

**September 6, 2017**

**Testimony of**  
**Ruth Lowenkron, Disability Justice Director**  
**on behalf of**  
**New York Lawyers for the Public Interest**  
**before**  
**the Council of the City of New York**  
**Committee on Public Safety**  
**and**  
**Committee on Mental Health, Developmental Disability, Alcoholism, Substance**  
**Abuse, & Disability Services**  
**regarding**  
**the NYPD's Responses to Persons in Mental Health Crisis**

Good morning. My name is Ruth Lowenkron and I am the Director of the Disability Justice Program at New York Lawyers for the Public Interest (NYLPI). Thank you for the opportunity to present testimony today regarding the critical issue of how the New York Police Department responds to individuals who are experiencing mental health crises.

## I. New York Lawyers for the Public Interest

For the past 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual legal services, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

## II. NYLPI's Disability Justice Program

NYLPI's Disability Justice Program works to advance civil rights and ensure equality of opportunity, self-determination, and independence of New Yorkers with disabilities. In the past five years alone, NYLPI disability advocates have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. Our landmark victories include integration into the community for people with mental illness, access to medical care and government services, and increased accessibility of New York City's public hospitals. NYLPI's Disability Justice Program is a member of the Communities for Crisis Intervention Teams in New York City (CCINYC) and supports the testimony presented today by CCINYC.

## III. Fighting for the Rights of Persons with Mental Disabilities in New York City

The City must ensure that persons with mental disabilities who are in crisis receive appropriate services which will de-escalate the crises and ensure their wellbeing and the wellbeing of all other New Yorkers. Only those who are trained in de-escalation practices should respond to mental health crisis, and the most appropriate individuals to respond are mental health advocates<sup>1</sup>. Best practices require the creation of

---

<sup>1</sup> Martha Williams Deane, *et al.*, "Emerging Partnerships between Mental Health and Law Enforcement," *Psychiatric Services* (1999), [http://ps.psychiatryonline.org/doi/abs/10.1176/ps.50.1.99?url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Acrossref.org&rfr\\_dat=cr\\_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Acrossref.org&rfr\\_dat=cr\\_pub%3Dpubmed](http://ps.psychiatryonline.org/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed).

specialized crisis response sites which eliminate the need for police response<sup>2</sup>, with “diversion” to such sites by the police as the next appropriate alternative<sup>3</sup>. Eliminating, or at least limiting, the role of the police and the hospital, to say nothing of the prison system, will result in people in crisis recovering more quickly, becoming connected with long-term healthcare services and other community resources, and averting future crises<sup>4</sup>.

Where the police are involved in responding to mental health crises, they must be appropriately trained in crisis intervention techniques<sup>5</sup>. Fortunately, the New York Police Department has begun providing crisis intervention training to its officers, but the training has been delivered at too slow a pace and to too few officers. A schedule to complete the training of *all* officers must be put in place immediately. In addition, trained police officer must be dispatched together with mental health advocates<sup>6</sup>.

Of course, such alternatives to the typical police response model will only be effective if community forums are established which encourage discussion among the police, mental health recipients and mental health advocates. Additionally, appropriate funding for mental health diversion, crisis intervention training and community forums is critical.

The detailed roadmap to successfully serving persons with mental disabilities must be drawn by a coalition of the relevant stakeholders, including the New York Police

---

<sup>2</sup> Henry J. Steadman, *et al.*, “A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs,” *Psychiatric Services* (2001), [http://ps.psychiatryonline.org/doi/10.1176/appi.ps.52.2.219?utm\\_source=TrendMD&utm\\_medium=cpc&utm\\_campaign=Psychiatric\\_Services\\_TrendMD\\_0](http://ps.psychiatryonline.org/doi/10.1176/appi.ps.52.2.219?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Psychiatric_Services_TrendMD_0).

<sup>3</sup> *Id.*

<sup>4</sup> Steadman (2001).

<sup>5</sup> L.E.A. Walker, *et al.*, “Best Practices in Law Enforcement Crisis Interventions with the Mentally Ill,” *SpringerBriefs in Behavioral Criminology* (2016).

<sup>6</sup> H. Richard Lamb, *et al.*, “The Police and Mental Health,” *Psychiatric Services* (2002), [http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.53.10.1266?url\\_ver=Z39.88-2003&rft\\_id=ori%3Arid%3Acrossref.org&rft\\_dat=cr\\_pub%3Dpubmed#/doi/abs/10.1176/appi.ps.53.10.1266?url\\_ver=Z39.88-2003&rft\\_id=ori%3Arid%3Acrossref.org&rft\\_dat=cr\\_pub%3Dpubmed](http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.53.10.1266?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed#/doi/abs/10.1176/appi.ps.53.10.1266?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed).

Department, the New York City Department of Health and Mental Health, the New York City Fire Department, the Department of Homeless Services, the Mayor's Office for People with Disabilities, the Mayor's Office for Criminal Justice, mental health advocacy organizations, relevant academics, and most critically, persons with mental disabilities. This could best be achieved by re-instating and supplementing the Mayor's 2014 Taskforce on Behavioral Health and Criminal Justice, and we strongly urge such immediate reinstatement.

#### IV. Conclusion

Thank you for your time. I can be reached at (212) 244-4664 or [RLowenkron@NYLPI.org](mailto:RLowenkron@NYLPI.org), and I look forward to the opportunity further to discuss how best to ensure the safe treatment of persons with mental disabilities who are in crisis, and any other aspect of disability justice for New Yorkers.