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Testimony of Carla Rabinowitz

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Correct Crisis Intervention Today in NYC: Fighting to Transform
Responses to Mental Health Crises

City Council Hearing
Public Safety Commission
Tuesday, June 9, 2020

(6/9/20 Hearing) – Carla Rabinowitz, Community Access’ Advocacy Coordinator, gave this spoken testimony before the New York City Council Public Safety Commission, addressing calls to reform how NYC responds to mental health crises:

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“Thank you to the members of the Council for hearing this testimony today.

My name is Carla Rabinowitz. I am the Advocacy Coordinator at Community Access and the Project Coordinator of CCIT-NYC, a coalition of 80 organizations and 400 stakeholders whose new mission is to transform how the city responds to mental health crisis by diverting responses to mental health recipients away from law enforcement and the criminal justice system.

Community Access 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. Community Access serves 1,500 tenants in 22 buildings and another 1,000 participants in recovery-oriented training, education, and outreach programs.

CCIT-NYC and Community Access thanks Council Member Donovan for his role in forming the Mayor’s Task Force on Behavioral Health and Criminal Justice. The first task force met in 2014 and the second task force, on Prevention and Crisis Services, met in 2018. But the recommendations of that task force do not go far enough.

CCIT-NYC is now of the view that substantial resources need to be diverted away from NYPD to mental health teams to respond to the 200,000 911 calls the city receives annually for mental health crises.

CCIT-NYC supports redirection of funds away from NYPD to mental health responses so that the city will have enough funds to create these mental health response teams and this type of work will no longer be a role for NYPD.

We ask you to carve out \$15 million of those funds, \$3 million a year for a peer pilot project.

CCIT-NYC has developed a detailed plan and detailed budget for a pilot project in two heavily-impacted precincts. The pilot will pair peer de-escalators (individuals with lived mental health experience trained in de-escalation) with Emergency Medical Technicians (EMTs). The EMTs and the peers-rather than the police- will be the first responders for people in mental health crisis. The project will provide 24/7 mental health team responses.

CCIT-NYC believes it is essential that the response to these 200,000 calls be peer driven and contain an EMT as well.

The proposal CCIT-NYC created is much like New York City's Health Engagement and Assessment Teams (H.E.A.T.) consist of a peer and a clinician.

However, the H.E.A.T. teams can not respond to any calls involving urgent need.

Nor can the general public, or even NYC Well, deploy the H.E.A.T. units. CCIT-NYC would tweak the H.E.A.T. model to allow the general public to access this team.

Further, we ask that the Division of Consumer Affairs at the NYC Department of Health & Mental Hygiene be charged with overseeing this new program.

Even with additional training for police officers, the City will not be able to prevent the recurring injuries and deaths that occur when officers respond to mental health crisis calls. The violent response we have seen from the police in encounters to protestors is exactly what we have been documenting for years when they respond to people in emotional distress. Police do not de-escalate crises, they are not mental health workers.

From 1996 to 2001, I was one of those people in emotional distress. I was the one breaking furniture, screaming on the street, screaming at children (who I love). I was sick and I needed help. I could have been killed by police.

Instead I got help. I started working part time for Community Access in 2001. Then I became a full-time worker. Then I became a supervisor, a manager. I restored as many family relations as I could, and boy do I have family. I bought a co-op and even have a small Schwab account because I got help. I even convinced the appellate court to give me my law license back despite the fact that I live with mental health concerns.

The people below never got that mental health care. They never got that chance. They were killed by police who did not want to and can never be asked to respond to people who are sick.

Since the NYPD started CIT training in 2015, at least 17 mental health recipients have died or been shot in police encounters, including 15 deaths.

Mario Ocasio, Age 51 – June 2015 – Bronx – shot and killed

Rashan Lloyd, Age 25 – June 2016 – Bronx – shot and killed

Deborah Danner, Age 66 – October 2016 – Bronx – shot and killed

Ariel Galarza, Age 49 – November 2016 – Bronx – shot and killed

Dwayne Jeune, Age 32 – July 2017 -Brooklyn – shot and killed

Andy Sookdeo, Age 29 – August 2017 – Brooklyn – shot and killed

Miguel Richards, Age 31 – September 2017 – Bronx – shot and killed

Cornell Lockhart, Age 67 – November 2017 – Bronx – shot and killed

Dwayne Pritchell, Age 48 – January 2018 – Bronx – shot and killed

James Owens, Age 63 – January 2018 – Brooklyn – shot and killed

Michael Hansford, Age 52 – January 2018 – Bronx – shot and killed

Saheed Vassell, Age 34 – April 2018 – Brooklyn – shot and killed

Susan Muller, Age 54 – September 2018 – Queens – shot and killed

Michael Cordero, 34 – March 2019 – shot and critical wounded

Jarrell Davis, Age 33 – March 2019 – shot and critical wounded

Kawaski Trawick, Age 32 – May 2019 – Bronx – shot and killed

Kwesi Ashun, Age 33 – October 2019 – Brooklyn – shot and killed

(This list may not be complete.)

We need a new peer driven health care response to those experiencing mental health crisis. We need a model like the one that has worked in Eugene Oregon for 30 years, adjusted to fit with the current NYC model of the H.E.A.T. unit.

Therefore, we urge you to examine our proposal and reserve \$15 million over the next 5 years for a peer driven crisis response program in NYC.

No more deaths. No more pain. Help turn people's lives around. Change is in your hands.

We need a mental health response to the 200,000 mental health crisis calls.

Now."

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About Correct Crisis Intervention Today – NYC (www.ccitnyc.org)

Correct Crisis Intervention Today – NYC is a coalition of 80 organizations and 400 stakeholders whose mission is to transform how the City responds to mental health crises by diverting responses to mental health recipients away from law enforcement.

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.

About Concern for Independent Living, Inc. (www.concernhousing.org)

Since 1972, Concern's mission has been to provide housing and services that enrich lives and strengthen communities. This is achieved by developing high-quality, attractive housing, together with the provision of services that help people thrive in the communities of their choice. We currently provide housing and services to 1,500 adults and 250 children in Brooklyn, the Bronx, and on Long Island, in a variety of residential settings, and have 500 additional units in various stages of development.

About National Alliance on Mental Illness of NYC (www.naminycmetro.org)

NAMI-NYC helps families and individuals affected by mental illness build better lives through education, support, and advocacy.

About New York Lawyers for the Public Interest (www.nylpi.org)

For over 40 years, NYLPI has fought for New Yorkers with disabilities, including for an equitable criminal legal system. Recent successes include two suits mandating that the NYPD provide the public with footage from the body-worn cameras of police who shot and killed individuals experiencing mental health crises.

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