



Commissioner Jill Bowen  
Department of Behavioral Health and Intellectual Disability Services  
1101 Market Street, Suite 700  
Philadelphia, PA 19107

*via electronic delivery*

March 15, 2022

Dear Dr. Bowen,

The undersigned organizations, coalitions, and legislators write to urge you to seek funding for and implement a comprehensive mobile crisis team infrastructure that will provide 24/7, swift behavioral health emergency response when a Philadelphian dials 911.

We were heartened last year when you moved to pilot an expansion of Philadelphia's existing mobile crisis units in response to community demands for a non-police response to mental health crises after the tragic murder of Walter Wallace Jr. by Philadelphia police officers. We celebrated the \$7.2 million budget increase to fund additional mobile crisis teams, as well as efforts to have 911 calls diverted to these teams. We also applaud the implementation of the "Learning Collaboratives," which allow the teams providing these vital services to learn from each other as well as directly-impacted community members and stakeholders. These were crucial first steps to serving the needs of Philadelphians experiencing mental health crises.

Even though DBHIDS received that \$7.2 million budget increase, the expansion of the mobile crisis units has not yet happened. We have heard reports that additional teams are still slowly being staffed and trained. We also learned that DBHIDS is seeking a very modest increase in funding for the mobile crisis units expansion for the 2023 fiscal year. **This expansion, and further, a fully funded program that will operate across the city 24/7 is vital and needs additional funding.** We believe that increased funding would allow teams to be paid higher salaries so that these jobs are competitive and sustainable, and would lead to positions being filled faster.

While the mobile crisis units expansion is languishing, Crisis Intervention Response Teams, or CIRT continues to move forward. We know that non-police responders do a better job of handling mental health crises than do police or teams of police and mental health professionals, and is the preferred standard of care. **We need DBHIDS to prioritize mobile crisis expansion and ask for the funding to adequately provide this resource to Philadelphians.**

At a minimum, mobile crisis expansion should include the following:

- **24/7 access<sup>1</sup>.** We advocate for a 24/7 model, meaning that mobile crisis teams would be available day and night, like the expected 24/7 response from police, fire, and medical teams.
- **Dispatched via 911.** We believe that in addition to the behavioral health specialist in the 911 radio room, dispatchers should receive an updated script and more training to direct calls that do not require a police response to mobile crisis teams. We should not wait for the implementation of 988—Philadelphians need this now.
- **Emphasis on being separate from police.** Mobile crisis teams should be trained well enough in de-escalation to assist a person in crisis where calling the police is a last resort, not the default for a difficult situation. This should be true even of the vendors that are also staffing CIRT. Teams should be culturally competent to understand how Black and brown communities in particular can perceive police presence as a threat, not therapeutic.
- **Transportation.** If the crisis situation requires transport to inpatient or outpatient care, measures for a warm handoff should be in place and the person in crisis must be transported safely and with dignity—not in the back of a police vehicle.

In order to accomplish those goals, Philadelphia will need far more than the four teams of the pilot program. We urge you to consult with national partners such as [Crisis Now](#), which have developed tools to estimate the behavioral health crisis needs of jurisdictions around the country, in order to determine how to expand the program further in order to meet the needs of our city.

It is not too late for DBHIDS to change course and become a champion for Philadelphians who experience mental health crises and for Philadelphia to become a national leader for what robust mobile crisis response can look like. We look forward to continued collaboration towards making our city a safer place.

Sincerely,

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<sup>1</sup> We are aware of excellent mobile crisis response programs that do not run 24/7 (e.g., [Denver's Support Team Assisted Response](#) (STAR) and [Portland Street Response](#) (PSR) operate 5 days a week, 10am-6pm). If a 24/7 model is not an immediate option despite our recommendations, we suggest replicating [NYC's Behavioral Health Emergency Assistance Response Division](#) (B-HEARD) model with teams available 7 days a week, 16 hours per day (two, 8-hour shifts per day).

Philadelphia Treatment Not Trauma Coalition  
Amistad Law Project  
POWER Live Free  
Action Center on Race & the Economy (ACRE)  
Lutheran Settlement House  
VietLead  
Juntos  
Rep. Rick Krajewski  
Councilmember Kendra Brooks  
Councilmember Jamie Gauthier  
Councilmember Helen Gym  
Community Legal Services of Philadelphia  
African American Roundtable (Milwaukee)  
Marijuana Justice - Virginia  
Communities United for Restorative Youth Justice (Oakland)  
Abortion Liberation Fund of PA  
Abolitionist Law Center  
Black & Latinx Community Control of Health  
ACT UP  
Movement Alliance Project  
People's Paper Co-op  
Philadelphia Reentry Think Tank  
Black Lives Matter Philly  
Village of Arts & Humanities  
Why Not Prosper  
White Anti-Racist Social Work Action  
Group