

# ccitnyc

## Communities for Crisis Intervention Teams in NYC

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Community Access and Communities for Crisis Intervention Teams in NYC (CCITNYC)
Respond to Mayor's Recommendations Following Task Force on Crisis Prevention and
Response

Advocacy groups voice strong concern that Mayor's recommendations do not go far enough to remove police from mental health crisis response system

(New York) – Community Access issued the following statement on behalf of Communities for Crisis Intervention Teams in NYC (CCITNYC), a coalition of advocates, nonprofits, and peers, in response to Mayor de Blasio's recommendations following the work of the Task Force on Crisis Prevention and Response:

Ruth Lowenkron, Director of the Disability Justice Program at New York Lawyers for the Public Interest says, "Mental health crises are health issues, not criminal justice issues. New York City must respond to these mental health crises with health professionals and 'peers' who have experienced their own crises – as is done in many other cities."

Carla Rabinowitz, Advocacy Coordinator at Community Access and lead organizer of CCITNYC says, "We appreciate that the Mayor convened this Task Force. We're particularly excited about the expansion of and investment in HEAT teams, which will be dispatched to proactively engage those at risk of acute mental health crisis. At the same time, Public Advocate Jumaane Williams recently released a report that includes recommendations which aim to build out crisis prevention services, like urgent care centers, and moves New York City towards a strictly public health response to 911 mental health calls. This is the direction New York City must move in. We need those implementing the Mayor's plan to immediately study the Public Advocate's plan and, with the help of the Task Force, implement non-police alternatives."

"Experts, advocates, and peers all agree the best way forward is to remove law enforcement from the equation entirely. Other cities have successfully implemented systems that rely on peers, social workers, health care professionals, and people other than police to respond to individuals in crisis. New York City is behind other cities on this issue, and people's lives are at risk every day as a result. We call on Mayor de Blasio to totally overhaul the crisis response system," Rabinowitz adds.

"Mental Health is a human condition that requires a public health response. As peer specialists, we offer the mental health community unparalleled insight on what it's like to live with a diagnosis. Our practice is a person-centered approach, and we are a living example of how life could be. Who better to engage a person in crisis than someone who's been there?" says mental health advocate Christina Sparrock, CPA, CFE, CGMA.

"We appreciate the effort put into the Mayor's Task Force on Crisis Prevention and Response, but the solutions outlined in the final recommendations do not go far enough to reform the crisis response system in New York. These recommendations do not take the responsibility of responding to mental health crisis calls away from the police," says Cal Hedigan, Chief Executive Officer of Community Access. "Close to two hundred thousand emergency mental health calls a year are currently getting a law enforcement response when what we need is a public health response. Co-response teams, one of the solutions outlined in the Mayor's recommendations, rely heavily on law enforcement and reinforce the idea that the solution to a mental health crisis arrives in a police car."

In Eugene, Oregon, EMTs and specially-trained crisis workers – rather than the police – are responsible for responding to mental health calls, which has resulted in far fewer serious injuries than have occurred under the system in NYC over the last 30 years.

Houston, Texas incorporates social workers, police, and fire department personnel into their 911 call centers to screen and divert mental health-related calls away from the police. The police are called in only when the crisis escalates to imminent risk of violence.

In Broome County, New York, operators divert 911 calls with a low-risk of harm to a mental health crisis line with a trained mental health professional.

Los Angeles, California's response system includes sending a clinician and a mental health peer to a subset of 911 calls, and uses remote technology to link to a psychiatrist for consultation before deciding where to transport a person in distress.

CCITNYC's embracing of an entirely non-police response is also in line with experts internationally. CIT International, Inc., recently released <u>Crisis Intervention Team (CIT)</u> <u>Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises</u>, in which they assert the best way forward is to significantly reduce, if not eliminate, police response in instances of mental health crises.

New York City Public Advocate Jumaane Williams recently released a report, <u>Improving New York City's Responses to Individuals in Mental Health Crisis</u>, in which he outlines his recommendations for reforms in New York, including investing in preventive services like respite centers and mental health urgent care centers. Further, his recommendations include ensuring that individuals other than police – such as social workers, medics, and peers – are the first responders when someone is experiencing a mental health crisis. The report states that "models for non-police responses to non-criminal emergencies should be researched and

implemented." CCITNYC supports the measures outlined in this report and urges the Mayor to adopt the recommendations put forward by Public Advocate Jumaane Williams.

CCITNYC continues to push for a more humane, compassionate, and effective response system for New Yorkers experiencing mental health crisis.

#### **About CCITNYC**

Communities for Crisis Intervention Team Training in New York City (<a href="www.ccitnyc.org">www.ccitnyc.org</a>) was formed in 2012 to respond to the numerous deaths and injuries of individuals experiencing mental health crises that had occurred at the hands of the police. Our members include over 85 nonprofit providers, advocates, family members, and concerned citizens, as well as 400 people who have had personal experience with the public mental health system and crisis services – the real experts.

### **About Community Access**

Founded in 1974, Community Access is a pioneer of supportive housing and social services in New York City for people living with mental health concerns. Rooted in the simple truth that people are experts in their own lives, Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. Community Access provides personcentered services that help people pursue goals that are important to them.

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