



REFORMING CRISIS SERVICES IN NYC: A COMMUNITY FEEDBACK FORUM

Friday, January 18, 2019

www.communityaccess.org/CrisisServicesForum

Communities for Crisis Intervention Teams Coalition: 7 Years of Advocacy

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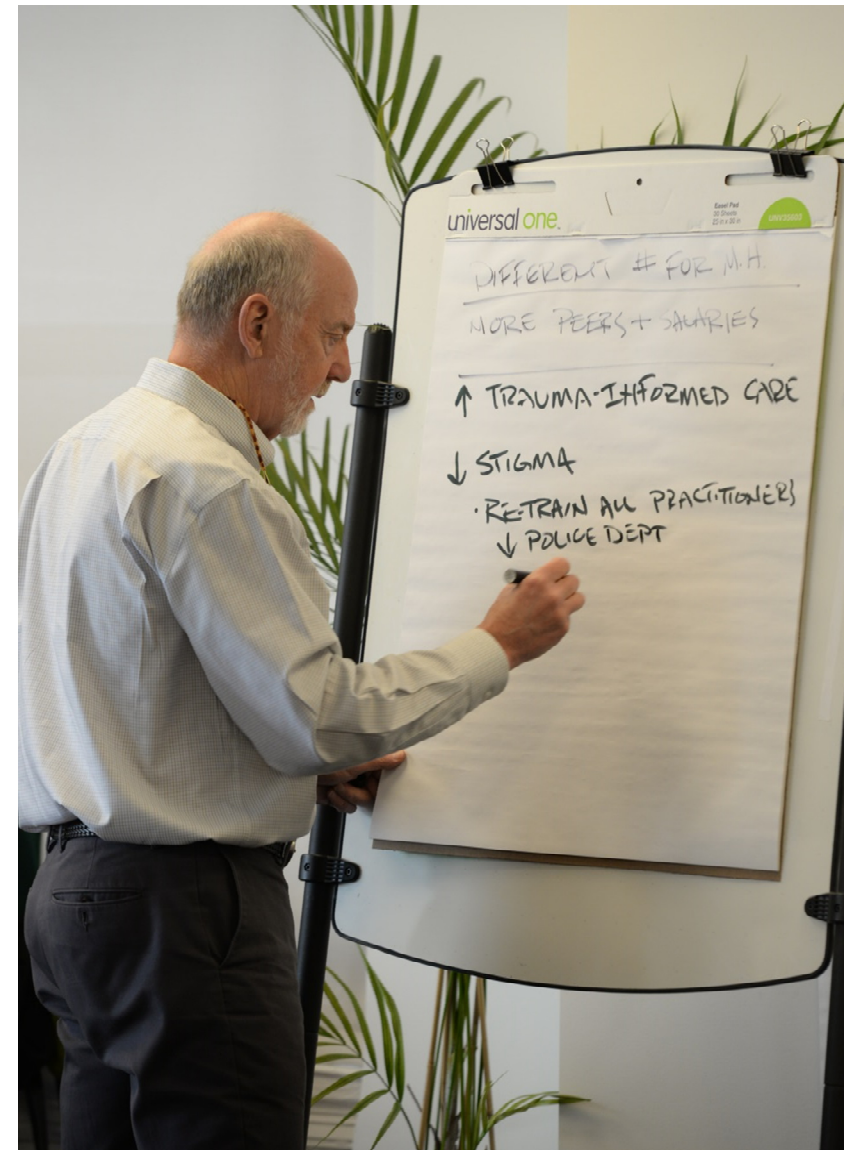
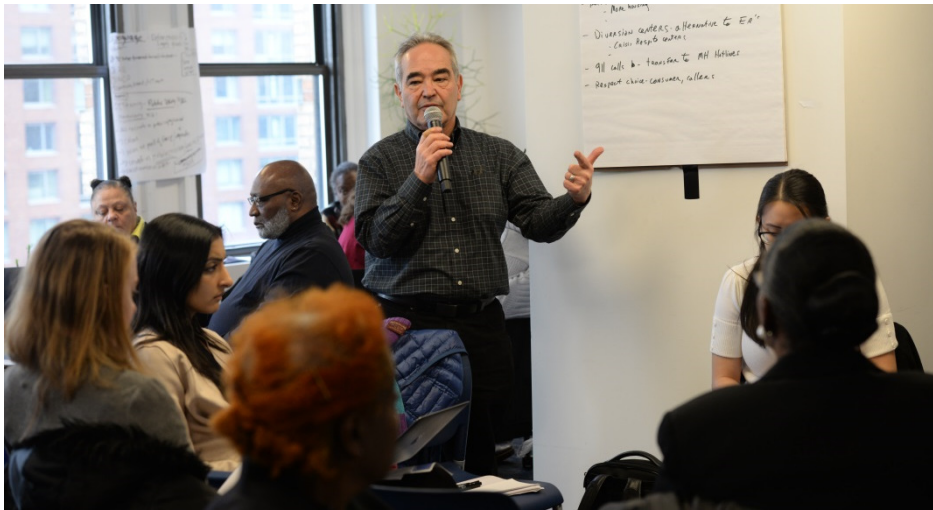
Mental Health Community Brainstorm 2019

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Mental Health Community Brainstorm 2019

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Peer Recommendations

1. CHANGE THE NUMBER: Alternatives to Calling 911

- Fewer calls to police/fewer police interactions with people in mental health crisis and reduce number of potentially violent interactions
- The new number should be easy to remember
- Create an environment that changes how people think about and respond to crises
- Engages community in the fight against stigma
- Previous success: “311” rollout

Peer Recommendations

2. Alternatives to Hospitals

- Respite: 7-14 day stays
- Diversion Centers
- Mental Health Urgent Care Centers
 - Mental health team + peers
 - Similar to urgent care when one cuts a finger
- Incorporate Mental Health into all existing medical care centers
- Safe havens
- Improve shelters
 - Should not evict people during the day
 - Changing the culture of shelters to be recovery oriented
 - Involving shelter residents in decisions about the shelters and employing shelter residents during the day
- Drop-in centers like senior & youth centers

Peer Recommendations

3. Why is Mental Health Education Important?

- Break stigma – more conversation
- Create more understanding & acceptance
- Mental health affects everyone
- Creates recognition & possible prevention
- Creates relationships among neighbors to protect neighbors without placing blame
- Know what to look for/recognize
- Highlights common ground – you're not alone

Peer Recommendations

4. Expand Crisis Intervention Team Training & How to Do It

- Select police officers who exhibit the skill set to work with mental health recipients in distress
- Yearly refresher training
- Yearly basic training for de-escalation and stigma-busting training for all officers and rookies
- Ensure cultural competence in CIT training
 - Include an array of instructors with a mind to cultural diversity for all training
- Encourage mental health disclosure by instructors of CIT training
- Looking beyond police to include all safety and security officers in NYC government agencies

Peer Recommendations

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5. Peer Involvement

- Involve peers at all levels of implementation of task force
- Engage peers in policy discussions and policy decision-making of NYPD and the city relating to CIT
- Increase salaries and supports for peers in CIT work, as with other professionals
- Increase access of peers in CIT work to well designed training: recovery training, cultural competence, and ethics



Peer Recommendations

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6. Alternatives to Police Responding to 911 Calls

- People in distress calls are most often health concern issues that need either social workers or peers, not law enforcement. One would not expect the police to be able to treat high cholesterol, police should not be solving mental health support calls.
- Peer-to-peer work has proven results in improving the lives of peers.
 - Trained peers have strong track records in de-escalating mental health crisis issues.
 - Peers understand the importance of respectful communication, especially in working with people in distress.
 - Most peers are trained in trauma informed care and can respond without re-escalating the trauma of the person in distress.



Peer Recommendations: Sustainability

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7. Community Education and Awareness

- Community awareness of existing resources
- Community education about mental health in schools and communities
- Examples include outreach to: houses of worship, community centers, via ThriveNYC, libraries, social media, and local community organizations, community boards, and schools





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