



The Behavioral Health Crisis Support Team (BHCST) Pilot Program

In the fall of 2021, Johns Hopkins University launched the Johns Hopkins University Behavioral Health Crisis Support Team (BHCST). This is a co-responder program, pairing behavioral health clinicians with specially trained security personnel who will provide immediate assistance to individuals experiencing behavioral health crises and, just as importantly, link those individuals to ongoing support services in the days and weeks that follow. In phase one of the pilot, clinicians are serving on designated shifts and will gradually expand to a 24x7 service that covers our other Baltimore campuses once we are fully staffed.

Purpose

JHU developed the Behavioral Health Crisis Support Team (BHCST) in response to a growing need for more substantive crisis services, as supported by data and a desire from our community, for a more comprehensive, public health-based response to individuals who may be experiencing a behavioral or mental health crisis on or around our Baltimore campuses.

Over the past year, we undertook an in-depth analysis of contemporary best practices and assessed our more traditional, security-based responses and interventions. We considered carefully the recommendations outlined in the [2018 report of the JHU Task Force on Student Health and Well-Being](#) and feedback we heard directly from our community. We were also guided, in developing this program, by Dr. Ronald Means, a locally and nationally recognized child/adolescent, adult and forensic psychiatrist and expert consultant in the field of behavioral health crisis services, and an [Advisory Committee](#) comprised of faculty, staff, students and neighborhood leaders. Through these multiple efforts, it became clear that many of the calls being addressed by Public Safety could be more effectively and appropriately handled by behavioral health clinicians.

Overview of Program

The Johns Hopkins Behavioral Health Crisis Support Team is comprised of licensed mental health clinicians with expertise in crisis care who respond to behavioral health-related calls alongside crisis intervention-trained Public Safety personnel. In addition to initial triage and stabilization, BHCST provides short-term counseling and case management to connect individuals with additional services if appropriate. If initial stabilization is not possible, the team assists in seeking more intensive services such as hospitalization.

For community members in crisis who are not directly affiliated with JHU, careful follow up and support is facilitated by the BHCST but provided through Baltimore Crisis Response, Inc. (BCRI), a well-established and highly respected community organization with significant experience helping individuals in crisis throughout our region.

The JHU Behavioral Health Crisis Support Team is dispatched as the initial response resource if a call for assistance is believed to have a behavioral health component, such as a request to check on someone's well-being or a report of someone with suicidal ideations.

As part of phase 1, the new clinical team co-responds with specially trained public safety officers during designated shifts. This team responds to calls within the Public Safety [patrol area for our Charles](#)

[Village/Homewood campus](#); in a moment of crisis, we do not adjudicate assistance based on affiliation status. Public Safety provides non-emergency services and responds to calls within their patrol area, which are heavily populated by undergraduate and graduate students. This scope reflects and honors the university's commitment to respond to the safety needs of our campus community.

Community Feedback

Our community of students, faculty, staff, and neighbors have played a critical role in the development of the BHCST. Early in this process, we convened an [advisory committee](#) to guide us in designing a dynamic, accessible, and equitable pilot that meets the needs of our broader community. The individuals serving on the advisory committee represent a cross-section of our university landscape and have an interest and/or expertise in crisis response and behavioral health best practices. This group, which first convened in February 2021, meets monthly. The committee has helped to address key aspects of the program in support of both affiliates and non-affiliates, and it continues to be an essential voice in determining how to transition to consistent community-based care and support of individuals beyond the immediate crisis response.

We have also engaged our community more broadly in individual and small group meetings to solicit a diverse array of perspectives in shaping this program. Since December, we have engaged more than 250 people, representing more than 70 community organizations near the Homewood, Peabody, and East Baltimore campuses and from their surrounding neighborhoods. More than 15 small group listening sessions were held with student leaders, community and neighborhood advocates, and faculty/staff groups.

Feedback has also been solicited from local behavioral health providers, LGBTQ+ advocates, elected officials, community organizations, and other stakeholders, sparking discussions that will help shape and refine the program in time for the fall pilot.

Individuals are encouraged to share their input and questions via email at bhresponse@jhu.edu. Additional feedback can be submitted via [the pilot program's webpage](#), where regular updates will also be posted.

Timeline

Over the summer, we began recruiting and hiring licensed crisis clinicians. Training and partnership building with JHU Public Safety, Student Services, and Baltimore Crisis Response, Inc. have been key priorities for these clinicians within their first few weeks on campus. In November 2021, we announced the official pilot launch serving the Homewood campus. For a complete timeline of our process to date, please visit [our program website](#).