Dear Mayor de Blasio:

On behalf of the coalitions and organizations listed below, which represent hundreds of agencies and thousands of individuals across New York City, we call on you to recognize the urgent need to address New York City’s mental health system, by instituting the robust reform measures articulated below.

As we understand you will soon be releasing a plan to implement the recommendations proposed by the NYC Crisis Prevention and Response Task Force, we wanted to highlight the strategies and policies which our communities know have proven most effective in responding to mental health crises, and ensure that they are made a part of your plan.

- **First and foremost, a mental health crisis is a public health concern, not a criminal justice issue, and it must be responded to by highly trained crisis workers, not by the police.** Using a public health approach, mental health-related 911 calls must be triaged and responded to with trained medical and mental health workers, as well as peers with lived experience, instead of police officers. We urge NYC to follow the CAHOOTS model used in Eugene, Oregon, which has a successful 30-year track record. Several cities in the U.S. and Canada are now exploring this common-sense approach.

- **The overall number of crises (and number of calls related to crises) must be reduced by developing community-based prevention strategies.** Such strategies could include expanding and creating new services, such as urgent care mental health centers, respite centers, safe havens, enhanced faith-based support, drop in centers, Assertive Community Treatment (ACT) Teams, Intensive Mobile Treatment (IMT) teams, and help lines. These resources must be easy for community members to access and must operate 24/7. Priority must be given to those communities that experience the highest need.

- Reforming the City’s response to mental health crisis calls must include a transparent planning process that involves all stakeholders, including members of impacted communities, the peer community, advocates, providers, and policy experts.

There have been two significant developments since the Task Force issued its recommendations in December 2018, which should inform all plans and strategies going forward.

First, CIT International released an updated best practices guide on August 26, which, cautions against the “Embedded Co-Response Approach to Mental Health Crises.”

CIT International
The guide also specifically recommends “…keep[ing] police out of the picture whenever safety allows…” as the mere presence of a police car and officers in uniform creates undo stress, a public perception that something “dangerous” is happening and can lead to unpredictable actions by officers. In short, the disadvantages of deploying officers as first responders far outweigh the advantages.

Second, Public Advocate Jumaane Williams, on September 25, issued an extremely thoughtful report: Improving New York City’s Response to Individuals in Mental Health Crisis, Public Advocate Report 2019. This report supports many of the crisis prevention initiatives developed by the Task Force. In addition, and critically important, the report advocates for a non-police response to people experiencing a mental health crisis.

We call on the Mayor to work with the Public Advocate and include his recommendations and our recommendations in the roll out of initiatives to reform New York City’s mental health crisis response system.

Sincerely,

Brooklyn Center for Independence of the Disabled
Bronx Independent Living Center
CCITNYC
Community Access Concern for Independent Living, Inc.
Center for Constitutional Rights
JustLeadershipUSA
Mobilization for Justice
NAMI NYC
Mobilization for Justice
New York Civil Liberties Union
New York Lawyers for the Public Interest
New York Association of Psychiatric Rehabilitation Services (NYAPRS)
National Center for Law and Economic Justice
Police Reform Organizing Project
Urban Justice Center Mental Health Project
Tamar Lavy, MD
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