March 18th, 2021

New York State Joint Legislative Budget Hearing on

Mental Health Crisis Response

National Alliance on Mental Illness of New York State
(NAMI-NYS)
99 Pine Street, Suite 105 Albany, New York 12207
(518) 462-2000

Lynda Regan, President
Wendy Burch, Executive Director

Testimony delivered by: Matthew Shapiro, Associate Director, Public Affairs
Good Morning Senator Brouk and Assemblywoman Gunther. The National Alliance on Mental Illness-New York State (NAMI-NYS) is thankful for your leadership on the crucial topic of reforming our state’s response to people experiencing mental health crises and we are grateful for the opportunity to provide testimony. Reforming the criminal justice-mental illness interface is a leading priority for NAMI-NYS as we need to address the overrepresentation of people living with a mental illness, who are incarcerated as well as those who experienced negative – and at times, tragic -- outcomes when interacting with police.

Since 2015, nearly one in four fatal police shootings have been of people with mental illness (214 killed nationally in 2020 alone), and of those, one in three were people of color. Unfortunately, New York has not been immune to this tragic trend as the death of Daniel Prude in 2020 at the hands of the Rochester police is just the latest in a line of New Yorkers who lived with mental illness and lost their lives by the hands of police. These tragedies are even more frequent when it comes to police response to people of color in a mental health crisis. Other prominent recent examples include Deborah Danner and Saheed Vassell and we testify today on behalf of all of them.

These preventable tragedies are inequitable and unacceptable. It is time for New York to commit to ensuring a mental health crisis is met with a mental health response. Every year, millions of mental health crisis calls are made throughout the country to 911 and other crisis lines. When an in-person response is needed, though, law enforcement is often the only option to intervene.

Most law enforcement officers are not trained on how to effectively communicate with people experiencing a mental health crisis or how to deescalate these situations. The result: avoidable trauma and tragedy, another incident in Rochester earlier this year, where a nine-year old girl was pepper sprayed following a family incident where the girl threatened to kill herself demonstrates how this trauma and tragedy can also impact children in crisis.

Providing an appropriate mental health response will benefit both law enforcement officers and those in need of help amid a crisis. A mental health response can get people on the road to recovery—and free up law enforcement to do the job they signed up to do. A well-funded crisis system helps communities, especially communities of color, which are less likely to have access to mental health care and more likely to have negative results when interacting with police.

An effective response has three main parts: crisis call centers, mobile crisis teams, and crisis stabilization options. We briefly highlight each of these elements in our recommendations.

Ensuring a mental health response begins with the ability to identify the situation as a mental health crisis. New York has the opportunity to properly identify a mental health crisis by implementing crisis call centers to respond to the newly designated 9-8-8 universal number for mental health distress calls. We are grateful to our mental health chairs Assemblywoman Gunther and Senator Brouk for introducing legislation (A.7177/S. 6194) which would create a designated crisis hotline center or centers to provide crisis intervention and crisis care coordination services to any calls to 9-8-8 number from within New York State, available 24 hours a day, 7 days a week.

Many calls to 9-8-8 may be de-escalated over the phone, with call takers able to help a person and connect them to additional services. For those calls that require an in-person response,
whenever possible it is essential that mobile crisis teams, staffed by trained mental health professionals, be the ones to respond and intervene. This is why we are thankful to Senator Brouk for introducing S.4814 (A.4697) which would create “Daniel’s Law” ensuring that professional mental health responders are utilized in communities throughout the state.

Having trained mental health professionals (which should include peers with lived experience) intervene in mental health crisis situations will generate more positive outcomes and divert people from the criminal justice system and towards recovery. Mental health responders would use more appropriate communication and de-escalation techniques, and responders in plain clothes would also be beneficial as they would not pose the perceived threat that may be associated with a police uniform.

We appreciate that the bill is named in honor of Daniel Prude. Mr. Prude’s tragic and unnecessary death demonstrates the situations NAMI-NYS works to avoid, as well as how these issues play out in communities of color. As I stated earlier, people of color are less likely to have access to mental health care and more likely to have negative results when interacting with police. It is essential that communities are able to provide their perspectives on how to respond to crisis situations which are unique to their respective areas. This is why having regional councils providing input specific to their communities is also a crucial element to the bill.

While NAMI-NYS wants to see a professional mental health response to these situations, we also understand that there will be times when police response will be necessary. This is why it is critical that New York continues to fund Crisis Intervention Team (CIT) initiatives. This program provides a 40-hour training for police and first responders on how to properly intervene with someone in a mental health crisis. Not many people would take a week out of their life to better comprehend what it is like to live with a mental illness and NAMI-NYS is thankful for all the dedicated and caring CIT trained officers who have taken it upon themselves to learn. These trained officers have made a tremendously positive impact in communities across New York State. CIT programs have also greatly reduced harm and fatalities to both police and those to whom they respond.

Mental health crisis responders must have appropriate options on where to take someone in a crisis. Providing first responders with an option other than emergency departments or police stations is a critical component of a mental health response system.

Currently, in most communities in New York State such an option does not exist. This is why NAMI-NYS applauds the inclusion of Subpart A of AA of the Fiscal Year 2021-22 Health and Mental Hygiene Budget Bill, which would expand the use of crisis stabilization centers. These centers provide short-term observation and assessment, ideally in a comfortable, home-like setting, that help identify an individual’s longer-term needs and connect them to additional care and services. Increasing the use of crisis stabilization centers will provide a much needed alternative to emergency rooms and police departments that is both more humane and cost effective.

Expanded use of crisis stabilization centers will address the overrepresentation of people living with a mental illness who are incarcerated by providing a gateway to recovery and a diversion away from incarceration. The corrections system does not advance people’s recovery from
mental illness, where crisis stabilization centers would put people on a path to recovery without entry into the criminal justice system. Overutilization of emergency departments and local prisons is also a far more expensive and reactive response than proactively investing in appropriate front-end recovery oriented services such as crisis stabilization centers.

NAMI-NYS believes that crisis stabilization centers should include both mental health and detox services. We also believe that peer support services are a vital part to the program’s success.

NAMI-NYS believes in person-centered treatment and care. This is especially true when dealing with children. There has been some concern among advocates that this new crisis response system will treat children as small adults and not as children with unique needs. NAMI-NYS wants services best suited to meet the needs of children incorporated into New York’s crisis response system. These can include Assertive Community Treatment (ACT) teams designed for youth.

I also want to mention that New York also has an opportunity to proactively address a potential crisis among children. This summer, many children will be returning to camps. While this is an exciting time, it can also be a challenging time for many kids. New York can proactively address this by allowing summer camps to hire mental health professionals. Currently, camps are not allowed to hire mental health staff. There is currently a bill in the Assembly (A.4801), which would correct this. The bill would not mandate the hiring of mental health professionals, but simply allow camps to hire them in they want to. We thank Assemblywoman Gunther for co-sponsoring the bill and we hope to have a same as introduced in the Senate.

With the implementation of 988 coming in 2022, this offers our state a great opportunity to improve the response we offer to people in mental health crisis. However, we only have one shot to get this right and NAMI-NYS wants to ensure that the promise of 988 and a reimagined crisis response is dictated by the needs of the people this crisis response system is intended to serve. We need to ensure that when someone dials 988, there are a range of services available to meet an individual’s needs and de-escalate the situation – getting the person the help they need to get well and stay well.

When Congress passed bipartisan “988” legislation in 2020, it opened the door for 988 to be an opportunity to reimagine crisis response. A wide range of organizations, including NAMI and our partners, the American Foundation for Suicide Prevention, Mental Health America, the National Council for Behavioral Health and The Trevor Project, came to the table with the telecommunications industry and Congressional sponsors to negotiate the National Suicide Hotline Designation Act of 2020.

Their bipartisan legislation not only put 988 in statute, but provided a tool—fees on telecommunications bills—to help states build a system that ensures a mental health response to mental health crises. The federal law (P.L. 116-172) specifically permits user fees to pay for the efficient and effective routing of calls as well as “personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and mental health crisis hotline.” This language had the full support of Congress with a unanimous vote in both chambers and was signed into law by President Trump.
NAMI-NYS believes the ability to collect a fee on telecommunications bills provided by federal law presents an important funding stream to help ensure the range of services needed are in place in every community. This is why NAMI-NYS has made the following suggested amendments to A.7177/S. 6194:

1. It should establish a monthly statewide 9-8-8 fee on each resident that is a subscriber of commercial landline telephone, mobile and/or IP-enabled voice services at a rate that provides for the robust creation, operation, and maintenance of a statewide 9-8-8 suicide prevention and behavioral health crisis system and the continuum of services provided pursuant to national guidelines for crisis services.
2. The 9-8-8 fee may be adjusted as needed to provide for continuous operation, volume increases and maintenance.
3. Create boards or committees or assign tasks to existing agencies, boards or committees to accomplish the planning required for implementation or ongoing oversight of this ACT in coordination with designated hotline center(s), 9-1-1 centers, state mental health authority, state substance abuse agency, law enforcement, hospital emergency departments and the National Suicide Prevention Lifeline.

In addressing the third point, NAMI-NYS is thrilled that the New York State Office of Mental Health is already working to implement the number and connect it with a crisis response system. We are also grateful for the opportunity to be a part of the 9-8-8 implementation coalition and NAMI-NYS is proud to serve on three of the working sub-groups of this coalition, including the group working to ensure 9-8-8 and 9-1-1 are connected.

NAMI-NYS also wants to applaud the New York State Office of Mental Health for making crisis response transformation a priority and for applying for federal Mental Health Block Grant funding to implement and expand both mobile crisis services and crisis stabilization centers.

Finally, New York needs to be more proactive in addressing mental health in communities and properly invest in mental health programs, which when adequately funded with sustained staff and continuity of care can, help reduce and prevent this type of crisis. Throughout the pandemic, when there was an unprecedented demand for mental health services, non-profit mental health providers had to withstand 20% withhold. Despite the fact that the American Rescue Plan and the enactment of revenue raisers led to not only a budget surplus, but the largest budget in the state’s history, expanded investments in community mental health programs were not included in this record spending increase. New York cannot fully recover from the events of the past year and move forward without addressing mental health. The demand for mental health services will continue to increase as we continue to face the psychological wave of the pandemic. Ensuring that there are services to meet this demand will help prevent crisis situations.

Thank you again for your dedication to addressing crisis response, for holding this hearing and for the opportunity to testify. NAMI-NYS looks forward to working with you in order to create a more mentally healthy and just New York State.

1 The Washington Post’s database on police shootings, filtered by category of Mental Illness: https://www.washingtonpost.com/graphics/investigations/police-shootings-database/
II The Washington Post’s database on police shootings, filtered by category of Mental Illness: https://www.washingtonpost.com/graphics/investigations/police-shootings-database/