REFORMING CRISIS SERVICES IN NYC:

A COMMUNITY FEEDBACK FORUM
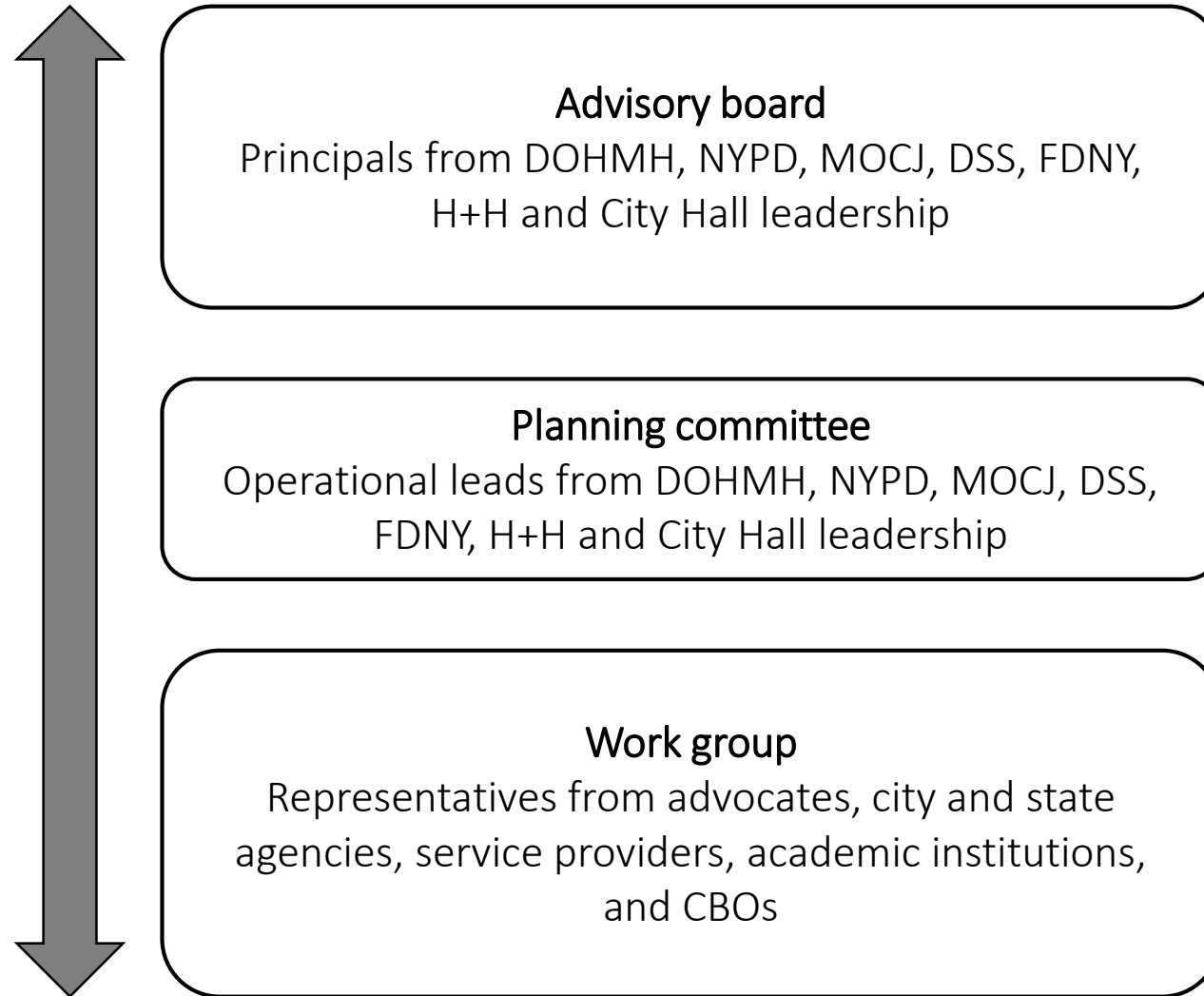
Friday, January 18, 2019

www.communityaccess.org/CrisisServicesForum

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?
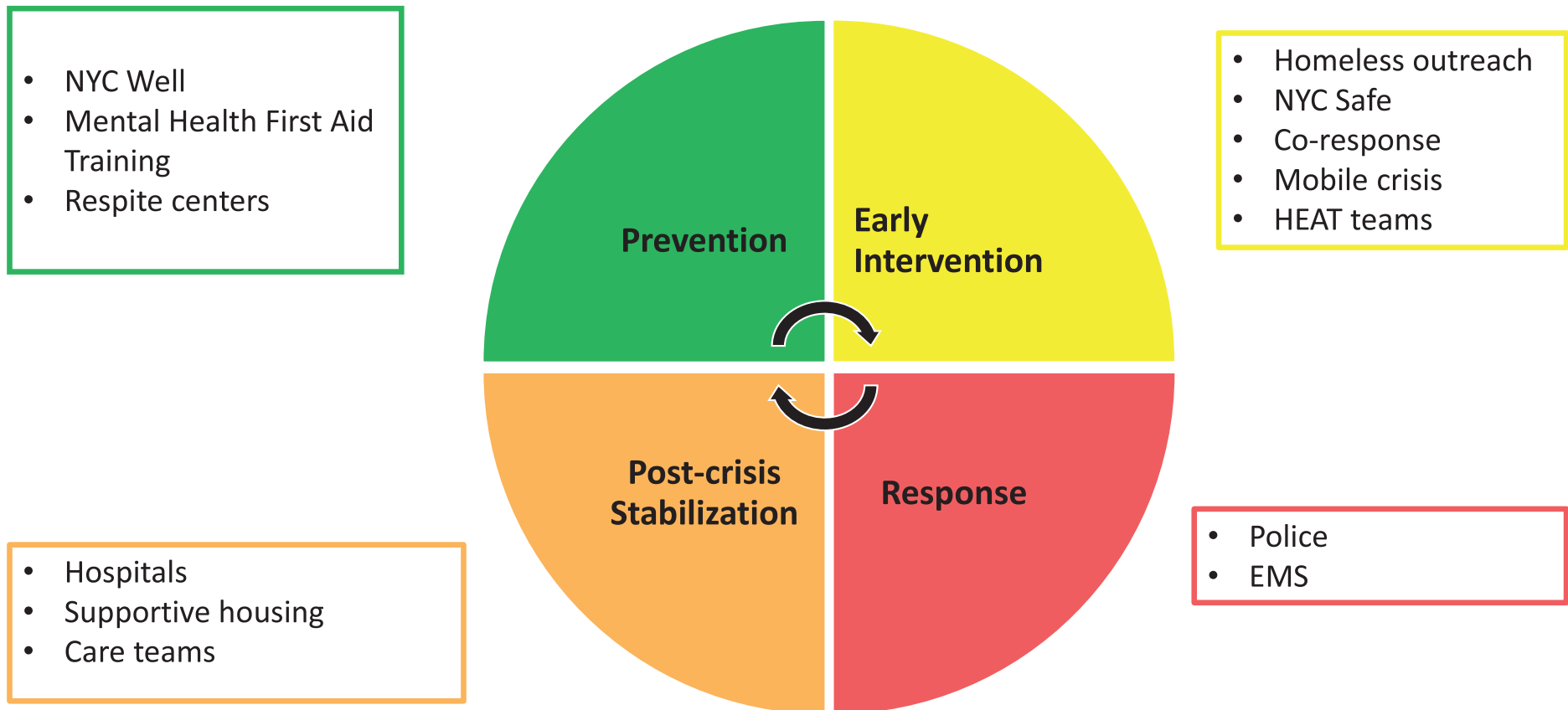
Guiding Principles

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

Prevention

Early Intervention

Post-crisis Stabilization

Response

- Hospitals
- Supportive housing
- Care teams

- Police
- EMS

Possible Opportunities for Redesign

- Strengthen capacity within community networks to respond to crisis
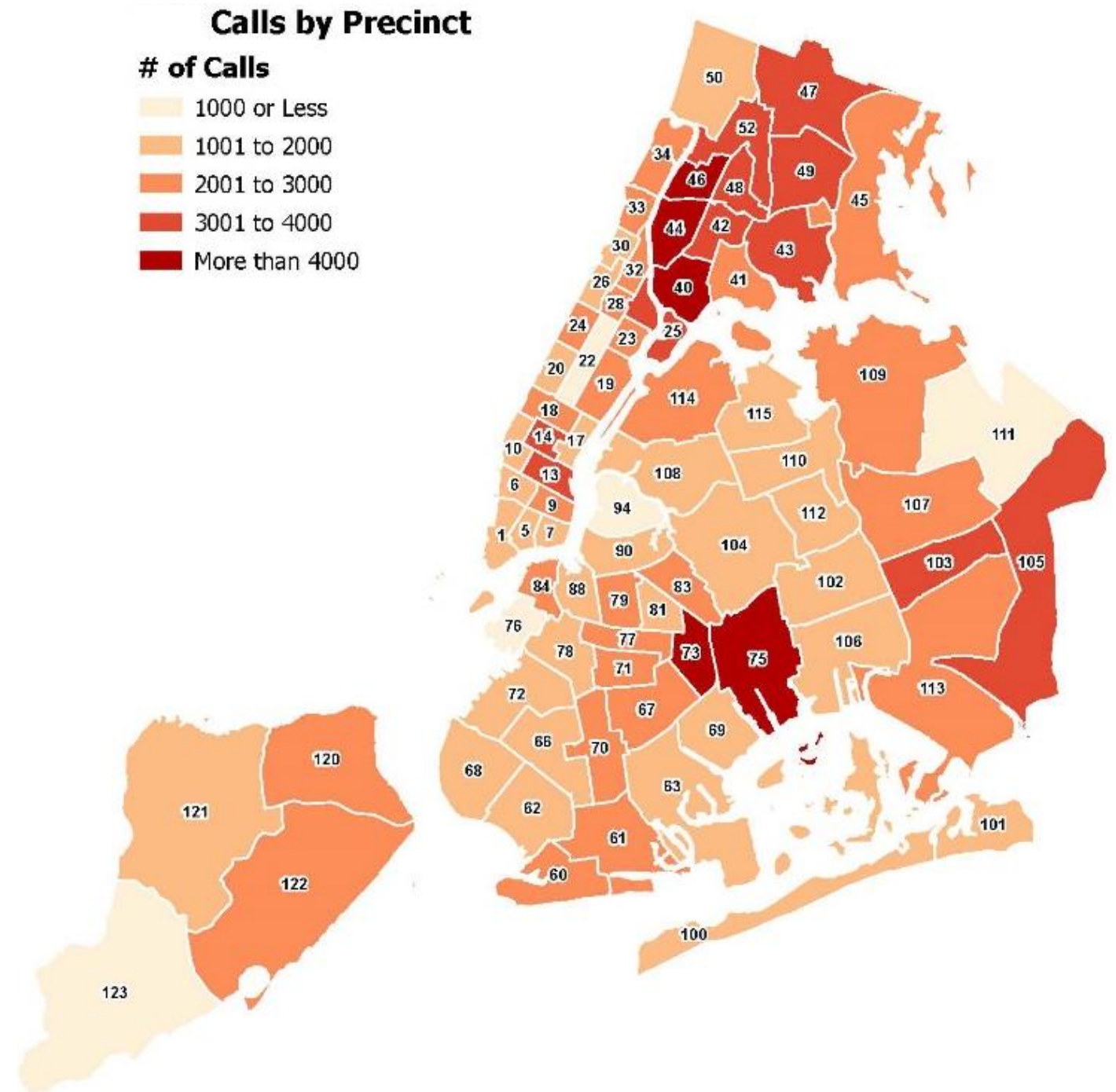- Analyze cross-system data to improve crisis prevention structures
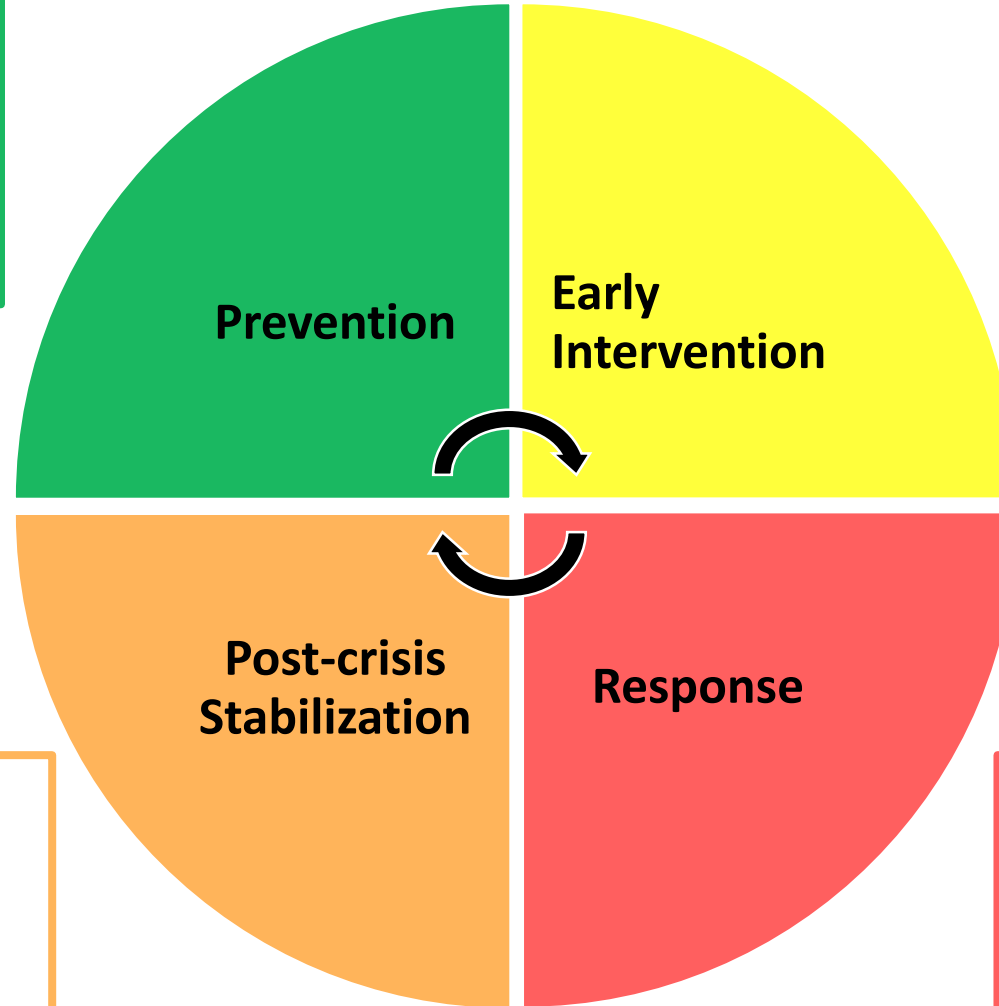
- Improve awareness about health-only crisis response options
- Improve identification of people at risk or people escalating into crisis

Prevention

Early Intervention

Post-crisis Stabilization

Response

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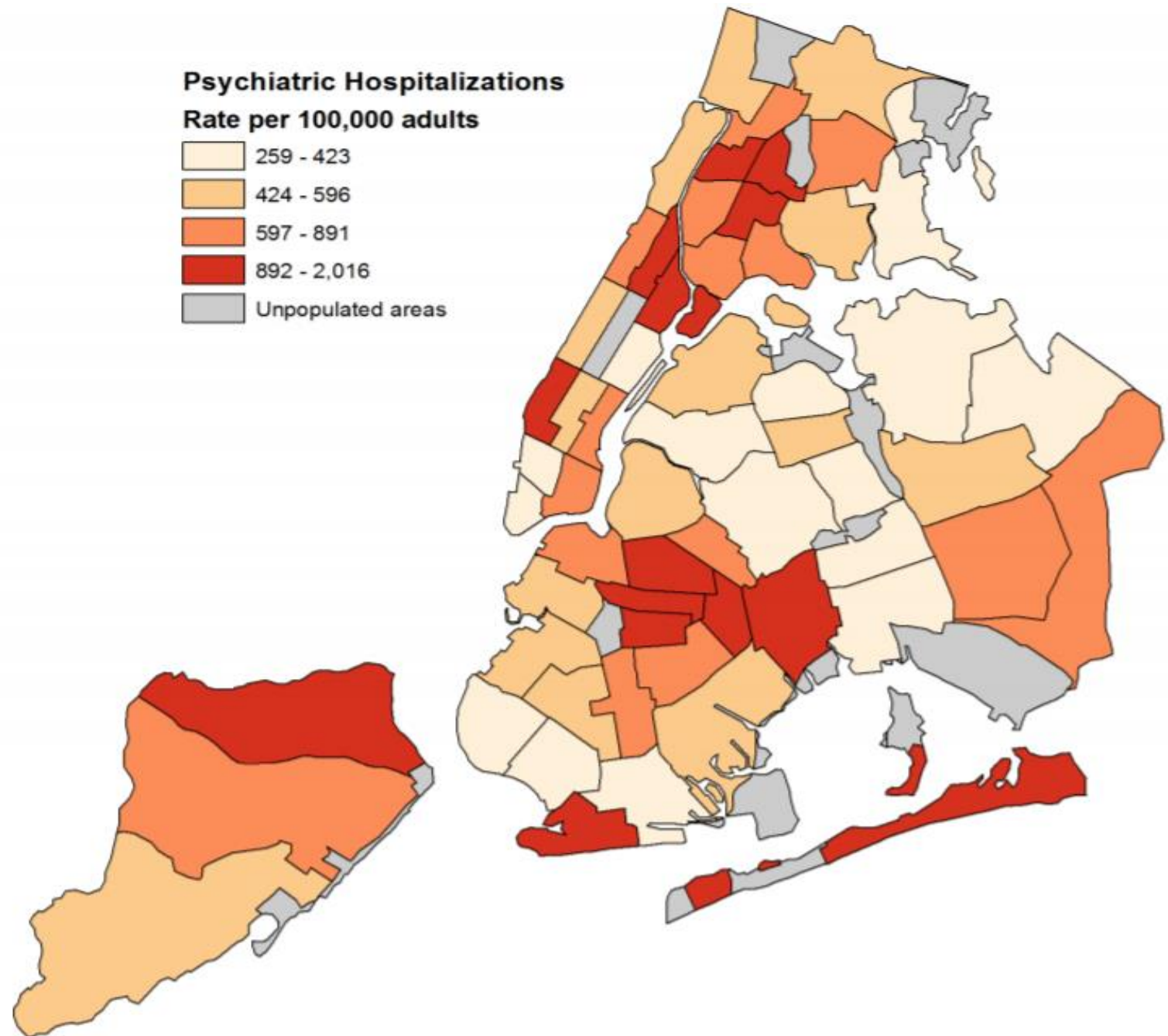- Improve access to care teams, housing/respite, and other relevant resources

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

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In 2017 there were 168,925 call to 911 for people in apparent mental health crisis

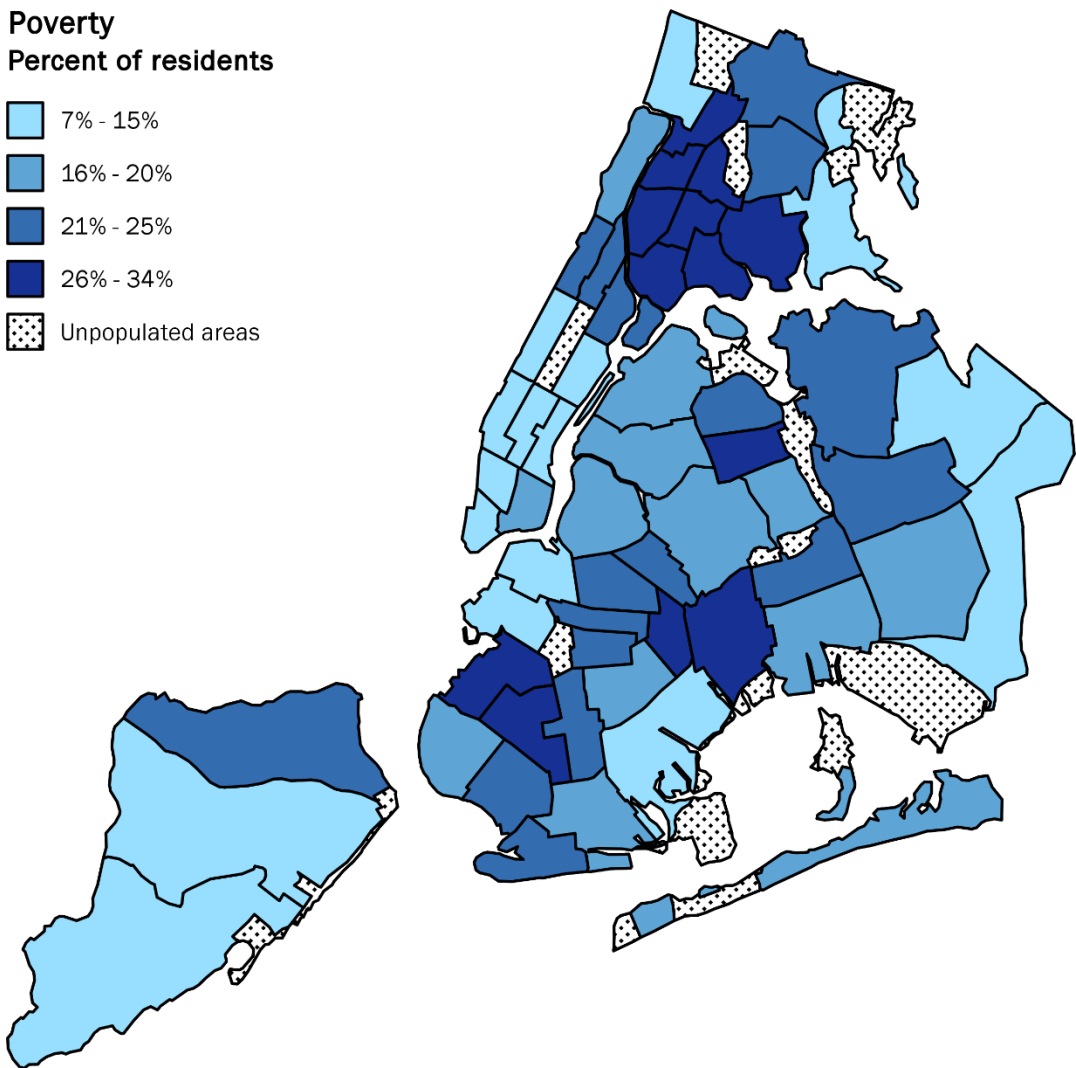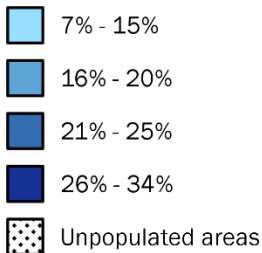(does not include duplicate calls for service)

Calls by Precinct

# of Calls

- 1000 or Less
- 1001 to 2000
- 2001 to 3000
- 3001 to 4000
- More than 4000

Emergency room evaluation and hospitalization are not always the best outcome

Psychiatric Hospitalizations
Rate per 100,000 adults
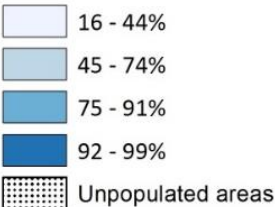
- 259 - 423
- 424 - 596
- 597 - 891
- 892 - 2,016
- Unpopulated areas

Poverty and Race in New York City

Poverty
Percent of residents

- 7% - 15%
- 16% - 20%
- 21% - 25%
- 26% - 34%
- Unpopulated areas

Non-White Population Percentage

- 16 - 44%
- 45 - 74%
- 75 - 91%
- 92 - 99%
- Unpopulated areas
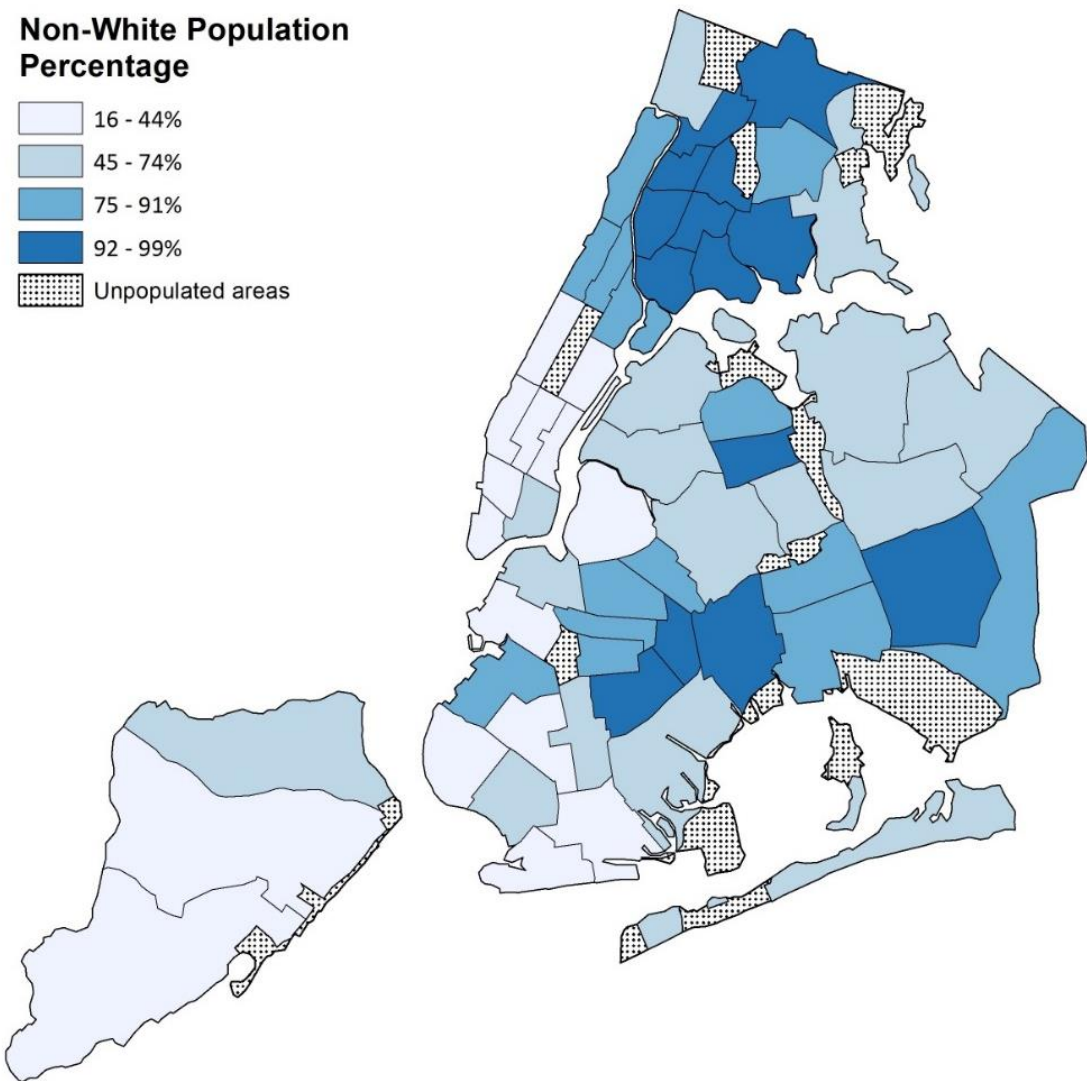
Health Outcomes by Neighborhood

**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
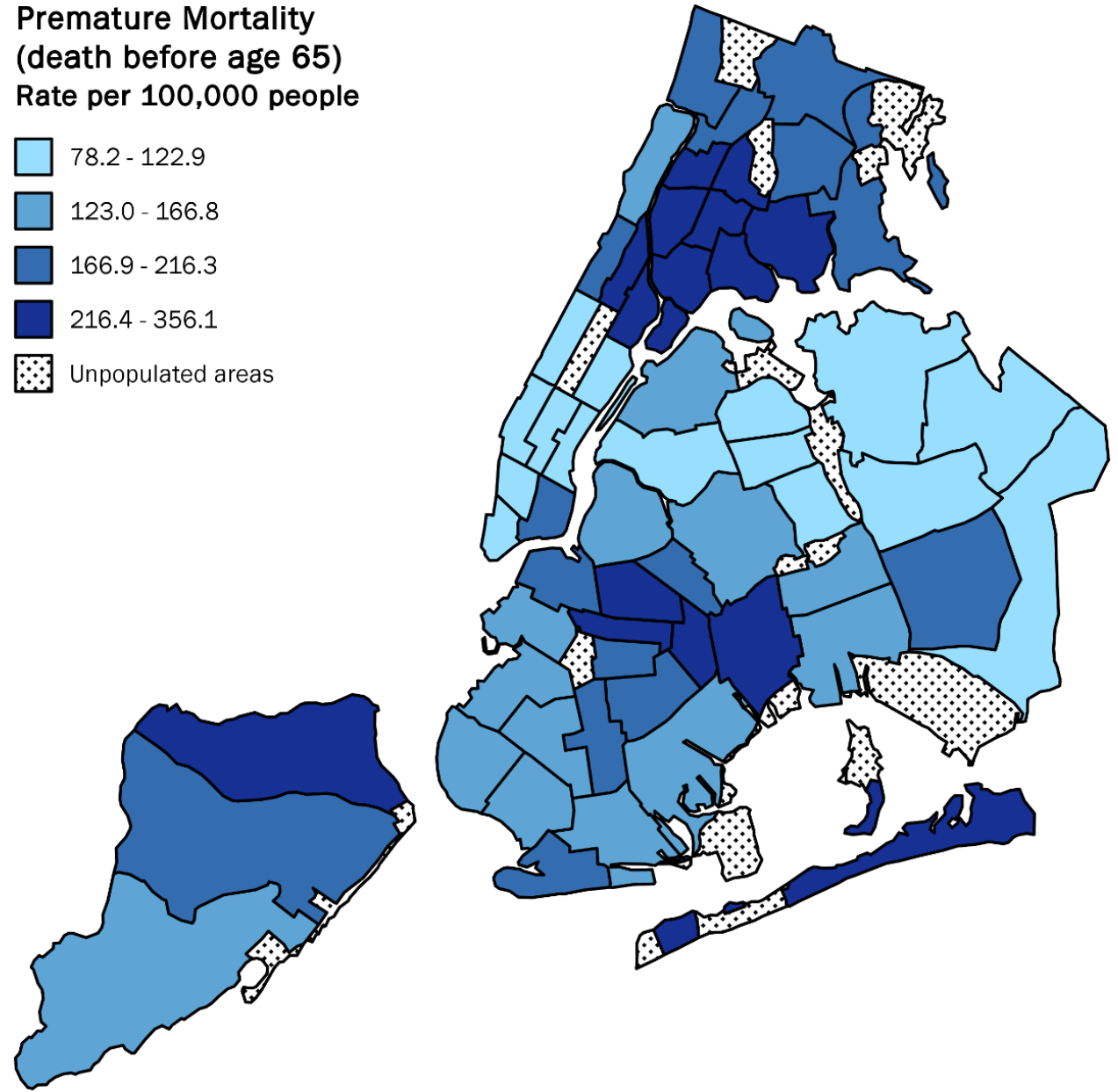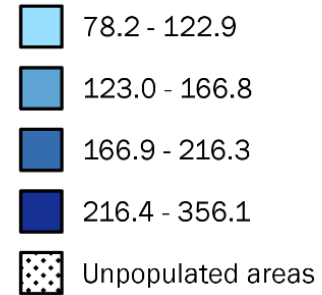
Racial Equity Assessment

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?

TOOLKIT

Racial Equity Toolkit
An Opportunity to Operationalize Equity

LOCAL AND REGIONAL
GOVERNMENT ALLIANCE ON
RACE & EQUITY

RACIALEQUITYALLIANCE.ORG