



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.
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Policy Statement

It is the policy of Johns Hopkins 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 the 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 MD Code, Health, § 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, nonsworn, and contractual or voluntary persons in service with the JHPD, are governed by this Directive.

Purpose

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

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 #416, Behavioral Health Crisis Dispatch; 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 mental or behavioral health 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 Johns Hopkins and community partners; and assist individuals with mental and behavioral health issues or impairments to obtain support and resources.

Definitions

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 mental or behavioral health crisis.
Clinical Social Worker:	An individual who is licensed under the Maryland Annotated Code, Title 19 of the Health Occupations Article, to practice clinical social work.
Crisis:	A perception or experience of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms.
Emergency Evaluee (Evaluee):	An individual for whom an emergency evaluation is sought or made under MD Code, Health, Title 10, Subtitle 6, Part IV, Emergency Evaluations.
Emergency Facility:	A facility that the Maryland Department of Health designates, in writing, as an emergency facility. This includes licensed general hospitals that have 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 Directive. (MD Code, Health, § 10-620)
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

	<p>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.</p>
Licensed Clinical Professional Counselor:	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)
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 Disorder:	<p>For the purpose of seeking a Petition for Emergency Evaluation under Maryland law, a mental disorder means behavioral or other symptoms that indicate:</p> <ul style="list-style-type: none"> • To a lay petitioner who is submitting an Emergency Petition, a clear disturbance in the mental functioning of another individual, and • To health professionals doing an examination, at least one mental disorder that is described in the version of the American Psychiatric Association’s <i>Diagnostic and Statistical Manual—Mental Disorders</i> that is current at the time of the examination. <p>“Mental disorder” does not include intellectual disability. (MD Code, Health, § 10-620)</p>
Peace Officer:	For the purpose of seeking a Petition for Emergency Evaluation under Maryland law, a “peace officer” means a sheriff, a 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 USC § 3506. (MD Code, Health, § 10-620)
Petitioner/Interested Person:	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.
Petition for Emergency Evaluation (Emergency Petition):	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.

Physician:	An individual who is licensed under MD Code, Health Occupations, Title 14, to practice medicine in the state of Maryland. (MD Code, Health, § 10-601)
Psychologist:	An individual who is licensed under MD Code, Health Occupations, to practice psychology. (MD Code, Health, § 10-601)
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

In accordance with MD Code, Health, § 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. Johns Hopkins’ response to individuals in crisis 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.

- Unarmed Johns Hopkins PSOs, BHCST clinicians, or other nonpolicing alternatives shall also be used when possible.
 - 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.
- C. Pursuant to MD Code, Health, § 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, § 10-629(b).
- E. 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/>.
- F. JHPD members will follow the process outline 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.

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,
 - There is clear and imminent danger of the individual causing harm to themselves or others, and
 - The officer has personally observed the individual.
 - 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, and 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 the individual does not present an imminent physical danger to themselves or others but appears to have a behavioral health need, officers should 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 V 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 Directive, JHPD officers shall complete:
- Petition for Emergency Evaluation (Appendix A)
 - Certification by Peace Officer Form (Appendix B)
 - Incident Report entitled "Emergency Petition"

- When completing the Certification by Peace Officer Form (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, that indicates 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 the evaluatee or heard by individuals on the scene, behavior observed by the officer, and reports of behaviors witnessed by individuals on the scene.
 - Any previous history of a mental or behavioral issue or impairment, psychiatric hospitalization, 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 ERPO from the District Court or Court Commissioner to seize the firearm and ensure the safety of the individual and the public. For more details on requesting and obtaining an ERPO, see JHPD Directive #416, Behavioral Health Crisis Dispatch.

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 the JHPD's jurisdiction, officers shall:

- Respond to the petitioner's location, interview the petitioner, and explain to the petitioner:
 - The serious nature of the petition (MD Code, Health, § 10-622),
 - The meaning and content of the petition (MD Code, Health, § 10-622), and
 - That the petitioner must contact the appropriate jurisdiction for service of the petition if the location of the evaluatee is outside the 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 in Section IV of this Directive below.
 - 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 the 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, § 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 a Petition for Emergency Evaluation.

- Judicial review is required by Maryland law when someone other than a peace officer or medical professional is the petitioner. (MD Code, Health, § 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:
 - The petitioner must present a petition to a judge of the District or Circuit Court for immediate review.

- If the judge determines probable cause exists, they may sign the order and direct the JHPD to take the individual into custody and transport them to an emergency facility.
 - The court order is valid for five days.
- If courts are not in session:
 - 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.
 - 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 redistribution, 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 or transport the interested person to:
 - The Court Clerk's Office in the Borgerding (Wabash), Eastside, or Circuit Court Building, 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 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 Evaluation 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 the JHPD’s jurisdiction. If the evaluatee has left the JHPD’s jurisdiction, the JHPD will enlist the assistance of other law enforcement agencies to serve the petition.
 - 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 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 & 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 an 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:
 - Remove any dangerous weapons from the immediate area and quickly restrain the subject.
 - Call for appropriate backup, which should be on-scene, whenever possible, before the officer takes the evaluatee into custody.
 - Ensure that the evaluatee's place of residence or vehicle is secured before leaving.
 - Document and secure any personal property or evidence taken from the evaluatee.
 - Whenever possible, avoid the use of deception and be honest with the evaluatee about where the evaluatee is being taken and why.
 - Be thorough in their observations and the information they convey verbally and in writing.
 - Request that 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. (MD Code, Health, § 10-624; see Appendix D for a list of designated facilities in Baltimore City) The approved facility that will be used by the 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 and, if required, shall be guarded by officers until released. See the Memorandum of Understanding (MOU) between the JHPD and the Baltimore Police Department (BPD), dated December 2, 2022, 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:
 - The officer will assist ambulance personnel with the application of appropriate restraints.
 - 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. (Commission on Accreditation for Law Enforcement Agencies (CALEA) 70.1.3)
 - If available, a second officer should follow the ambulance to the hospital.
- To the extent practicable, officers shall notify, or have the Communications Center notify, the designated emergency facility in advance of bringing the evaluatee. (MD Code, Health, § 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 Johns Hopkins Police Department Emergency Medical Referral Form (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, § 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 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, § 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 the JHPD's central records.
 - If the petition was authorized by any entity besides the courts, the officer shall leave original copies of the paperwork at the emergency medical facility and submit a copy of each document to the JHPD's central records.
 - If officers wish to pursue criminal charges against an evaluatee who has been involuntarily committed, officers will:
 - Apply for charging documents for the criminal acts, and
 - 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:
 - There is no alternative transportation available to the individual,
 - The individual is released while the officer is still at the emergency facility, and
 - The officer has not been dispatched to handle another assignment.
- G.** If the petitioner is someone other than the officer, the JHPD will not provide return transportation unless the evaluatee is a Johns Hopkins student or 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, § 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 hospital approved by the Johns Hopkins Health System (JHHS). 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 room 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.

VI. 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 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 Form (Appendix C) is returned or 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 Report to the petition, delivering them to the supervisor of the following shift for service.
- C.** Ensure appropriate notifications are made to command personnel.

VII. Reporting & Documentation

Officers will complete Incident Reports for all Petition for Emergency Evaluation cases, regardless of who the petitioner is 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 led 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, officers, 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

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	<ul style="list-style-type: none"> 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 Operational Procedure #434, Language Access Services JHU Campus Safety and Security General Orders C.10, Behavioral Health Crisis Support JHU Student Amnesty for Alcohol & 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
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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

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

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

CC-DC-014 (Rev. 12/2020)

CERTF

Appendix C

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 Evaluee, _____ and
Name
 transported him/her to _____
Emergency Facility
 at _____ a.m. p.m. .
Time
 I could not locate and transport the Emergency Evaluee, _____
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 Evaluee 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

Emergency Psychiatric Facilities Designated by the Maryland Department of Health & Mental Hygiene

Baltimore City	
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 6701 N Charles St. Towson, MD 21204 443-849-2000	

Appendix E

Johns Hopkins Police Department Emergency Medical Referral Form

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 _____