



The NYPD Currently Responds To Mental Health Crisis 911 Calls. Advocates Have Another Approach



CHRISTOPHER LEE / GOTHAMIST

Mental health activist Carla Rabinowitz has spent nearly all of Mayor Bill de Blasio's tenure trying to get the city to change the way it handles the [100,000 to 200,000 mental health crisis calls](#) that come into 911 each year.

For a long time, a centerpiece of that effort was crisis intervention training, a program that provides NYPD officers with de-escalation techniques they can use while interacting with people in emotional distress. Rabinowitz, who serves as advocacy coordinator for the mental health nonprofit Community Access, worked with a coalition of organizations formerly known as Communities for Crisis Intervention Training - NYC to push the city to train some 15,000 officers.

But in the five years since the training started, at least 17 New Yorkers with mental health issues have been killed or critically injured by police, according to CCIT-NYC.

Meanwhile, the city has assembled an array of non-police teams for mental health outreach, but has [severely limited](#) the types of situations they can handle and has not linked them to 911 to allow them to serve as first responders to mental health crises. For instance, Mobile Crisis Teams, which are run by hospitals and staffed by social workers, can only be dispatched through the city's NYC Well mental health hotline and take up to 48 hours to arrive on the scene.

“We’ve moved on to say, ‘Listen, this police training isn’t working,’” Rabinowitz said Thursday. “It’s just not working.”

The CCIT-NYC coalition has rebranded and its acronym now stands for [Correct Crisis Intervention Today - NYC](#). It no longer endorses any response to mental health calls that involves the police, except in a narrow and well-defined set of circumstances. Even then, the police are only a last resort.

CCIT-NYC has outlined a proposal for a pilot program it wants the city to launch in two precincts, in which a team comprised of a mental health counselor and an emergency medical technician respond to mental health calls, rather than police. The new teams would be accessible 24/7 through 911 and a dedicated mental health number, 988. They would be able to call for backup from police in certain situations if they think it is necessary.

The group is proposing that the teams be tested in the 14th Precinct in Midtown and in Brooklyn’s 75th Precinct, which are among the precincts that had the highest number of mental health calls per capita in 2018.

The coalition is asking the New York City Council to allocate \$16.5 million for the pilot over five years, or \$3.3 million per year. The group argues that this funding could help offset the [millions of dollars](#) in settlements the city pays out to victims of police violence and their families.

The NYC chapter of the National Alliance on Mental Illness, through a statement, said it “strongly supports funding a non-police response to mental health emergencies.”

“By divesting from the NYPD and redirecting funds towards community services, we can fund a robust mental health system that saves lives and connects families and individuals in crisis to mental health resources,” NAMI-NYC added in the statement.

While CCIT-NYC’s proposal fits nicely into the wide array of budget changes and other

reforms activists have been calling for amid national protests against police brutality and the movement to “defund the police,” it’s not completely new. The model is based on a program originating in Eugene, Oregon, more than a decade ago called Crisis Assistance Helping Out On the Street, [CAHOOTS](#), which has gained national attention over the past couple of years as cities have sought to shift the responsibility for mental health away from the criminal justice system. In some parts of the country, a mental health counselor accompanied by an EMT responds to a mental health crisis, instead of a police officer.

When de Blasio [convened a Crisis Prevention and Response Task Force](#) in 2018 to come up with new solutions for addressing the increase in mental health crisis calls inundating 911 operators, Rabinowitz and other advocates pushed for the task force to include a CAHOOTS-style program among its recommendations.

It didn’t. Instead, the mayor [announced in October of last year](#) that, per the task force’s recommendation, the city would expand its use of co-response teams, which pair police officers with mental health professionals, and experiment with linking those teams to 911. CCIT-NYC had once endorsed co-response teams, but had already revoked support for the model by that time, saying it hadn’t gone far enough to reduce police involvement.

“The task force failed to recognize that responding to mental health crises is a public health issue, and it continued to view the NYPD as the first responder for the vast majority of crisis calls,” CCIT-NYC said when describing the need for the program it’s proposing now.

Even co-response teams, which the de Blasio administration repeatedly points to as a sign of progress, haven’t been a priority for the mayor. The [pared-back budget](#) the mayor proposed in April [attributes about \\$3.6 million](#) in savings in fiscal years 2020 and 2021 to a delay of the co-response team expansion. That money is part of the limited amount of funds the mayor sought to cut from the NYPD budget.

Asked whether the mayor supports CCIT-NYC's proposal and will consider including it in the upcoming budget, Nicole Torres, a spokesperson for the Mayor's Office of ThriveNYC, said, "We are always open to hearing additional ideas from advocates and are meeting with CCIT-NYC soon."

She added, "The City has worked closely with advocates to greatly expand the number of health intervention, treatment and crisis response teams. That's why the City was proud to convene the Crisis Prevention and Response Task Force last fall."

When Gothamist asked last year if the city would ever consider allowing non-police mental health teams to act as first responders to emergency calls, Susan Herman, director of the city's ThriveNYC Office, hedged.

"If a person is deemed to be in an emergency situation in which they are likely to hurt themselves or someone else, it's very likely there will be a police officer involved in that," Herman said. "If it's not an emergency situation, but it's urgent and not violent, then it's likely we will have more calls answered by health-only teams [in the future]."

The model CCIT-NYC is proposing would have much clearer guidelines on when police can get involved in a mental health call. A mental health response team may only contact the police when "the person is taking action which is causing serious bodily harm to self or another person, or the person wields a weapon to credibly threaten imminent and serious bodily harm to self or another specific person," according to the pilot description. "Items such as a pocket knife or scissors do not constitute such a weapon."

This exception was developed through a brainstorming session in February in which 75 mental health advocates thought through 12 different scenarios in which people might be in a mental health crisis, Rabinowitz said.

"The overwhelming view was just don't send police unless you really have to," she said.

When New York Public Advocate Jumaane Williams sent recommendations to the mayor last year proposing changes to the city's mental health response, he included a CAHOOTS-style program and notably excluded co-response teams.

But it's unclear whether advocates will get other local politicians on board. Rabinowitz said they are still in the process of speaking to City Councilmembers ahead of the fast-approaching July 1st budget deadline.

Asked if City Council Speaker Corey Johnson supports the pilot, a spokesperson for the Council said, "Speaker Johnson agrees we need to get the NYPD out of mental health services and is working with his colleagues in the Council to figure out how to do so."