



POLICE DEPARTMENT

**INDIVIDUALS WITH
BEHAVIORAL HEALTH
CONDITIONS**

**OPERATIONAL
PROCEDURE #415**

Responsible Executive:
Chief of Police
Responsible Office:
Vice President for Public Safety
Approved by:
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Policy Statement

It is the policy of Johns Hopkins to afford individuals experiencing crises or behavioral health conditions the same rights, dignity, and access to programs and services provided to all other persons without compromising the safety of the individuals, officers, or the community. The Johns Hopkins Police Department (JHPD) will work collaboratively with medical, behavioral 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 campus community.

Who Is Governed by This Policy

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

Purpose

The purpose of this Directive is to provide general guidance regarding interactions between JHPD members and individuals who are experiencing crisis or a behavioral health condition. In addition, JHPD Directive #416, Behavioral Health Crisis Dispatch, details the specific procedures for dispatch and response to incidents involving people who are in crisis or experiencing a behavioral health condition. Other relevant resources include JHPD Directive #417, Emergency Medical Examination & Assistance, and JHPD Directive #418, Behavioral Threat Assessment.

Working together, these policies seek to equip JHPD members with the tools to safely and appropriately interact with individuals experiencing crises or behavioral conditions; 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 Johns Hopkins and community partners; and assist individuals in crisis or with a behavioral health condition to obtain support and resources.

Definitions¹

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 Johns Hopkins team that pairs mental health clinicians with campus public safety officers (PSOs) to respond to persons who are experiencing a behavioral health crisis.
Crisis:	A perception or experience of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms.
Crisis Intervention Team (CIT) Trained Officer:	Campus officers who are specially trained to respond to students, faculty, and staff who are experiencing a crisis.

¹ Definitions related to mental or behavioral health in this Directive, including of various conditions or crises, are taken from U.S. Department of Justice, Bureau of Justice Assistance, *Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations*, August 2021, **Error! Hyperlink reference not valid.** with the exception of the term “neurodivergent,” which comes from the Cleveland Clinic, <https://my.clevelandclinic.org/health/symptoms/23154-neurodivergent>.

Developmental Disability:	A physical or mental impairment that begins before age 22, is likely to continue indefinitely, and results in substantial functional limitations in at least three of the following: self-care (dressing, bathing, eating, and other daily tasks), walking or 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.
Extreme Risk Protective Order (ERPO):	A court-issued civil order temporarily requiring a person to surrender any firearms or ammunition to law enforcement and not purchase or possess firearms or ammunition. Petitions for an ERPO can be filed by a spouse, cohabitant, relative, person with children in common, current dating or intimate partner, current or former legal guardian, law enforcement officer, or medical professional who has examined the respondent. ERPOs may be filed against an individual who poses an immediate and present danger of causing personal injury to themselves or others by having firearms. Factors demonstrating possible risk include alarming behavior and statements, unlawful firearm possession, reckless or negligent firearm use, violence or threats of violence to self or others, violating peace or protective orders, drug or alcohol abuse, and information contained in health records. ERPOs can be filed against a minor.
Intellectual Disability:	A disability characterized by significant limitations in both intellectual functioning and adaptive behavior, which covers many everyday social and practical skills. This disability emerges 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:	Any of a wide range of conditions that can affect mood, thinking, 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:	A diagnosable medical condition that involves changes in cognition, thinking, or behavior. Mental illness is associated with psychological distress and difficulties with functioning in daily activities. It may also be referred to as a mental health disorder.
Neurodivergent:	A nonmedical term that describes people whose brains develop or work differently for some reason.
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” [internal citation omitted]. 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. Severe substance use disorders are commonly called “addictions.”

Policy

The JHPD will afford individuals who are experiencing crises or behavioral health conditions the same rights, dignity, and access to programs and services provided to all other persons without compromising the safety of the individuals, officers, or the community. The JHPD response to incidents involving people who are experiencing crises or behavioral health conditions shall generally be led by members of the Johns Hopkins joint BHCST, which pairs behavioral health clinicians and unarmed PSO's who are trained in crisis intervention. The 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.

Core Principles

The JHPD prioritizes the behavioral health of all individuals, including those who are crime victims, witnesses, or suspects. This policy is guided by the following core principles:

- I. **Providing Assistance:** The JHPD plays an important role in Johns Hopkins' crisis response system by effectively responding to and de-escalating incidents that pose an imminent danger to community safety and diverting individuals to resources that provide appropriate services. The JHPD will maintain a collaborative relationship with Johns Hopkins' BHCST and other community resources as part of a comprehensive crisis response system that allows for the least police-involved response consistent with community safety.
- II. **Civil Rights:** All members who respond to persons with behavioral health conditions shall always respect their dignity and civil rights. Even in crisis, individuals retain their constitutional rights, including their rights to liberty and due process. JHPD members will follow all constitutional requirements, as well as those set forth by Maryland law, when making decisions regarding transporting individuals for emergency evaluations or civil commitment. JHPD members shall be trained to understand the value to society of persons living with disabilities; the need to avoid assumptions, stereotyping, or discrimination; and how to address bias that may be present when interacting with people who have behavioral health conditions.
- III. **Community & Officer Safety:** The JHPD's goal is to help ensure the least police-involved response necessary for persons with behavioral health conditions that is consistent with the safety of the individual, the officers and members of the community.

The JHPD will ensure that members have the training and resources to appropriately respond to these situations, including de-escalating and promoting peaceful resolutions to incidents, and diverting individuals to community resources.

IV. De-escalation: All members shall use de-escalation techniques and tactics in accordance with JHPD Directive #401, De-escalation, to attempt the peaceful resolution of an incident without resorting to the need for force. Although JHPD members are not expected to diagnose behavioral health conditions, they are expected to recognize behaviors that are indicative of persons experiencing a behavioral health condition or crisis.

V. Sanctity of Human Life: All members shall make every effort to preserve human life in all situations.

Procedures

I. Americans With Disabilities Act

- A. The Americans With Disabilities Act (ADA) entitles people with or experiencing behavioral health conditions, impairments, or disabilities to the same services and protections that public safety agencies provide to anyone else.
- B. People with or experiencing behavioral health conditions, impairments, or disabilities may not be excluded from services or otherwise be provided with lesser services or protection than is provided to others. The ADA calls for public safety personnel to make reasonable adjustments and modifications in their policies, practices, or procedures on a case-by-case basis.
 - For example, if a person exhibits symptoms of a behavioral health condition, expresses that they have a behavioral health condition, or requests accommodation for a behavioral health condition (such as access to medication), Johns Hopkins Public Safety personnel may need to modify routine practices and procedures, take more time, or show more sensitivity to extend the services or protections that would be extended to someone else in a similar circumstance.

II. General

- A. While many people experiencing behavioral health conditions manage symptoms successfully with the use of medications or other therapies, others who do not have access to mental health services, fail to take their medications, or do not recognize that they are ill can experience psychiatric difficulties.

- B.** When anyone experiencing a behavioral health condition comes into contact with the JHPD for whatever reason, personnel must be especially vigilant to ensure that the person's rights are not violated and that they understand what is occurring.
- Some individuals may lack skills, abilities, or capacities necessary to comprehend basic Miranda rights. Simply reading the rights to someone with these types of impairments and having the individual acknowledge that they understood may not be sufficient. Prior to taking action, officers, with assistance from a BHCST member, shall further explain the individual's rights in a manner that enables the individual to understand them.
- C.** Members must ensure that people experiencing behavioral health conditions receive the necessary assistance to access services. This may require time and patience beyond what is normally provided.
- D.** People experiencing a behavioral health condition may also be suspected of a crime or under arrest and require detention, transport, and processing.
- All individuals taken into custody must be searched, restrained, and transported in accordance with JHPD Directive #412, Custody, Transport & Processing.
 - Members must familiarize themselves with the proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to a person under arrest who has a behavioral health condition or crisis. See JHPD Directive #424, Arrests & Alternatives to Arrest, and JHPD Directive #412, Custody, Transport & Processing.
- E.** Members should be mindful that responses of people with certain behavioral health conditions besides substance abuse disorders may resemble those of people who are under the influence of or experiencing the effects of substances such as alcohol or drugs. Individuals who may appear as though they are on a substance or intoxicated may instead be struggling with symptoms that are consistent with a behavioral health condition.
- F.** Pursuant to its Student Amnesty for Alcohol and Drug Emergencies policy, JHU will not impose disciplinary action of record 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/>.

- G. JHPD members will follow the process outlined in JHPD Directive #434, Language Access Services, when responding to incidents involving individuals whose primary language is not English and who have a limited ability to read, write, speak, or understand English.

III. Common Symptoms of Behavioral Health Conditions

(Commission on Accreditation for Law Enforcement Agencies (CALEA) 41.2.7.a)

- A. Behavioral health conditions are often difficult for even trained professionals to identify in individuals. Officers are not expected to diagnose or make judgments about an individual's behavioral health condition. However, they must be alert to symptoms and signs common to such conditions and recognize behavior that is potentially dangerous to the individual themselves or others.
- B. Symptoms of behavioral health conditions may vary from person to person. Commonly, persons with a variety of behavioral health conditions have thoughts, feelings, or behavioral characteristics that, at varying times, result in an inability to cope with the ordinary demands of life. Many of these symptoms represent internal emotional states that are not readily observable from a distance but are noticeable in conversation with the individual.
- C. Often, symptoms of behavioral health conditions are cyclic, varying in severity from time to time. Duration of an episode can also vary, from weeks to months for some, and across many years or a lifetime for others. Many people have periods of lucidity, coupled with periods where they are more symptomatic.
- D. Observing these symptoms or behaviors in someone does not automatically mean that they have a behavioral health condition but may instead indicate that they are experiencing some trauma or crisis, are overly stressed or tired, are intoxicated, or are displaying symptoms or behaviors caused by an undetected illness or malady.
- E. Symptoms of behavioral health conditions may include but are not limited to:
- **Social Withdrawal**
 - Sitting and doing nothing
 - Withdrawal from family, friends; abnormal self-centeredness
 - Dropping out of activities such as occupations or hobbies
 - Decline in academic or athletic performance
 - Others saying the person is not "themselves"

- **Depression**
 - Loss of interest in once-pleasurable activities
 - Expression of hopelessness, helplessness, inadequacy
 - Changes in appetite; weight loss or gain
 - Behaviors unrelated to events or circumstances
 - Excessive fatigue and sleepiness, or an inability to sleep
 - Pessimism; perceiving the world as “dead”
 - Thinking or talking about suicide
- **Thought Disorders**
 - Inability to concentrate or cope with minor problems
 - **Irrational Statements:** Poor reasoning, memory, and judgment; expressing a combination of unrelated or abstract topics; expressing thought of grandiosity (e.g., a person believes they are God); expressing ideas of being harassed or threatened (e.g., CIA monitoring thoughts through TV set)
 - **Peculiar Use of Words or Language Structure:** Nonsensical speech or chatter; word repetition (frequently stating the same or rhyming words or phrases); extremely slow speech; pressured speech (expressing an urgency in manner of speaking)
 - **Excessive Fears or Suspiciousness:** Preoccupation with death, germs, guilt, etc.
 - **Delusions:** Beliefs that are held with strong conviction despite strong evidence to the contrary (e.g., believing they are God, believing the CIA is after them, believing they have been abducted by aliens).
 - **Hallucinations:** False or distorted sensory experiences; when someone sees, hears, tastes, feels, or smells things that are not outside their mind (e.g., seeing people who don't exist, hearing voices others don't hear, feeling bugs crawling on their skin when there are no bugs).
- **Abnormal Expression of Feelings**
 - Hostility from one formerly passive and compliant; argumentative, belligerent, unreasonably hostile
 - Threatening harm to self or others
 - Overreacting to situations in an overly angry or frightening way

- Indifference, even in highly important situations; lack of emotional responses
- Inability to cry, or excessive crying
- Inability to express joy
- Inappropriate laughter, reacting with opposite of expected emotion
- Nonverbal expressions of sadness or grief
- **Abnormal Behavior**
 - Hyperactivity, inactivity, or altering between the two; talking excitedly or loudly; manic behavior, accelerated thinking and speaking
 - Deterioration in personal hygiene and appearance; bizarre clothing or makeup, inappropriate to environment (e.g., shorts in the winter, heavy coats in the summer)
 - Involvement in automobile accidents
 - Drug or alcohol abuse
 - Forgetfulness and loss of valuable possessions
 - Attempts to escape through geographic change, frequent moves
 - Bizarre behavior—staring, strange postures or mannerisms, lethargic, sluggish movements, repetitious or ritualistic movements
 - Decorations—inappropriate use of household items (e.g., aluminum foil covering windows)
 - “Pack ratting” waste matter—accumulation of trash, hoarding
 - Unusual sensitivity to noises, light, colors, clothing
 - Changes in sleeping and eating habits
- **Cognitive Impairments**
 - Disorientation in time, place, or person; confusion, incoherence, and extreme paranoia
 - Inability to find their way in familiar settings
 - Inability to solve familiar problems
 - Impaired memory for recent events
 - Inability to wash and feed oneself; urinary or fecal incontinence; the presence of feces or urine on the floors or walls

IV. Common Encounters

Officers should be prepared to encounter a person with a mental health challenge at any time. Common situations in which such individuals may be encountered include but are not limited to the following:

- A. Wandering:** Individuals with behavioral health conditions or who are in crisis may be found wandering aimlessly or engaged in repetitive or atypical behaviors in public places, including on campus grounds and walkways and lobby areas.
- B. Seizures:** Persons with developmental disabilities or other behavioral health conditions are more often subject to seizures and may be found in medical emergency situations.
- C. Disturbances:** Disturbances may develop when caregivers are unable to maintain control over a person in crisis or experiencing a behavioral health condition and engaged in self-destructive behaviors.
- D. Strange, Atypical & Unusual Behaviors:** Repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment. For example, some individuals engage in “stimming,” which describes repetitive movements that tend to self-soothe individuals experiencing a crisis or behavioral health condition.
- E. Offensive or Socially Inappropriate Behaviors:** Socially inappropriate or unacceptable acts, such as ignorance of personal space, self-neglect of hygiene, annoyance of others, inappropriate touching of oneself or others, are sometimes associated with an individual who has a behavior health condition who is not conscious of acceptable social behaviors.

V. General Response (CALEA 41.2.7.c)

Although the response to individuals experiencing behavioral health conditions generally should be led by members of the Johns Hopkins joint BHCST, JHPD officers may nonetheless need to interact with such individuals in a variety of contexts. This section provides guidance on how to approach and interact with people who may have a behavioral health condition or be in crisis, including those who may be crime victims, witnesses, or suspects. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. The specific procedures for responding to a call for service involving a person experiencing a crisis or behavioral health condition are detailed in JHPD Directive #416, Behavioral Health Crisis Dispatch.

- A.** Persons with behavioral health conditions may be easily upset and may engage in difficult behaviors such as tantrums or self-destructive behaviors. Changes in daily routines or other stressors may trigger these behaviors.

- B.** Frequently, a family member, friend, pet, or emotional support animal is of great value in calming an individual exhibiting unusual behavior as a result of a behavioral health crisis. Similarly, a member of the joint BHCST may have unique knowledge of or rapport with the individual and could be of assistance in de-escalating the situation or calming the individual, or uniting them with persons who could provide assistance.
- C.** While protecting their own safety, the safety of the person with behavioral health conditions or in crisis, and the safety of others at the scene, officers should maintain a safe distance and:
- **Speak Calmly:** Loud, stern tones will likely have either no effect or a negative effect on the individual. Officers should let the individual know their concerns and ask if they are feeling distressed. Attempt to identify the problem.
 - **Be Accepting & Nonjudgmental:** Help the individual determine what the problem might be without minimizing their feelings or judging them for feeling distressed. Officers should acknowledge recognition that they are hurting or experiencing distress. Of particular importance, officers should not question an individual's self-diagnosis and should believe individuals when they state they have a neurodivergent condition, such as dyslexia or autism, intellectual disability, or another behavior health condition.
 - **Use Nonthreatening Body Language:** Officers should keep their hands by their sides if possible.
 - **Eliminate Commotion:** Eliminate, to the degree possible, loud sounds, bright lights, sirens, and crowds, moving the individual to a calm environment if possible.
 - **Look for Personal Identification:** Medical tags or cards often indicate behavioral health conditions and will supply a contact name and telephone number. This includes medical identification bracelets or medical profiles that may be found on cell phones and may be viewed without unlocking the phone.
 - **Call the Caregiver or Emergency Contact:** The caregiver or emergency contact is often the best resource for specific advice on calming the person and ensuring officer safety until the contact person arrives.
 - **Prepare for a Lengthy Interaction:** Individuals with behavioral health conditions or in crisis should not be rushed unless there is an emergency.
 - **Repeat Short, Direct Phrases:** Too much talking can distract the person and confuse the situation.

- **Be Attentive to Sensory Impairments:** Many individuals with behavioral health conditions or in crisis have sensory impairments that make it difficult to process information. Officers should use soft gestures and simple, direct language. Officers should refrain from touching the person unless absolutely necessary, making quick movements, and automatically interpreting odd behavior as belligerent.
- **Be Aware of Different Forms of Communication:** Individuals with behavioral health conditions or in crisis often demonstrate limited speaking capabilities and use signals or gestures instead of words.

D. Officers should generally avoid actions that include but are not limited to:

- Moving suddenly, giving rapid orders, or shouting
- Forcing discussions
- Maintaining direct, continuous eye contact
- Touching the person, unless essential for safety
- Resting their hands on their guns or other weapons on their duty belts, which may be perceived as threatening in some cases
- Crowding the person or moving into the person's comfort zone
- Expressing anger, impatience, or irritation
- Assuming that a person who does not respond cannot hear
- Using inflammatory language, such as "mental" or "mental subject"
- Offering the person multiple choices that can add to the subject's confusion
- Challenging delusional or hallucinatory statements
- Misleading the person to believe that officers on the scene think, believe, or feel the way the person does

E. If the officer believes that the individual may be considering suicide, the officer may directly ask if the person is thinking about killing themselves. The officer may attempt to discern the individual's plan for carrying out the suicide, including the planned means for doing so, whether the person has access to those means, when and where they intend to carry out the plan, and whether they have attempted suicide in the past.

- The more specific and lethal the plan, the more recent a previous attempt, and the greater the individual's ability to carry out the plan, the higher the risk for suicidal behavior. See JHPD Directive #416, Behavioral Health Crisis Dispatch, and JHPD Directive

#417, Emergency Medical Examination & Assistance, for procedures to follow when an individual threatens to harm themselves.

- F.** 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. These options are detailed in JHPD Directive #416, Behavioral Health Crisis Dispatch; JHPD Directive #417, Emergency Medical Examination & Assistance; and JHPD Directive #418, Behavioral Threat Assessment.
- G.** Officers shall not arrest an individual for behavioral manifestations of behavioral health conditions or crisis that are not criminal in nature. Even when a crime is committed, officers must consider the appropriate enforcement method, pursuant to JHPD Directive #424, Arrests & Alternatives to Arrest.
- Officers are reminded that arrest may be appropriate if a felony has been committed or a person has an outstanding criminal arrest warrant.
 - However, for minor violations of the law, officers may refer persons to one of the behavioral health resources in lieu of arrest or engagement of the criminal justice system. See Section VIII of this Directive for a list of such resources.
- H.** Under Maryland law, law enforcement officers may petition for an ERPO to temporarily prohibit individuals who pose a danger of injury to themselves or others from purchasing and possessing firearms and ammunition. JHPD Directive #416, Behavioral Health Crisis Dispatch, provides additional information about the process of obtaining an ERPO.
- I.** An individual's immediate medical needs shall take precedent over arrest processing when a crime has been committed. When circumstances permit, officers should consider alternatives to arrest, such as issuance of a criminal written warning, citation, or completion of an Application for Statement of Charges and Criminal Summons.

VI. Interview & Interrogation (CALEA 41.2.7.c)

- A.** Officers attempting to interview an individual with a behavioral health condition or in crisis should consult with the appropriate State's Attorney's prosecutors with jurisdiction, as well as a behavioral health professional, to determine if the person understands the Miranda rights. See JHPD Directive #416, Behavioral Health Crisis Dispatch.
- B.** When interviewing individuals with a behavioral health condition or impairment, officers should:

- Not interpret lack of eye contact or “strange” actions as indications of deceit
- Use simple and straightforward language
- Refrain from suggesting answers, attempting to complete the person’s thoughts, or posing hypothetical conclusions
- Recognize that the individual might be easily manipulated and highly suggestible

VII. Training (CALEA 41.2.7.d)

- A.** All JHPD members will receive documented entry-level training regarding interactions with persons suspected of suffering from a behavioral health condition that is appropriate for their assignment. Training shall be developed by the Public Safety Training Section in collaboration with behavioral health professionals. Among other topics, the training shall include discussion of the fact that persons with behavioral health conditions are statistically more likely to being victims of crime and abuse.
- B.** The JHPD shall provide all entry-level personnel with training on responding to persons with behavioral health conditions or in crisis. Newly hired personnel will receive training during the following times:
- Sworn officers—during the Police Academy and Field Training Program
 - Nonsworn officers—during New Hire Orientation
- C.** All officers will receive specialized CIT training and be certified to address situations involving the mentally ill, incapacitated persons, persons in crisis, and their families.
- CIT-certified officers are a resource when responding to individuals who exhibit behavioral indicators of mental illness or developmental disabilities, or display behaviors indicative of someone experiencing emotional trauma or incapacitation due to alcohol, drugs, or other substances.
 - Only CIT-certified officers should respond to calls for services involving individuals experiencing a mental health crisis. Responding officers should identify themselves as CIT certified upon their arrival to the scene.
- D.** The JHPD shall provide refresher training on an annual basis. Annual refresher training may include but is not limited to:
- Roll call training

- Online exercises
- In-service or professional development programs such as Mental Health First Aid, CIT, etc.
- At minimum, policy reviews will be assigned and completed using PowerDMS. (CALEA 41.2.7.e)

VIII. Behavioral Health Resources (CALEA 41.2.7.b)

- A. Resources offered through JHU include:
- Student Health and Well-Being Mental Health Services (Homewood and East Baltimore campuses)
 - Student Outreach Services (Homewood campus)
 - Student Disability Services
- B. Several providers in the larger community are also available to assist officers and telecommunicators. These include but are not limited to:
- National Suicide Prevention Hotline: 988 (services in English and Spanish)
 - National Alliance on Mental Illness Metro Baltimore: 410-435-2600 (services in English and Spanish)
 - Baltimore Crisis Response: 410-433-5255 (Admin Office); 988 (Crisis Hotline, services in English and Spanish)
 - National Alliance on Mental Illness Maryland: 1-877-878-2371 (warmline)
 - Maryland Behavioral Health Helpline: 211, press 1
 - Substance Abuse and Mental Health Services National Helpline: 1-800-662-4357 (services in English and Spanish)
 - Maryland Youth Crisis Hotline: 1-800-422-0009
 - National Alliance on Mental Illness District of Columbia: 202-673-9319 (psychiatric emergency hotline—adults); 202-481-1440 (youth ages 6-21); 202-466-0972 (general information/helpline)
 - Washington, DC, Access HelpLine: 1-888-793-4357
 - National Suicide Prevention Lifeline: 1-800-273-8255 (services in English and Spanish)
 - Maryland Psychological Association
 - Mental Health Association of Maryland

Policy Enforcement

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

Related Resources

University Policies and Documents
Operational Procedure #401, De-escalation Operational Procedure #412, Custody, Transport & Processing. Operational Procedure #416, Behavioral Health Crisis Dispatch Operational Procedure #417, Emergency Medical Examination & Assistance Operational Procedure #418, Behavioral Threat Assessment Operational Procedure #424, Arrests & Alternatives to Arrest Operational Procedure #434, Language Access Services JHU Campus Safety and Security General Orders C.10, Behavioral Health Crisis Support JHU Student Amnesty for Alcohol and Drug Emergencies Policy JHU Behavioral Health Crisis Support Team Johns Hopkins Bloomberg School of Public Health—Extreme Risk Protective Orders in Maryland, https://americanhealth.jhu.edu/erpo-state/maryland
External Documentation
The Arc of the United States, https://thearc.org/ American Psychiatric Association, https://www.psychiatry.org District Court of Maryland—Extreme Risk Protective Orders, https://www.mdcourts.gov/district/ERPO
Police Department Forms and Systems
https://powerdms.com/ui/login

Contacts

Subject Matter	Office Name	Telephone Number	Email/Web Address
Policy Clarification and Interpretation	Policy Management	(667)306-8618	jhpdpolicyinquiry@jh.edu