

Failure to Thrive: NYC's \$100 Million 'Diversion Centers' for Mentally Ill Sit Empty or Barely Used

We took a peek inside a shuttered Bronx facility where NYPD cops are supposed to take emotionally distressed New Yorkers to get help. Another center in East Harlem has served just 45 people — coming out to \$1.1 million per visit.



An empty bedroom in the yet-to-open "diversion center" announced four years ago for The Bronx. It's part of a \$103 million ThriveNYC program. *Hiram Alejandro Durán/THE CITY*

In the fall of 2017, the city Department of Health and Mental Hygiene signed a contract to spend millions of taxpayer dollars to rehab a 14,000-square-foot former IRS office inside an anonymous beige Bronx building covered with graffiti.

The project was part of a key criminal justice reform Mayor Bill de Blasio adopted in 2014. The idea: to create state-of-the-art "diversion centers" staffed by mental health experts where police could drop off people experiencing mental health crises instead of escorting them to hospital ERs or jail — institutions ill-equipped to deal with their needs.

The city committed \$52 million to fix up and run the Bronx facility for a decade. But nearly four years later, the place sits empty.

Meanwhile, the city dedicated \$51 million to a similar operation in East Harlem that opened this past November. The number of people brought in for help so far: 45, or \$1.1 million per visit.

Diversion centers eventually became part of the Mayor's Office of ThriveNYC, a broader program run by de Blasio's wife, Chirlane McCray, to improve the lives of New Yorkers struggling with mental health issues.



Chirlane McCray spoke about the ThriveNYC program at the 92nd Street Y in 2018. *Deidre Schoo/Mayoral Photo Office*

ThriveNYC has come under fire for costs upwards of \$1 billion and for the administration's inability to provide evidence the program is working. Last week, de Blasio rebranded ThriveNYC — changing its name to the Mayor's Office of Community Mental Health.

'It is Frustrating'

The purpose behind diversion centers was to stop cycling people with mental illness through the criminal justice system instead of getting them treatment and other services.

Meanwhile, deadly encounters between NYPD officers and people in emotional distress have led to 18 fatalities in the last five years — driving demands to remove cops from the equation.

Even as the diversion centers sit empty or underused, de Blasio made the surprise announcement April 29 that another \$112 million would be spent on a new program to pair EMT teams with social workers to handle 911 calls citywide about people having a breakdown, without sending police.

EMTs, though, aren't signing up in big numbers.

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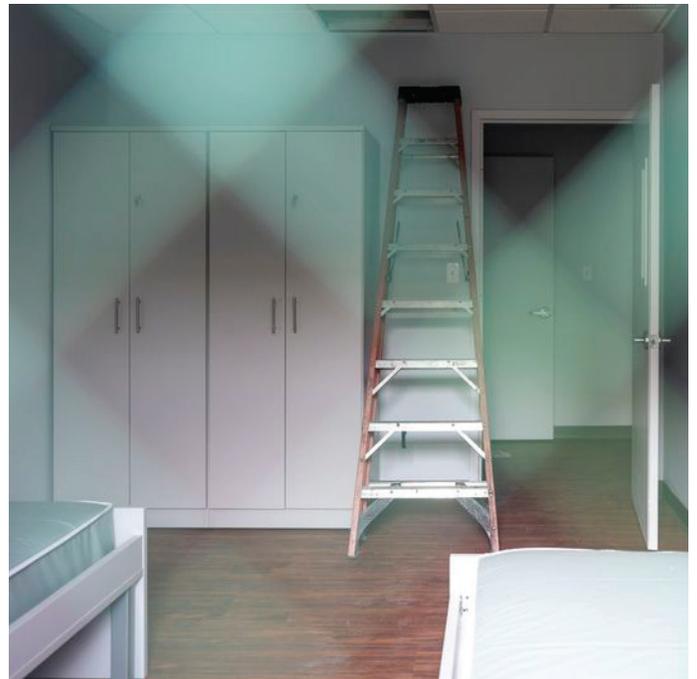
[The NYPD's Mental Illness Response Breakdown](#)

In the meantime, police do what they have always done, responding to thousands of 911 mental health calls and, in some cases, either jailing or escorting the subjects to hospital ERs.

Last year, the 46th Precinct, where the empty diversion center sits, averaged more than 320 such 911 calls per month. The 25th Precinct, which covers the East Harlem facility, averaged nearly 360, NYPD statistics show.

"It is frustrating," said Cal Hedigan, CEO of Community Access, which advocates for mental health reform and participated in de Blasio's task force.

"Sometimes you feel like you're in a conversation and suddenly you're left out in terms of being part of a thoughtful planning process that involves input from impacted communities," she added. "Then there is this big announcement and there's very



The city has committed to spending more than \$50 million in taxpayer dollars to renovate and operate the Bronx diversion center. *Hiram Alejandro Durán/THE CITY*

little detail about exactly how things are going to be rolled out."

An Inside Look

THE CITY visited The Bronx diversion center last week. Its entry — located deep inside a dingy, dimly

lit parking garage — is padlocked behind a metal gate. There is no sign touting the presence of the fully rehabbed space, but there is an electronic security buzzer and two cameras pointing at anyone who would enter.

Inside could be seen cozy new bedrooms, with two single beds and particle-board closets. De Blasio promised the center, to be run by the non-profit Samaritan Daytop Village, would open in late 2019. But nearly 1 ½ years later, the facility off White Plains Road remains vacant, awaiting people to fill those beds.

A Health Department spokesperson could not provide a specific opening date for the site, telling THE CITY, “We are planning on opening later in 2021.”



The entrance the vacant Bronx diversion center sits at the back of a parking lot. *Hiram Alejandro Durán/THE CITY*

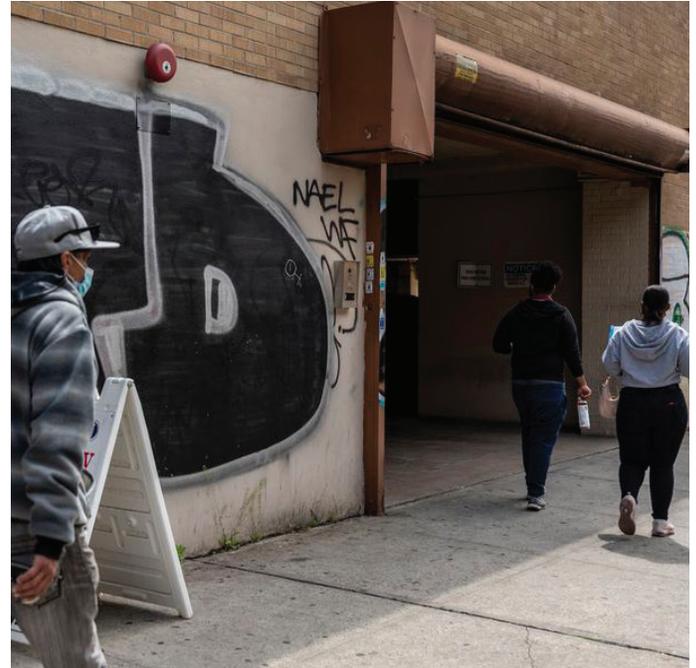
In announcing the Bronx and East Harlem locations, health officials estimated the two sites would take in 2,400 individuals annually.

The centers, to be staffed with trained clinicians, were designed to offer people dropped off by cops temporary shelter of up to five days while they are psychiatrically evaluated. The goal is to give them treatment that addresses their longer-term needs to avoid a replay of the incident that got them there in the first place.

ThriveNYC officials had initially promised to begin disclosing the number of police dropoffs at these

centers starting last July but have yet to do so. The officials released some statistics at THE CITY’s request, but only for November through February. They pledged to post this information online in the coming weeks.

A city Department of Health spokesperson responded to THE CITY’s questions about the low number of subjects brought to the sole open diversion center in East Harlem — now called a Support and Connection Center — with a statement blaming the pandemic:



Pedestrians walk down White Plains Road near the parking lot that houses an entrance to the unoccupied Bronx diversion center. *Hiram Alejandro Durán/THE CITY*

“Services were affected in profound ways, including Support and Connection Centers. [The] pause put many in-person services on hold. That said, this center has provided valuable assistance to New Yorkers with behavioral health needs and will be able to ramp up both centers once in-person operations are able to fully function again.”

The spokesperson noted that the overall number of mental health 911 calls in the 46th Precinct has declined by 18% in the last two years, and by 1.6% in the 25th Precinct. The spokesperson said that happened because the de Blasio administration has “significantly expanded mental health crisis and prevention programs — including and extending well beyond Support and Connection Centers.”

The overall number of mental health 911 calls citywide dropped from 163,279 in 2019 to 154,045 last year. But even taking the pandemic into consideration, the number of such calls is still well above the 127,283 logged in 2014 when de Blasio first proposed diversion centers.

Health Department officials noted that use of the diversion centers will likely increase due to another plan in the works, a soon-to-launch pilot program called Mental Health Emergency Response.

A Litany of Fatal Clashes

That's the latest iteration of another signature de Blasio strategy to better serve the needs of those



A sign honors Saheed Vassell near where he was killed in Crown Heights. *Ben Fractenberg/THE CITY*

in emotional distress: the use of “co-responder teams” to answer mental health-related 911 calls.

Cops confronting individuals who are the subjects of these calls are often not well-suited to de-escalate and manage the situation.

The same disturbing scenario has played out repeatedly: A friend or relative summons the police because their loved one is having a breakdown and, in some cases, threatening violence. The cops show up and, instead of convincing the person that they will not be harmed and will get help, wind up in a confrontation that ends in a tragic death.



Ellen Trawick and her son, Kawaski Trawick, at his college graduation in 2013. *Courtesy of Trawick Family*

Take the case of Saheed Vassell, the bipolar man shot dead on the street in his Brooklyn neighborhood three years ago after police responded to 911 calls about a man with a possible gun that turned out to be a piece of pipe.

Or Deborah Danner, a schizophrenic woman shot dead in her Bronx apartment in 2016 by a cop who did not follow procedure to de-escalate.

And there is Kawaski Trawick, who was fatally shot in his Bronx apartment two years ago by a cop whose partner tried to keep him from firing his weapon.

The NYPD has long struggled to correct this disturbing history, providing specialized training to officers. So in 2016, the Police Department created what they called “co-responder teams,” which pair cops with mental health clinicians.

Three of these teams — each with two cops and one clinicians — are now assigned to work daily from 7 a.m. to 11 p.m.

An NYPD spokesperson said co-response “works with patrol officers and other agencies to locate individuals with behavioral health concerns and have a propensity for violence or represent an elevated risk of harm to themselves or others. Co-Response will deploy on these individuals and get

them connected to the help they need — doing so also helps them avoid the criminal justice system and unnecessary visits to the hospital ER.”

The teams were set up to field calls from hospital ERs and clinics or cops on the beat who happen to encounter individuals who need assistance. In 2019, City Hall proposed a pilot program to have the teams also respond to mental health 911 calls in East Harlem’s 25th Precinct and the Bronx’s 46th Precinct — the two precincts tapped for diversion centers.

It never happened.

NYPD co-responder teams have yet to answer a single 911 call. In November, Susan Herman, director of ThriveNYC and a senior advisor to de Blasio, announced the administration had decided to put the 911 plan “on pause. We’re holding off on that to see if a much more health-centered approach will be successful.”

‘Caught Off-Guard’

Now the de Blasio administration is moving toward a different approach: pairing EMTs with social workers, with no cops involved unless the 911 dispatcher determines there’s a threat of violence.



Mayor Bill de Blasio and Chirlane McCray speak to reporters in Battery Park about his presidential run, May 16, 2019.

Ben Fractenberg/THE CITY

Officials initially promised a pilot program in three NYPD precincts would be up and running by February. That didn’t happen.

Training for the EMTs only began May 3 — two months after the program was supposed to have started and days after de Blasio said he would expand the program citywide.

“It was premature to make that announcement without talking to us. We all got caught off-guard,” Oren Barzilay, president of Fire Department EMS Local 2507, told THE CITY. “We didn’t even see how the pilot goes and all of a sudden we are going for the entire city?”

To date, only 16 EMTs have signed up, according to Barzilay.

“It was challenging getting the personnel to join because of the danger,” Barzilay said. “We all know EMS get assaulted on a daily basis and that’s with police on the scene. There’s a fear that without having police on the scene, who is going to mitigate?”

Barzilay noted that the city balked at the union’s request that participants in the program get a 12% bump in pay, offering 6% instead. And while Health Department officials agreed to the union’s demand for bulletproof vests, they declined to provide members with pepper spray.

The EMT-social worker teams won’t hit the streets until at least June after five weeks of training, which for EMTs includes self-defense and de-escalation instruction, and for social workers involves first aid training.

‘There’s a fear that without having police on the scene, who is going to mitigate?’

In response to THE CITY’s questions about the number of EMT volunteers, a Health Department spokesperson wrote: “The number of EMTs currently being trained for this pilot is the right

number needed for this pilot — it will give us sufficient coverage for 16 hours per day, as planned.”

Barzilay questioned how all of this will play out for his members — noting that 911 dispatchers will decide who is potentially violent and merits a police presence.

“They are hoping to be able to distinguish a violent and non-violent EDP (emotionally disturbed person) over the phone,” he said. “I don’t know what the questions will be. They can tell you he’s fine and calm and watching TV, he’s relaxed. But all it takes is one wrong thing to say or they see the uniform and the person gets set off and the next time it’s chaos on the scene.”

‘They Haven’t Listened’

Correct Crisis Intervention Today, a coalition of more than 80 groups pressing for reforms to police handling of mental health calls, praised de Blasio’s promise to greatly expand funding for the EMT program while questioning some of the specifics.

Hedigan of Community Access, a CCI member, has mixed feelings about the plan, believing that police will still likely be called in.

Community Access has long pressed for a system in which police are never involved when people are experiencing a breakdown, interacting only with trained clinicians and “peers” — individuals with mental health issues and a history of encounters with cops.

‘We need something that is entirely free of police involvement.’

“This would all hinge on the judgment: Is this a mental health issue? Is there a risk of danger?” Hedigan said. “The critical element from this proposed plan is missing peers... people who have struggled themselves with mental health issues or may have been subject to interactions with the police.”

“I do appreciate the city trying to take some action, but they haven’t listened to people who have this experience, people who have been harmed in these encounters,” she added. “We need something that is entirely free of police involvement.”