

Replacing Police In Mental Health Crises: These NYers Have A Plan

A New York City-based coalition believes their solution would save lives during mental health crises.



CCIT-NYC, which stands for Correct Crisis Intervention Today - New York City, is leading the efforts to replace police in emergency calls about mental health crises with EMTs and peers. (Sarah Belle Lin/Patch)

NEW YORK CITY — For many New Yorkers experiencing a mental health crisis, having the police called did not end well. The list is long and includes Deborah Danner, Saheed Vassell, Mohamed Bah, Eleanor Bumpurs.

All were fatally shot by responding NYPD officers. Others complained of being brutally mistreated. Of them, a few have come together to demand change.

The group CCIT-NYC, or Correct Crisis Intervention Today - New York City, was formed to demand replacing police in mental health emergencies with EMTs and trained responders who themselves have a background of mental health issues, known as peers.

Evelyn Graham Nyaasi, 58, was born and raised in Harlem and now lives in Chelsea. Now a peer,



Evelyn Graham Nyaasi is a peer, formally trained at the Howie the Harp program, ready to support the movement to replace police in mental health emergencies in New York City. (Sarah Belle Lin/Patch)

she was diagnosed at 27 with bipolar disorder. She decided to go public with her story in mid-June at a rally held by CCIT-NYC.

On January 2018, a family member called 911 on Nyaasi because he believed she was acting oddly. He told police Nyaasi had a knife.

“They never asked me a question,” Nyaasi recalled of the officers that arrived. “They’re supposed to ask me: tell me your side of the story. What happened?”

She was taken to Bellevue Hospital Center, the first time she was forcibly hospitalized in 25 years. She said she was there for two weeks.

“I would have appreciated it if they were able to have someone talk to me and advocate for me on the spot,” Nyaasi told Patch. “We don’t have that in New York now, unfortunately.”

Former NYPD school crossing guard and Queens resident Peggy Herrera was working for NYPD’s School Safety Division at the time of her arrest in mid-August 2019. She called 911 on her 21-year-old son because he was having a crisis and locked himself in their apartment, Herrera said. The NYPD knew her son from past calls.

But when police arrived, she asked them not to break her door, she said. She was charged with obstruction of governmental administration.

“After 41 minutes, it was like a drug bust. These big trucks pulled up, shields, tools, took me right down, dragged me away,” Herrera said. “That only traumatized my son more; set his crisis right off. He heard me screaming. He opened the door and they grabbed him by the neck, held him down, beat him up and took him to a hospital. I spent the night in jail and I’ve never been in jail. I was embarrassed because my own precinct criminalized me.

“I’m thankful because when I looked back, I couldn’t see him anymore—he was buried under police. But thankfully, I’m able to say today that my son is alive. And that is why I fight so hard that police should not be involved in mental health calls.”

Felix Guzman, 40, a Crown Heights resident, is a Mt. Sinai patient undergoing care for several health conditions including PTSD and anxiety. Guzman has had 911 called on him several times.

“I was attempting to go non-medicated, my mother wasn’t willing to let me do so,” Guzman told Patch. “Whenever there’d be arguments, in her eyes, that was precipitated by my not taking medication. She would call 911 and police would show up. They’d come in, flank me and try to get me to admit that I am non-medicated.

“However, there’s no de-escalation from that point going forward. It’s definitely confrontational. It’s not at all respectful of autonomy. And it’s a very undignified encounter.”

Guzman says he’s “not an ACAB person or FTP person,” acronyms espousing anti-police sentiment, but he does believe there should be some accountability for a person’s actions.

“Criminalizing someone might do more harm than restoring community stability,” Guzman suggested.

Nyaasi, Herrera and Guzman are all part of the driving force to provide New Yorkers with another option when faced with mental health crises. Herrera and Guzman are steering committee members leading the efforts with CCIT-NYC, while Nyaasi works in the advocacy field with Community Access, a nonprofit founded in the 1970s that advocates for social services and housing for people with mental health concerns (the organization runs Manhattan’s Crisis Respite Center).

While the city considers a proposed \$112 million for its alternative crisis response system, including the B-Heard program which piloted in Harlem, CCIT-NYC continues its mission to substitute police in 911 calls for mental health emergencies with a first responder and a peer.

A Long Battle Ahead: Confronting The Nation’s Largest Police Force

The 18-person steering committee, headed by Carla Rabinowitz of Community Access, includes mental health and public policy advocates, lawyers and attorneys, formerly incarcerated individuals, medical service providers and nonprofit executives. Their day jobs are with groups like Police Reform Organizing Project, New York Civil Liberties Union, Fountain House and National Alliance on Mental Illness NYC.

CCIT-NYC was launched in 2014 in part by Rabinowitz, a mental health advocate (who also created the nation's oldest and largest mental health film festival) as a grassroots organization with about 80 organizations and over 400 stakeholders. Today it's still co-led by Community Access and its former CEO Steve Coe, who sits on the steering committee.

Rabinowitz has firsthand experience of working closely with the NYPD, having attended Crisis Intervention Training (CIT), a program launched in 2015 that instructs officers responding to situations involving emotionally disturbed people and people in crisis.

CCIT-NYC supported this initiative at first, believing the training would help the NYPD better respond to people in emotional distress, build trust in the mental health community and reduce harm. Mental health calls kept the NYPD busy. There were 157,000 calls in 2016 involving people in mental crisis—around 400 calls a day.

Even though CIT is successful in other communities, New York City still saw setbacks, said CCIT-NYC steering committee member Christina Sparrock, a peer who works in advocacy for national nonprofit Fountain House. Sparrock says she's been primarily diagnosed with bipolar disorder and has a history of dealing with misdiagnoses from healthcare providers.

She also holds a CIT certificate from both NYPD and the New York City Department of Corrections.

"We soon realized that police were not equipped to handle mental health calls," Sparrock told Patch. "So CCIT-NYC changed its focus from advocating for CIT to advocating for non-police responses to mental health calls."

A 2017 report on the CIT by the city's Department of Investigation found that the NYPD had not developed a system to assign CIT-trained officers to calls involving people in mental distress. In fact, the Department of Investigations found that NYPD's computer dispatch system wasn't able to identify which officers had even taken the training.

"NYPD's current policies for responding to people in mental crisis focus on containment, placing

individuals into custody, and tactics for dealing with potential violence from a person in crisis," according to the report. In addition, only 13 percent of all NYPD officers had been CIT-trained roughly a year after the training launched.

The training abruptly halted in mid-September 2020, reportedly due to COVID-19, according to The Gothamist. One source said funding had been cut.

Sparrock has been championing representation for peers of color, pointed to the millions of dollars poured into the crisis intervention training of 18,000 NYPD officers. But still there were people of color dying after experiencing a mental health crisis in front of police. From June 2015 to 2020, 14 out of the 16 people with mental illnesses who were killed by the NYPD were people of color, ProPublica reported.

CCIT-NYC is now demanding that a portion of the city's \$112 million be reallocated to the CCIT-NYC peer-response model, which would cost \$16.5 million for a five-year pilot, or \$3.3 million per year, according to CCIT-NYC's proposal.



Christina Sparrock, a steering committee member of CCIT-NYC, a coalition pushing to replace police in mental health emergencies in New York City, will be leading a pilot program bringing peers to Fort Greene Park to provide mental health support. (Sarah Belle Lin/Patch)

The proposal, based partly on the CAHOOTS model that services non-violent crises in Eugene, Oregon (it saved roughly \$14 million in emergency medical systems costs in 2019), calls for a 24/7, speedy, non-police response to mental health crises.

Starting as a pilot program, all response teams would consist of an EMT and a trained peer crisis responder. The program would ideally start in eastern Brooklyn's 75th Precinct, covering East New York and Cypress Hills, and Manhattan's Midtown South Precinct. There would be four vans to transport people in distress to drop-in shelters, respite centers and urgent care centers.

The coalition is also advocating for an alternative to 911 to avoid any potential police involvement through a new non-profit crisis hotline, similar to the 988 hotline for suicide and mental health calls adopted by the Federal Communications Commission in July 2020.

In a recent conference held by the New York Association of Psychiatric Rehabilitation Services, Sparrock was asked by a moderator how peers and police would play a role in a hypothetical situation involving a screaming individual running into oncoming traffic. Sparrock said she would engage the person in crisis, while police could take a secondary role.

"I would probably run along with them to see what was going on and have a conversation. I would jog next to them and say, 'Hey, I'm here to support you. What's going on?'" So I'm meeting them where they're at and I'm listening as they're screaming and venting. I would call the police to stop the traffic," Sparrock responded.

A longtime Fort Greene resident, Sparrock will be leading a pilot program, funded by a \$200,000

grant, in Fort Greene Park to train two Fountain House wellbeing teams. Each team will have one peer specialist to provide mental health support to Fort Greene Park visitors. Park staff will be trained in topics such as mental health stigma, the criminal legal system, emotional regulation and mindfulness starting in late August.

"Peers are important because we have lived experience," Sparrock said at the NYAPRS conference. "We're trained in cultural competency. We have de-escalation techniques and we can problem-solve. Peers know exactly what a crisis looks like and what recovery looks like. We share personal stories. We create safe spaces and we empower and uplift people."

Marco Barrios, CCIT-NYC steering committee member and criminal justice advocate at Urban Justice Center, is a disabled veteran who is apt to remind people about the potential triggers for veterans.

"What triggers a person with a mental health condition who has seen combat is anyone with a weapon and with a uniform," Barrios told Patch. "When you have to go to a VA hospital, you don't see any weapons on the grounds."

"As a veteran, I will relate much better to another veteran. I talk to people in city jails who have severe mental illness. When I interviewed them, I immediately told them who I am and my lived experience and they let their guards down. I'm able to communicate with them. Same thing goes with first responders, you need that peer counselor."

Felix Guzman, steering committee member and Vocal New York community organizer, was appointed to the steering committee this past Spring.

"I'm a peer, someone who struggles with mental health challenges, and who has a personal experience of having had negative encounters with law enforcement," Guzman told Patch.

"I've endured gun violence, assaults and over-policing while incarcerated, homeless, [and at the] psychiatric hospital. I am someone that understands the need for de-escalation, as a pacifist by nature."



Felix Guzman, a mental health advocate and peer, is part of a driving force in New York City to replace police with an EMT and a trained crisis response peer worker. (Sarah Belle Lin/Patch)

“Law enforcement have their own narrative of what mental health looks like. They come black-gloved to try to address what they feel might be a potentially violent encounter. They have this idea that once someone is off medication, they are prone to violence.”

Guzman, who served almost three years on two drug possession convictions at Mid-State Correctional Facility, says he believes that if someone has been designated as an emotionally disturbed person by law enforcement, police are likely to think there is a propensity for harm to be caused, whether to self or to others.

“I think that’s really discriminatory and prejudiced,” said Guzman.

“When someone is in the throes of crisis, they might not be fully aware of what’s happening and might respond in a ‘resisting arrest’ fashion. Where there is no violence involved, I feel it can be mitigated by medical response.”

One situation that Guzman believes warrants a police response, solely because of the tools and equipment available to NYPD’s Emergency Services Unit at this time, are events where there is suicidal ideation, where perhaps someone is preparing to jump in front of a train or jump off a building.

“I’ve had my own encounter where I was having extreme suicidal ideation and the [ESU] saved me from making a rash decision to take my life,” Guzman said.

Trends indicate that people who experience mental health challenges are more likely to be victims of violence than to actually be perpetrators. In fact, people with untreated mental illnesses are 16 times more likely to be killed by law enforcement, according to a 2015 report by national nonprofit Treatment Advocacy Center.

Drawing Parallels: Could A Peer-Driven Model Work?

In New York City, the NYPD is the primary agency that responds to incidents with an emotionally disturbed person.

The NYPD defines an emotionally disturbed person as “a person who appears to be mentally ill or temporarily deranged and is conducting himself in a manner which a police officer reasonably believes is likely to result in serious injury to himself or others,” according to NYPD’s Public Patrol Guide.

EMTs will also respond to all 911 calls about mental health emergencies. This is regardless of the severity of the mental health need, or whether a crime is involved, or whether there is an imminent risk of violence—all 911 mental health calls get this joint response, said Susan Herman, director of ThriveNYC, in February.

One in five New Yorkers experience mental illness in any given year, according to the NYC Mayor’s Office of Community Health.

FDNY currently responds to more than 150,000 mental health emergencies every year. In 2020, NYC Well, the city’s 311 for mental health calls, answered an average of 6,200 requests for support every week. Herman also stated that the city has identified “17 federally designated mental health care shortage areas in New York City. Many of these areas are predominantly people of color.”

The city already uses police, EMTs, the Emergency Services Unit, Mobile Crisis Outreach Teams, Assertive Community Treatment Teams and Co-Response Teams, which are teams of two police officers and one behavioral health professional. The B-Heard Program has already started producing data on its roll-out in East and Central Harlem.

“The NYPD supports the B-HEARD program as it engages the appropriate agencies to respond to people in mental health crisis, when there is no public safety concern,” NYPD Sergeant Edward Riley told Patch.

NYPD and EMTs responded to all 154,000 calls to 911 for emergency behavioral health help last year, NBC recently reported. Almost half of those calls resulted in hospitalization.

CCIT-NYC, however, has many bones to pick with the system, including “an astronomical 30% of calls will still be directed to the NYPD,” the response times “could be as long as half an hour” and “there is no role for community organizations.”

“Unfortunately, unpredictability is the nature of mental illness,” according to a 2018 NAMI report. “It is also possible that the first point of contact may be with law enforcement personnel instead of medical personnel since behavioral disturbances and substance use are frequently part of the difficulties associated with mental illness.”

NAMI currently suggests calling 911 “if the situation is life-threatening or if serious property damage is occurring” but to also “tell them someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship to the person in crisis and whether there are weapons involved.”

Peers were not listed as mental health professionals in the 2018 NAMI report.

Ruth Lowenkron, CCIT-NYC steering committee member and director of the Disability Justice Program within the New York Lawyers for the Public Interest, joined the day before Deborah Danner was shot and killed by a NYPD sergeant during a mental health crisis.

“It was clear that the numbers of individuals experiencing mental health crises who were responded to by police from the 911 number were continuing to be killed,” Lowenkron told Patch.

In a forum featuring ten of the 2021 New York City Democratic mayoral candidates, current mayoral nominee Eric Adams disagreed on pulling police from calls involving mental health emergencies. However, Adams did speak to the future of a joint team of mental health professionals and EMS.

“Once we decide to have a combination of mental health professionals and EMS, we need to pay them accordingly,” Adams said at the forum. “We can do a better job at handling a mental health crisis. I strongly support the CCIT proposal for non-police alternative if they’re doing it in a smart way.”

Adams said CCIT-NYC’s proposed pilot projects for two precincts, 24 hours and seven days a week is “the way to do it” as long it “doesn’t endanger city employees who are responding, family members who are on the scene, as well as the person going through a mental health crisis.

“You cannot make these major changes without ensuring you’re not jeopardizing the life of the people who are responding. I would never put a psychiatrist, an EMT in an environment that could jeopardize their safety or use the wrong tools to protect that person going through the crisis.”

Adams also underlined the need to prioritize non-lethal weapons and tools in these situations.

Lowenkron said the need to bring in the police should be under “very, very narrow circumstances.”

“Items such as a pocket knife or scissors do not constitute such a weapon because, all too often, we’ve seen police describing things of that sort as a weapon,” Lowenkron said. “The exception that CCIT-NYC mapped out is when a person is taking action causing serious bodily harm to self or another person, or the person wields a weapon to credibly threaten imminent and serious bodily harm to self or another specific person.”

Two alternative crisis response leaders, who head California-based programs, shared their thoughts about the situation.

Asantewaa Boykin, a registered nurse based in Oakland, California oversees a mental health crisis response program called MH First. The volunteer-run program launched in 2020, first in Sacramento in January and then Oakland in August. The program’s goal is to minimize police contact with people who are in the midst of mental health crises, thereby decreasing their chances of being harmed or killed.

“I think I’m more acutely aware of how and why policing does not fit in healthcare because I’ve worked in healthcare,” Boykin told Patch. “I see the way that police interact and they never make a situation better.”

Like New York City, the city of Oakland has allocated funds to support its own crisis response program called MACRO (Mobile Assistance Community Responders of Oakland). The \$1.85 million pilot program is embedded within the Oakland Fire Department and sends teams of a first responder and a trained community member to certain 911 calls, such as welfare checks.

MH First's goal, on the other hand, is to "remain accessible and low barrier" without requiring any specialized training. Instead, all volunteers are trained by MH First with a curriculum focused on "decolonizing the way we talk about mental health and normalizing the symptoms that come with specific diagnoses."

"One of our protocols is if there is high probability that police are going to be on the scene, we always dispatch," Boykin said. "Anytime we feel or anytime we're told that police were called, or police are already on scene, we show up."

Currently, the program is busy taking calls from community members navigating through the modern-day healthcare system and hopes to respond to more in-person emergencies when the pandemic doesn't pose as many health concerns.

DeVone Boggan, founder and CEO of Advance Peace, ran a successful program in Richmond, California that created an "Office of Neighborhood Safety" (now colloquially referred to as The Richmond Model). The program works with 150 to 200 young men every year who've been identified as being at high risk for involvement in gun violence.

The people employed to work with those at-risk individuals are "neighborhood change agents (NCAs)," people who, like peers in the mental health field, are individuals who themselves had prior gun violence or gun possession charges.

"I just think that it's a no-brainer quite frankly," Boggan told Patch. "It's often frustrating, because we've known for a long time that folks with lived experience know best. They just need to be provided the power and resources to do the things that they know will work."

Boggan's program in Richmond has seen its successes. In the five years post-intervention, homicides in Richmond decreased by an average of 55 percent, according to a 2016 cost-benefit analysis conducted by the University of Southern California. The same analysis found that the program's return on investment in its first five years was roughly \$535 million after total costs, including a homicide reduction of \$545 million.

From The Source: The Peer-To-Crisis Response Pipeline

Peers already work across the nation in the capacities of rehabilitation and recidivism. The New York Association of Psychiatric Rehabilitation Services, Inc., for example, contracts with the New York State Office of Mental Health, pairs peers with individuals to prevent them from reentering the state psychiatric center. NYAPRS also offers an online peer academy for those seeking certification.

While the options to train as a peer are relatively slim in New York City, there is one program that has trained peers since 1995.

Howie the Harp, located in Central Harlem, is a peer training program overseen by Community Access. The 20-week program has trained people such as former bankers, Rikers Island interns, people with criminal records and even several former NYPD personnel to work in hospitals, clinics, or in advocacy and crisis response roles. Students must have a diagnosed mental health condition, since that's at the core of being a peer.

Evelyn Graham Nyaasi, the Chelsea resident who was forcibly hospitalized when a family member called 911, graduated from peer-training Howie the Harp program in October 2019 as a trained peer. She's since practiced her skills as both a peer specialist as well as a crisis counselor in the 9/11 aftermath.

"Howie the Harp is a great program," Nyaasi told Patch. "They are trying to create more peer specialists, people with lived experience to help others who want to recover from their mental health illness instead of the medical model, which is the doctors telling you what to do and making you feel like you can't get out of your situation."

Nyaasi shared her methodology in responding to a hypothetical mental crisis. "I would make sure I'm not blaming the individual, first of all. I would ask them who did this to you, not what happened to you. I would make it more personalized for them so that they would feel comfortable enough for me to talk to them if need be. I would tell them my experience about going through mental health



Howie the Harp is a program based in Central Harlem that trains peers, people with lived mental health experience, to serve others experiencing mental health challenges (Sarah Belle Lin/Patch).

crises, and try to understand them and see what it is that they really need.”

Lynnae Brown, director of Howie the Harp, underscored the chasm between police and people experiencing a mental health crisis.

“Cops are there for control,” Brown told Patch. “It doesn’t make any sense when you’re talking about somebody who is experiencing an alternate reality and they’re agitated, to then have somebody who’s about ‘control and contain’ to take over that situation. Of course it’s going to be a disaster.”

But Brown said she also understands how unfair it is to place police in situations that call for more sensitivity.

“Our job is about instilling values, self-determination, meeting people where they’re at, trauma-informed practices, how not to re-traumatize people,” Brown said.

Mike Lesser, who’s taught at Howie the Harp for 25 years, said that peers have intrinsic knowledge that only degrees or certificates enhance.

“Having a lived experience with crisis, you have a credential that you just cannot get anywhere else,” Lesser told Patch. “They can just show up and just actually be with another person without trying to fix them, or without being fearful of them.”

Lesser said peers will undoubtedly understand “shame, embarrassment, humiliation [and] the aftereffects associated with prosecution.”

While Lesser believes some people supporting the Defund the Police movement are just “tourists” who “have no skin the game— he validated the suffering of certain communities with lived experiences.

“There’s a lot of people that have multi-generational incidents of police-induced trauma, and they’re incapable of ever trusting the police,” he said.

When asked if the NYPD ever considered teaming up with Howie the Harp to further train its police officers, Lesser replied, “Not in a million years.”

“It’s not complex, but the issue is these systems and institutions sharing and giving up power, and that’s always ugly,” Lesser said. “The psychiatric community has always been on the bottom of the food chain in terms of advocacy.”

And so CCIT-NYC marches forward with its proposal into a new mayoral and gubernatorial administration. Many eyes are now on CCIT-NYC’s steering committee member Christina Sparrock’s Fort Greene Park pilot program, which could set a marker for what’s to come.

While that’s happening, there is a deeper, more uncomfortable truth that must be confronted, said steering committee member Felix Guzman.

“Society has a stereotype of what someone with mental illness looks like,” he said. “People are sort of willing to forgo recognizing the humanity in others and disassociate from the fact that these are people just like you and I, who could benefit from a healthy intervention.”