


<div>HAVERFORD TOWNSHIP POLICE DEPARTMENT OPERATIONS MANUAL</div>			
<div>Issue Date June 2025</div>	<div>Review Date June 2026</div>	<div>Directive Number 2.7.8</div>	
<div>Accreditation Index: 2.7.8</div>			<div>Rescinds: Directive 2.7.8 of February 2021</div>
<div>Chapter: Two – Law Enforcement Functions</div>		<div>Section: Seven – Legal Process</div>	
<div>Chief of Police: <i>John F. Viola</i></div>			

Subject: Mental Health

I. Purpose

The increasing litigation resulting from encounters by law enforcement with the mentally ill requires agencies to ensure that policies, procedures and training conform to current standards and statutes. Mental illness is non-discriminatory and can affect persons at any age or socio-economic level. When an individual with mental illness is in crisis, requiring intervention, adequate and appropriate responses must be provided to prevent a devastating outcome. This policy shall provide guidance to members of the department in fulfilling that objective.

II. Policy

It is the policy of this department to ensure that mental health emergencies are managed appropriately and to comply with the provisions of the Mental Health Procedures Act (Title 50 Pa. P.S. sect. 7101, et seq.). Officers shall follow the procedures in this directive when managing mental health situations, so long as officer safety can be maintained.

III. Procedures

A. Training

1. All officers of this department shall complete initial training to recognize and respond to situations involving suspected mentally ill persons. This training will be a required part of the field training program.
(PLEAC 2.7.8 b)
2. All officers of this department will receive annual update training in a manner determined by this department and to include training provided through the course of legal mandate and/or MPOETC

regulation, if available. However, if applicable mental health statutes or department policy changes training shall be provided within 90 days or as required by statute.
(PLEAC 2.7.8 c,d)

B. General

1. Mental illness is a mental or emotional disorder that substantially impairs a person's thoughts, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life.
2. Dealing with individuals who are known or suspected to be mentally ill may be challenging due to their sometimes unpredictable behavior or ability to process information.
 - a) Although individuals with mental illness are statistically no more dangerous than the general public, officers shall always ensure they maintain their tactical superiority and be mindful of officer safety.
 - b) When dealing with a suspected mentally ill person, officers will exercise caution, evaluate the situation, contain the individual and attempt to de-escalate the incident through verbal and non-verbal communication.
 - c) The use of force may be necessary when resolving an incident with a mentally ill person and shall conform to procedures in directive 1.3.1 Use of Force.
 - d) If it becomes necessary to detain, arrest, and/ or transport a suspected mentally ill person, officers will exercise caution and conform to the procedures in this directive and directives 1.2.4 Arrests and 2.5.1 Prisoner Transport.
 - e) If a suspected mentally ill person is manifestly under the influence of alcohol or a controlled substance(s) or if force has been used on the suspected mentally ill person they shall be medically cleared at a medical facility prior to them being transported to a treatment facility for an emergency psychiatric evaluation. A copy of the medical release paperwork shall accompany the suspected mentally ill person.
 - (1) A medical clearance shall be obtained from the treating Emergency Room physician if the suspected mentally ill person is to be immediately released. Officers need not remain at a treating hospital with the suspected mentally ill person if the hospital will be admitting the person or if the hospital is willing to take responsibility for the mentally ill person.

C. Crisis Intervention Team (CIT)

1. While all sworn officers of the Haverford Township Police Department have a duty and the authority to assist with mental health situations this department believes in the philosophy and practice of training officers to become members of the Crisis Intervention Team.
 - a) When responding to a mental health incident or situation officers are encouraged to seek advice or assistance from an on duty member of this department who has completed the CIT program to aid in resolving the mental health situation where appropriate.
 - b) Nothing in this section shall relieve a non-CIT trained officer from fulfilling their lawful duties and requirements.
2. The Delaware County Adult Directory of Services and the Delaware County Child and Adolescent Directory of Services have been placed in a folder named “Mental Health Information” on the department “Everyone” network drive for reference to assist in resolving mental health issues.

D. Commitments

1. Voluntary Commitment
 - a) The Mental Health Act Title 50 PS sect. 7201 Persons Who May Authorize Voluntary Treatment states the following:

“Any person 14 years of age or over who believes that he is in need of treatment and substantially understands the nature of voluntary treatment may submit himself to examination and treatment under this act, provided that 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 so doing shall be deemed to be acting for the child. Except as otherwise authorized in this act, all of the provisions of this act governing examination and treatment shall apply.”
 - b) Officers responding to calls that involve mental health issues will provide assistance to individuals, families or other persons seeking voluntary services under the Mental Health Act to the extent possible.
 - (1) This assistance may include, but not be limited to, engaging in dialogue of encouragement to seek treatment, transporting or arranging transport to an appropriate mental health or medical facility.

2. Involuntary Commitment

- a) The Mental Health Act Title 50 PS sect. 7301 Persons who may be subject to involuntary emergency examination and treatment states the following:

“(a) Persons Subject.--Whenever a person is severely mentally disabled and in need of immediate treatment, he may be made subject to involuntary emergency examination and treatment. A person is severely mentally disabled when, as a result of mental illness, his capacity to exercise self-control, judgment and discretion in the conduct of his affairs and social relations or to care for his own personal needs is so lessened that he poses a clear and present danger of harm to others or to himself.

(b) Determination of Clear and Present Danger.

(1) Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is a reasonable probability that such conduct will be repeated. If, however, the person has been found incompetent to be tried or has been acquitted by reason of lack of criminal responsibility on charges arising from conduct involving infliction of or attempt to inflict substantial bodily harm on another, such 30-day limitation shall not apply so long as an application for examination and treatment is filed within 30 days after the date of such determination or verdict. In such case, a clear and present danger to others may be shown by establishing that the conduct charged in the criminal proceeding did occur, and that there is a reasonable probability that such conduct will be repeated. For the purpose of this section, a clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm.

(2) Clear and present danger to himself shall be shown by establishing that within the past 30 days:

- (i) the person has acted in such manner as to evidence that he would

be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under this act; or

(ii) the person has attempted suicide and that there is the reasonable probability of suicide unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

(iii) the person has substantially mutilated himself or attempted to mutilate himself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.”

- b) The Mental Health Act Title 50 PS sect. 7302 Involuntary emergency examination and treatment authorized by a physician--not to exceed one hundred twenty hours states the following:

“(a) **Application for Examination.**--Emergency examination 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.

(1) 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.

(2) Emergency Examination Without a Warrant.--

Upon personal observation of the conduct of a person constituting reasonable grounds to believe that he is severely mentally disabled and in need of immediate treatment, and *(sic)* 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, he shall make a written statement setting forth the grounds for believing the person to be in need of such examination.”

- c) Officers shall provide the necessary assistance to family members, or anyone else with standing, who has observed the conduct necessary to make “application for examination” as stated above.

- (1) This assistance generally is to direct the person to an appropriate place to complete the paperwork to obtain a warrant for emergency examination.

- d) Officers who are presented with a valid mental health warrant or who personally observe reasonable grounds to take a person for an emergency examination without a warrant as described in b) (a) (2) above shall take custody of the person and transport them to one of the following locations:

- (1) Mercy Fitzgerald Hospital Emergency Room
1500 Lansdowne Ave, Darby PA 19023
 - (2) Riddle Hospital Emergency Room
1068 W Baltimore Pike, Media PA 19063

(PLEAC 2.7.8 a)

3. Criminal Proceedings not barred by proceeding with Mental Health Examination.
 - a) Although alternatives to arrest should be considered in managing persons with mental illness in order to keep them out of the criminal justice system, nothing in this directive requiring mental health processes shall bar an officer from instituting any criminal proceeding for acts committed in violations of criminal or other statutory laws of the Commonwealth or municipality when such proceedings are necessary and appropriate.
 - (1) If a defendant is transported to Crozer-Chester or an approved mental health or medical facility prior to being processed on a criminal matter, the staff at Crozer-Chester or the approved mental health or medical facility must be advised of the pending charges and advised that our agency needs to be notified when the defendant is ready to be discharged so he/she can be picked up by our agency for processing purposes.

BY ORDER OF THE CHIEF OF POLICE