



CORRECT CRISIS INTERVENTION TODAY

**FOR IMMEDIATE RELEASE**

Contact: Linnea Mumma, [linnea@anatgerstein.com](mailto:linnea@anatgerstein.com), 347-861-4167

## **Mental Health Advocates Rally Outside of City Hall for Budget that Invests in #PeersNotPolice**

*For photos and b-roll of the event, click [here](#).*

(New York, N.Y. March 23, 2023) — On March 21, 2023, members of [Correct Crisis Intervention Today - NYC \(CCIT-NYC\)](#), family members, lawyers, community-based organizations, and other advocates rallied outside of City Hall before the New York City Council's Preliminary Budget Hearing on Mental Health, Disabilities, and Addictions to advocate for a budget that invests in #PeersNotPolice and a reimagining of the current B-HEARD system to include peers with lived experiences that would operate 24/7 and reduce response times, among other demands.

This rally comes just two weeks after Mayor Adams unveiled his [mental health agenda](#), which states that he is adding two peers to mobile crisis response teams and expanding B-HEARD, a model that has dramatically [declined in efficacy](#) since its inception. It also comes two days before the three-year anniversary of Daniel Prude's death, a Black man who died at the hands of Rochester police officers while experiencing a mental health crisis.

Advocates gathered to call for the implementation of a true non-police mental health crisis response system, which includes passing [Daniel's Law](#), a proposal to create state and regional mental health units with trained mental health professionals rather than police officers. Additionally, advocates also called for changes to the B-HEARD program so that the existing model is a true #PeersNotPolice response system before expanding the program to be citywide.

"Mental health crises should be met with mental health professionals and peers -- not law enforcement," **said Public Advocate Jumaane D. Williams**. "People with lived experience and learned expertise are best equipped to provide support for New Yorkers in their moments of greatest mental health needs. As my office has advocated for years, this is a public health issue that demands public health solutions, and like so many other components of public health and safety, we cannot solve it by simply sending police. Non-police crisis response teams, paired with resources such as clubhouses and respite centers, are vital to providing aid, not escalation."

"We know from all available evidence that when our neighbors experience mental health episodes, it is not the episode itself that creates a public safety hazard, but deploying the wrong responder to render the wrong response," **said Council Member Tiffany Cabán**. "Either you care about outcomes or you don't. If you do, the path forward is clear as day: police officers, who are trained to detect threats and neutralize them by force, should not be the ones responding to mental health calls, which require trauma-informed compassion. Instead, trained professionals and peer specialists should. That is how it works in all the programs around the country that have the most successful results to point to, and the longer we refuse to emulate their example, the longer we are condemning our city to unacceptable public safety outcomes."

"For too long, our mental health crisis response system has relied on the NYPD as first responders, with tragic consequences for people experiencing mental health crises," said **Cal Hedigan, CEO of Community Access**. "It is past time for the City to invest in a crisis response system that removes law enforcement and centers empathy, compassion and human connection. Peers, people with lived experience in the mental health system, are uniquely positioned to play critical roles in a reimagined crisis response system – a system that will save lives, not take them."

"Mental health is a human right and not a privilege. Unfortunately, the Center for Independence of the Disabled, New York (CIDNY) has witnessed numerous negative and tragic results when law enforcement responds to a mental health crisis. CIDNY supports the implementation of multicultural disability competence when working with people with mental health disabilities. Additionally, CIDNY comprehends the fact that when people with mental health disabilities are experiencing a mental health crisis and/or episode, these individuals require healthy interactions with trained mental health professionals and mental health peer advocates that can demonstrate knowledge about psychological wellness, trust, empathy, and compassion. This is crucial to avoid the perpetuation of psychological trauma which could prevent this population from seeking beneficial services," said **Sharon McLennon-Wier, Ph.D., MEd., CRC, LMHC, executive director for CIDNY**.

"New Yorkers experiencing mental health crises need health-centered supports, not police officers with guns," said **Marinda van Dalen, Senior Staff Attorney, New York Lawyers for the Public Interest**. "The City's failed mandates cost lives – too many of our loved ones have been killed by the police while in crisis, including at least 19 in New York City in the last several years alone, most of them people of color. We need non-police first response teams that include peers, those with lived mental health experience. The City's ramping up of involuntary police removals for psychiatric evaluations, at the same time that communities across the country turn to safer, more humane alternatives, is unacceptable. We call on the City Council to remove the New York City Police and Fire Departments from mental health response services. LIVES ARE AT STAKE."

"Years of experience and studies have demonstrated beyond a doubt what works when individuals experience mental health crises: Humane intervention by trained professionals and those with lived experience – not law enforcement – coupled with well-resourced services and safe housing options to help people heal. A mental health crisis should not be a death sentence, which is what too often occurs when the wrong response is deployed. Each life lost is a senseless tragedy, especially when the answer is at our fingertips. Over 80% of B-HEARD responses continue to be handled by police-led. It is far past time to correct this long-standing wrong and reform our public safety system to focus on smart, humane alternatives and implement a CCIT-NYC response model," said **Pascale Leone, Executive Director, the Supportive Housing Network of New York**.

"We need a peer-led, non-police response to mental health crisis calls. In my experience people don't trust police. They prefer to speak to someone of their own race who has experience being detained or incarcerated," said **Fay Owens, Peer Specialist/Advocacy Coordinator, Urban Justice Center Mental Health Project**. "If we talk to people in crisis with a level of care and concern, the outcome won't be violence. Instead, we will be able to provide the help and support they need."

"Where there is crisis, there is trauma. Where there is trauma, a medical response is necessary to establish equilibrium once again. A peer led non-police response is very much the solution that NYC needs to address the trauma that creates mental health crises. Including peers is a common sense approach to mental health intervention which should be the standard as who better to intervene than someone with experiential and textbook knowledge. A trauma-informed person-centered peer-led non-police intervention is what this city requires," said **Felix Guzman, VOCAL-NY Leader**.

"Far too many people dealing with major mental health challenges end up in hospitals, prisons, or injured because we do not have the appropriate crisis response services. We need non-police response teams to meet the growing number of people experiencing a behavioral health crisis or we will continue to see poor outcomes and tragedies like that of Daniel Prude in Rochester. These tragedies occur because we utilize a law enforcement response to what is fundamentally a public health issue."

Instead of placing yet another service on our police, we must invest in a system we know works: peers, other behavioral health experts, and EMTs trained in and primarily focused on crisis de-escalation. Implementing these non-police response teams will help us deploy police more appropriately, voluntarily connect more people to needed services, and save countless lives,” said **Luke Sikinyi, Director of Public Policy, NY Association of Psychiatric Rehabilitation Services**

“I heard someone say "there is a crisis within a crisis" which is acknowledging and addressing the numerous fatalities at the hands of NYPD when responding to individuals experiencing mental health distress. Our loved ones are suffering and in need of aid and consideration but instead they're being killed. We need healing and we need reform and change because everyone should be seen as human when they're the most vulnerable, in need of empathy and life-sustaining resources. The police have proven time and time again they are unable to provide this service, this necessity, this human right...but we believe Peers not Police can! My family and I painfully now know first hand the trauma and the void of losing Eudes Pierre at the hands of the NYPD, and we say No More!!! PEERS NOT POLICE!!!,” said **Sheina Banatte, #TeamEudes, Justice for Eudes Pierre**

“We express our gratitude to Mayor Adams and Commissioner Vasan for mentioning family support for caregivers of people with serious mental illness (SMI) in their most recent plan. We would like to see a firm commitment of \$250,000 towards NAMI-NYC's family support services. We would also like to see investment in the Correct Crisis Intervention Today of New York City's (CCIT-NYC) crisis response model centering peers without police involvement,” said **Matt Kudish, NAMI-NYC CEO.**

**About CCIT-NYC:** Correct Crisis Intervention Today - New York City (CCIT-NYC) is a broad-based coalition of civil rights and human service organizations, people with lived experience with mental health crises, family members, and other advocates, all of whom work together with a mission to reform the City's response to mental health crises, in order to reduce the incidents of violence and trauma experienced by those who turn to emergency services for assistance.

###