



## Cover Memorandum

### Emergency Medical Examination and Assistance, JHPD Directive #417

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#### **Purpose of the Directive**

The purpose of this Directive is to establish procedures for seeking a Petition for Emergency Evaluation pursuant to MD Code, Health General § 10-620 et seq., Emergency Evaluations. This Directive complements Johns Hopkins Police Department (JHPD) Policies #415, Individuals with Behavioral Health Conditions; #416, Behavioral Health Crisis Dispatch; and #418, Behavioral Threat Assessment.

#### **Summary of Directive Requirements**

It is the policy of the 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) is continuing 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 or impairments shall generally be led by members of the Johns Hopkins 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.

In rare occasions, and in accordance with the MD Code, Health General § 10-620 et seq., a JHPD member may seek a Petition for Emergency Evaluation (Petition) of a person if the member has reason to believe that the person has a mental disorder **and** presents a danger to the life or safety of themselves or others. JHPD members shall follow the procedures set forth by Maryland law, as well as those established by this and other JHPD directives, when seeking an Emergency Petition.

The Directive also describes factors members should consider when determining whether these criteria are met. Additionally, the Directive provides guidance on completing the required forms and on serving the Petition in situations in which the members is not the Petitioner.

The Directive also describes the procedures for safely taking persons into custody and transporting them pursuant to a Petition. This includes when to use restraints, how to interact with the person, when to request an ambulance, and transporting the person to the closest designated emergency psychiatric facility. The Directive also states what members should do upon arrival at the emergency facility, including required notifications and guidelines for turning custody of the person over to the facility.

Finally, the Directive discusses the reporting and documentation requirements that members must meet in Petition cases.

### **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**

**EMERGENCY MEDICAL  
EXAMINATION &  
ASSISTANCE**

**OPERATIONAL  
PROCEDURE #417**

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 the Johns Hopkins University to afford individuals who have or are experiencing mental or behavioral health challenges, issues, 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 services 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 campus community. In accordance with the MD Code, Health General, § 10-620 et seq., on rare occasions a peace officer may seek a Petition for Emergency Evaluation of an individual if the officer has reason to believe that the person has a mental disorder **and** presents a danger to the life or safety of themselves or others.

## Who is Governed by this Policy

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

## Purpose

The purpose of this policy is to establish procedures for seeking a Petition for Emergency Evaluation pursuant to MD Code, Health General, § 10-620 et seq., *Emergency Evaluations*.

This policy complements the JHU Campus Safety and Security General Order C.10, Behavioral Health Crisis Support and JHPD Directives #415, Individuals with Behavioral Health Conditions; #416, Behavioral Health Crisis Dispatch; and #418, Behavioral Threat Assessment. Working together, these policies seek to equip JHPD members with the tools to safely and appropriately interact with individuals experiencing mental or behavioral issues or impairments; 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 with mental and behavioral health issues or impairments obtain support and resources.

## Definitions

<b>Behavioral Health Crisis Support Team (BHCST):</b>	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 mental or behavioral health crisis.
<b>Clinical Social Worker:</b>	An individual who is licensed under the Maryland Annotated Code, Title 19 of the Health Occupations Article to practice clinical social work.
<b>Crisis:</b>	An incident in which an individual experiences or displays intense feelings of personal distress (e.g., anxiety, depression, anger, fear, panic, hopelessness) that they are unable to address with their ordinary coping strategies and that may cause disruptions in thinking (e.g., visual or auditory hallucinations, delusions, cognitive impairment). Crisis can result from a mental illness, substance use disorder, intellectual or developmental disability, personal crisis, or the effects of drugs or alcohol.
<b>Emergency Evaluator (Evaluator):</b>	An individual for whom an emergency evaluation is sought or made under Md. Code Health, Title 10, Subtitle 6, Part IV, <i>Emergency Evaluations</i> .
<b>Emergency Facility:</b>	A facility that the Maryland Department of Health designates, in writing, as an emergency facility. Includes a licensed general hospital that has an emergency room, unless the Maryland Department of Health, after consultation with the health officer, exempts the hospital. A list of designated emergency facilities is included in Appendix D to this policy. (Md. Code Health § 10-620)

<b>Licensed clinical professional counselor:</b>	An individual who is licensed under Maryland Annotated Code Title 17, Subtitle 3A of the Health Occupations Article to practice clinical professional counseling. (Md. Code Health § 10-620)
<b>Member:</b>	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.).
<b>Mental Disorder:</b>	<p>For the purpose of seeking a Petition for Emergency Evaluation under Maryland law, a mental disorder means the behavioral or other symptoms that indicate:</p> <ul style="list-style-type: none"> <li>• To a lay Petitioner who is submitting an Emergency Petition, a clear disturbance in the mental functioning of another individual; and</li> <li>• To health professionals doing an examination, at least one mental disorder that is described in the version of the American Psychiatric Association’s “Diagnostic and Statistical Manual – Mental Disorders” that is current at the time of the examination.</li> </ul> <p>“Mental disorder” does not include intellectual disability. MD Code, Health General, § 10-620.</p>
<b>Behavioral Health Condition:</b>	<p>Any condition characterized by the disruption of an individual’s cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors (e.g., physical illness, head trauma). Behavioral health conditions may include mental illness, substance use disorders, or any condition that impacts a person’s ability to self-regulate their thinking, mood, or behavior.</p> <p>Behavioral Health Crisis Support Team members may suspect an individual is living with a behavioral health condition through several factors, including: self-report; information provided to dispatch by witnesses or informants; the individual’s previous interactions with JHPD; or a JHPD member’s direct observations.</p>
<b>Peace Officer:</b>	For the purpose of seeking a Petition for Emergency Evaluation under Maryland law, a “peace officer” means a sheriff, deputy sheriff, a State police officer, a county police officer, a municipal or other local police officer, or a Secret Service agent who is authorized to exercise powers delegated under 18 U.S.C. § 3506. MD Code, Health General, § 10-620.
<b>Petition for Emergency Evaluation (Emergency Petition, EP, or Petition):</b>	A document that allows a sworn peace officer who has contact with an individual with a mental disorder, has observed signs, or has received information that the subject is in immediate danger to themselves or others, to take that person into custody for transport to the hospital or other designated psychiatric emergency facility for a subsequent emergency evaluation.

<b>Petitioner/Interested Person:</b>	A person who has reason to believe that an individual has a mental disorder and presents a danger to the life or safety of the individual or others.
<b>Physician:</b>	An individual who is licensed under MD Code, Health Occupations, Title 14 to practice medicine in the State of Maryland. Md. Code, Health General, § 10-601.
<b>Psychologist:</b>	An individual who is licensed under MD Code, Health Occupations, to practice psychology. MD Code, Health General, § 10-601.
<b>Substance Use Disorder:</b>	A medical illness caused by the repeated use of a substance or substances and characterized by clinically significant impairments in health, social function, and control over the use of substances. A severe substance use disorder is commonly called “addiction.”

## Policy

In accordance with the MD Code, Health General, § 10-620 et seq., a peace officer may seek a Petition for Emergency Evaluation of an individual if the officer has reason to believe that the person has a mental disorder and presents a danger to the life or safety of themselves or others. JHPD officers shall follow the procedures set forth by Maryland law, as well as those established by this and other JHPD policies, when seeking an Emergency Petition.

## Procedures

### I. General

- A. Only licensed mental health professionals can diagnose mental illness. Officers are not expected to diagnose mental or emotional conditions but rather to recognize behaviors that are indicative of persons affected by mental or behavioral health issues or impairments so that their response and decision-making can appropriately account for these dynamics.
  - All officers will be trained to recognize signs of a mental or behavioral health issue, impairment, or crisis, and will receive guidance on de-escalation techniques to peacefully resolve incidents.
- B. JHU’s response to individuals in crisis shall generally be led by members of the Behavioral Health Crisis Support Team (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.
  - Unarmed JHU public service officers (PSOs), BHCST clinicians, or other non-policing alternatives shall also be used when possible.
  - 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.

- C. Pursuant to MD Code, Health General, § 10-622, a Petition for Emergency Evaluation may be made by any of the following individuals if they have reason to believe that the Evaluatee has a mental disorder **and** presents a danger to the life or safety of themselves or others:
- A medical professional, which includes a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, or a health officer or designee of a health officer who has examined the individual;
  - A peace officer who personally has observed the individual or the individual's behavior; or
  - Any other interested person who has reason to believe that an individual has a mental disorder and presents a danger to the life or safety of themselves or others.
- D. Officers must take immediate action to prevent imminent physical harm to all individuals. Officers are not civilly or criminally liable for completing or submitting a Petition for Emergency Evaluation or for taking an individual into custody for an evaluation when it is done in good faith and with reasonable grounds. MD Code, Health General, § 10-629(b), *Immunity from liability*.
- E. 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/>.

## II. **Officers as Petitioners**

- A. Officers shall seek a Petition for Emergency Evaluation when:
- The officer has probable cause to believe an individual has a mental disorder; and
  - There is clear and imminent danger of the individual causing harm to themselves or others; and
  - The officer has personally observed the individual.
    - o NOTE – Officers need only to observe the Evaluatee and not the dangerous behavior. No judicial review is required when an officer is the Petitioner.



- B.** When determining whether there is probable cause to believe that an individual has a mental disorder and presents an imminent physical danger to themselves or others, the officer should consider the factors listed in JHPD Directive #415, Individuals with Behavioral Health Conditions.
- Other information obtained by the peace officer may be relevant and support a Petition, including: credible and reliable reports by family members or interested persons of an Evaluatee’s dangerous behavior; the Evaluatee’s history of serious mental disorders; or evidence that the Evaluatee has been violent or destroyed property.
  - When acting as the Petitioner, officers are reminded to consider the totality of the circumstances, including the reasonable accuracy and truthfulness of the interested person, the physical evidence, and additional witness observations.
- C.** When practical, officers should first ask the individual to seek a voluntary evaluation and, if the officer obtains the individual’s consent, the individual shall be transported to the nearest designated emergency facility pursuant to the procedures outlined in Section IV, Custody and Transport, of this Directive.
- NOTE - If the Evaluatee consents to a voluntary evaluation, the officer should not prepare a Petition for Emergency Evaluation package.
- D. **Completing the Petition:**** When seeking an Emergency Petition under this policy, JHPD officers shall complete:
- Petition for Emergency Evaluation (Appendix A)
  - Certification by Peace Officer Form (Appendix B)
  - Incident Report entitled “Emergency Petition”
    - o When completing the Certification by Peace Officer (Appendix B), the officer must check two of the four boxes appearing in the sentence that states: “I have personally observed the Evaluatee or Evaluatee’s behavior and based on the observation or other information have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others.”
- E.** The narrative sections of the Petition for Emergency Evaluation (Appendix A) and the Miscellaneous Incident Report must include:
- The totality of the circumstances that caused the issuance of the Petition.
  - Behavior observed by the officer and witnesses, including verbal statements, which indicate a person is a danger to the safety of themselves or others.
  - The presenting behaviors indicative of a mental disorder, including but not limited to, statements made by Evaluatee and/or heard by individuals on the

scene, behavior observed by the officer, and/or report of behaviors witnessed by individuals on the scene.

- Any previous history of a mental or behavioral issue or impairment, psychiatric hospitalization, and/or treatment that has become part of the officer's knowledge, including prescribed medication.

**F.** Officers will prepare a Petition for Emergency Evaluation package to include:

- A photocopy of the signed Petition (Appendix A);
- A photocopy of the Incident Report; and
- Any other documents generated because of the issuance of the Petition.

**G.** If the elements of an Emergency Petition are present, and the officer has an articulable reason to believe that the individual possesses a firearm, officers may seek an Extreme Risk Protective Order (ERPO) from the District Court or Court Commissioner to seize the firearm and ensure the safety of the individual and the public.

### **III. Other Parties as Petitioners**

#### **A. Medical Professionals as Petitioners:**

When a physician, psychologist, clinical social worker, licensed clinical professional counselor, or health officer or designee provides a member with a signed Petition for Emergency Evaluation for service within JHPD's jurisdiction, officers shall:

- Respond to the Petitioner's location, interview the Petitioner, and explain to the Petitioner:
  - o The serious nature of the Petition MD Code, Health General, §10-622);
  - o The meaning and content of the Petition (MD Code, Health General, §10-622); and
  - o That the Petitioner must contact the appropriate jurisdiction for service of the Petition if the location of the Evaluatee is outside JHPD's jurisdiction.
- Collect the Petition for Emergency Evaluation and Additional Certification.
- Take the Evaluatee into custody if the Evaluatee is present. If the Evaluatee is not present, the officer will follow the protocols for serving a Petition described below in this policy.

- o NOTE – No judicial review is required when a mental health professional is the Petitioner. Because Maryland law does not establish how long Petitions are valid when signed by a mental health professional, the five-day limit established for court-signed Petitions is adopted by JHPD as a standard for serving Petitions signed by mental health professionals, unless: Petitioners update the Petition; service is approved by the Chief of Police; or officers are able to serve as the Petitioner under MD Code, Health General, §10-622.

## **B. Other Interested Persons as Petitioners**

Any person who has reason to believe an individual is suffering from a mental disorder and is in clear and imminent danger of causing bodily harm to themselves or others may complete a Petition for Emergency Evaluation of the individual. When requested, officers will assist such interested persons in seeking an Emergency Petition for Evaluation.

- Judicial review is required by Maryland law when someone other than a peace officer or medical professional is the Petitioner. Md. Code, Health General, §10-620, et seq. Therefore, the officer shall refer the interested person to the court to seek the Petition for Emergency Evaluation.
- If the Courts are in session:
  - o The Petitioner must present a Petition to a judge of the District or Circuit Court for immediate review.
  - o If the judge determines probable cause exists, they may sign the order and direct JHPD to take the individual into custody and transport them to an emergency facility.
  - o The court order is valid for five (5) days.
- If Courts are not in session:
  - o If the Petitioner has responded directly to the Court Clerk's Office or Court Commissioner's Office to obtain an emergency evaluation, the Court Commissioner will contact the Communications Shift Commander to have an officer respond to 500 N. Calvert St.
  - o Upon receiving such a call, an officer will respond immediately; attempt service of the Petition and retain the original copy; and return the Petition to the officer's supervisor for re-distribution, if not served during the officer's shift.
- When an interested person has reason to believe that an individual has a mental disorder and presents a danger to the life or safety of themselves or others, and the individual has left the scene prior to the officer's arrival,

the officer must refer and/or transport the interested person to:

- The Court Clerk's Office in the Borgerding (Wabash), Eastside, or Circuit Court Buildings, where the Petitioner may file a Petition for Emergency Evaluation and present it to the judge, if the Evaluatee is an adult.
- The Court Commissioner's Office, if outside of normal business hours.
- If a judge refuses to sign the Petition, no further action shall be taken.

C. After service of the court-ordered Petition for Emergency Evaluation, officers must complete the Return of Service by Peace Officer form (Appendix C) and submit it along with the other requisite reports through official channels.

#### **IV. Serving the Petition**

A. Officers will serve Petitions for Emergency Evaluations when:

- The Petitioner is someone other than an officer (e.g., a medical professional or interested party who has the Petition signed by the court); and
- The Evaluatee is located within JHPD's jurisdiction. If the Evaluatee has left JHPD's jurisdiction, JHPD will enlist the assistance of other law enforcement agencies to serve the Petition.
  - o NOTE – Officers shall confirm that the Petition is still active prior to serving.

B. When given a signed Petition for service, officers shall respond promptly with the Petition to the location of the Evaluatee. Petitions should be served on the Evaluatee as soon as possible. Emergency Petitions expire **five (5) days** after being endorsed by a court.

C. A minimum of two officers must be assigned to serve the Petition. Whenever practical, one of the officers should be of the same gender as the individual. When possible, officers should seek the assistance of the BHCST when serving the Petition.

D. Officers shall make every effort to locate the Evaluatee. If the Evaluatee cannot be located during the officer's shift, the officer must complete an Administrative Report requesting the Shift Commander of the next shift to attempt service of the Petition and attach the Administrative Report to it. Officers shall continue this process until the Petition is served or expires.

- E.** If the Evaluatee is located by the Petitioner or other concerned individual, and the Emergency Petition is at the JHPD office, the officer or assisting member must contact the Communications Center and request that the nearest officer respond to serve the Petition after determining:
- There are no other JHPD officers available to serve the Petition and
  - Delaying the service would endanger the Evaluatee or others.

## **V. Custody and Transport**

### **A. Taking Evaluatees into Custody**

All individuals taken into custody by JHPD members pursuant to a Petition for Emergency Evaluation must be searched, restrained, and transported in accordance with JHPD Directive #412, Custody, Transport & Processing.

- Officers shall not take the individual into custody and transport them if the officer has been otherwise directed by emergency medical personnel.
- If it becomes necessary to effectuate the involuntary commitment, officers may use reasonable force to restrain and take into custody any person who is subject to an involuntary commitment. Officers shall explain that the person is not under arrest when applicable. Any force used should be consistent with the principles and applicable provisions of JHPD Directive #402, Use of Force.
- Using restraints on persons with mental health issues can aggravate aggressive behavior. Officers should be aware of this fact when considering whether the measures are necessary to protect their safety, the safety of the Evaluatee, and that of others. A backup officer shall be requested for assistance and, unless impractical or unsafe to do so under the circumstances, restraints should not be applied until a backup officer is present and can assist.
- When taking an Evaluatee into custody for involuntary commitment becomes necessary, officers shall:
  - o Remove any dangerous weapons from the immediate area and quickly restrain the subject.
  - o Call for appropriate backup, which should be on-scene, whenever possible, before the officer takes the Evaluatee into custody.
  - o Ensure that the Evaluatee's place of residence or vehicle is secured before leaving.
  - o Document and secure any personal property or evidence taken from the Evaluatee.
  - o Whenever possible, avoid the use of deception and be honest with the Evaluatee about where the Evaluatee is being taken, and why.

- o Be thorough in their observations and the information they convey verbally and in writing.
- o Request an adult member of the Evaluatee's family or circle of friends participate in the transport, provided this does not exacerbate the situation.
- Officers shall afford Evaluatees every reasonable and appropriate consideration to be taken into custody in the least conspicuous manner possible. This includes the Evaluatee being taken into custody out of the view of the public, if possible.

## **B. Transporting the Evaluatee**

Officers shall take Evaluatees to the closest emergency psychiatric facility that has been designated and approved by the Maryland Department of Health and Mental Hygiene (DHMH). MD Code, Health General, §10-624, see Appendix D for a list of designated facilities in Baltimore City.) The approved facility that will be used by JHPD is Johns Hopkins Hospital.

- A person in custody who requires a mental evaluation prior to the booking process shall be transported to the emergency facility by officers or Emergency Medical Services (EMS) and, if required, shall be guarded by officers until released. See the Memorandum of Understanding (MOU) with Baltimore Police Department (BPD) and JHPD Directive #412, Custody, Transport & Processing.
- A person in custody who is detained in the Baltimore Central Booking and Intake Center (BCIBC) who subsequently requires medical attention or mental evaluation shall be the responsibility of the BCBIC (per the MOU with BPD).
- Where the individual is aggressive, combative, or medically unstable to the extent that they cannot be safely transported in a police vehicle, officers will request an ambulance to provide transport to the emergency facility. In this event:
  - o The officer will assist ambulance personnel with the application of appropriate restraints.
  - o The officer will ride with the Evaluatee in the ambulance. When possible, an officer of the same gender as the individual transported should ride in the ambulance. (70.1.3)
  - o If available, a second officer should follow the ambulance to the hospital.
- To the extent practicable, officer(s) shall notify, or have the Communications Center notify, the designated emergency facility in advance of bringing the Evaluatee. MD Code, Health General, §10-624.

- The emergency facility should be made aware of the Evaluatee’s impending arrival, all pertinent information about the Evaluatee, the location of the Evaluatee’s relatives (if known), and whether the Evaluatee is aggressive, combative, or medically unstable.

**C. Procedures at the Emergency Facility**

Upon arriving at the emergency facility, officers shall provide all relevant information about the Evaluatee and the incident to the charge nurse or supervisory physician.

- Officers shall provide emergency facility personnel with a completed copy of the form “Johns Hopkins Police Department Emergency Medical Referral” (Appendix E) and document this in the case file.
- After officers bring the Evaluatee to the emergency facility and custody has been assumed by the facility, the officer is not required to stay unless requested to do so by emergency facility personnel on account of the Evaluatee’s violent behavior. MD Code, Health General, §10-624
- In that event, officers must stay at the emergency facility until the officer’s supervisor responds to the request for assistance. If the Evaluatee is violent, the supervisor shall allow the officer to stay as long as reasonable and prudent.
- If emergency facility personnel ask that the officer stay, a physician shall examine the Evaluatee as promptly as possible.

**D.** Within six (6) hours after the Evaluatee is brought to the emergency facility, a physician shall examine the Evaluatee to determine if the Evaluatee meets the requirements for involuntary admission. MD Code, Health General, §10-624.

**E.** Once the Evaluatee is admitted by the attending physician or charge nurse, officers shall leave the Evaluatee in the custody of the emergency medical facility.

- If the Petition was authorized by the court, the officer shall retain original copies of the Petition for Emergency Evaluation paperwork for prompt submission to the court, leave a copy of the paperwork for the emergency medical facility, and submit a copy of the paperwork to JHPD’s central records.
- If the Petition was authorized by anyone but the courts, the officer shall leave original copies of the paperwork at the emergency medical facility and submit a copy of each document to JHPD’s central records.
- If officers wish to pursue criminal charges against an Evaluatee who has been involuntarily committed, officers will:
  - o Apply for charging documents for the criminal acts; and
  - o If warrants are issued, obtain detainers from the courts.

- NOTE – If the examining physician orders the Evaluatee to be confined in an appropriate mental health facility, it is the responsibility of the emergency medical facility to arrange for transportation. Officers **may not** transport patients to any other facility after an evaluation has been completed, unless approved by a supervisor.
- F.** If the Evaluatee is not involuntarily or voluntarily admitted, the Evaluatee must be released immediately from the emergency medical facility.
- If the officer is the Petitioner, the officer must provide transportation from the emergency facility to the location where the individual was taken into custody in the following circumstances:
    - o There is no alternative transportation available to the individual,
    - o The individual is released while the officer is still at the emergency facility; and
    - o The officer has not been dispatched to handle another assignment.
- G.** If the Petitioner is someone other than the officer, JHPD will not provide return transportation unless the Evaluatee is a JHU student, faculty, or staff member, or unless a supervisor believes extenuating circumstances dictate otherwise.
- H.** If the Evaluatee was lawfully arrested before the evaluation but does not meet the requirements for involuntary admission:
- The examining physician shall send a brief report of the evaluation to the court; and
  - The police officer shall return the Evaluatee to court, along with the court order and the physician’s report. If court is not in session, the officer will take the Evaluatee to an appropriate jail and, before the end of the next day that the court is in session, return to court the Evaluatee and the physician’s report. MD Code, Health General, §10-626.
- I.** Officers will ensure notifications are made to the Evaluatee’s family or persons of interest:
- In all cases when Evaluatees are juveniles
  - As directed or requested by adult Evaluatees
- J.** When it is necessary to transport the Evaluatee by ambulance to a hospital for medical treatment of physical injuries, officers will request the Evaluatee be transported to a Johns Hopkins Health Systems (JHHS)-approved hospital. If the Evaluatee is transported by ambulance to a hospital that is not JHHS-approved, the officer must:



- Remain at the hospital to provide Evaluatee security until the Evaluatee is released.
  - Notify the Evaluatee's family and other interested persons if it is determined that the Evaluatee will be admitted and kept for medical reasons.
  - Notify the supervisor of the hospital's emergency rooms that it is believed the Evaluatee is in need of an emergency evaluation based on the facts known to the officer.
  - Notify and update the officer's supervisors on the situation and request guidance and assistance as necessary in providing Evaluatee security.
  - Note in the JHPD reports the names, addresses, and telephone numbers of each person notified, including emergency room staff members.
- K.** Officers shall follow the guidelines set forth in JHPD Directive #433, Body-Worn Cameras, when wearing a body-worn camera inside a medical or mental health facility.

## **V. Supervisor Responsibilities**

- A.** When requested, a Supervisor shall supervise the service of Petitions for Emergency Evaluation. In addition, a supervisor shall:
- When additional police assistance is requested by the emergency facility staff, determine the need for assistance, and if the Evaluatee is violent, have the officer(s) stay at the facility until the Evaluatee is examined.
  - Review and forward the Petition for Emergency Evaluation package to the shift lieutenant and the BHCST within 24 hours.
  - Ensure that Petitions issued from the court are assigned to the appropriate officer for service and that the Return of Service by Peace Officer (Appendix C) is returned/forwarded to the issuing court.
- B.** When a Petition is not served during the supervisor's shift, ensure that an Administrative Report is completed and request the supervisor of the next shift to attempt service. Attach the Administrative Reports to the petition, delivering them to the supervisor of the following shift for service.
- C.** Ensure appropriate notifications are made in accordance with JHPD Directive #220, Notification of Supervisory & Command Personnel.

## **VI. Reporting and Documentation**

Officers will complete incident reports for all Petition for Emergency Evaluation cases, regardless of who is the Petitioner or whether the Evaluatee is admitted. Information contained in reports will include, as applicable:

- A. Circumstances of the incident.
- B. Description of the Evaluatee’s behavior that leads to them being taken into custody.
- C. Identities of reviewing judges.
- D. Identities of evaluating physicians.
- E. Any planning that was conducted to develop action plans for serving the Petition and taking the Evaluatee into custody.
- F. Actions of the Evaluatee when taken into custody.
- G. Description of any injuries to the Evaluatee, officer(s), or others, and how they were sustained.
- H. Method used to transport the Evaluatee to the emergency medical facility.
- I. Names of facilities from which the Evaluatee was released or accepted.
- J. Evaluatee’s last known location or destination.

## Policy Enforcement

<b>Enforcement</b>	Police Department managers and supervisors are responsible for enforcing this Directive.
<b>Reporting Violations</b>	Suspected violations of this Policy should be reported to the Public Safety Accountability Unit.

## Related Resources

<b>University Policies and Documents</b>	
Administrative Procedure #220, Notifications of Supervisory & Command Personnel Operational Procedure #402, Use of Force Operational Procedure #412, Custody, Transport & Processing Operational Procedure #415, Individuals with Behavioral Health Conditions Operational Procedure #416, Behavioral Health Crisis Dispatch Operational Procedure #418, Behavioral Threat Assessment Operational Procedure #433, Body-Worn Cameras  JHU Campus Safety and Security General Orders C.10, <i>Behavioral Health Crisis Support</i>  <a href="#">JHU Student Amnesty for Alcohol &amp; Drug Emergencies Policy,</a>  <a href="#">JHU Behavioral Health Crisis Support Team,</a>	

<b>External Documentation</b>
<a href="#">The Arc of the United States</a> <a href="#">American Psychiatric Association</a>
<b>Police Department Forms and Systems</b>
<a href="https://powerdms.com/ui/login">https://powerdms.com/ui/login</a>

## Contacts

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

## Appendices

- A. Petition for Emergency Evaluation: [Petition for Emergency Evaluation - Link to Form](#)
- B. Certification by Peace Officer: [Certification by Peace Officer - Link to Form](#)
- C. Return of Service by Peace Officer: [Return of Service by Peace Officer - Link to Form](#)
- D. Emergency Facilities Designated by Maryland Department of Health and Mental Hygiene (DHMH)
- E. Johns Hopkins Police Department Emergency Medical Referral Form

Appendix A

Petition for Emergency Evaluation



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Court Address Case No. \_\_\_\_\_

In the Matter of \_\_\_\_\_

PETITION FOR EMERGENCY EVALUATION (Maryland Code, Health General Article § 10-620 et seq.)

The petitioner, \_\_\_\_\_, requests that this court order an emergency evaluation of \_\_\_\_\_ Name of Petitioner

\_\_\_\_\_ and in support of this petition states as follows: Name of Person to be Evaluated (Evaluee)

1. Petitioner: Address \_\_\_\_\_ Cell Phone/Pager # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If petitioner is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the evaluee, then the petitioner's specialty is \_\_\_\_\_ and the petitioner's license number is \_\_\_\_\_ Relationship to or interest in evaluee \_\_\_\_\_

2. Evaluee: Address \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Complexion \_\_\_\_\_ Other \_\_\_\_\_

3. If not petitioner, name of spouse, child, parent, or other relative, or other individual interested in the evaluee: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

4. A petition for emergency evaluation of the evaluee was filed previously on \_\_\_\_\_ Date and was  granted  denied.

5. The evaluee has been hospitalized in the past at the following facilities: When \_\_\_\_\_ Where \_\_\_\_\_ Diagnosis \_\_\_\_\_

6. The evaluee currently is receiving psychiatric treatment from: When \_\_\_\_\_ Where \_\_\_\_\_ Diagnosis \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

7. The evaluee has been prescribed the following medication for their mental disorder: \_\_\_\_\_

8. The evaluee  is  is not taking the medication as prescribed OR  I do not know whether the evaluee is taking medication as prescribed.

9. The evaluee is demonstrating the following behavior that leads me to conclude that they currently have a mental disorder: \_\_\_\_\_ (Attach additional sheets if necessary)

10. The evaluee presents a danger to the life or safety of the evaluee or others because: \_\_\_\_\_ (Attach additional sheets if necessary)

11. The evaluee has access to the following firearms/weapons: \_\_\_\_\_

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

\_\_\_\_\_ Date \_\_\_\_\_ Petitioner \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

TO THE PETITIONER: You may be required to appear before the court. You have made the statements above under penalties of perjury. If an evaluation is ordered, it would be helpful if you could accompany the evaluee to the emergency facility and provide emergency facility authorities with all information that is pertinent to this petition. A petitioner who, in good faith and with reasonable grounds, submits or completes the Petition for Emergency Evaluation is not civilly or criminally liable for submitting or completing the petition.

**A. Duties of Peace Officer**

1. **Caution to Petitioner.** A peace officer shall explain to a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, who presents a petition to the peace officer:
  - a. the serious nature of the petition; and
  - b. the meaning and content of the petition.
2. **Delivery to Facility.** To the extent practicable, a peace officer shall notify the emergency facility in advance that the peace officer is bringing an emergency evaluatee to the emergency facility. A peace officer shall bring an evaluatee to the nearest emergency facility if the officer has a petition that:
  - a. has been endorsed by a court within the last five (5) days; or
  - b. is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, or peace officer.
3. **Documentation of Delivery.** A peace officer shall complete a Return of Service by Peace Officer form (CC-DC-027) and have an agent for the emergency facility sign the form.
4. **Remaining with Evaluatee.**
  - a. After a peace officer brings an evaluatee to an emergency facility, the officer need not stay unless, because the evaluatee is violent, emergency facility personnel ask the supervisor of the peace officer to have the peace officer stay.
  - b. A peace officer shall stay until the officer's supervisor responds to the request for assistance.
5. **Return of Service.** A peace officer shall file a completed Return of Service with the court issuing the Endorsement and Order immediately after an evaluatee is delivered to an emergency facility or immediately after expiration of the five-day period for taking the evaluatee into custody.

**B. Duty of Supervisor.** A supervisor shall allow a peace officer to stay with a violent evaluatee.

**C. Duties of Emergency Facility**

1. **Documentation of Delivery.** An agent of the emergency facility shall sign the Return of Service by Peace Officer form completed by a peace officer transporting an evaluatee to the emergency facility.
2. **Examination.** If emergency facility personnel ask that a peace officer stay, a physician shall examine the evaluatee as promptly as possible to determine whether the evaluatee meets the requirements for involuntary admission. In any event, a physician shall examine an evaluatee within six (6) hours after an officer brings the evaluatee to the emergency facility.
3. **Release or Admission.** Promptly after an examination, an evaluatee shall be released unless the evaluatee:
  - a. asks for voluntary admission; or
  - b. meets the requirements for involuntary admission.
4. **Detention Period.** An emergency evaluatee may not be kept at an emergency facility for more than thirty (30) hours.

**Appendix B:**

**Certification by Peace Officer**

**CERTIFICATION BY PEACE OFFICER**

I am a  sheriff,  deputy sheriff,  State police officer,  county police officer,  municipal or other local police officer, or  Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to \_\_\_\_\_ (Evaluatee), I have personally observed the  Evaluatee or  Evaluatee's behavior and, based on the  observation or  other information, have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluatee to \_\_\_\_\_ (emergency facility) for evaluation.

\_\_\_\_\_  
Date and Time Peace Officer

\_\_\_\_\_  
Department ID Number

**CERTIFICATIONS BY  
OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER**

I am a  physician,  psychologist,  clinical social worker,  licensed clinical professional counselor,  clinical nurse specialist in psychiatric and mental health nursing,  psychiatric nurse practitioner,  a licensed clinical marriage and family therapist,  health officer or  designee of a health officer. I have examined \_\_\_\_\_ (Evaluatee). Based on  the examination or  other information, I have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluatee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

\_\_\_\_\_  
Date and Time Physician or other Qualified Person under HG § 10-622


\_\_\_\_\_  
License No.

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

\_\_\_\_\_  
Date Peace Officer

\_\_\_\_\_  
Department ID Number

### Return of Service by Peace Officer


 **CIRCUIT COURT**  **DISTRICT COURT OF MARYLAND FOR** \_\_\_\_\_  
City/County

Located at \_\_\_\_\_ Court Address Case No. \_\_\_\_\_

**STATE OF MARYLAND** vs. \_\_\_\_\_  
Defendant DOB

**IN THE MATTER OF THE  
 EMERGENCY EVALUATION OF:** \_\_\_\_\_

#### RETURN OF SERVICE BY PEACE OFFICER

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

I took into custody the Emergency Evaluatee, \_\_\_\_\_ and  
Name

transported him/her to \_\_\_\_\_  
Emergency Facility

at \_\_\_\_\_  a.m.  p.m. .  
Time

I could not locate and transport the Emergency Evaluatee, \_\_\_\_\_  
Name

to an emergency facility within five (5) days of the Court's Endorsement and Order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Peace Officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Agency Sub-agency Officer ID Number

#### RECEIPT

The Emergency Evaluatee was transported to the emergency facility on the date and time indicated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent for Emergency Facility

\_\_\_\_\_  
Printed Name

**RETURN OF SERVICE MUST IMMEDIATELY BE FILED WITH THE COURT.**

CC-DC-027 (Rev. 10/2014)

Appendix D

**Maryland Department of Health and Mental Hygiene (DHMH)**

**Designated Emergency Psychiatric Facilities**

<b>Baltimore City</b>	
Grace Medical Center 2000 W. Baltimore Street Baltimore, MD 21223 (410) 362-3000	Johns Hopkins Hospital & Health System 600 N. Wolfe Street Baltimore, MD 21287 (410) 955-5964
Johns Hopkins Bayview Medical Center 4940 Eastern Avenue Baltimore, MD 21224 (410) 550-0100	UMD Medical Center Midtown Campus 827 Linden Avenue Baltimore, MD 21201 (410) 225-8100
Sinai Hospital of Baltimore (Lifebridge Health) 2401 W. Belvedere Avenue Baltimore, MD 21215 (410) 601-5461	MedStar Union Memorial Hospital 201 E. University Parkway Baltimore, MD 21218 (410) 554-2000
University of Maryland Medical Center 22 S. Greene Street Baltimore, MD 21201 (410) 328-1219	MedStar Good Samaritan Hospital 5601 Loch Raven Blvd. Baltimore, MD 21239 (443) 444-8000
Greater Baltimore Medical Center (GBMC) 6701 N Charles St. Towson, MD (Baltimore County) (443) 849-2000	



Appendix E:

**Johns Hopkins Police Department Emergency Medical Referral**

**Johns Hopkins Police Department Emergency Medical Referral**

Subject Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Time of Contact: \_\_\_\_\_

Location of Contact: \_\_\_\_\_

Referred By: \_\_\_\_\_

Next of Kin or known family member: \_\_\_\_\_

Gender:  Male  Female      Mental Illness  Yes  No  Unknown

Diagnosis/Reason for ED visit: \_\_\_\_\_

Threat Assessment:  None      Medications: \_\_\_\_\_

Suicide Ideation:  Yes  No      \_\_\_\_\_

Suicide Attempt:  Yes  No      \_\_\_\_\_

Threat to Harm Others:  Yes  No      \_\_\_\_\_

Unable to Care for Self:  Yes  No      \_\_\_\_\_

Medical clearance only:  Yes  No      Provider: \_\_\_\_\_

Patient searched:  Yes  No

Weapon/Method:  None      Arrest:  None  Traffic  
 Firearm       Overdose       Felony       Misdemeanor  
 Edged Weapon       Jumping       Protective Custody       Diverted from Arrest  
 Hanging       Police       Incarcerated/In Police Custody  
 Other \_\_\_\_\_

Substance Use:  None      Charge(s): \_\_\_\_\_

Alcohol  Marijuana  Cocaine  Methadone  Heroin  Accidental Overdose  Other: \_\_\_\_\_

Known Injuries:  None      Disposition: \_\_\_\_\_

Prior to Police Contact:  Yes  No       Transported to ED, (Specify): \_\_\_\_\_

Due to Use of Force:  Yes  No       Unknown       Referred to MH Liaison (see narrative)

Treated by EMS       Stabilized with no Treatment/Transport

Injury to Other Person:  Yes  No  Unknown      Referrals given (see narrative): \_\_\_\_\_

Injury to Police:  Yes  No       Other (see narrative)       Medical Necessity

Use of force:  Yes  No       Voluntary       Involuntary

**Narrative: (Give specific statements, include sources of information and contact information for collaterals.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Received By RN/MD \_\_\_\_\_