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Testimony of
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on behalf of
Correct Crisis Intervention Today NYC
before the
Council of the City of New York
Committee on Health and Committee on Mental Health, Disabilities, and Addiction

March 21, 2023

My name is Marinda van Dalen and I am a Senior Staff Attorney at New York Lawyers for the Public Interest (NYLPI). Thank you for the opportunity to present testimony today on behalf of Correct Crisis Intervention Today – NYC (CCIT-NYC), a coalition of over 80 New York City Organizations committed to mental health issues. CCIT-NYC advocates for non-police first response teams for people experiencing mental health crisis and NYLPI is a long-time member. CCIT-NYC urges the City Council to cease funding the Behavioral Health Emergency Assistance Response Division (B-HEARD), as it is a deeply flawed pilot program which purports to move the City away from responding to people experiencing mental health crises as a threat to public safety – but in fact is part of the long tradition of policing, criminalizing, and under- and mis-serving people with mental

disabilities. Funding B-HEARD diverts money from what we need – a true non-police response system that offers voluntary healthcare, including teams of peers (those with lived mental health experience), 24/7 operating hours, calls routed through 988, and above all, prioritizes the self-determination of people with mental disabilities.

Last year, the City's budget dedicated $55 million to B-HEARD. On March 2, 2023, Mayor Adams announced a Mental Health Agenda with expanded funding for B-HEARD, despite the program's failure to adequately respond to mental-health crises. The preliminary FY24 budget dedicates $18 million to the Health and Hospitals Department for B-HEARD, but left unclear where the remainder of the funding requested by the Mayor will come from in the budget. NYLPI is concerned that, like last year, B-HEARD will continue to receive substantial city funding, despite its major faults. Funding that the Mayor would spend on B-HEARD should instead properly fund a non-police response system led by healthcare workers. There is no role for the Police Department or Fire Department in providing healthcare to people experiencing mental health crises.

CCIT-NYC has proposed an alternative program for a non-police response system – one that avoids the many flaws and shortcomings of B-HEARD. Our proposal is based on CAHOOTS (Crisis Assistance Helping Out On The Streets), a

highly successful Oregon program that has a 35-year track record of success responding to mental health crises without causing a single serious injury, much less death. On behalf of CCIT-NYC, and as an organization fully committed to the rights of New Yorkers with disabilities, NYLPI is asking for the City Council to enact into legislation and fund the CCIT-NYC proposal, which is a true, safe alternative to police-driven first responses for mental health crises.

THE CITY MUST ENTIRELY REVAMP THE B-HEARD PILOT AS THE PILOT AUTHORIZES EXTENSIVE POLICE INVOLVEMENT AND IS LIKELY TO CONTINUE OR EVEN INCREASE THE RATE OF VIOLENT RESPONSES BY THE NYPD

The City, via the Mayor's Office of Community Mental Health (formerly ThriveNYC), introduced a pilot program in 2021 that it contends is responsive to the need to cease the killings at the hands of the police of individuals experiencing mental health crises. Unfortunately, that is simply not the case, despite the City's glowing description of the program. Among B-HEARD's grim statistics are the following:

- An astronomical **84% of all calls** in B-HEARD precincts continue to be **directed to the NYPD**, even twelve months after its kick-off.
- Even when all kinks are ironed out, the City anticipates continuing to have a nearly-as-astronomical **50% of all calls directed to the NYPD**.

- Moreover, **all calls continue to go through 911,** which is under the NYPD's jurisdiction.
- The entire **program is run by the Fire Department and other City agencies**, with ***NO* role whatsoever for community organizations**. And there is not even any delineation of the lines of authority and communication among the various city agencies.
- **The crisis response teams are composed of emergency medical technicians (EMTs) who are City employees** (from the Fire Department) **who are deeply enmeshed in the current police-led response system**. Peers do not trust these EMTs. The other team members are *licensed clinical* social workers. The licensure and clinical orientation requirements are unnecessary and they also preclude a vast array of potential candidates who have excellent skills and a long history of working with people experiencing crises.
- B-HEARD has ***NO* requirement to hire peers**.
- **The training of the teams does *NOT* require a trauma-informed framework, need *NOT* be experiential, and need *NOT* use skilled instructors who are peers or even care providers.**
- The anticipated **response time for crisis calls could be as long as half an hour**, and when last reviewed averaged over **fifteen minutes**, which is not

even remotely comparable to the City's response times for other emergencies of 8-11 minutes.

- **The pilot operates only sixteen hours a day.**
- **There are no outcome/effectiveness metrics.**
- **There is no oversight mechanism.**

A comparison of the CCIT-NYC proposal, which is based on the CAHOOTS model, with its stellar track record, and the B-HEARD program, which is not aligned with any best practices, is illustrated in the following chart:

Critical Attributes of a Mental Health Crisis Response System	**CCIT-NYC's Proposal**	**NYC's B-HEARD Proposal**
Removal of police responders	**YES**	**NO** (currently, 84% of calls are still responded to by police, and even when all kinks are removed, 50% of calls will still be responded to by police)
Three-digit phone number such as 988, in lieu of 911.	**YES**	**NO**
Response team to consist of an independent EMT and a trained peer who has lived experience of mental health crises and know best how to engage people in need of support	**YES**	**NO** (licensed clinical social worker and EMT employed by the New York City Bureau of Emergency Medical Services)
Crisis response program run by community-based entity/ies which will provide culturally competent care and will more likely have a history with the person in need and can intervene prior to a crisis	**YES**	**NO** (run by New York City Police Department and other City agencies)
Peer involvement in all aspects of planning/implementation/oversight	**YES**	**NO**
Oversight board consisting of 51% peers from low-income communities, especially Black, Latinx, and other communities of color	**YES**	**NO**
Creation/funding of non-coercive mental health services ("safety net"), including respite centers and 24/7 mental health care to minimize crises in the first place and to serve those for whom crisis de-escalation is insufficient	**YES**	**NO**

Response times comparable to those of other emergencies	**YES**	**NO** (Current response time of 15 minutes, 30 seconds -- compared with average response time of 8-11 minutes for non-mental health emergencies)
Response available 24/7	**YES**	**NO** (Response only available 16 hours/day)
Training of the teams to use a trauma-informed framework, be experiential, and use skilled instructors who are peers	**YES**	**NO**

NYLPI therefore urges the Council to ensure that the money previously allocated for a non-police mental health crisis response, be utilized solely for a truly non-police response such as the CCIT-NYC model, and not be utilized for the B-HEARD program in its current iteration.

THE CITY MUST WHOLLY TRANSFORM ITS RESPONSE TO MENTAL HEALTH CRISES BY ELIMINATING POLICE AND REPLACING THEM WITH A PEER-LED HEALTH RESPONSE

The City must join other cities across the country – including Los Angeles, San Francisco, Albuquerque, Denver, New Haven and many more – to ***remove*** **police** entirely from the equation, and **ensure that *healthcare* workers respond to *healthcare* crises**.

The City must establish a system whereby individuals who experience a mental health crisis receive appropriate services which will de-escalate the crisis and ensure their wellbeing and the wellbeing of all other New Yorkers. Only those who are trained in de-escalation practices should respond to a mental health crisis, and the most appropriate individuals to receive such training are peers and health care providers.[1] Reliance on police officers and FDNY EMTs in these situations is burdensome to the NYPD and to the FDNY. At the February 6 City Council Hearing regarding Mental Health Involuntary Removals and Mayor Adams' Recently Announced Plan, Oren Barzilay, a 25-year veteran of the FDNY EMS, shared his concern about the additional burden placed on the EMS system.[2] He testified that the police, who are trained to uphold law and order, are ill suited to deal with individuals experiencing mental health crises. New York's history of police killing 19 individuals who were experiencing crises in the last six years alone is sad testament to that. Eliminating the police as mental health crisis responders has been shown to result in quicker recovery from crises, greater

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[1] 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.

[2] https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5993303&GUID=CFEF7D06-B00B-4B22-8D71-B74AD1529788&Options=&Search=

connections with long-term healthcare services and other community resources, and a reduction in future crises.[3]

The scores of people experiencing mental health crises who have died at the hands of the police over the years is a microcosm of the police brutality around the world. Disability is disproportionately prevalent in the Black community and other communities of color,[4] and individuals who are shot and killed by the police when experiencing mental health crises are disproportionately people of color. Now is the time to remove the police as responders to mental health crises – and certainly we must all oppose the Mayor's efforts to increase the role and funding of the NYPD as it relates to people with mental disabilities. Lives are at stake.

Correct Crisis Intervention Today – NYC has developed the needed antidote. Modeled on the CAHOOTS program in Oregon, which has successfully operated for over 30 years without *any* major injuries to respondents or

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[3] 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.

[4] Mayor's Office for People with Disabilities, "Accessible NYC" (2016), https://www1.nyc.gov/assets/mopd/downloads/pdf/accessiblenyc_2016.pdf.

responders – let alone deaths -- the CCIT-NYC proposal is positioned to make non-police responses available to those experiencing mental health crises in New York City. The proposal avoids the enormous pitfalls of the City's B-HEARD pilot, which the City inaccurately refers to as a non-police model. Hallmarks of the CCIT-NYC proposal are:

- teams of trained peers and emergency medical technicians who are independent of city government;
- teams run by culturally-competent community organizations;
- response times comparable to those of other emergency responders;
- 24/7 operating hours;
- calls routed to 988 rather than the city-operated 911; and
- oversight by an advisory board of 51% or more peers.

The full text of the CCIT-NYC proposal can be found at http://www.ccitnyc.org/who-we-are/our-proposal/ .

The B-HEARD program is deeply flawed, and its budget can and should be used to create a program based on the CAHOOTS program instead. This program would cost $190 million annually to implement.[5] This investment is necessary for

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[5] The cost is based on the sum initially allocated by the City Council in 2021 to implement B-HEARD city-wide of $112 million, and the need to extend the program from 16 hours a day to 24 hours a day, for

the long-term health and care of New Yorkers, as community-response programs have been shown not just to reduce fatal encounters and free up valuable police resources, but to also generate net-positive financial and social benefits.

THE CITY COUNCIL MUST ENSURE THAT NEW YORKERS HAVE ACCESS TO A WIDE RANGE OF VOLUNTARY NON-HOSPITAL, COMMUNITY-BASED MENTAL HEALTH SERVICES THAT PROMOTE RECOVERY AND WELLNESS, AS WELL AS A FULL PANOPLY OF COMMUNITY SERVICES, INCLUDING HOUSING, EMPLOYMENT, AND EDUCATION, BY ALLOCATING FUNDING FOR SUCH PROGRAMS

Since NYLPI was established nearly 50 years ago, we have prioritized advocating on behalf of individuals with mental health conditions, and we have consistently fought to ensure that the rights of individuals with mental health conditions are protected by every aspect of New York's service delivery system. Core to our work is the principle of self-determination for all individuals with disabilities, along with the right to access a robust healthcare system that is available on a *voluntary, non-coercive* basis.

We have long been on record opposing mandatory outpatient and inpatient treatment for insufficiently safeguarding the rights of persons with mental health concerns and failing to offer appropriate healthcare. New York

a cost of $168 million. An additional $22 million is required for trainings, evaluations, equipment, and uniforms, which also were not in the B-HEARD budget.

City must invest in models of care that utilize trained peers instead of police as first responders, which will facilitate the successful implementation of harm reduction and de-escalation techniques during crises.

If individuals experiencing mental health crises or alcohol/drug addiction receive community treatment, society will benefit from reduced incarceration.[6] Additionally, the use of community-response programs for mental health or alcohol/drug addiction crises can improve police job satisfaction, as many police officers do not see these incidents as part of their job and would prefer not to respond to these calls.[7] This proposal will alleviate the burden on police officers, and is also a fiscally sensible alternative. Community-response programs lead to net positive savings in terms of total government expenditure, both in direct savings (reduced policing costs) and indirect savings (reductions in incarceration and emergency room visits).[8]

We know how to help those with the most severe mental illness, but we

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[6] Ashna Arora & Panka Bencsik, *Policing Substance Use: Chicago's Treatment Program for Narcotics Arrests*, (Working Paper, 2021).

[7] Waters, *supra* note 16, at 867; Simmons et al., *supra* note 6, at 33; Toby Miles-Johnson & Matthew Morgan, *Operational Response: Policing Persons with Mental Illness in Australia*, 55 J CRIMINOLOGY 260, 260 (2022). Trevor Viersen, *Exploring Police Officers' Perceptions of Mobile Crisis Rapid Response Teams Within a Nodal Policing Framework*, (Theses and Dissertations, 2017).

[8] *See* Natania Marcus & Vicky Stergiopoulos, *Re-examining Mental Health Crisis Intervention: A Rapid Review Comparing Outcomes Across Police, Co-responder and Non-police Models*, 30 HEALTH & SOC. CARE COMMUNITY, *supra* note 3, at 1674–75 (2022).

fail to do so as a society by providing services that are insufficient or not held to the highest accountability and quality. We face complete system failure, yet we have done little to correct the failure, and even point our fingers at those most affected by the system failure. We must stop the finger pointing and fix the system. We must invest in innovative, voluntary health programs. As we now surely know all too well, the police, who are steeped in law and order, are not well-suited to deal with individuals with mental health concerns. We must invest in supportive housing and quality community services. B-HEARD, instead of providing people the help they need, fails to connect individuals to care and also places them at risk of violence from the police.

CONCLUSION

NYLPI on behalf of CCIT- NYC respectfully requests that the Council:

- Enact into legislation and fund the CCIT-NYC proposal to create a non-police, peer-driven mental health crisis response that offers voluntary healthcare, operates 24/7, routes calls to 988 rather than the NYPD-operated 911, and above all, prioritizes the self-determination of individuals experiencing mental health crises;
- Ensure that any funding allocated to B-HEARD in the City's budget be spent on the CCIT-NYC proposal; and

- Ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including housing, employment, and education, by allocating funding for such programs.

Thank you for your consideration. I can be reached at (212) 244-4664 or MvanDalen@nylpi.org, and I look forward to the opportunity to discuss how best to respond to the needs of individuals experiencing mental health crises in New York City.

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ABOUT NEW YORK LAWYERS FOR THE PUBLIC INTEREST

For nearly 50 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights 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 representation, 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.

NYLPI's Disability Justice Program works to advance the civil rights 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. Working together with NYLPI's Health Justice Program, we prioritize the reform of New York City's response to individuals experiencing mental health crises. We have successfully litigated to obtain the body-worn camera footage from the NYPD officers who shot and killed individuals experiencing mental health crises. In late 2021, NYLPI and co-counsel filed a class action lawsuit which seeks to halt New York's practice of dispatching police to respond to mental health crises, and in the context of that lawsuit, seeks relief on behalf of individuals affected by the Mayor's Involuntary Removal Policy.