



Office of the Public Advocate
Jumaane D. Williams

IMPROVING NEW YORK CITY'S RESPONSES TO INDIVIDUALS IN MENTAL HEALTH CRISIS

2022 Update

Mayor Eric L. Adams,

*In October of 2019, my office released a report, **"Improving New York City's Responses to Individuals in Mental Health Crisis,"** which was both a condemnation of the city's mental health crisis response and a guide for restructuring and reforming those systems. This report was informed by conversations with and the work of mental health and justice advocates, and was crafted in response to the number of avoidable deaths at the hands of an inadequate, insufficiently trained crisis response system. While Kendra's Law mandated some Assisted Outpatient Treatment (AOT) programs for those deemed most at risk, all communities are improved when everyone has access to care and mental health services. This law is a tool that can be used for those most at risk, but without proper systems of care for all, it can also be abused by the same structures this report hopes to address. If everyone received culturally competent, affordable care, the measures mandated by the law would be implemented with far less frequency or necessity. We implored the prior de Blasio administration to follow this new framework, to take critical steps to reduce harm, and to truly address the urgent needs of New Yorkers experiencing mental health crises, and of a city where the emergency is only mounting.*

In the three years since our initial report, that urgency has not been evident in the actions taken by the administration. While some progress has been made in line with our office's recommendations, the prior administration was unwilling to more fully embrace the kind of changes our city needs. The impacts of the pandemic on both our individual and collective mental health, the trauma incurred, have only heightened the need for systemic reform. The ongoing reckoning with how we define and produce public safety has also put a spotlight on the need to holistically address this crisis as an issue of health, rather than simply law enforcement.

An adequate mental health response system and infrastructure requires deep investments into the provision of social services. We must ensure that individuals do not go through a revolving door from temporary service to temporary service, and instead seek long-term solutions. For individuals who are justice-involved and face mental health challenges, the answer is not additional policing nor involving law enforcement in the City's mental health response. Instead, the City must work to move in the direction of entrusting trained mental health and behavioral experts with responding to mental health crises rather than police.

Given the ways in which the landscape of crisis intervention has shifted, and the fact that on the city, state, and federal level we have different administrations than at the time of the report's release, I feel we now have an opportunity and obligation to assess where changes have been implemented, what reforms are still needed, and any new recommendations that have arisen in the last three years. This review has been framed and informed by both the data and the real, human stories of the last three years, as well as the City's action, or lack thereof.

Time has passed, but the moment for action, the moral mandate for reform, is ongoing. It is my hope that you, your administration, our partners in government, and New Yorkers review both our original recommendations and this new assessment, and use it as a framework for a renewed commitment to mental health support in our city. My office and I are eager to engage with both your administration and communities across our city in order to re-center and re-imagine mental health responses in our city. This 'past and present' review is most effective only if it provides a path toward the future.

Since 2019, the list of names lost to inadequate mental health infrastructure has only grown. It is our responsibility now to realize the reforms needed and the urgency of action, to prevent more suffering and loss.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Williams', with a stylized flourish at the end.

Jumaane D. Williams
Public Advocate for the City of New York

Reducing the Number of Mental Health Crises Requiring Emergency Response

Report Recommendations (2019)	Status of Recommended Action (2022)
<p>Respite care centers: Respite Care Centers are an alternative to hospitalization for those in crisis and serve as temporary stays in supportive settings that allow individuals to maintain their regular schedules and have guests visit. Trained staff including peers and non-peers provide crisis solutions.</p> <p>The City must increase funding for existing respite care centers and develop new centers in areas with a high volume of 911 calls. As of 2019, there are 8 centers operating in NYC.</p>	<p>As of 2022, there are 4 Health Department Community Partners operating respite centers serving adult New Yorkers, a drop from the 8 centers in 2019.¹ The Administration for Children’s Services also operates a respite program for youth.²</p> <p>2022 Recommendations: This decrease in respite centers is deeply concerning. They are largely community organization-led. As a result, we are renewing our recommendations to expand the number of respite centers and increase funding to community partners who run them. In 2021, we called for \$5.2 million allocated to respite centers. Centers must be peer-led, allowing individuals to be supported by those who share similar lived experiences.</p>
<p>Drop-In Centers: Drop-In Centers are multi-service facilities for unhoused New Yorkers that provide a variety of services including food, social work, and referrals to needed programs.</p> <p>The City must expand the number of drop-in centers, including the development of at least one in Queens which does not exist as of 2019. 5 drop-in centers exist in the city as of 2019.</p>	<p>Drop-in centers for adults have increased from 5 in 2019 to 7 in 2022, with 1 in Queens, 2 in the Bronx, 2 in Manhattan, 1 in Brooklyn, and 1 in Staten Island.³ Under the Department of Youth and Community Development, there are separate borough-based drop-in centers serving unhoused youth ages 14 to 24.⁴</p> <p>2022 Recommendations: More drop-in centers should be developed in order to increase access to centers for unhoused New Yorkers across all five boroughs. Drop-in centers must ensure they are providing mental health</p>

referrals as needed, helping the unhoused with a pathway towards permanent housing, and remain operating 24/7.

Mental Health Urgent Care Centers: Mental health urgent care centers would provide people experiencing a mental health crisis with a short-term alternative to a hospital, with services specifically tailored to the mental health concerns.

The City should implement mental health urgent care centers throughout the city. As of 2019, they have yet to be implemented.

The City has implemented facilities similar to the urgent care models adopted in cities like Los Angeles. In 2020 and 2022, two behavioral health facilities—called Support and Connection Centers—opened in East Harlem and the Bronx. They are meant for short-term treatment and stabilization for people experiencing mental health or substance use needs and serve as an alternative to emergency room visits that may have longer wait times and law enforcement intervention.⁵ For 17 months, from October 2020 until March 2022, there were 318 visits to the East Harlem SCC, then-operating at limited capacity due to the COVID-19 pandemic.⁶

2022 Recommendations: The City has opened 2 SCCs as of 2022 and should aim to open at least one in every borough. Before that, we must ensure that SCCs are seeing as many individuals in need as capacity allows. Outreach and educational campaigns should be employed to inform New Yorkers of their existence and value. In Los Angeles, LAPD started to increasingly drop those in crisis off at mental health urgent cares over the emergency room,⁷ and the same should be strived for in NYC. In 2021, we called for over \$20 million to be allocated to SCCs in order to adequately fund staff and maintain operations.

Safe Havens for Those with Mental Health Concerns: Safe havens are a type of

In March 2022, a new safe haven site was opened in the Bronx with 80 beds.⁸ Mayor

immediate temporary housing for homeless individuals that offer supportive services, including mental health and substance abuse programming. Notably, individuals are not required to be sober upon entry or during their stay and individuals are typically referred by homeless street outreach teams rather than the city's central shelter intake system.

The City must increase funding and the number of safe havens in New York City. As of 2019, there are 10 safe haven locations with a total of 667 beds.

Adams announced investments into safe haven shelters the following month, with the money going to fund 1,400 beds in smaller facilities. The new funding would bring the total number of stabilization and safe haven beds to more than 4,000.⁹

2022 Recommendations: The significant commitment in investing in safe havens by the City is promising, and we must keep the City to their word and ensure over 4,000 beds are available and accessible, that they run 24/7, conditions are habitable, and they are well-staffed, with adequate funding to bolster these outcomes.

New Recommendation:

Fund and expand supportive housing,¹⁰ providing the groundwork for unhoused individuals with a pathway towards permanent housing and immediately available, continuous comprehensive services. Currently, the city is lagging behind in providing supportive housing, with a long and often-delayed application process.¹¹

A Non-police Response to Non-criminal Emergencies

Report Recommendations (2019)

Mobile Crisis Teams: As of 2019, there are approximately 24 Mobile Crisis Teams (MCTs) across Brooklyn, the Bronx, Manhattan, and Queens. Mobile Crisis Teams can only be accessed through the 11-digit long NYC Well phone line and online form. MCTs do not have the resources to respond immediately to crises, instead responding within a 48-hour window of time from when the initial referral takes place. They also respond to urgent but non-emergency situations that otherwise would call for police.

Status of Recommended Action (2022)

As of 2022, there are 19 adult MCTs serving the 5 boroughs. To request an MCT, an individual still needs to call 888-692-9355, text "Well" to 65173, or utilize NYC Well's website. "MCTs aim to respond... generally within several hours of receiving the referral." MCTs also generally do not work with people who are street homeless.¹² This year, the New York State Office of Mental Health invested \$10.8 million into NYC Well for increased staffing and capacity, allowing "NYC Well counselors and peer support specialists to answer up

Research should begin on how the City can integrate non-police MCTS to the 911 dispatching system. The City must increase funding for the Mobile Crisis Team program so that response times can improve. The City should explore partnerships with local community-based organizations (CBOs) to further this aim.

to 500,000 calls, texts and chats from New Yorkers between July 2022 and June 2023.”¹³

As it stands, there is no full-scale integration of MCTs and the 911 dispatching system. Referrals to MCTs through NYC Well are often not immediately responded to and are for urgencies, not emergencies.

2022 Recommendations: The state’s investment must also go towards boosting the number of MCTs, placing MCTs in locations that have a greater need for mental health support, and expanding operating hours beyond the 8AM-8PM time frame that currently exists. To expand accessibility, NYC Well should implement a shorter direct-line phone number to call and utilize CBO partnerships to expand the range of EMT dispatching if necessary.

Improving Crisis Intervention Training and Additional NYPD Protocols

Report Recommendations (2019)

Expanding CIT Training: The NYPD must train all of its officers who interact with the public in Crisis Intervention Training (CIT). The City must ensure that all police officers receive CIT within an expedited time frame, and that all officers receive annual retraining in CIT. Furthermore, accountability mechanisms must be put in place to ensure that CIT standards are upheld, and that there are correspondingly appropriate consequences when standards are violated.

Status of Recommended Action (2022)

In an October 2022 announcement by NY Governor Kathy Hochul in response to subway crime, CIT will be expanded by the State to inform NYPD and other first responders “on the statutory authority for the transport of individuals in need of a psychiatric evaluation at hospitals and [Comprehensive Psychiatric Emergency Programs]. This training will also incorporate best practices for engaging the street population experiencing mental health illness.”¹⁴

Within the NYPD, Crisis Intervention Training is a four-day course with over 16,000 officers

trained to “recognize the signs of mental illness and substance misuse, and better assist people in crisis.”¹⁵ However, there is no other publicly available information on the frequency of CIT trainings nor the accountability measures.¹⁶

2022 Recommendations: The NYPD should publish and make publicly available data on Crisis Intervention Training frequency, the number of officers trained, and how soon they are trained upon joining the NYPD. Ultimately, the goal should be for all NYPD officers to be trained.

Monitoring and Evaluating the CIT Program:

The Office of the Inspector General (OIG) for the NYPD should lead monitoring and evaluation of the efficacy of CIT training and report on a regular basis.

There does not seem to be any changes in accountability and monitoring of the NYPD’s CIT. In fact, in 2020, CIT was paused indefinitely with no alternatives in place.¹⁷ As a result, police officers most likely went without CIT at the height of the COVID-19 pandemic.

2022 Recommendations: We are renewing our recommendation for the OIG to lead monitoring and evaluation of the NYPD’s CIT and report results at minimum once a year to ensure all NYPD officers are trained.

Appropriately Dispatching CIT-Trained

Officers: It is essential that the City’s 911 technology has the capacity to identify calls that require CIT and dispatch the officers who have appropriate training to the locations where they’re needed.

We recommend the City to improve its training, protocols, and technology so that operators and dispatchers are able to identify

In 2021, the City launched the Behavioral Health Emergency Assistance Response Division (B-HEARD). B-HEARD teams are composed of FDNY Emergency Medical Technicians/paramedics teamed with a mental health professional from NYC Health + Hospitals and can only be dispatched through 911.¹⁸ Data from January through March 2022 showed that 911 EMS operators routed 23 percent of mental health 911 calls to B-HEARD

mental health crisis situations and send CIT-trained officers on site.

teams. Of those calls, B-HEARD responded to just over two-thirds (68 percent). In total, B-HEARD only responded to about 16 percent of mental health 911 calls in the areas it serves, down from 20 percent in the first month of the pilot. Ultimately, the NYPD still responded to the vast majority—84 percent—of mental health crises.¹⁹

2022 Recommendations: As we have seen with the avoidable deaths of individuals in crisis,²⁰ having CIT-trained officers respond is not a guarantee that the situation will be deescalated. While we recommend for all police officers to be trained in CIT, in order to mitigate further harm and deaths, the City should strive for mental health professionals as the default response for mental health crises rather than law enforcement.

Further Improving Dispatching: We recommend that 911 operators, police dispatchers, and responding officers all need to be able to identify and effectively relay when a mental health crisis is occurring. Additionally, all known information about past police encounters, documented mental health diagnoses, and current behavior patterns must be conveyed to responding officers.

In addition to the lack of response from B-HEARD teams overall, B-HEARD's average response time increased from 13 minutes and 41 seconds in 2021 to 14 minutes and 12 seconds in 2022.²¹ In comparison, reported response times for NYPD, EMS, and FDNY respond in ten minutes or less. Additionally, callers cannot specifically request a B-HEARD Team.²²

2022 Recommendations: Dispatch training must be improved to incorporate dispatching for mental health crises through ways such as a mental health solution tree that will branch off into separate dispatching categories for various responses. Mental health training must be conducted regularly to ensure calls are being appropriately dispatched to the right teams.

Integrating Neighborhood Coordination

Officers: NCOs are well positioned to provide the NYPD with precinct and sector level information regarding neighborhood residents who have a history of mental health crisis and may be at risk of experiencing similar crises in the future. They can ensure that responding officers have crucial relevant information.

NCOs are not necessarily utilized to help address mental health crises. The City had implemented Co-Response Teams (CRT) as pre- and post-crisis intervention with each team composed of two patrol officers and one behavioral health professional to serve community members. However, the program was never linked to 911 and had limitations.²³

2022 Recommendations: If there is NCO integration, the hyper-local community-based organizations providing social services to the community should be involved in assessing the needs of community members. Guidelines should be established in terms of what information is shared (if any) to the NYPD, including mental health history.

Additional Recommendations

Report Recommendations (2019)

We recommend New York City create an alternate non-police department number to call for those in mental health crisis to get urgent immediate treatment. New York City must research and evaluate models for responding to 911 calls that do not involve the police.

Status of Recommended Action (2022)

911 remains the default number to call for those in mental health crisis.

988 was nationally instituted in 2022 as the 3-digit number for the already-existing suicide and crisis lifeline for those “experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress.”²⁴ However, it has been reported that many calls originating from 988 end up being rerouted to 911 anyway.²⁵

The City has called on the federal government to resolve geolocation issues with 988 as currently, calls are rerouted based on the caller’s phone area code rather than geographic location.²⁶

2022 Recommendations: Despite the existence of B-HEARD and NYC Well and mobile crisis units, at the end of the day, most calls will end up routed to 911 and dispatching NYPD. There must be a system instituted that is not entangled with law enforcement but has access if need be, and with that, an alternate non-police number besides 911 is still needed.

We recommend New York City to include peers on all advisory councils and task forces moving forward.

The City is lagging in the inclusion of peers with lived-in experiences into the city’s mental health programs and initiatives.

2022 Recommendations: Peers must be included and centered in informing the development and implementation of all mental health-related decisions, programs, and initiatives by the City.

New Recommendation:

Approximately 50% of lifetime mental health conditions begin by age 14 and 75% of conditions begin by age 24.²⁷ We recommend for the NYC Department of Education to implement standardized mental health screenings for children to be evaluated annually whether by a primary care physician or in school. As a preventative measure, early-age mental health screenings can lead to early identification and treatment and may reduce the risk of mental health crises later in life.

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ENDNOTES

- 1 <https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-respite-centers.page>
- 2 <https://www1.nyc.gov/site/acs/justice/respite.page>
- 3 <https://portal.311.nyc.gov/article/?kanumber=KA-02528>
- 4 <https://www1.nyc.gov/site/dycd/services/runaway-homeless-youth/borough-based-drop-in-centers.page>
- 5 <https://www1.nyc.gov/office-of-the-mayor/news/499-22/mayor-adams-opens-new-innovative-behavioral-health-facility-new-yorkers-experiencing-mental#/0>
- 6 thecity.nyc/2021/5/9/22426250/thrive-nyc-nypd-diversion-centers-for-mentally-ill-sit-empty
- 7 <https://www.latimes.com/local/california/la-me-crisis-center-20160119-story.html>
- 8 <https://www1.nyc.gov/office-of-the-mayor/news/159-22/mayor-adams-opens-safe-haven-facility-expanding-shelter-access-other-services-new-yorkers#/0>
- 9 <https://gothamist.com/news/mayor-city-to-invest-in-safe-haven-shelters-outreach-for-new-yorkers-experiencing-homelessness>
- 10 <https://www1.nyc.gov/site/hra/help/supportive-housing.page>
- 11 <https://www.nytimes.com/2022/11/04/nyregion/nearly-2600-apartments-for-mentally-ill-and-homeless-people-sit-vacant.html>
- 12 <https://nycwell.cityofnewyork.us/en/crisis-services/mobile-crisis-teams/>

- 13 <https://mentalhealth.cityofnewyork.us/news/announcements/mayor-adams-announces-city-expansion-of-mental-health-helpline-nyc-well-strengthening-foundation-for-federal-988-crisis-line>
- 14 <https://www.governor.ny.gov/news/governor-hochul-and-mayor-adams-announce-major-actions-keep-subways-safe-and-address-transit>
- 15 <https://mentalhealth.cityofnewyork.us/partnership-with-the-nypd>
- 16 <https://www1.nyc.gov/site/nypd/bureaus/administrative/training-specialized.page#cit>
- 17 <https://gothamist.com/news/nypd-abruptly-halts-training-program-meant-help-police-de-escalate-encounters-people-mental-health-crisis>
- 18 <https://mentalhealth.cityofnewyork.us/b-heard>
- 19 <https://www.thecity.nyc/2022/7/18/23267193/mental-health-911-b-heard-teams>
- 20 <https://www.bronxda.nyc.gov/downloads/pdf/annual-reports/BronxDA-Trawick-Report.pdf>
- 21 <https://www.nydailynews.com/opinion/ny-oped-mental-health-crisis-deaf-ears-20220722-rhrjklncijarho4od3r2jzj2bq-story.html>
- 22 <https://mentalhealth.cityofnewyork.us/b-heard>
- 23 <https://www.thecity.nyc/2022/7/18/23267193/mental-health-911-b-heard-teams>
- 24 <https://www.samhsa.gov/find-help/988/faqs>
- 25 <https://www.npr.org/sections/health-shots/2022/08/11/1116769071/social-media-posts-warn-people-not-to-call-988-heres-what-you-need-to-know>
- 26 <https://www1.nyc.gov/office-of-the-mayor/news/515-22/mayor-adams-city-expansion-mental-health-helpline-nyc-well-strengthening-foundation>
- 27 <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Screening>