

Guide to **Mental Health Crisis and Civil Commitment Process** in Philadelphia County

Information for Petitioners



Jill Bowen, Ph.D., Commissioner

Updated Winter 2022

TABLE OF CONTENTS

General Information	4
Mental Health Procedures Act.....	5
Types of Commitments	6
Act 77 (PA. Instant Check System for Gun Sales).....	12
Criteria for an Involuntary Commitment	13
Filing a Petition	15
What Happens Next?	16
Mental Health Court Conference	17
Confidentiality.....	18
Frequently Asked Questions.....	19

GENERAL INFORMATION

Location	City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services 1601 Market St., Philadelphia 19107
Phone Number	988 (call or text) 215-685-6440
Hours	24 hours a day, 7 days per week including holidays
Services	Education and assistance with understanding and utilizing legal options available via the Mental Health Procedures Act (MHPA) for emergency evaluation and treatment. This guidance is available for individuals, families, concerned citizens, service providers, and law enforcement.

MENTAL HEALTH PROCEDURES ACT (MHPA)

The full text of the MHPA is available at: legis.state.pa.us/WU01/LI/LI/US/PDF/1976/0/0143..PDF

When a psychiatric emergency escalates into a serious and potentially life-threatening situation, Pennsylvania law empowers the City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) to authorize evaluation and treatment without an individual's consent if necessary. This is called **involuntary commitment**, sometimes referred to as a "302." Philadelphia County has delegated authority over this process to the Mental Health Delegates of the Philadelphia Crisis Line (PCL).

One of the most important clinical, legal, and ethical underpinnings of Pennsylvania law in terms of mental health treatment is the concept of the **Least Restrictive Alternative**, which recognizes that individuals thrive in environments that least restrict their freedoms.

When community treatment options have been exhausted or unsuccessful, and an individual is believed to need inpatient treatment, it is **always** preferable for that treatment to be provided on a voluntary basis.

Involuntary commitment is a serious step that suspends an individual's rights in favor of safety. It should be viewed as a last resort and only pursued after other options have been unsuccessful. **Mental Health Delegates and Crisis Counselors are available 24/7 by phone or text at 988 or 215-685-6440 to offer guidance and assistance.**

Even though the MHPA is the same throughout the Commonwealth of Pennsylvania, each County Mental Health Administrator is individually charged with implementation of the Act in their county. As a result, procedures and processes may vary by county. **This pamphlet will discuss Philadelphia County procedures only.**

TYPES OF MENTAL HEALTH COMMITMENTS SUMMARY

The full text of the Mental Health Procedures Act (MHPA) is available at:

legis.state.pa.us/WU01/LI/LI/US/PDF/1976/0/0143..PDF

As stated previously, **diversion from a hospital setting and support in the community should always be thoroughly explored before pursuing an inpatient commitment.** If community support options have been exhausted, the MHPA allows for the following commitments:

- **201:** An individual, with the agreement of a psychiatrist, voluntarily signs into a hospital. The hospital may require that voluntary patients give 72 hours' notice before leaving, meaning an individual may not be able to leave whenever they choose even during a voluntary stay.
- **302:** An emergency psychiatric evaluation and **up to 120 hours** in an inpatient facility for observation and treatment on an **involuntary** basis. A 302 commitment is usually precipitated by a warrant issued by the PCL. If a facility believes that an individual requires more than 120 hours of treatment, the individual must be notified no later than 72 hours into their stay that a hearing will be held to determine whether the involuntary commitment can be extended.
- **303:** An **extension of an involuntary commitment for up to 20 days.** The treating hospital must file a petition for a hearing. The original 302 petitioner testifies at the hearing, the hospital presents information regarding why they believe an extended commitment is necessary. The individual is entitled to legal counsel. The petition must be approved by a Mental Health Hearing Officer.
- **304:** Extended **involuntary** commitment, **not to exceed 90 days of the issue date.**
- **305:** Extended **involuntary** commitment, **not to exceed 180 days of the issue date.**
- **306:** **Involuntary** commitment to **transfer treatment** from one level of care to another (i.e., outpatient to inpatient).

TYPES OF MENTAL HEALTH COMMITMENTS:

201 (Voluntary), 302, 303, 304, 305, 306

Section 201

Voluntary Admission or Consent to Inpatient Treatment

Voluntary admission means that an individual enters an inpatient treatment facility of their own free will. When an individual is in a hospital voluntarily, that hospital may request that the person provide written notification up to 72 hours prior to discharge. This allows for the treatment facility to conduct an evaluation, determine the appropriate follow-up level of care, and engage in appropriate discharge planning. Requiring notice also allows the hospital 72 hours to file for an involuntary commitment if the treatment team determines that the person's mental illness will result in imminent harm if they are discharged.

Younger than 14 years old: A parent, guardian, or person standing in *Loco Parentis* may make an application for treatment to an appropriate facility that treats children. Most facilities require a parent or court-appointed guardian to exercise this process and consent to mental health treatment for the minor.

14 years or older: Anyone 14 or older may consent to inpatient mental health treatment. A parent, guardian, or person standing in *Loco Parentis* of an individual 14 years or older may not consent to mental health treatment for that individual but may utilize involuntary commitment procedures if necessary.

14 to 17 years old: If a child who is at least 14, but younger than 18 does not consent to mental health treatment, a parent may consent to admission for that child ONLY UPON the recommendation of a psychiatrist. There are significant challenges to utilizing this procedure. Please discuss with a Crisis Case Worker or Mental Health Delegate or your child's treatment team.

18 years or older: Most adults may consent to their own mental health inpatient treatment. If an adult has an appointed guardian or has been adjudicated incompetent, contact PCL for guidance.

For more information about local hospitals and options for voluntary, inpatient mental health treatment, contact PCL at 215-685-6440.

SECTION 302

Petition for Involuntary Examination & Treatment

The “302” is a request to perform a psychiatric examination for an individual believed to be severely mentally ill **AND** solely because of that mental illness, a threat to cause serious physical injury to themselves or others **AND** who is refusing treatment **AND** the threat is significant enough that without immediate intervention it is thought that the untreated mental illness could be causative or contributory to infliction of serious physical injury.

When a petitioner “files a 302” they are requesting an emergency psychiatric evaluation to determine if inpatient hospitalization is appropriate. The “302 commitment” does not happen until a physician completes the 302 evaluation and indicates that inpatient treatment is necessary and likely to help reduce danger. Any questions or discussion about the process or variability of potential outcomes should be directed to a Mental Health Delegate at PCL.

Timeline of the 302 Process

- Petitioner files a petition with PCL detailing behavior **within the last 30 days**, that took place within the geographic **borders of Philadelphia County**.
- A Mental Health Delegate at PCL reviews the petition and ensures that it **satisfies the requirements of the MHPA**.
- If the requirements of the law are satisfied, the Mental Health Delegate issues a **warrant** for an emergency psychiatric evaluation.
- The individual is evaluated at a **designated evaluating facility** (contact the PCL for information on location of facilities and transportation options for a person who is not already sitting in an appropriate facility).
- If a physician at the evaluating facility completes the 302 evaluation and determines that inpatient treatment is necessary, the individual is **committed to an appropriate treatment facility** for a period **up to but not to exceed 120 hours** (five consecutive days). This initial detention period may last anywhere from as little as a few hours to up to the full five days. The person may be released **at any time** within that period if the treatment team determines that they no longer meet criteria for that level of care.

Note about parents/children: A properly executed 302 may temporarily usurp the parental right to make decisions regarding placement or release from a psychiatric setting for their child or adolescent. The 302 process has its own process procedures to review and uphold the individual's rights.

Who Can be a Petitioner?

302A: Any responsible party may petition for an emergency involuntary evaluation by contacting PCL and presenting facts that are the basis of that request. The behavior described must have been **personally witnessed by the petitioner** and occurred **within Philadelphia County within the last 30 days**. The Mental Health Delegate **may or may not** issue a warrant depending on if the behaviors are determined to meet the criteria described in law.

302B: Police officers or physicians, upon personal observation of conduct that indicates that the person could be severely mentally disabled and posing a clear and present danger to self or others, may take that person to any approved facility without a warrant for an evaluation. Upon arrival, the officer or physician who directly observed the behavior or the individual's condition must make a brief written statement of the conduct which indicates that the person may be **severely mentally disabled, poses a clear and present danger of harm to self and/or others**, and needs an **immediate evaluation**.

Individuals who are incarcerated and/or are subject to legal detention may have an involuntary emergency examination if they meet the criteria as stated above if the procedures are followed and if an appropriate level of detention is available.

The 302 petition is a request for an evaluation. The ultimate authority for deciding clinical and legal **justification** for admission and emergency treatment rests with the examining physician. The mental health warrant (or the request of an officer or physician) **ONLY** secures an evaluation. That evaluation may or may not result in admission. There may be circumstances where an individual would appear to benefit from inpatient mental health treatment but does **NOT** meet the criteria for involuntary treatment. In those circumstances the individual may be offered, but is not required to accept, inpatient treatment.

SECTION 303

Extended Commitment for Involuntary Treatment

A 303 commitment follows an initial 302 if the treatment team believes that an individual requires **AND** legally qualifies for additional involuntary treatment. This treatment may be continued inpatient, community-based, or a combination. The treatment team petitions the Mental Health Civil Commitment Court (an extension of the Court of Common Pleas) to review the original 302 petition, as well as evidence gathered by the treatment team that extended involuntary treatment is clinically and legally warranted. Not all individuals admitted on a 302 will have a Mental Health Court Conference. If approved, an extension of involuntary treatment may be ordered for **up to 20 days** of court-ordered treatment (inpatient, partial, outpatient, or combination).

The primary purpose of the Mental Health Court Conference is to protect an individual's right to liberty.

Sections 304 B&C

Extended Commitment for Involuntary Treatment

304B (For a person ALREADY subject to involuntary treatment under Sec. 303): A person can be committed for **up to 90 days** of treatment (inpatient and/or outpatient) if the treatment team can show that the conduct originally established to subject the person to involuntary treatment did in fact occur and the person's condition continues to signify a clear and present danger to themselves or others.

304C (For a person NOT already subject to involuntary treatment under Sec. 303): This procedure may be used for an individual who is in the community or in inpatient treatment via a voluntary admission (201). The individual must be considered dangerous as defined for the 302 processes but does not present with same immediacy of need (i.e., the person has sufficient supports to be maintained adequately while awaiting a hearing). Any reasonable party who has observed the dangerous behavior **AND** believes the person to be severely mentally disabled **AND** in need of treatment can file a petition with the Court of Common Pleas requesting court-ordered, mandated treatment **not to exceed 90 days**.

SECTION 305

Extended Commitment for Involuntary Treatment

An individual already subject to involuntary treatment under section 304(B) who has demonstrated a clear and present danger to themselves or others during the preceding period of hospitalization and who continues to present with behaviors requiring further treatment may be court-ordered to receive involuntary treatment (inpatient or outpatient) for additional periods **not to exceed 180 days**.

SECTION 306

Amending a Court Order for Involuntary Treatment

Section 306 is not an original court order, but rather a process for transferring from one order to another. A 306 may convert an order from more restrictive to less restrictive treatment **OR** less restrictive to more restrictive. Section 306 transfers an individual from inpatient to outpatient **OR** outpatient to inpatient.

Example: An individual subject to a 303, 304, or 305 who is in inpatient treatment but no longer meets the ongoing criteria for continued inpatient treatment. There is significant clinical concern that the individual will not engage with recommended ongoing outpatient treatment upon release. The treatment team may ask the Court to have the individual released on an outpatient commitment, transferring the remaining time on the current commitment to the outpatient order. If the individual becomes non-adherent to the agreement for outpatient treatment **AND** begins to decompensate, there is the *possibility* to hold a Court hearing to determine appropriateness of re-hospitalization. An individual cannot be brought back to a hospital setting on an emergency basis via the 306. The 302 process is the only vehicle for emergency treatment.

Contact PCL for guidance on the 306 processes.

MHPA PENNSYLVANIA INSTANT CHECK SYSTEM (PICS)

ACT 77, approved July 2, 1996, amends the MHPA to require Judges, Mental Health Review Officers, and County Behavioral Health Administrators to notify the Pennsylvania State Police when an individual has been involuntarily committed to a psychiatric facility for inpatient care and treatment under Sections 302, 303, 304 or when a person has been adjudicated incompetent (a separate legal procedure not discussed in this document). Information identifying the individual and the admission, but not the clinical details, is supplied to the Pennsylvania State Police for inclusion into the Pennsylvania Instant Check System (PICS).

PICS has been operational since July 1, 1998. Persons who have been involuntarily treated or adjudicated incompetent are prohibited by 19 pa CS 6105(c)(4) from purchasing, possessing, using, manufacturing, controlling, selling, or transferring firearms (except as permitted under 6106(a)(2) to allow selling or transferring of firearms to comply with relinquishing weapons already owned).

If a person is subject to an involuntary psychiatric examination via a 302 and inpatient treatment is indicated, their information will be submitted to the PICS via the Pennsylvania State Police, and this will prohibit them from purchasing firearms in the future. Additionally, in some jurisdictions, it is considered permissible for local authorities to remove currently owned firearms in addition to 6106(a)(2) relinquishing of currently owned firearms.

Philadelphia County recognizes the potential impact of Act 77 on future employment, protection, and leisure options for individuals and encourages you to talk with a Delegate or Crisis Counselor for more information by calling 215-685-6440.

CRITERIA FOR AN INVOLUNTARY COMMITMENT

The following behavioral criteria for an involuntary evaluation are set forth in the MHPA and **MUST have occurred in the last 30 days** and within the borders of Philadelphia County. **A petitioner must have personally observed this behavior. The behavior must be due to a psychiatric condition as determined by a psychologist or psychiatric clinician and cannot be due PRIMARILY to drug and alcohol challenges, senility, or an intellectual disability.**

- The individual inflicted or attempted to inflict serious bodily harm on another and there is a reasonable probability that such conduct will be repeated unless treatment is afforded, or the person has made threats of harm and has committed acts in furtherance of the threat to complete harm.
- The individual has attempted suicide and there is reasonable probability of another attempt at suicide unless treatment is afforded, or the person has made threats to complete suicide and has committed acts in furtherance of the threat to complete suicide.
- The individual has substantially mutilated themselves or attempted to mutilate themselves and there is a reasonable probability of self-mutilation unless treatment is afforded, or the person has made threats to complete self-mutilation and has committed acts in furtherance of the threat to complete self-mutilation.
- The individual has acted in such a manner as to evidence that they would be unable, without care, supervision, and the continued assistance of others, to satisfy their need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury, or serious physical debilitation would ensure within 30 days unless treatment is afforded.

CLARIFICATION OF TERMS

Danger to others: An individual either did, or attempted to do, something to cause serious physical injury. A 302 is not possible in situations where the individual is threatening *only*. To secure a warrant and involuntary commitment if an individual did not actually cause or attempt to cause injury, the threat must have occurred simultaneously with *an act in furtherance* (i.e., steps were taken towards completing the threatening act). A threat in and of itself is not reason for a 302, but a threat with a plan, access to that plan, and stated intent to follow through with that plan is often sufficient to move forward.

Danger to self: This category includes both suicide and self-mutilation. As above, in the absence of an actual attempt, a threat is not sufficient. However, a threat with a plan, access to that plan, and stated intent to follow through with that plan is often sufficient to move forward.

Inability to care: MHPA leaves this definition vague to encompass dangerous behaviors that don't fit into one of the other three definitions (danger to others, suicide attempt, self-mutilation). This definition is **NOT** for individuals who are unable to care for themselves directly due to substance use or dependency, senility, or intellectual disability. Two examples of inability to care:

1. *An individual is depressed (but not voicing suicidality) and because of that depression is no longer eating. They are losing weight significant enough to cause injury if continued.*
2. *An individual is catatonic and stays in one position for hours at a time and is not caring for activities of daily living.*

FILING A PETITION

Although involuntary guidelines are based on the same law throughout the Commonwealth of Pennsylvania (MHPA), each County is charged with developing its own procedures to implement that law. Below is a summary of Philadelphia County Procedures for Part A Petitioners (i.e., petitioners who are NOT police officers or physicians):

1. Call Philadelphia Crisis Line at **988** or **215-685-6440** to explore community support options.
2. A Crisis Counselor will speak with you and answer any questions you may have before you write your statement. They will explain the requirements the law (MHPA) has for a petition to be approved and a warrant to be issued.
3. You may also include a description of other behaviors or psychiatric history. If this information is more than 30 days old, it will be regarded as *historical data*, which cannot be considered for the current petition or for the purposes of involuntary treatment but may be helpful for the psychiatrist or Court team to know.
4. Do not include opinions or speculations. Write legibly, but do not worry about grammar and spelling. Simply describe what you saw the individual do (or not do) or say that is dangerous to themselves or others that may indicate that the individual is mentally ill. Accurate details are the most effective way of presenting the need for evaluation.
5. ***Your petition must be truthful. Any person who knowingly provides false information when completing a legal petition may be subject to criminal penalties including a misdemeanor conviction and up to two years imprisonment and a \$2,000 fine for "FALSE SWEARING TO AUTHORITIES."***

WHAT HAPPENS NEXT?

Upon completion, the petition is submitted to and immediately reviewed by a Mental Health Delegate at the PCL, who will make an initial determination as to whether your statement meets the legal criteria to issue a civil warrant and have the individual brought to a Crisis Response Center (or other designated facility) by an approved form of transport for an immediate evaluation, provided there are no outstanding medical or care issues.

Note: Your local police (911) should be called if the individual has a weapon and/or is in physical distress and requires an immediate response for safety.

Details can be found here -- phillypolice.com/programs-services/mental-health-911-services

If a warrant is issued, the individual will be picked up as soon as possible following either verification of whereabouts or, if the person is in a local emergency room, following mutual medical clearance between the emergency room and designated evaluating facility. If a warrant is issued and the individual is brought to the designated facility for an evaluation to assess involuntary inpatient admission, the examining physician must find the individual to be:

- *Severely mentally disabled and*
- *A clear and present danger to self and/or others and*
- *In need of immediate treatment to prevent continuing dangerous conduct*

These criteria are needed to commit the individual for psychiatric evaluation and treatment for a period of up to five days. Individuals found to need an emergency psychiatric hospitalization may be admitted to a designated inpatient psychiatric facility.

If the physician, after evaluating the individual, does not find these criteria present, the law states that the individual must be released and returned to a place of their choosing (within Philadelphia County). Therefore, an involuntary evaluation may not result in commitment (admission) to a designated inpatient psychiatric treatment facility.

If the individual is admitted, they may be admitted for up to five calendar days for an emergency evaluation period. If admitted, the individual will be placed on a list that will prohibit them from owning or using firearms in the future. Please see Page 5 of this booklet or ask staff for a more detailed explanation.

The staff at the PCL recognize that it is a difficult decision to file a petition for a loved one or friend. Most petitioners have concerns regarding this process. Please feel free to call PCL at any time to address any questions, concerns, or reservations with a Crisis Counselor or Mental Health Delegate at 215-685-6440.

MENTAL HEALTH COURT CONFERENCE

(AKA 303 COURT CONFERENCE)

If during the initial involuntary hospitalization period, further involuntary treatment is believed appropriate, the treatment team will file for a formal conference to take place at the inpatient unit of the designated facility. This conference must occur within that first five-day period but, due to weekends, holidays, and other circumstances, this may result in a stay of less than five days before the hearing occurs. Under some circumstances the hearing could occur the next day or even the very same day (although this is rare). At this hearing, the individual may be committed for further treatment by the Court for a period of up to 20 days, either as an inpatient, at a partial program, or on an outpatient basis (or a combination of those treatments).

NOTE: As the petitioner, you must appear at this hearing. If you cannot attend, this may result in the individual being released from treatment despite obvious clinical need.

CONFIDENTIALITY

The amount and type of information an evaluating or treating facility can provide about individuals in their care is determined by law. An individual must sign a consent form to share information. Even if permission to speak with others is given, the individual will determine what information may be given. It is important for the treatment team to have as much information as possible about the individual that may assist with treatment. If a confidential release form is not signed by the individual and the treating hospital is not able to provide you with information about how treatment is going, you remain free to provide the treatment team with any collateral information you feel is pertinent.

Your primary point of contact at the hospital is typically a social worker. Medical staff and/or designated nursing staff may provide information on a case-by-case basis, but typically a social worker is assigned to everyone following their admission and should be viewed as the primary point of contact.

FREQUENTLY ASKED QUESTIONS

Filing A Petition

Do I have enough to file a petition?

As it is a legal document, a decision about whether any situation is “enough” for a 302 is not made until that document is in writing. A Mental Health Delegate will discuss with you the behavior you have observed, attempt to discern any additional conduct that may not be obvious to others, and have in-depth discussions about the legal definitions of dangerous conduct and mental illness.

Why can't someone else be the petitioner?

Even though the 302 process is attempting to protect safety and provide necessary treatment, the process by its very nature takes away the individual's most basic human right, the right of self-determination. Given the emergency nature of the behavior resulting in the vast majority of 302 requests, Pennsylvania law allows this deprivation of liberty to occur, but ONLY when the due process procedures discussed within this document, including that the petitioner be an individual who has directly witnessed the behavior, are followed.

Do I have to write this all down? It is very hard to put this into words.

Yes, you do, despite how difficult and traumatic this process can be. Because this procedure makes decisions for people including potentially depriving liberty and changing the path of future aspirations -- and to protect a positive outcome in treatment and at Court -- the details really do matter. Leaving out information or being too brief/vague may hinder Court.

FREQUENTLY ASKED QUESTIONS

Mental Health Court Conference (aka 303 Court Conference):

What is the Mental Health Court Conference looking for?

The Mental Health Court Conference seeks to clarify any information in the petition. The conference is determining whether the reasons stated in the petition were enough, in the Court's view, to have proceeded in the first place.

Can you explain the court process?

If admitted to a hospital, the 302 only permits up to five days of hospitalization; it does not guarantee that a Mental Health Court Conference will take place. The Mental Health Court Conference is only held if the treatment team believes that additional involuntary treatment is required and legally permissible. Before the Mental Health Court Conference, a City Solicitor (county lawyer) will contact you about when and where the hearing will take place so you are able to make necessary arrangements. At the conference, the Court psychiatrist will make a recommendation for further inpatient, outpatient treatment, or a combination of those treatments.

The individual in treatment will speak with their attorney (Public Defender or other counsel) on the day of the Mental Health Court Conference who will inform the individual of the doctor's recommendation and advise them of their options to agree, compromise, or disagree. If the patient stipulates (agrees/compromises), it will be put on the record, and you (the petitioner) will not have to testify and will be released. If the patient disagrees with the recommendation (contests), then you will have to testify to the behaviors you witnessed (what you wrote in the petition).

After your testimony, there may be some cross examination from the individual's attorney. When that has concluded, your duty is complete. The court psychiatrist will also give testimony and make their recommendations to the Court. A Mental Health Review Officer (MHRO) will then make a ruling on the case.

What if I do not agree with the stipulation?

A stipulation guarantees at least some level of treatment, but a full Mental Health Court Conference in certain circumstances may result in the Court ordering the release of individual from a hospital without a commitment for treatment, even if there is a clinical need. Treatment teams base these decisions, including the details of a compromise, very thoughtfully and carefully on clinical assessment and legal precedent.

Why didn't we have a Mental Health Court Conference?

The individual in treatment has the right to either **stipulate** or **contest** the Mental Health Court Conference.

Stipulate: If they stipulate, the individual essentially has come to an agreement with their treatment team and an abbreviated Mental Health Court Conference is held with just the Court team. Often families are disconcerted that they don't get their "day in court" to convince the Court about need for treatment, but it is important to remember that this is a legal process

between the individual in treatment and the treatment team only and is finalized without additional input if those participants agree to an outcome.

Contest: If the individual in treatment contests the hearing, they are essentially stating they request release immediately with no legal oversight. This requires the full, more formalized Mental Health Court Conference with the Court team, physician, and the petitioner of record. If you, the petitioner, are not present, the City Solicitor can make a request to the MHRO for the 302 to be read into the record. The MHRO will then decide whether to accept the written information from the petition.

What if I do not come to the hearing?

You should make every effort to be present in court. The City Solicitor will contact you with the specifics of the hearing in advance, so you are able to make the necessary arrangements.

How long will the hearing take?

Each courtroom operates a little differently, but your portion of the hearing will take around 30 minutes. The City Solicitor will be in contact to give you an approximate time for when your hearing will begin. If the individual in treatment stipulates and you are not needed to testify, the City Solicitor will let you know as soon as possible so that you can get on with your day.

Can I meet with someone from the treatment team and/or see the patient?

The individual in treatment has the right to attend the conference. Should they decide to do so, you will see them in court. If the Mental Health Court Conference is held at the inpatient facility, the individual in treatment and their attorney will be seated across from the large board room style table with you and the County Solicitor and the Court psychiatrist. However, conferences are currently being held via Zoom and you will not be able communicate with them during the hearing. Should you wish to speak with them, feel free to contact their treatment team after the hearing.

For additional supports and information, please feel free to reach out to [NAMI Philadelphia](#) 267-687-4381 or toll free 800-950-NAMI (6264) and the [Family Resource Network](#) 800-372-6510.

Crisis Response Centers (CRCs) are a collection of integrated services available 24 hours a day, seven days a week to provide immediate, crisis-oriented services designed to ameliorate or resolve precipitating stressful situations. They are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood, or social relationships and/or have acute substance use disorder. These services provide rapid response to crisis situations which threaten the well-being of the individual or others. Services are trauma-informed and recovery-based, individualized, comprehensive, flexible, person-first (culturally responsive), and designed to support health and wellness. There are five (5) CRCs strategically located in Philadelphia County to provide support to each region:

Philadelphia Crisis Response Centers

Friends Hospital CRC

4641 Roosevelt Blvd.
Northeast Philadelphia

Einstein Hospital CRC

5501 Old York Road
Germantown

Temple/Episcopal CRC

100 East Lehigh St.
North Philadelphia

PA Hospital CRC

245 South 8th S
Center City

Philadelphia Children's CRC

3300 Henry Ave Falls
Third Floor

Philadelphia Crisis Line

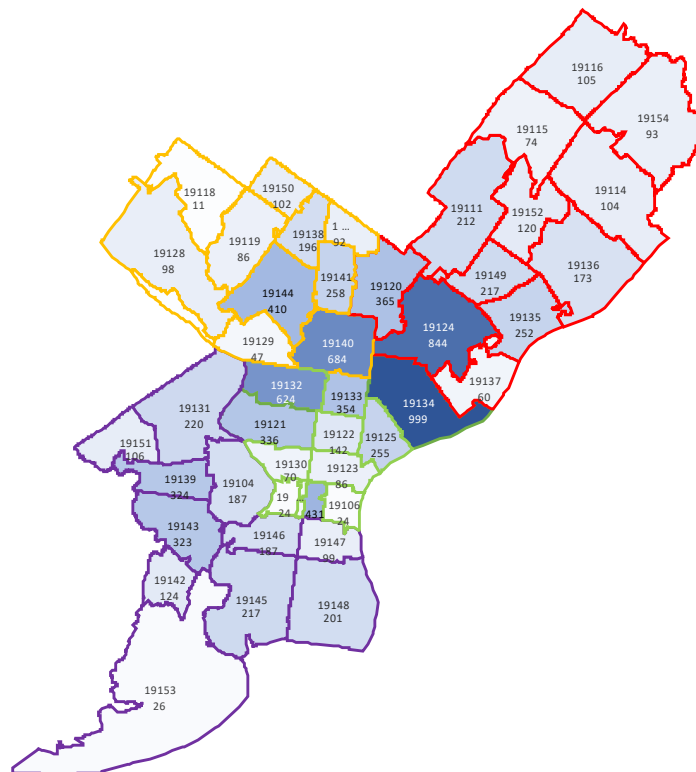
988 or **215-685-6440**

Available 24/7

National Suicide Prevention Lifeline

988

Available 24/7





1601 Market St.
Philadelphia, PA 19107
215-685-5400
DBHIDS.org



@DBHIDS

