New York City is failing individuals experiencing mental health crises, a new report from the office of New York City Public Advocate Jumaane Williams finds, but Williams has a proposal for an approach to intervention that would minimize the involvement of law enforcement. One highlight of this proposal is a new, non-NYPD number that people can call for immediate mental health treatment.

New York City is failing individuals experiencing mental health crises, Williams says. One of the more recent incidents resulted in the death of Saheed Vassell, a man who was known to have a mental health condition, but was fatally shot by police after 911 calls reported that he was walking around holding a gun, which turned out to be a metal pipe.

Emergency calls to deal with individuals in crisis are becoming more common. In 2018, the report finds, the New York City Police Department received 179,569 emergency calls involving
individuals in mental health crisis – sometimes referred to as “emotionally distressed persons.” In 2009, the number of those calls was nearly half of what it was last year, at 97,132.

Williams’ proposal also includes an expansion of the use of mobile crisis teams, increased funding for respite care centers and new funding for mental health urgent care centers. To evaluate this agenda, City & State reached out to a few experts in the field. Five experts weighed in: Alex Vitale, professor of sociology at Brooklyn College; Ayesha Delany-Brumsey, director of behavioral health at the Council of State Governments Justice Center; Ira Burnim, legal director for the Judge David L. Bazelon Center for Mental Health Law, a legal advocacy organization on behalf of people with mental disabilities; Cal Hedigan, chief executive officer at Community Access, an advocacy group for supportive housing and social services; and Don Kamin, director of the Institute for Police, Mental Health & Community Collaboration and first vice president of CIT International, who works with the state Office of Mental Health to develop Crisis Intervention Team programs.

Is Williams’ proposal a good idea or a bad idea?

Alex Vitale: It is a good idea. Over a quarter of all people killed by police are having a mental health crisis. This is because states like New York have systematically failed to provide basic mental health services and have instead turned the problem over to the police, courts and jails to manage. But these institutions don’t have the right tools for managing these problems and the result is wasted effort, pointless criminalization and in some cases abuse and death. It’s time to treat this as a public health issue rather than a criminal justice issue.

Ira Burnim: The proposal is a good idea. Police do not need to be involved in responding to most health crises. In addition, police involvement can escalate the situation and lead to injury to the person in crisis or the police.

Don Kamin: The good part of Williams’ proposal is that it highlights the need for non-law enforcement approaches to responding to mental health crises. If there’s a mental health crisis, there should be a mental health response. Police should be the last resort response and dispatched only when the situation requires a law enforcement presence. They should not be the default, first-response as they often are. I don’t know enough about what currently exists in New York City to know whether a new number is needed or whether other existing resources aren’t fully utilized.

Cal Hedigan: The public advocate’s vision for reforming the crisis response system is in line with experts across the country and internationally. The best way forward for all involved – people experiencing mental health crises and police officers alike – is to take the responsibility for responding to these types of calls out of the hands of police entirely. We know that people other than police, such as crisis response workers, peers, EMTs, and health professionals are better suited to respond to these types of situations.

Furthermore, this is an improvement for the NYPD. Officers are trained to deal with law enforcement issues. What we have here is a public health issue that demands a public health solution.

Ayesha Delany-Brumsey: Public Advocate Williams’s proposal stems from a desire to ensure that New Yorkers in crisis not only receive the most effective, compassionate response to address their immediate needs, but also are connected to long-term supportive services to reduce the likelihood that they cycle in and out of crisis in the future and come in contact with the justice system. This is a necessary change for the city, and it is laudable that he is working to address it. However, whether there should be a new phone number is not the most important question to answer. The question that needs to be answered is, if there is a call to 911 for someone in crisis, how do we respond most
effectively? As of now, the only options are to send the police or EMS. Some jurisdictions have begun to deploy co-responder teams (teams of police officers paired with clinicians) or mobile crisis units (teams of mental health clinicians) that can respond quickly in an emergency. Furthermore, once the appropriate responder is deployed, how can the city ensure that the individual is provided low-threshold access to resources, such as housing, mental health, substance use treatment and peer support?

What, if anything, can New York learn from how other cities or locales respond to mental health crises?

Ayesha Delany-Brumsey: Jurisdictions around the country have begun to implement interventions that seamlessly weave their mental health response into their 911 system. For example, some communities co-locate behavioral health clinicians at the 911 call center to help triage mental health crisis calls and decrease the person’s distress level over the phone and assess and deploy the most appropriate response. The city of Houston implemented their Crisis Call Diversion program in 2015; since then, the city has reported that counselors are handling thousands of calls for service annually and are effectively diverting people from law enforcement contact, connecting them with needed services and supports, and freeing officers to respond to more acute public safety needs.

Ira Burnim: Many communities have created systems for responding to mental health crises that do not rely on the police. There is an emerging consensus on how such a system should work. Key components are: a mental health crisis hotline that is integrated with 911, mobile crisis teams that are deployed when telemedicine and a referral is insufficient, supervised respite or crisis apartments to which people in crisis can go or be taken for short stays, psychiatric “urgent care” centers, and hospital-like crisis stabilization units. Such systems, including especially mobile teams and crisis apartments, have been demonstrated to (be) effective in resolving crises without police involvement.

Don Kamin: Even when other more appropriate services exist to respond to mental health emergencies, some people will still call 911. Everybody knows the number to 911; far fewer know alternative numbers that would result in a more optimal response. To address this issue, some localities around the nation have implemented training for 911 personnel to quickly assess which calls need a police response and which ones could be better addressed by referring them to other services, like a crisis hotline or a mobile crisis team. Houston has done a lot of work in this area and closer to home, here in New York – Broome County has conducted training with all their 911 staff. Broome County 911 transfers calls to their local hotline and their mobile crisis team, when the call is judged to not need a police response. This approach is consistent with a main goal of Crisis Intervention Team (CIT) programs, which is to transform the crisis response system to minimize the times that law enforcement respond to individuals in emotional distress.

Alex Vitale: We need to do two things. We have to increase baseline mental health services and we need to create robust 24-hour non-police crisis response capabilities. In the UK, mental health calls are mostly handled by the National Health Service and usually don’t include any police response. Specially trained nurse practitioners respond, even when someone may be acting out or (be a) danger to themselves or others. They also have a much more developed mental health infrastructure that reduces the number of crisis situations in the first place. When health workers or police respond, people are supposed to be taken to a “place of safety,” which is usually some kind of community-based public health facility. Jails and police stations are not considered appropriate places of safety. We can also look at programs like CAHOOTS in Eugene, Oregon that provides non-police response to people having a crisis related to
homelessness, mental health or substance abuse. They are integrated into the 911 system and actually connect people with services rather than jail.

**Cal Hedigan:** A number of other municipalities have implemented non-police response systems for mental health crisis calls. In Eugene, Oregon, EMTs and crisis workers are responsible for responding to mental health calls. Neither EMTs nor crisis workers have sustained a serious injury as a result of these interactions in over 30 years.

Los Angeles, California’s response system includes sending a clinician and a mental health peer to respond to 911 mental health crisis calls and uses remote technology to link to a psychiatrist for consultation before deciding where to transport a person in distress.

New York City needs to move beyond the idea that the solution to a mental health crisis can come from law enforcement and immediately begin to implement reforms based on best practices from cities across the United States.

**What, if anything, should New York City be doing differently in responding to emotionally disturbed persons?**

**Cal Hedigan:** First, we must stop othering people who experience mental health crises by labelling them as emotionally disturbed persons. As the public advocate’s report notes, mental health impacts us and all who surround us.

As a foundation, we know that we need a public mental health system that is more accessible and responsive to individual needs so crises can be prevented. The enormous increase in mental health crisis calls over the last 10 years is the result of a lack of adequate investment in the public mental health service system. We can work to reduce that number by strengthening and expanding preventive services in the communities with the highest rates of such calls to 911 and elsewhere. These would include mobile crisis teams that could respond in real-time, crisis respite centers, mental health urgent care centers, and other community-based supports. By adequately funding these services, we can mitigate many crises before they occur.

Equally important, when it comes to responding to a mental health-related 911 call, we need a clear mechanism for the public to access a non-police alternative. Peers, crisis workers, EMTs, social workers and other trained experts are best suited to respond to people experiencing mental health crises. We must create a system where people can seamlessly access those resources in real time.

**Ayesha Delany-Brumsey:** The city has implemented significant reforms in recent years to improve its crisis response, including providing officers (with) Crisis Intervention Training and working to launch two diversion centers, where officers can take people in lieu of arrest or the emergency department. However, as Public Advocate Williams noted, the city recently convened a group of experts from within and outside of government to craft recommendations for how the city can improve its 911 response to people in crisis, including ensuring that the city focuses resources on neighborhoods with high rates of crisis calls, which are also areas that are more likely to have fewer economic resources and more residents of color. Announcing and implementing the recommendations of that task force would go a long way toward improving the city’s crisis system.

**Ira Burnim:** New York City needs to put in place all of the components (of) a modern and effective system for responding to mental health crises. And make sure that the system has enough capacity to meet the needs of people experiencing psychiatric crises. Inadequate and misguided responses to psychiatric crises cause harm, are costly to taxpayers and needlessly burden the police.
**Alex Vitale:** New York City has begun experimenting with non-police response to a very small number of calls for help. This pilot program is based on a very thin set of resources that is totally inadequate to meet the need currently filled by police. The mayor’s Thrive NYC initiative laid out something of a road map for increasing and improving mental health resources but it has not been adequately funded and doesn’t deal enough with creating a robust 24-hour crisis response capability that isn’t police based. Also, the problems of mental health in New York cannot be fully separated from the problem of mass homelessness. Homelessness is both a symptom of untreated mental illness and a cause of additional mental health challenges. The solution in both cases is high-quality supportive housing. That’s permanent housing with social and health services built in. This will help ensure that people remain stably housed, which improves their quality of life and the community’s.

**Don Kamin:** The city, like every other locality, should not only be looking at how to respond to mental health emergencies, but should also focus on ensuring earlier access to assessment and treatment services. It is important to understand and address the social determinants of health (e.g., economic barriers, lack of social supports, race/ethnic disparities) that create additional stress and prevent individuals from receiving helpful interventions. In addition, as I stated above, diverting calls that come to 911 from law enforcement to more optimal services (like a crisis hotline and mobile crisis teams) would be very helpful. It is also important to continue to build collaborative relationships between law enforcement officers, mental health providers and other community partners – so that when police are the first responders they know how to refer to services that may be better suited to respond in the moment and/or provide follow-up assistance.