



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: 07/25/2024
Revised: N/A

Table of Contents

POLICY STATEMENT 1

WHO IS GOVERNED BY THIS POLICY..... 1

PURPOSE 2

DEFINITIONS 2

POLICY..... 4

GENERAL 4

PROCEDURES 5

POLICY ENFORCEMENT 16

RELATED RESOURCES 17

CONTACTS 17

Policy Statement

It is the policy of Johns Hopkins to afford individuals who have or are experiencing a behavioral health crisis, condition, or impairment 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, 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 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 guidelines for the JHPD’s role in Johns Hopkins’ 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 Directive #415, Individuals With Behavioral Health Conditions; JHPD Directive #417, Emergency Medical Examination & Assistance; and JHPD Directive #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 Johns Hopkins and community partners; and assist individuals experiencing a crisis or a behavioral health condition or impairment in obtaining support and resources.

Definitions¹

Baltimore Crisis Response Incorporated (BCRI):	A Johns Hopkins partner who specifically supports nonaffiliates who are in crisis. Nonaffiliates 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 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.

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, https://www.informedpoliceresponses.com/files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf.

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:	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.
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.
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” [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

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 joint BHCST, which pairs behavioral health clinicians and unarmed PSOs 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.

I. Behavioral Health Response Program

- A. Johns Hopkins’ BHCST follows 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 health condition shall generally be led by members of the BHCST. 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 or other circumstances related to situations that require a police response.
 - The 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 nonpolicing 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 Directive, as well as other Johns Hopkins and JHPS policies and directives.
- E. 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.
- F. 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 connections, 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.
- G. Pursuant to its Student Amnesty for Alcohol and 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, including but not limited to:

- The nature of the individual's behavior
- The presence of weapons at the location and whether the individual is armed
- Events that may have precipitated the individual's behavior
- Past occurrences of this 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 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 proved 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 the 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, the ECS shall also notify the BHCST clinician and PSOs 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 the JHPD and the Baltimore Police Department (BPD), dated December 2, 2022, the ECS shall **also notify BPD** to respond if it is determined that:
- A serious injury or death has occurred,
 - The incident takes place outside the 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 or theft, burglary or breaking and entering, and motor vehicle theft, for which the 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 I.B of this Directive.
- 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 or a supervisor's response if necessary.
 - Turn off sirens, flashing lights, or bright lights if possible and if doing so will not compromise the safety of the individual, officers, or bystanders at the scene, and attempt to determine the nature and severity of the crisis. The officer shall assess:
 - Whether the presence of a behavioral health condition or impairment may be impacting the individual's perceptions, thoughts, or behavior,
 - The potential for rapid change in behavior,
 - Whether the individual presents a potential physical danger to themselves or others, and

- 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:
 - It is determined that the distressed individual wants to speak to someone.
 - It is determined that the distressed individual is not a Johns Hopkins student, faculty, or staff member or is not otherwise affiliated with Johns Hopkins. In these cases, the BHCST clinician will offer the services of BCRI. If a BHCST clinician is unavailable, the officer will offer BCRI's services.
- NOTE: If the incident is determined to be a hostage or 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 the primary unit on the scene.
- Coordinate with co-responders present at the scene, including BHCST clinicians, PSOs, and BPD.
 - If BPD has not already been contacted by the ECS, 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:
 - Remain calm and avoid overreacting.
 - Be helpful and professional.
 - Provide or obtain on-scene first aid when treatment of an injury is urgent.
 - Check for and follow procedures indicated on medical alert bracelets or necklaces.
 - Indicate a willingness to understand and help.
 - Speak simply and briefly, and move slowly.
 - Remove distractions, upsetting influences, and disruptive people

from the scene.

- Understand that rational discussion may not take place.
- Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, voices, or the environment.
- Be friendly, patient, accepting, and encouraging, but remain firm and professional.
- Recognize and acknowledge that a person's delusional or hallucinatory experience is real to them.
- Gather information from friends or bystanders.
- Avoid moving suddenly, shouting, forcing discussion, making direct or 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 the JHPD's jurisdiction, or
- There has been the commission of a Group A offense under NIBRS, excluding larceny or theft, burglary or 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 or on-call clinician.

- If possible, have the clinician talk directly with the distressed individual. The officer will be guided by the clinician on what action to take.
- 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 select a course of action consistent with the below table when determining which course of action they should take:

Nature of Call	Noncriminal Behavior	Suspected Criminal Behavior
Harmless behavior that appears related to an illness, disorder, or disability.	Officers may not need to take any action based on the incident and legal parameters 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 JHPD Directive #415, Individuals With Behavioral Health Conditions, for a list of available resources).	Issue a 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 a 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.	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 Emergency Evaluation in accordance with MD Code, Health, § 10-620. Complete the Emergency Petition and transport or arrange to have the	Take steps to de-escalate when feasible. If needed, obtain a Petition for Emergency Evaluation 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,

	<p>individual transported to the closest or most appropriate designated emergency facility. See JHPD Directive #417, Emergency Medical Examination & Assistance, for the appropriate procedures and a list of designated emergency facilities. Document the incident in the Incident Report and issue a citizen contact receipt.</p>	<p>Emergency Medical Examination & Assistance, for the appropriate procedures and a list of designated emergency facilities. Contact BPD if the crime is a Group A offense that requires BPD investigation per the MOU.</p>
<p>Escalation of harmful or symptomatic behavior where there is no available, less restrictive form of intervention that is consistent with the welfare and safety of the individual.</p>	<p>Take steps to de-escalate when feasible. If the risk remains after all options available are implemented, officers may obtain an Emergency 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 & Assistance, for the appropriate procedures and a list of designated emergency facilities. Document the incident in the Incident Report and issue a citizen contact receipt. Coordinate with appropriate services as possible.</p>	<p>Take steps to de-escalate when feasible and, depending on the severity of the criminal offense and the officer's discretion, arrest the individual. Coordinate with the Forensic Alternative Services Team 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.</p>

- F. JHPD officers may also refer, transport, or arrange for transport of the individual by Emergency Medical Services 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 & 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 inside a medical or mental health facility, officers shall follow the guidelines listed in JHPD Directive #433, Body-Worn Cameras.

III. Emergency Risk Protection Orders

An ERPO is 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.

- A. Officers may file a petition for an ERPO against an individual who poses an immediate and present danger of causing personal injury to themselves or others by having firearms.
 - NOTE: Under Maryland law, an ERPO can be filed against a minor.
- B. Factors that officers should consider when determining whether to file a petition for an ERPO include but are not limited to:
 - The elements required for a Petition for an Emergency Evaluation are present (see JHPD Directive #417, Emergency Medical Examination & Assistance), and the officer has an articulable reason to believe that the individual possesses a firearm

- Unlawful, reckless, or negligent use, display, storage, possession, or brandishing of a firearm
- Any act or threat of violence to self or others
- Violation of a peace or protective order
- Any controlled dangerous substance or alcohol misuse

C. To request and obtain an ERPO, the officer shall:

- Obtain a Petition for Extreme Risk Protective Order, DC-ERPO-001, and both addendum forms (Description of Respondent, DC-ERPO-001A, and Summary of Respondent's Behavior & Mental Health History, DC-ERPO-001B) from a District Court clerk or commissioner, or online at <https://www.mdcourts.gov/district/forms>.
- File the Petition for Extreme Risk Protective Order and addendum forms in District Court.
 - If the clerk's office is open, file the petition with a District Court clerk for a Temporary ERPO.
 - If the clerk's office is closed, file with a District Court commissioner for an Interim ERPO.
- Appear for a Temporary ERPO hearing.
 - The judge may issue a Temporary ERPO if they reasonably believe the respondent, by having firearms, poses an immediate and present danger of causing injury to themselves or others.
 - The judge may hold a Final ERPO hearing instead of a Temporary ERPO hearing if the respondent appears at the hearing; the respondent has been served with an Interim ERPO; or the court otherwise has personal jurisdiction over the respondent; **and** the petitioner and respondent expressly consent to waive the Temporary ERPO hearing.
- Appear for a Final ERPO hearing.
 - The court will typically schedule the final hearing within seven days after the respondent is served the Temporary ERPO.
 - The judge may hold the final hearing with or without the respondent being present if the respondent has been served. A final hearing may not be held without service on the respondent.
 - The Final ERPO period can be up to one year.

- The court can extend the Final ERPO for an additional six months for good cause after notifying the parties and holding a subsequent hearing.
 - If the court is closed unexpectedly, the hearing will be held on the second day on which the court is open.
- D.** When serving the ERPO, officers shall:
- Provide the respondent with a copy of the ERPO.
 - Explain to the respondent the process of dispossessing themselves of firearms and ammunition for the duration of the order.
 - Provide the respondent with a record of the firearms and ammunition removed.
- E.** The National Crime Information Center (NCIC)/Maryland Electronic Telecommunications Enforcement Resource System (METERS) operator shall add the ERPO to NCIC/METERS where possible.
- F. 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 nonstudents.
 - If a BHCST clinician was unavailable, the report will be titled "Distressed Student—BHCST" 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:
 - Narrative describing who, what, when, where, etc.
 - Description of any visible injury to the individual or others
 - Location where the individual was taken for evaluation or treatment, if applicable
 - Name, address, and phone number of any responsible family members on the scene
 - Description of notifications made

IV. Supervisory Responsibilities

Supervisors shall monitor the dispatching of officers to the appropriate calls and 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 Directive or the MOU, and if BPD has not already been contacted by the ECS.
- 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 and facilities.
- E. Certify that appropriate reports containing confidential mental health 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.

V. 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 the JHPD, members of the BHCST, and members of the behavioral health provider community.
- B. Completing at least eight 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 the 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 the JHPD’s role in Johns Hopkins’ 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 Directive 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, and
 - Identify and address other issues that hinder or may improve the JHPD’s role in the response to individuals with behavioral health conditions.

VI. 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)

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 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 & Assistance Operational Procedure #418, Behavioral Threat Assessment Operational Procedure #424, Arrests & Alternatives to Arrest Operational Procedure #433, Body-Worn Cameras Operational Procedure #434, Language Access Services Operational Procedure #480, Critical Incident Response & Management 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</p>
<p>External Documentation</p> <p>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</p>
<p>Police Department Forms and Systems</p> <p>https://powerdms.com/ui/login</p>

Contacts

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