



Issued Date: 07-21-00	Effective Date: 07-21-00	Updated Date: 01-29-15
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**SUBJECT: SEVERELY MENTALLY DISABLED PERSONS
PLEAC: 2.7.8**

1. POLICY

- A. The main objective when handling a “Severely Mentally Disabled Person” (SMDP) is to aid and protect the interests of the SMDP, innocent bystanders, and family members in the immediate area, without compromising the safety of all parties concerned, including the police officers. This is best accomplished by DE-ESCALATING THE INCIDENT AND CONTAINING AND ISOLATING the individual.
- B. Time is of no importance when handling an SMDP. Aggressive action will not be taken by police personnel, unless there is an immediate threat to life or physical danger to the SMDP, the police, or other civilians present.

NOTE: People with mental illnesses are usually frightened, and want to get away, not attack.

- C. If it becomes necessary to contain and/or transport a SMDP, officers shall exercise safe and reasonable means of control and containment and shall be guided by the training techniques in the “Use of Force Decision Chart” listed below.

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- 1. No Force: Verbal Commands, Officer Presence
- 2. Intermediate Force: Physical, Control Holds, ASP/Baton, OC Spray, Electronic Control Weapon (ECW)
- 3. Deadly Force: Firearm

- D. A mentally disabled person will never be transported to any police facility, but will be taken directly to a Crisis Response Center (CRC).

- E. If the situation escalates to a barricaded person, the highest-ranking patrol supervisor/Command Inspections Bureau (CIB) will be the scene commander.

- 1. SWAT and a Mental Health Delegate will be notified.

- F. When a police officer observes a person who they believe is severely mentally disabled and in need of immediate treatment, and they are taken to a CRC without witnesses, or family members available, and there are no petition papers, the police officer will be the designated signer of the commitment papers.

- G. Police officers may only involuntarily commit an individual without a warrant if they personally observe the conduct of a person which constitutes reasonable grounds to believe that they are severely mentally disabled and in need of immediate treatment. (Refer to Section 5) (PLEAC 2.7.8 a)
1. Any verbally approved involuntary commitment must be verified by requesting that Police Radio contact the OMH/MR delegate. They are available seven days a week via a 24-hour hotline at (215) xxx-xxxx.
 2. A verbal approval will be noted in the warrant portion of the “State Commitment Form” with the delegate’s name and the date or on the 75-48 if there is no form available.
- H. When Fire Department personnel respond to an incident involving an SMDP, without commitment papers, witnesses, or family members, **the police officer may be the petitioner.**
- *8 I. All personnel, at minimum, must have initial and refresher mental illness awareness training as guided by Directive 6.10 “Selection and Training.” (PLEAC 2.7.8 b)
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2. DEFINITIONS

- *8 A. **Severely Mentally Disabled Person:** A person is severely mentally disabled when, as a result of mental illness, their capacity to exercise self-control, judgment, and discretion in the conduct of their affairs and social relations or to care for their own personal needs is so lessened that they pose a clear and present danger of harm to others or to themselves. For purposes of this directive, a person subject to a warrant for an involuntary emergency examination under the Mental Health Procedures Act §7302 (i.e., 302 commitment), shall be considered to be a Severely Mentally Disabled Person (SMDP).
- *2 B. **Frail SMDP:** A person who has a medical condition of such severity that it can be demonstrated that transportation in a police van would cause harm or injury to that person.
- Examples: A serious heart condition; difficulty breathing; major ambulatory difficulties; problems requiring use of a wheel chair, crutches or a walker; extreme weakness; chronic debilitating illness (e.g., multiple sclerosis).
- C. **Psychosis:** A mental disorder in which the personality of an individual is seriously disorganized and contact with reality is usually impaired. It may cause paranoia, visual or auditory hallucinations, (e. g., bugs crawling under the skin, hearing voices), or seizures. This disease may be caused by illness and/or the use of drugs or alcohol.

1. Since sudden death may ensue, police personnel, or if necessary Fire Department personnel will transport the person to the hospital and upon arrival will immediately instruct hospital personnel of any symptoms. Under no circumstances will the subject be transported to a police facility.

D. Barricaded Person:

1. A barricaded person is one who may be cornered at or near a crime scene with or without a weapon.
2. A barricaded person could be an emotionally unstable person who has taken a position, inside or outside a dwelling or vehicle, and has indicated by action or implication that they intend to harm themselves or others.

E. Positional Asphyxia--Death by Suffocation: Positional asphyxia occurs when the Position of the subject's body interferes with their ability to breathe.

F. Zone of Safety: The secure distance to be maintained between a SMDP and responding personnel. The recommended minimum distance is 20 feet. This distance will vary, depending on each situation and the range of any weapon that may be involved, (particularly a firearm). Every effort will be made to maintain this "zone of safety" should the SMDP fail to remain stationary.

*8 **G. Crisis Intervention Team (CIT):** A cadre of volunteer police officers specifically trained to recognize, deal with or otherwise deescalate severely mentally disabled persons in behavioral or emotional distress.

*8 **H. Behavioral or Emotional Distress:** A condition of emotional and psychological pain in which an individual is not able to use their cognitive and emotional capabilities, function in society, or meet the ordinary demands of everyday life. While in this condition, individuals cannot appropriately control their thoughts, feelings and actions. This condition can be permanent, but is most often temporary due to any number of factors, including but not limited to, failure to take required medications, drug and/or alcohol abuse, long term stress, major life transitions and traumatic events such as death of a loved one, losing a job, or being the victim of a crime.

3. GENERAL PROCEDURES

*8 **A.** It is important for the first responding officers to use caution, evaluate the situation, attempt to de-escalate the situation through communication, request a CIT trained officer, if not personally trained, wait for a back-up, and await the arrival of a patrol supervisor before taking any action, barring a threat to life.

*8 **NOTE:** The primary duty of all police officers is to preserve human life. Only minimal amount of force necessary to protect life, to effect an arrest or to involuntarily commit an individual should be used by an officer.

*8 1. This provision shall also apply to incidents where the PPD is requested to transport individuals for 302 commitments. Remember, persons subject to a warrant for involuntary emergency examination (i.e., 302 commitments) shall be considered to be Severely Mentally Disabled Persons.

B. Retreating or re-positioning is not a sign of weakness or cowardice by an officer; it is often a tactically superior police procedure rather than the immediate use of force.

NOTE: People with mental illnesses are usually frightened, and want to get away, not attack.

*8 C. The responsibility for containing and/or transporting an SMDP should be a team effort. This effort will consist of the necessary number of police officers a CIT trained officer, and a patrol supervisor and, when safe and deemed necessary by the scene commander, any family members at the scene.

*8 D. The initial responding police officer should attempt to de-escalate the situation through communication and isolate and contain the SMDP to the best of their ability until the arrival of a CIT trained officer, if not personally trained and a patrol supervisor. Remember, time is of no consequence.

*1 E. When an Emergency Commitment Delegate or family member requests police assistance for transportation of an individual whose commitment has been granted, the Police Radio supervisor shall dispatch an Emergency Patrol Wagon (EPW), a CIT trained officer, if one is not already assigned to the incident and a patrol supervisor.

*1 1. All involuntary commitments should be transported via an EPW with the following exceptions:

a. Juveniles 14 years and under should be transported via a RPC along with a parent or guardian.

*3 b. Elderly or frail individuals should be transported via a Fire Department Medic Unit. The supervisor on location shall request, via Police Radio, that the Fire Communications shift supervisor send an EMS supervisor to assess the situation. The EMS supervisor will be responsible for determining the appropriate transport for the elderly or frail SMDP.

c. Individuals with physical injuries should be transported via Fire Rescue.

NOTE: If in the supervisor's opinion the above guidelines will unduly risk the safety and wellbeing of the SMDP or the safety of family members, police or emergency personnel, he or she shall have the discretion to modify or adjust these guidelines accordingly.

2. Police will not transport a patient from one CRC to another. The CRC will arrange transportation for the patient's next level of care.

*1 F. Any emergency examinations without a warrant according to Section 5-B-1-b (Sight Police Commitments) shall be transported in accordance with the guidelines and exceptions set forth in Subsection E of this section.

*1 G. Requests by individuals, over 14 years of age for voluntary examinations and treatment according to Section 5-B-1-a should be transported in accordance with the guidelines and exceptions set forth in Subsection E of this section.

NOTE: For children less than 14 years of age, a parent, guardian or person standing in loco parentis may subject such child to examination and treatment and in doing so shall be deemed to be acting for the child. If transportation is requested under these circumstances, such transportation shall be in accordance with the guidelines and exceptions set forth in Subsection E of this section.

4. SPECIFIC PROCEDURES (PLEAC 2.7.8 a)

A. Patrol Officers will:

1. Assess the situation, attempt to de-escalate the situation through communication, take defensive measures, and attempt to maintain a zone of safety.

2. When applicable, render first aid if it can be safely administered.

*8 3. Request adequate back up, including a CIT trained officer, if not personally CIT trained.

4. Request a supervisor.

5. If it is determined that the incident involves an SMDP, avoid any immediate aggressive action unless there is an imminent threat to life or physical danger to the SMDP, the police, or other civilians present.

a. Damage to property alone does not constitute an immediate threat of serious bodily injury or death.

6. Attempt to place themselves in a position that does not require taking unnecessary or overly aggressive actions.
7. For the safety of the officer as well as other individuals involved, ensure the SMDP and any packages or containers in their possession are thoroughly searched before they are transported.
8. Use handcuffs/flexcuffs, only when it is necessary to prevent such person from harming themselves or others, when it is necessary to facilitate the safe transportation of the person, or when the director of a facility or their designee determines that restraints would best serve the needs of the patient.
 - a. Police personnel will avoid sitting/kneeling on a person's back when applying mechanical restraints, to avoid positional asphyxia.
 - b. Immediately after restraining a subject, they will be rolled over onto their side and raised to a sitting position to enable normal breathing. Officers should frequently check during transportation, to ensure the SMDP remains properly positioned.
9. Contact Police Radio prior to transporting any SMDP to a CRC, request a time check, and provide Police Radio with the starting mileage. Upon arrival at a CRC, request a time check and provide Police Radio with the ending mileage.
 - a. **Under no circumstances will an SMDP be left unattended in a police vehicle while awaiting psychiatric or medical attention.**
10. Attempt to bring all medicine and drugs (e. g., insulin) that the subject may have taken or is taking to the CRC.
11. Request assistance of family members, when applicable and safe.
12. Treat suspected suicidal individuals as SMDPs and handle in accordance with this directive.
13. Secure weapons in gun boxes at security desks when entering any CRC.

B. Patrol Supervisor will:

1. Respond to ALL incidents involving SMDPs.
- *8 2. Ensure a CIT trained officer is dispatched to all incidents involving SMDPs.
- *2 3. When responding to calls for the transportation of elderly or frail SMDP's, request
*4 Police Radio contact the Fire Communications Shift Supervisor to send an EMS supervisor to assess the situation.

- a. Transportation will be approved only to the crisis response center serving the area that the SMDP resides.
4. Evaluate the situation and determine the need for more personnel and equipment or assistance from specialized units such as Special Weapons and Tactics Unit (SWAT) or Barricaded Person/Hostage Negotiators.
5. Ensure officers do not place themselves or others in jeopardy by taking unnecessary, overly aggressive, or improper actions. Ensure that only the necessary amount of force is applied to place the subject under control.
6. Ensure defensive measures are taken and attempt to establish or maintain a “zone of safety”, if possible.
7. If an incident involving an SMDP escalates into a barricaded person situation, ensure the procedures in Directive 10.7, “Crisis Response/Critical Incident Negotiations” are followed and:
 - a. Inform Police Radio of the exact location of the incident.
 - b. Deploy personnel to contain crowds and maintain traffic flow.
 - c. Establish an outer perimeter and set up a command center, if necessary.
 - d. Keep personnel, vehicles, and equipment out of view and in a secure area when possible.
 - e. Ensure Hostage Negotiators and SWAT are enroute.
 - f. Designate a communications car to keep a chronological log of all actions taken.
 - g. Notify a Mental Health Delegate.
8. Give an explanation to the complainant whenever an application for 302 commitment has not been obtained. The complainant will be advised to contact the appropriate CRC for the proper procedures to follow.

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NOTE: A list of cooperating hospitals and/or CRC’s can be found in Appendix “A.” SWAT personnel will:

1. If notified, report to the Scene Commander.

2. Via a SWAT supervisor, advise the scene commander of the capabilities and limitations of available less lethal weapons and special equipment to assist in handling SMDP incidents.

D. Police Radio will:

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1. Assign a minimum of two (2) police officers (preferably an emergency patrol wagon (EPW), a CIT trained officer, if one is not already assigned to the incident and a patrol supervisor to **all** SMDP incidents.
2. Contact any special units (SWAT, crisis negotiators) when necessary.
3. Notify the highest-ranking patrol supervisor to act as Scene Commander if the incident escalates to a barricaded situation.
4. Call ahead to the appropriate CRC confirming that an SMDP is enroute.
5. Provide the EPW with a time check prior to transporting the subject and on arrival at the proper CRC.

E. Scene Commander:

1. The highest-ranking patrol supervisor/CIB commander at the scene is in command and will coordinate police operations.
2. Will ensure Internal Affairs is notified if an SMDP incurs any injuries (SEND/IAIA/901).

F. The Operations Room Supervisor will:

1. Record all pertinent information concerning an SMDP that escalates into a barricade situation, founded incidents that involve police use of force, or attempted suicides on the district's Sending and Receiving sheet.

5. COMMITMENT GUIDELINES (PLEAC 2.7.8 a)

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A. Voluntary Examination and Treatment (Mental Health Procedures Act §7201)

1. Any person 14 years of age or older who believes that they are in need of treatment and substantially understands the nature of a voluntary treatment may submit themselves to examination and treatment under this Act, provided the decision to do so is made voluntarily. A parent, guardian, or person standing *in loco parentis* to a child less than 14 years of age may subject such child to examination and treatment under this Act, and in doing shall be deemed to be acting for the child.

B. Involuntary Examination and Treatment (Mental Health Procedures Act §7302)

1. Application for Examination: Emergency examinations may be undertaken at a treatment facility upon the certification of a physician stating the need for such examination; or upon a warrant issued by the county administrator authorizing such examination; or without a warrant upon application by a physician or other authorized person who has personally observed conduct showing the need for such examination.
 - a. Warrant for Emergency Examination: Upon written application by a physician or other responsible party setting forth facts constituting reasonable grounds to believe a person is severely mentally disabled and in need of immediate treatment, the county administrator may issue a warrant requiring a person authorized by him, or any peace officer, to take such person to the facility specified in the warrant.
 - b. Emergency Examination Without a Warrant: Upon personal observation of the conduct of a person constituting reasonable grounds to believe that they are severely mentally disabled and in need of immediate treatment, any physician or peace officer, or anyone authorized by the county administrator may take such person to an approved facility for an emergency examination. Upon arrival, they shall make a written statement setting forth the grounds for believing the person is in need of such examination.
2. Persons who may be subject to involuntary emergency examination and treatment: Whenever a person is severely mentally disabled and in need of immediate treatment, they may be made subject to involuntary emergency examination and treatment. A person is severely mentally disabled when, as a result of mental illness, their capacity to exercise self-control, judgment, and discretion in the conduct of their affairs and social relations or to care for their own personal needs is so lessened that they pose a clear and present danger of harm to others or to themselves.

6. ARRESTS

- A. The appropriate Detective Division will be contacted from the hospital if a crime has been committed (misdemeanor or felony) by an alleged severely mentally disabled person. If criminal charges are to be filed and the individual is admitted, follow the procedures in Directive 4.13, "Prisoners in Hospitals", and Directive 7.8, Appendix "C", "Detainee Safety". If it is determined that further investigation is necessary and charging procedures are to be applied at a later time, follow the instructions of the detective supervisor.

- B. A person committing a summary offense can, when warranted, be issued a Non-Traffic Summary Citation (3-08) by the arresting officer. Because of the sensitive nature, a patrol supervisor will make the final decision.

RELATED PROCEDURES:	Directive 4.13,	Prisoners in Hospitals
	Directive 6.9,	Selection and Training
	Directive 7.8,	Appendix 'C,' Detainee Safety
	Directive 10.1,	Use of Force – Involving the Discharge of Firearms
	Directive 10.2,	Use of Moderate/Limited Force
	Directive 10.7,	Crisis Response/Critical Incident Negotiations

BY ORDER OF THE POLICE COMMISSIONER

<u>*Footnote #</u>	<u>General #</u>	<u>Date Sent</u>	<u>Revision</u>
*1	6487	05/17/01	Additions/Change
*2	5190	10/26/01	Additions
*3	7006	06/24/02	Changes
*4	3231	10/01/02	Change
*5	2595	05/01/03	Change
*6	1794	07/01/09	Delete/Change Apdx A
*7	3157	08/20/12	Delete/Change Apdx A
*8	5473	01/29/15	Additions



PHILADELPHIA POLICE DEPARTMENT DIRECTIVE 10.9

APPENDIX "A"

Issued Date: 07-21-00	Effective Date: 07-21-00	Updated Date: 08-20-12
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SUBJECT: SEVERELY MENTALLY DISABLED PERSONS

City of Philadelphia
Crisis Response Centers (CRC)

- *6 Hall Mercer/Pennsylvania Hospital CRC 1st, 3rd, 6th, 9th, 17th and 77th Districts
8th and Locust Streets
(215) 829-5249
 - *6 Mercy Hospital CRC 12th, 16th, 18th, and 19th Districts
54th Street and Cedar Avenue
(215) 748-9525
 - *6 /*3 Temple University Hospital CRC 22nd, 24th, 25th, and 26th Districts
Episcopal Campus
Front Street and Lehigh Avenue
(215) 707-2577
 - *6 /*5 Einstein CRC 5th, 14th, 35th, 39th, Districts
Germantown Campus
#1 Penn Boulevard (Olney, Chew and Wister Sts.)
(215) 951-8300
 - *7 Friends CRC 2nd, 7th, 8th, and 15th Districts
Friends Hospital Campus
4641 Roosevelt Boulevard
(215) 831-4616
- Children (under 18)
- *6 /*5 Einstein Crisis Response Center, #1 Penn Boulevard, is the designated facility for all juveniles who are to be committed for mental health reasons or alcohol/substance abuse. A minor is anyone under 18 years of age, whether emancipated or not.

BY ORDER OF THE POLICE COMMISSIONER



PHILADELPHIA POLICE DEPARTMENT DIRECTIVE 10.9

APPENDIX “B”

Issued Date: 02-06-15	Effective Date: 02-06-15	Updated Date:
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SUBJECT: CRISIS INTERVENTION TEAM PROGRAM

1. PURPOSE

- A. To reduce the likelihood of violent encounters between police and severely mentally disabled persons and/or persons experiencing behavioral or emotional distress, through heightened education in mental health awareness, de-escalation tactics and the coordination of mental health or other services.
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2. POLICY

- A. While all officers are trained to deal with severely mentally disabled person or persons experiencing behavioral or emotional distress, Crisis Intervention Team Officers (CIT) are volunteers who receive additional training and are specifically equipped for dealing with these individuals. As such, manpower permitting, CIT trained officers should be dispatched or otherwise called to those incidents that are reasonable believed to involve severely mentally disabled persons or persons experiencing behavioral or emotional distress.
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3. DEFINITIONS

- A. Behavioral or Emotional Distress: A condition of emotional and psychological pain in which an individual is not able to use their cognitive and emotional capabilities, function in society, or meet the ordinary demands of everyday life. While in this condition, individuals cannot appropriately control their thoughts, feelings and actions. This condition can be permanent, but is most often temporary due to any number of factors, including but not limited to, failure to take required medications, drug and/or alcohol abuse, long term stress, major life transitions and traumatic events such as death of a loved one, losing a job, or being the victim of a crime.

- B. Crisis Intervention Team (CIT): A cadre of volunteer police officers specifically trained to recognize, deal with or otherwise deescalate severely mentally disabled persons in behavioral or emotional distress.

- C. CIT Coordinator: An individual designated to coordinate the CIT training curriculum and assign the responsibility of connecting severely mentally disabled persons and persons experiencing behavioral or emotional distress, identified by CIT trained officers, to the appropriate City or other available services.
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4. RESPONSIBILITIES

A. Police Radio:

1. Police Radio shall attempt to determine whether calls for service received involve severely mentally disabled persons or persons experiencing behavioral or emotional distress. If the call is reasonable believed to involve such persons, the dispatcher shall assign the incident to the closest available CIT trained officer. If a CIT trained officer is not available, the incident will be dispatched to the closest available officer. Under no circumstances will the assignments be delayed waiting for a CIT trained officer to become available or to respond to any incident.
2. Police Radio shall dispatch an available CIT trained officer to all calls involving suicidal individuals, and involuntary commitment transportation assignments.
3. Police Radio shall dispatch an available CIT trained officer to all barricaded situations to assist in hostage negotiations.

B. CIT Trained Officers:

1. CIT trained officers shall respond to incidents reasonable believed to involve a severely mentally disabled person or persons experiencing behavioral or emotional distress.

NOTE: CIT trained officers will not unduly endanger themselves or others when responding to a CIT assignment when other officers are already on location.

2. CIT trained officers may also respond, when available, to any assignment in their district where they believe their de-escalation training and/or equipment may be useful to intervene and reduce the likelihood of any violent encounters.
3. Once on location of an incident involving a severely mentally disabled person or persons experiencing behavioral or emotional distress, the CIT trained officer shall assume the assignment from the initial responding officer. All necessary action and paperwork from this assignment will become the responsibility of the CIT trained officer.

4. The secondary goal of CIT is to connect severely mentally disabled persons and persons experiencing behavioral or emotional distress to the appropriate City or other services. Thus, at the conclusion of any and all incidents where CIT trained officers reasonable believe the incident was a result of a severely mentally disabled person or person experiencing behavioral or emotional distress, the CIT trained officer shall contact the CIT Coordinator and relay all available information and make notations on the Patrol Log (75-158) of the time the notification was made.

C. Non-CIT Trained Officers:

1. Non-CIT trained officers who are dispatched or otherwise come upon any individual they reasonable believe is a severely mentally disabled person or person experiencing behavioral or emotional distress shall contact Police Radio and request an available CIT trained officer to respond and assist with the individual.
2. If a CIT trained officer is available to respond, the initial responding officer will act as backup to the CIT trained officer, who will assume the assignment, along with all paperwork. However, if no CIT trained officer is available, the assignment will be handled by the initial responding officer.

D. Patrol Supervisors:

1. Patrol Supervisors should be aware of the CIT trained officers in their districts and shall, to the extent possible, utilize CIT trained officers to handle those assignments that are reasonable believed to involve a severely mentally disabled person or a person experiencing behavioral or emotional distress.
2. While CIT trained officers may have advanced training and equipment for dealing with severely mentally disabled persons or persons experiencing behavioral or emotional distress, supervisors on scene retain ultimate authority and responsibility. CIT training shall not be construed to relinquish this authority and responsibility to CIT trained officers.

5. CIT OFFICER SELECTION PROCESS

A. Background

1. CIT training is designed for volunteer, district patrol officers or other specifically identified officers that are most likely to respond to incidents involving severely mentally disabled person or persons experiencing behavioral or emotional distress in the field. For this reason, only CIT trained officers may be issued an Electronic Control Weapon (ECW) as additional equipment.

B. Process

1. Officers who wish to volunteer for the program shall submit a memorandum to their Commanding Officer requesting approval.
2. The Commanding Officer shall review all requests for CIT training and approve only those officers deemed suitable. The factors to determine the suitability of officers for this training include, but not limited to, excessive or inappropriate use of force issues, verbal abuse issues, and any disciplinary records within the appropriate reckoning period.
 - a. While an officer may initially be denied for this training, officers may re-apply after six (6) months and Commanding Officers shall re-evaluate to determine the suitability of the officer in light of any new or updated factors.
3. Commanding Officers shall ensure the officers approved for training are distributed appropriate among 1, 2 and 3 squads. District patrol officers assigned to tactical squads may be approved for this training, however, 1, 2, and 3 squad officers should be prioritized to ensure a sufficient number of CIT officers are consistently available 24/7.
4. The names of approved officers will be submitted to the pertinent Regional Operations Command when requested.

6. REFRESHER TRAINING

- A. All officers who have undergone initial CIT Training shall receive a minimum of eight (8) hours of refresher training every two (2) years. (PLEAC 2.7.8 c)

BY COMMAND OF THE POLICE COMMISSIONER
