

For Immediate Release

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**Correct Crisis Intervention Today - NYC (CCIT-NYC) Critiques NYC
Announcement of Pilot to Respond to 911 Mental Health Crisis Calls**

*Advocacy groups call on Mayor to do more to remove police from mental health crisis
response system*

(New York, NY, 11/11/20) – Correct Crisis Intervention Today - NYC: Fighting to Transform Responses to Mental Health Crises (CCIT-NYC), a coalition of nonprofits, civil rights lawyers, peers (those with lived mental health experience) and other advocates, commends the City for its attempts at reform, but raises deep concerns about New York City’s proposed pilot for responding to 911 mental health crisis calls.

As leading advocates on this issue and members of the Mayor’s 2018 Taskforce on Crisis Prevention and Response, we are disheartened that we were not informed of this plan in advance of its announcement and that our key recommendations were not included.

CCIT-NYC appreciates the effort ThriveNYC has put into creating a pilot to improve the City’s response to mental health crises, but the pilot, as outlined, does not go far enough. It does not take the responsibility of responding to mental health crisis calls away from the police, as the pilot specifically relies on 911 dispatchers, also known as Police Communications Technicians, who work under direct supervision of the NYPD.

Two hundred thousand emergency mental health calls a year are currently getting a law enforcement response when what we need is a public health response. We want to eliminate the police department’s management of mental health crisis response entirely. The 911 system may be reluctant to transfer calls away from police, which is what we saw in a similar police pilot on Staten Island. In addition, the NYC Emergency Medical Service technicians, who will now be deployed as substitute responders have a longstanding, working relationship with NYPD.

Critically, the pilot lacks any peer involvement, which is essential to a successful crisis de-escalation system. Also missing is any role for the community to lead the pilot, rather than an apparent move from one city bureaucracy to another.

CCIT-NYC and many other advocates have been asking for an alternative hotline that is separate from 911 and that would dispatch trained peers with lived experience and independent emergency medical technicians (EMTs).

Public Advocate Jumaane Williams says, “As my office has long argued, and as we have seen in one preventable tragedy after another, mental health crises do not require and should not be met with police response. I'm proud of our efforts to push this conversation, and glad to finally see action taken toward realizing this goal, but cognizant of the reality that if the administration were not so resistant to reform, we would have advanced much further by this point. The Mayor's announcement today lacks the scope and specifics that we need as outlined in my office's 2019 report. We need more details on where and how this program will operate, but some of the details we have now are concerning.”

Cal Hedigan, CEO of Community Access says, “The Mayor's proposed pilot moves us in the right direction, away from law enforcement and towards health, but it does not go far enough. I am grateful that we will pilot a model to transform our City's crisis response system, but the City must take more transformational actions. The exclusion of ‘peers,’ or people with lived experience of mental health crises, from the proposed pilot is a mistake. By continuing to rely on 911, and excluding peers, this new pilot leaves a lot of room for business-as-usual to continue, as subjective determinations of potential risk lead to an over- deployment of law enforcement. There is a better way, and it includes a non-police department number, EMS and peers as part of the response team.”

Ruth Lowenkron, Director of the Disability Justice Program at New York Lawyers for the Public Interest says, “Mental health crises are health issues not law enforcement issues, and must be treated as such. Any crisis response system must entirely eliminate the police. Period.”

“As peer specialists, we offer the mental health community unparalleled insight on what it's like to live with a diagnosis. Our practice is a person-centered approach, and we are a living example of how life could be. Who better to engage a person in crisis than someone who's been there?” said **mental health advocate Christina Sparrock, CPA, CFE, CGMA**.

“We appreciate that Thrive is considering options that move away from a law enforcement-only response. At the same time, CCIT-NYC and elected officials are working to move New York City towards a public health response to mental health calls that does not rely on any police involvement. This is the direction New York City must move in. Thrive should implement the pilot plan that mental health advocates have worked on for years” added **Carla Rabinowitz, Advocacy Coordinator at Community Access and Lead Organizer of CCIT-NYC**.

Other cities have successfully implemented systems that rely on peers, such as San Francisco, Portland, Toronto, and Los Angeles.

CCIT-NYC calls on Thrive to work with the advocates to implement a pilot project that allows community groups to employ peers and EMTs to respond to mental health crisis calls thru a system other than 911 and with a team that is completely independent of the NYPD.

CCIT-NYC's embracing of an entirely non-police response is in line with experts internationally. CIT International, Inc. recently released [*Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises*](#), in which they call for mental health systems to develop crisis response protocols that provide access to crisis services without any law enforcement contact, noting that any time a crisis response includes law enforcement, law enforcement policies can dictate the nature of the response.

New York City Public Advocate Jumaane Williams recently released [*Improving New York City's Responses to Individuals in Mental Health Crisis*](#), in which he outlines his recommendations for ensuring that individuals other than police – such as social workers, medics, and peers – are the first responders when someone is experiencing a mental health crisis. CCIT-NYC supports the recommendations outlined in the Public Advocate's report and, once again, urges the Mayor to adopt them forthwith.

About CCIT-NYC

Correct Crisis Intervention Today - NYC: Fighting to Transform Responses to Mental Health Crises was formed in 2012 to respond to the numerous deaths and injuries of individuals experiencing mental health crises that had occurred at the hands of the police. Our members include over 85 nonprofit providers, civil rights lawyers, family members, concerned citizens, and other advocates, as well as 600 people who have had personal experience with the mental health system and crisis services – the real experts. Please visit us at www.ccitnyc.org and follow us on Twitter at @ccitnyc.

About Community Access (www.communityaccess.org)

Community Access, one of the coalition's leaders, is a 46-year-old nonprofit that helps people living with mental health concerns by providing quality, supportive housing and award-winning peer-led employment training and other outreach and recovery services.

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