



Cover Memorandum

Behavioral Health Crisis Dispatch, JHPD Directive #416

Purpose of the Directive

The purpose of this Directive is to provide guidelines for the Johns Hopkins Police Department's (JHPD) role in Johns Hopkins University's (JHU) response to individuals who are in distress or experiencing a behavioral health crisis. This Directive complements the JHU Campus Safety and Security General Order C.10, Behavioral Health Crisis Support and JHPD Policies #415, Individuals with Behavioral Health Conditions; #417, Emergency Medical Examination and Assistance; and #418, Behavioral Threat Assessment.

Summary of Directive Requirements

It is the policy of JHPD to afford persons who have or are experiencing a behavioral health condition or crisis the same rights, dignity, and access to programs and services provided to all other persons without compromising the safety of the individuals, JHPD members, or community. JHPD will work collaboratively with medical, mental health, and human service providers to help facilitate the delivery of services where requested, and when doing so may prevent or de-escalate a crisis and improve the quality of life for members of the Johns Hopkins (JH) community.

Johns Hopkins Public Safety (JHPS) shall continue development of the co-responder model of crisis intervention. As part of this model, the response to incidents involving people who are experiencing behavioral health conditions shall generally be led by members of the JH Behavioral Health Crisis Support Team (BHCST), which pairs mental health clinicians and unarmed public safety officers (PSOs) who are trained in crisis intervention. JHPD's involvement will be limited to those situations in which it is reasonable to conclude that the person in question poses a threat of imminent physical harm to themselves or others.

When responding to individuals under this Directive, JHPD members shall use strategies for de-escalating crises and connecting individuals to community resources and services; rely on hospital emergency services only after considering less-restrictive alternatives; seek opportunities for diversion from the criminal justice system; and identify methods for addressing the long-term needs of persons in order to provide for the least police-involved response.

This Directive describes JHPD's role in JH's behavioral health response process, including its coordination with BHCST and PSOs when responding to these situations. It sets forth the required actions for Emergency Communications Specialists (ECS) and lists the types of information that an ECS shall collect from callers, including the nature of the person's behavior, the presence of weapons, past similar incidents or suicide threats, medications or substances used by the individual, and information about the individual's support system that may aid in de-escalating the crisis. The Directive also presents criteria for notifying JHPD to respond to the scene (e.g., including the presence of a weapon, the commission of a

crime, or the threat of imminent physical harm to the individual or others) and for notifying the Baltimore Police Department (BPD) to respond.

Additionally, the Directive describes the required actions that JHPD members must take when responding to the scene (e.g., securing and assessing the scene, coordinating with co-responders, using de-escalation strategies) and provides guidance for determining the proper course of action to take after the scene has been stabilized. This includes a matrix of potential actions (de-escalation, release, arrest, etc.) depending on the nature of the person's behavior/actions and whether there was suspected criminal behavior.

The Directive also states required actions for supervisors and for the Crisis Intervention Coordinator, including all monitoring and reporting requirements.

Blueprint for the Policy Development Process

The draft JHPD policies (hereinafter referred to as "directives") shared for community feedback are based on examples of 21st century best practices in public safety policy, identified through extensive benchmarking of university and municipal law enforcement agencies across the nation. Taken together, they represent a comprehensively progressive approach to policing that prioritizes equity, transparency, accountability, and community-based public safety strategies.

The JHPD's draft directives embody approaches that community advocates and leading experts have championed locally and in law enforcement reform efforts across the nation. The draft directives have also been developed based on input received through robust community engagement in prior phases of JHPD development, including suggestions received in the legislative process as well as last fall's Memorandum of Understanding (MOU) public comment period and feedback opportunities.

In addition, the directives were drafted to exceed the minimum requirements of the Constitution and laws of the United States and the State of Maryland, to align with the Community Safety and Strengthening Act (CSSA) and to fulfill the requirements of the MOU between the Johns Hopkins University and the Baltimore Police Department. The Hopkins community and our neighbors throughout Baltimore can help improve and strengthen these directives further through their feedback and input.

Material that was considered in the drafting of the Directive and Procedure Manual, include:

- a. **Publicly available policies from municipal police departments that have undergone substantial reform efforts**, including: the New Orleans Police Department; Seattle Police Department; Portland Police Department; Detroit Police Department; Ferguson Police Department; and Baltimore Police Department;
- b. **National guidance on best practices and model policies from criminal justice reform efforts, social science research centers, and civil rights organizations**, including: the Leadership Conference on Civil and Human Rights; American Civil Liberties Union (ACLU), including the ACLU of Massachusetts's "Racially Just Policing: Model Policies for Colleges and Universities"; the International Association of Chiefs of Police (IACP); the Police Executive Research Forum (PERF); U.S. Department of Justice Office of Community Oriented Policing Services (COPS Office); The Justice Collaboratory (The JC) at Yale University Law School; and The Center for Innovation in Community Safety (CICS) at Georgetown Law School.

c. National and local higher education institutions that are based in comparable environments and make policies publicly available, including: Carnegie Mellon University; Morgan State University; Towson University; University of Chicago; University of Cincinnati; University of Maryland, Baltimore County; University of Pennsylvania; and Yale University.

To ensure that the proposed directives captured national best practices in community-focused public safety services, the development team collaborated with independent experts from two organizations: National Policing Institute (the Institute), a non-profit dedicated to advancing excellence in policing through research and innovation, and 21CP Solutions, an expert consulting team of former law enforcement personnel, academics, civil rights lawyers, and community leaders dedicated to advancing safe, fair, equitable, and inclusive public safety solutions. Each directive was reviewed by experts selected by both organizations, who provided feedback, suggestions, and edits that were fully incorporated into the current draft.

Finally, individuals and organizations representing the diversity of the Johns Hopkins University community provided feedback to ensure the policies and procedures reflect and respond to the values of our institution and to our community's public safety service needs.

Now they are available for your review. Johns Hopkins is committed to adopting, incorporating, or otherwise reflecting recommended changes and feedback in the final version of policies so long as feedback is aligned with our values and commitments, permissible within legal parameters, and supported by national best practices for community policing and public safety.



POLICE DEPARTMENT

**BEHAVIORAL HEALTH
CRISIS DISPATCH**

**OPERATIONAL
PROCEDURE #416**

Responsible Executive:
Chief of Police
Responsible Office:
Vice President for Public Safety
Approved by:
Dr. Branville G. Bard, Jr.
Issued: [full date]
Revised: [full date]

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Policy Statement

It is the policy of Johns Hopkins (JH) to afford individuals who have or are experiencing a behavioral health crisis, condition, or impairments the same rights, dignity, and access to programs and services provided to all other persons without compromising the safety of the individuals, officers, or community. The Johns Hopkins Police Department (JHPD) will work collaboratively with medical, mental health, and human service providers to help facilitate the delivery of services where requested, and when doing so may prevent or de-escalate a crisis and improve the quality of life for members of the JH community.

Who is Governed by this Policy

All personnel, including sworn, non-sworn and contractual or voluntary persons in service with the JHPD are governed by this Directive.

Purpose

The purpose of this policy is to provide guidelines for JHPD’s role in JHU’s response to individuals who are in distress or experiencing a behavioral health crisis or condition. This Directive outlines the procedures that JHPD members must follow when responding in these situations. This Directive complements the JHU Campus Safety and Security General Order C.10, Behavioral Health Crisis Support, and JHPD Directives #415, Individuals with Behavioral Health Conditions; #417, Emergency Medical Examination and Assistance; and #418, Behavioral Threat Assessment.

Working together, these Directives seek to equip members of the JHPD with the tools to safely and appropriately interact with individuals experiencing a behavioral health condition or crisis; reduce the inappropriate involvement of these individuals in the criminal justice system; de-escalate crises to achieve peaceful resolutions and reduce unreasonable, unnecessary, or disproportional uses of force; promote collaboration with JHU and community partners; and assist individuals experiencing a crisis or a behavioral health condition or impairments in obtaining support and resources.

Definitions¹

Baltimore Crisis Response Incorporated (BCRI):	A JHU partner who specifically supports non-affiliates who are in crisis. Non-affiliates are Baltimore neighbors who are otherwise unaffiliated with the university.
Behavioral Health:	A term of convenience that refers to both mental illnesses and mental health needs (e.g., trauma) and substance use ... disorders and substance use needs and issues, as well as to the overlap of those behavioral health issues into primary health, cognitive disabilities, criminal justice, child welfare, schools, housing, and employment, and to prevention, early intervention, treatment, and recovery. Behavioral health also includes attention to personal behaviors and skills that impact general health and medical wellness as well as prevent or reduce the incidence and impact of chronic medical conditions and social determinants of health.
Behavioral Health Condition:	An umbrella term for substance use disorders and mental health conditions.
Behavioral Health Crisis Support Team (BHCST):	A joint JHU team that pairs mental health clinicians with campus public safety officers (PSOs) to respond to students, faculty, and staff who are experiencing a behavioral health crisis.

¹ Definitions related to mental or behavioral health in this Directive, including various conditions or crisis, are taken from **Bureau of Justice Assistance Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations**, August 2021: available at:

https://www.informedpoliceresponses.com/_files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf

Bureau of Justice Assistance Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations, August 2021: available at:

https://www.informedpoliceresponses.com/_files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf

Crisis:	A perception or experience of an event/situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanism.
Crisis Intervention Team (CIT) Trained Officer:	Campus officers who are specially trained to respond to students, faculty, and staff who are experiencing a crisis.
Developmental Disability:	Physical and/or mental impairments that begin before age 22, are likely to continue indefinitely, and result in substantial functional limitations in at least three of the following: self-care (dressing, bathing, eating, and other daily tasks), walking/moving around, self-direction, independent living, economic self-sufficiency, and language. Self-direction is a conceptual skill that refers to the ability to analyze and make decisions for oneself.
Intellectual Disability:	A disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22. An intellectual disability is a category of developmental disability.
Member:	All members of the JHPD, including employees, officers, and volunteers, unless the term is otherwise qualified (e.g., member of the public, member of the Baltimore Police Department, etc.).
Mental Health Condition:	A wide range of conditions that can affect mood, thinking, and/or behavior. This term is more inclusive than “mental illness.” Individuals living with a mental health condition may not necessarily be medically diagnosed with a mental illness.
Mental Illness:	Diagnosable medical conditions that involve changes in cognition, thinking, and/or behavior. Mental illness is associated with psychological distress and/or difficulties with functioning in daily activities. May also be referred to as a mental health disorder.
Officer:	All sworn police officers, at any rank, as defined by MD Code, Public Safety, § 3-201, in service with the JHPD.
Substance Use Disorder:	A medical illness caused by repeated use of a substance or substances. “According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5®), substance use disorders are characterized by clinically significant impairments in health, social function, and ... control over substance use and are diagnosed by assessing cognitive, behavioral, and psychological symptoms.” Substance use disorders range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions such as decision-making and self-control. Note: Severe substance use disorders are commonly called “addictions.”

Policy

All members of the JHPD shall use strategies for de-escalating crises and connecting individuals to community resources and services; relying on hospital emergency services only after considering less-restrictive alternatives; seeking opportunities for diversion from the criminal justice system; and identifying methods for addressing the long-term needs of individuals in order to provide for the least police-involved response.

General

Johns Hopkins Public Safety (JHPS) utilizes a co-responder model of crisis intervention. As part of this model, the response to incidents involving people who are experiencing a crisis or behavioral health condition shall generally be led by members of the Johns Hopkins University (JHU) joint Behavioral Health Crisis Support Team (BHCST), which pairs behavioral health clinicians and unarmed public safety officers (PSOs) who are trained in crisis intervention. JHPD's involvement will be limited to those situations in which it is reasonable to conclude that the individual in question poses a threat of imminent physical harm to themselves or others.

I. Behavioral Health Response Program

- A. JHU's Behavioral Health Crisis Support Team (BHCST) is a co-responder model that pairs behavioral health clinicians with specially trained, unarmed public safety personnel to provide immediate in-person assistance to individuals experiencing a personal crisis.
- B. The program is available for anyone located on and around Johns Hopkins's Baltimore campuses, including students, faculty, staff, and Baltimore neighbors who are unaffiliated with the university. The BHCST responds to calls within the JHPD service area without regard to university affiliation.
- C. The response to individuals experiencing a crisis or a behavioral condition shall generally be led by members of the BHCST. JHPD's involvement will be limited to those situations in which it is reasonable to conclude that the individual in question poses a threat of imminent physical harm to themselves or others or other circumstances related to situations that require a police response.
 - JHPD will be responsible for patrolling within its service area and will continue to serve as first responders only for calls within the campus area that require a police response.
 - Unarmed PSOs, BHCST clinicians, or other non-policing alternatives shall be used whenever possible.
- D. All calls for service will be assessed to determine the nature of the issue, problem, or situation; the potential risk involved; and the most appropriate response, given the circumstances. This assessment will be conducted according to the procedures

outlined in this policy, as well as other JH and Johns Hopkins Public Safety (JHPS) policies and directives.

- E. The BHCST is staffed to provide 24/7 assistance. The BHCST clinician is available to patrol with JHPS officers and co-respond to incidents in progress to provide services, resource connection and referral assistance. Details about the BHCST members' roles and responsibilities are found in JHU Campus Safety and Security General Order C.10, *Behavioral Health Crisis Support*.
- F. Pursuant to its *Student Amnesty for Alcohol & Drug Emergencies* policy, JHU will not impose disciplinary action for a violation of student alcohol or drug possession or consumption against individual students or Recognized Student Groups/Organizations when they report to or seek assistance from on-duty medical staff or law enforcement for a medical emergency or condition. The procedure for initiating the amnesty protocol can be found on the JHU website: <https://studentaffairs.jhu.edu/policies-guidelines/amnesty/>.

Procedures

I. Emergency Communications Specialist

- A. The quality of information gathered by the Emergency Communications Specialist (ECS) can affect the way officers respond to and resolve a call for service. This includes those calls involving individuals who may be in distress. Gathering information is critical at all stages in assessing these situations but is particularly critical at the onset.
- B. When the Communications Center receives a call concerning the actions or behavior of an individual who may be in distress, the ECS shall determine the incident location and reassure the caller that response is dispatched. The ECS shall then attempt to collect information from the caller, such as, but not limited to:
 - The nature of the individual's behavior
 - The presence of weapons at the location, and/or whether the individual is armed
 - Events that may have precipitated the individual's behavior
 - Past occurrences of this and/or other abnormal behaviors
 - Past incidents involving injury or harm to the individual or others
 - Prior suicide threats
 - Reliance on medication or failure to take medications
 - Indications of substance use and/or substance use disorder
 - Information about the individual, family, or support system that may aid in de-escalating the crisis and lead to effective resolution (e.g., the individual's preferences, strengths, and interests, as well as strategies that have proven effective with the individual in the past)

- Contact information for relatives or friends available to assist officers
 - Physicians or mental health professionals available to assist officers
- C. The ECS shall **first notify JHPD** to respond to the scene if available information reasonably suggests that:
- A weapon is involved
 - A crime has been committed
 - The individual poses a threat of imminent physical harm to themselves or others
 - The individual is engaging in concerning or threatening behavior, as defined in JHPD Directive #418, Behavioral Threat Assessment.
 - NOTE: Although these situations require a JHPD officer to serve as the first responder to the scene, ECS shall also notify the BHCST clinician and public safety officers (PSO) to co-respond once the JHPD officer advises that the scene is safe for them.
 - If the conditions listed are not present, only the BHCST clinician and PSO are required to respond. JHPD officers should not respond within view of the scene unless they are specifically dispatched, though they may remain close by and out of sight if they are available.
- D. In conformance with the Memorandum of Understanding (MOU) between JHU and the Baltimore Police Department (BPD), the ECS shall **also notify the BPD** to respond if it is determined that:
- A serious injury or death has occurred
 - The incident takes place outside of JHPD's jurisdiction
 - Or there has been the commission of a Group A offense under the National Incident-Based Reporting System (NIBRS), which BPD is responsible for investigating per the MOU. This excludes the Group A offenses larceny/theft, burglary/breaking and entering, and motor vehicle theft, for which JHPD will have primary responsibility for investigating.

II. **JHPD Police Officers**

- A. **Responding to the Scene**: When a JHPD officer is dispatched to a scene involving an individual in crisis, the officer shall gather from the ECS all available information about the situation, particularly the information listed in Section II.B of this policy.
- Officers and the ECS shall use appropriate language when communicating about the call at all times. Members should describe the individual's behavior rather than trying to guess at a diagnosis or using a label that

carries with it a stigma or potentially misleading information.

- At least two units shall be dispatched to scenes involving an individual in crisis.

B. While at the scene, JHPD officers shall:

- Secure the scene, especially with regard to the safety of the individual in crisis, any bystanders and the officers. Officers shall attempt to determine if weapons are present or available and request backup and/or a supervisor's response if necessary.
- o Turn off sirens, flashing lights, or bright lights if possible and doing so will not compromise the safety of the individual, officer(s), or bystanders at the scene and attempt to determine the nature and severity of the crisis. The officer shall assess:
 - o Whether the presence of a behavioral health condition or impairment may be impacting the individual's perceptions, thoughts, or behavior;
 - o The potential for rapid change in behavior;
 - o Whether the individual presents a potential physical danger to themselves or others;
 - o Whether any crime has been committed, and if so, the nature of the crime
- Take charge of the scene when the situation involves a weapon or if the individual poses a threat of imminent physical harm to themselves or others. Once the scene has been stabilized, the BHCST will take over if:
 - o It is determined that the distressed individual wants to speak to someone.
 - o It is determined that the distressed individual is not a JHU student, faculty, or staff member, or is not otherwise affiliated with JHU. In these cases, the BHCST clinician will offer the services of the BCRI. If a BHCST clinician is unavailable, the officer will offer BCRI's services.
- o NOTE: If the incident is determined to be a hostage/barricade situation, the officer's actions shall be guided by JHPD Directive #480, Critical Incident & Response Management, and the appropriate resources shall respond and act as primary unit on the scene.
- Coordinate with co-responders present at the scene, including BHCST clinicians, PSOs, and BPD.
 - o If BPD has not already been contacted by the Emergency Communications Specialist, a JHPD supervisor shall contact BPD

as needed or when required by this Directive and the MOU.

- Use verbal and tactical de-escalation strategies set forth in JHPD Directive #401, De-escalation, when time and circumstances permit, in order to attempt to end any imminent danger the person in crisis poses to themselves or others.
- Follow the below guidelines for how to approach and interact with an individual who is in distress:
 - o Remain calm and avoid overreacting
 - o Be helpful and professional
 - o Provide or obtain on-scene first aid when treatment of an injury is urgent
 - o Check for and follow procedures indicated on medical alert bracelets or necklaces
 - o Indicate a willingness to understand and help
 - o Speak simply and briefly, and move slowly
 - o Remove distractions, upsetting influences, and disruptive people from the scene
 - o Understand that rational discussion may not take place
 - o Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, voices, or the environment
 - o Be friendly, patient, accepting, and encouraging, but remain firm and professional
 - o Recognize and acknowledge that a person's delusional or hallucinatory experience is real to them
 - o Gather information from friends or bystanders
 - o Avoid moving suddenly, shouting, forcing discussion, making direct/continuous eye contact, touching the person (unless essential for safety), crowding the person, expressing anger or irritation, assuming that a nonresponsive person cannot hear, using inflammatory language, challenging delusional statements, and misleading the person to believe that the officers on the scene think or feel the way the person does.

C. Officers must contact BPD to respond to the scene if it is determined that:

- A serious injury or death has occurred;
- The incident takes place outside of JHPD's jurisdiction; or

- There has been the commission of a Group A offense under NIBRS, excluding larceny/theft, burglary/breaking, and entering, and motor vehicle theft.

D. If there is no BHCST clinician available, once the information has been collected and the incident has been stabilized, the officer shall contact the on-duty/on-call clinician.

- If possible, have the clinician talk directly with the distressed individual. The officer will be guided on what action to take by the clinician.
- If the individual refuses to talk to a clinician, the officer shall speak with the clinician and relay the pertinent information. The officer shall be guided by the clinician’s instructions.

E. Determining the Proper Course of Action: Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there is a range of options officers should consider when selecting an appropriate disposition. Officers shall elect a course of action consistent with the below table when determining which course of action, they should take:

Nature of Call	Non-Criminal Behavior	Suspected Criminal Behavior
Harmless behavior which appears related to an illness, disorder, or disability.	Officers may not need to take any action based on the incident and legal parameters and/or consultation with mental health professionals. Officers should ensure the individual’s safety prior to leaving the scene and should provide information concerning mental health resources as appropriate. (see <u>JHPD Directive #415, Individuals with Behavioral Health Conditions</u> , for a list of available resources).	Issue citizen contact receipt. Provide a printout with contact information for obtaining community-based services. Contact BPD if the crime is a Group A offense that requires BPD investigation per the MOU.
Indication of urgent mental or behavioral health needs or crisis.	Take steps to de-escalate and resolve with assistance from the BHCST members.	Take steps to de-escalate and resolve using CIT and assistance from the BHCST. Document the

		incident in the incident report and issue citizen contact receipt. Contact BPD if the crime is a Group A offense that requires BPD investigation per the MOU.
The individual presents a danger to the life and safety of themselves or others, and the individual is unable or unwilling to be admitted for medical assistance voluntarily.	<p>Take steps to de-escalate and resolve using CIT, BHCST, and behavioral health resources. If the risk remains after all options available are implemented, officers may obtain a Petition for an Emergency Evaluation Petition in accordance with Md. Code Health § 10-620. Complete the Emergency Petition and transport or arrange to have the individual transported to the closest or most appropriate designated emergency facility. See JHPD Directive #417, Emergency Medical Examination and Assistance, for the appropriate procedures and a list of designated emergency facilities.</p> <p>Document the incident in the incident report and issue citizen contact receipt.</p>	<p>Take steps to de-escalate when feasible. If needed, obtain a Petition for an Emergency Evaluation Petition in accordance with Md. Code Health § 10-620. Complete the Emergency Petition and transport or arrange to have the individual transported to the closest or most appropriate designated emergency facility. See JHPD Directive #417, Emergency Medical Examination and Assistance, for the appropriate procedures and a list of designated emergency facilities.</p> <p>Contact BPD if the crime is a Group A offense that requires BPD investigation per the MOU.</p>
Escalation of harmful or symptomatic behavior where there is no available, less restrictive form of intervention that is consistent with the	Take steps to de-escalate when feasible. If the risk remains, after all options available are implemented, officers may obtain a Petition for	Take steps to de-escalate when feasible and depending on severity of criminal offense and officer's discretion, arrest the individual.

welfare and safety of the individual.	<p>an Emergency Evaluation Petition in accordance with Md. Code Health § 10-620. Complete the Emergency Petition and transport or arrange to have the individual transported to the closest or most appropriate designated emergency facility. See JHPD Directive #417, Emergency Medical Examination and Assistance, for the appropriate procedures and a list of designated emergency facilities.</p> <p>Document the incident in the incident report and issue citizen contact receipt. Coordinate with appropriate services as possible.</p>	Coordinate with Forensic Alternative Services Team (FAST) and mental health court Assistant State's Attorney. Contact BPD if the crime is a Group A offense that requires BPD investigation per the MOU.
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- F. JHPD officers may also refer, transport, or arrange for transport of the individual by emergency medical service (EMS) for medical attention if the person is physically injured, physically abused, or otherwise in need of medical assistance.
- G. Officers shall not arrest individuals for behavioral manifestations of behavioral health conditions or impairments that are not criminal in nature. Officers must instead determine if a serious crime has been committed. If they determine that a crime has been committed, follow JHPD Directive #424, Arrests & Alternatives to Arrest.
- H. In situations in which a crime has not been committed, officers are encouraged to use all available options before taking an individual into custody. Officers shall only take an individual into custody and transport the individual to the nearest designated hospital emergency room for an examination if officers determine that an Emergency Evaluation is required. In such cases they must follow the procedures set forth in JHPD Directive #417, Emergency Medical Examination and Assistance.
 - If officers take the individual into custody and transport them or arrange for them to be transported to a medical or mental health facility, the

officers must follow the procedures for searching, restraining, and transporting individuals set forth in JHPD Directive #412, Custody, Transport & Processing.

- When wearing a body-worn camera (BWC) inside a medical or mental health facility, officers shall follow the guidelines listed in JHPD Directive #433, Body-Worn Cameras.

I. Reporting Requirements: The responding officer shall complete an Incident Report detailing the incident and the officer's response.

- If a BHCST clinician was on duty and responded, the Incident Report will be titled "**Distressed Student – BHCST**" for students or "**Distressed person-BHCST**" for non-students– "**BHCST**"
- If a BHCST clinician was unavailable, the report will be titled "**Distressed Student**" or "**Distressed person-BHCST**" and will indicate that no BHCST clinician was on duty.
- If the incident involves a crime, the title will reflect the crime.
- The case report should include the following information:
 - o Narrative describing who, what, when, where, etc.
 - o Description of any visible injury to the individual or others
 - o Location where the individual was taken for evaluation or treatment, if applicable
 - o Name, address, and phone number of any responsible family members on the scene
 - o Description of notifications made

III. Supervisors

Supervisors shall monitor the dispatching of officers to the appropriate calls, ensure that CIT procedures are followed. In addition, supervisors shall:

- A.** Notify BPD to respond to the scene as needed or when required by this policy or the MOU, and if BPD has not already been contacted by the Emergency Communication Specialist.
- B.** Respond to calls when requested by members to assist in resolving crisis situations, conducting appropriate investigations, and providing referrals to the appropriate resources and services.
- C.** Request additional resources as needed and notify the next shift if a situation may require monitoring beyond the current shift.

- D. Ensure that a case report is properly completed and that the report is forwarded to the appropriate persons/facilities.
- E. Certify that appropriate reports containing confidential mental health and/or medical information, as required by law, are properly secured so that only law enforcement personnel have access to the reports and confidential material as needed.

IV. Crisis Intervention Coordinator

The JHPD shall designate an officer at the rank of sergeant or above to act as Crisis Intervention Coordinator. The Coordinator shall be responsible for:

- A. Facilitating communication between JHPD, members of the BHCST, and members of the behavioral health provider community.
- B. Completing at least eight (8) hours of training on the role and duties of the Crisis Intervention Coordinator in addition to the CIT training the Coordinator has already received.
- C. Collecting data on the suspected mental or behavioral health or crisis status of individuals subject to law enforcement actions including stops, searches, arrests, use of force, injuries, and in-custody deaths.
- D. Reporting statistical data regarding calls for service that involve possible behavioral health conditions or crises, including:
 - The number of calls where a JHPD officer was requested and dispatched
 - The nature of the crisis, and the extent to which individuals previously interacted with JHPD
 - The disposition of the calls, including whether referred to community services, an emergency room, emergency petition, or arrest
 - The steps taken, if any, to de-escalate the interaction
- E. Working with the Johns Hopkins Public Safety Training Section to develop, deliver, and update CIT training as needed.
- F. Identifying, developing, and maintaining partnerships with program stakeholders and serving as a point of contact for advocates and individuals with behavioral health conditions or crises.
- G. Serving as the point of contact for addressing concerns raised by students, faculty and staff, and community members regarding JHPD's role in JHU's Behavioral Health Response Program, including addressing specific calls for services and identifying and implementing any needed changes in protocol or training of personnel to improve future responses.

- H. Disseminating a provider list that includes mental and behavioral health resources for purposes of diversion.
- I. Scheduling CIT training for all officers, including annual refresher training.
- J. Reviewing this policy annually and suggesting revisions as needed.
- K. Review outcome data quarterly to:
 - Recognize officers deserving commendation
 - Develop new response strategies for repeat calls for service
 - Identify training needs or officers that require additional training
 - Assist with CIT training curriculum changes
 - Identify and address other issues that hinder or may improve JHPD’s role in the response to individuals with behavioral health conditions.

V. Training

The Public Safety Training Section shall provide training according to JHPD Directive #415, Individuals with Behavioral Health Conditions. (Commission on Accreditation for Law Enforcement Agencies (CALEA) 41.2.7.d, e)

Policy Enforcement

Enforcement	Police Department managers and supervisors are responsible for enforcing this Directive.
Reporting Violations	Suspected violations of this Policy should be reported to the Professional Standards Unit.

Related Resources

<p>University Policies and Documents</p> <p>Operational Procedure #401, De-escalation Operational Procedure #412, Custody, Transport & Processing Operational Procedure #415, Individuals with Behavioral Health Conditions Operational Procedure #417, Emergency Medical Examination and Assistance Operational Procedure #418, Behavioral Threat Assessment Operational Procedure #433, Body-Worn Cameras Operational Procedure #480, Critical Incident & Response Management</p> <p>JHU Campus Safety and Security General Orders C.10, <i>Behavioral Health Crisis Support</i></p> <p>JHU Student Amnesty for Alcohol & Drug Emergencies Policy,</p> <p>Behavioral Health Crisis Support Team,</p>

External Documentation
The Arc of the United States , American Psychiatric Association ,
Police Department Forms and Systems
https://powerdms.com/ui/login

Contacts

Subject Matter	Office Name	Telephone Number	E-mail/Web Address
Policy Clarification and Interpretation			

DRAFT