Two years ago, after his 38-year-old bipolar son went through a manic episode, Ralph Feliciello dialed 911 for help. The emergency call was followed quickly by a vow: Never again.

“I saw this army of police, heavily armed, a police intervention as if he were a terrorist,” the retired Queens social worker told the Daily News. “They went in and took him down like they thought he had a weapon. They dragged him away right in front of our eyes.”

The Valentine’s Day encounter, echoing many others in recent years, led the city to reassess its approach in handling the hundreds of daily 911 calls involving the emotionally disturbed. Mayor de Blasio announced a pilot program last week aimed at replacing the NYPD with teams of mental health experts and EMS staffers to answer such calls.

Cal Hedigan, CEO of the non-profit advocacy group Community Access, said the new approach appeared more a step in the right direction than an absolute solution.

“I am torn,” she said. “Yes, this is the first time they are contemplating significant movement toward system change and reducing harm.
Our message is we just don’t think it goes far enough, and we have more to learn about the plans.”

The sad litany of the city’s mentally ill on the wrong side of a police encounter stretches across the decades. In 1984, Eleanor Bumpurs was shot to death inside her Bronx apartment by a city cop. And 32 years later, under eerily similar circumstances, an officer shot and killed Deborah Danner in her home just five miles away.

In the five years since the NYPD started its Crisis Intervention Training for officers, 15 people were killed by police responding to mental health calls — with 11 of the victims fatally shot, according to Community Access. The dead ranged in age from 31 to 67, with nine of the fatal encounters reported in the Bronx.

Earlier this year, bipolar 29-year-old George Zapantis died from a heart attack when he was tased seven times in a bizarre Queens showdown in which Zapantis charged at cops with a samurai sword.

And a Brooklyn man with a history of psychiatric issues died by suicide in 2017 after opening fire on a city cop responding to a call for help from his parents. “I die with a joyful heart,” he scrawled on an apartment wall before taking his life.

The current CIT program runs across four days, with instruction by uniformed Police Academy personnel and licensed mental health clinicians. The city’s new approach comes as police departments from coast to coast realize armed officers are often not the right responders for many of the 911 calls that can quickly go off the rails.

Los Angeles officials passed a measure this summer to develop a crisis response program, with police replaced by a community-based team for non-violent calls. The CAHOOTS (Critical Assistance Helping Out on the Street) program in Eugene, Ore., is entering its fourth decade of diverting specific 911 calls from the police to other professionals.

And in Dallas, the RIGHT Care program now dispatches a police officer, a paramedic and a social worker to all 911 calls involving the mentally ill. The new approach steered one in five of the people involved to mental health care rather than the legal system.

The New York program is set to debut sometime in the new year in a pair of “high needs” neighborhoods, although city officials were not specific about the locations.

“The NYPD looks forward to participating in this important pilot program,” said Police Commissioner Dermot Shea. “The participation of mental health professionals is a long-awaited improvement in the city’s initial response to people in crisis … in these non-violent cases.”

The NYPD answered a staggering 135,429 calls for emotionally disturbed people in the first 10 months of this year, roughly 450 each day.
Hedigan suggested establishing a separate phone number for calls about the mentally ill as an important step toward change.

“We want a response where the responders really are able to see the full humanity of the people in crisis,” she added. “To understand their primary role is to make a connection with someone and listen.”

Omahis Gomez Brito, whose emotionally disturbed brother was shot to death four years ago after beating a police officer with his own baton, hailed the new approach.

“I think something like this would have a lot of advantages, because there have been a lot of people dying,” said Brito. “In my brother’s case, it would have made a big difference.”

The risks for first responders were illustrated last week when a city EMT was chased down a Bronx street by a taser-toting emotionally disturbed man. Oren Barzilay, president of FDNY EMS Local 2507, said his union wants to hear more about their exact role in the new approach.

“If their plan is to give us more mental health training, that’s great,” said Barzilay. “At the moment, we don’t have any of that training. It’s extremely frustrating not having any details of the program.”

Feliciello said the answer to the difficult questions posed by police interactions with the mentally ill remain a total overhaul of the system.

“The whole culture has to change,” says Feliciello. “Right now, the emotionally disturbed are too often instinctually placed in the bucket of anti-social, dangerous, criminal. We can do better. We have to do better.”