



REFORMING CRISIS SERVICES IN NYC: A COMMUNITY FEEDBACK FORUM

Friday, January 18, 2019

www.communityaccess.org/CrisisServicesForum

Responding to a Psychiatric Crisis: A Vision for Public Health Reform in New York City

Discussion Paper by
Community Access, Inc.
January 18, 2018

Summary of Major Points

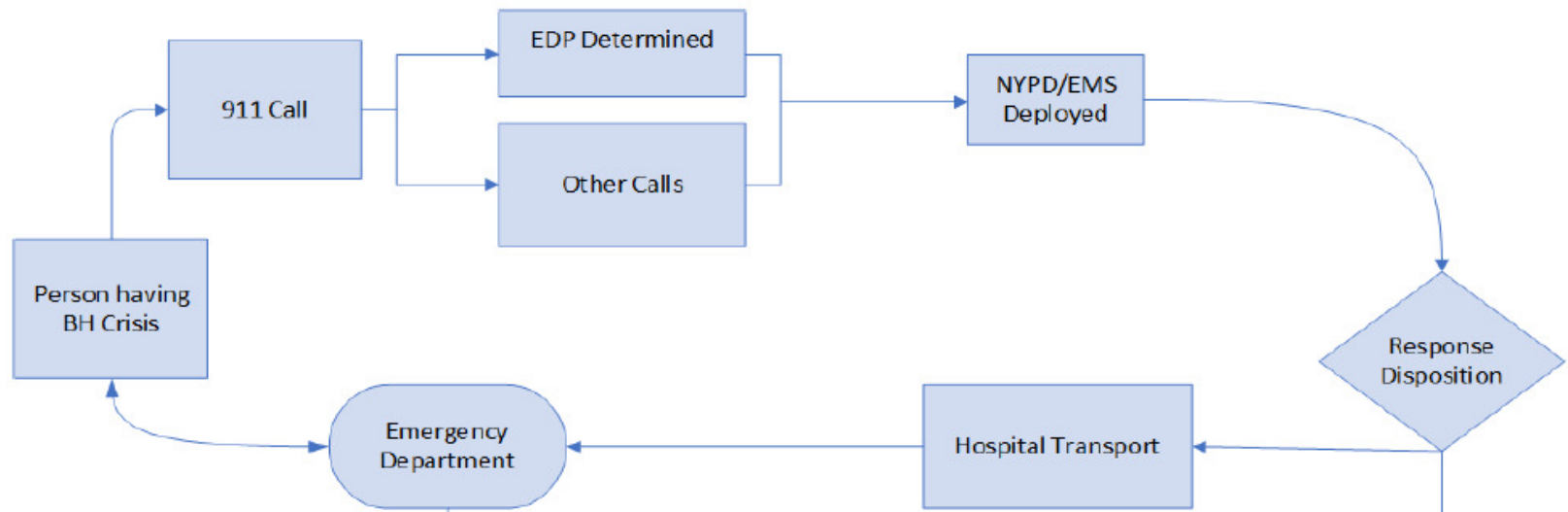
One Mental Health Emergency is a Health Emergency

Thousands of Mental Health Crises Represent a Public Health Crisis

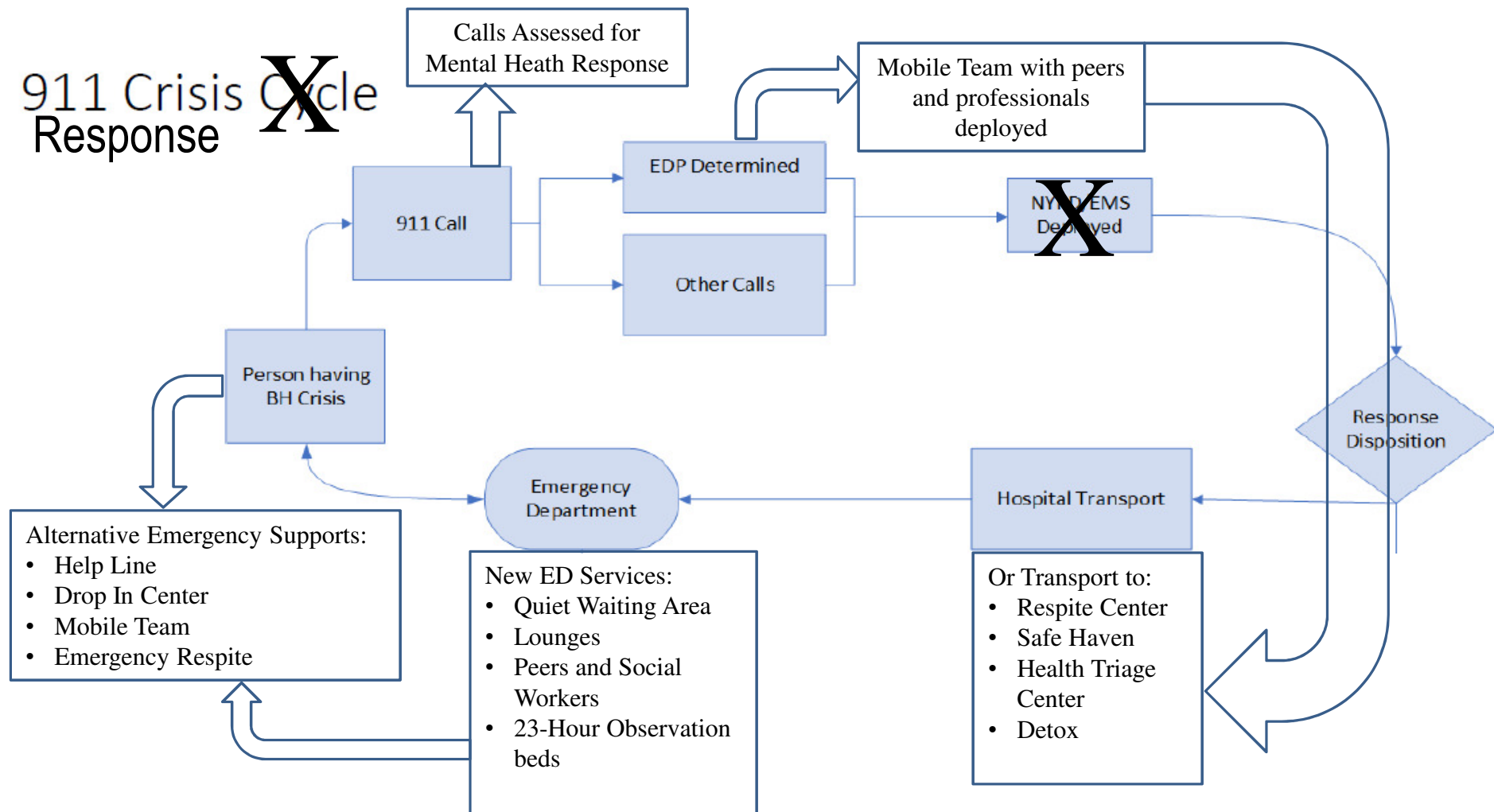
A Public Health Crisis Requires a Response that is:

- Data-Driven
- Coordinated Across Communities and Government Programs
- Transparent in all its decisions and actions
- Flexible to respond to changing conditions

911 Crisis Cycle

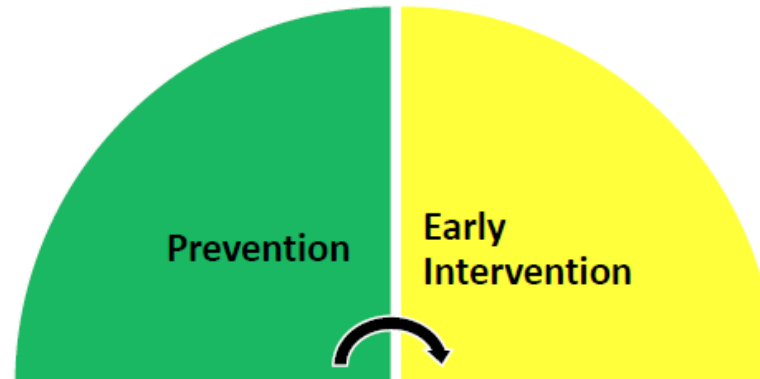


911 Crisis ~~Cycle~~ Response



Pre-911: Reduce the Number of Calls

Prevention: Prevent crises from escalating to 911 by diverting calls and connecting people to easily accessible supports.



Early Intervention: Intervene early to avoid the use of 911 whenever appropriate and engage people in meaningful supports.

Example: 211 San Diego is a source for 6,000 health, social and disaster services in more than 200 languages.

In New York City, NYCWell could be an alternative to 911.

Post-911: Respond Differently

- Triage Calls in 911 Call Center
- Deploy Trained Crisis Workers
(peer and non-peer)

Conclusions

- New Approach Needs Community Input: Community-Led Design
- New Programs and Services Built on a Social Impact Model that is Flexible and Adapts to Changing Conditions – Avoid Rigid RFPs, Line Item Budgets and Scope of Services Contracting
- New Approach Needs Independent Oversight and Consistent Leadership that Spans Election Cycles – 10 to 20 Year Vision
- Focus on People's Lives Outside of Services: Social Determinants of Health and Racial Equity

Presenters

Alternative Response to 911 Calls

- Jennifer Battle
- Tim Black

Community-Led Design

- Betsy Maclean
- Durell Coleman

User Perspective

- Carla Rabinowitz
- Ron Ryer
- Christina Sparrock