



## CITY OF PHILADELPHIA

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December 31, 2024

### Via Email

Re: *Smith, v. City of Philadelphia, et al.*  
Civil Action No. 20-3431 (E.D. Pa.)

Counsel,

This letter provides answers from Deputy Commissioners Healy and Dales to the outstanding questions raised by community members at the Lucien E. Blackwell West Philadelphia Library on October 30, 2024.

- **How many times have PPD officers been investigated and/or disciplined for failure to self-report use of force?**

**ANSWER:** In 2020, 25 officers were disciplined for not reporting force.

- **How many Crisis Intervention Team (CIT) co-response teams are operable in the city? How has that changed between May 7 and October 30, 2024?**

**ANSWER:** PPD currently has 4 Crisis Intervention Response Teams (CIRT) teams. Of the approximately 3,000 officers in Patrol, over 2,400 of them (80%) are CIT trained. CIT has been in Philadelphia since 2007 and has trained 4,131 from the PPD. In the 2024 calendar year, 253 officers have been trained.

- **Are there any plans to replace Consortium with a new service provider?**

**ANSWER:** This question is beyond the scope of the PPD.

- **What percentage of incidents in which police or co-response were called to address a mental health crisis involved use of force?**

**ANSWER:** From September 1, 2024 through December 9, 2024, the CIRT team members had 217 engagements. Only 1 CIRT officer used force. This represents a rate of approximately 0.5%.

- **What are the PPD's policies regarding the administration of Narcan?**

**ANSWER:** This information can be found in PPD Directive 4.22 "Naloxone Administration Program". *Attached hereto as Exhibit A.*

- **Has an investigation been initiated into the Inquirer allegations of improper Narcan use on individuals who were not overdosing, and could we be notified upon its completion?**

**ANSWER:** No, there were no complaints filed or investigations opened in reference to the Inquirer article.

- **What training does the PPD provide to its personnel on recognizing and responding to overdoses?**

**ANSWER:** PPD Opioid Antagonist Training Course, Naloxone Administration for Law Enforcement, Humanizing Addiction Overdose Awareness, and Emergency Response Training (Opioid Overdose and Management).

- **What data does the PPD collect regarding assistance requests from other police departments, including the University of Pennsylvania Police and other private police forces operating within city limits?**

**ANSWER:** The PPD does not collect trackable data on daily interactions with other law enforcement agencies in Philadelphia. PPD is not aware of a "Private Police Force" operating within Philadelphia City limits.

- **On October 18, a Penn student's home was raided pursuant to a warrant related to suspicion of vandalism. Police involved identified themselves as twelve officers from the University of Pennsylvania Police Department and one from the Philadelphia Police Department.**

**ANSWER:** There were no complaints filed with IAD regarding this incident. Two PPD officers were present at the scene for transportation; however, they were not involved in the warrant service.

- **Can you confirm the Philadelphia Police Department's involvement in this incident? Additionally, what is the PPD's general policy regarding involvement in cases falling under the jurisdiction of the University of Pennsylvania Police Department?**

**ANSWER:** Crimes that occur on the University of Pennsylvania campus, as well as crimes committed against University of Pennsylvania students, faculty, staff, and alumni within the

University of Pennsylvania Police Department’s patrol area, are handled by the University of Pennsylvania Police Department in the normal course. Should that Department request backup from the Philadelphia Police Department, PPD may support in that capacity.

Questions were also raised regarding the increase in vehicle stops and pedestrian searches, despite the implementation of the “Mere Encounter” program. See below data regarding the race of individuals pulled over for vehicle code violations and the number of “mere encounters”. This data is Citywide.

**Vehicle Stop Counts by Race for the Past 6 Months (6/1/2024-12/1/2024):**

<b>Race</b>	<b>Total People Stopped</b>
American Indian	312
Asian	2,311
Black	54,589
Unknown	2,249
White	23,282

**Vehicle Stop Counts by Ethnicity for the Past 6 Months (6/1/2024-12/1/2024):**

<b>Ethnicity</b>	<b>Total People Stopped</b>
Hispanic/Latino	11,815
Not Hispanic/Latino	70,927

**Mere Encounter Counts for the Past 6 Months (6/1/2024-12/1/2024):**

<b>Count</b>
68,121

Regards,

/s/ Anne B. Taylor  
Anne B. Taylor

w/ attachments.

Cc, via email:  
Nia O. Holston  
Bret Grote  
Quinn Cozzens  
Clara McClellan  
Asja Towns  
Lolo Serrano

# Exhibit A



Issued Date: 10-10-19	Effective Date: 10-10-19	Updated Date: 02-12-21
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**SUBJECT: NALOXONE ADMINISTRATION PROGRAM**

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**1. PURPOSE**

- A. The purpose of this policy is to establish procedures regulating the utilization of Naloxone by trained personnel within the Philadelphia Police Department. The objective is to treat and reduce injuries and fatalities resulting from opioid-involved overdoses whenever law enforcement officers are the first to arrive at the scene of a suspected overdose.
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**2. POLICY**

- A. Law enforcement personnel who have completed the PPD Naloxone Training Course may possess and administer Naloxone to an individual undergoing, or believed to be undergoing, an opioid drug overdose.
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**3. DEFINITIONS**

- A. **Opioid:** A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opioid drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone.
  
- B. **Naloxone:** A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous and respiratory system. It is marketed under various trademarks, including Narcan®.
  
- C. **Overdose Rescue Kit:** At a minimum should include the following:
  - 1. Two (2) 4mg Narcan Nasal Spray in 0.1ml units.
  - 2. One (1) pair of medical gloves.

3. Information pamphlet with overdose prevention information and step-by-step instructions for overdose responses and Naloxone administration.
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#### 4. PROCEDURES

##### A. Deployment:

1. The Chief Inspector, Training and Education Services, through their designee, shall be the Departmental Naloxone Program Coordinator. Responsibilities will include:
  - a. Coordinating and implementing the initial, state-mandated training for personnel participating in the Naloxone program and all refresher training, as required;
  - b. Maintaining training records;
  - c. Implementing the proper inventory controls and safeguards for Naloxone issued to the PPD;
  - d. Maintaining administrative records regarding the Departmental use of Naloxone and disseminating these records to the Fire Department Emergency Medical Services Director pursuant to the Memorandum of Understanding;
  - e. Applying a barcode to each individual dose of Naloxone. Prior to distribution, each dose will be scanned and uploaded to the online inventory management system (eQuip). The software program will track the date received, quantity, purchase order number, date issued, to whom issued, expiration date, lot number, and audit information;
    - 1) Upon receipt of a completed Naloxone Reporting Form, apply the appropriate disposition in the online inventory management system (eQuip); and
  - f. Conducting an annual audit of Naloxone using the online inventory management system. Each district/unit will have read-only access to monitor their respective Naloxone inventory.
2. Officers chosen to participate in the Naloxone program shall possess a current certification in First Aid and CPR as required by the Municipal Police Officer Education and Training Commission (MPOETC).
3. Refresher training in the use of Naloxone shall occur annually and consist of familiarity with the effective administration and maintenance of Naloxone. All personnel who are issued Naloxone shall bring their PPD issued Naloxone to their annual First Aid/CPR in-service training.

B. Naloxone Use:

1. Officers will request a Fire Rescue Unit to respond to any scene where the victim is in a potential overdose state.
2. Officers should use universal precautions (i.e., personal protective equipment (PPE) from blood-borne pathogens, communicable diseases and possible Fentanyl exposure when administering Naloxone. (Refer to Directive 3.15, “Handling Exposure to Communicable Diseases”).
3. Officers shall assess the victim to determine the need for treatment with Naloxone. This assessment shall include determining unresponsiveness and other indicators of opioid overdose. If the victim displays signs of an opioid overdose, they should administer Naloxone according to the established training guidelines.
  - a. Officers shall remain conscientious of their own safety as well as that of the victim. Individuals who are revived from an opioid overdose may regain consciousness in an agitated/combatative state and/or may exhibit symptoms of acute drug withdrawal.

**NOTE:** If the victim has no pulse and is not breathing - DO NOT ADMINISTER NALOXONE –BEGIN CPR. If the victim has a pulse, but is not breathing, administer Naloxone and begin rescue breathing in accordance with the recommendations of the American Heart Association and as taught during annual MPO in-service training.

4. Officers shall remain with the victim until the arrival of PFD personnel and shall subsequently inform PFD personnel of the number of Naloxone doses administered prior to their arrival. Officers shall also be aware that Naloxone is short-acting; Thus, depending on the amount of opioid that has been ingested, the victim may relapse into an overdosed state once the Naloxone has worn off. For this reason, victims shall be encouraged to seek hospital care.

**NOTE:** Unless an officer reasonably believes that the victim of an overdose presents a danger to themselves or others, victims who regain consciousness and subsequently flee the location or refuse further aid, shall not be held against their will or be forced to seek medical care. Such occurrences shall be noted on the 75-48.

**NOTE:**In the event that an overdose victim will be arrested (i.e., DUI, assault on police, etc.), they shall be transported to a hospital in accordance with Directive 3.14, “Hospital Cases” *prior* to being transported to the Police Detention Unit (PDU). Prisoners who have received Naloxone treatment shall be processed at the PDU, where a nurse is available to monitor their condition.

5. In the event that police personnel exhaust their supply of Naloxone, personnel may utilize non-PPD issued Naloxone (i.e., - a citizen rescuer on scene with Naloxone) to continue rescue efforts. Prior to administering any Naloxone, PPD or non-PPD issued, personnel will ensure that such Naloxone is current and not expired.

**NOTE:** Any use of non-PPD Naloxone will be noted on the 75-48. Additionally, personnel are prohibited from utilizing non-PPD issued Naloxone as a “replacement” for their supply, this prohibition includes any Naloxone from PFD personnel. All replacements must be in accordance with the procedures detailed in this Directive.

C. Reporting Procedures:

1. All hospital cases in which Naloxone is administered are to be documented on a 75-48 and are to be properly coded as: “3018 Hospital Case - Naloxone Administered by Police.”
2. Officers who are dispatched by Police Radio, or self-initiate a Hospital Case assignment and subsequently administer Naloxone, shall indicate the disposition as “Report to Follow.” Under no circumstances, will a disposition of “Hospital Case - No action (HCN),” “Necessary Action Taken (NAT),” or “Unfounded (UNF)” be reported in instances where police personnel have administered Naloxone.
3. All administrations of Naloxone shall be properly documented on a 75-48 to include:
  - a. Name of victim (if unknown, Jane or John Doe)
  - b. DOB of victim
  - c. Address of victim
  - d. Location of occurrence
  - e. Disposition (i.e., - care transferred to Fire Rescue, transported to hospital by police, victim fled, etc.)
  - f. Name/badge/payroll of reporting officer
4. Personnel administering Naloxone shall also complete the electronic Naloxone Administration Form (75-661), located on the PPD Intranet Homepage. Upon completion, the form will automatically be forwarded via email to the Delaware Valley Intelligence Center (DVIC) and the Naloxone Program Coordinator.
5. In cases where an arrest is made, the Operations Room Supervisor (ORS) will ensure the Internal Affairs Division (IAD) Hospital Case Reporting Form, located on the PPD Intranet Homepage, is sent before the end of tour.



D. Maintenance/Replacement of Naloxone:

1. Overdose Rescue Kits will be carried in a manner consistent with the proper storage guidelines for temperature and sunlight exposure.
2. Once reported, the Naloxone program coordinator will replenish used Naloxone as supplies become available. Officers are prohibited from replenishing their PPD issued supply from any other source (i.e., - PFD, hospitals, non-profit organizations, etc...).
3. Lost, damaged or stolen Naloxone will be reported via memo to the Chief Inspector, Training and Education Services. Upon receipt, the Naloxone Program Coordinator will review the submitted report and enter the appropriate disposition into the online inventory management system.
4. Expired Naloxone will be:
  - a. Maintained by the department for use in training; or
  - b. Properly documented and disposed of by the Training and Education Bureau.

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<b>RELATED PROCEDURES</b>	Directive 3.14, Hospital Cases
	Directive 3.15, Handling Exposure to Communicable Diseases

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**BY COMMAND OF THE POLICE COMMISSIONER**

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