Crisis Prevention and Response Task Force

Overview
Task Force Structure

**Advisory board**
Principals from DOHMH, NYPD, MOCJ, DSS, FDNY, H+H and City Hall leadership

**Planning committee**
Operational leads from DOHMH, NYPD, MOCJ, DSS, FDNY, H+H and City Hall leadership

**Work group**
Representatives from advocates, city and state agencies, service providers, academic institutions, and CBOs
Crisis Prevention and Response Task Force

Charge: Develop a comprehensive strategy to improve the City’s 911 response to people in mental health crisis.

1. When there is a call to 911 for a mental health crisis, what can we do to **improve** the response?

2. What supports can we **connect** people to avoid future mental health crisis calls to 911?
Guiding Principles

Develop recommendations that:

• Ensure the advancement of racial equity and improve outcomes for communities of color
• Meaningfully include people with lived experience of the crisis system in the design and operation of the crisis system
• Invest in community capacity to design and operate supports for people who experience crises
Current Crisis Prevention and Response System

*The examples below are not meant to be comprehensive*

- NYC Well
- Mental Health First Aid Training
- Respite centers

- Homeless outreach
- NYC Safe
- Co-response
- Mobile crisis
- HEAT teams

- Hospitals
- Supportive housing
- Care teams

- Police
- EMS
Possible Opportunities for Redesign

- Strengthen capacity within community networks to respond to crisis
- Analyze cross-system data to improve crisis prevention structures

- Improve cross-system communication
- Improve access to care teams, housing/respite, and other relevant resources

- Increase the ability to flexibly and quickly deploy the appropriate first responder
- Build mental health-only crisis response

- Improve awareness about health-only crisis response options
- Improve identification of people at risk or people escalating into crisis
In 2017 there were 168,925 call to 911 for people in apparent mental health crisis

(does not include duplicate calls for service)
Emergency room evaluation and hospitalization are not always the best outcome.
Health Outcomes by Neighborhood

Premature Mortality (death before age 65) Rate per 100,000 people

- 78.2 - 122.9
- 123.0 - 166.8
- 166.9 - 216.3
- 216.4 - 356.1
- Unpopulated areas

Guiding Questions:

• How will the recommendation increase or decrease racial equity? Who may benefit from or be burdened by the recommendation?

• What are potential unintended consequences?

• What measures can we develop to ensure racially equitable outcomes?