

Office of the Public Advocate
Jumaane D. Williams

MENTAL HEALTH CRISIS RESPONSE PLATFORM & ACTION PLAN

In our current system, the police are the default respondents to mental health crises, despite the majority of cases needing a health response, not a law enforcement one. This presents a number of issues.

PROBLEMS WITH NYPD RESPONSE TO MENTAL HEALTH

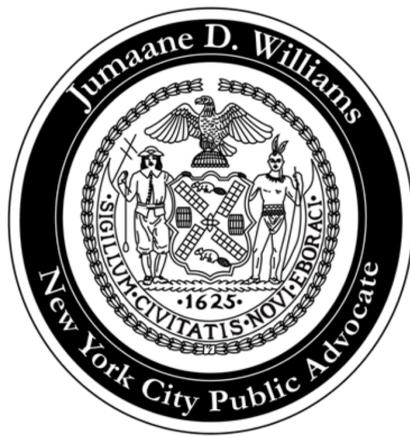
- **Capacity:** The NYPD receives close to 180,000 mental health calls per year.
- **Lack of Skill Set:** The NYPD rolled out a mental health crisis intervention training with mixed results, then completely abandoned the program, leaving officers unprepared to deal with unique challenges of mental health response.
- **Criminalization:** Police response results in involvement with the criminal justice system. More than 40% of New Yorkers held on Rikers Island are diagnosed with a mental illness.
- **Violence:** Over the past 4 years, at least 16 individuals in mental health crisis have been killed by the NYPD, the majority of whom have been people of more color.

New York City has some non-police infrastructure for mental health crisis response, but its impact is severely limited by several factors.

LIMITATIONS OF THE CURRENT 1-888-NYC-WELL SYSTEM

- **Accessibility:** 11 digit number is too long; New Yorker's are not aware this resource is available.
- **Response time:** Mobile crisis units respond within a 48-hour window, thus lacking emergency response capabilities.
- **Scope:** There are only 24 teams citywide.
- **Functionality:** Mobile crisis units currently employ a medical model that focuses disproportionately on hospitalization.





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Our plan will build upon the current 1-888-NYC-WELL system so that it can function as a citywide non-police emergency response system to mental health crises by implementing the following tenets.

1. Increase the number of NYC WELL operators and mobile crisis responders.
2. Codify the NYC WELL phone line and equip it with an easy-to-remember 3-digit number (9-8-8).
3. Mandate a 2-hour maximum response time for the highest need calls.
4. Train 9-1-1 dispatchers to handoff to 9-8-8 when receiving mental health crisis calls.
5. Equip mobile crisis teams with a clinician, a social worker, and a mental health peer as their primary responders.
6. Focus response on immediately addressing the acute issue in the field and providing connections to services such as Mental Health Respite Centers, Support and Connection Centers, and long term care.
7. End the practice of defaulting to police intervention, criminal justice system involvement, and hospitalization. Involve these systems minimally, and only when absolutely necessary.
8. Require client follow-up and post-crisis services.
9. Conduct community outreach and public information campaign to ensure awareness of this resource.
10. Ensure cultural competence in New York City neighborhoods.

For more details on this issue, please read the Office of the Public Advocate's report on Improving New York City's Responses to Individuals in Mental Health Crisis. www.advocate.nyc.gov/reports/improving-new-york-citys-responses-to-individuals-in-mental-health-crisis/

For more plans on health-focused and community-driven solutions to public safety, please see our Redefining Public Safety Platform. www.advocate.nyc.gov/justice-health-equity-safety/safety/redefining-public-safety