

COUNCIL OF THE CITY OF PHILADELPHIA
JOINT COMMITTEES ON PUBLIC HEALTH AND HUMAN SERVICES
AND PUBLIC SAFETY

Remote location using Microsoft® Teams
Wednesday, December 9, 2020
9:30 a.m.

PRESENT:

COUNCILWOMAN CINDY BASS, CO-CHAIR
COUNCILMAN CURTIS JONES, JR., CO-CHAIR
COUNCILWOMAN KENDRA BROOKS
COUNCILWOMAN JAMIE GAUTHIER
COUNCILWOMAN HELEN GYM
COUNCILMAN DEREK S. GREEN
COUNCILMAN KENYATTA JOHNSON
COUNCILMAN DAVID OH
COUNCILMAN ISAIAH THOMAS

RESOLUTION: 200611

1 - - -

2 COUNCILWOMAN BASS: Good
3 morning, everyone. This is the
4 Committees on Public Health and Human
5 Services and Public Safety. I
6 understand that state law currently
7 requires that the following announcement
8 be made at the beginning of every remote
9 public hearing as follows: Due to the
10 current public health emergency, City
11 Committees are currently meeting
12 remotely. We are using Microsoft Teams
13 to make these meetings possible.

14 Instructions for how the public
15 may view and offer public testimony at
16 public hearings of Council Committees
17 are included in the public hearing
18 notices that are published in the Daily
19 News, Inquirer and Legal Intelligencer
20 prior to the hearings and can also be
21 found on phlcouncil.com. I now note
22 that the hour has come.

23 Clerk, will you please call the
24 roll to take attendance. Members that
25 are in attendance will please indicate

1 that you are present when your name is
2 called. Also, please say a few brief
3 words when responding so that your image
4 will be displayed on screen when you
5 speak.

6 Madam Clerk.

7 THE CLERK: Chair Bass.

8 COUNCILWOMAN BASS: Present.

9 THE CLERK: Chair Jones.

10 COUNCILMAN JONES: Present.

11 THE CLERK: Vice-chair Henon.

12 Vice-chair Johnson.

13 COUNCILMAN JOHNSON: Present.

14 THE CLERK: Councilmember Oh.

15 COUNCILMAN OH: I am present.

16 Good morning, Chairperson. Good
17 morning, colleagues.

18 COUNCILWOMAN BASS: Good
19 morning.

20 THE CLERK: Councilmember Gym.

21 COUNCILWOMAN GYM: Good

22 morning, Chairs. Good morning,
23 colleagues. Thank you for this
24 important hearing.

25 COUNCILWOMAN BASS: Thank you.

1 THE CLERK: Councilmember

2 Green.

3 COUNCILMAN GREEN: Good

4 morning, members of Council. Thank you,

5 colleagues, for this important

6 conversation. Looking forward to

7 hearing the witnesses and the public

8 this morning on this issue.

9 THE CLERK: Councilmember

10 Thomas.

11 COUNCILMAN THOMAS: Good

12 morning. I'm present.

13 THE CLERK: Councilmember

14 Brooks.

15 COUNCILWOMAN BROOKS: Good

16 morning. I'm present.

17 THE CLERK: Councilmember

18 Gauthier.

19 COUNCILWOMAN GAUTHIER: Good

20 morning, Chairs. Good morning,

21 colleagues. Good morning to the public.

22 Present.

23 THE CLERK: I believe that's

24 the end of the roll, Madam Chair.

25 COUNCILWOMAN BASS: Thank you.

1 And this is the public hearing on the
2 Committees of Public Health and Human
3 Service and Public Safety regarding
4 Resolution No. 200611.

5 Madam Clerk, will you please
6 read the title of the resolution.

7 THE CLERK: Resolution
8 authorizing the Committee on Public
9 Health and Human Services and the
10 Committee on Public Safety to hold
11 hearings examining the intersection,
12 mental health, disability and police
13 encounters; and to develop strategies
14 and best practices for nonlethal
15 de-escalation, crisis intervention and
16 restraint of individuals experiencing
17 mental or emotional distress.

18 COUNCILWOMAN BASS: Thank you.
19 Before we begin to hear testimony from
20 the witnesses we have for today,
21 everyone who has been invited to the
22 meeting to testify should be aware that
23 this public hearing is being recorded.
24 Because the hearing is public,
25 participants and viewers have no

1 reasonable expectation of privacy. By
2 continuing to be in the meeting, you are
3 consenting to being recorded.

4 Additionally, prior to
5 recognizing Members for the questions or
6 comments that they have for witnesses, I
7 will note for the record at this time
8 that we will use the chat feature
9 available in Microsoft Teams to allow
10 Members to signify that they wish to be
11 recognized. In order to comply with the
12 Sunshine Act, the chat feature must only
13 be used for this purpose.

14 Before we call the first panel,
15 would my Co-Chair Councilmember Jones
16 like to make any opening comments?

17 COUNCILMAN JONES: Yes. Thank
18 you, Madam Chair, for introducing this
19 important resolution to examine how
20 mental health and police de-escalation
21 actually intersect one another. As
22 everyone knows now, we have passed
23 successfully a ballot question on
24 introduction of a permanent Police
25 Oversight Commission. And that is a

1 blankboard by which officer and civilian
2 interaction might be viewed in the
3 future. But it means absolutely nothing
4 if we do not have standards of operation
5 and procedures that are being examined
6 as we speak in this hearing.

7 If we do not have a standard of
8 de-escalation that is expected, if we do
9 not have mental professionals that are
10 trained to be able to go out into
11 situations and assess how levels of
12 restraint are employed by our trained
13 professionals, we have nothing to judge
14 police actions by. It is not just
15 enough to equip a Philadelphia police
16 officer with a utility belt that often
17 has a firearm, a nightstick, mace and
18 then sometimes tasers.

19 We also have to equip them with
20 the ability to understand when a person
21 is having a mental crisis and to be able
22 to make judgments on how they should
23 proceed. Before the tragic events in
24 West Philadelphia that took a life, many
25 of us did not know that you can register

1 your household, your phone number, as a
2 place where an occupant of that
3 household has issues that require a
4 certain degree of sensitivity and
5 discernment about their mental health
6 and condition. We didn't know that you
7 could register that -- and many
8 Philadelphia police officers did not
9 know that we could do that.

10 We found varying levels of
11 mental health professionals that are
12 already trained to intercede in these
13 regards but are not deployed often
14 enough. We didn't know that 911 also
15 has a registry in it that can identify a
16 household that needs that special
17 discernment for the condition of
18 residents in that house. So I'm
19 anxious, looking forward to the
20 discussion. I'm also encouraged by this
21 Council's willingness to change how
22 policing in our communities will happen
23 going forward.

24 So thank you for your
25 resolution, Madam Chair. Thank you for

1 the participants on this panel and the
2 people we're about to hear testify.

3 Thank you.

4 COUNCILWOMAN BASS: Thank you.

5 Thank you to my Co-Chair councilman
6 Jones for all of the work that you've
7 been doing over the years on this and so
8 many other very important issues. And I
9 want to really actually thank all of my
10 colleagues for partnering with myself
11 and Councilman Curtis Jones, Jr. on this
12 critically important hearing and that we
13 have this conversation which is really
14 overdue.

15 I'm going to be really brief
16 because I really want to get down to
17 what we can do about this problem, what
18 can we do immediately, what can we do
19 long-term and get to solutions. So I
20 just wanted to say just a couple of
21 things before that and, that is, that
22 Philadelphia has been having an absolute
23 crisis in mental health for a long time,
24 and people with mental health challenges
25 have long occupied our communities and

1 our shelters, and unfortunately, our
2 jails because of the lack of attention
3 or should I say just the way we have
4 traditionally done things in the City of
5 Philadelphia, and not just in
6 Philadelphia but elsewhere.

7 These challenges, they vary
8 greatly. There's a wide spectrum of
9 issues and triggers to be addressed.
10 Longstanding mental health issues and
11 recent mental illness and challenges
12 which may be caused by exposure to gun
13 violence and other violence and things
14 that are seen and should never be seen
15 by any individual must be addressed. We
16 have to reimagine public safety and what
17 that means when looking through a racial
18 equity lens and how all of these things
19 intersect.

20 And so without further comment,
21 I would like to ask the Clerk to call
22 the first panel so that we can dive
23 right in and get right to it in terms of
24 what we have done and what we can do
25 moving forward.

1 Councilman Green, I'm sorry.

2 Did you have a comment?

3 COUNCILMAN GREEN: Yes, I had
4 just a very brief comment. I just want
5 to thank both of --

6 COUNCILWOMAN BASS: Yes,
7 please.

8 COUNCILMAN GREEN: -- the
9 Chairs of the Committees for this
10 important conversation. This is
11 actually a very important today to
12 discuss this issue. This issue dealing
13 with mental health and law enforcement
14 is not only a Philadelphia issue, not
15 only a Pennsylvania issue, but a
16 national issue.

17 In fact, in a few moments I'm
18 going to actually have to step away from
19 this hearing where I'm actually
20 participating in a conversation with
21 Senator Casey. Senator Casey is going
22 to be introducing two police reform
23 bills based on issues that came out of
24 the tragic death of Walter Wallace, Jr.,
25 and other deaths that have happened in

1 the Commonwealth and around the nation.

2 These reform bills will look at
3 how to divert the resources and provide
4 more resources so that more calls don't
5 go to 911, but go to a 211 system for
6 the state and across the nation. I've
7 worked with Senator Casey over the years
8 in reference to autism, also through my
9 work with the Pennsylvania Municipal
10 League and Democratic Municipal
11 officials. Hope that we can continue to
12 broaden and continue to support for
13 these types of reforms, not only here in
14 the City of Philadelphia but around the
15 Commonwealth and around the nation.

16 I want to thank my colleagues
17 for stepping up and addressing this
18 issue to this vital conversation and
19 that we can be a leader throughout the
20 nation and throughout the Commonwealth
21 on how we have better reforms on how law
22 enforcement deals with those that have a
23 physical or learning difference.

24 Thank you, Madam Chair.

25 COUNCILWOMAN BASS: Well, thank

1 you, Councilman. And I look forward to
2 hearing about the work that you're going
3 to be doing around the issue of 211,
4 because I think for a long time the
5 answer for everything has been dial 911.
6 And clearly, that has led to many
7 situations that should never have
8 occurred in the first place. 911 has
9 become a catch-all for everything and
10 moving away from that is critically
11 important. So I thank, Councilmember
12 Green, for your work on that.

13 Would any of my other
14 colleagues like to have an opening
15 remark or two before we begin?

16 (No response.)

17 COUNCILWOMAN BASS: I don't see
18 anyone. Okay.

19 So, Madam Clerk, if we could
20 have you please call the first panel of
21 witnesses who are here to testify this
22 morning.

23 THE CLERK: Commissioner
24 Danielle Outlaw, the Philadelphia Police
25 Department, Commissioner Dr. Jill Bowen

1 of the Department of Behavioral Health
2 and Intellectual Disability Services,
3 Adrienne Ewing, Director of ADA
4 Compliance of the Mayor's Office for
5 People with Disabilities, Cecelia
6 Thompson, of the Mayor's Commission on
7 People with Disabilities as well as a
8 parent of a child with a disability and
9 Anthony Erace, the Executive Director of
10 the Police Advisory Commission.

11 COUNCILWOMAN BASS: Very good.
12 If we can start in that order with
13 Commissioner Outlaw. Is the
14 Commissioner on?

15 COMMISSIONER OUTLAW: Yes,
16 ma'am, I am. Good morning.

17 COUNCILWOMAN BASS: Good
18 morning.

19 COMMISSIONER OUTLAW: Good
20 morning, Chairperson Bass, Chairperson
21 Jones and members of the Committees on
22 Public Health and Human Services and
23 Public Safety. My name is Danielle
24 Outlaw. As you know, I'm the Police
25 Commissioner. I'm joined here today

1 with members from my executive team.

2 First, I want to thank
3 Chairpersons Bass and Jones for allowing
4 the Philadelphia Police Department the
5 opportunity to describe the efforts
6 taken and also under way to better
7 address individuals suffering with
8 mental health and developmental
9 disabilities and those in crisis.

10 The mission of the PPD is to be
11 the model of excellence in policing by
12 working in partnership with the
13 community and others to provide quality
14 services to all of our residents and our
15 visitors. While we've made some great
16 strides in these areas over the years,
17 we continuously evolve and we want to
18 improve those services.

19 To be clear however, we are
20 never satisfied with the status quo when
21 dealing with the most vulnerable in our
22 City and we must perpetually strive to
23 always do better. As some of you may
24 know in July of 2000, a homeless
25 individual with mental health issues was

1 shot and killed by Amtrak police
2 officers inside of the 30th Street
3 Station. And while this was not a
4 Philadelphia Police incident, it was
5 truly the spark for change within the
6 PPD.

7 Then Police Commissioner
8 Timoney formed a working group to
9 improve the PPD training to avoid
10 another such encounter. And at that
11 time, Crisis Intervention Training, CIT,
12 was relatively new and not as widely
13 accepted as it is today. The premise of
14 the CIT model uses officers to volunteer
15 for the program. However, then
16 Commissioner Timoney did not believe
17 that a sufficient number of officers
18 would volunteer for a 40-hour training
19 block of instruction.

20 So what he did was initially
21 reject the CIT model and began working
22 with the Department of Public Health as
23 it was known then, the Philadelphia
24 Mental Health Corporation, PHMC, and the
25 Family Training and Advocacy Center,

1 FTAC. In collaboration, a training
2 curriculum was developed to interact
3 with persons with mental health issues
4 and other developmental disabilities.

5 Started in 2001, the PPD
6 training mirrored much of what was part
7 of the CIT training that was gaining
8 momentum nationally with local police
9 agencies seeking to respond more safely
10 to those in crisis. This was the
11 beginning of what has turned out to be
12 the longstanding collaboration between
13 the PPD and the Department of Behavioral
14 and Intellectual Disability Services or
15 DBHIDS as we know it.

16 In 2001, at the very strong
17 behest of Sister Mary Scullion and the
18 local National Alliance on Mental
19 Illness, NAMI Chapter, Commissioner
20 Timoney agreed to explore developing a
21 pilot for a CIT model here in
22 Philadelphia. With the hard work and
23 dedication of the Philadelphia Police
24 Department and the Department of
25 Behavioral Health, the CIT model was

1 developed and then implemented in the
2 City of Philadelphia in 2007. For a
3 period of time, the previous training
4 developed was also being issued while
5 CIT was being implemented until PPD had
6 achieved full adoption of the true CIT
7 model.

8 Commissioner Timoney's
9 apprehension that not enough officers
10 would volunteer for the training never
11 came into fruition and PPD has far
12 exceeded the 25 percent threshold called
13 for in the original Memphis CIT model.
14 The PPD never had a shortage of
15 volunteers. Also, as you may be aware,
16 all CIT-trained officers are authorized
17 to carry a taser. This less-than-lethal
18 equipment is in addition to other less-
19 than-lethal equipment that all officers
20 are required to carry, such as the ASP
21 or baton or pepper spray.

22 I've taken the time to explain
23 the history of CIT in Philadelphia so
24 this body can get a full appreciation of
25 the level and commitment of the

1 collaborative work between the PPD and
2 DBHIDS over the past 20 years. The
3 solid foundation and trust that has been
4 created between all organizations will
5 ensure that those with behavioral health
6 issues, developmental disabilities or in
7 crises receive the best services
8 available not only today, but long after
9 we've all left City government.

10 We will not settle for the
11 status quo. But as partners, we will
12 continuously seek out new and innovative
13 training or models that can only improve
14 and expand our responses to those in
15 crisis. Sadly, all the training in the
16 world will not avoid tragedies. But we
17 must always seek ways to further reduce
18 or mitigate the chances of tragedy
19 occurring.

20 With that said, please allow me
21 to address some of the new programs and
22 initiatives that have been implemented
23 or are in the process of being
24 implemented here in the PPD in
25 collaboration with the DBHIDS. First,

1 advanced knowledge is the key to
2 awareness and ultimate de-escalation.
3 Toward this goal, we implemented many
4 years ago production of a Premise
5 History report for family members. This
6 is what the Councilman referenced
7 earlier.

8 Our CIT officers are
9 instructed, when appropriate, to give
10 family members guidance on how to file
11 such a report with our Police Radio
12 Unit. This form is voluntarily
13 completed by family members and
14 submitted to our Police Radio Unit.
15 Police Radio then inserts the
16 information into our computer-aided
17 dispatcher, our CAD system, so if any
18 911 call should come from the residents,
19 the officers will be prepared and
20 provided with the additional
21 information.

22 We are currently in the process
23 of making this form more readily
24 available to families and translated
25 into Spanish. The form will also be

1 translated into additional languages
2 such as Chinese, Korean, Russian,
3 Vietnamese in the first quarter of 2021.

4 Next, consistent with the
5 importance of getting more information
6 to responding officers, I've directed
7 the implementation for the PPD to
8 develop a universal screening process
9 for 911 call-takers, similar to that
10 being used in other jurisdictions in
11 Oregon and other western states. The
12 PPD and DBHIDS took this task and
13 developed a script for our 911
14 call-takers. The script was piloted on
15 November 3rd of this year 2020.

16 For those that may not
17 understand the importance of a script
18 for call-takers, please remember that
19 the role of a call-taker is to acquire
20 as much information about a call and
21 relay this information to the responding
22 officers. As previously mentioned,
23 advanced knowledge is the key to quicker
24 awareness and de-escalation. This
25 script is mandatory for all calls and

1 has already proven very successful in
2 identifying and better serving the
3 public by our CIT officers.

4 For our dispatchers, it is
5 important to understand the role that
6 they have in the de-escalation process
7 between callers and responding officers
8 as well. Understanding how to engage
9 and access callers in crisis is critical
10 to begin de-escalation, so I believe it
11 is imperative that dispatchers receive
12 the same de-escalation training as
13 officers. This clearly helps when
14 dealing with callers in crisis, but it
15 also addresses the lesser known fact
16 that dispatchers can unknowingly
17 escalate encounters in the way they
18 dispatch assignments to officers.

19 The relationship between
20 officers and the dispatchers is unique
21 and nuanced. Often if a dispatcher is
22 excited or appears panicked, these
23 emotions will flow through to the
24 responding officers. Understanding this
25 fact, I wanted to make certain that our

1 dispatchers understood their impact in
2 protecting the public as well as our
3 officers.

4 In August of this year, I
5 requested that a modified CIT curriculum
6 be created specifically for our
7 dispatchers. The PPD's CIT coordinator
8 and DBHIDS collaborated to adapt the
9 training. The CIT coordinator works
10 with officers in a field to coordinate
11 services for people in crisis but is
12 also responsible for our CIT training,
13 and modifying our training over time is
14 necessary.

15 The CIT coordinator has
16 conducted research from around the
17 country and took the core elements of
18 this current CIT curriculum for officers
19 to create a modified CIT training for
20 dispatchers, and we began this very
21 unique training in early November of
22 this year.

23 Previously with the assistance
24 of MacArthur Safety and Justice
25 Challenge funds, the PPD and DBHIDS

1 created a new program to deflect those
2 suffering from substance abuse disorders
3 away from the criminal justice system
4 and toward the assistance of service
5 providers that can help set these
6 individuals on the right path. This is
7 known as the Police-Assisted Diversion
8 program or PAD.

9 This harm reduction model
10 allows certain level, low-level criminal
11 offenders with substance use disorder to
12 voluntarily choose services over an
13 arrest. As a part of this program,
14 officers can also offer services to
15 those in need before they commit any
16 crimes. This program was originally
17 implemented in the 22nd and 39th Police
18 Districts in 2017.

19 Shortly thereafter in light of
20 the opioid epidemic, this model was
21 introduced into a portion of the 24th
22 District and the city-wide Vice Unit and
23 will be expanded to the entire East
24 Division in the coming year. As a part
25 of this collaborative effort with the

1 PAD program in East, the PPD and DBHIDS
2 embarked upon the initiative of
3 co-responder team model of police
4 officers from the East Service Detail
5 working with a substance abuse
6 specialist.

7 The goal was twofold. We
8 clearly wanted to provide service for
9 these individuals but also provide
10 relief for the residents forced to live
11 with homeless encampments and open-air
12 drug use. These teams would deploy to
13 targeted areas and the officer and
14 substance abuse counselor could work and
15 would work as a team to convince
16 individuals to get service and actually
17 help coordinate the services.

18 The co-responding model in the
19 East Division were part of coordinated
20 efforts from City government to address
21 the opioid epidemic, but the PPD and the
22 DBHIDS have been working well for over a
23 year in developing and implementing a
24 mental health co-responding model
25 program and police radio triage desk.

1 The goal is to better identify and
2 direct crisis-related calls to the best
3 resources available.

4 We currently have over 3100
5 trained CIT officers in the field, the
6 DBHIDS mobile emergency teams and the
7 crisis hotline. Adding to this list of
8 resources will be co-responding mental
9 health teams. These teams will be
10 comprised of seasoned CIT officers and
11 mental health clinicians that will also
12 be available to respond together to
13 address 911 calls or relieve other
14 officers from crisis-related incidents.

15 The ability to identify
16 crisis-related calls coming into 911 is
17 critical so that the CIT officers and
18 resources can be properly directed to
19 those in crisis prior to their response.
20 PPD and DBHIDS have begun to build this
21 program by embedding a mental health
22 clinician in our Police Radio. This
23 started back on September 28th of this
24 year.

25 The role of the embedded

1 clinician is to assist dispatchers with
2 active calls, but primarily to help
3 development that's on how to actually
4 identify crisis calls and to determine
5 which of the resources available would
6 best serve the individual in crisis. We
7 expect to add additional clinicians and
8 will be embedded on each tour to
9 actively assist our call-takers as
10 they're interacting with the public.

11 I hope this testimony
12 acknowledges the fact that PPD and
13 DBHIDS have had an incredible and strong
14 relationship with respect to serving
15 people in crisis for 20 years and it's
16 been this relationship that has allowed
17 new ideas and emerging models to be
18 introduced to Philadelphia. It's
19 important to note that our mitigation
20 efforts are constantly edited for our
21 internal need but also expanded to
22 better serve the needs of the community.
23 Methods to identify and address those in
24 crisis prior to an incident is always
25 our top goal.

1 This concludes my testimony and
2 myself or the rest of the executive team
3 would be happy to answer any questions
4 that you have. Thank you again.

5 COUNCILWOMAN BASS: Thank you
6 very much for your testimony. And we're
7 going to hold questions until the end of
8 the panel.

9 So if we could have Madam
10 Clerk, if you could call the next
11 witness to testify on this panel.

12 THE CLERK: Commissioner
13 Dr. Jill Bowen.

14 COMMISSIONER BOWEN: Thank you.
15 Good morning, Chairperson Cindy Bass and
16 Chairperson Curtis Jones and members of
17 the Committee on Public Health and Human
18 Services and the Committee on Public
19 Safety. I am Dr. Jill Bowen, Acting
20 Commissioner of the Department of
21 Behavioral Health and Intellectual
22 Disability Services, DBHIDS. With me
23 today is Dr. Jean Wright, Director of
24 our Behavioral Health and Justice
25 Division.

1 Thank you for the opportunity
2 to give testimony in response to
3 Resolution No. 200611, which examines
4 the intersection of mental health
5 disability and police encounters. To
6 meet our stated mission of educating,
7 strengthening and serving individuals
8 and communities so all Philadelphians
9 can thrive, DBHIDS partners with
10 multiple public and private entities
11 such as schools, City agencies, child
12 welfare, housing, employment and justice
13 partners. Built on a strategic plan
14 prioritizing for a changing environment
15 or pace, DBHIDS focuses on priority
16 areas overlaid with a vision of
17 addressing Trauma, achieving Equity and
18 engaging Community or TEC.

19 We operationalize much of this
20 work through a network of more than 200
21 community-based providers that offers
22 prevention, intervention and 24/7
23 crisis services. I want to begin by
24 stating that we firmly believe that
25 mental illness, intellectual

1 disabilities and substance use disorder
2 are not crimes.

3 Individuals affected by these
4 challenges have a right to treatment,
5 supportive services, recovery and
6 wellness. Because of this firm belief,
7 DBHIDS's efforts to reduce stigma and
8 increase behavioral health awareness
9 within the public safety and criminal
10 justice systems reach back for many
11 years. Today, I will speak about
12 programs that have been previously
13 established and programs that are
14 planned for acceleration and/or
15 expansion, leadership collaborations and
16 infrastructure.

17 For many years, DBHIDS has
18 participated in bi-weekly collaborative
19 leadership meetings as part of the
20 Criminal Justice Advisory Board, the
21 CJAB. In 2013, we launched our
22 Behavioral Health and Justice Related
23 Services, BHJRS Unit, to directly
24 address the behavioral health and
25 justice-related issues that impact

1 individuals served by DBHIDS.

2 To reflect the City and
3 DBHIDS's priorities, BHJRS has evolved
4 into the Behavior Health and Justice
5 Division, the BHJD of DBHIDS. The
6 Behavioral Health and Justice Division
7 is led by Dr. Jean Wright and aims to
8 improve communication and collaboration
9 with justice partners, including the
10 Philadelphia Prison System, the First
11 Judicial District, the Philadelphia
12 Police Department, the District
13 Attorney's Office and the Defenders
14 Association to reduce justice
15 involvement among individuals with
16 behavioral health needs and improved
17 treatment outcomes.

18 CIT training for police
19 officers: DBHIDS understands the
20 significance of mental health awareness
21 and stigma reduction for members of law
22 enforcement. Since 2007, DBHIDS has
23 provided Crisis Intervention Training to
24 the Philadelphia Police Department. As
25 of October 2020, more than 3100

1 officers, nearly 50 percent of the
2 force, received this life-saving
3 training that emphasizes violence
4 prevention, de-escalation and community
5 collaboration. DBHIDS also works
6 collaboratively to provide training to
7 other local police forces, including
8 SEPTA, PHA and local University police.

9 Intervention models: In
10 Philadelphia several interventions that
11 include collaborations between police
12 and behavioral health services are
13 established in the pilot phase and/or
14 proposed for expansion. As we explore
15 the diverse range of programs that
16 enhance behavioral health and police
17 intersection, it is essential to be
18 aware of the complex and wide-ranging
19 circumstances under which an individual
20 may require behavioral health emergency
21 services and linkages to supportive
22 services.

23 To best help people with making
24 connections to appropriate services, we
25 see tremendous value in Police-Assisted

1 Diversion, or PAD programs, to divert
2 individuals away from incarceration and
3 make connections to supportive services,
4 co-responder teams that dispatch police
5 and mental health professionals into the
6 community to respond to emergencies
7 together as one team and mobile crisis
8 teams that are activated by the
9 Philadelphia Crisis Line or 911
10 dispatchers or call directly by families
11 and loved ones to conduct assessments in
12 community settings, provide support and
13 linkages and as-needed connect
14 individuals to crisis response centers
15 and urgent care facilities for
16 comprehensive evaluations.

17 Now that I have spoken about
18 several types of teams along the police
19 and behavior health integrated service
20 continuum, I will share more about the
21 collaborative efforts of DBHIDS, PPD,
22 the Managing Director's Office, our
23 justice partners and our network of
24 behavioral health providers.

25 Police-Assisted Diversion:

1 Recognizing the need to take a
2 health-centered approach to law
3 enforcement, DBHIDS along with the
4 Managing Director's Criminal Justice
5 Office collaborated with PPD in 2017 to
6 launch several Police-Assisted Diversion
7 programs. These programs divert
8 individuals away from incarceration into
9 a supportive, peer-based social services
10 that are customized to meet the
11 participant's needs.

12 In April 2019, DBHIDS worked
13 within the Police-Assisted Diversion
14 program to launch a co-responder
15 outreach pilot program that embeds
16 behavioral health professionals with
17 police officers to respond in tandem and
18 proactively connect individuals with
19 complex unmet health needs to harm
20 reduction services. The City has
21 already seen promising results from this
22 existing model. It pairs behavioral
23 health outreach workers with the East
24 Service Detail to develop
25 health-centered resolutions to

1 quality-of-life-related issues
2 throughout the East Police Division.

3 This year as of September 2020,
4 the outreach co-respondent pilot has
5 engaged with approximately 450
6 individuals, making over 150 realtime
7 connections to services without making
8 any arrests. This program is planned
9 for expansion to include a second shift
10 to increase coverage.

11 Support for 911 radio room:
12 DBHIDS also partnered with the Police
13 Department to launch another pilot
14 program, embedding a behavioral health
15 navigator in the police 911 radio room.
16 Since September 28, 2020, a DBHIDS
17 behavioral health navigator has been
18 stationed with staffing the police 911
19 radio room. The role of behavioral
20 health navigator is to learn about the
21 types of calls received, gather
22 information to refine the model for
23 behavioral health collaboration,
24 determine the amount and type of support
25 needed, assist in the development of a

1 curriculum for the training of
2 call-takers and help in the development
3 of a script to support the
4 identification of crisis calls. The
5 pilot's first phase was to build a
6 system that better identifies calls that
7 may be behavioral health-related and
8 therefore triaged differently.

9 In early 2021, we anticipate
10 taking first steps toward co-locating a
11 clinician at the 911 radio room to
12 further support call-takers and
13 dispatchers with specific behavioral
14 health-related calls, moving from an
15 observation and planning function to an
16 implementation function. The clinical
17 support will initially be offered as a
18 single shift with the proposed goal of
19 embedding additional 24/7 support.

20 As of November 3, 2020, 911
21 call-takers now have a methodology to
22 better identify when calls are related
23 to behavioral crises. These additional
24 questions are provided to dispatchers
25 and officers responding in realtime.

1 With these new screening practices,
2 dispatchers have the ability to gather
3 more incident-specific information.
4 They improve the way officers and other
5 first responders are dispatched within
6 the City.

7 As of the week of November 9,
8 2020, modified Crisis Intervention
9 Training has been provided to 911
10 callers and dispatchers to identify
11 crisis-related calls so that calls are
12 more efficiently directed to CIT-trained
13 officers in the field. The planning for
14 this training has been under way since
15 late August 2020 and we anticipate by
16 the end of the calendar year, 42
17 dispatchers will have been trained.

18 The Philadelphia crisis line
19 and mobile crisis teams: There is an
20 established protocol between the Police
21 Department's 911 radio room and the 24/7
22 Philadelphia Crisis Line, the PCL at
23 DBHIDS. When callers indicate concerns
24 about suicidal ideation and our other
25 mental health challenges, 911 dispatches

1 an officer to the caller's location.
2 They immediately connect callers to the
3 Philadelphia Crisis Line to support
4 de-escalation and when necessary,
5 dispatch a mobile crisis team.

6 The existing mobile crisis
7 teams are operationalized by two
8 providers, the Consortium and the John
9 F. Kennedy Behavioral Health Center.
10 These teams empower further connections
11 with and between community and the
12 Police Department. We have taken steps
13 to reinforce the connection between
14 mobile crisis teams, PPD and the
15 Philadelphia Crisis Line and are
16 committed to the success of these teams.
17 We are evolving these relationships and
18 are actively developing proposals to
19 work toward expansion and additional
20 teams for increased capacity and
21 sustainability. One such example is the
22 pending example from MacArthur Grant
23 funding to create an alternative
24 response team, which would enhance our
25 existing mobile team capacity.

1 Co-responder teams: Cities and
2 counties across the country are
3 increasingly adopting the promising
4 co-responder model to improve how they
5 engage with people experiencing
6 behavioral health crises. Early in
7 2021, the City will pilot four
8 co-responder teams composed of mental
9 health professionals and CIT-trained
10 officers that will jointly respond to
11 calls identified by police radio on a
12 single shift. MDO Criminal Justice and
13 DBHIDS have also developed a proposal to
14 add more teams of officers and mental
15 health professionals to build towards
16 24/7 co-responsive coverage across the
17 City based on information gathered in
18 the pilot stage.

19 In closing, DBHIDS is deeply
20 committed to improving health outcomes
21 for the people of Philadelphia. We can
22 achieve this with continuous integration
23 in systems that allow us to identify and
24 address social determinants of health,
25 including working with the Philadelphia

1 Police Department and our other justice
2 partners. We will continue to work
3 closely with our City partners,
4 community organizations and other
5 stakeholder groups to enhance awareness
6 of available resources and to explore
7 options to develop new resources that
8 best serve the people of Philadelphia.

9 We are confident that deepening
10 our partnerships and collaborations with
11 the Philadelphia Police Department will
12 help people access vital supports and
13 services when they may be at their most
14 vulnerable and most in need. We can and
15 will improve our City together.

16 Philadelphia is best known for its
17 remarkable resilience, tenacity and
18 strength. DBHIDS will continue to
19 support community healing every step of
20 the way.

21 To all those in need of support
22 with mental health concerns, substance
23 use concerns and/or intellectual
24 disabilities, please remember that you
25 are not alone. We are here to help you.

1 We are thankful to the members of City
2 Council for their advocacy for
3 individuals with behavioral health
4 concerns and intellectual disabilities.

5 We are fortunate to have your support
6 advocating for resources and deeper
7 collaboration. We welcome the
8 opportunity to provide additional
9 information, and we are happy to answer
10 any questions at this time. Thank you.

11 COUNCILWOMAN BASS: Well, thank
12 you, Dr. Bowen, for your very
13 comprehensive testimony. We're going to
14 hold questions until the end of the
15 panel.

16 If we can have the Clerk call
17 forward the next speaker on this panel.

18 (No response.)

19 COUNCILWOMAN BASS: Okay. One
20 moment. I know that our Clerk is
21 multi-tasking so I will call the next
22 witness. One moment.

23 THE CLERK: Hi, Councilwoman.
24 I'm back on. Sorry.

25 COUNCILWOMAN BASS: Thank you.

1 I was just going to call the next
2 witness to testify, which is Adrienne
3 Ewing, Director of ADA Compliance with
4 the Mayor's Office for People with
5 Disabilities. Adrienne.

6 MS. EWING: Yes. Good morning.

7 COUNCILWOMAN BASS: Good
8 morning.

9 MS. EWING: Thank you. Good
10 morning, Chair Jones. Good morning,
11 Chair Bass and Committee members. Thank
12 you for the opportunity to speak today
13 with regards to Resolution No. 200611.
14 My name is Adrienne Ewing and I am the
15 Director of ADA Compliance in the
16 Mayor's Office for People with
17 Disabilities. I oversee ADA Compliance
18 for the City of Philadelphia, serving
19 approximately 16.8 percent of
20 Philadelphians with a disability.

21 This Office supports City
22 Council's public hearing today to
23 authorize the Committee on Public Health
24 and Human Services as well as the
25 Committee on Public Safety to examine

1 the intersection of mental health,
2 disability and police encounters. There
3 was a disproportionate number of reports
4 for individuals with disabilities that
5 have experienced police violence, and
6 this has been magnified recently with
7 the fatal shooting of Walter Wallace,
8 Jr., by the Philadelphia Police
9 Department.

10 The Mayor's Office for People
11 with Disabilities expresses its deepest
12 sympathies to the family and all who
13 knew Mr. Wallace. Our Office fully
14 supports this resolution and recognizes
15 the importance of addressing the
16 disproportionate number of people of
17 color with mental illness and
18 intellectual disabilities in the City's
19 criminal justice system.

20 The United States witnessed
21 protests this past summer after the
22 tragic deaths of George Floyd and
23 Breonna Taylor. The reaction of cities
24 across this nation is a call for change
25 in policy and policing. Today I will

1 discuss the impact of someone acting
2 erratically or displaying signs of
3 mental illness when confronted by a
4 police officer.

5 Mental illness affects as many
6 as a quarter of young Americans.

7 Tragically, if a person with a mental
8 illness is encountered by the police,
9 the results can be fatal. The
10 Washington Post reported an analysis of
11 police shootings in 2015 and '16 that
12 suggested a quarter of those killed
13 displayed signs of mental illness.

14 Unfortunately, in too many similar
15 cases, someone in need of medical or
16 psychological care might end up in a
17 jail cell rather than receiving the
18 treatment needed, also when there is a
19 disproportionate number of people of
20 color in these types of circumstances.

21 When an individual is
22 experiencing a crisis, it may feel very
23 overwhelming if an officer arrives
24 wearing a uniform, a gun and a badge.
25 Data has shown that this type of

1 response may not be the best solution
2 during a mental health crisis.
3 Currently, police officers may be
4 dispatched in the majority of cities in
5 the United States today when a 911 call
6 is placed in all situations, including
7 individuals displaying signs of mental
8 illness.

9 In most cities when a person
10 dials 911, it's a one-size-fits-all
11 solution to a broad spectrum of problems
12 from homelessness to mental illness or
13 addiction. The data proves that an
14 alternative solution is necessary and
15 long overdue. So how can we begin the
16 process to re-examine policing,
17 particularly with people of color and
18 the disabled community? There are
19 several cities exploring alternative
20 models for policing in the wake of the
21 Black Lives Matter protests and calls to
22 defund the police.

23 In Eugene, Oregon, for example,
24 there's a program that dispatches mental
25 health workers rather than police to

1 respond to non-criminal emergency 911
2 calls. The program is called Crisis
3 Assistance Helping Out On The Streets or
4 better known as CAHOOTS, and it is a
5 collaboration between local police and a
6 nonprofit community service called the
7 White Bird Clinic. CAHOOTS is a
8 partnership with the police. It is not
9 a replacement for the police all
10 together. This is a mental health
11 crisis intervention program that has
12 been in existence since 1989.

13 The program sends teams of
14 unarmed civilians to deal with 911 calls
15 and has reduced confrontations involving
16 police officers. It allows police to
17 concentrate on law enforcement. Each
18 team consists of a mental health crisis
19 worker and an EMT or paramedic. They
20 are trained in dealing with mental
21 health issues, homelessness,
22 intoxication, substance abuse,
23 disorientation and dispute resolution.

24 In 2018, CAHOOTS responded to
25 20 percent of calls in Eugene and

1 Springfield, Oregon. In 2019, the
2 program responded to a total of 24,000
3 calls and only required backup from
4 police 150 times. The program costs
5 \$800,000 as compared to 58 million for
6 the police. This program has proven
7 that when it is used, it is likely to
8 lead to a better outcome.

9 Interest in the success of
10 models such as CAHOOTS has surged in the
11 wake of the death of George Floyd and
12 subsequent protests. New York City
13 plans to test out a similar program
14 starting in February. Los Angeles,
15 San Francisco and Denver are also
16 testing out new law enforcement
17 alternatives.

18 The City of Philadelphia also
19 has a similar pilot program which is
20 planning to roll out in 2021. The
21 example that I have provided about these
22 models is a suggestion and a call to
23 action to research other programs and
24 best practices. The Mayor's Office for
25 People with Disabilities

1 enthusiastically supports hearings on
2 the intersection of mental health,
3 disability and police encounters. It is
4 necessary to develop strategies and best
5 practices for crisis intervention and
6 nonlethal de-escalation.

7 The hope here is to create a
8 symbiotic relationship by widening the
9 table of stakeholders and determining
10 new strategies to have a better success
11 in crisis situations where police
12 response may not be the best option.

13 Thank you to all of the Councilmembers
14 today for this opportunity. And I am
15 happy to answer any questions the
16 Committee may have. Thank you.

17 COUNCILWOMAN BASS: Thank you,
18 Adrienne, for your commentary and
19 testimony today. Very much appreciated.

20 I was just alerted that our
21 Police Commissioner, Commissioner
22 Outlaw, is going to have to leave our
23 meeting shortly, so we're going to cut
24 from additional testimony at this time
25 to any questions that members of the

1 Committee have specifically for
2 Commissioner Outlaw.

3 So, Councilman Curtis Jones, I
4 see that your hand is raised first. So
5 Councilman Curtis Jones, Jr.

6 COUNCILMAN JONES: Thank you so
7 much, Madam Chair.

8 And, Commissioner, thank you so
9 much for what I observed about you in a
10 short amount of time, that you don't
11 wait for the hearing to start to develop
12 solutions to the problems, that you tend
13 to jump into action and do what you can,
14 do what you can fiscally, do what you
15 can within the resources that you have
16 to try to address some of the concerns
17 and problems, for which that does not go
18 unnoticed and we are appreciative.

19 Secondly, I must admit that I
20 had a preconceived notion about 911
21 calls based on the popular show, TV show
22 911, where all of the operators were
23 cross-trained in psychotherapy, crisis
24 intervention, the ability to de-escalate
25 all in a 50-minute episode. And the

1 reality is if you start unpacking, that
2 it is not true. All of the solutions
3 seem to be in different silos, that a
4 piece of it might be in the law
5 enforcement and a piece of it may be in
6 the mental health intervention end and a
7 piece may be totally missing because we
8 don't have mental health facilities in
9 the City of Philadelphia to respond to a
10 lot of the things that you guys are
11 forced to deal with.

12 So having said all of that,
13 what -- and you and the other panelists
14 have given us a lot of information to
15 unpack and I was trying to write as
16 quick as I could, so I may be a little
17 redundant in my question. How many
18 police officers have been trained in
19 de-escalation tactics and to what degree
20 are they trained?

21 COMMISSIONER OUTLAW: So thank
22 you for your question and thank you for
23 your acknowledgment, Councilman Jones.
24 Before I turn it over to Staff Inspector
25 Fran Healy, who's been working very

1 closely on these efforts long before my
2 arrival here, I will say again about
3 3100 of our rank-and-file have been
4 trained in crisis-intervention training.

5 With that said, de-escalation
6 is also taught in the academy and in our
7 inservice training. And it's
8 reinforced, which is important, it's
9 reinforced in our reality-based
10 training, especially when it comes to
11 adult-learning principles and then also
12 a lot of the work that we do is muscle
13 memory and we need to be placed in
14 environments that induces the same type
15 of stressors that we see out there in
16 the street in our line of work, so
17 that's why the reality-based training is
18 important as well, so it's ongoing.

19 Staff Inspector Healy, do you
20 want to elaborate more on that?

21 INSPECTOR HEALY: Absolutely,
22 Commissioner. The important thing the
23 Commissioner just mentioned is that all
24 officers receive a base level of
25 instructions on interacting with people

1 in crisis and people with disabilities
2 that's set forth by the MPO Commission,
3 which is the state authorizing agency.

4 However, several years ago, I
5 believe in 2018 we were also
6 instrumental in having the mental health
7 first-aid training that was introduced
8 by the Department of Behavioral Health,
9 introduced at the state level. That
10 training is now incorporated in all our
11 recruit training as well. So there is a
12 baseline that every officer has when
13 they come out of the police academy on
14 dealing with people in crisis and other
15 mental health and/or crisis-related
16 issues.

17 The important thing with the
18 CIT is we take that to the next level,
19 so it's not like only the CIT officers
20 have de-escalation skills. They have
21 advanced skills, and that's really where
22 we get the opportunity to focus one-on-
23 one with role plays which really
24 actually hammer home the methodology
25 that we use.

1 We use a specific model that's
2 been adopted over the years because it's
3 simple. It actually works. It's very
4 effective. It's called the EAR model,
5 where the officers engage, access and
6 resolve. And that model really is --
7 actually part of the role play is
8 practicing the engagement part. Once
9 you can engage an individual, the
10 likelihood of violence goes through the
11 floor and that's really what our
12 officers practice with the role plays
13 and the CIT training.

14 COUNCILMAN JONES: To give
15 context, how many hours is a police
16 officer trained in the City of
17 Philadelphia?

18 INSPECTOR HEALY: That's a
19 rather broad statement. From start to
20 finish, I can get you the hours that are
21 trained in the academy. And then
22 there's mandatory hours much like
23 doctors and lawyers, police officers
24 have continuing education every year
25 required by state law. But we also have

1 additional training that we require
2 inhouse as well.

3 COUNCILMAN JONES: So how many
4 hours -- you gave a two-prong approach
5 to de-escalation and mental health
6 training. How many hours does that
7 represent?

8 INSPECTOR HEALY: Well, there's
9 close to nine months of training in the
10 academy --

11 COUNCILMAN JONES: I want --

12 INSPECTOR HEALY: Oh, for the
13 CIT training, it's 40 hours. It's a
14 40-hour block of instruction for
15 crisis-intervention training.

16 COUNCILMAN JONES: Okay. All
17 right. Is the goal to have 100 percent
18 of the officers trained in this regard?

19 INSPECTOR HEALY: Well, that's
20 an interesting concept because the
21 Memphis model CIT is what we've adopted.
22 The Memphis model strives for 25 percent
23 of your first responders being trained
24 in CIT. They premised it upon the
25 volunteer nature of it. And it

1 doesn't -- the officers that volunteer
2 for it actually embrace the concepts and
3 the empathy and everything is needed in
4 the programs in an amazing way. But we
5 have never stopped at the 25 percent
6 mark. We have had a lot of officers.
7 Surprisingly, we have never had a
8 shortage of officers volunteer for the
9 program. If ever we do, we would
10 obviously make it mandatory. But we're
11 still providing the training to the
12 officers that want the training, so it's
13 a very good training.

14 COUNCILMAN JONES: So you've
15 been given too many opportunities to
16 testify. You know how to do a
17 non-answer as good as we do now --

18 COMMISSIONER OUTLAW: The
19 answer is yes. The answer --

20 COUNCILMAN JONES: The answer
21 is yes. Thank you.

22 COMMISSIONER OUTLAW: -- is
23 yes. The goal is to have everyone
24 trained.

25 COUNCILMAN JONES: You've been

1 around a while and we appreciate you.

2 I know you do not probably have
3 this right today, but it would be
4 helpful as we move into the regular
5 budget season to put together a PERT
6 chart of what actually happens from the
7 moment of a call to the point of
8 intervention and the need for
9 de-escalating, bringing down the
10 temperature. And so, that kind of
11 chart, meaning that there might be
12 different options. So if somebody
13 obviously registers their family member
14 having been 302'd or some type of
15 ongoing issue, what then happens in that
16 regard, if we then determine at the
17 point of a call a mental health
18 professional says that Councilman Jones
19 is acting out and we need to send
20 someone maybe to his -- what are the
21 different options?

22 And I know it's not perfect. I
23 know before you even start to sketch it
24 out, it is almost case-by-case reaction
25 to the situation. But in a perfect

1 world, how would it go? And if it's a
2 snapshot today, how would you like it to
3 evolve to tomorrow? And if it has
4 budget impacts, say that as well.

5 INSPECTOR HEALY: Yes.
6 Ironically, what you say is what we are
7 exactly doing now. We're trying to map
8 that out, making sure we can direct the
9 calls, like what type of calls should go
10 to what resource and serve the person
11 the best. We have multiple sources. We
12 have the CIT officers in the field. We
13 have the co-responders. We have the
14 DBHIDS mobile emergency teams. We have
15 the crisis hotline. All those are
16 resources that we need to direct the
17 right people to. That's exactly what
18 we're trying to do now.

19 So I'm happy to put that --
20 we're in the process of doing that right
21 now. But also in a perfect world we are
22 trying to create the triage test where
23 these calls come in and then an
24 individual can actually dispatch to
25 these individuals in realtime to make

1 sure that the actual correct resources
2 are the best resources for the
3 situation. And that's what we're
4 mapping out now.

5 I'm happy to put together or
6 show what we've put together so far and
7 then what I'm really looking for. My
8 platinum standard is actually what I'm
9 striving for, but I'm happy to share
10 that.

11 COUNCILMAN JONES: So one of
12 the things that I realize realistically
13 that the best lay plans that you develop
14 will go awry, but the percentages often
15 change to our favor when we plan for
16 them and that's all we ask.

17 Thank you, Madam Chair.

18 COUNCILWOMAN BASS: Thank you
19 very much to my Co-Chair.

20 I have a couple of questions
21 and then we're going to open it up to
22 the rest of the Committee. And we have
23 in the following order Councilman David
24 Oh, Councilwoman Jamie Gauthier and
25 Councilwoman Helen Gym in that order.

1 So I'll be brief. And for the
2 Philadelphia Police Department, my
3 question was, well, one of my questions:
4 Can you talk a little bit about the
5 procedures that CIT-trained officers
6 utilize when responding to a call as
7 opposed to officers that are not trained
8 in CIT?

9 And I know that Mr. Healy said
10 that they had advanced skills. But if
11 you could break that down a little bit
12 more to give us some sort of sense of
13 what it looks like when you have a
14 CIT-trained officer on the scene versus
15 someone who's not CIT-trained.

16 COMMISSIONER OUTLAW: Yes.
17 Thank you for that question.
18 Staff Inspector Healy, do you want to
19 talk about that?

20 INSPECTOR HEALY: Sure. Like I
21 said, the average police officer can
22 handle these assignments. They have the
23 basic training to do so. The CIT when
24 they respond on scene actually gets more
25 involved in the de-escalation process,

1 engaging them, more astute ways to
2 engage individuals that may be
3 nonverbal. They're incredibly useful in
4 that regard whereas if an individual,
5 obviously they're speaking, it's much
6 easier to try to de-escalate if you have
7 a conversation. But the CIT officers
8 are very skilled in actually
9 de-escalating or actually engaging
10 individuals that aren't verbal.

11 A lot of people either are
12 preoccupied with either voices or are
13 just not hearing for whatever reasons,
14 but these officers, they slow things
15 down. That's an incredibly good thing.
16 They just slow everything down. And
17 that's really the key to de-escalation.
18 A lot of these incidents can be
19 resolved. And like I said, these
20 officers just get the opportunity to
21 practice those skills in training and
22 that's part of really what they do with
23 the role play.

24 And just so you know, the role
25 plays that we choose are role plays that

1 are ones that necessarily didn't turn
2 out well. So we use the difficult ones
3 and actually the people that they are
4 doing the role plays for us are not
5 police officers. These are people that
6 have been in actual crises in the past
7 and actually make it difficult for an
8 officer. They don't make it easy.

9 The whole process and the
10 success is if you get through, I call it
11 the egg shell, once you get through the
12 crack in the egg shell and you engage an
13 individual, you actually can physically
14 and actually see the connection and you
15 can see the level of tension drop. So
16 that's where the CIT officers are using
17 those additional skills and they really
18 do -- I would venture to say they
19 understand the value of time probably
20 more than anyone else. That's really
21 the benefit that they bring to the
22 scenario.

23 But also on the back end, the
24 important aspect of this, if we go to a
25 house several times and de-escalate,

1 de-escalate, de-escalate, that's great.
2 Nothing bad happens, but we're not
3 solving the problem. So that is the
4 point of our CIT coordinator. And I
5 refer to her -- her name is Erin
6 O'Donnell and she's been doing an
7 amazing job.

8 And what she is and I refer to
9 her honestly as the bridge between two
10 worlds. She's the bridge between the
11 mental health world and the police
12 world. And what might officers need to
13 do, they don't need to understand or
14 have phone numbers. They don't need any
15 of that. The CIT officers leave CIT
16 training with an asset that they did not
17 have, and that is her. So they will
18 de-escalate at a certain location and
19 make a phone call to Erin, our CIT
20 coordinator.

21 And then Erin will actually
22 activate all the services through DBH or
23 it could be through Veteran Services, it
24 could be Project HOME. It really
25 doesn't matter what the issues are.

1 That's her job, is to connect the person
2 with those services and then follow up
3 with the officers.

4 Now, she doesn't follow up with
5 mental health conditions or anything
6 along those lines. But she'll say,
7 listen, we went out, you were able to
8 speak to Fran Healy and letting you know
9 that we got him services. So that's the
10 benefit for the CIT officers, knowing
11 that they've actually accomplished
12 something and actually if they do come
13 across that person again, they can say,
14 hey, Fran Healy, I understand mobile
15 team came out to see you, how are you
16 doing, can I help you with anything.
17 It's really building that relationship
18 and that bond with the individual in
19 crisis because some people are
20 regrettably in chronic crisis and we're
21 going to have multiple contacts and
22 relationships and the CIT coordinator's
23 a key role in helping to build those
24 relationships with the officers and the
25 people.

1 COUNCILWOMAN BASS: Well, I
2 think you said something really critical
3 there, which is that de-escalation is
4 just so important, slowing things down.
5 When you slow things down, you really
6 have an opportunity to get in there and
7 try to talk through and just getting
8 people to think before they act and
9 that's just so incredibly important.

10 And also, as you just mentioned
11 if a police come out to a situation over
12 and over and over again and they
13 de-escalate each time, as you said, it's
14 a great thing, everybody went home at
15 the end of the day, that's a good thing.
16 But at the same time fixing that, how we
17 hand it off. How we hand it off to
18 DBHIDS or however we address this
19 particular issue is just so critically
20 important, so I thank you for your
21 answer on that.

22 I also wanted to know what's
23 the capacity for the behavioral health
24 navigator team and the co-responder
25 program to be expanded sooner rather

1 than later in terms of size and the
2 ability to work 24/7? What will we need
3 to do as a Council to be able to support
4 this expansion before the end of 2021?

5 COMMISSIONER OUTLAW:

6 Dr. Bowen, did you want to chime in on
7 that first?

8 COMMISSIONER BOWEN: Yeah, I'm
9 happy to do that.

10 Hi. Dr. Jill Bowen, Acting
11 Commissioner again. So for the 911
12 expansion, if we were going to build it
13 fully, we're looking at a full cost of
14 \$1.1 million or a little more than \$1.1
15 million. That would obviously be ramped
16 up over time.

17 So the main impediments of
18 building that team, which is a
19 comprehensive 24/7, seven day a week
20 presence with appropriate clinical
21 supervision, that's one end of the
22 spectrum. I think when we're talking
23 about can we get started, we can get
24 started with one person there for one
25 shift. There's some advantages to

1 getting our toe in the water and moving
2 that up incrementally in that we learn
3 from that experience and can grow then
4 the volume appropriately, depending on
5 what is experienced during that pilot.

6 COUNCILWOMAN BASS: Have we --
7 I guess I'm unclear in terms of what 1.1
8 million just gets our foot in the door
9 is what it sounds like. And --

10 COMMISSIONER BOWEN: I'm sorry.
11 It --

12 COUNCILWOMAN BASS: It just
13 gets us started, no?

14 COMMISSIONER BOWEN: No, no,
15 no. That's just the full cost. We will
16 slowly build up to a team that includes
17 multiple navigators and supervisors and
18 a program manager. The proposal out
19 there is one that is comprehensive. The
20 start-up is to put an individual with
21 that skill into the room.

22 COUNCILWOMAN BASS: So what's
23 the cost of the start-up and then what's
24 the cost of the full proposal?

25 COMMISSIONER BOWEN: So the

1 start-up is essentially to -- it's
2 approximately \$188,000. It's really
3 about bringing one or two people into
4 the room.

5 COUNCILWOMAN BASS: I'm really
6 just shocked that the cost is something
7 that could be accomplished immediately.
8 I just --

9 COMMISSIONER BOWEN: We do have
10 the intention to build that in within
11 the next couple of months.

12 COUNCILWOMAN BASS: Okay. Can
13 we do it sooner? For a City with a \$4
14 and a half billion, \$5 billion budget,
15 \$188,000 is next to nothing. And so,
16 can we move those funds and get this
17 program ramped up more immediately? I
18 think that when you look at the public
19 outcry, when you look at Council's
20 outcry, when you look at just the
21 outcome of the death of Walter Wallace
22 and the amount of additional harm,
23 destruction, challenges to the entire
24 City, \$188,000 is just so minuscule.

25 COMMISSIONER BOWEN: Yes,

1 Councilmember, and that is our
2 intention. I'm going to ask Dr. Wright
3 to just explain any of the challenges we
4 have to bringing that online as quickly
5 as possible.

6 Dr. Jean Wright, are you here
7 with me?

8 DR. WRIGHT: Yes. Good
9 morning, Councilwoman. And --

10 COUNCILWOMAN BASS: Good
11 morning.

12 DR. WRIGHT: -- thank you,
13 Dr. Bowen. We work very closely with
14 the Philadelphia Police Department and
15 the Managing Director's Office as
16 Dr. Bowen and Commissioner Outlaw have
17 stated. And right now we have an
18 information-gathering phase, so we do
19 have someone embedded in the 911 room as
20 you know.

21 In terms of bringing people on
22 full-time multiple shifts as you've
23 indicated, we're in the process of
24 getting that done. And we will have
25 that probably by the end of this year in

1 terms of a full shift, so that's what
2 Dr. Bowen is alluding to. In terms of
3 bringing more people on early in 2021,
4 that is the plan. And so, that is what
5 the proposal and the amount of funds
6 that Dr. Bowen is talking about will
7 entail. And so, over the whole year to
8 get everything up and running is that
9 million dollars that she's talking about
10 down the road.

11 So as we bring this up
12 incrementally, we are already starting
13 with the first phase of that. So to
14 your point, that \$188,000 is not going
15 to preclude us from getting that done
16 almost immediately. I think it will
17 build up incrementally.

18 COUNCILWOMAN BASS: Okay.
19 Because it feels like there's not a
20 sense of urgency from the idea that it's
21 \$188,000 and it's going to take a few
22 months to figure that out. It just does
23 not feel like a sense of urgency that I
24 think that the people are crying out for
25 and that we're asking for as members of

1 Council. We're going to --

2 COMMISSIONER BOWEN: I would
3 like to state for the record if that is
4 not conveyed, I'd like to correct that
5 there is an absolute sense of urgency
6 100 percent. The details, efforts and
7 the proposals that we've been working on
8 even before the tragic death of Walter
9 Wallace is absolutely essential. I
10 can't emphasize enough DBHIDS and PPD's
11 commitment to moving this full proposal
12 forward not just in terms of the 911
13 embedding, but the shift in the whole
14 approach to addressing calls coming into
15 911 with a significant different
16 approach.

17 COUNCILWOMAN BASS: Have you
18 shared this proposal with the members of
19 Council?

20 COMMISSIONER BOWEN: It's still
21 being developed, but we're happy to do
22 so.

23 COUNCILWOMAN BASS: Okay. If
24 you can share it with us in its current
25 form even though we recognize that it's

1 not maybe 100 percent complete. But if
2 we could have a copy of it, provide it
3 to myself and Councilman Jones and we
4 will disseminate it among the members of
5 the Committee.

6 COMMISSIONER BOWEN: We will
7 share that with you. Thank you,
8 Councilwoman.

9 COUNCILWOMAN BASS: Thank you.
10 In the interest -- and we're going ask
11 everybody to mute your phone if you're
12 not speaking, thank you, to cut down on
13 background noise. We hear some
14 background noise.

15 Next up is Councilman Oh,
16 followed by Councilwoman Gauthier, Gym
17 and then Green.

18 COUNCILMAN OH: Thank you very
19 much, Chairwoman. I'm going to keep my
20 video camera off just for technology
21 Wi-Fi issues and all that.

22 My comment and question, my
23 pushback for a response, is to the
24 Police Commissioner and her staff. So I
25 support all of these efforts. I think

1 they're good. It's always good to try
2 to do new things. However, from what I
3 understand, the issue has to do with the
4 police officers themselves and the
5 perceptions that they have when their
6 life is being threatened. And the
7 police train for that life-threatening
8 situation where their life is at stake
9 and other people's lives are at stake.
10 And no matter how much you practice,
11 it's nothing like the real thing.

12 Nobody knows until their life is being
13 threatened how they perceive things.

14 A couple of days ago moving
15 things in my house, I came across my
16 copy of On Combat, a chapter about the
17 physiology of what happens when your
18 life is being threatened, what
19 physically happens to you that Mother
20 Nature created so that you can save your
21 life, how you perceive, how you hear,
22 what you see. And it's going to be
23 different for different people. And the
24 more training there is under
25 life-threatening situations the better,

1 but still what people perceive at the
2 time that their life is being threatened
3 is very different for each individual.

4 However, compare that to people
5 who are not trained in life-threatening
6 situations, such as all the people we're
7 talking about, all the professionals who
8 are going to be respond to nonviolent
9 events that quickly become violent and
10 they have no training in protecting
11 themselves and defending others. Are
12 they going to be armed when they go to
13 these nonviolent situations? Do they
14 call the police to escort them? Do they
15 come with the police? Because right now
16 the police come first to ensure that
17 those people, those professionals, that
18 their lives are not endangered.

19 And many of the situations that
20 we've dealt with started as domestic
21 disturbance, right. One of the biggest
22 problems we have is with domestic
23 disturbance where people are enraged and
24 that's one of the most violent
25 situations, is to come between people

1 who know each other in the same
2 household having that type of dispute.
3 And I hope that the professionals can
4 come in and quell this, but people will
5 dispute again and again.

6 My question is that for the
7 police officers themselves, because I'm
8 not really a believer at this point in
9 time that building a more complicated
10 police department with more moving parts
11 is going to be a response that is
12 effective as opposed to focusing on what
13 the Police Department is and what it
14 does and not trying to make it into
15 something it isn't, which generally
16 historically has been a failure in
17 police departments and in the military
18 and in other places.

19 So for the police officer and
20 their training, I have been a strong
21 proponent. And it hasn't occurred as to
22 minimum-force training as opposed to
23 de-escalation, nonlethal force which
24 typically means to police people like
25 tear gas and all that stuff, minimally

1 force training, how to muscle memory
2 protect your weapon, use the least
3 amount of force, get a level of comfort
4 with that and that is something that the
5 police officers can be trained in,
6 whatever supplemental thing, whoever
7 else is in the room, shows up, that's
8 fine, better, more better, sure.

9 But can you answer that concern
10 that I'm expressing, that fundamentally
11 the police are not a catch-all for
12 everything and I have been very critical
13 of the City in not having L&I or the
14 Health Department open after a certain
15 point in time so that instead of sending
16 someone who has an expert knowledge of
17 the City Code, they send a police
18 officer who doesn't know the Code,
19 doesn't know what to do. Their response
20 is based on their training and their
21 mission, stop that or what, you're going
22 to get arrested or what happens there.

23 So to me, all of this is fine
24 and I'd love to see it work out. But
25 it's the patrol officer in uniform who

1 responds in a squad officer at a traffic
2 accident, an argument, a domestic
3 dispute. How can we better train in a
4 way the officers will benefit from, that
5 they feel their lives are better
6 protected in order for their responses
7 to be what we want, their lives are safe
8 and people are safe? Thank you.

9 COMMISSIONER OUTLAW:

10 Councilman Oh, I don't think I disagree
11 with most of what you said, but I'm not
12 quite sure on how to answer that.
13 Because going back to your original
14 point that you made when you're
15 analyzing use of force, it's based off
16 of what the officer perceives at the
17 time they made the decision to utilize
18 the force. And then also, anything as
19 far as evaluating or assessing after
20 that when you look at law, policy and
21 procedures, we're not allowed to use
22 hindsight. We're looking at totality of
23 circumstances. So we can do what we can
24 outside of science, you know, and human
25 nature and physiology to give them as

1 much tools as possible.

2 So when we focus on
3 de-escalation, again we're also
4 providing options in saying time and
5 distance is applicable or appropriate
6 are also helpful or most think of a
7 retreat and find cover and wait for
8 cover or assistants to come as you're
9 waiting for cover. But then also at the
10 same time, I think what you may or may
11 not have touched on but I think it's
12 relevant, I think that's why implicit
13 bias training is important as well.
14 Because bias, we all have it. Bias
15 leads to our perception also.

16 Now, we do what we can on the
17 front end, we're still doing what we can
18 on the front end as far as marketing and
19 recruiting and ensuring that we get the
20 officers that we want, the officers that
21 reflect our values. And for the most
22 part, I think we do a very good job in
23 doing that, but we have to have systems
24 upfront to ensure that we screen out
25 those folks that do bring in the bias or

1 that do bring in ways of being or going
2 about the world that aren't aligned with
3 the values of the City and the
4 Department.

5 But aside from that, aside from
6 the implicit bias training, aside from
7 ensuring that we have the right folks in
8 the right seat, because remember we're
9 recruiting from the human race, we have
10 to make sure that we also acknowledge,
11 to your point, the law, what the law
12 allows for, and that hindsight not only
13 is it not perfect, but there are things
14 like auditory exclusion and television
15 and all these other things.

16 So I don't think there's a very
17 clear answer to what you're saying. And
18 that's why I think today is so important
19 because there are so many factors
20 involved. But to your point, also I
21 think we need to take a very serious
22 look and we've already started that of
23 the types of calls to which we respond,
24 and whether or not a sworn police
25 officer is the most appropriate to do

1 that.

2 Now, this a longer term project
3 than just today. There's costs
4 involved. There's negotiations
5 involved. But you're absolutely right
6 in that it's not an either or. As we
7 saw somewhere on the West Coast, it
8 might have been Seattle, recently a
9 social worker responded to a call and
10 was stabbed to death. So when we talk
11 about the co-responder model, it's not
12 saying either or. It's an and, right.
13 Obviously, we would still have to
14 respond.

15 And after hearing Ms. Ewing's
16 testimony, I'm the one that's
17 responsible for bringing folks from when
18 I was in Oregon, past life, bringing
19 folks to visit Eugene to look at the
20 CAHOOTS program and it's not under way
21 as the street response model in
22 Portland. Obviously, it has to be
23 scalable. There is a cost associated
24 with that, but it is doable.

25 The reason why I mention that

1 is again it's not an either or. There
2 will be times -- I don't want people to
3 think that when we have these
4 co-respondent models that the police
5 won't have to come at all, because if
6 there's a weapon involved, we're still
7 going to have to come anyway. And there
8 may be times when we're not the first
9 responders and a social worker or
10 someone decides, hey, I need to call the
11 police and then we show up.

12 So again, Councilmember Oh, to
13 your point I think there's a way to get
14 to, yes, but by doing it in a
15 collaborative way, but having very
16 realistic expectations.

17 COUNCILMAN OH: Thank you,
18 Commissioner. I don't want to take up
19 more time because I know your time is
20 short and my colleagues have questions.
21 I will end with the fact that I will set
22 up an appointment. I'd like to talk to
23 you just to get your input on the U.S.
24 Army Combatives program that was put in
25 by Sergeant Matt Larsen in 2001, which

1 is very particular to defending your
2 weapon, protecting your life, that type
3 of thing which generally has made people
4 much more calm because the issue is that
5 they feel their life is in danger, and
6 if they feel that endangerment too
7 early, they tend to shoot. You know
8 that. I know that.

9 So thank you, Chairwoman.

10 That's it for me.

11 COUNCILWOMAN BASS: Thank you.

12 Thank you, Councilman, very much.

13 And next, Councilwoman Gauthier
14 is recognized.

15 COUNCILWOMAN GAUTHIER: Thank
16 you, Madam Chair.

17 Good morning, Commissioner.

18 The CAHOOTS strategy in Eugene, which
19 we've heard about today is widely seen
20 as a national model. It's also been
21 found to be cost-effective, and this is
22 measured based on the number of police
23 dispatches diverted. In Eugene, that's
24 roughly \$800 per call. They estimate a
25 savings of 8.5 million in taxpayer money

1 each year. Do we have a dollar figure
2 for cost for dispatch in Philly and do
3 you think that we could see similar
4 savings here if we were to grow this
5 initiative?

6 COMMISSIONER OUTLAW: I'm sure
7 we can get that number for you. I don't
8 have it available today.

9 COUNCILWOMAN GAUTHIER: Okay.
10 I'd be interested in knowing.

11 My understanding is that
12 Portland is one of the cities that has
13 implemented a civilian-based crisis
14 response program. Did you have any
15 experience working with them during your
16 time in Portland? And if so, what were
17 your take-aways?

18 COMMISSIONER OUTLAW: Yeah. So
19 the City of Portland is under a consent
20 decree because of the pattern of
21 practice that was found to be used, the
22 excessive force used against those in
23 crisis. And because of that, there were
24 very strong policies, very strong
25 polices that came out of that, and a

1 mental health or behavioral unit was
2 borne out of that.

3 This behavioral health unit is
4 reactive in the sense that it's not a
5 co-responder model, which is what I was
6 trying to again push for before I left.
7 But it's a very robust team of officers
8 and clinicians that are assigned --
9 essentially, they do the CIT
10 coordination or any officer -- so the
11 difference between there and here is
12 that all officers are CIT-trained and
13 then there's an additional round of
14 officers that have another 40 hours of
15 CIT training. They're called ECIT
16 officers, so they have a total of 80
17 hours of training.

18 So when officers go out, they
19 make contact and they know that a
20 situation isn't going to be completely
21 resolved by the police. They then
22 forward or refer them to the behavioral
23 health unit, and then it's picked up
24 from there. So there are a lot of
25 programs out there I think that we

1 can -- I don't want to steal but borrow
2 from in that sense. But there's a
3 dollar amount obviously that's attached
4 to that. But I think we have and as
5 Dr. Bowen said, there's a lot of
6 resources that we already have here that
7 we just need to synergize and formalize.

8 COUNCILWOMAN GAUTHIER: How did
9 you feel the programs in Portland worked
10 and what would you want to borrow from
11 there to bring here, if anything?

12 COMMISSIONER OUTLAW: Well, I
13 would say the behavioral health function
14 in the PD was a far more robust unit and
15 was well-coordinated. We've done a
16 great job here, but now we're talking
17 about pulling more officers off the
18 street and putting them in a specialized
19 unit. There's a larger discussion. It
20 was very successful in that there was
21 formalized communication and very
22 coordinated efforts around the clock
23 with our partners. So that was helpful.
24 But some of the pitfalls there we see
25 here, as far as the silos and different

1 entities doing different things.

2 We definitely have the
3 resources here, I think, internally
4 within PPD. I can't speak for
5 Dr. Bowen's shop. But we're ready,
6 willing and able to provide whatever
7 resources that we can to tailor it to
8 the needs of Philadelphia, right.

9 Because remember, poverty level in
10 Portland is nowhere near what we see
11 here. So we definitely have to tailor
12 our approach to Philadelphia and then
13 ensure that it's scalable.

14 COUNCILWOMAN GAUTHIER: And
15 what was your feelings about the
16 civilian-based response teams in
17 Portland and how do you compare that to
18 the co-responder model that we want to
19 build here?

20 COMMISSIONER OUTLAW: Well,
21 remember in Portland, the civilian -- it
22 was after the fact. So the behavior
23 health unit were the civil responders,
24 the clinicians paired with police
25 officers. So it was still a

1 co-responder, but it was after the fact.
2 And my preference would be what we're
3 working on here, which is similar but
4 not the same as CAHOOTS. But basically,
5 it happened in Alameda County, in
6 Oakland also, where instead of an
7 officer being dispatched, that we can
8 directly dispatch a clinician for a
9 nonform response or a softer police
10 response with a civilian directly to the
11 call. And then if it needs to escalate
12 to police, then we would do that.

13 So I think you would be
14 surprised in that a lot of people like
15 myself and my colleagues in this
16 industry, we too believe that we
17 shouldn't be responding as first
18 responders to a lot of calls that we
19 have been, and we should either be
20 co-responders to respond after the fact,
21 so we're in full support of that.

22 COUNCILWOMAN GAUTHIER: Okay.
23 Thank you. I have questions for DBHIDS,
24 but should I wait until folks get all
25 the questions out for the Commissioner?

1 COUNCILWOMAN BASS: Yes. If
2 you don't mind holding your questions
3 for one moment because we're going to
4 lose the Commissioner in a few minutes.

5 So keeping that in mind, I know
6 we have Councilwoman Gym, Councilman
7 Green and then Councilman Jones has a
8 follow-question. If we could just be
9 mindful of our colleagues because we
10 don't want to lose the Commissioner
11 before everyone gets a chance to ask
12 their questions.

13 So with that being said, Chair
14 recognizes Councilwoman Gym.

15 COUNCILWOMAN GYM: Thank you
16 very much, Madam Chair.

17 Commissioner Outlaw, just for
18 clarity, are you opposed -- sorry, I'm
19 hearing a feedback. Are you opposed to
20 civilian-based model and only favor a
21 co-responder model?

22 COMMISSIONER OUTLAW: I'm not
23 clear. I'm not opposed to anything.
24 The more help, the merrier. Like I
25 said, I think we need to have a very

1 comprehensive approach in identifying
2 the types of calls to respond. And once
3 we identify those, I think again if we
4 determine that the police should not be
5 the first responders, we're all for
6 that. We just need to be very clear on
7 what that process is, who those
8 responders are. And then I also think
9 that we should manage expectations in
10 that just because we're not the first
11 responders, it doesn't mean that we
12 shouldn't respond at some point.
13 Because if there is a weapon involved or
14 a threat of violence, the police will
15 need to be involved. So again, I don't
16 think it's an either or. It can be an
17 and. It just depends on what the
18 situation is.

19 COUNCILWOMAN GYM: The reason
20 why I asked that is because a number of
21 groups that are now taking a look at
22 this model are opposed to the
23 co-responder model and believe that it
24 should be established as civilian-based
25 with an option to bring in police. And

1 I think that my colleague was trying to
2 ask a little bit more about this, but
3 Portland, for example, evolved to being
4 a primarily civilian-response model.
5 Although I would say -- I know you said
6 it was a little bit reactive because of
7 a DOJ consent decree.

8 Philadelphia also technically
9 has been under a DOJ consent decree for
10 excessive shootings as well and an
11 important issue around fulfilling --
12 still to this day I believe has not
13 fulfilled all of the recommendations on
14 the DOJ required report and I'm sure we
15 can follow up with that later.

16 But I was interested about
17 since some other testifiers later are
18 talking about their opposition to the
19 co-responder model, whether you feel
20 like Philadelphia needs to do a
21 co-responder model now and then evolve
22 after or whether you are open to looking
23 at a civilian-based model currently?

24 COMMISSIONER OUTLAW: What I'm
25 saying is that it could be both and it

1 really depends on the type of call. But
2 right now, there's a sense of urgency
3 and we have to do something. So since
4 we already have the co-responder pilot
5 in play, let's see what that pilot shows
6 us. And if that pilot determines that,
7 hey, police might need to fall back
8 because we're making things worse, then
9 that I think will inform the direction
10 that the City goes in, whether it's
11 called civilian-based and then you bring
12 in the police after the fact or it's
13 co-responder, but I'm agnostic. If I am
14 supportive of anything, it's us needing
15 to acknowledge that we shouldn't be
16 responding to everything.

17 COUNCILWOMAN GYM: I appreciate
18 that. Who's advising the Police
19 Department through this process? For
20 example, like maybe helping you review
21 the current state of civilian or
22 co-responder emergency response and then
23 giving you some feedback and advice as
24 you work out what model would be most
25 viable and also most effective for this

1 City?

2 COMMISSIONER OUTLAW: Sorry. I
3 hit the wrong button. Turned the camera
4 off instead of unmuting myself.
5 Dr. Bowen, do you want to talk about the
6 process or Dr. Wright?

7 COMMISSIONER BOWEN: Sure. So
8 in response to some of the questions
9 that are being asked about a civilian
10 response versus a co-responder response
11 versus a police-directed response, I
12 think that's exactly what we're trying
13 to build is to have all of these
14 options. So when a call comes in to
15 9111 instead of there being one option
16 in most cases which is the police go
17 out, we're trying to build three options
18 based on a solid triage process. And --

19 COUNCILWOMAN GYM: So to
20 clarify -- I know that time is short so
21 I don't mean to cut you off, although I
22 would like to come back to you for
23 further questions -- my question is who
24 is consulting with you to advise the
25 City and the School District through

1 this process? Maybe having a third set
2 of eyes or is this only an internalized
3 process?

4 COMMISSIONER BOWEN: I'll ask
5 Dr. Wright who oversees the whole
6 Division of Behavioral Health Justice to
7 respond that. Dr. Wright.

8 DR. WRIGHT: Yes. Absolutely.
9 And Inspector Healy is welcome to join
10 in with me. But we have been looking at
11 national models. So we have a group of
12 individuals that work with the Managing
13 Director's Office, that work with us,
14 that work with police and we
15 collectively are looking at models from
16 around the country that are comparative
17 in terms of size and scope and the
18 challenges of Philadelphia. And like
19 you said earlier, City Councilwoman
20 Gauthier, we would have to tailor it to
21 Philadelphia and I think other
22 Councilmembers have said the same thing.
23 But we are looking at those options.

24 As an example, the CAHOOTS
25 models that has been referred to which

1 would be civilian-based obviously and it
2 looks at EMT and clinicians, what
3 Philadelphia is actually looking at is
4 having individuals with lived
5 experience. Some folks refer to that as
6 peers, but that is something that would
7 be different than what is around the
8 country. And I think that is something
9 that Ms. Ewing referred to as something
10 that will be helpful in having a
11 civilian-based, so that's what we're
12 doing.

13 COUNCILWOMAN GYM: No, I
14 understand. I'm trying to understand
15 who the we is though. So are those only
16 City employees? Are they only
17 leadership at the Police Department and
18 in the MDO's Office and in DBHIDS? Are
19 they all just City employees? Are we
20 looking for external consultants at all?

21 DR. WRIGHT: Yes --

22 INSPECTOR HEALY: Sir, if I can
23 jump in very quickly. This is Fran
24 Healy. This work is being spearheaded
25 and initiated through the MacArthur

1 Safety and Justice Challenge. So we've
2 been working with national partners from
3 that organization to look at all of
4 these different models. And we're
5 getting a lot of input from all the
6 other safety MacArthur Justice cities
7 that have accepted that challenge and
8 we've had regular meetings and we go
9 back and forth with different models and
10 we're constantly bringing stuff back to
11 see how we can create and work with
12 Philadelphia. But it's definitely a
13 bunch of external folks in addition to
14 the City folks all coming together to
15 see what best practices we can find out
16 there and bring back specific to
17 Philadelphia.

18 COUNCILWOMAN GYM: One last
19 question. I know, Commissioner, this
20 has been an area that we at City Council
21 revisited. One of the issues that I
22 think we're dealing with is when we talk
23 about why, I think the Chair said,
24 there's worries about feelings of
25 urgency or recognizing how vulnerable we

1 are and not being able to institute
2 things effectively, is that we're
3 putting a lot -- and I think all of us
4 acknowledge on here how important 911 is
5 right now because people need to be
6 trained because we need to understand
7 how calls are being directed and
8 reviewed.

9 But there has been a lot of
10 complaints that 911 and our dispatcher
11 team has long been understaffed. And I
12 wonder if you can talk a little bit
13 about the understaffing within 911, the
14 fact that so many people are working
15 overtime. Many of them are women with
16 families and we've had Council hearings
17 on it before and how you think that will
18 impact our ability to look forward to
19 what we're doing right now.

20 COMMISSIONER OUTLAW:

21 Commissioner Coulter, do you want to
22 talk about that, the turnover, pay?

23 DEPUTY COMMISSIONER COULTER:

24 Yes, I would be happy to. Good
25 afternoon, Council and Chairs.

1 We have a consistent and
2 ongoing problem with 911 with a lot of
3 the things that you had mentioned. We
4 have a high attrition rate. It's a very
5 difficult job, very stressful job, very
6 demanding job. And you're right,
7 there's a lot of folks there, men and
8 women who are parents, who are trying to
9 take care of their family as well as
10 take care of the needs of 911. And to
11 be honest, it's a very stressful job.

12 And there are many other jobs
13 both in City government and outside City
14 government that does not require that
15 amount of stress and demand as well as
16 shift works and holidays and three tours
17 and a lot of things that go into it.
18 And the reality is they're not highly
19 paid either.

20 So many folks start out at 911
21 that are very motive people. They want
22 to really make a difference, but find
23 out that either it doesn't work in their
24 life to be able to continue that or they
25 have an opportunity to work a more

1 stable shift and make more money doing
2 so. So it is a challenge. We are
3 continually putting in classes, but
4 sadly those efforts are just merely
5 matching attrition and not gaining those
6 numbers that we need. But City
7 government has been completely
8 supportive in helping us to fund those
9 positions. It's getting people to keep
10 them and stay in them with the stress
11 and the demands of job.

12 And to be honest, about 3
13 million people call 911 a year and
14 nobody ever calls to tell folks anything
15 that's good so these folks constantly
16 get the most serious problems that all
17 of our citizens are dealing with and
18 trying to identify what that is and what
19 that best source of help is and it
20 really, really does take a toll on
21 many --

22 COUNCILWOMAN GYM: Thank you.
23 Thank you so much. I won't belabor this
24 point. But, Commissioner Coulter, with
25 all due respect we've had members of our

1 911 staff come and talk about, yes, of
2 course there's low pay, yes, there's
3 attrition. Many of them are women
4 supporting their families. But the
5 reality is, the things that they find
6 unworkable is the fact that they were
7 told to perform overtime.

8 We passed a Fair Workweek law
9 in the City of Philadelphia to require
10 advanced notice. Many of the
11 dispatchers are told that day that they
12 need to stay on for extra. They aren't
13 entitled to a Fair Workweek as we do
14 require for our hospitality and service
15 sector workers. And many of the
16 complaints that we've seen have focused
17 on the fact that it's not the attrition.
18 It's because of the overtime and all of
19 that.

20 I want to be careful because I
21 don't want to go straight too far off of
22 what the topic is. But I think it's
23 just underscoring if we're going to talk
24 about the importance of 911 and the
25 training of our dispatching staff, we do

1 have to address questions that have been
2 brought up to our Council body before
3 where we've had hearings.

4 And from members of that group,
5 they feel like there isn't a concerted
6 attempt at filling out hiring and the
7 attrition is due to overtime and the
8 requirement that they have to stay on
9 for overtime and they aren't given
10 advanced notice or an opportunity to
11 figure that out. So I do want to put
12 that on, and I want to give some time
13 for the rest of my colleagues.

14 The only last and very quick
15 question I have is what percent of 911
16 calls in Philadelphia are currently
17 diverted for nonlaw enforcement
18 response?

19 DEPUTY COMMISSIONER COULTER:
20 Councilwoman, I'd have to find out the
21 percent but it's very small. Most of
22 our citizens, we were all trained as
23 children to dial 911. And now getting
24 folks to divert, whether it's 311 or
25 when they're nonemergencies to call the

1 most appropriate behavioral health or
2 social worker support isn't really done
3 on a regular basis, so it's a very small
4 percentage. When we used to operate
5 differential response, we got sometimes
6 no calls on a tour for those minor
7 things where we were looking to not have
8 to send a police officer but be able to
9 either give information or help, but
10 those calls pretty much, probably 99
11 percent still come into 911.

12 COUNCILWOMAN GYM: Okay. Thank
13 you very much, Madam Chairwoman.

14 COUNCILWOMAN BASS: Okay.
15 Thank you, Councilwoman.

16 Unfortunately, we did lose the
17 Commissioner who had to go to handle
18 some things. But I will say, we thank
19 her in her absence and she did stay for
20 almost a full hour after we were first
21 notified that she had to go and get off
22 of the line. So we thank her for giving
23 us that additional time.

24 And, Councilman Green, did you
25 still have questions that maybe Staff

1 Inspector Healy or Deputy Commissioner
2 Coulter could answer?

3 COUNCILMAN GREEN: Yes. Thank
4 you, Madam Chair.

5 I'm not going to editorialize
6 or ask a lot of questions. I'm just
7 going to ask one question. I know that
8 time is short and in deference to my
9 colleagues who may have other questions,
10 I know there are other panelists that
11 would like to testify this morning.

12 This morning we were in a press
13 conference with Senator Casey regarding
14 his legislation to provide additional
15 resources for a 211 system, which is
16 operated by United Way in Southeast
17 Pennsylvania and other parts of the
18 Commonwealth.

19 One of the questions that came
20 up by one of the reporters is if people
21 call into a 911 system to a dispatcher
22 and there are these additional resources
23 for 211, how will they get referred to
24 211 for noncriminal activities. So my
25 question is, is there any interaction

1 right now between our 911 system and 211
2 at all? That can be to Deputy
3 Commissioner Coulter or Inspector Healy.

4 DEPUTY COMMISSIONER COULTER:
5 (Muted).

6 COUNCILWOMAN BASS: Deputy
7 Commissioner Coulter, you're -- okay.

8 DEPUTY COMMISSIONER COULTER: I
9 got it now. I gave you a really good
10 same answer under mute, but now -- I
11 don't believe we're connected to 211. I
12 will certainly look into it at the end
13 of this call. We're just moving forward
14 with text 911, and we're happy to look
15 forward to the ability to forward
16 anything that would fall in those
17 categories. But any areas at all that
18 we can at the earliest intervention
19 connect people with the right services
20 and the right people would be something
21 that will really benefit our citizens in
22 crisis, our citizens who need
23 information as well as the police.

24 COUNCILMAN GREEN: Okay. Well,
25 I'll follow up with the Police

1 Department about doing that, something
2 that Senator Casey is pushing forward at
3 the national level. I'll be calling my
4 colleagues to support their efforts for
5 a future resolution.

6 Thank you, Madam Chair.

7 COUNCILWOMAN BASS: Thank you,
8 Councilman. Thank you very much.

9 Councilman Jones, did you have
10 another question that Staff Inspector
11 Healy or Deputy Commissioner Coulter
12 could answer?

13 COUNCILMAN JONES: Just a
14 comment and very briefly.

15 COUNCILWOMAN BASS: Okay.

16 COUNCILMAN JONES: One of the
17 comments and questions that Member Oh
18 brought up was some of the actual
19 realtime stressors that people that are
20 charged with being law enforcement
21 officers go through. So one of the
22 things that I am going to kind of ask
23 members of Council but also anyone that
24 is interested in being on the Police
25 Oversight Commission is that I'd like to

1 ask if we could come up to the training
2 academy probably during the summer, and
3 I understand there is a civilian kind of
4 course that can be taken that parallels
5 what recruits go through in the virtual
6 and actual testing; is that correct?

7 DEPUTY COMMISSIONER COULTER:

8 Yes. We have the ability to go through
9 reality-based training and see what a
10 police officer sees and then react in
11 those ways as well as the civilian
12 police academy, so we do have both. But
13 we've had a lot of folks give a whole
14 different perspective, whether they be
15 government officials or news media
16 people who go in through the reality-
17 based training, and we know it's
18 training.

19 When you go through that, you
20 know you're in training so you're really
21 not in any danger. Yet the reactions
22 that people still react and say, oh, my
23 God, I shot somebody who didn't have a
24 gun, all of those things that it was a
25 real fear for you and, therefore, a real

1 fear for the officer.

2 The key is to get that
3 repetition for officers to have them be
4 able to bring down to that level of,
5 okay, I'm relaxed and I'm going to make
6 good decisions. But I would love to
7 have folks come up there to really look
8 at it through a lens that most people
9 don't get to see, and at least from the
10 understanding point to say that when
11 it's happening split second, you don't
12 have the luxury of hindsight. You don't
13 have the luxury of additional
14 information.

15 Tied to that is wanting to get
16 more and more addresses into our system.
17 That way we already know if we're
18 responding to somebody who has either a
19 mental health issue or a crisis as
20 opposed to that blind call, to get that
21 into that database. But building out,
22 like Inspector Healy said earlier, the
23 scenarios we use at reality-based
24 training, the scenarios we use for
25 de-escalation are really the situations

1 that went badly in our City or in
2 another city to make sure that we are
3 putting officers through those with the
4 hope of a better outcome.

5 But we would love to host you
6 for that and just let folks see it
7 firsthand and even offer suggestions as
8 to some of the things they felt and ways
9 to improve it.

10 COUNCILMAN JONES: So, Madam
11 Chair, God willing, by the time June
12 rolls around we should be vaccinated and
13 be able to be in each other's presence
14 without being threatened with COVID.

15 If that is indeed the case, I'd
16 like to offer to our colleagues that
17 opportunity to spend some time up there
18 boots on the ground. Not so much to do
19 anything, but to be -- so oversight
20 without insight is unbalanced. So I'd
21 like to get us a little more insight to
22 go with our oversight.

23 Thank you, Madam Chair.

24 COUNCILWOMAN BASS: Thank you,
25 Councilman. I think that's an excellent

1 idea and I think that insight is
2 critically important. If we're going to
3 make decisions in allocating resources,
4 we need to have insight. We need to
5 actually know what's happening and be
6 able to articulate that back to our
7 constituents. So I think that's an
8 excellent idea. Thank you, Councilman.

9 At this time, we're going to go
10 back to our original schedule so I'm
11 going to ask the Clerk to call the next
12 speaker on the witness list.

13 THE CLERK: Cecelia Thompson.

14 MS. THOMPSON: Good morning.

15 Can I be heard?

16 COUNCILWOMAN BASS: Yes. Good
17 morning.

18 MS. THOMPSON: Awesome. I
19 don't know if you, ladies and gentlemen,
20 have my testimony but I'm going to
21 modify it a little bit and talk more
22 from a family perspective. First, I
23 want to thank Councilwoman -- sorry, I'm
24 nervous, Councilwoman Bass, Councilman
25 Jones, everybody under the sound of my

1 voice, my fellow advocates Councilman
2 Green, Derek Green, Ms. Kendra -- I'm
3 sorry, Councilwoman Kendra Brooks, we've
4 been doing advocacy for the disability
5 community for a long time, Councilmember
6 Helen Gym, we've been doing advocacy for
7 education for a long time, and I just
8 want to recognize my Councilperson Jamie
9 Gauthier.

10 I will begin my testimony. The
11 interactions between those living with
12 exceptionality and mental health
13 concerns and those in crisis is
14 extremely scary for the family member or
15 behavioral health support person for
16 these individuals. It is already
17 difficult for African-American males and
18 their encounters by non-African American
19 persons. Now, as a parent I have to add
20 on an individual living with autism.
21 This is another nightmare for families.

22 Many individuals living with
23 autism will appear noncompliant when
24 asked to comply to the commands of the
25 police. Individuals on the spectrum

1 with behaviors like my son will repeat
2 their thoughts in their mind until you
3 provide their desire and specific
4 response. If they do not get the
5 desired response, their frustration will
6 manifest in aggressive behaviors which
7 to the police person can be perceived as
8 noncompliance requiring an aggressive
9 response, which may include restraint,
10 tasing or a fatality.

11 There are those individuals
12 living with autism, adults who have low
13 IQs or have a developmental capacity of
14 a 2 to 5-year-old. At this age,
15 children do not understand what is
16 expected from them when they encounter
17 the police and, therefore, the same is
18 that of an adult living with autism.
19 This lack of understanding may again be
20 viewed by the police as noncompliant
21 behavior with the same possible outcomes
22 stated earlier.

23 As a parent of a young African-
24 American adult living with severe
25 autism, I have and families in my

1 situation do not know if a negative
2 encounter will incur because of the
3 color of his skin or the manifestation
4 of his behaviors caused by his autism.

5 Some suggestions: First, I
6 never want to suggest the defunding of
7 the police because crime is alive and
8 well in Philadelphia and residents such
9 as myself need to be protected from
10 those who have the mindset to do harm.
11 Instead of using the term defund, I'm
12 suggesting reallocation of funds, which
13 has already been mentioned by
14 Commissioner Outlaw and the young
15 lady from -- the interim person from the
16 Department of DBHIDS, and I apologize, I
17 forget your name because I'm really
18 nervous right now, advocating for
19 additional funds from the state and
20 creating partnerships, which again have
21 already been discussed by the police and
22 DBHIDS.

23 I do want to bring out some
24 things of a reality. Crisis
25 intervention was mentioned. I have

1 unfortunately had to call the crisis
2 intervention hotline. It takes about 10
3 to 15 minutes to get your point across
4 to that person for it to be decided that
5 a crisis is ensuing in your home. Once
6 that's decided, at minimum it takes an
7 hour for them to at least get to my
8 home. Sometimes it's more or less than
9 an hour and a half to two hours because
10 there aren't enough teams across the
11 City of Philadelphia and they are
12 helping somebody else who's also in need
13 of crisis.

14 And then when they get to my
15 home, it's another hour or by that time
16 depending on the wait, now it's three
17 hours, my son is tired, he's just tired
18 of being aggressive. Then it appears
19 that I've wasted time. When as a
20 parent -- and the term aggressive just
21 means my son's been beating up on me
22 because he can't communicate. And I'm
23 the one taking the beating. Not because
24 I can't defend myself, but I'm not going
25 to use street fighting on my son who is

1 sick as he's going through his meltdown.
2 So whatever can be done to shorten that
3 time when we're going through crisis,
4 whatever the powers to be in these
5 discussions, that will be helpful to us
6 family members.

7 Second, when we mention when
8 our children are out in the street that
9 our children are living with autism and
10 they're having a meltdown, instead of
11 putting your hand on the trigger, why
12 don't you ask us what are the triggers
13 or what has triggered this particular
14 behavior and help us.

15 And I also want to mention I
16 specifically live in this neighborhood
17 where I'm at because two police captains
18 ago, that police captain trained
19 everybody in this District on how to
20 respond to individuals with autism. As
21 I understand, police captains have the
22 flexibility to do additional trainings
23 within their District.

24 So when my son has meltdowns in
25 the community and it happens often, when

1 the African-American police come and we
2 say autism, they automatically ask,
3 what's the trigger. They try to calm me
4 down because at that point, I ran out of
5 options to help my son at that
6 particular time or if we're with our
7 behavioral health support person, they
8 help out.

9 My fear is when the Caucasian
10 younger police people come out, it's a
11 different thing. All they see is a 5'9"
12 210 Black man having a meltdown. He's a
13 2-year-old within a 22-year-old body and
14 they see something different. I don't
15 know what the difference is, but it
16 takes longer for them to get the message
17 than the African-American police
18 officers. They're more helpful to me
19 wherever we go within the City of
20 Philadelphia.

21 Again, it's almost as if
22 Commissioner Outlaw was reading some of
23 my testimony. Because my suggestions
24 such as using the model by Commissioner
25 Timoney, when that model was in place,

1 that actually worked out well. I'm
2 sorry that it couldn't have been
3 continued, but I'm hoping that it can be
4 continued.

5 The same thing with -- again,
6 Commissioner Outlaw must have been
7 reading my testimony -- training to the
8 911 individuals and their information is
9 dispatched to the police people. And
10 the issue of funding was already raised,
11 but again as somebody who advocates for
12 families who are experiencing these
13 behaviors from our children living with
14 autism and also as somebody who has this
15 experience firsthand when I encounter
16 police of different hues.

17 I just want to say that we are
18 not anti-police. We want the help.
19 Because again, these aren't little kids
20 anymore. These are grown men and women
21 who are having difficulty communicating.
22 And within their exceptionality of
23 autism and intellectual disability,
24 their manifestations come out
25 aggressive, like I said earlier, come

1 out to be noncompliant and we want the
2 help. And we convey that help when we
3 call 911 or when 911 is called on our
4 behalf. How that is translated to the
5 good men and women at the Police
6 Department, that we don't know.

7 And I believe that that
8 miscommunication after we make our
9 initial call for help, that's when
10 sometimes the problem or the
11 misunderstanding occurs. And then one
12 thing that you can't control are
13 people's perceptions. Like if your
14 perception is this is a big Black man
15 going off regardless of what we say, now
16 I don't want to bury my son or I don't
17 want his behavioral health worker, he's
18 6'4," my son is 5'9," they both fit the
19 profile of somebody. I don't want them
20 harmed because my son is having his
21 situation and the trained behavioral
22 health person is trying to do their job.

23 So that's all I want to offer.
24 And I want to also say I don't want to
25 be the spokesperson for everybody who

1 has a child living with autism who has
2 had a bad or unfortunate encounter with
3 the police. Hopefully or my request is
4 to have this session again but just with
5 families, from teenagers to adults, and
6 listen to their stories and how it could
7 have possibly been avoided or when they
8 said they have somebody living with this
9 challenge, what the reaction was.

10 Because it's one thing if you don't know
11 what's going on and then you're reacting
12 like I've heard. But when you know
13 what's going on from the beginning and
14 you still react the way you want to,
15 then that's when we have -- that's when
16 a conversation needs to be had.

17 And in terms of somebody with
18 lived experience, I don't need to sit on
19 probably another board, but I would like
20 to be a part of that conversation
21 because I've had more than enough
22 experiences. And my son just had a
23 meltdown Friday because he wanted some
24 chicken. And we were like, wait until
25 we get home. And we're out in the

1 street, he had a meltdown. And again,
2 the African-American young man said,
3 ma'am, what's going on, what's the
4 trigger. He didn't act sideways. And
5 we said the thing about the chicken, and
6 he immediately -- not immediately, but
7 he began to calm my son down, and you
8 know what, he ended up going in his
9 pocket and buying my son this piece of
10 chicken just so we can just get home.

11 Again for me, African-American
12 police are me and my son's saving grace.
13 I don't know about the perception of the
14 Caucasian police. I can't control that.
15 But whatever is going to be done, please
16 let it be done. And when I call 911, I
17 don't want to be transferred to no 211.
18 Work that out. If I'm calling to say I
19 need a behavioral health person and my
20 son's whipping my behind, I don't want
21 to call another number.

22 Just work that out internally,
23 whatever monies they need to have and
24 let the proper thing happen. Because I
25 would rather have the police come in 10

1 minutes, then wait a hour and a half for
2 crisis. Thank you so much for letting
3 me say my piece and excusing my
4 nervousness with my testimony.

5 COUNCILWOMAN BASS:

6 Ms. Thompson, I just really want to
7 thank you for opening up, telling your
8 story, being so candid, really giving us
9 a glimpse into your life. So you did it
10 like a pro. That's all I can say. I
11 know that you were a little nervous.
12 But you handled it like a pro.

13 And most importantly, you
14 really gave us some insight about your
15 life, your experience and this is what
16 we need to hear. You are really the
17 person that we need to hear from. So I
18 just really want to thank you for that.

19 We have a number of questions
20 from our colleagues. I'm going to
21 recognize Councilman Curtis Jones, Jr.,
22 who is Co-Chair of the Committee. But
23 after him, I'm going ask my other
24 colleagues if they wouldn't mind just
25 holding their comments. We have one

1 other speaker on this panel.

2 Councilman Jones.

3 COUNCILMAN JONES: I'm going to
4 be very brief, Madam Chair.

5 I applaud her frank
6 conversation with us. We're so used to
7 Member Green always educating us as to
8 the challenges of being a parent with
9 those special needs. But when it comes
10 from a mother who has had to endure
11 physical abuse based on the love of her
12 child, I mean that goes to a different
13 place and we are truly appreciative of
14 you sharing that with us so we can take
15 that with us as we try to plan good
16 public policy that addresses that issue,
17 so thank you.

18 COUNCILWOMAN BASS: Thank you,
19 Councilman.

20 We're going to ask Madam Clerk
21 if you can call the next panelist. We
22 have --

23 THE CLERK: Anthony Erace.

24 COUNCILWOMAN BASS: Thank you.
25 Do we have just one more on this panel,

1 Madam Clerk?

2 THE CLERK: Yes.

3 COUNCILWOMAN BASS: Okay. Very
4 good. Thank you.

5 Mr. Erace.

6 MR. ERACE: Good morning,
7 everybody. It's Anthony Erace.

8 COUNCILWOMAN BASS: Erace, I
9 apologize.

10 MR. ERACE: That's no big deal.
11 No one's ever gotten it right. I'm with
12 the Police Advisory Commission. I'd
13 like to thank everybody for having me
14 today. I will try to be as brief as
15 possible and I'll try not to retread too
16 much on things that have been spoken of
17 before.

18 All right. Now, we have police
19 and mental health crisis intersecting
20 badly in Philadelphia so I'll get right
21 to it. So you have about 20 or 50
22 percent of failed encounters with law
23 enforcement that involve people with
24 mental illness, depending on what you
25 ask.

1 A lot of times you have police
2 officers responding to calls involving
3 individuals who are in behavioral health
4 crisis and it's usually related to unmet
5 needs and not major crimes and violence.
6 In Philadelphia, these issues came
7 dramatically to the forefront when
8 Walter Wallace was killed.

9 Now, there's no one solution to
10 the problem of an underfunded mental
11 health system that leaves law
12 enforcement and first responders as the
13 first or last point of contact for
14 individuals in crisis. Working together
15 to make the City and the PPD's response
16 to individuals in crisis more
17 comprehensive and safer for everyone
18 involved is a good start.

19 Now, a lot of these things have
20 already been said before today and they
21 include better training for PPD, a
22 separate responder or co-responder model
23 that is tailored to Philadelphia and
24 sort of new approaches by 911 dispatch.
25 Now, the PPD and the City have already

1 taken a lot of steps on each of these
2 pieces. And as new programs and
3 approaches are designed, it's important
4 to look to models successfully used in
5 other cities. Now, CAHOOTS has been
6 previously mentioned, STAR in Denver
7 which is sort of an adaptation of
8 CAHOOTS are all great examples of sort
9 of changes to emergency response to make
10 them more functional and safe.

11 So I want to stress sort of
12 diversity and flexibility in how the
13 City tries to reimagine these issues.
14 There's never going to be one thing that
15 works perfectly. As far as the PPD
16 goes, the City is already committed to
17 providing \$14 million to provide every
18 officer with tasers.

19 Now, less lethal force is
20 always a good idea, but tasers aren't
21 the only option. And we should be
22 always open-minded and creative in our
23 approaches. So now a new device called
24 a BolaWrap is being tested in places
25 like Los Angeles.

1 Now, the BolaWrap is an early
2 engagement tool that is supposed to
3 reduce need in frequency for any pain
4 inflicting or injury use of force. It
5 allows an officer to sort of restrain a
6 suspect from a distance, while not
7 inflicting pain and it's also not a
8 pain-compliance tool.

9 Now, having a wide array of
10 tools in a toolbox is always good for an
11 officer to have. But I want to stress
12 that tools and technology, they don't
13 amount to much without wisdom, reason
14 and training. It's depends on who's
15 holding the taser, who's holding the
16 firearm, who's holding whatever piece of
17 equipment that there is, how they're
18 trained, who they are, how wise they are
19 in their ability to handle these sort of
20 stressful dynamic situations that are
21 going to determine the outcome greater
22 than any tool's going to.

23 PPD has crisis-intervention
24 training already in place. And nearly
25 half of all officers have received that

1 training. Now, even though PPD has
2 worked to build this into a one-time
3 intensive training program, it's been
4 noted by the Director of Police
5 Executive Research Forum, that CIT is
6 okay, but it doesn't meet today's
7 standards. It's just not enough. It's
8 not doing the job independently and on
9 its own.

10 So now as the PPD heads toward
11 a co-responder model that would pair CIT
12 officers with behavioral health
13 professionals, this is a great start.
14 And something to keep in mind while
15 we're doing it is that co-responder
16 models can include the approach of
17 treating the officer as a client.

18 Now, in addition to providing
19 service to community members during
20 calls, the co-responder with the officer
21 as a client, the co-responder's there to
22 teach officers new ways to work with
23 mentally-ill community members. And
24 while these sort of encounters are
25 happening, the officers are actively

1 learning the skills they need to help
2 deal with these crises themselves and
3 can have positive effects in the
4 community and officers.

5 Johnson County, Kansas Mental
6 Health Co-responder program shows
7 reductions in repeat calls for service
8 for the same individual as well as an
9 increase in officers' self-reported
10 capacity to respond to people
11 experiencing health crisis with
12 officer-as-a-client model.

13 Peer support has also been
14 mentioned. It's utilized in some
15 cities. It might be beneficial because
16 they add less costs than clinicians and
17 relate to community members in a more
18 authentic way. Peer support team
19 members can also serve as secondary
20 response and follow-up to individuals to
21 provide support and guidance.

22 Now, the best example -- or not
23 the best example. One example that has
24 been mentioned so far is the example of
25 Colorado Springs, Colorado where the

1 local police and fire departments
2 collaborate with behavioral health
3 organizations to form specially staffed
4 mobile integrated mental health
5 emergency response team. Now, this team
6 has an EMT, a police officer and a
7 licensed clinical behavioral health
8 social worker.

9 Now, those teams perform
10 medical clearances and screens,
11 psychiatric admissions while the police
12 officer ensures scene safety, while the
13 social worker provides behavioral
14 assistance. That model also reduced
15 admissions to emergency department by
16 directing individuals in crisis to
17 community resources, like local crisis
18 stabilization units or detoxification
19 facilities. The 911 Center in Colorado
20 Springs helps by diverting qualified
21 calls directly to those professionals
22 and teams and then reduces the singular
23 burden on the MS, fire department and
24 police dispatch.

25 So PPD has launched a pilot

1 program with a DBHIDS clinician
2 stationed at 911 dispatch. And all 911
3 calls as the Commissioner stated now
4 include a mental health screening. All
5 of these programs exist in Eugene,
6 Oregon; Anne Arundel County, Maryland;
7 Albuquerque, New Mexico, they all
8 provide examples of sort of these
9 possibilities.

10 The last piece of this
11 puzzle -- well, prior to that, I think
12 the thing we have to really focus on is
13 raising all boats with this tide, right.
14 So we want to have a co-responder model,
15 we want to have a singular responder
16 model. We want to have 911 reform. We
17 have to make sure that all of these
18 things function well, so we're not
19 trying to solve these problems with sort
20 of just one punch, right. It has to be
21 everything at the same time rising
22 together and working together.

23 The last part of this puzzle is
24 the public education piece, where we as
25 a City -- and this is something that we

1 can start almost immediately, is we help
2 the public educate themselves on how
3 best to draw the resources that they
4 need, by giving the residents of
5 Philadelphia resources and scripts on
6 how to call 911 and secure the help they
7 need during crisis situations, and
8 making sure that we tell the public how
9 to articulate their needs in a way that
10 a 911 operator can understand today. So
11 we try to give 911 as much of a chance
12 to get it right as possible.

13 The other part of this and the
14 final part, the final point that I'll
15 make before I end is that when it comes
16 to all of these reforms, whether we're
17 utilizing mental health resources or
18 police departments or EMT or fire
19 services, as a community and as a City
20 we have to tell them what we want them
21 to do instead of repeatedly asking what
22 we should do. I think that utilizing
23 all of these different organizations --
24 institutional knowledge is tremendously
25 important -- but I think that it is

1 equally important to articulate what we
2 want from them instead of asking them
3 what they can do. And when we do that,
4 then they'll have the standard, they'll
5 have the bar that they know that they
6 need to reach instead of trying to
7 figure it out on their own. Thanks
8 everyone for giving me the time and I'll
9 be available at any point to answer any
10 questions that you guys have.

11 COUNCILWOMAN BASS: Thank you
12 very much. And as the last witness on
13 this panel, we're going to now open it
14 up for questions.

15 And I know, Councilwoman Gym, I
16 believe you were first up.

17 COUNCILWOMAN GYM: Thank you
18 very much, Madam Chair.

19 First, I wanted to just
20 appreciate my fellow parent Cecelia
21 Thompson, Trevor. Our kids grew up
22 together in the school system and I just
23 appreciate your dedication to centering
24 Trevor more than anybody else and
25 helping us all understand how so many

1 different systems, whether school or
2 police, impact families.

3 And I think you've been an
4 amazing parent advocate. You've been an
5 amazing Philadelphia citizen. I hope
6 you feel like there are friends on
7 Council so that you don't have to be
8 nervous when you testify, and know that
9 you've got people, we know your family,
10 we know how much you have given to this
11 City and I want you to know how much you
12 continue to be appreciated, so thank
13 you.

14 I also wanted to just maybe
15 say, especially your experiences, I know
16 that we want to figure out systems of
17 care that don't pit the worst against
18 what we've got. And so, we want to
19 figure out how to move towards systems
20 that overall improve all across the
21 board, and I think that that's what
22 we're looking towards.

23 And so, absolutely not should
24 you have to wait any amount of time for
25 a moment when you are experiencing a

1 moment of distress as a parent in a
2 household when you need help. You
3 should not have to wait for ridiculous
4 amounts of time to get a response. But
5 we're trying to figure out how to
6 navigate the fact that we can't pick who
7 gets to respond to you either, and that
8 positive experiences that have been had
9 are incredibly important. They don't
10 necessarily cancel out dangerous or
11 negative experiences either.

12 And I think what we're trying
13 to figure out is how do we get to a
14 better place, and I know that you're
15 going to be a really great partner with
16 us on that. So I just want you to feel
17 like you could reach out to any one of
18 us individually, and certainly
19 testifying to press hard on us to
20 remember what it's like to be on the
21 receiving end of the things that we try
22 to create or make better. So thank you,
23 Cecelia.

24 And then -- oh, yes, please.
25 If you want to respond, please do.

1 MS. THOMPSON: No, I just
2 wanted to say thank you so much for
3 those words of encouragement and
4 support. In terms of the crisis, again
5 there's only so much money. And at the
6 time when I was utilizing the crisis
7 unit, there were only two peo -- because
8 it was always at night because during
9 the day he was in school, so it was only
10 two teams in the evening for my section
11 of the City. If there can be more money
12 allocated so there can be more teams or
13 at least more teams, maybe the data
14 shows that this stuff happens on the
15 weekends more so than on a Monday. I
16 don't know what the data shows, but
17 there should be at least more than two
18 teams because there's teams for the
19 children and teams for the adults. And
20 Ms. Bowen could probably give better
21 numbers than I'm saying right now.

22 But again when it's happening,
23 it's not the first 10 minutes I call.
24 It's not the first 15 minutes. Not even
25 the first 30, because as parents, you

1 would like to think that you have
2 control of your child. But when it gets
3 to an hour, that's when I attempt to get
4 to the phone because I never realize how
5 long it takes to call 911 when you're
6 blocking somebody from hitting you or
7 pulling your leg or he's throwing chairs
8 at me. It takes a long time to do 911,
9 which is why if it takes me 15, 20
10 minutes to get there, whatever training
11 and funding those 911 workers need, flip
12 me to 211 because I'm not going to take
13 another 30 minutes to dial those three
14 numbers. Because again, unless you're
15 experiencing it, it takes a really long
16 time to get there.

17 So thank you so much for, like
18 I said, the words of encouragement and
19 allowing me to share my story so that it
20 may help somebody else.

21 COUNCILWOMAN GYM: Absolutely.
22 And I think what your testimony
23 underscores for us is that when we're
24 dealing with issues of public safety,
25 it's hard to talk about pilot models.

1 Maybe you can say it's a pilot that's
2 done in a particular area where you can
3 guarantee the residents of that area.
4 But if a pilot just means it's the
5 barest bones of something and you're
6 trying to test it out, I think what
7 you're saying is that you need to know
8 that something can work.

9 I think DBHIDS responds to
10 something like 3700 calls annually, but
11 in Portland or I guess when one of the
12 Oregon departments or divisions does
13 over 20,000 for a population that's much
14 smaller than what we've got. So I think
15 what we want to be really thoughtful
16 about, and I know our City agencies are
17 thinking about this, is that public
18 safety and pilots don't -- they can only
19 go together for a certain amount of
20 time. The need is great. The
21 consequences are even greater.

22 Mr. Erace, I really appreciate
23 you testifying as well and bringing in
24 some of your work. Just very quickly, I
25 think you pointed out that one in a

1 quarter of police shootings nationally
2 involve someone suffering from a mental
3 health crisis. And so, again one of the
4 questions here on the table that is
5 being discussed is whether a
6 co-responder model is something that you
7 feel as a member of the Police Advisory
8 Commission and in your reviews of police
9 shootings and other types of issues of
10 discipline or incidents that require
11 your intervention, whether you feel like
12 given the training, given oversight,
13 given what we've got, whether we should
14 continue to pursue that co-responder
15 model or whether this push by some of
16 the later testifiers about having a
17 primary civilian-based model matters to
18 you?

19 MR. ERACE: Well, I think it
20 still matters. I think it's still
21 important. And that's what I was trying
22 to get at with sort of the multi-faceted
23 solution, right. So I think a
24 co-responder model you're going to
25 get -- the diversity of calls that our

1 PPD gets, it requires a diversity of
2 response, right. There are going to be
3 times when you need a behavioral
4 specialist and a police officer to
5 arrive at the same time.

6 There are going to be times
7 where the nature and scope of the crisis
8 will cause a family member to want only
9 a behavioral health responder to arrive
10 and I think that that's why we have to
11 have flexibility in the things that we
12 help stand up, because we should be
13 trying to respond to all of the needs of
14 the community and have the capacity to
15 do that effectively. So I think that
16 it's important to be able to raise both
17 up so we can deliver the services that
18 are necessary in as many cases as
19 humanly possible.

20 COUNCILWOMAN GYM: Do you
21 believe that the City of Philadelphia
22 should be looking for external advice or
23 consultants during this process, working
24 with us in the crafting of it or do you
25 think this is something that PPD and the

1 City can handle kind of looking at other
2 models?

3 MR. ERACE: Well, right now I
4 think that it's something that we can
5 handle, but looking at modeling of
6 different successful jurisdictions. But
7 I do think that a lot of times when you
8 rely too heavily on other places, it
9 prevents sort of local imagination. I
10 think that there's a lot of things that
11 work in a lot of places that are not
12 Philadelphia.

13 And I think that the people --
14 just like for my daughter, I know what's
15 best for my daughter, right. And we
16 know what's best for our City, right.
17 That doesn't mean we don't need help,
18 but it just means that we should look
19 within ourselves and what our unique
20 needs and define those needs clearly
21 before we go outside and have someone
22 try to examine and understand
23 Philadelphia when we already do.

24 COUNCILWOMAN GYM: And for
25 clarity, I think I'm saying that we need

1 someone to work with us to develop that
2 model. But not necessarily -- the
3 question is do we have the capacity and
4 the ability to do it driven by a solely
5 internal city-led kind of approach, but
6 that's all. That's okay. I know my
7 other colleagues have questions. And
8 I'm eager to listen to the rest of the
9 testifiers.

10 So thank you very much, Madam
11 Chair.

12 COUNCILWOMAN BASS: Thank you.

13 And so, next we have Councilman
14 Green, Councilwoman Brooks, Councilwoman
15 Gauthier in that order. I do want to
16 alert you all that one of our testifiers
17 has to leave by 12:30. He has an
18 interpreter that needs to assist.
19 Actually, his interpreter will need to
20 leave by 12:30, so we really need to get
21 him on.

22 So if you don't mind being
23 brief. And probably about 12:20, we're
24 going to go ahead and cut directly to
25 that person to testify if they're not

1 already up at that point. So thank you
2 very much.

3 And, Councilman Green, I think
4 you were next.

5 COUNCILMAN GREEN: Thank you,
6 Madam Chair. And I will follow those
7 directions so that we can have as many
8 people to participate in this hearing as
9 possible.

10 COUNCILWOMAN BASS: Yes.

11 COUNCILMAN GREEN: I just want
12 to thank all of the panelists for your
13 testimony this afternoon for sharing
14 your stories.

15 In particular, Ms. Thompson,
16 thank you for your testimony. In many
17 ways because I've seen you participate
18 in a lot of different issues and
19 concerns in this area in a lot of
20 different forums and perspectives, and I
21 want to thank you for always having your
22 voice out there for the public and
23 advocating for so many families. In
24 many ways, you are a mentor to a number
25 of families, myself included in

1 reference to my voice on this issue.
2 And some ways I've been an advocate for
3 autism and those with special needs or
4 learning differences, but I really have
5 not done the full job that I can do in
6 this regard because I've not always
7 shared some of the issues and concerns
8 that impact families that deal with
9 autism, in particular families of color
10 and more specifically African-American
11 families.

12 So when you talk about your
13 story and leading your voice, I had to
14 reflect on various times in my own life
15 where my son may be having a meltdown.
16 I can think specifically at a time at
17 King of Prussia Mall where he had an
18 issue with an escalator and he started
19 screaming to the top of his lungs. And
20 the fear that a parent, especially an
21 African-American parent has, in they're
22 trying to have their son de-escalate,
23 but at the same time the looks and
24 stares that you get used to because
25 you've had a child on the spectrum, but

1 the fear if law enforcement comes, what
2 that may happen or and what may happen
3 to your child because you can't have
4 that talk with your son about the
5 dynamics and the issues of public safety
6 and law enforcement and the challenges
7 that African-Americans have had. So
8 that fear that we have in dealing with
9 these issues is always pressing, because
10 your child is not always going to be
11 with you. Your child is going to become
12 an adult.

13 So I just want to thank you for
14 being such an advocate. You said you
15 don't want to be a spokesperson for
16 families, but you are because you've
17 lead your voice in so many ways. So I
18 just wanted to thank you for
19 articulating your story and always
20 articulating your story in motivating me
21 to be more expressive about the issues
22 that I've seen to not only talk about
23 autism, but talk about it in a more
24 personable way and how it's impacted me
25 as a family.

1 And I can just think of all the
2 various times when I've had situations
3 and challenges in trying to do the best
4 to help my son but not being able to,
5 and just the pain and challenges of
6 having that situation and also having
7 that fear of what may happen if there's
8 some engagement of law enforcement. So
9 thank you for your testimony this
10 afternoon.

11 COUNCILWOMAN BASS: Thank you,
12 Councilman Green. Thank you for sharing
13 those obviously very personal details
14 and information. We really do
15 appreciate it. And I thank you for
16 bringing that to our attention, and just
17 again a part of a very important
18 conversation around what do we do if the
19 police arrive, if law enforcement
20 arrives, the fear and the concern that
21 his actions may be misunderstood or
22 misconstrued. So again, many thanks to
23 you as well as to Ms. Thompson. Thank
24 you so much.

25 We are going to go to

1 Councilwoman Brooks who has a brief
2 comment. Councilwoman.

3 COUNCILWOMAN BROOKS: Yes. My
4 comment is in support of Ms. Thompson's
5 testimony as well as in support as my
6 colleague Councilmember Green whose
7 child I have not worked with, however I
8 worked years with Cecelia's child who's
9 an adult now.

10 And I kind of want to add a
11 caveat to that because of the pain and
12 the fear that parents feel when their
13 children are out in the community. I
14 ran a program that took young adults and
15 children out in the community and I had
16 Cecelia's son as well as multiple other
17 young adults with autism and various
18 intellectual disabilities. And the same
19 fear when a parent entrusts you and your
20 staff with their child out in the
21 community and a behavior occurs, the
22 same fear when I have a majority
23 African-American male staff supporting
24 some of these young adults and we're out
25 in the mall or out in a restaurant and a

1 behavior occurs and how it can be
2 perceived as something else in the
3 community and getting a call saying that
4 they need my support as a woman to be
5 there when they call the police, if they
6 ever had to call the police.

7 And I just wanted to add that
8 caveat onto the reality of what it's
9 like having a young adult with a
10 disability as well as having multiple
11 people that you have to entrust in
12 taking your young adult out, whether
13 it's school or in the community so they
14 can have thriving lives and what that
15 looks like in the event of a crisis, in
16 the event that they have to call 911 and
17 the fear from me as a service provider
18 that something would happen to the
19 person that I'm responsible for as well
20 as my employee.

21 Even though my staff was fully
22 trained in de-escalation and knew how to
23 support our participants out in public,
24 there were times when things got a
25 little difficult and we needed support

1 and the last resort was to call the
2 police, and that shouldn't be it because
3 the fear was what would be the outcome
4 not only for the people that we are
5 entrusted with but also our staffers as
6 well.

7 So I just want to support their
8 testimony and that there's so much work
9 that needs to be done in this area. And
10 it's important that the stories of
11 African-Americans are told on what it's
12 like in reality and realtime just to be
13 able to live a thriving life when your
14 child is experiencing the difficulty.
15 So I just wanted to put that out there
16 in support as a former service provider
17 as well as to advocate for folks with
18 special needs at this time. Thank you.

19 COUNCILWOMAN BASS: Thank you,
20 Councilwoman. I appreciate your input.

21 And I think some people just
22 really don't still understand that our
23 interactions often are very different
24 than the interactions that other people
25 have with law enforcement. And so,

1 that's what we're trying to get to.
2 That's what we're trying to address and
3 all the things that we're doing here and
4 trying to make sure that those
5 interactions are fair and respectful,
6 that we don't have to have the same
7 level of explanation as to why my child
8 is acting this way. It's something that
9 we have to continue to work on. I'm
10 just going to leave it right there
11 because I know that actually we have our
12 next speaker who really does have to
13 speak.

14 I'm going to ask Councilwoman
15 Gauthier to hold her questions for just
16 a moment. Our next speaker has to speak
17 now because again their interpreter
18 needs to leave and has a hard stop at
19 12:30.

20 Madam Clerk, if you could call
21 our next speaker and their interpreter
22 forward so that we can hear from them.

23 THE CLERK: Domonic Gordine.

24 MR. GORDINE: Hello, everyone.

25 COUNCILWOMAN BASS: Hello.

1 MR. GORDINE: My name is
2 Domonic Gordine, and I'm here to
3 advocate for the deaf and hard of
4 hearing community in the surrounding
5 areas, specifically Philadelphia. I'm
6 also a member on the board of various
7 deaf organizations. I have a personal
8 experience with law enforcement I'd like
9 to share, and I have a lot of other deaf
10 people who I know who have had terrible
11 experiences with law enforcement in
12 their lives.

13 We trust law enforcement, but
14 we really can't. There's barriers to
15 communication. There's a lot of mockery
16 that goes on. There's no respect to the
17 deaf community and to the deaf person.
18 We're human, but there's no human
19 interaction of how they interact with
20 us.

21 I want to share my story about
22 what happened to me a while back. A
23 family friend of mine made a statement
24 in a hearing, and it was a sentencing
25 hearing for my brother. And we had a

1 family friend interpret for us, and the
2 judge gave my brother a 45-year life
3 sentence. And I was completely
4 flabbergasted and shocked. I couldn't
5 believe it.

6 I was crying. I was very
7 emotional. And when I was crying, my
8 bracelet flew off and it became very
9 distracting and the police came and
10 really, like, attacked me. And it was
11 an accident that it happened. And I
12 kept saying I'm deaf, I'm deaf. I kept
13 pointing to my ears. They kept -- they
14 tried to, like, tackle me and hold me
15 down, and they took me to the police
16 station. I was there for hours, 18
17 hours.

18 And when I look back at that
19 experience, I had so many hours without
20 an interpreter. I was like, what am I
21 going to do, I had nobody to communicate
22 with. I felt so disconnected and I had
23 no way to communicate or anything. So
24 when I look back in hindsight, that was
25 seven years ago. And I've talked to

1 various people out there and different
2 powers that be, different organizations
3 about what we could do to provide access
4 to communication, et cetera, make things
5 better for the deaf community. And we
6 talked about training.

7 Training is really key. That
8 is paramount. We all kind of came up
9 with that. That was kind of the census
10 when we talked to everyone. Cultural
11 sensitivity training is another one.
12 Cultural sensitivity training will
13 really help law enforcement understand
14 the diversity of the deaf and hard of
15 hearing community, whether they're from
16 Philadelphia or from another country.

17 Deafness is a culture and it's
18 really important that whether you're
19 young and you become a police officer,
20 that you have become experienced in high
21 school from a system then, your
22 experiences shape who you are. When
23 they're in high school maybe when they
24 have that training, they can better
25 understand and as they become older and

1 become a law enforcement officer, they
2 will understand that better. So it's
3 not in just a general thing. It's very
4 specific training.

5 Also, there was someone who was
6 18 years old who maybe not have
7 communication at home and a crisis
8 happens, and there's no communication
9 again. The parents call the police
10 because they don't know how to sign and
11 they put their son in jail. But the
12 problem there is the lack of
13 communication.

14 Some parents don't know sign
15 language. So when the police arrive,
16 they just pick up the person and throw
17 them in jail, but they don't provide an
18 interpreter. They don't provide any
19 resources. And then you can avoid
20 consequences and putting someone in jail
21 and paying bail, and there's no
22 mediation, no anything. If the
23 resources are provided, these issues can
24 be avoided.

25 The thing is a deaf person --

1 it's not just deaf. They can be deaf
2 and have autism as well or intellectual
3 disabilities or mental health disorders.
4 They're not just deaf. It's deaf plus,
5 plus; some, not all. Some are just
6 deaf. But that's really important that
7 you look at the whole person. How a
8 person signs is really important.
9 That's how they communicate and
10 communicate clearly. Because for me
11 when I think about how I helped -- when
12 I think about how language has
13 developed, police need to learn some
14 sign language. They need a sensitivity
15 training.

16 We have a Spanish person who
17 speaks Spanish, but maybe you have a law
18 enforcement officer who also speaks
19 Spanish. But without anybody in the
20 police department knowing any sign
21 language, there's a communication
22 barrier right there.

23 Mental health services, many
24 workers out there -- I've been working
25 out there for a long time and people

1 have been out there with knives and
2 mental health crises, different crises
3 that have been happening and there's
4 ways that can be prevented without using
5 a gun or a stick, a nightstick.

6 My hat is off to the mental
7 health workers that are out there
8 everyday, whether they work with
9 inpatient or outpatient. So police
10 officers need to be aware of mental
11 health and the mental health issues,
12 where the boundaries are, where the
13 lines are, how to do interaction, how to
14 interact with people. People deserve
15 that. And also, they deserve more money
16 too. That's all I really want to say,
17 but we need more resources and we need
18 more training. Thank you.

19 COUNCILWOMAN BASS: Thank you
20 for your testimony, and we appreciate
21 you being here today and providing a
22 very unique perspective of representing
23 our community. Thank you. We
24 appreciate you.

25 MR. GORDINE: Thank you. Thank

1 you so much. You're welcome.

2 COUNCILWOMAN BASS: At this
3 time, we are going to ask the Clerk to
4 call forward the next members of the
5 panel -- oh, sorry. Councilwoman
6 Gauthier had a question for the last
7 panel.

8 Councilwoman Gauthier.

9 COUNCILWOMAN GAUTHIER: Thank
10 you, Madam Chair.

11 My questions are for Dr. Bowen.

12 COUNCILWOMAN BASS: Okay.

13 COUNCILWOMAN GAUTHIER: Good
14 afternoon, Dr. Bowen.

15 COMMISSIONER BOWEN: Good
16 afternoon.

17 COUNCILWOMAN GAUTHIER: Good
18 afternoon. You noted in your testimony
19 that almost 50 percent of the police
20 force has received crisis-intervention
21 training since 2007. I'm interested in
22 what DBHIDS's lessons learned have been
23 from participating in this process and
24 I'm also interested in your perspective
25 on other training curriculums that you

1 would recommend or bring here to
2 Philadelphia?

3 COMMISSIONER BOWEN: Thank you
4 for that question. I will turn that
5 over to our subject matter expert
6 Dr. Wright, who has been closer to the
7 ground on that work.

8 COUNCILWOMAN GAUTHIER: Thank
9 you.

10 DR. WRIGHT: Thank you,
11 Dr. Bowen. And thank you, Madam Chair.
12 And thank you, Councilwoman Gauthier.

13 What we've learned is that the
14 partnership with police and DBHIDS has
15 been very successful from the standpoint
16 of aligning, coordinating and
17 integrating what we try to do. So as
18 Inspector Healy has said earlier, each
19 year we go through how we can improve
20 the training that we have with the
21 Police Department. And every year we
22 add something. Sometimes we remove
23 things and we get that from getting the
24 feedback from police officers
25 themselves, what's been effective,

1 giving us boots-on-the-ground
2 experiences as to what they encounter.

3 As Inspector Healy said
4 earlier, we don't just have videos or
5 people that do not know. We have people
6 with lived experience come in and do the
7 role plays, and they make it as
8 realistic and as challenging as
9 possible. So over these many years that
10 we've been doing this, we've learned
11 that those partnerships and the
12 adjustments that we've made have made
13 the training better. And I think that's
14 why Inspector Healy was so confident
15 that we never have a shortage of
16 officers to volunteer.

17 In terms of what we would like
18 to do going forward, I think we're doing
19 that now, which is doing training in the
20 dispatch, the 911 radio room, increasing
21 the de-escalation and again upgrading
22 that every year, listening to people
23 with lived experience, whether it's
24 coming from the community, advisory
25 committees or any of the people that

1 have testified today.

2 And so, we're also reaching out
3 to individuals inviting them to our
4 meetings, asking if we can come to their
5 meetings, if they have grassroots
6 organizations. And all of those things
7 I think are going to continue ongoing.
8 With that communication piece, I think
9 is what has really been helpful.

10 COUNCILWOMAN GAUTHIER: Thank
11 you. Sorry. The second part of the
12 question was what other training
13 curricula would you want to bring here?

14 DR. WRIGHT: Yes. And I think
15 we've talked about different models from
16 around the United States. Somebody
17 mentioned the CAHOOTS model and we have
18 staff that are working and looking at
19 some of those other jurisdictions. And
20 to Inspector Healy's point and to
21 Councilwoman Gym's point, we are also
22 working with national consultants like
23 MacArthur and Vera Institute and
24 different ones to help us understand
25 what police trainings are out there that

1 are available. But not just that, but
2 also learning from police what we can do
3 as behavioral health specialists and
4 professionals to help that partnership.

5 I think the next one coming is
6 the civilian-based training that
7 everyone has referred to today and
8 really tweaking that to make it fit with
9 what we need in Philadelphia. And I
10 think that is really, really going to be
11 key and looking at any of the other ways
12 that we can increase and improve our
13 communication, any of those types of
14 trainings. But that de-escalation
15 training and that training to understand
16 behavioral challenges and how they
17 manifest, I think those are going to be
18 key going forward.

19 COUNCILWOMAN GAUTHIER: Thank
20 you. And I have one last question.
21 Low-income communities and communities
22 of color continue to experience
23 disproportionately high rates of arrest,
24 incarceration and aggressive enforcement
25 tactics, such as many of our residents

1 are inclined to (inaudible) even call
2 911 in the first place, so it makes
3 sense as a City that we should be
4 promoting the DBHIDS hotline more
5 intensively.

6 What type of public education
7 and community engagement need to go
8 alongside this in order to make it a
9 success?

10 COMMISSIONER BOWEN: So I would
11 like to speak to that just a little bit
12 and then, Director Wright, if you want
13 to jump in on that. First of all, I
14 just want to be clear for the record
15 that the number of calls that the
16 Philadelphia Crisis Line has coming in
17 to it is 54,400 per year, so there is a
18 fair number of direct calls into that
19 line. However, that is something that
20 we're looking to expand through these
21 programs and the proposals that we have
22 on the table. In order to expand that,
23 we would need to expand the PCL line
24 itself as more calls come in.

25 There's a couple of different

1 ways in which we're looking to bring
2 information out to the communities. One
3 is through our community-based outreach
4 and engagement efforts and we have over
5 250 events a year where we share that
6 information. We've been present at City
7 Council community events. We appreciate
8 our presence at your events as well as
9 in different neighborhoods.

10 We also have been pushing out
11 our websites and our social media. And
12 our dbhids.org website is up 40 percent
13 in terms of page views, so we do think
14 we're having some effect by pushing out
15 the information which is just chock-full
16 of resources to the point of some of the
17 other members of this panel. In
18 addition, the phone number itself we are
19 looking at the 988 number for behavioral
20 health crises, suicide and other crises,
21 that is a national effort and we are
22 required to initiate that in 2022. But
23 because of the urgency of the situation
24 in Philadelphia, we are looking to get
25 that up and running as early as spring,

1 and that would make it easier for people
2 to call directly into the PCL line or
3 the alternative, perhaps for many, for
4 911.

5 I also want to in answer to
6 your question, Councilmember, talk about
7 the supports that we have for families
8 and individuals and community in our
9 work with NAMI. For example, they have
10 support groups and education for
11 families in order to help communities
12 navigate a mental health crisis. And
13 not every community is the same, so the
14 work there is to help how families and
15 particular communities can navigate a
16 mental health crisis.

17 Anything we put into the
18 tool kit to help make that easier for
19 folks when they're in a crisis, I really
20 appreciate it, as well Ms. Thompson's
21 testimony. I think that was incredibly
22 powerful and I think some of what we're
23 trying to put into place may help
24 improve some of her experiences. We
25 have a tool kit that's being developed

1 between the PPD, DBHIDS and NAMI that
2 would put out -- it's already put out
3 tips, a quick reference, in a crisis for
4 families to know what might be best.

5 There are scenarios that are a bit more
6 involved, but that help people figure
7 out how best to plan, the Premise
8 History document that you heard
9 Inspector Healy speak about, that puts
10 information out beforehand, and then the
11 NAMI support groups and the NAMI
12 educational forums.

13 I'd also like to just bring to
14 attention work that DBHIDS has done with
15 the Family Resource Network. And I'm
16 just going to say for folks who are
17 listening, that's frnfamilies.org.

18 Again, helpful support for families who
19 are struggling with some of the
20 challenges we've been talking about here
21 today. So hopefully, that helps to
22 answer the question as we continue to
23 expand and look at our proposals
24 together to improve the system overall.

25 COUNCILWOMAN GAUTHIER: Thank

1 you.

2 Thank you, Madam Chair.

3 COUNCILWOMAN BASS: Thank you
4 very much.

5 If we can have our Madam Clerk
6 call the next panel forward. I was just
7 alerted that there's a 1:00 p.m.
8 Commerce hearing. And so, we are going
9 to have to have a hard stop. We can
10 probably go a little bit over 1 o'clock
11 because we have quite a few folks left
12 to testify, but we are going to have to
13 limit our speakers to two minutes each,
14 so we're going to ask them to edit their
15 testimony.

16 We look forward to reading all
17 of your testimony. Once you provide it
18 in writing to the Committee, we'll make
19 sure everyone has it. And hopefully,
20 we'll dive right into it as quickly as
21 possible today. So thank you so much.

22 And, Madam Clerk, if you can
23 call the next panel forward.

24 THE CLERK: Shawn Aelong, Mecca
25 Grier, Carly Hester, Dr. David Thomas

1 and Joe Mancini.

2 COUNCILWOMAN BASS: Okay. And
3 if we could start in that order and we
4 are going to ask you to limit your
5 testimony to two minutes and we will
6 have a timer so once you hear the bell,
7 that means that your time is up. So
8 thank you very much and if we can start
9 in that order.

10 MR. AELONG: Good afternoon.
11 My name is Shawn Aelong. I am a
12 disability advocate. I am also a Temple
13 student at Temple University. I would
14 like to thank Councilman Derek Green,
15 Councilwoman Cindy Bass and all the
16 other Councilmembers.

17 Today what I want to talk about
18 is that being Black and disabled, and
19 I'm going to be quite honest, should not
20 be a death sentence. And what happened
21 to Walter Wallace should never had
22 happened and here's why: The police
23 often times have a preconceived notion
24 about people with intellectual
25 disabilities, have a preconceived notion

1 about those who is different than us.
2 But in all naturalness, a disability is a
3 natural human experience that have often
4 times been demonized by society, have
5 often times been looked at as
6 noncapable.

7 In what I'm asking the City
8 Council to do is to make it mandatory
9 that police officers not only go through
10 training, but also do community service
11 with a disability organization so that
12 they can know how to interact with
13 someone that has autism, someone that
14 has a mental disability, someone that
15 has an intellectual disability.

16 We cannot call this the City of
17 Brotherly Love and Sisterly Affection if
18 we do not have compassion for those who
19 want to be included in society. We
20 cannot say that liberty and justice for
21 all unless we have policies and
22 procedures in place. So I'm asking you
23 all to not just do the training, but
24 also hold them accountable for their
25 actions. And just, I sit on the

1 Commission with Anthony Erace and it's
2 cool to have these discussions and
3 stuff, but we need to hold them
4 accountable. Thank you.

5 COUNCILWOMAN BASS: Yes. Thank
6 you, Shawn. Thank you for your
7 testimony and for being here with us
8 today and we really appreciate your
9 testimony. We're going to hold
10 questions until the end of the panel, so
11 please stand by.

12 And if we could have Madam
13 Chair -- Madam Clerk, if you could call
14 up the next panelist to testify. And
15 again, we're going to ask folks to limit
16 their testimony to two minutes.

17 THE CLERK: Mecca Grier. Is
18 she on the phone, Council Support?

19 COUNCILWOMAN BASS: Okay.
20 Mecca Grier.

21 Okay. Madam Clerk, could you
22 call the next panelist. And if she
23 appears, we will come back to her.

24 THE CLERK: Carly Hester.

25 MS. HESTER: Good morning,

1 Chairperson Jones, Chairperson Bass and
2 members of the Committee on Public
3 Health and Human Services and the
4 Committee on Public Safety. My name is
5 Carly Hester and I am the Manager for
6 NAMI Philadelphia. I'm testifying today
7 on the intersection of mental health
8 disability and police encounters.

9 NAMI Philadelphia is an
10 affiliate of the National Alliance on
11 Mental Illness, NAMI, which is the
12 nation's largest grassroots mental
13 health organization dedicated to
14 building better lives for the millions
15 of Americans affected by mental illness.
16 And I have the honor and privilege of
17 leading our Philadelphia affiliate.

18 Recently, this year especially,
19 NAMI Philadelphia has really come
20 together with the City of Philadelphia,
21 DBHIDS and the Philadelphia Police
22 Department and other community agencies
23 to serve those impacted by mental
24 illness. We've moved all of our
25 services virtually, including all of our

1 support groups for individuals and
2 families impacted by mental illness.

3 And for those of you who don't
4 know, all of our services are free to
5 individuals who need them. You can
6 access support groups throughout the
7 entire week. We have a full schedule of
8 support groups for individuals impacted
9 by mental illness that individuals and
10 families can access through Zoom or
11 similar to a setup like this.

12 We also understand that
13 although we are working from home and
14 this pandemic has unfortunately kept us
15 home, our family members and loved ones
16 are hungry for support and education.
17 So just because the City closed, NAMI
18 has not closed, and we are still serving
19 and loving and offering hope to
20 individuals who are impacted by mental
21 illness.

22 In light of the events that
23 took place in our City surrounding the
24 death of Walter Wallace and those we
25 have lost before him, NAMI Philadelphia

1 believes strongly that we could not sit
2 quiet. Following this tragic incident,
3 we worked together with DBHIDS under the
4 leadership of Acting Commissioner
5 Dr. Jill Bowen as well as the PPD to
6 provide resources to our community.

7 We created quick and
8 easy-to-read social media sharable
9 images outlining ways in which people
10 can communicate effectively with 911
11 when calling regarding a mental health
12 crisis. It gave Philadelphians concrete
13 tips and strategies for how to navigate
14 these situations in times of crisis.
15 Our office also created and hosted a
16 community educational forum titled
17 Navigating a Mental Health Crisis, where
18 we invited community members to learn
19 the ins and outs of the crisis system.
20 And we will be offering another one of
21 these presentations in January.

22 COUNCILWOMAN BASS: Ms. Hester,
23 unfortunately, we're out of time. Can
24 we get you to summarize?

25 MS. HESTER: Of course. I just

1 want you guys to know that NAMI
2 Philadelphia continues to work hard and
3 passionately around this subject and
4 that we are here for you as advocates
5 and as educators. And if you need us,
6 you can reach us on our website at
7 namiphilly.org where you can find all
8 the support group information.

9 COUNCILWOMAN BASS: Thank you
10 so much for being here and for your
11 testimony, and please stand by as we'll
12 have questions after we get through the
13 panel. Thank you very much.

14 MS. HESTER: Thank you.

15 COUNCILWOMAN BASS: If we can
16 have Madam Clerk call the next panelist.

17 THE CLERK: Dr. David Thomas.

18 COUNCILWOMAN BASS: Dr. Thomas.

19 DR. THOMAS: Good afternoon.

20 COUNCILWOMAN BASS: Good
21 afternoon.

22 DR. THOMAS: Hi.

23 COUNCILWOMAN BASS: Hi. Thank
24 you for being here. Please state your
25 name for the record and begin your

1 testimony.

2 DR. THOMAS: Absolutely. My
3 name is David Thomas. Thank you for
4 having me. I'm the Chair of the Mental
5 Health Advisory Council of Disability
6 Rights of Pennsylvania, which is the
7 federally mandated protection and
8 advocacy agency in our Commonwealth and
9 it has fulfilled our protection and
10 advocacy role for 42 years by providing
11 legal and advocacy services for people
12 with disabilities in institutions and
13 community settings.

14 Our mission is to protect and
15 advocate for the rights of people with
16 disabilities so that they may live the
17 lives they choose free from abuse,
18 neglect, discrimination and segregation.
19 Black Lives Matter. On behalf of
20 Disability Rights Pennsylvania and our
21 communities, we thank you for the
22 opportunity to testify today of issues
23 of policing and disability.

24 The CDC estimates that 1 in 4
25 Americans are disabled and people with

1 disabilities are disproportionately
2 likely to live in poverty. And
3 according to a 2011 study, Black
4 Americans are more likely to have a
5 disability than their White
6 counterparts. As we witnessed recently
7 in Philadelphia and across the country,
8 police interactions with people in
9 mental health crisis can spiral out of
10 control.

11 According to a recent Time
12 article, people with mental illness
13 account for nearly one-third to one-half
14 of police shootings each year, and those
15 chances increase when an individual is
16 both Black and disabled. DRP does not
17 have the expertise in de-escalation, but
18 there is good work being done here in
19 Pennsylvania and across the country.
20 It's important to engage organizations
21 in groups training and developing
22 de-escalation trainings and engagement
23 for police to lead these meaningful
24 reforms. DRP would be happy to discuss
25 these groups with you.

1 To adequately address issues
2 for de-escalation, there is a need to
3 embrace the culture and the climate of
4 community crisis training in
5 communication. Police departments need
6 to look at what is being communicated to
7 officers, how the trainings are being
8 conducted and who's conducting those
9 trainings. It is so especially
10 important that officers be trained on
11 disability resources, that resources are
12 developed to allow for expertise with
13 crisis intervention when needed during
14 police calls. People in mental health
15 crisis should also not be dying because
16 crisis intervention teams are not
17 available or police have not received
18 appropriate training on de-escalation
19 and engaging with individuals in mental
20 health crisis.

21 We suggest a review of the
22 arsenal used in everyday engagements
23 with the community, a specialized
24 training on communication addressing the
25 deaf and hard of hearing community as

1 well as other psychiatric behaviors.
2 This must include engagement with mental
3 health and workers and disability
4 advocates who can assist in training of
5 the usage of commonsense and
6 de-escalation. It is especially
7 important that departments reflect the
8 communities they serve and
9 African-American officers who can share
10 the culture of the communities served in
11 the climate young officers may face
12 should be engaged in these discussions
13 as well.

14 Finally, we would also like to
15 highlight that Pennsylvania fails to
16 require and fund the specialized
17 services that are necessary to keep
18 people with disabilities and mental
19 illness well. Services such as targeted
20 outreach, crisis services, intensive
21 case management, assertive community
22 treatment teams, mobile medication
23 services, peer support services,
24 psychiatric rehabilitation services and
25 adequate housing must exist in every

1 county.

2 As long as the lack of
3 commitment of funding for mental health
4 services continues, it will be difficult
5 to make meaningful inroads to providing
6 critical mental health supports and
7 services to ensure successful recovery
8 and to avoid individuals with serious
9 mental illness ending up in crisis. I
10 thank you again for the opportunity to
11 testify today. Disability Rights
12 Pennsylvania looks forward to continuing
13 in this important discussion.

14 COUNCILWOMAN BASS: Thank you
15 for your testimony. It's very
16 insightful. We appreciate it. As I
17 mentioned before, we are up against a
18 hard stop that's coming up, so please
19 pause, if you will, hang around and
20 hopefully we'll have some time for some
21 questions, and we're moving through to
22 the next speaker. So please hang around
23 if you don't mind.

24 If we could have the Clerk call
25 the next speaker who is here to testify,

1 that would be great.

2 THE CLERK: Mecca Grier,
3 Philadelphia resident and parent. You
4 might have to press 6 to unmute if
5 you're on the phone.

6 MS. GRIER: Hello?

7 COUNCILWOMAN BASS: Mecca
8 Grier?

9 MS. GRIER: Hello?

10 COUNCILWOMAN BASS: Is this
11 Mecca Grier?

12 MS. GRIER: Yes, this is Mecca.
13 How are you?

14 COUNCILWOMAN BASS: Hi, Mecca.
15 This is Councilwoman Cindy Bass.
16 Welcome to the hearing. We are up
17 against a hard stop which is a deadline,
18 a time deadline cut-off. So we're
19 asking if you wouldn't mind, if you
20 could summarize your testimony in two
21 minutes. So when you hear the bell,
22 that means that your time is up. And
23 so, please state your name for the
24 record and proceed with your testimony.

25 MS. GRIER: Hi. My name is

1 Mecca Grier. And my testimony that I'm
2 giving today is in reference to my
3 32-year-old son who struggles with
4 mental health issues. And one of the
5 encounters that I did have with the
6 Philadelphia City Police Officers when
7 they responded to the call, they were
8 just, you know, a lot of the officers
9 were not CRT, crisis-response trained.
10 So when they came to my home, my son was
11 in a crisis.

12 And the first -- one of the
13 officers, their first attempt was to
14 tase him. Thank God that myself along
15 with my sister and my nephew was there
16 to de-escalate the crisis that he was
17 having at that time. We were able to
18 kind of explain to the officers that he
19 was going through a mental health crisis
20 and that we wished for them not to have
21 tased him.

22 My concern was the fact that
23 they weren't CRT-trained and that the
24 first impression of them was to tase him
25 and not understanding or getting the

1 full understanding of his mental health
2 crisis at that time. So being
3 concerned, my concern was that all the
4 officers, my suggestion would be that
5 they get training to be able to
6 understand how to handle someone with a
7 crisis and not use aggressive force.
8 Because what I noticed with my son that
9 when the officers were being aggressive,
10 it made him more aggressive. And
11 although we had the situation under
12 control -- during that time we had the
13 situation under control, but the
14 officers were just being like I said
15 aggressive and they wanted to act
16 according to what they know how to do,
17 and that's not good. That's not good at
18 all.

19 I'm a big advocate for anyone
20 who has family members that are
21 suffering with mental health issues.
22 And having mental health crisis, these
23 officers really need to be trained. And
24 I would also like to add that I
25 personally feel that instead of the

1 officers coming out to respond, they
2 should send out maybe the paramedics to
3 come out and then maybe have the
4 officers come as backup.

5 I had a total of 15-plus cops
6 at my house. And I did inform the
7 officer on the phone that we pretty much
8 were able to de-escalate the situation
9 at that time. But again, when the
10 officers stepped in my home, the first
11 thing he took out was his taser ready to
12 tase him and telling my son to come on,
13 come on, come on. And he was not right
14 in his state of mind. And when you're
15 not in your right state of mind, you're
16 going to react differently.

17 COUNCILWOMAN BASS: Right.
18 It's not going to be a reasonable
19 response. Thank you so much for your
20 testimony. We really appreciate you
21 here today and please hold the line if
22 you can, so that if anyone has any
23 questions for you, that we can come back
24 to you. We have a hard stop at
25 1 o'clock, which is probably going to go

1 just a little bit over if we can stretch
2 it, because we want to get as many
3 speakers in as possible. So please
4 stand by and we'll keep you posted and
5 hopefully be able to ask some questions.

6 Madam Clerk, can you call the
7 next panelist to speak.

8 THE CLERK: Joe Mancini,
9 Executive Director of PA Region 2 of
10 KenCrest.

11 COUNCILWOMAN BASS: Thank you.

12 MR. MANCINI: Hi, everyone.
13 Can you hear me?

14 COUNCILWOMAN BASS: Yes, we can
15 hear you well.

16 MR. MANCINI: My name is Joe
17 Mancini. I am the Executive Director
18 for KenCrest. And rather than reiterate
19 what I put in my written testimony, I'll
20 just mention a few highlights here and
21 understanding and knowing the difference
22 between mental health and ID and how
23 that expresses itself and training
24 officers on how to manage those
25 situations, even after the fact it does

1 result in an arrest, court systems that
2 are set up and able to address proper
3 consequences or accountability for those
4 individuals, make sure they're getting
5 the right support and are in place so
6 they can be successful and not end up
7 incarcerated where they take on more
8 behaviors.

9 Organizations like KenCrest are
10 ready and established and have our own
11 personal trainings that we've been
12 trying to connect with. So any support
13 we can give to the City or the state, we
14 have these things in place. What I did
15 want to share with you today was my own
16 personal experience. Not only do I work
17 in the human services field, but I'm a
18 parent of a loved one with a disability,
19 my 9-year-old daughter now.

20 At 5 years old, she has severe
21 sensory needs, and when we were in the
22 mall bathroom using the hand dryer, she
23 began to have an explosive outburst. It
24 resulted in me having to carry her from
25 the men's bathroom out into public,

1 where Good Samaritans then called the
2 police, thinking I was attempting to
3 abduct my own daughter.

4 When police arrived, no one was
5 trained on sensory needs or
6 developmental disorders. It resulted in
7 a very hostile situation, where I was
8 trying to use key words like disability
9 and other things to help trigger some of
10 the officers' response to understand
11 that this isn't an intended abduction,
12 that this is something that we navigate
13 on a regular basis.

14 We were very lucky in the fact
15 that one of the officers there had some
16 familiarity with disabilities and was
17 able to help de-escalate other officers
18 in that situation. But without that, it
19 could have ended very poorly for myself.
20 So I think some of the things we need to
21 keep in mind here are that not only is
22 it family members that are contacting
23 911, it is Good Samaritans, good
24 strangers that have no idea.

25 So while sending out

1 individuals that can help support in a
2 less aggressive manner is something I
3 fully support, needing also and not
4 leave behind the component of training
5 for officers in making sure they have a
6 clear understanding of all the
7 components of human services.

8 COUNCILWOMAN BASS: Thank you
9 for your testimony and for your
10 recollection of that event. And again,
11 it just really helps all of us to make
12 sure that we all understand, that we all
13 get it, that people may be more well-
14 intentioned but don't really understand
15 what it is that is being presented
16 before them and can make a judgment that
17 could really be catastrophic. So I'm
18 glad that the situation worked out, but
19 again, it's important that we all hear
20 this information. So thank you so much
21 for being here today and for relaying
22 that detailed story.

23 Again, we are asking that folks
24 stand by in case there are any questions
25 as we move to the next panel or actually

1 I'm going to ask among our colleagues,
2 are there any questions. Because you,
3 Mr. Mancini, actually end this second
4 panel.

5 Are there any questions among
6 our colleagues?

7 (No response.)

8 COUNCILWOMAN BASS: And seeing
9 none, I'm going to keep rolling right on
10 to the next one.

11 Madam Clerk, if you can begin
12 by calling Panel 3. If you could line
13 them all up, and we can proceed in that
14 order.

15 THE CLERK: John F. White, Jr.,
16 President and CEO of the Consortium,
17 Inc., Dr. Kenneth Certa, Co-Chair of the
18 Government Relations Committee of the
19 Pennsylvania Psychiatric Society, member
20 of Philadelphia Psychiatric Society and
21 Director of Acute Psychiatric Services
22 at Thomas Jefferson University
23 Hospital; Marla Davis Bellamy, Director
24 of the Philadelphia Ceasefire/Philly HUB
25 and Director of Civic Engagement, the

1 Center for Bioethics, Urban Health and
2 Policy of the Katz School of Medicine at
3 Temple University; and David C. Dunbeck,
4 Executive Director of the Center for
5 Nonviolence and Social Justice/Healing
6 Hurt People.

7 COUNCILWOMAN BASS: Thank you
8 very much. And if we could start with
9 the Honorable former member of
10 Philadelphia City Council, Mr. John F.
11 White, Jr.

12 MR. WHITE: Thank you so much,
13 Chairperson Bass and Chairman Curtis
14 Jones. Any time I have an opportunity
15 to interact with Council, it's an honor
16 and a privilege. And I'm humbled every
17 time somebody calls me Councilman. It's
18 one of the toughest bodies in
19 government, I think, across this
20 country.

21 We've been involved in -- first
22 of all, I've distributed my testimony so
23 I'm not going to bother to read it. But
24 I do want to try to summarize some of
25 the high-level discussion that this

1 contains. You certainly need to be
2 aware that the Consortium is not new to
3 mobile crisis. We've been providing
4 mobile crisis services with more than 25
5 years and doing it successfully.

6 Recently in 2019, our mobile
7 crisis unit responded to more than 1200
8 calls. It resulted in only three
9 involuntary commitments, 291 voluntary
10 commitments. But most importantly,
11 there were 911 calls that did not end in
12 hospitalization, saving the City
13 hundreds of thousands, if not millions
14 of dollars. There was no police
15 involvement with the exception for four
16 occasions. But there were no arrests
17 and no violence. No citizen was injured
18 and no injury to the police.

19 It's done because of the
20 interaction that the mental health team,
21 a part of our mobile crisis, has
22 developed in part with the Police
23 Districts in the West Philadelphia area.
24 It's not a mandate. We're not required
25 to do it. We're not even encouraged to

1 do it. We have taken the initiative on
2 our own.

3 We've attended roll calls.
4 We've participated in District Advisory
5 Council meetings. And many folks know
6 just about our services, and
7 particularly, the availability of our
8 mobile crisis unit. To that extent,
9 less than half of the calls that we've
10 received have come from that hotline.
11 The majority of calls that we've
12 responded to have either come directly
13 from police officers or directly into
14 our mobile crisis unit.

15 That's significant because it
16 points to one of the things that I'm
17 asking Council to do and, that is, to
18 help launch a massive public education
19 program where people know what line to
20 call. Publicize that hotline number.
21 Post it to all of our public buildings.
22 Encourage SEPTA to do similarly what
23 they did with the hepatitis campaign to
24 inform about hepatitis.

25 We've got to educate the

1 community. We're not just asking you to
2 do it. But in looking at that Wallace
3 case, we went back and said what could
4 we have done different. Why did she
5 call 911 and not us. And so, we decided
6 let's take a look at our community
7 outreach and our family engagement.

8 We're no longer just asking who
9 is the contact in an emergency
10 situation, who is the center of our
11 support system. You want to reach out
12 to them and teach them and educate them
13 as to what to do when you're facing a
14 crisis such as that. Unfortunately, we
15 even got to get to the point of warning
16 our clients, support members, their
17 families what unintended consequences of
18 calling 911 instead of the hotline
19 crisis number can be.

20 It's not against the police.
21 In fact, if we do this correctly, if we
22 launch this campaign and people become
23 more familiar with the hotline number,
24 in many respects we will be relieving
25 the police of a duty for which they are

1 not qualified to perform.

2 Secondly, you should also be
3 aware that there are only two mobile
4 crisis units in the entire City of
5 Philadelphia. And only one of them is
6 24 hours a day. There are no mobile
7 crisis units in the Northwest, in the
8 Northeast or in the Kensington area, the
9 Frankford area, none. You need to
10 really consider making sure that mobile
11 crisis services are available in every
12 community.

13 To build a budget for the two
14 units that we operate is about \$500,000
15 and we're not 24 hours a day, so you
16 need to take consideration into that,
17 because weekend services are not
18 available either. Those are things that
19 you're probably not aware of. Just like
20 the information that you heard today was
21 new information from many people. When
22 you put it all together, it makes you
23 wonder then how did it happen.

24 With all the resources that
25 have been identified for you today, from

1 the police, from DBH, it still begs the
2 question why did it have to happen. CIT
3 training is wonderful, but how often is
4 it provided. 3500 officers have been
5 trained. Since when? How many of them
6 are still on the force? Is there any
7 reinforcement of that training
8 throughout the years? Those are basic
9 questions that can enhance the work that
10 the new leadership at DBH is trying to
11 bring about and to really kind of close
12 some of the gaps that exist.

13 Finally this, you may be
14 curious about the difference between the
15 co-responding team and what we do, which
16 is a CAHOOTS model. We are
17 civilian-based. There are no police
18 officers involved. We offer not just
19 the mental health therapist and the
20 worker, but we also have a certified
21 nurse practitioner who's able to then
22 administer medication when medication is
23 called for.

24 The biggest difference is that
25 if a case erupts in West Philadelphia,

1 more than likely they're already known
2 to our agency. We have access to their
3 records. We have access to it
4 regardless. The co-responders don't.
5 But in all, it's another layer that will
6 be very, very helpful.

7 The City says they want to do
8 this hybrid, what we're doing, what the
9 CAHOOTS, what the co-responders are
10 doing in hope to offer a variation of
11 methods and opportunities to not just
12 respond to this crisis, but also to try
13 to avoid them.

14 Thank you for your time. You
15 didn't have to blow the whistle on me.
16 I've been in City Council. I know what
17 that's like. I really do hope that
18 Council takes this seriously. Do you
19 want your community to be without a
20 mobile crisis unit? Can you afford not
21 to have those services available on a
22 24-hour basis and on weekends? I think
23 we can conclude that you can't afford to
24 do that. Thank you very much for your
25 time.

1 COUNCILWOMAN BASS: Thank you.
2 Thank you so much, first of all, for all
3 of your years of service to the City of
4 Philadelphia, to the Commonwealth of
5 Pennsylvania, for what you're doing now,
6 all around helping people.

7 And I agree with you, if we had
8 had a different number that was out
9 there that people knew, 911 wouldn't be
10 the catch-all for every single thing.
11 Any emergency, any situation, dial 911.
12 And I'm glad that we are having this
13 conversation, albeit very, very late
14 about reimagining what it is that we
15 need to do.

16 And so, I think that
17 unfortunately, tragically we lost a
18 young man, a young father who was having
19 a mental health breakdown. We didn't
20 have to. And I think that we're
21 learning from this. I pray that we're
22 going to do things differently. I know
23 that we're going to work to do things
24 differently. And so, I really want to
25 say thank you for all of your input and

1 suggestions. And I'm certain that you
2 we will be calling on you, reaching out
3 to you for your expertise, if you don't
4 mind, providing it to us in the future
5 as we proceed.

6 MR. WHITE: Thank you very
7 much, Councilwoman.

8 COUNCILWOMAN BASS: Thank you.
9 Thank you.

10 I see that Councilwoman
11 Gauthier and also Councilman Kenyatta
12 Johnson have questions. I'm going to
13 ask that you hold just for a moment
14 because again, we have a Commerce
15 hearing that we are running over and
16 we're taking up their time. So I'm
17 going to ask for my colleagues to just
18 hold and pause for a moment, and we'll
19 come back and answer any questions that
20 you may have.

21 Madam Clerk, can we call the
22 next panelist forward.

23 THE CLERK: Dr. Kenneth Certa.

24 DR. CERTA: Hello. And thank
25 you for the opportunity, although I

1 wished I had not been slated to speak
2 behind such an eloquent speaker and
3 someone who I have had a lot of respect
4 for many, many years. It's great that
5 we are working together to solve this
6 problem. And I don't want to take up
7 too much of your time because I'm sure
8 there are specific questions that you
9 all have for him because of his really
10 incredible depth of knowledge in this
11 area.

12 You have my testimony. A
13 couple of things that I'll highlight:
14 One, is that this is not new. This is a
15 problem that the entire country faces
16 and has for a while. I mention in here
17 and duplicated for you the position
18 statement of the American Psychiatric
19 Association, I'm currently on their
20 Board, to about police interactions with
21 persons with mental illness, which as
22 you heard far too often ends in death.

23 A quarter to a half of people
24 who are shot and killed by police are
25 people with serious mental illness, the

1 people that I care about a lot. What
2 worries me a lot is some of the things
3 that I've heard in this morning, which
4 has been eye-opening, which is the
5 collateral damage of the Walter Wallace
6 death, which is tragic for all of us, is
7 that it is going to continue to
8 reinforce to families not to call 911
9 when they and their loved ones are in
10 danger and that scares me a lot.

11 We've heard about the Crisis
12 Intervention Training, which the City
13 does for a lot of officers and which is
14 a model that's referenced even in our
15 position statement. What's clear there
16 is that training police is just very one
17 small part of this whole process. And
18 an expensive part -- the CIT training
19 unfortunately can't be done broadly
20 because it is so expensive. But what it
21 really highlights is the need to involve
22 the community in other different ways.
23 The three-pronged approach that
24 Dr. Bowen had mentioned about having
25 co-responders, having community

1 responders and then having the police as
2 tools in the toolbox for dealing with
3 this is important. But it's not going
4 to be important unless people in the
5 community trust it.

6 And the tragic thing for me as
7 a psychiatrist is having family members
8 who are in trouble and who refuse to
9 call the police because they don't want
10 to have something to happen. And
11 whatever comes from this, we need to
12 make sure that people know we're not
13 going to send police out to hurt your
14 family member because we don't want to
15 lose people the way we did Mr. Wallace,
16 and we don't want to have families
17 suffer needlessly, and sometimes
18 suffering (inaudible).

19 One other thing I'll mention,
20 the news cycle is very brief. We have
21 our attention focused on Mr. Wallace.
22 There was another murder in Philadelphia
23 the year before. I don't know how many
24 of you remember the young man also with
25 schizophrenia, who unfortunately

1 developed delusions about his family.
2 Family tried to bring him into crisis.
3 He ended up getting released
4 unfortunately, went to a gun shop in
5 South Philadelphia, bought -- and killed
6 four members of his family. And that
7 was not that long ago. And when I was
8 preparing a lecture for something, I
9 remembered it because I prepared a
10 lecture about it last year.

11 We have to keep this front and
12 center. We can't just attend to the
13 moment. We need to set up a system that
14 works in other situations as well. I
15 will yield my time. Thanks.

16 COUNCILWOMAN BASS: Thank you.
17 Thank you for joining us and thank you
18 for the reminder that this is happening
19 every single day. This is not a
20 one-off, that these mental illness
21 crises continue to happen and we need to
22 develop better strategies for dealing
23 with them. So thank you so much.

24 Madam Clerk, if we could have
25 you call the next witness to testify.

1 THE CLERK: Marla Davis

2 Bellamy.

3 MS. DAVIS BELLAMY: Good

4 afternoon, Madam Chair.

5 COUNCILWOMAN BASS: Good

6 afternoon.

7 MS. DAVIS BELLAMY: How are

8 you?

9 COUNCILWOMAN BASS: I'm very

10 well. How are you, my dear?

11 MS. DAVIS BELLAMY: I'm doing

12 well. I'm doing well.

13 COUNCILWOMAN BASS: Good to see

14 you.

15 MS. DAVIS BELLAMY: Good to see

16 you as well. And appreciate this

17 opportunity. I have a solution that

18 does not cost the City anything. So I

19 just want to tell you a little bit about

20 an experience I had going to Chelsea,

21 Massachusetts. I heard about Chelsea,

22 about what they were doing through a

23 technical support call, Department of

24 Justice. And it's actually a program

25 led by the Chelsea Police Department.

1 They have developed a program
2 called the Chelsea HUB, where weekly
3 they bring about 35, 40 agencies around
4 the table and they discuss high-risk
5 situations in which they can
6 collectively address. When I was there,
7 it was a social worker who introduced a
8 situation where a woman had been
9 domestically abused the night before and
10 she told a little bit about the
11 situation. And then there was a
12 question asked whether or not anyone was
13 familiar with her and/or family. And
14 each of the people around the room who
15 had database or access to database
16 pulled up their databases to see whether
17 or not this woman was in their system,
18 whether or not she was receiving
19 services, whether or not her family was
20 receiving services. Then they moved on
21 to identify an agency. And let me say
22 that that's really groundbreaking.
23 Because as an agency, sometimes you can
24 spend a year just trying to figure out
25 what's going on with this family. So to

1 have organizations there who could do
2 this in a matter of minutes is extremely
3 helpful.

4 Then an agency has to step
5 forward and say, I will be responsible
6 for this situation, I'll take the lead
7 on it. And then other agencies will
8 say, well, we'll help you with this.
9 And then immediately after this one-hour
10 meeting, they strategized, identified
11 kind of what they planned to do. Then
12 they do what they call a door-knock.
13 They leave that meeting and go
14 physically to the home, for instance, of
15 this woman who had been domestically
16 abused the night before. They introduce
17 themselves, talk about what they do in
18 terms of next steps to support her.

19 I was just amazed, came back to
20 Philadelphia, brought the people from
21 Chelsea to Philadelphia and since
22 COVID-19, we have launched the Philly
23 HUB. Every Monday morning at 11 o'clock
24 we have 35 to 40 agencies that get
25 together one hour to review situations

1 involving crisis kind of situations.

2 We identified or suggested that
3 what we wanted to do based on data was
4 kind of focused on our young people,
5 ages 13 to 24. However, we certainly
6 are open to address the needs of adults.
7 So we are working with families, working
8 with individuals who are in crisis and
9 we're able to respond in terms of 24, 48
10 hours immediately after we've been made
11 aware of the situation. So this is
12 something that's available right now to
13 anyone in terms of Council,
14 community-based organizations.

15 We certainly, definitely want
16 to connect with our Police Department.
17 After hearing about 911 and all of these
18 other systems that certainly are
19 overwhelmed, they could refer some of
20 these situations to the HUB in terms of
21 support. So we have about 40 members.
22 About half of them are actually mental
23 health employees or working with
24 behavioral health.

25 So I certainly look forward to

1 reaching out to everyone who was
2 actually testifying today, because I
3 think one of the challenges, we need to
4 break out of our silos and work closer
5 together. Thank you.

6 COUNCILWOMAN BASS: I think you
7 are absolutely right, and I look forward
8 to participating. So I will be in touch
9 with you and among my colleagues, anyone
10 who is interested, we will point them in
11 your direction and make sure they have
12 your contact information. Thank you so
13 much, Marla, for being here. Always a
14 wealth of information. Thank you.

15 If we can have the Clerk call
16 the next speaker. And the speakers that
17 we have coming up, again we are really
18 at a hard stop. We really have extended
19 our time and are impeding on another
20 hearing that has to take place. So if
21 folks could, if they are willing to
22 submit their testimony in writing, I can
23 assure you that every member of Council
24 will receive it and that they will
25 digest it. So if you want to get your

1 information into us, we will make sure
2 it is received and reviewed by every
3 office, so thank you very much.

4 Madam Clerk.

5 THE CLERK: David C. Dunbeck.

6 COUNCILWOMAN BASS: Mr. David
7 Dunbeck, are you here?

8 (No response.)

9 COUNCILWOMAN BASS: Okay.

10 Let's call the next -- if he arrives,
11 then we will come back to him.

12 MR. DUNBECK: No, I'm here.

13 COUNCILWOMAN BASS: Okay.

14 Wonderful. Please state your name for
15 the record and begin your testimony.

16 Please abbreviate as much as possible.

17 MR. DUNBECK: I'll send in my
18 full testimony, but I'll briefly hit a
19 few highlights and I'll try to maybe
20 even at one minute. Thank you so much
21 for this opportunity to speak to the
22 critical impressing issues of physical
23 and psychological safety for young
24 people in Philadelphia. I am David
25 Dunbeck, the Executive Director of the

1 Center for Nonviolence and Social
2 Justice at Drexel University.

3 Since 2007, the Center and Our
4 Healing Hurt People program has existed
5 to serve young people between the ages
6 of 18 and 35 who have suffered gunshot
7 wounds, stab wounds or physical assaults
8 at the hands of another person. We use
9 trauma assessment, case management and
10 evidence-based trauma treatment to
11 address both the physical and
12 psychological wounds of trauma so that
13 young people can heal, grow and thrive.

14 The average age of our clients
15 is 20 years old. Over 90 percent are
16 persons of color and 77 percent are
17 male. Besides the physical injuries
18 these young people have suffered, about
19 three-quarters also suffer from severe
20 post-traumatic stress symptoms and
21 sometimes full-blown PTSD. These
22 symptoms include hyperarousal and
23 extreme jumpiness, emotional numbing,
24 nightmares, flashbacks, avoidance,
25 depression, difficulty sleeping and

1 trouble concentrating, besides the
2 devastating impact that those symptoms
3 have on their ability to function in
4 school or work or stay safe.

5 I bring them up because they
6 also are critical when they're
7 interacting with medical and behavioral
8 health and law enforcement responders.
9 It's critical that these responders have
10 a critical working understanding of how
11 trauma shows up in the lives of these
12 young people. These young people may
13 exhibit anxiety and they may run in fear
14 or show signs of jumpiness or
15 hyperarousal that is just a
16 characteristic of their trauma.

17 And if those encounter them
18 hold unexamined racial biases and have
19 no knowledge or trauma-informed
20 practices, they may simply escalate the
21 situation. I also agree and we agree
22 with other speakers that talked about
23 how many law enforcement and medical
24 responders may also have their own
25 hidden trauma from the extreme

1 circumstances of their work and they
2 need support around dealing with that
3 trauma so that they do not do more harm
4 to others in the course of their work.

5 We end with three
6 recommendations: One has been talked
7 about a lot, about we support the
8 creation of a vision of trauma-informed
9 law enforcement where responders are
10 educated about psychological and racial
11 trauma along with support from
12 behavioral health professionals.

13 Another one that's been
14 mentioned before is we recommend the
15 training and deployment of community
16 health-worker peers who have lived
17 experience and can serve as connectors
18 of young people that needed services.
19 We have a lot of experience in our
20 center of training young people who have
21 experienced trauma to become community
22 health workers and certified peer
23 specialists, and then work alongside
24 other young people to help them access
25 services.

1 Our training academy graduates,
2 89 percent have been employed one year
3 after their enrollment. My final
4 recommendation has to do with creating
5 broader community conversations about
6 the impacts of trauma and the myriad
7 ways that young people and others can
8 heal to alleviate the stigma associated
9 with help-seeking.

10 More than ever people are
11 talking about trauma, but not enough
12 trauma healing. We have worked with the
13 Mighty Engine to develop and implement a
14 social media campaign around the hashtag
15 that #OurWordsHeal. Our Words Heal can
16 be accessed that we can heal from trauma
17 that Oregon is designed to share how
18 sustained traumatic stress impacts our
19 communities, bodies, minds spirit.

20 And more importantly, it
21 celebrates and honors our young people
22 and all of us can heal from systemic
23 racial and community violence. I'd like
24 to thank you for allowing us to add our
25 valuable experience and expertise to

1 this important discussion.

2 COUNCILWOMAN BASS: Thank you
3 so much for your participation and for
4 being here today and your commentary.

5 I know that this is the end of
6 this panel. So I'm going to ask if
7 Councilwoman Gauthier and then
8 Councilman Kenyatta Johnson if you have
9 questions, if you can be brief, because
10 again we are over time.

11 So, Councilwoman Gauthier.

12 COUNCILWOMAN GAUTHIER: My
13 question was for Mr. White, but he
14 actually answered it in his spoken
15 testimony. So I just want to take the
16 opportunity to thank him and the
17 Consortium for all of their service to
18 West Philadelphia and also for his
19 advocacy on this issue.

20 And I wished that we would have
21 had your team respond on October 26th to
22 the 6100 block of Locust. And I hope
23 that you will consider me and Council
24 your partner in making sure that we grow
25 the type of mental health response that

1 people in our communities really need to
2 be safe. So thank you so much.

3 MR. WHITE: And thank you.

4 Thank you so much for your work and we
5 look forward to continuing to work with
6 you.

7 COUNCILWOMAN BASS: Fantastic.
8 Councilman Kenyatta Johnson.

9 COUNCILMAN JOHNSON: Thank you
10 very much, Madam Chair.

11 First and foremost, I want to
12 thank Mr. John White, Jr. for his
13 dedication as a public servant. Most
14 may or may not know he was a former City
15 Councilman. He was a former
16 Philadelphia Housing Authority Executive
17 Director. He's also former Secretary of
18 Health and Welfare here in the state of
19 Pennsylvania, and he still is dedicated
20 as a public servant in addressing some
21 of the most pressing issues such as what
22 we're addressing right now. I'm also a
23 former Board member of the Consortium so
24 I have a passionate interest around
25 addressing this issue.

1 I'm going to get to the point
2 because I know we don't have a lot of
3 time. I think it's totally unacceptable
4 based upon his testimony that the lack
5 of mobile crisis units that are
6 available to service individuals who are
7 having episodes of mental health as it
8 relates to the police response. And so,
9 I just want to go on the record and get
10 an update from him as it relates to what
11 has been your engagement with the
12 Philadelphia Police Department, what has
13 been your engagement with the
14 Administration as it relates to how we
15 can solve this issue moving forward?
16 And then also, in terms of expanding
17 mobile crisis units, your
18 recommendations.

19 Me just thinking off the top, I
20 know we have 10 District Councilmembers.
21 We all should be advocating to have a
22 mobile crisis unit for 24 hours inside
23 our own respective Districts as a start.
24 And so, can you give us an overview on
25 what type of engagement have you had

1 with the Philadelphia Police Department,
2 the Administration in terms of moving
3 forward around this issue and also the
4 difference between the CAHOOTS model and
5 the City of Philadelphia hybrid
6 responders model?

7 MR. WHITE: Thank you very
8 much, Councilman. You make me seem a
9 little bit older than I am, but thank
10 you very much. Let's start with the
11 police. We started contacting the
12 various police departments in West
13 Philadelphia about two or three years
14 ago and working directly with them and
15 making them aware of the services that
16 we provide.

17 They were kind enough to invite
18 us to participate in roll calls, where
19 we can speak to the entire unit in that
20 particular shift. It's to the point now
21 where individual officers when called to
22 the scene if they assess it to be a
23 mental health issue, they will simply
24 call us directly or they'll call us
25 through the hotline and reach us that

1 way. So we've worked very closely with
2 the police in the 18th District, the
3 12th, the 16th and in the 19th.

4 But again as I said, we're
5 doing this on our own. There's no
6 mandate for them to cooperate. There's
7 no mandate for a mobile crisis unit to
8 interact with the local police district.
9 So I don't know what the other mobile
10 crisis unit does. But I know as far as
11 we're concerned, we have a tremendous
12 working relationship with the local
13 police districts in West Philadelphia.

14 As far as the City is concerned
15 and DBHIDS, they did invite us to a
16 meeting to talk about where we were.
17 They sought our input. They sought our
18 ideas, our insights into what we've been
19 doing. We agree that they're moving in
20 the right direction. Dr. Bowen has only
21 been here a couple of months and she
22 immediately began to address a problem
23 that has plagued this City for years and
24 that City officials have been talking
25 about for years. So we're very pleased

1 that direct action has been taken, but
2 that's not enough. We need them to be
3 an advocate too.

4 I don't know whether this came
5 across, but Dr. Bowen wants to expand
6 mobile crisis units and make this city-
7 wide. I don't know if she articulated
8 that, but that's what she articulated to
9 me. And thus, my testimony is going to
10 reflect that. So the expansion of
11 mobile crisis along with the increased
12 and enhanced training I think will go a
13 long way toward trying to help avoid
14 these issues in the future.

15 But please don't forget the
16 public education that is necessary with
17 this. If we don't enable to get people
18 to get away from 911 to call the
19 dedicated number situating of the matter
20 in the hands of a mental health
21 professional, then we'll be falling
22 short of our mark. We've got to set up
23 a separate line, and then you've got to
24 make sure that a public education
25 campaign is launched to raise the

1 awareness of people in Philadelphia as
2 to what to do in the case of a mental
3 health episode.

4 And as I said, we're not just
5 looking for somebody else to do this.
6 We're doing it ourselves, educating both
7 our members as well as their families
8 and our staff quite frankly in what to
9 do when you have a mental health agency
10 and why you shouldn't be calling 911 in
11 that situation.

12 So working together, I think we
13 can continue to move this thing forward,
14 but it does take all of us, all of us.
15 We don't expect DBH to do it alone. We
16 don't expect the provider community to
17 do it alone, and we don't expect the
18 representatives of the people to not be
19 a part of the public development
20 solution as well, but thank you for your
21 question.

22 COUNCILMAN JOHNSON: Thank you
23 very much.

24 And I just want to acknowledge
25 the work that my colleague and

1 Councilwoman Kendra Brooks and Isaiah
2 Thomas and Jamie Gauthier have been
3 doing around looking at the reallocation
4 of resources as it relates to our police
5 budget. Obviously, we want to be
6 supportive from a public safety
7 standpoint. We also don't want them to
8 be overwhelmed and burdened by a lot of
9 issues that pretty much they shouldn't
10 be addressing from a law enforcement
11 standpoint, which I believe at the end
12 of the day would also be supportive of
13 them.

14 Looking at how we expand mobile
15 crisis units across the City of
16 Philadelphia should be our number one
17 priority as members of Council but also
18 the public education standpoint.
19 Because if you call an officer to come
20 and address a domestic violence issue,
21 it should never result in a loss of a
22 person losing their life. And it's
23 unfortunate that it did happen and it
24 has happened in the past.

25 But hopefully, we can step up

1 to the plate and meet this challenge
2 regarding the public education
3 standpoint and most importantly,
4 utilizing officers in the best way
5 possible, and that's from a law
6 enforcement standpoint letting them
7 handle law enforcement issues and
8 getting mental health workers to help on
9 the mental health worker side.

10 So I just want to say thank
11 you, Madam Chair. Again, thank you,
12 Mr. John White, Jr., for your hard work
13 and your dedication. And as a matter of
14 fact, to all of the panels, Marla, I see
15 you over there. Keep up the good work,
16 always been on the front line. And
17 also, I worked with Dr. Rich at the
18 Drexel School of Nonviolence and Social
19 Justice. So, David Dunbeck, you keep up
20 the good work as well. Thank you very
21 much, everyone.

22 MR. WHITE: And, Councilman,
23 the mobile crisis units will pay for
24 themselves over time. Because every
25 time you avoid a hospitalization, you

1 are saving the City of Philadelphia
2 thousands and thousands of dollars. So
3 thank you for your support and thank you
4 for your interest, Councilwoman Bass and
5 Councilman Jones, my Councilman.

6 COUNCILWOMAN BASS: Thank you.
7 Thank you so much. And I want to echo
8 my colleague -- well, first of all, I
9 want to thank everyone who spoke today.
10 But it is quite an honor to have you in
11 all of your various capacities. So
12 thank you, John White, Jr.

13 And at this point, we're going
14 to ask the Clerk if she would call the
15 next panel forward. We are really over
16 time. We are 34 minutes into another
17 hearing's time, so we are going to have
18 to limit testimony to just one minute.
19 We are going to really strongly
20 encourage you to submit something in
21 writing that is longer and more detailed
22 so we'll have an opportunity to fully
23 review your testimony and commentary.

24 So if we could have Madam
25 Clerk, if you could bring forward the

1 next panel and we're going to ask them
2 to come forward and speak for one minute
3 or less. We're probably not going to --
4 Shawn, I see you. But I don't know that
5 we're going to get a chance to come back
6 to you because we still have about 10
7 people on the list and we really have to
8 move very, very quickly.

9 So Panel 4, Madam Clerk.

10 THE CLERK: Jackson Beck,
11 Program Associate of the Public Policy
12 Policing Program of the Vera Institute
13 of Justice. Dr. Evan Anderson of the
14 Behavioral Health Sciences of the
15 University of Pennsylvania, Dr. Jennifer
16 Sarrett of the Center for the Human
17 Health at Emory University and Marcus
18 McKinney, the Senior Director of
19 Government Affairs and Public Policy of
20 the Center of Policing Equity.

21 COUNCILWOMAN BASS: Is Jackson
22 Beck on the line?

23 MR. BECK: Yes, I'm here.

24 Thank you.

25 COUNCILWOMAN BASS: Okay.

1 Thank you. Jackson, is there any chance
2 that you could submit your testimony in
3 writing so that we will have that?

4 MR. BECK: Yes, you should have
5 my written testimony. I can be quick if
6 it would be helpful just to go over a
7 couple of highlights from --

8 COUNCILWOMAN BASS: Okay. If
9 you don't mind when you hear the bell,
10 that means time is up. So if we can
11 have you -- not that bell. But if you
12 could wrap up your testimony when you
13 hear the bell. Thank you.

14 MR. BECK: Absolutely. Thank
15 you. And thank you for the opportunity
16 to testify today. I'm here to represent
17 Vera and share lessons from my new
18 report, Behavioral Health Crisis
19 Alternatives: Shifting from Police to
20 Community Responses. And our research
21 is based on interviews, programs,
22 stakeholders directly responsible for
23 implementing new approaches to better
24 support people in crisis.

25 For any community striving to

1 develop strategies and understand best
2 practices, the following lessons hold
3 true: First, non-police, health-first
4 response teams are safe. These programs
5 have already come up a few times today,
6 but I just want to stretch how much
7 there is to bring these teams to the
8 four response strategies. By definition
9 as a sole alternative, the co-responder
10 model does not reduce police involvement
11 in crisis response. So we urge
12 Philadelphia to consider going beyond
13 co-responses of primary response tragedy
14 for these calls, as many cities already
15 are.

16 And second, I just want to
17 stress that 911 dispatch should move
18 away from the defaults of always sending
19 police to crisis calls once non-police
20 alternatives are in place. We urge
21 Philadelphia to prioritize policy and
22 culture change at 911 dispatch to shift
23 crisis response in the City away from
24 the status quo.

25 And to wrap up, community-based

1 response models are really deserving
2 more research attention, but we already
3 see from existing programs and emerging
4 pilots a path toward delivering real
5 public safety for everyone. And for
6 additional information, please look
7 through our report and feel free to
8 reach out to Vera if we can be of
9 service to the City moving forward.

10 Thank you.

11 COUNCILWOMAN BASS: Thank you,
12 Jackson. We really appreciate your
13 testimony and I look forward to reading
14 it in further detail. Thank you very
15 much.

16 Can we have the next panelist
17 please state your name for the record
18 and begin your testimony. And if
19 possible if you want, you can just
20 submit it in writing to the Committee.

21 MR. ANDERSON: Sure. Hi. My
22 name is Evan Anderson, and I'm happy to
23 yield my time and answer any questions.
24 I will send along my testimony. I'm a
25 researcher from the University of

1 Pennsylvania. I study the intersection
2 of policing and public health. Would
3 you like me to say a few words or would
4 you like me to take a few questions?

5 COUNCILWOMAN BASS: Why don't
6 we let you get one minute, if you don't
7 mind.

8 MR. ANDERSON: Yeah, my
9 pleasure.

10 COUNCILWOMAN BASS: Thank you
11 so much.

12 MR. ANDERSON: Yeah. Thanks
13 for having me here today. So as I said,
14 I study the intersection of public
15 health and law enforcement and my
16 remarks today were really going to draw
17 on an analogy between emergency medicine
18 and policing because they're very
19 similar. They're asked to respond to
20 people in distress and they often
21 respond in ways that have a lot of harms
22 because intervention is harm.

23 Medical error is the third
24 leading cause of death in the United
25 States, counting for something like

1 100,000 to 200,000 medical error deaths
2 for each year. Medicine has learned a
3 lot in trying to bring a safer approach
4 to the way it encounters patients. I
5 can gauge everyone's age by asking you,
6 do you have your tonsils, what medical
7 procedures did you have. We can learn
8 from that experience.

9 So I have four points that I
10 would amplify that kind of cross
11 different models which I put in my
12 testimony: Focus on data and ongoing
13 quality improvement. Try to do less.
14 And that's hard when people are in
15 distress, but we have to appreciate that
16 all intervention, even when it's
17 well-trained, well-equipped responders
18 carry risks.

19 Focus on a culture of health.
20 You can stand up a great program. But
21 it's hard to sustain it if you don't
22 take the wellness of your responders
23 seriously. And then just get more
24 resources out in the community.
25 Ultimately, investments in housing

1 stability, financial security are likely
2 to reduce more of these instances.

3 Thanks for your time. Sorry to do that
4 so quickly.

5 COUNCILWOMAN BASS: That's
6 okay. Thank you so much for your
7 commentary. We really appreciate it and
8 we appreciate you being here, and we
9 will read your testimony that was
10 submitted in writing. Thank you very
11 much.

12 If we could have the next
13 panelist come forward.

14 DR. SARRETT: I think that's
15 me, Dr. Jennifer Sarrett.

16 COUNCILWOMAN BASS: Yes, it is.
17 Doctor, have you submitted your
18 testimony in writing?

19 DR. SARRETT: I have. And I
20 would like to take my minute to just
21 speak about a few things that worked in
22 that I would like to highlight based on
23 listening this afternoon and this
24 morning. I just want to note that I've
25 done some research where I interviewed

1 adults with intellectual and
2 developmental disabilities about their
3 experiences with criminal justice.

4 And from that lesson, I've
5 learned that we really do need to center
6 the voices of the people with these
7 disabilities and these conversations. I
8 also heard a lot about respect in these
9 interviews, which goes along with the
10 use of time we talked about earlier and
11 extending time and slowing things down.
12 A lot of my interview subjects just
13 talked about wanting to be spoken to
14 respectfully.

15 I also learned a lot about
16 intersectionality. We cannot
17 disentangle race and disability in these
18 conversations. Two more things: I also
19 have a really brilliant student who's
20 working on a project where he's
21 interviewing EMS workers on their
22 experiences with intellectual and
23 developmental disability. And I would
24 love the opportunity to tell you more
25 about what he's finding because it's

1 really enlightening.

2 And finally, I want to
3 emphasize the final paragraph of my
4 written testimony, which talks about how
5 we need to actually look prior in the
6 timeline of police interaction and
7 really do better at developing
8 community-based resources for people
9 with disabilities and housing,
10 employment, education and health care to
11 try to prevent the situations in which
12 the police encounters occur that are the
13 result of things like not having good
14 access to mental health care,
15 experiencing homelessness, unstable
16 relationships, things like that. So I
17 think that it's great to look at
18 alternatives to police responses or when
19 people are in crises. But we need to
20 try to do what we can to prevent the
21 crises from emerging in the first place.
22 Thank you.

23 COUNCILWOMAN BASS: Thank you
24 very much. Thank you for your
25 testimony. We appreciate you being here

1 today.

2 If we could have the next
3 panelist from this panel, state your
4 name for the record and proceed. I
5 believe it's Marcus McKinney. Marcus,
6 are you here?

7 MR. McKINNEY: Yes. How are
8 you, Chair?

9 COUNCILWOMAN BASS: I'm very
10 well. Thank you. Please state your
11 name for the record and begin your
12 testimony. We're going to ask if you
13 could limit it just to one minute. I do
14 apologize, but we are significantly over
15 our time. So if you would not mind
16 submitting your testimony in writing and
17 we will give you one minute to
18 summarize.

19 MR. McKINNEY: Thank you for
20 the opportunity, Chair. Definitely
21 understand as a former government
22 staffer myself in California for quite
23 some time. So I'll make sure I move
24 through this as quickly as I can and I
25 have submitted written testimony.

1 And so, I'll say quickly my
2 name is Marcus McKinney. I'm the Senior
3 Director of Government Affairs and
4 Public Policy at the Center for Policing
5 Equity, which is now housed at Yale
6 University. So within the minute that I
7 have, I feel it's important to sort of
8 talk about some of the organizational
9 hallmarks, for example, just in terms of
10 our approach.

11 From that standpoint, we always
12 talk about the importance of leading
13 with data, leveraging data-driven
14 solutions and amplifying community as a
15 source of validity by particularly
16 centering Black communities in the
17 notion that Black Lives Matter, for
18 example, and lastly, making sure that we
19 use behavioral science in order to
20 anchor our resource questions.

21 And so, right now we understand
22 that the Committee, just like many
23 jurisdictions, is grappling with the
24 question of how to best deal with the
25 intersections of policing, a need for

1 safety for those who have mental health
2 conditions and then questions about how
3 to best respond to them.

4 And so, I just wanted to
5 express to the Committee that while
6 there is growing science around this
7 area in terms of having several years of
8 reported outcomes to refer to, the
9 outcomes thus far for regional
10 approaches to responding to mental
11 health incidents through use of
12 alternatives to arm response programs
13 which have been talked about today at
14 great length, I understand, have been
15 favorable and encouraging thus far.

16 So I just want to lend my voice
17 to those who have indicated such, and
18 also just kind of lay out some examples
19 that jurisdictions have elected to use
20 co-response models, but (inaudible)
21 psychiatrists and officer alternatively,
22 utilized, for example, City training
23 staff as opposed to law enforcement and
24 just completely don't utilize the
25 co-response model, but rather a complete

1 alternative response to those incidents.
2 And so, there are models out there for
3 the Committee to consider. We wanted to
4 point those out, laid it out in my
5 testimony and wanted to lend our voice
6 to those who indicated so today.

7 COUNCILWOMAN BASS: Thank you
8 so much for being here and for your
9 testimony and we really do appreciate
10 you.

11 MR. McKINNEY: Thank you,
12 Chairwoman.

13 COUNCILWOMAN BASS: Thank you.
14 I think we're at the end of Panel 4 and
15 I don't see any questions from my
16 colleagues. If anyone has a question,
17 please let me know. Otherwise, I'm just
18 going to keep going since we are
19 significantly over time and we are into
20 the public comment arena.

21 Next we have Dr. Danitra
22 Sherman, Campaign Director from the
23 ACLU. Dr. Sherman, are you here?

24 DR. SHERMAN: Good afternoon.
25 Yes, I am here.

1 COUNCILWOMAN BASS: Okay. If
2 we could have you state your name for
3 the record and begin. We are going to
4 unfortunately have to limit your
5 testimony to just one minute. But if
6 you have something in writing that you
7 will submit, we will make sure that it
8 gets to every member of the Committee.

9 DR. SHERMAN: Yes, ma'am.
10 Thank you for your time. My name is
11 Dr. Danitra Sherman. I am the Campaigns
12 Director for ACLU here in Pennsylvania.
13 I have already submitted a written
14 testimony, so definitely don't want to
15 take up too much time and just kind of
16 summarizing what was submitted, our
17 piece and our role when it comes to ACLU
18 is a piece of accountability.

19 While we know that there are
20 efforts being made to put into different
21 programs and efforts and initiatives, we
22 want to make sure that those programs
23 are being put in place not to placate
24 citizens, but to actually be effective
25 in creating change. And while we are

1 putting these measures in place as well,
2 that is great, that is wonderful. But
3 we also want to make sure that there
4 needs to be an emphasis in investing in
5 a social program such as mental health
6 access and awareness in order to be able
7 to actually help people, because in
8 these programs, the police and
9 infrastructures are great, but we also
10 want to focus on the people. Again as I
11 stated, our biggest thing is about
12 accountability and doing what's needed
13 and what's best for the citizens here in
14 Philadelphia.

15 COUNCILWOMAN BASS: Excellent.
16 Thank you so much for your testimony.
17 You beat the buzzer. Thank you so much
18 for being here today. And we look
19 forward to actually reading your
20 testimony and being able to delve a
21 little bit deeper. So thank you very
22 much, Dr. Sherman.

23 If we could have our next
24 speaker, which is Nyisha Chapman, First
25 Vice-president of the National Coalition

1 of 100 Black Women, of which I am a
2 long-time member. Ms. Chapman.

3 MS. CHAPMAN: Good afternoon,
4 Chairwoman. How are you?

5 COUNCILWOMAN BASS: I'm well.
6 How are you?

7 MS. CHAPMAN: We miss seeing
8 you. I submitted testimony, but I will
9 just highlight a few things. Nyisha
10 Chapman, First Vice-president of the
11 National Coalition of 100 Black Women,
12 Pennsylvania Chapter, and we're a
13 grassroots organization that advocates
14 on behalf of Black women and girls,
15 promoting leadership development and
16 gender equity in the areas of health,
17 education and economic empowerment.

18 We are in full support of your
19 Bill 200611. And as an organization, we
20 identified the bridge between the
21 community and law enforcement due to
22 issues that occurred and we have
23 previously identified transparency and
24 accountability. However, we realize
25 that now is definitely time for action.

1 Some of the types of trainings that we
2 would like to see are mental health
3 first-aid courses to police officers,
4 crisis-intervention training and crisis
5 response.

6 It is essential that we hold
7 fast to our democracy, upholding the
8 duty to protect and serve all citizens
9 regardless of disability, race, creed
10 and nationality. Providing the
11 necessary trainings will provide
12 citizens with a sense of ease and
13 compassion.

14 As an organization, we are here
15 to assist and also work with all the
16 Councilmembers as well as you,
17 Chairwoman, in any efforts for the best
18 practices of de-escalation, crisis
19 intervention and restraint of
20 individuals experiencing mental and
21 emotional distress. Let us know if
22 there's anything that we can do to
23 assist you further. And thank you for
24 the opportunity to speak.

25 COUNCILWOMAN BASS: Thank you

1 so much for being here, and thank you
2 for speaking and for providing written
3 testimony on behalf of the Coalition,
4 which does outstanding work and has done
5 for years, so thank you so much for
6 being here.

7 MS. CHAPMAN: Thank you.

8 COUNCILWOMAN BASS: And next we
9 have Nikki Grant from the Amistad Law
10 Project. Nikki, are you here?

11 MS. GRANT: Yes. Good
12 afternoon.

13 COUNCILWOMAN BASS: Good
14 afternoon. Did you add your testimony
15 in writing?

16 MS. GRANT: I did submit my
17 testimony in writing. So I'm just
18 going --

19 COUNCILWOMAN BASS: Okay. We
20 ask that you summarize in one minute or
21 less.

22 MS. GRANT: Good afternoon,
23 Council.

24 COUNCILWOMAN BASS: Good
25 afternoon.

1 MS. GRANT: I am the Policy
2 Director for Amistad Law Project. I'd
3 like to urge this body to reject any
4 proposed solution that relies primarily
5 on reforming the Philadelphia Police
6 Department, a department that has
7 historically resisted any kind of
8 accountability or reform.

9 Instead we need to robustly
10 resource mental health and disability
11 services like the Consortium so that
12 folks receive the care they need and
13 hopefully instances of crisis
14 situations. We need unarmed
15 civilian-based first responders to
16 respond quickly to crises when they
17 arise, as Ms. Thompson importantly
18 raised today.

19 We need to overhaul our 911
20 dispatch system so that when people call
21 911 to help their loved one or neighbor
22 in crisis, unarmed first responders show
23 up and not the police. And to the
24 extent that more training for the police
25 is required, it should be focused on

1 police understanding when they should
2 immediately stand down and refer to a
3 situation to qualified unarmed
4 responders, if they're not already on
5 the scene.

6 As I've said in every testimony
7 that I've given this year to Council, we
8 need to defund the police so that we can
9 redirect the resources to communities.
10 I want to invite Council to reimagine
11 what public health and public safety
12 could look like if we didn't default to
13 police and prison to address all of
14 society ills.

15 Please understand that when we
16 say defund the police, we are demanding
17 that the City implement an equitable
18 budget that prioritizes the things our
19 communities need so that we can thrive,
20 not just survive. Thank you for your
21 time.

22 COUNCILWOMAN BASS: Thank you.
23 I just need you to state your name. You
24 jumped right in. I need you to state
25 your name for the record.

1 MS. GRANT: Sorry. I'm Nikki
2 Grant.

3 COUNCILWOMAN BASS: That's all
4 right. If you can just state your name
5 for the record.

6 MS. GRANT: It's Nikki Grant.

7 COUNCILWOMAN BASS: Very good.
8 Thank you very much and thank you for
9 your testimony today.

10 Okay. And our next panelist to
11 speak is Susan Thompson. Susan, are you
12 with us?

13 MS. THOMPSON: Hello. Can you
14 hear me?

15 COUNCILWOMAN BASS: Susan?

16 MS. THOMPSON: Can you hear me?

17 COUNCILWOMAN BASS: Yes, I can
18 hear you. Please state your name for
19 the record. And we have one minute
20 allotted at this point for public
21 comment because we're so far over. But
22 if you want to state your name for the
23 record, begin your testimony. And if
24 you have written testimony and can
25 provide it to us, that will be

1 fantastic.

2 MS. THOMPSON: My name is Susan
3 Thompson. I live in Philadelphia. I'm
4 going to skip over a lot of the
5 statistics and just say that we know
6 that many people living with severe
7 mental illness were killed by the
8 police. About a quarter of the prison
9 population in Pennsylvania suffers from
10 some sort of mental illness.

11 It's time for Philadelphia to
12 expedite new mental health initiatives
13 in these situations. Ideally, mobile
14 community-based crisis programs that can
15 use nonpolice unarmed crisis responders
16 are the goal, also having a separate
17 mental health emergency crisis hotline
18 staffed by experienced behavior
19 specialists who could question the
20 caller about possible mental health
21 issues could begin the de-escalation
22 process.

23 I'm not going to talk about
24 CAHOOTS because we already heard that.
25 Here's my final part: Finally,

1 Philadelphia needs to create transparent
2 accountability measures regarding
3 de-escalation attempts. We need to
4 track and publicly report how many
5 service calls are generated by mental
6 health crises, report on people who died
7 because of police use of force and
8 increase de-escalation training for all
9 involved.

10 Philadelphia needs to provide
11 or increase funding for these new mental
12 health interventions. Not only will we
13 save lives, reduce our current prison
14 population, provide much needed support
15 for families in crisis, but also enhance
16 more workable and more humane solutions
17 for persons with mental illness or other
18 disabilities in our communities. Thank
19 you and I commend the Council hearing on
20 this subject. I think it's really
21 important, and I'll send you my
22 testimony.

23 COUNCILWOMAN BASS: Thank you
24 very much. We look forward to receiving
25 it. Thank you for being here today.

1 Next we have Arnetta Swain.

2 Arnetta. Is Arnetta Swain here?

3 (No response.)

4 COUNCILWOMAN BASS: No, okay.

5 Then we're just going to keep moving.

6 Stephen Strauss.

7 MS. STRAUSS: Yeah. Hi.

8 COUNCILWOMAN BASS: Hello. How
9 are you?

10 MR. STRAUSS: I'm fine. I
11 appreciate the really informed set of
12 testimony that you all were able to
13 facilitate today. I just want to
14 emphasize the concern around offering a
15 true alternative community-based
16 responder system.

17 COUNCILWOMAN BASS: Please
18 state your name for the record and
19 begin --

20 MR. STRAUSS: My name is
21 Stephen Strauss. Sorry.

22 COUNCILWOMAN BASS: That's all
23 right and you have one minute.

24 MR. STRAUSS: So, yes, I think
25 the importance of a community-based

1 alternative system can't be
2 overemphasized. The City has done a lot
3 of back and forth on various training
4 models, on different response systems.
5 And I think what we've learned in part
6 is that training is not a magic remedy.
7 It can't simply substitute for culture,
8 for experience, bias. So we need to
9 look at a really different approach.

10 I'm well aware of the notion
11 that came up today that maybe we should
12 have a mix of approaches. And perhaps
13 that's so, but I think what's clear is
14 the importance of minimizing a police
15 presence when, in fact, the situations
16 can be become volatile by virtue of the
17 presence of an armed authority figure.

18 So there's a great deal of
19 experience now across the country with
20 these programs you have heard about,
21 some of them. It's amazing how many
22 there really are and those need to be
23 taken seriously and I just want to thank
24 you and I will be submitting testimony.

25 COUNCILWOMAN BASS: Thank you

1 so much for submitting written
2 testimony. I think we all agree that we
3 are in a process now of reimagining,
4 re-envisioning of what policing looks
5 like in the Year 2021 and beyond. So
6 thank you for being here and for your
7 testimony, because everyone's opinion
8 really does add to the pot. Everyone
9 really does make a significant
10 contribution by lending their voice.

11 And so, our last speaker for
12 public comment is Jennifer Bennetch.
13 Jennifer, are you here? Jennifer?

14 (No response.)

15 COUNCILWOMAN BASS: Okay. I
16 don't think Jennifer is on the line. Is
17 there anyone else here who wanted to
18 testify who did not testify already?

19 (No response.)

20 COUNCILWOMAN BASS: And seeing
21 that it doesn't look like there is
22 anyone.

23 (No response.)

24 COUNCILWOMAN BASS: Going once,
25 going twice.

1 Okay. So there will be no
2 further questions from members of the
3 Committee and no witnesses to testify,
4 we want to thank all the panels and
5 witnesses for their participation. We
6 value your opinions. This concludes the
7 public hearing on the Committee and we
8 will now recess this joint hearing until
9 the call of the Chairs, and that will be
10 myself and Councilman Curtis Jones, Jr.

11 I want to thank you all very
12 much for being here for your testimony.
13 We could have gone --

14 COUNCILWOMAN PARKER: Excuse
15 me, Madam Chair. Can you hear me?

16 COUNCILWOMAN BASS: I can hear
17 you.

18 COUNCILWOMAN PARKER: Hi. This
19 is Councilwoman Cherelle Parker.

20 Just as a point of information,
21 I want to say to members of this
22 Committee who are also members of the
23 Commerce and Economic Development
24 Committee, colleagues, I will ask if you
25 could immediately following, if you

1 could click on the Commerce Committee's
2 link for the next hearing that is one
3 hour behind.

4 We want to make sure that we
5 get started immediately because we
6 really turned around the schedules of a
7 lot of people, business owners who have
8 left their businesses, many of them, to
9 be with us today. So please help us
10 start with a quorum and we'll be sure to
11 be professional and on time to get
12 through this. Thank you so very much
13 for your courtesy.

14 COUNCILWOMAN BASS: Thank you.
15 Thanks again, everyone. I'm not going
16 to hold anyone any longer. We
17 appreciate you being here and having
18 this very important conversation about
19 mental health and policing in our
20 communities. Thank you very much
21 everyone for being here.

22 MR. STRAUSS: Thank you.
23 (Joint Committees on Public
24 Health and Human Services and Public
25 Safety concluded at 2:05 p.m.)

C E R T I F I C A T I O N

I, hereby certify that the
proceedings and evidence noted are contained
fully and accurately in the stenographic
notes taken by me in the foregoing matter,
and this is a correct transcript of the
same.

TANEHA C. CARROLL
Court Reporter - Notary Public

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