

**WALTER WALLACE JR.**

## How mental health pros intervene on a 911 call — what didn't happen for Walter Wallace Jr.

If there is a weapon involved, “people feel comfortable enough to relinquish [it],” a local crisis response expert said.



EMMA LEE / WHYYP

Protesters carry likenesses of Walter Wallace Jr. during a march against police violence in West Philadelphia



By

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When Philadelphia leaders [released body camera footage](#) from the police officers who fatally shot Walter Wallace Jr., a Black man who was having a mental breakdown when he was killed, they also announced planned crisis response reforms to avoid similar tragedies in the future.

Local mental health industry professionals say they've been asking for this for a long time.

They described to Billy Penn how the process currently works, and said they're skeptical but hopeful about the Philadelphia Police Department's plan.

"It sounds like they're moving in the right direction," said West Philadelphia Consortium's John White, whose organization [had a personal connection with Wallace](#). "I won't say it's a good plan until they implement it, because you know Philadelphia."

As laid out by Police Commissioner Danielle Outlaw, the PPD's effort would create a behavioral health unit within the department. There would be a crisis responder at the 911 dispatch center, a behavioral health specialist who can go out on calls, and a crisis response unit that can arrive at an emergency with police — which Outlaw said she hopes to have in place by January.

White said the West Philly Consortium maintains two crisis response units for emergencies like the one that led Wallace's family members to call police on that fatal day.

What does this kind of crisis intervention and de-escalation actually look like?

The responders said each interaction is different, but there are a few basic guidelines: keep your distance, maintain a monotone voice and validate the person in crisis. They're trained in evidence-based responses, and even staffers with decades of experience are retrained quarterly to brush up.

"It's not a robotic process," said Dawn Curry, the consortium's divisional director of behavioral health services. "It's a very fluid process."

## Arrival within 15 minutes in an unmarked van

The West Philly Consortium's mobile crisis unit sometimes gets calls directly from families or friends of people in need, and takes referrals from the city's Community Behavioral Health agency. They also have an informal relationship with some police officers — those who know the organization will sometimes loop them in informally during 911 emergency calls, director White said.

As soon as they get a call, the mobile crisis unit will depart from their HQ at 55th and Chestnut 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, White said.

The organization has two units with three staffers each. They get on average six calls daily, so they can usually get to the scene quickly. Some days bring as many as 13 emergency visits, and each call takes at least an hour, said mobile crisis supervisor Bruce Johnson.

Rolling up in an unmarked van, so patients don't have to worry about the stigma of mental illness, staff proceed according to two models called [LEAP](#) and [CAF](#).

LEAP, which stands for listen, empathize, agree and partner, is designed to build trust between two people normally at odds. And CAF — that's calm, assess, facilitate — is meant to decrease the emotional intensity of a situation. Both acronym strategies are widely used by [mental health professionals](#), and also employed by some [police departments and correctional institutions](#).

“From the time we approach the scene, it really is about beginning to talk to the individual and helping them to tell their story,” said Curry, the consortium's behavioral health director. “We're helping them let us know why they're there.”

## De-escalation: Easier when police aren't the first responders

If the team is called in by police, consortium president White said the officers will usually let the crisis response crew take the lead. “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.”

The first step on the ground is to build trust with the person in crisis. The response professional will keep their distance — only approaching or touching the person if they ask — and use a level voice.

In talking to them, they're showing concern and interest in the person's situation, validating their challenges and showing empathy, said consortium supervisor Johnson. They'll often throw in an “I hear you,” or “I respect you.”

Often this alone is enough to begin de-escalation, especially because the crisis response team is trained clinicians and not police officers, Johnson noted, citing absence of a power dynamic or the possibility of arrest.

“If they say no and close the door, I'm not going to bang the door down,” he explained. As a crisis responder, “I'm on your grounds, in your space, in your territory.”

And if there's a weapon involved? Johnson said that certainly happens.

“Many times,” he said. “And every time, people feel comfortable enough to relinquish their weapon to us. Because they didn't feel threatened, and they wanted the help.”

Only when there is a real, persistent danger does the crew call in a 302, the code for an involuntary hospitalization. Otherwise, they'll offer any services that are necessary, like medication, therapy or outpatient care.

If the patient refuses, team members often give out their own contact info. They'll also follow up by phone about a week later.

# Reforms by January? ‘There’s no reason to wait’

Modifying the Philadelphia Police Department to include these services has serious life-saving potential, West Philly Consortium president White said.

His staffers are eager to see a model like theirs implemented citywide.

“It’s essential. It’s a necessary process,” said Curry, the org’s divisional director, about measured and trained crisis response. “We are a collective part of the community. It’s important that we demonstrate that unity, and that we’re partnering in addressing this timely issue.”

White is skeptical, however, that the Philadelphia Police Department could actually have an effective system in place in just two months. White said he’d still like to partner with the police to fill the gaps — but he hasn’t gotten a call.

“What are we going to do in the interim?” White said. “Because there’s no reason to wait. There are things they can do right now to improve communication.”

Original Source: <https://billypenn.com/2020/11/09/it-didnt-happen-for-walter-wallace-jr-but-when-mental-health-pros-intervene-on-a-911-call-how-does-it-work/>

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