

For Immediate Release

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Community Access and Communities for Crisis Intervention Teams in NYC (CCITNYC) Applaud Public Advocate’s Report Urging Non-Police Alternatives to People in Crisis

(New York, NY, 9-25-19) – Community Access issued the following statement on behalf of Communities for Crisis Intervention Teams in NYC (CCITNYC), a coalition of advocates, nonprofits, and peers, in response to Public Advocate Jumaane Williams’s new report, *Improving New York City’s Responses to Individuals in Mental Health Crisis*:

“The CCITNYC coalition is grateful to the Public Advocate and his staff for their work on this issue. Because they made this a priority for their office, we are able to have an open, honest, public discussion about the reforms that are needed in order to improve the response system to New Yorkers in crisis,” says **Carla Rabinowitz, Advocacy Coordinator at Community Access and lead organizer of CCITNYC.**

“The Public Advocate’s report opens the door for NYC government to start the process of entirely overhauling its response to 911 crisis calls by funding non-police alternatives. 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. The Public Advocate’s report offers real, substantial recommendations for reform and represents a new way of thinking about how the city can create a new crisis response system,” Rabinowitz added.

"We are enormously grateful that the Public Advocate has issued a report sounding the alarm about police killings of individuals experiencing mental health crises, and calling for complete reform," said **Ruth Lowenkron, Director of the Disability Justice Program at New York Lawyers for the Public Interest.** "Mental health crises must be treated like the health issues they are, and be responded to by health care professionals and 'peers' who have experienced their own mental health crises – as is done in municipalities around the country."

“When our neighbors experience a mental health crisis, they must receive a compassionate, medical response. Too often, our city only has a criminal justice response to a medical issue. New Yorkers experiencing a mental health or substance crisis deserve to be treated with compassion, dignity, and respect. As people of faith, we are called to work for a more compassionate and just society. We applaud these efforts to reform our city’s crisis response policies, and we thank the Public Advocate for standing with the most vulnerable,” said **The Rev. Winnie Varghese, Priest, Trinity Church Wall Street.**

CCITNYC, first formed in 2012 by Community Access to improve police response to New Yorkers in crisis, continues to encourage New York City to implement one of the successful non-police alternative models to calling 911, which are employed elsewhere in the country.

In Eugene, Oregon, EMTs and crisis workers are responsible for responding to mental health calls. Neither EMTs, nor crisis workers have sustained a serious injury as a result of these interactions in over 30 years.

Houston, Texas incorporates social workers, police, and fire department personnel into their 911 call centers to screen and divert mental health-related calls away from the police. The police are called in only when the crisis escalates to imminent risk of violence.

In Broome County, New York, operators divert 911 calls with a low-risk of harm to a mental health crisis line staffed by a trained mental health professional.

Los Angeles, California's response system includes sending a clinician and a mental health peer in response to 911 mental health crisis calls, and uses remote technology to link to a psychiatrist for consultation before deciding if and where to transport a person in distress.

Notably, all of these non-police alternatives are also great cost-savers when compared with police responses.

A recent New York Department of Investigation (DOI) and New York Police Department [report](#) outlines the need for increased mental health support for officers. Getting officers out of high-stress, first-responder situations such as mental health crisis calls is consistent with improving their ability to do the jobs they were hired for and trained to do.

CCITNYC's move to embrace an entirely non-police response is also in line with experts internationally. CIT International, Inc. recently released a [report](#), *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises*, in which they assert the best way forward is to significantly reduce, if not eliminate, police response in instances of mental health crises.

CCITNYC demands a more humane, compassionate, and effective response system for New Yorkers in mental health crisis, and thanks the Public Advocate for his commitment to implementing and improving non-police alternatives in order to best respond to mental health crises in New York City.

About CCITNYC:

Communities for Crisis Intervention Team Training in New York City 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, advocates, family members,

and concerned citizens, as well as 400 people who have had personal experience with the public mental health system and crisis services – the real experts.

www.ccitnyc.org

About Community Access:

Community Access' mission is to expand opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives.

www.communityaccess.org

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