implementation of Baltimore City Behavioral Health Crisis Incident Review Team to examine behavioral health crises that involve interaction with law enforcement and other emergency responders; the development of the Open Access Project to support behavioral health service providers to provide same-day or next-day appointments; significant expansion of mobile crisis teams that include certified peers; and the creation of a city-wide housing fund to increase permanent supportive housing.

As progress under the Consent Decree continued, the City, BPD, and DOJ found it necessary to outline more specific actions and outcomes that are required under Paragraph 97. However, the evolving and complex landscape of behavioral health service delivery, not only across Baltimore City but across Maryland and the United States, combined with ongoing community feedback and the generality, and outdated implementation strategies within the GAIP, demonstrated a need for a more specific agreement between the City and DOJ to satisfy the requirements of Paragraph 97 of the Consent Decree. The City, BPD, and DOJ negotiated this agreement, and in September 2023, the Monitoring Team approved and filed it with the Court. This document presents the key areas the City, BPD, and DOJ have agreed to address to satisfy the requirements of Paragraph 97 of the Consent Decree and will focus on the progress in meeting these requirements. These include 911 diversion, Mobile Crisis Teams, Peer Services, Housing and Homeless Services, Quality Assurance processes, and an MOU between the City and BHSB. Below, each section outlines:

- the overall goal,
- strategies to achieve the goal,
- activities to accomplish each strategy,
- and a status report.

The aim of the format is to create a transparent, easily to understand document that demonstrates the City's previous and current progress in implementing the requirements of Paragraph 97 of the Consent Decree to improve the range, availability and quality of the behavioral health service delivery system. Progress made on activities is visually marked:

- **Green** if accomplished or significant work has been done and the activity is ongoing, and update narrative is serves as documentation of the achievement and will not change once the activity is marked as green (when necessary additional progress will be included via footnote or addendum),
- **Yellow** if the activities have started and an update of recent progress made is included, or
- **Red** if work has not started and an update is not included.

For all activities marked "red", a timeline has been included in the narrative update. The timelines included are target dates and can be adjusted if needed given the ongoing complexities of behavioral health system work. Timelines are based on calendar year quarters which include:

- **Quarter 1(Q1):** January to March, YEAR
- **Quarter 2 (Q2):** April to June, YEAR
- **Quarter 3 (Q3):** July to September, YEAR
- **Quarter 4 (Q4):** October to December, YEAR

The new format 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. The intent of this report is twofold: one, a mechanism for the Monitoring Team to measure the City's progress addressing the goals named in paragraph 97 of the consent decree, and two, a public document to share how Baltimore City has and is planning to make changes to its behavioral health system. In all, this public document aims to garner feedback from the public to shape this critical body of work. This document will be updated semiannually and shared with the public for open comment. Updates to the report since the Quarter 1 and 2 2024 Semiannual Report will be in blue font. The strategies and associated action steps in this report do not encompass the full range of work needed or happening in Baltimore City to address behavioral health.[1]

The Monitoring Team is in the process of developing a methodology, in consultation with the City, BPD, and DOJ, by which to measure the City's and BPD's progress in implementing paragraph 97. That process will yield additional clarity as to what the City and BPD are required to do in order to achieve compliance with paragraph 97. Activities outlined in this report may or may not be included in the required steps to achieve compliance. The methodology will also address how to measure the City's and BPD's progress in implementing paragraph 97 where non-City entities are also involved in this work.

1. Future iterations of this report will attempt to offer further context to the fuller landscape of work happening to address behavioral health in the City.

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[2].

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

Activities	Status	July–December 2024 Update
Implement a public education campaign to promote the use of community-based services in lieu of calling 911	✓	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 research 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 implemented 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.
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	»	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 the response effort to the collapse of the Key Bridge including putting 988 information in the Key Bridge Response website. • Providing public facing agencies with 988 paraphernalia to distribute such as Fire, EMS and Homeless Services • 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 engagement partners on 988 as a resource. • 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.

2. The next semiannual report will include an update on and analysis of ongoing work to divert eligible calls from 911 to 988.

Advocate for policies that support a permanent funding source for 988 expansion and funding	✓	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. • The telecom fee is active and 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.
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	»	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. The City is currently implementing the processes and structures needed to effectively administer the settlement funds to 988 and other organizations named in the opioid litigation settlements. The next report will provide additional details on how the $10 million will be utilized to support 988 outreach and education. 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

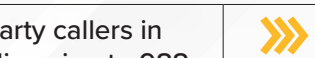
Activities	Status	July–December 2024 Update
Secure funding to hire a behavioral health clinician to work in the 911 call center	✓	The City secured time-limited funding through the Bureau of Justice Assistance for the behavioral health clinician role in 2022.
Identify a vendor to provide a behavioral health clinician within the 911 call center	✓	BHSB conducted a procurement process to select a vendor. BCRI was selected as the vendor in early 2023.
Hire and onboard behavioral health clinician	✓	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	✓	In partnership with Harvard's Government Performance Lab (GPL), the City, BHSB, BCRI and 911 call center developed goals and metrics of success 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	✓	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 has convened quarterly 911 Behavioral Health Diversion strategy meetings to address the knowledge gap, specifically focusing on how the Clinician can achieve the goals outlined above through day-to-day activities. The City began hosting these quarterly 911 Behavioral Health Diversion Strategy meetings in 2024 to monitor this project and the larger diversion program.
Develop a plan to sustain, and expand if needed, the Behavioral Health Clinician within the 911 call center	⋙	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. There is potential for the 988 Trust Fund or newly approved 988 telecom fee to be used to support the clinical support needed in the 911 call center. As stated above, 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.

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	July–December 2024 Update
Use the 988 Helpline to manage calls diverted from 911	✓	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	✓	An interagency workgroup was established at the launch of 911 diversion program and meets monthly.

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	July–December 2024 Update
Establish initial 911 call types eligible for diversion to 988	✓	In June 2021, the 911 call center began to divert two behavioral health call types — "non-suicidal and alert" (psychiatric/abnormal behavior/suicide) and "suicidal and alert" (psychiatric/abnormal behavior/suicide). These two categories alone account for an estimated 1,000 calls received by 911 operators annually.
Expand 911 call types eligible for diversion to 988 to include a wider variety of behavioral health calls	✓	In Q2 2022, the 911 call center expanded to add a third call type: • 25B03 – Caller is alert and actively threatening suicide. In 2024 Q1, 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.*
Expand 911 diversion criteria to youth above the age of 12 years old	✓	In 2024 Q1, the 911 call center added youth 12 years old or older eligible for diversion.

Include 2nd party callers in eligibility for diversion to 988		Second-party calls are eligible for diversion. 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 has convened quarterly meetings to address this finding. To start, the 911 call center will reinforce the importance of co-notification through trainings, one-on-one conversations, and support of the Behavioral Health Clinician. The 911 call center currently allows 2nd party callers to be eligible for diversion. In partnership with 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 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		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, BPD, BCFD, BHSB, BCRI, and the 911 call center have decided to focus on addressing protocol fidelity among 1st and 2nd call 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. 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.

Identify call types eligible for diversion as able and appropriate		On a semiannual basis the 911 Diversion Strategy meeting will evaluate feasibility of selecting additional call types for expansion. An update in the next report will be provided on the results of that next evaluation. Since 2024 Q1, 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. The City and its partners are working with GPL to implement effective and efficient 2nd and 3rd party diversion. As of 2024 Q1, 2nd party calls have been eligible for diversion.
Ensure call specialists have appropriate training to know when and how to divert calls to 988, and when to utilize the embedded clinicians[3]		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	July–December 2024 Update
Develop and publish the dashboard on the City's website for public access		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		The City continues to work with BCFD data analyst to have the public dashboard updated quarterly.

Additional Context

- **1st party caller:** The caller is the person having the experience. experiencing what is happening firsthand. No one else is involved. Others may be present, but the 911 Call Specialist is talking to the person in crisis.

3. This item corresponds to 1(c) in the Paragraph 97 Agreement, ECF No. 643-1.

- **2nd party caller:** The caller is not the person experiencing what is happening but is on scene and with the person in crisis to witness or have witnessed the reason for the call.
  - o 2nd party familiar: person may be a loved one, significant other, or a friend. They have knowledge of diagnoses, medications, and possibly known triggers.
  - o 2nd party non-familiar: person is just on scene but has no knowledge of what the person may or may not be experiencing.
- **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.

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	July–December 2024 Update
Establish core principles and values for mobile crisis response in Baltimore.	✓	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	✓	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	✓	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.
Hire staffing for new mobile crisis team capacity and start providing service delivery	✓	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	✓	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.
Expand availability of youth mobile crisis teams	✓	Advanced Behavioral Health is an additional provider that provides specialized teams for children and youth Monday-Friday 8:30AM-7:00PM. Their contract started in January 2024. BCRI and Affiliated Sante teams that serve the lifespan respond to calls for children and youth overnight. The contract for BCRI youth mobile teams started October 2023. Affiliated Sante started serving the lifespan June 2023.
Hire staffing for new specialized mobile crisis team capacity for children and youth and start providing service delivery	✓	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.
Develop a plan for evaluating mobile crisis capacity	✓	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 respond and 2) how long it takes for a team to respond. State and national standards require a 60 minute or less average response time for mobile response teams. 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		• The State published behavioral health crisis Medicaid regulations in May 2024 establishes new ways for crisis services, specifically Mobile Crisis Teams and Crisis Stabilization Centers, to be billed through Medicaid. Two of the three mobile crisis providers in Baltimore are fully licensed and are submitting claims for reimbursement. The other provider has submitted their licensing application. It is unclear whether the reimbursement rate will be sufficient to maintain the enhanced capacity implemented over the last few years and if the state will allow for grant funds to further support mobile crisis providers. • 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. BCRI is actively recruiting mobile crisis clinicians who will work virtually along with a two-person team composed of peers. • 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	July–December 2024 Update
Secure funding to hire a consultant to assist BHSB in developing a tool that helps guide appropriate dispatch of mobile crisis teams		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		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		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		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 utilized.

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

Activities	Status	July–December 2024 Update
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	✓	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.	✓	• 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. The State began a state-wide training program for mobile crisis providers in March 2025.
Continue to advocate for policies that address the challenges in behavioral health workforce recruitment and retention of qualified staff	✓	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.

Additional Context

In Baltimore City, from January 2024 through February 2025:

- There were 1,119 mobile crisis team completed visits
- 59% of visits took place at individuals' homes,
- Zip codes with the most visits per 100,000 were 21201 and 21202,
- 6.49% of mobile runs were cancelled due to lack of availability.
- From July through December 2025, Baltimore's average mobile response time ranged from 108 to 139 minutes per month.
- 50% of mobile crisis team runs were responded to in less than 1 hour.

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	July–December 2024 Update
Partner with BHSB to advocate for peer delivered services to be reimbursed via Medicaid	✓	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	✓	• 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	July–December 2024 Update
Require grant funded providers of crisis response services to use peers in their service delivery model	✓	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	✓	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	✓	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.

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[4].

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	July–December 2024 Update
Create a city-wide housing fund to establish permanent supportive housing	✓	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 resources and 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. Housing stability is a foundation for support. Between 2022-2024, 427 individuals with diagnosed mental health disorders and over 270 with substance use disorders have moved into permanent supportive housing in Baltimore. This has been an increase over the last few years, from 72 individuals with a documented mental health disorder in 2022 to 201 individuals in 2024.

4. Individuals with behavioral health disorders qualify for these programs, but the number of actual beneficiaries with primary behavioral health issues served by these programs is not known.

Cont'd.		Of those 427 individuals with mental health disorders, approximately 87% stayed in the program while 13% exited. For those 270 with substance use disorders, 83% stayed and 17% exited. Among those who exited, most left between 6-12 month[5]. Many of these individuals face complex challenges, including substance use and co-occurring conditions. Over the same period, more than 3,800 individuals with mental health needs and 2,700 with active drug use engaged with shelter or street outreach programs[6].

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

Activities	Status	July–December 2024 Update
Provide ongoing 988 education, public awareness campaigns, and community engagement with permanent supportive housing organizations and residents		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		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. The City is currently implementing the processes and structures needed to effectively administer the settlement funds to 988 and other organizations named in the opioid litigation settlements. Identifying opportunities for ongoing funding to support the promotion of 988 will be an ongoing effort.

5. See chart detailing Permanent Supportive Housing Client Time from Enrollment to Exit with Barriers by Year.
6. See chart detailing Permanent Supportive Housing Clients Enrolled and Moved In with Barriers by Year.

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	July–December 2024 Update
Outline key stakeholders, city-wide goals, and organizational partners required to establish comprehensive outreach services throughout Baltimore City	✓	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	✓	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	✓	In April 2024, the Mayor's Office, MOHS, BHSB, BPD, and BCFD began convening a regularly occurring interagency workgroup to begin defining and planning for increasing and improving outreach services in the long term.
Develop a draft long term implementation plan to establish comprehensive outreach services, which outline immediate, intermediate, and long-term action steps with key partners	»	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 an RFP to procure these services.
Implement outreach implementation plan	»	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	July–December 2024 Update
Meet with BCBHC to identify housing priorities annually. Report back on action steps based on identified priorities		Designate 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.

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[7].

Paragraph 97 Agreement Section 6.a.
Implement a s*entinel event review process*[8] to examine critical incidents involving BPD and individuals experiencing behavioral health crises or people with behavioral health disabilities

Activities	Status	July–December 2024 Update
Establish protocol, parameters and process for identifying and reviewing critical incidents/ sentinel events	✓	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	✓	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.	✓	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	✓	The review team began meeting in September 2023. There have been seven sentinel event reviews to date. 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 • Review #6: criminal justice involvement incident and attempted suicide incident • Review #7: two cases involving a level 3 use of force

7. The QA/QI process will examine gaps or obstacles to accessing services that may a) prevent people with behavioral health disabilities from having contact with police or using other emergency care unnecessarily, and b) redirect people experiencing behavioral health crises to more appropriate community-based services. This will include wraparound services as appropriate.
8. According to the Paragraph 97 Agreement, this review will be conducted pursuant to the Behavioral Health Crisis Incident Review Protocol for Sentinel Events and Quality Assurance Audits.

Present recommendations from the Sentinel Event Reviews to the BCBHC for feedback	✓	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.
Work with the BCBHC and other stakeholders to implement recommendations from sentinel event reviews, including feedback, where appropriate, arising from the BCBHC	»	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. On 6/25/2024, the Policy and Advocacy Subcommittee reviewed recommendations from the Sentinel Event Review.

Paragraph 97 Agreement Section 6.b.
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[9]; 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[10]; 4) advocate for data that is needed and currently not available; and 5) discuss identified gaps with stakeholders, including BCBHC.

Activities	Status	July–December 2024 Update
Identify key stakeholders to establish the QA team	✓	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	»	QA protocols for the 911 Diversion program have been developed. These protocols are included as an appendix in this report. The first iteration of the random audits of behavioral health CAD incidents will occur during a quarterly Behavioral Health Crisis Incident Review in the first half of 2025.
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. This is iterative and ongoing.
Implement the Quality Assurance Audits	»	Preparing for a preliminary inaugural Quality Assurance Audit at the May 2025 Sentinel Event Review meeting.

9. The Paragraph 97 Agreement lists these sources: calls to 911 and 988, on-scene referrals, BPD face-to-face contact for a behavioral health response, mobile crisis response runs, and relevant community-based behavioral health programs.
10. The Paragraph 97 Agreement lists examples of such gaps: unmet or inadequately funded needs (e.g. housing, case management, access to clinical services in the crisis response system; calls referred inappropriately for behavioral health community-based response; calls and on-scene police contacts that should have been but were not referred for a behavioral health response; and other systemic issues that impede efforts to respond to people in crisis.

Identify gaps in the data and services with the QA team		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. In 2024, the QA team identified missed opportunities for diversion among 2nd party callers.
Follow-up with necessary stakeholders to ensure identified obstacles and gaps in service are addressed		As mentioned above, 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.
Establish Standard Operating Procedures for QA		The QA SOP for 911 Diversion was completed in October 2024. See appendix below.

Paragraph 97 Agreement Section 6.c.
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	July–December 2024 Update
Examine data on a quarterly basis to analyze the impact of and identify ongoing implementation needs for MCT response in Baltimore		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		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		The Central MD Crisis System Accountability meeting has been occurring since Fall 2024.

MOU

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	July–December 2024 Update
Outline key points of the MOU in partnership with BHSB		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 by the end of Q1 2025.
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		

Addendums

As requested by the Department of Justice and the Monitoring Team, The City has included four addendums to expand on the context in Paragraph 97 Implementation Plan and Status Report. These addendums include 1) Update and analysis of ongoing work to divert eligible calls from 911 to 988, 2) additional mobile crisis response data, and 3) an overview of Sentinel Event Review cases and recommendations and 4) Permanent Supportive Housing Client Data.

Addendum 1: Behavioral Health Diversion Program: Summary & Trends

Introduction

This addendum provides an overview of the calls for service (CFS) that involve behavioral-health-(BH) needs, how frequently these calls are diverted to 988, and the main reasons for ineligibility. The data presented paints a picture of how behavioral-health-related calls are handled within the 911 system and through potential diversion to mental-health crisis teams. Data is drawn from July to December 2024 (the current reporting period), highlighting key patterns and observations that may guide future quality assurance and program development.

Key Observations Summary

- Behavioral Health (BH) Call Volume Is Steady but Relatively Small
- Most Individuals Have Only a Single Crisis Encounter
- Reasons for Ineligibility Skew Toward Third Party Calls or Safety Risks
- Very Few 'Diverted' Calls Get Sent Back to 911
- Ongoing 'Missed Opportunities' to Involve BH Teams

Monthly Call Volume

From July through December, between **1.3% and 1.4%** of all 911 calls were coded as behavioral-health-related (i.e., call codes "28" or "85"). Within that total, code '85' (and its variations like 85E, 85V, 85W) makes up the largest share. This equates to a relatively small but consistent slice of overall call volume. Table 1 below displays the month-by-month BH call totals alongside the percentage of overall calls. As seen below, the monthly BH call count averages around 700 calls, translating to approximately **1.38%** across the first two quarters.

Table 1. Monthly BH Calls and Percentages

Month	Total BH CFS	% BH Calls
July	719	1.31%
August	708	1.34%
September	734	1.40%
October	759	1.40%
November	697	1.44%
December	653	1.39%
Q3–Q4	**4,270**	**1.38%**

Repeat Individuals

Across all BH calls, **most individuals experienced only a single encounter.** As shown in **Table 2**, about 1,763 individuals had one crisis-related encounter, while a much smaller group (14 individuals) had five or more.

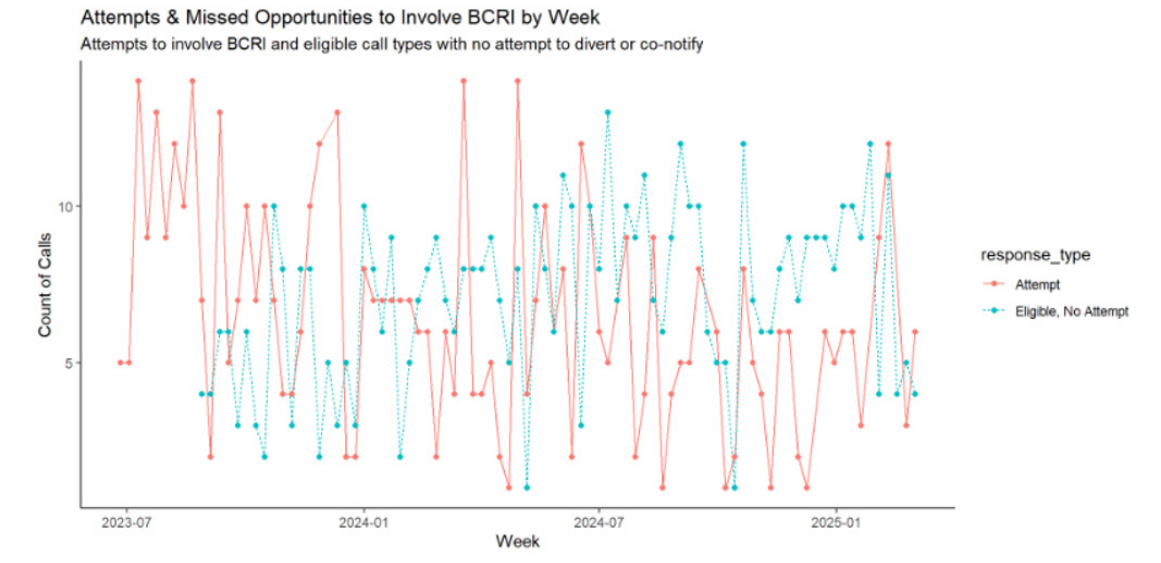
Table 2. Crisis-Related Encounters (Behavioral Health Contact Forms completed by BPD) per Individual

Crisis-Related Encounters	Number of Individuals
1	1,763
2	204
3	57
4	10
5 or more	14
Total	**2,048**

These findings suggest that **frequent repeat callers** represent a relatively small cohort, which may benefit from **targeted interventions** or ongoing care coordination. This is a recurring finding identified within the behavioral health diversion program as well as the sentinel event reviews. A number of updates have been provided in the report related to efforts to support and address this finding. These updates will continue to be included in future reports.

Weekly Attempts vs. Missed Opportunities

When examining weekly data, we can see that call-takers do attempt to involve mental-health crisis responders (e.g., divert to 988 or a mobile crisis team, "MCT") for eligible situations. However, a significant number of eligible calls receive **no diversion attempt**, representing "missed opportunities." These 'missed opportunities' are a focus in monthly quality-assurance discussions, where the goal is to refine training and procedures so that every eligible caller can be offered the most appropriate resource in real time." In **Figure 1** below, the solid red line represents attempts, while the dashed blue line shows eligible calls not diverted.



Key Observation: The red (attempted) and blue (not attempted) lines fluctuate considerably from week to week, suggesting variability in call-taker decisions and possible room for further training or standardized protocols. Current ongoing efforts to address missed opportunities are discussed above in the 911 Diversion section. Updates on this work will continue to be included in future reports.

Ineligibility Reasons & Escalations

Among calls subject to diversion (i.e., those that might initially meet BH criteria), several factors can render them ineligible—most frequently second- or third-party calls[1], and situations involving violence or weapons. Although these conditions remain valid reasons to keep calls in the 911 pipeline, they highlight an area where protocols may evolve in the future, if appropriate safeguards and response teams are in place. As shown in Table 3, these are the top two reasons for ineligibility by a wide margin, followed by calls from a facility, underage callers, and medical needs that require EMS.

Table 3. Top Ineligibility Reasons

Ineligibility Reason	Count
Second or Third Party	1,150
Violence/Weapon	337
Call from Facility and/or EP	153
Minor [2]	12
Medical	33
Caller Requests PD Response	4
Caller Requests EMS Response	4

Escalations (calls referred back to 911 by 988/MCT) remain relatively rare, at around 4% (6 out of 150 calls) for this reporting period. Although these escalations do occur for reasons like emergent safety concerns or incomplete pre-screening information, the low percentage indicates that the diversion process is largely effective.

Quality Assurance (QA/QI) Efforts

1. Accuracy in Identifying Calls for Diversion:

QA teams conduct monthly reviews to **spot check** diverted and non-diverted calls, measuring **false positives** (calls diverted that shouldn't have been) and false negatives (calls that met diversion criteria but were missed).

a. *Example Action:* Addressing issues around second/third-party misclassifications, where unclear CAD notes can lead to false positives or false negatives.

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.

1. These numbers are based on the programmatic assignment of ineligibility. Second and third party, in particular, may create false positives due to the difficulty in identifying this solely based on the CAD narrative. Despite this, this is still informative data, particularly for QA review.
2. Minors include individuals 11 and under

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

Overall, **behavioral-health calls make up a small yet consistent fraction** of the total call volume, with most callers having single crisis encounters. While the **diversion program is working effectively** for most eligible calls, **missed opportunities** highlight the need for continued QA/QI efforts. Minor improvements in screening protocols and further training can help **reduce false negatives** and increase timely mental-health interventions, ultimately improving outcomes for individuals in crisis.

Addendum 1a: 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 will identify suitable calls for diversion. First and second-party calls involving callers aged 12 and older will be diverted to 988. The following codes are all approved for diversion:
  - 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)
- Diversion to 988 will be accomplished by a warm handoff from the 911 specialist to the 988 clinicians
- 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 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 person outcomes
- Cases involving the use of physical or chemical restraint resulting in 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 911 for a behavioral, medical, or other emergency response.

Quality Assurance and iImprovement 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 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 988

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

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

Addendum 2:

The data below 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. The data below is an overview of MCT data from February or 2024 to January or February 2025 within the regional crisis response system. Chart specifics to Baltimore City are labeled accordingly.

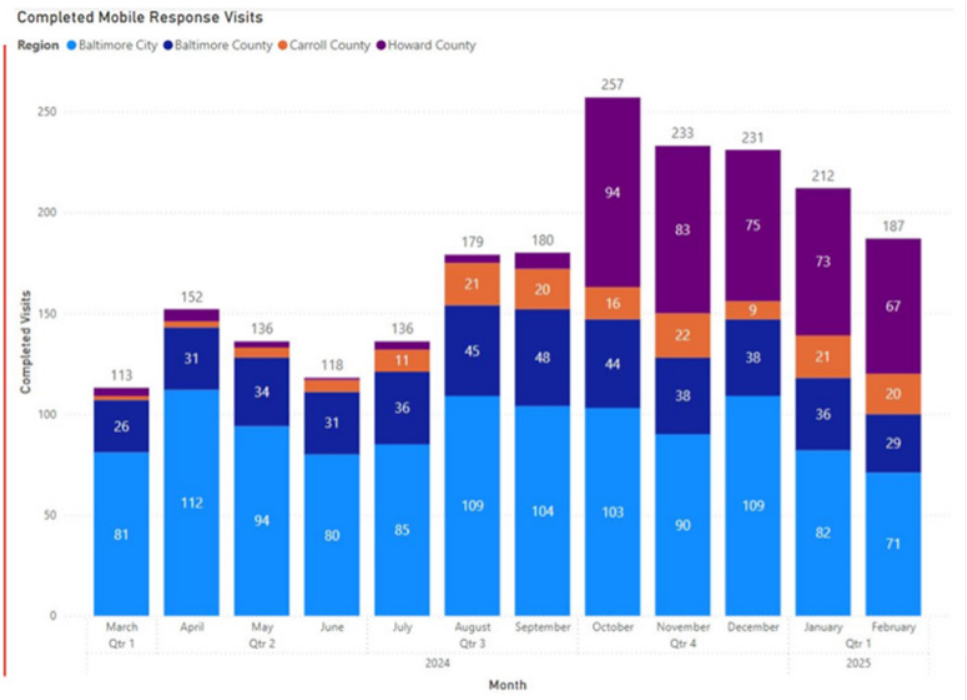
MOBILE RESPONSE TEAM

COMPLETED VISITS

MARCH 2024 – FEBRUARY 2025

Source = Behavioral Health Link

- All completed visits in the region where services were provided by non-law enforcement mobile response teams dispatched through Behavioral Health Link
- Carroll County and Howard County teams started dispatching via BHL in July 2024 and Oct 2024, respectively
- Additional mobile capacity added Jan. 2025

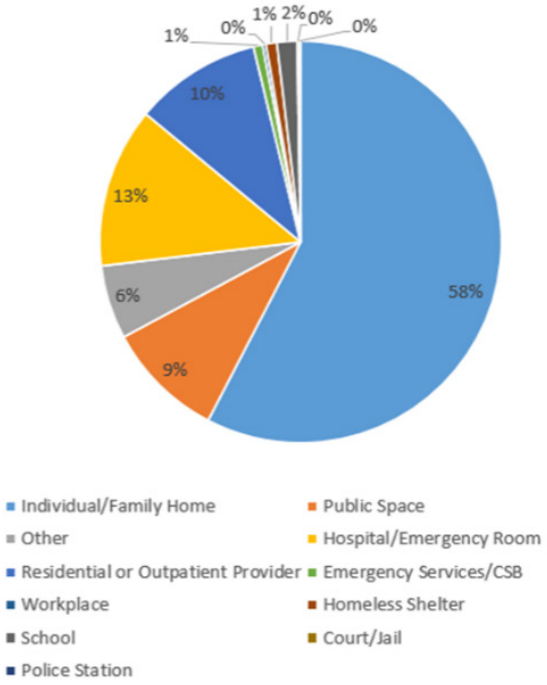


BALTIMORE CITY MOBILE TEAMS

MARCH 2024 – FEBRUARY 2025

Source: BHL

Location of service, completed mobile team visits

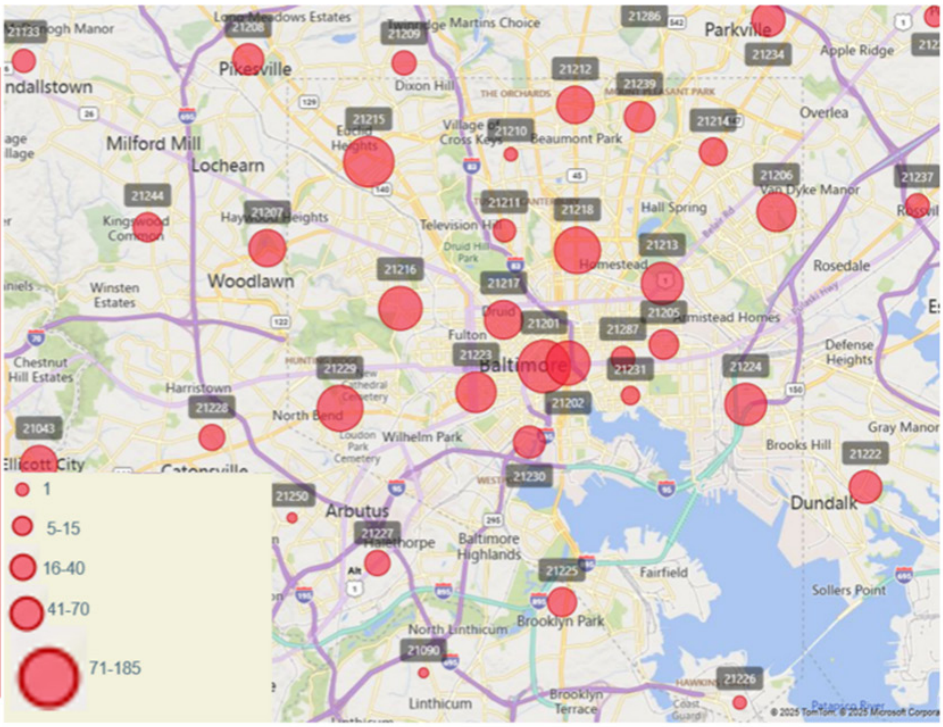


MOBILE RESPONSE TEAM - COMPLETED VISITS BY ZIP CODE

MARCH 2024 – FEBRUARY 2025

Source = Behavioral Health Link

- All completed visits in the region where services were provided by non-law enforcement mobile response teams dispatched through Behavioral Health Link
- 1,120 completed visits in Baltimore City
- Zip codes with the most visits: 21201 (118); 21215 (103); 21229 (86)

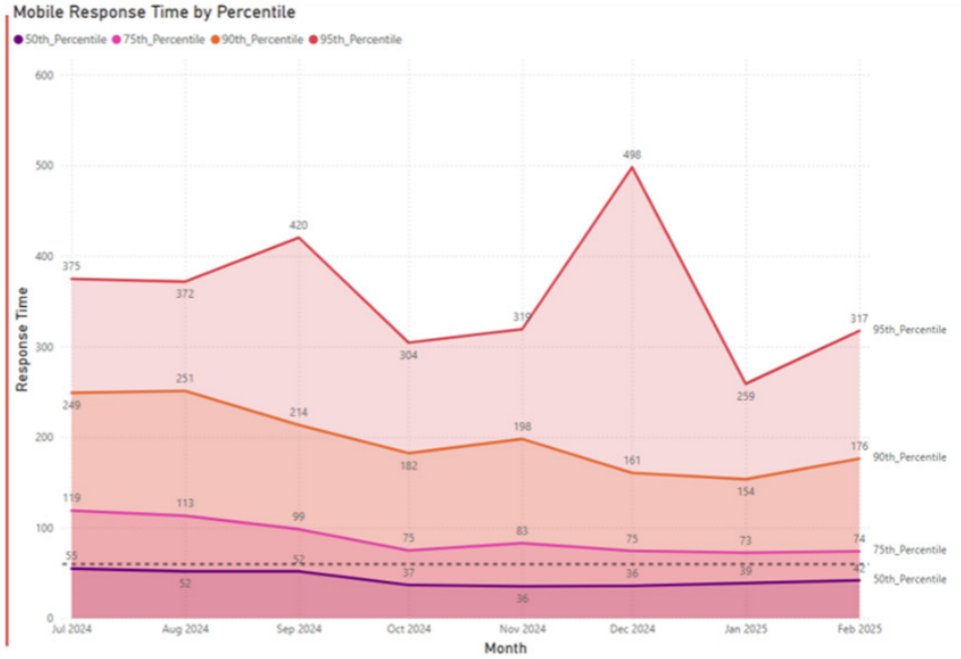


MOBILE TEAMS

TOTAL RESPONSE TIME (MINUTES)

JULY 2024 – FEBRUARY 2025

- Source = Behavioral Health Link
- Target is 75th percentile at or below 60 minutes



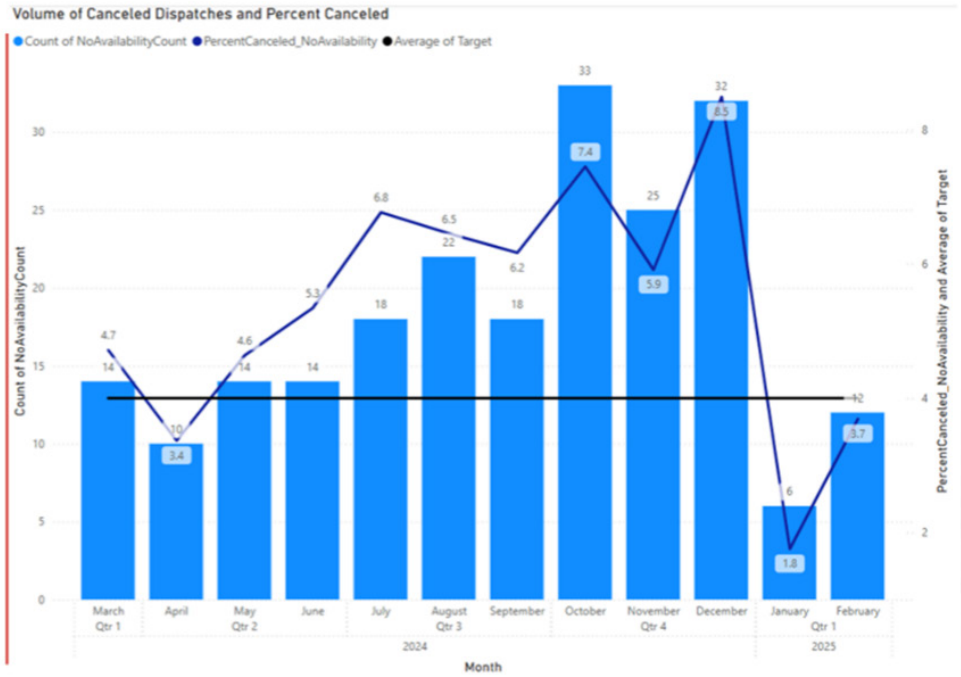
MOBILE RESPONSE TEAM

VOLUME AND PERCENT OF DISPATCHES CANCELED DUE TO NO AVAILABILITY

MARCH 2024 – FEBRUARY 2025

Source = Behavioral Health Link

- 5.5% canceled due to lack of availability
- Target = 4% or less
- Additional mobile capacity added Jan. 2025



MOBILE RESPONSE TEAM

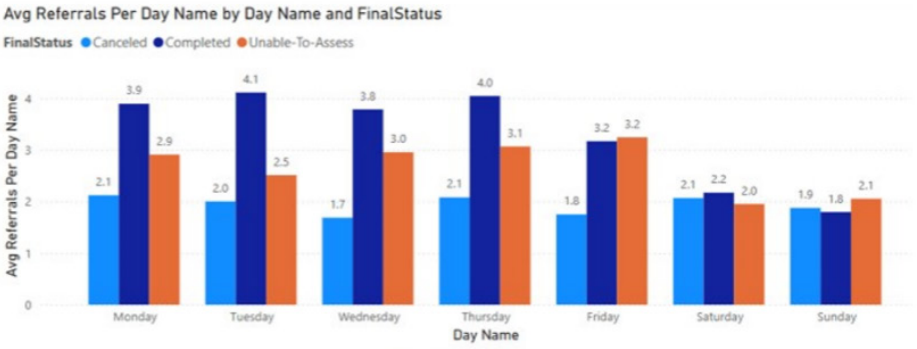
AVERAGE MOBILE REFERRALS PER DAY AND SHIFT

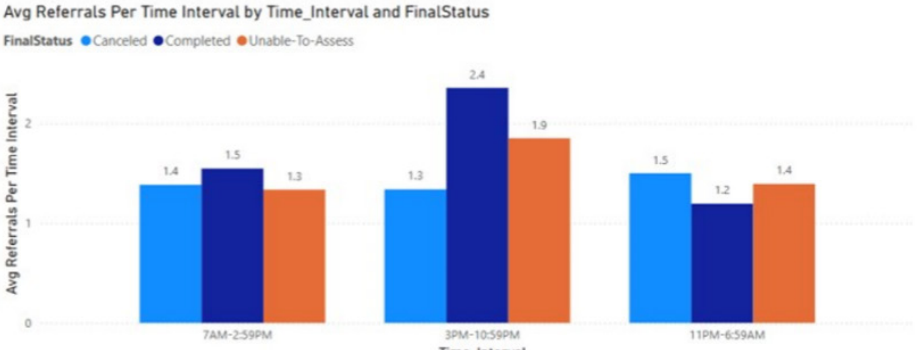
BALTIMORE CITY ONLY

FEBRUARY 2024 – JANUARY 2025

Source = Behavioral Health Link

- Days and times shown reflect when referrals were initially created



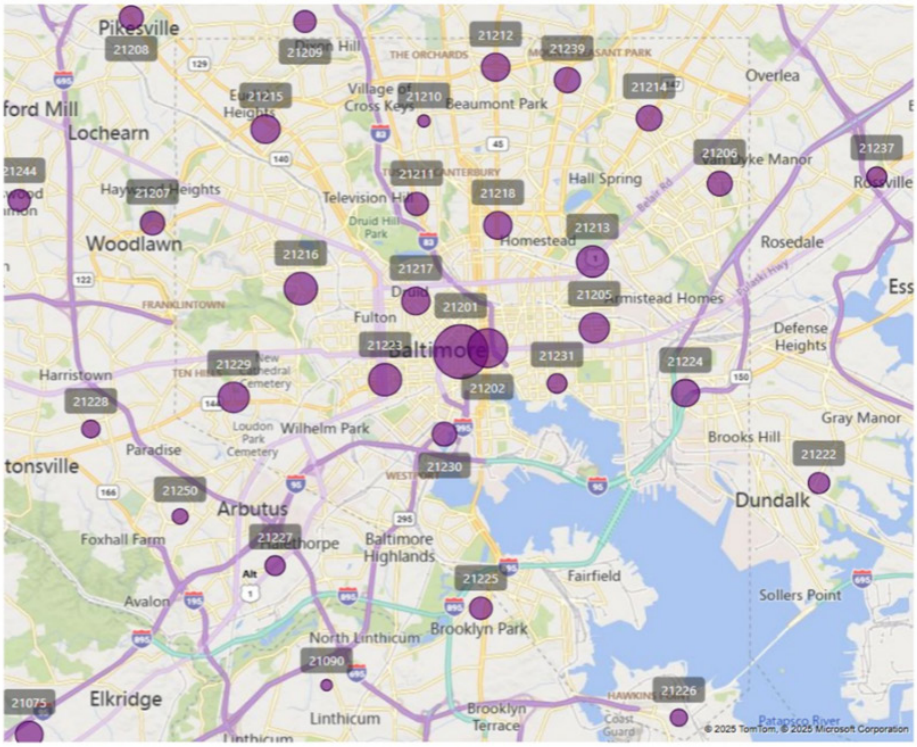


REGIONAL MOBILE RESPONSE TEAMS - COMPLETED VISITS PER 100,000 BY ZIP CODE

FEBRUARY 2024 – JANUARY 2025

Source = Behavioral Health Link, Maryland Census Data

- All completed visits in the region where services were provided by non-law enforcement mobile response teams dispatched through Behavioral Health Link
- 1,119 completed visits in Baltimore City
- 59% of mobile visits took place at individuals' homes
- Zip codes with the most visits per 100,000: 21201; 21202



MOBILE TEAMS

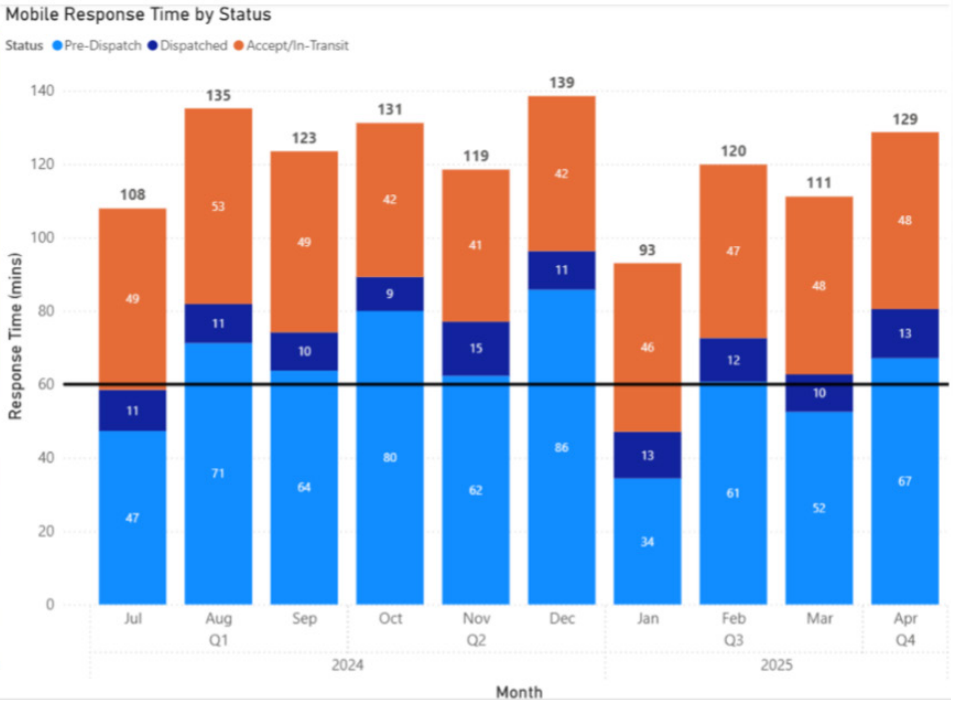
AVERAGE RESPONSE TIME (MINUTES)

BALTIMORE CITY ONLY

JULY 2024 – APRIL 2025

Source = Behavioral Health Link

- **Pre-Dispatch** is time b/w mobile referral creation and dispatch by dispatcher
- **Dispatch** is time b/w dispatch by dispatcher and acceptance by mobile team
- **Accept/In-Transit** is time b/w acceptance by mobile team and arrival at scene
- State regulation: Average of 60-120 minutes
- SAMHSA guidance: Average of 60 minutes for urban, 120 minutes for rural



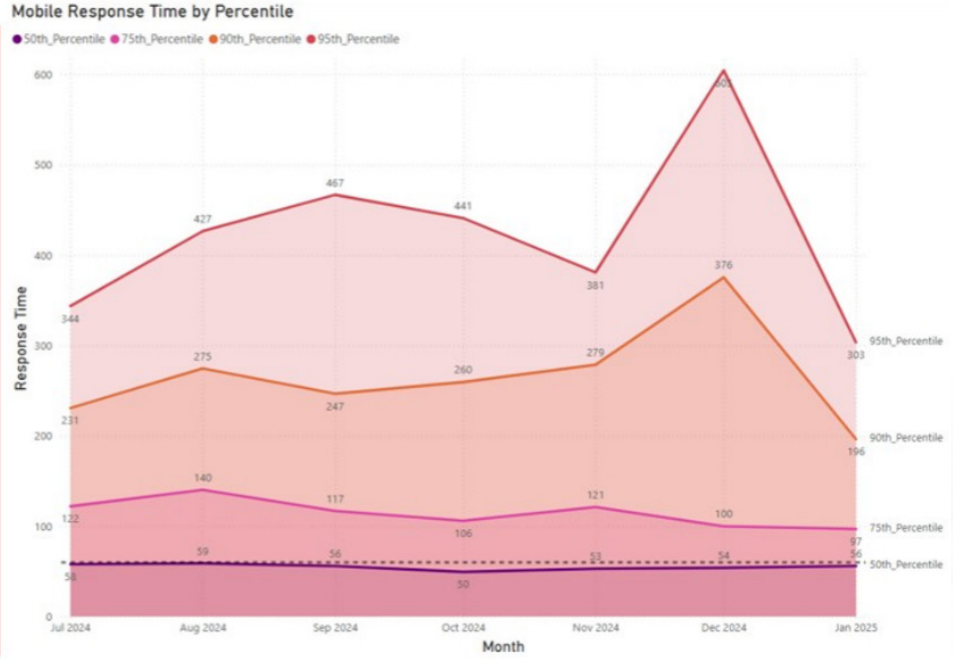
MOBILE TEAMS

TOTAL RESPONSE TIME (MINUTES)

BALTIMORE CITY ONLY

JULY 2024 – JANUARY 2025

- Source = Behavioral Health Link



MOBILE RESPONSE TEAM

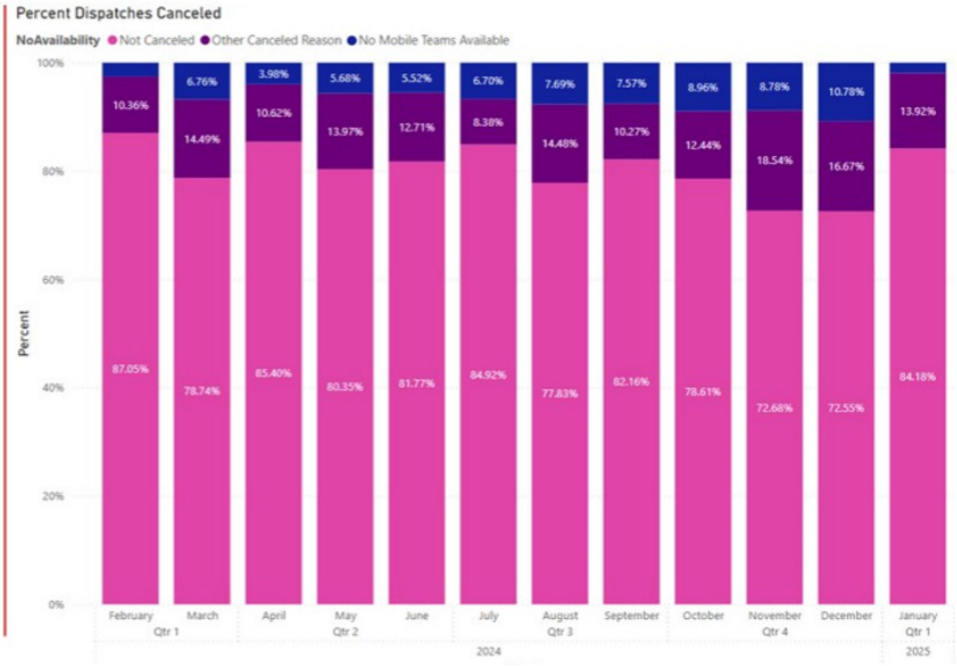
PERCENT OF DISPATCHES CANCELED DUE TO NO AVAILABILITY

BALTIMORE CITY ONLY

FEBRUARY 2024 – JANUARY 2025

Source = Behavioral Health Link

- 6.49% canceled due to lack of availability



MOBILE RESPONSE TEAM

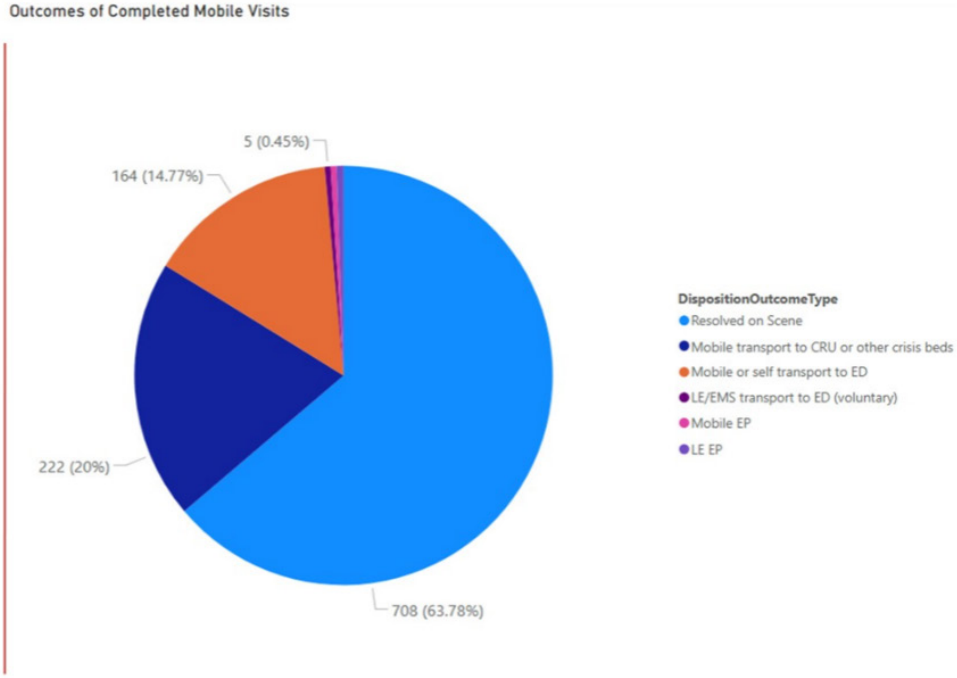
OUTCOME OF VISITS

BALTIMORE CITY ONLY

FEBRUARY 2024 – JANUARY 2025

Source = Behavioral Health Link

- All completed visits where services were provided by mobile response teams dispatched through Behavioral Health Link
- 84% resolved without ED visit
- Data reflect multiple teams supported through diverse funding resources



Addendum 3:

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 Events are encounters that do not occur in isolation; there are manifold "root causes" and precipitating factors that 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 avoided in the future.

The tables below provides the context of the cases that the Baltimore City Behavioral Health Crisis Incident Review Team has reviewed to date. The table outlines:

- Summary of the case (all identifying information removed)
- Recommendations based on the case
- Status
- Update on the progress of the recommendation implementation

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.

Sentinel Event Review #4 Case Overview: November 2024
Case A: Structural gap identified in case review: criminal justice involvement over multiple decades leading to disconnection from comprehensive behavioral health services
Case B: Structural gap identified in case review: siloed mental health and substance use care coordination services

Recommendation	Status	Updates as of December 2024
BHSB to contact the Forensic Alternative Services Team (FAST) for future behavioral health case reviews and include relevant data in submitted reports.	In process	BHSB will contact FAST and provide any information on relevant behavioral health care reviews at following Sentinel Event Reviews
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	

Invite a representative from drug or mental health courts to Sentinel Event Review if the case involves drug or mental health court.	In process	The Mayor's Office and BHSB will invite representatives from drug/ mental health court if relevant to future cases at Sentinel Event Review.
BHSB to collaborate with hospital workgroup focused on addressing siloed hospital operations systems when it comes to protocols relevant to patients reviewed.	In process	
Connect CRISP with mental health providers.	In process	
Advocate to 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	The City is developing a proposal/decision memo for City leadership to review and consider.
Advocate for the state to seek CMS approval to integrate targeted case management eligibility to include individuals experiencing substance use and/or mental health disorders.	Not Started	
Revise the sentinel event review submission form for BHSB to include a report from HMIS, FAST, and Drug Treatment and Mental Health Courts.	Completed	
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	
Advocate for linking all discharge plans across hospitals and providers that focus on standardized care coordination and referral.	Not Started	
Expand distribution of 988 flyers, cards, and information to BPD and BCFD responders for use in their outreach and enabling them to distribute materials to the community.	Completed	BHSB provided 988 educational materials to BPD

Sentinel Event Review #5 Case Overview: August 2024
Case: An individual struggling with substance use, that had 30+ BPD endorsed emergency petitions, and limited English language

Recommendation	Status	Updates as of December 2024
Develop a BPD policy or public education to flag cases that meet crisis team criteria (i.e., what is the threshold among behavioral health cases when CRT should be flagged?)	Not started	
Ensure there are on- call Spanish speaking providers at 988	In process	Baltimore Crisis Response Inc is currently using language services to provide services to callers and is working on recruiting Spanish-speaking call takers.
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.
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 interactions, and ongoing interaction with participants outside of times of crisis.	In process	Ongoing efforts are being planned through the 911 Diversion Quarterly Strategy meetings to foster increased collaboration between the call centers.
Work towards system-level coordination when a person is discharged from the hospital.	In process	BHSB is working to procure an organization for peer outreach after hospitalization
Continue to work on data-sharing agreements among parties to flag people with frequent EPs	In process	i. The City has engaged CRISP regarding participation in SER, and they are now regular participant in reviews. ii. BHSB and BPD are working on finalizing a data-sharing agreement to look at individuals with a high number of EPs and connect them to resources iii. The BCBHC data subcommittee is analyzing BPD EP data to determine hospital emergency departments that could use resources and support from BHSB to offer alternatives to BPD EPs iv. BHSB to review a list of high EPs and connect them to resources

Create working group with key partners to identify specific strategies for individuals that have frequent ER visits	In process	There is an existing hospital led meeting that addresses individuals with frequent visits to the ED. Collaborative efforts are being made to advocate for this to evolve to include this working group objective.
Increase education among BPD patrol about CRT	In process	BPD CRT currently conduct information sessions about CRT at rollcalls
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
Advocate for substance use case management to be billable through Medicaid.	Not Started	

Sentinel Event Review #4 Case Overview: May 2024

Case #1: an individual with a diagnosis of bipolar. Involvement included police barricades, EPs, and the Central Booking Intake Facility.

Case #2: an individual with a diagnosis of autism. Involvement included multiple EMS calls from care facilities, EPs, and physical and medical restraints.

Recommendation	Status	Updates as of December 2024
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. CBIF and BPD identified key areas to increase communication and build more significant relationships.
Conduct a discussion with Baltimore City hospitals to address communication strategies with BPD, BCFD, BHSB/BCRI regarding emergency petitions	In process	Hospital representatives are now regular participants in Sentinel Event Reviews. The City is developing additional strategies to engage hospitals.
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 ongoing and future meetings with BPD, BCFD, hospitals, and CBIF.
Arrange for the Development Disabilities Administration (DDA) to provide training for BCFD and BPD CIT to increase awareness of their services and learn how to make referrals.	Completed	

Connect BCRI and DDA to increase collaboration among agencies.	Completed	This connection was made in May 2024; the partnership development is ongoing.
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.
Look into the potential for DDA to provide a list of DDA-involved people to input in CRISP to flag people during hospitalization.	In process	The City facilitated a connection between DDA and CRISP.
Invite hospitals, CRISP, and CBIF to the next Sentinel Event Review	Completed	The City met with CBIF in late April to discuss their involvement in SERs. CBIF committed to participating in SERs. Notes included above in previous updates regarding communication to hospitals and CRISP regarding SER participation.

Sentinel Event Review #3 Case Overview: February 7, 2024

Case #1: 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.

Case #2: Officers responded to a call reporting a break in and encountered an individual with delirium/dementia. The individual was EP'd.

Recommendation	Status	Updates as of June 2024
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.
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	The data sharing agreement mentioned above has been a significant step in this. More progress will be included in next report.
Identify contacts from hospital EDs to participate in the Sentinel Event Reviews	In process	Outreach is ongoing regarding this, but a hospital is confirmed to participate in next Sentinel Event Review.
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.
Adjust BPD-BCFD Co-Responder Protocol & Emergency Response Training	Completed	Adjusted beginning May 1, 2024.

Sentinel Event Review #2 Case Overview: November 14, 2023

Case #1: 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

Recommendation	Status	Updates as of June 2024
Hold quarterly Sentinel Event Reviews	Completed	
Look at the volume of calls for specific locations to address unmet community needs	In process	This work is ongoing. Supported by the data sharing agreement mentioned above.
Invite additional members to SERs, including representation from LGBTQ+, youth, homelessness, etc. services	In process	This is ongoing.

Sentinel Event Review #1 Case Overview: September 20, 2023

Case #1: 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.

Recommendation	Status	Updates as of June 2024
Provide information to members to ensure that BPD requests for EMS assistance include explicit reference/ justification to medical accommodations needed and allow for clear definition of roles and responsibilities of BPD and EMS on scene.	In process	
Revise the 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.
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.

Meet with Law Department ahead of all case reviews to discuss any confidentiality concerns	Completed	
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.
Secure additional staff capacity to support project management of reviews	Completed	The City hired a Behavioral Health Project Manager in February 2024.

Addendum 4:

PSH Client Time from Enrollment to Exit with Barriers by Year

Year	Alcohol Use	Chronic Health Condition	Developmental Disability	Drug Use	HIV/AIDS	Mental Health Disorder	Physical Disability	Total
2022	**14**	**51**	**14**	**39**	**6**	**72**	**34**	**85**
Stayed in Program	11	39	12	24	2	51	25	60
3-6 Months	0	0	0	0	0	1	1	1
6- 12 Months	1	4	0	4	0	6	3	8
12- 18 Months	0	1	0	1	0	4	1	4
18-24 Months	0	4	0	4	2	4	1	5
Over 24 Months	2	3	2	6	2	6	3	7
2023	**28**	**110**	**33**	**65**	**15**	**154**	**60**	**174**
Stayed in Program	21	88	27	51	8	124	44	139
3 Months or Less	3	1	0	1	0	2	1	3
6- 12 Months	1	4	2	3	1	8	3	8
12- 18 Months	3	11	4	6	5	12	8	15
18-24 Months	0	6	0	4	1	8	4	9
2024	**42**	**126**	**28**	**83**	**15**	**200**	**79**	**225**
Stayed in Program	40	123	27	78	15	195	76	215
3 Months or Less	2	1	1	3	0	3	1	7
6- 12 Months	0	2	0	2	0	2	2	3
Grand Total	**84**	**287**	**75**	**187**	**36**	**426**	**173**	**484**

Permanent Supportive Housing (PSH) Clients Enrolled & Moved In with Barriers by Year

Year	Alcohol Use	Chronic Health Condition	Developmental Disability	Drug Use	HIV/AIDS	Mental Health Disorder	Physical Disability
2022	14	51	14	39	6	72	34
2023	28	110	33	65	15	154	60
2024	42	126	29	83	15	201	79
Grand Total	**84**	**287**	**76**	**187**	**36**	**427**	**173**