
CITY OF PHILADELPHIA
POLICE ADVISORY COMMISSION
PPD POLICY TRANSLATION FOR PUBLIC REVIEW



Title: PPD Response to Individuals in Crisis & Resources Available for Crisis Response	Type of Report: <input checked="" type="checkbox"/> Final <input type="checkbox"/> Supplemental
Type of Report: Policy and practice explainer	PAC File Number: 22-04

On October 26th, 2020, police in West Philadelphia responded to a call regarding an individual armed with a knife. Upon arriving to the scene officers encountered Walter Wallace, holding a knife, and suffering from a mental health crisis. Mr. Wallace began advancing towards officers ignoring repeated commands from police to drop the weapon. Wallace’s family attempted to intervene, but he rebuffed them while continuing to advance towards the officers, causing police to fire at him several times, killing him.¹

This tragic event underscores a serious issue surrounding resources available to the public for individuals in crisis, and more importantly, general awareness of those resources. The City of Philadelphia (the City) is making great strides to improve crisis response city-wide to residents through its *Pathways to Reform, Transformation, and Reconciliation* initiatives.² These reforms will be more effective as the public’s awareness of them increases. This document seeks to inform Philadelphia residents of who to report individuals in crisis to, and the procedures for City personnel when responding to these situations.

While many different agencies and programs are a part of the City’s crisis response efforts, it is important to note that most crisis response situations will involve the Philadelphia Police Department (PPD). It is crucial for Philadelphia residents to understand what to expect from the PPD when they respond to calls regarding individuals in crisis.

What constitutes a crisis?

A mental health crisis is defined as a situation in which a person’s thoughts, emotions, and behaviors can put them in jeopardy of harming themselves or others and/or put them at risk of being unable to care for themselves or access food, clothing, and shelter. Crises also include acute conditions that could quickly deteriorate into dangerousness or inability to care for oneself, even if those issues do not currently pose a problem.³ A person may be experiencing a crisis as the result of a mental health condition such as schizophrenia, but crises may also stem from substance abuse or a traumatic event such as the death of a loved one. Between September 2020 and January 2022, the PPD responded to 67,490 calls for an individual(s) in crisis, with 4,272 crisis response calls in January 2022 alone.⁴

¹ Gross,Jenny. (2021). *What We Know About the Death of Walter Wallace Jr. in Philadelphia*. The New York Times. <https://www.nytimes.com/article/walter-wallace-jr-philadelphia.html>

² City of Philadelphia. (2021). *Pathways to Reform, Transformation, and Reconciliation*. <https://www.phila.gov/programs/philadelphia-reforms/reforms/police-and-public-safety/>

³ Zeller, Scott MD. Kircher, Emily. (2020). Understanding Crisis Services: What They Are and When to Access Them. Psychiatric Times. <https://www.psychiatristimes.com/view/understanding-crisis-services-what-they-are-when-access-them>

⁴ Data provided by Philadelphia Police Department

An individual in crisis may voluntarily seek treatment, which may require psychiatric evaluation and in-patient treatment. In PA, this is known as a code 201. The Pennsylvania Mental Health Procedures Act states that “anyone over the age of 14 who believes they require treatment and understands the nature of voluntary treatment may submit their self to examination and treatment. Individuals under the age of 14 may be submitted for examination and treatment by their parent or legal guardian.”⁵ In Philadelphia, if one wishes to voluntarily commit their selves, they can walk into their nearest Crisis Response Center (CRC) for an evaluation. CRCs operate 24/7 and will not turn anyone away who is seeking voluntary commitment.

Involuntary Commitment in PA

An individual in an active crisis may not decide to seek immediate treatment, as they may not feel it is warranted given their specific circumstances. However, if the person is presenting a clear and present danger to themselves or others, it may be necessary for that person to be involuntarily committed for in-patient psychiatric evaluation for up to 120 hours. This is known as a code 302.⁶

For a 302 to occur, a warrant must be granted by the County Administrator, who in Philadelphia, is a mental health delegate operating the City’s crisis hotline. To obtain a warrant, a physician or responsible party must submit a written petition documenting reasonable grounds to believe a person needs immediate treatment. A petition for a warrant may be written and accepted if the observed behavior(s) occurred within the past 30 days. If granted, the warrant for involuntary commitment will be valid for 30 days.

A 302 can occur without a warrant in a situation where a person’s observed behavior requires an emergency involuntary commitment. For this to happen, a physician or peace officer must personally observe an individual behaving in a way that constitutes belief that they are mentally disabled and need immediate treatment.⁷

If a 302 is granted, the police will be the sole party responsible for transporting the individual to a CRC for evaluation by a physician. Resources such as a 24-hour crisis line and mobile behavioral health teams are available for Philadelphia residents seeking to have an individual evaluated for treatment.

Carrying out a 302 should always be the last possible option, as it can further traumatize the individual in crisis. Individuals may only be involuntarily committed when they are:

- Presenting a clear and present danger to others
- Unable to self-care
- Attempting suicide or expressing suicidal ideations
- Self-mutilating

Who can a civilian contact to report an individual in crisis?

When a loved one or other individual is in crisis, it is important for civilians in the area to remain calm and seek the proper resources and authorities for that individual. If said person is not presenting an immediate threat to their self or those around them, the City’s 24-hour crisis line can be called to assess the situation and provide further assistance. The crisis line can be reached at (215) 685-6440.⁸

The crisis line is a civilian staffed hotline operated by Mental Health Delegates employed by the City’s Department of Behavioral Health and Intellectual DisABILITY Services (DBHIDS). DBHIDS can dispatch

⁵ State of Pennsylvania. (1976). Mental Health Procedures Act.
<https://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1976/0/0143..PDF>

⁶ State of Pennsylvania. (1976). Mental Health Procedures Act.
<https://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1976/0/0143..PDF>

⁷ State of Pennsylvania. (1976). Mental Health Procedures Act.
<https://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1976/0/0143..PDF>

⁸ City of Philadelphia. (2021). *Improving Behavioral Health Resources and Police Response*.
<https://www.phila.gov/2021-10-25-improving-behavioral-health-resources-and-police-response/>

civilian mobile response teams, which are staffed by various behavioral health providers and are available 24/7 city-wide to further assess an individual in crisis and request additional services if needed. Mental Health Delegates operating the crisis line can authorize petitions to 302 individuals in Philadelphia.

When called, the crisis line will assess the situation and dispatch the appropriate response team to assist in resolving the situation. DBHIDS has separate response teams for adults in crisis and crises involving youth under the age of 18. If a mobile crisis team responds to a call and determines the situation requires a 302, they will contact the PPD to transport the person to a CRC.

What specialized training exists for PPD members to better assist those in crisis?

While PPD trains all officers in de-escalation techniques and how to respond to calls for individuals in crisis, the Department has a specialized body of officers that are given additional in-depth training to recognize and de-escalate situations in which those involved are in behavioral or emotional distress. These officers are known as the Crisis Intervention Team (CIT). CIT officers are given a 40-hour training course taught by DBHIDS and are required to take a refresher course every two years. In addition to the 40-hour CIT training, officers who are CIT certified are given an 8-hour training course in how to safely operate a Conducted Energy Weapon (CEW), otherwise known as a taser.⁹

For more information on the Crisis Intervention Team, please see the PAC [CIT Info Graphic](#) and [CIRT Info Graphic](#).

When to call 911

If the person is presenting clear and present dangers to themselves or others, 911 is the appropriate channel for assessing and responding to the situation. It is important to remember that the civilian crisis line ultimately only has one response team to assess calls for individuals in crisis and you may experience a delay in service.

911 operators will dispatch PPD officers to assess the individual. 911 will not dispatch PFD Emergency Medical Services (EMS) to a call regarding an individual in crisis unless there is a physical injury reported to operators. If EMS is dispatched, the PPD will still be dispatched to secure and assess the situation.

When contacting 911 be sure to ask for a CIT trained officer and inform the dispatcher of any relevant information such as known diagnoses, current medications, or substance abuse disorders. The more information the dispatcher can provide responding officers, the better they can de-escalate and resolve the situation. Approximately 90% of 911 dispatch operators are CIT certified and are trained to ask specific questions to gain relevant information surrounding the situation at hand.

For more information, please see the PPD's [Guidelines for Effective Communication with 911 Dispatch During a Mental Health Crisis](#).

What to expect from PPD when responding to an individual in crisis

PPD Directive 10.9 Severely Mentally Disabled Persons documents the policies and procedures for PPD officers when responding to individuals in crisis.¹⁰

PPD's primary objective when responding to crisis calls is to render aid to the person in crisis, while ensuring the safety of bystanders, family members, and the immediate area. PPD instructs its officers to de-escalate the situation and isolate and contain the individual to ensure the safety of everyone at the scene. When responding to a crisis, police officers will use as much time as necessary to calmly and safely de-

⁹ Data Provided by the Philadelphia Police Department

¹⁰ Philadelphia Police Department. (2015). *Directive 10.9: Severely Mentally Disabled Persons*. <https://www.phillypolice.com/assets/directives/D10.9-SeverelyMentallyDisabledPersons.pdf>

escalate the situation. Officers will not use force to resolve the situation quicker. *Directive 10.9* explicitly states time is of no importance when responding to crisis situations and that police will only act aggressively in response to an immediate threat to life or physical danger. Upon their arrival, PPD officers will assess the situation and begin to de-escalate through effective communication. If necessary, police will take defensive measures such as creating a safety zone, isolating bystanders, or family from the individual.

If the responding officer(s) are not CIT trained, they will immediately call for a CIT trained officer, request a supervisor, and request additional backup be dispatched to the scene. Responding officers should attempt to place themselves in a safe position that does not require taking unnecessary aggressive actions.

PPD procedures for carrying out a 302

If police personnel decide a 302 is warranted, they will transport the individual to a CRC for evaluation. In this situation, PPD are directed to take the following steps to ensure a safe transport for everyone involved:¹¹

- Before transporting a person in crisis, PPD officers will thoroughly search the person as well as any packages or bags they may have in their possession. This is done to ensure the physical safety of the individual being transported, as well as the officers and CRC staff that will be receiving the person for evaluation.
- PPD will only handcuff the person when it is necessary to prevent such person from harming themselves or others. This is again only done when necessary to ensure the safety of everyone involved in the transportation. While a person in handcuffs may *appear* to be in custody, this is strictly a safety precaution and does not mean the individual is under arrest.
 - Police personnel will not sit or kneel on the person's back when applying restraints.
 - If an individual requires being handcuffed, and in the process is placed on their stomach to administer restraints, they will be immediately rolled over and raised into a sitting position. Officers are instructed to frequently check the individual throughout transportation to ensure they are properly seated.
- When applicable, officers will bring all medicine and drugs that the person may have taken or is prescribed.
- Officers may allow family members to assist in securing the person when applicable only if it is safe to do so.
- Under no circumstances will an individual awaiting transport to a CRC be left unattended in a police vehicle.

Two officers, preferably one being a CIT trained officer will be assigned to transport the individual. PPD will transport individuals to a CRC via an Emergency Patrol Wagon (EPW) with the following exceptions:¹²

- Juveniles aged 14 and under will be transported in a Radio Patrol Car (RPC) with a parent or guardian.
- Elderly or medically frail individuals should be transported via a PFD Medic Unit.
- Individuals with a physical injury should be transported via a PFD Medic Unit.

SWAT involvement in crisis response

When responding to crises, after assessment, PPD may determine that SWAT is the best option to safely resolve the crisis. The supervisor on scene may feel this is necessary if the person in crisis barricades themselves to prevent police from safely de-escalating the event. If the person in crisis is barricaded from police, officers on scene will isolate the area and create a 'zone of safety' to prevent injury to civilians and

¹¹ Philadelphia Police Department. (2015). *Directive 10.9: Severely Mentally Disabled Persons*. <https://www.phillypolice.com/assets/directives/D10.9-SeverelyMentallyDisabledPersons.pdf>

¹² Philadelphia Police Department. (2015). *Directive 10.9: Severely Mentally Disabled Persons*. <https://www.phillypolice.com/assets/directives/D10.9-SeverelyMentallyDisabledPersons.pdf>

officers in the immediate area. If SWAT is deployed to the scene, they will ensure a hostage negotiator and mental health delegate from the crisis hotline is notified.¹³

How to follow-up when a loved one is involuntarily committed

If the PPD 302 a loved one or family member, they will take them to the closest CRC that has availability for evaluation. Police radio personnel will identify the appropriate CRC and call to ensure a bed is available for the individual in crisis before officers on scene begin to transport said individual. If all CRCs are at capacity, police radio will instruct PPD to transport the individual to a designated emergency room until space is available at a CRC. Officers will transport a person in crisis to one of the following CRCs¹⁴:

- Pennsylvania Hospital, Spruce Building:
801 Spruce St, 1st Floor
Philadelphia, PA 19107
(215) 829-5433
***Emergency room on campus**
- Temple University Hospital CRC
Episcopal Campus
100 E. Lehigh Ave
Philadelphia, PA 19125
(215) 707-2577
***Emergency room on campus**
- Einstein CRC
5501 Old York Rd
Philadelphia, PA 19141
(215) 957-8300
***Emergency room on campus**
- Friends CRC
4641 Roosevelt Blvd
Philadelphia, PA 19124
(215) 831-4616

PPD will transport juveniles to the youth CRC located at:

- Philadelphia Children's Crisis Response Center
3300 Henry Ave Suite 3N
Philadelphia, PA 19129
(215) 878-2600

When a person is transported to the CRC, the staff will obtain emergency contact information from that individual if the police have not already done so. If anyone listed on the individual's emergency contact(s) sheet calls to check on that person, physicians at the CRC will be able to speak with them regarding the status of their loved one. The persons emergency contact will also be notified by the CRC when their loved one is to be released or transferred to another facility for further care. If someone calls the CRC to check in on an individual for which they are not listed as an emergency contact, the individual being evaluated may grant permission for CRC physicians to speak with the person calling for them.

¹³ Philadelphia Police Department. (2015). *Directive 10.9: Severely Mentally Disabled Persons*. <https://www.phillypolice.com/assets/directives/D10.9-SeverelyMentallyDisabledPersons.pdf>

¹⁴ Philadelphia Police Department. (2015). *Directive 10.9: Severely Mentally Disabled Persons*. <https://www.phillypolice.com/assets/directives/D10.9-SeverelyMentallyDisabledPersons.pdf>

Questions?

The mission of the PAC is to review the policies, practices, and customs of the PPD, and help improve the relationship between the community and the police. The PAC is always available to accept complaints and comments through our website, <http://www.phila.gov/PAC>.

Please contact us online or by phone, at (215) 685-0891 if you have any questions or concern about crisis response or other policing issues.