A training program that teaches NYPD officers how to de-escalate tense interactions with people who are seriously mentally ill and in the throes of a crisis was abruptly halted last week, according to the group who helps administer the program.

The Crisis Intervention Training was a 36-hour course meant to help police officers develop “empathy and rapport” with a person and thereby prevent a violent confrontation. It was the Department’s attempt to address violent and sometimes fatal confrontations between the police and New Yorkers experiencing mental health crises, who advocates say are 16 times more likely to be killed during an interaction with law enforcement than other civilians.

“We regret to inform you that last week the NYPD suspended funding for CIT,” read an email sent from Center for Urban Community Services to its employees who participate and administer the training. “The NYPD hopes to reinstate the program eventually; however, there is currently no timeline on when CIT funding may resume,” the email went on to say.

An NYPD spokeswoman denied that the funds had been cut and said the program had been put on pause due to COVID-19. A source at the NYPD refuted that and said all the officers in the unit had been reassigned. The Mayor’s office also denied the program had ended, saying it relied on in-person training that was suspended once the pandemic started and would resume when
it’s safe to do so. CUCS didn’t return repeated requests for clarification.

Whether the program has been halted indefinitely or canceled outright is still unclear.

The decision comes at a time when the city is facing a dire financial crisis and when confrontations between police and people with mental illness are under intense scrutiny. This month, protests erupted across the state and the country in response to the death of 41-year-old Daniel Prude from Rochester, New York. Body camera footage, released months after his killing, showed the mentally ill man was smothered to death by a police officer while other officers joked around and watched.

“It couldn’t have happened at a worse time to cut funding. Now is when it’s most important,” said Phylis Fisher, 68, who has Complex Post-Traumatic Stress Disorder and helped train police officers by sharing her experience living with mental illness. “You read every day, about something happening with a person experiencing an emotional crisis, and the police treat that as if it’s a criminal act.”

In 2015, after years of pressure from advocates, the NYPD agreed to train its officers on how to de-escalate situations between people who are mentally ill and police. According to the city and the Mayor’s Management report, around 18,000 NYPD officers have received the training since then, at a cost of $5.3 million dollars a year.

The city had fallen years behind its goal of training 23,000 NYPD patrol officers by 2018, and the efficacy of the program was questioned by some of the same advocates who initially pushed for it. Since the program started, 19 New Yorkers in a mental health crisis were killed during confrontations with police, compared to seven in the seven years prior to when the program began, according to the mental health nonprofit Community Access.

Still, Carla Rabinowitz, the Advocacy Coordinator at Community Access, said stopping the program all together, with no alternative for people experiencing acute mental health crises each year, is a recipe for disaster. Police respond to calls about someone in a mental health crisis hundreds of times per day.

“They ended it, but they didn’t redirect the money to solving the problem, which is creating what everyone’s asking for now, a public health team response to crisis calls,” said Rabinowitz.

Rabinowitz and a coalition of other groups have been pushing the city to follow the lead of Toronto, San Francisco and Portland by having emergency medical technicians and trained individuals called “peers,” who have experienced mental illness themselves, respond to these types of crisis calls. Rabinowitz, like many other advocates, believes police should be left out of the calls entirely.

A rally with that same demand is planned for Friday in Harlem. It’s being organized by Mohamed Bah’s mother, who called 911 eight years ago to the day for medical assistance for her son. Instead of an ambulance, police were the first to respond and shot Bah to death after they said he threatened them with a knife.

Mayor Bill de Blasio and his wife Chirlane McCray, who made mental health the cornerstone of her platform as First Lady, have often touted the importance of de-escalation, especially after the NYPD killings of New Yorkers with mental illness under the Mayor’s watch including Deborah Danner in 2016 and Saheed Vassel in 2018.

To that end, the city ramped up the use of Mobile Crisis Teams that are run by hospitals and staffed with social workers, but they can still take up to 48 hours to respond and can only be contacted through the city’s Thrive NYC hotline. There are also “co-response teams” which pair NYPD officers with behavioral health specialists. But there are very few of them. According to the Mayor’s Management report, they assisted 677 people in the last fiscal year.

Councilmember Donovan Richards, who chairs the public safety committee, said he was alarmed to hear the Crisis Intervention Training had been suddenly stopped without a backup plan in place. “Now is a time when we should be looking to ramp up these services, in light of what we’ve seen happen around the country,” he said.