

WALTER WALLACE JR.

Philly police rebuffed offers from crisis response center to work together, director says

The department has a clear “disconnect” in terms of mental health resources, Commissioner Outlaw said.



XIMENA CONDE / WHY

Walter Wallace Sr. speaks to the media the day after his son was shot by Philly police officers



By Max Marin and Michaela Winberg

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John White hasn't slept in three days.

The executive director of the West Philadelphia Consortium, a mental health crisis response center, can't escape the feeling he could have saved Walter Wallace Jr.'s life.

Staffers at his center had an existing relationship with the 27-year-old. They knew him and a few of his family members intimately.

And their office sits just five blocks from where [Wallace was killed by police Monday afternoon](#).

But they didn't get the call when he reportedly suffered a mental health breakdown outside his home.

Police did — and it ended in gunfire.

"I've been asking myself why," White said. "There's a sense of guilt, knowing and believing that if we had been involved, we could have made a difference."

It's not clear who made the 911 call that ultimately led to police drawing their guns on Wallace as he reportedly moved toward them with a knife. Lawyers for the family [said Wallace's brother called the police](#) hoping to summon an ambulance. Police Commissioner Danielle Outlaw said the department would release a call transcript and body camera footage in the coming days.

By Outlaw's own admission, the department has failed to build a formal relationship with crisis response providers like the West Philadelphia Consortium, despite what director White describes as persistent requests.

Instead, his organization relies on an informal network of police officers and city residents to summon them to the scene of a crisis.

Upon arrival, these unarmed mental health professionals can offer on-site counseling, medication, transport to a hospital and signups for outpatient care. The teams are experts in de-escalation, White said. In more than 1,200 interventions last year, he said only six resulted in police arresting someone at the scene. None resulted in deaths.

While the city does fund several crisis response providers to help with mental health emergencies, there's no official connection to the Police Department.

The PPD does not have its own behavioral health unit, either, according to Outlaw. While White told Billy Penn he's been talking with police officials for months to formally integrate his services, the commissioner wasn't aware of any such conversations. Asked about this at a briefing Wednesday, she vowed to implement a new unit in the department "as soon as possible."

"There's clearly a disconnect on our end in terms of knowing what's out there," Outlaw said. "There hasn't been any coordination."

West Philly Consortium connects with officers on the ground

It's not clear where the system broke down getting news of Wallace's situation to a crisis response team.

There were apparently [two 911 calls from Wallace's address](#) that day prior to what would become a fatal visit, the Inquirer reported.

Mayor Jim Kenney's administration has not yet confirmed those calls.

A month before Wallace's death, the PPD began a new program, under which a behavioral health expert is seated in the radio room with 911 dispatchers, who'll employ a procedure for flagging emergency calls that might have mental health risk.

That point person wasn't in the room when the emergency calls came in on Monday, according to Commissioner Outlaw.

With a formal system lacking, White started distributing West Philadelphia Consortium contact info directly to police on the ground

As a result of this outreach, which began early last year, many officers in West Philly's 12th, 16th and 18th police districts know about the consortium's services. They often call the organization themselves when they know they're responding to a mental health emergency, White said.

The consortium's mobile crisis team is made up of two units, three people each: a clinician, a counselor and a nurse practitioner. Each team has its own van, and can respond to a call from the Schuylkill to the end of Cobbs Creek, from City Line Avenue to Philadelphia International Airport, within 10 to 12 minutes, per White.

Even if these teams are first on the scene, called by family or neighbors, they sometimes ask for police assistance if a person needs to be involuntarily brought in for an evaluation.

"The first step is to try to get someone to go in voluntarily," said Rob Wetherington, an outreach worker and mental health advocate in the city. "We've known for a long time the Pandora's box that can get opened when officers get involved."

For White, getting experts to the scene quickly is the most important factor to deterring bad outcomes.

But doing so efficiently — and without letting cases slip through the cracks to be dealt with by police alone — will require more coordination with the department.

"The main purpose is to deescalate tense situations that arise," White said. "In virtually every situation that we have been involved in, if the assessment does not include a crime, assault or threats to others, the police yield to our judgment."

Philadelphia's main crisis hotline is (215) 685-6440 or 1-800-273-8255. It's available 24 hours a day.

The West Philadelphia Consortium operates Mondays from 1 to 8 p.m., and Tuesdays through Fridays from 10 a.m. to 6 p.m. Their direct number is (267) 233-5259.

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