Re-Thinking the Police Response to Psychiatric Crises
Dear Colleagues,

Community Access, along with a coalition of 70 organizations, many elected officials, and concerned citizens, has been actively engaged with New York City officials since 2013 to reduce the incidents of violence and trauma experienced by people during an emotional crisis.

This advocacy work resulted in some early reforms, most notably the launching of a 40-hour training program for officers, called Crisis Intervention Team (CIT) training. To date, over 10,000 NYPD officers have received some form of this training, although it’s not clear how the officers are recruited or deployed once trained. As a consequence, there are still too many encounters that result in death or injury to the person in need.

Based on our experiences, we have come to believe that the crisis response system needs to be fundamentally rethought such that, 1) the total number of 911 calls are reduced through the development of alternative support systems, and 2) when assistance is required the first responders should be specially trained crisis workers, not police officers.

We further believe that those who have the most direct knowledge and experience with that system (peers, family members, and community organizations) need to be part of the planning process to reimagine, test, evaluate, implement, and monitor its performance.

We have prepared the attached discussion paper, which traces the many projects and initiatives that have been launched by the de Blasio administration since 2014 and the ideas and recommendations generated by our coalition colleagues for transforming the crisis response system.

We welcome your feedback and encourage you to connect with us by email at crisisresponse@communityaccess.org.

Sincerely,

Steve Coe
CEO
Community Access

Carla Rabinowitz
Advocacy Coordinator
Community Access
A CALL FOR CHANGE

For too long, 911 calls in NYC have resulted in traumatic – and even, at times, fatal – police encounters for mental health consumers. The tragic headlines speak for themselves. Since 2012, we’ve been fighting for change, forming the Community for Crisis Intervention Teams coalition, and pushing the city toward much needed reform. Our advocacy work has led Mayor de Blasio to commit to training more officers and opening two diversion centers.

Advocates Urge NYPD to Reform Policies on Mentally Ill Suspects

Tasers won’t solve police shootings

As NYPD Trained on Mental Illness, a Call Ended in Shooting

Trying to Solve a Mental Health Crisis

Councilmembers Rosie Mendez, Brad Lander, Jumaane Williams, and Margaret Chin join CCIT NYC coalition on the steps of City Hall to call for a resolution to improve police responses to 911 calls involving individuals with mental health concerns.
In April 2018, Mayor de Blasio, First Lady McCray and City Council Members launched the NYC Crisis Prevention and Response Task Force, a 180-day effort to develop a comprehensive, citywide strategy to prevent mental health crises and improve the city’s response to emotionally distressed New Yorkers.

The task force was charged to:

- Develop strategies and supports to prevent crises, including community and family support, peer engagement, and respite services.
- Develop multiagency strategies that will allow better coordination between our health and public safety systems to better support these interactions.
- Prevent future crises by offering long-term stabilizing services such as connection to support and treatment, assistance with enrolling in benefits, and help with housing and employment.
- Develop sustainable ways to share data and examine effectiveness of strategies.

The guiding principles for the work of the task force included:

- 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.
PEER RECOMMENDATIONS
FOR TASK FORCE

Efforts in New York City to respond safely and humanely to people experiencing mental health crises involve the effective coordination of many different stakeholders. The formation, in April 2018, of Mayor de Blasio’s NYC Crisis Prevention and Response Task Force recognizes this fact — laying the groundwork for us all to better address what has always been a challenging public health and safety issue.

To help inform the task force’s strategic thinking, Community Access held a Crisis Services Forum on January 18, which brought together 75 people with lived experiences of using emergency and 911 services to brainstorm ideas about how to reform crisis responses and how to develop community-based networks that matter. AM New York ran a feature about our mental health community visioning effort, and New York Nonprofit Media published our discussion paper with key findings and recommendations for New York City. The brainstorm resulted in identifying three main areas of focus, which are published on the next page.

For a copy of our discussion paper, media clippings and forum materials, visit website communityaccess.org/crisisservicesforum.
CHANGING THE PARADIGM...  

The current paradigm for treating people in distress doesn’t work. Instead of directing people to the supports and services they need, it perpetuates a crisis cycle. Rather than support and healing, people in crisis too often find themselves re-traumatized, and in distress again.

911 Crisis Cycle

...TO SUPPORT PEOPLE IN CRISIS

The city has a responsibility to break this cycle by truly responding to people in distress. More often than not, a law enforcement response is not the most helpful option. New solutions are needed. A humane crisis system would include a robust cadre of services and would rely on the expertise of peers and mental health professionals.

911 Crisis Cycle

Response

In Eugene, Oregon, White Bird Clinic’s CAHOOTS program partners with local police to respond to people in crisis. CAHOOTS’ mobile crisis teams are comprised of a medic certified as EMT-B or higher and a Crisis Intervention Worker.

Crisis respite centers offer an alternative to emergency hospitalization for people experiencing psychiatric crises. In a home-like environment, guests receive group counseling, peer support, and connections to psychiatrists.
STAY IN TOUCH. SHARE YOUR IDEAS.

If you would like to stay informed about our advocacy work and the progress of city’s efforts to reform the 911 crisis response system, please sign up for our email list at communityaccess.org/connect.

If you would like to share your own experiences with a 911 incident involving a person is an emotional crisis, or would like to share your ideas for improving the system, please write to crisisresponse@communityaccess.org.

Join the Campaign: www.ccitnyc.org