

## **#NoOn2210 – A Public Letter from Mental Health and Health Professionals and Service Providers**

March 18, 2021

New York City Council Speaker Corey Johnson  
224 West 30<sup>th</sup> Street, Suit 1206  
New York, NY 10001

Councilmember Diana Ayala  
105 East 116<sup>th</sup> Street  
New York, NY 10029

CC: Public Advocate Jumaane Williams, New York City Council

Dear City Councilmembers,

Intro 2210, a bill sponsored by Councilmember Diana Ayala and co-sponsored and strongly supported by Speaker Corey Johnson, will establish in local law a permanent NYPD role in mental health response, paving the way for continued police violence in these contexts, particularly in Black, Latinx and other communities of color. It also fails to acknowledge and take steps to address racial and economic disparities in mental healthcare in our city. As health and mental health professionals and providers who work in service of the health and wellbeing of New Yorkers, we oppose Intro 2210 and call on Speaker Johnson and Councilmember Ayala to withdraw it.

Studies show that people with untreated mental illness are sixteen times more likely<sup>[1]</sup> to be killed by the police. We appreciate that the City Council and the Public Advocate wish to create a safer emergency response system for New Yorkers experiencing mental health crises. Unfortunately, this bill fails to address the core issues driving the NYPD killings of New Yorkers like Saheed Vassell, Mohamed Bah, Deborah Danner, Kawaski Trawick, Ariel Galarza, Iman Morales and too many others and would not have saved their lives.

Contrary to Intro 2210's stated aims, the bill formally establishes a role for the NYPD in responding to mental health emergencies. It sets up a framework in which many, if not most, "mental health emergencies" will also be deemed "public safety emergencies" and explicitly legislates an NYPD response to these situations, ignoring the outsize power of the NYPD and the detrimental impact that even brief contact with the police has on physical and mental health<sup>[2]</sup>. With the best of intentions, some might consider this bill a "first step in the right direction," but by writing a formal role in mental health response for the NYPD into local law, enacting this bill will actually take us backward and undermine efforts to pass truly effective legislation while continuing to expose New Yorkers to an unacceptable risk of police violence. It must not be implemented.

As health and mental health professionals, many of whom interact with New Yorkers facing distress, crisis, and the destabilizing and debilitating effects of the COVID-19 pandemic every day, we don't have the luxury of taking solace in half-measures. Our commitment to evidence-based solutions and our sacred duty of care does not allow us to endorse a bill that cannot effectively address the problem it purports to solve.

We are deeply concerned about the manner in which Intro 2210 was crafted and the speed with which it is being rushed to vote. Because the bill was drafted without consultation from those directly impacted by NYPD violence and those most impacted by the City's woefully under-resourced and inadequate healthcare system, it fails to address the needs of those who have the most to lose from the passage of flawed legislation. Unfortunately, it also requires us, the undersigned, to speak out in opposition to this bill rather than advocate in support of better policies in a more generative spirit.

Acknowledging this reality would require us to contend with stories like those of Mohamed Bah, who, in 2012, was killed in his own home by NYPD Emergency Services Unit officers after his mother called 911 for an ambulance when she became concerned about his physical and mental wellbeing, or Saheed Vassell who was killed in broad daylight by Strategic Response Group officers after his family had, for years, tried and been unable to find him mental health services that met his needs. After both Bah and Vassell's deaths, the City announced more training for NYPD officers in responding to New Yorkers in distress. In 2019, Kawaski Trawick was killed in his apartment in a supportive living facility by two CIT-trained<sup>[3]</sup> officers,<sup>[4]</sup> responding to 911 calls, who entered without his permission and escalated the situation by yelling at him,<sup>[5]</sup> ignoring his questions and then tasing and shooting him.

These tragic incidents highlight the failure of "additional training" reforms. The body camera video of Kawaski's murder is excruciating evidence of the NYPD's careless approach to New Yorkers in mental health crisis.<sup>[6][7]</sup> Intro 2210 not only fails to keep the police out of mental health response, it establishes a formal role for the NYPD in responding to mental health emergencies while failing to create mechanisms for accountability or deterrent for officers who commit excessive force and other misconduct in these contexts. None of the officers who killed Vassell, Bah, Trawick, Galarza, Morales, Danner and far too many others and others, have been held accountable for their actions, and this bill does nothing to change this systemic lack of accountability moving forward.

Intro 2210 also fails to acknowledge or take any steps to address the mental health crisis impacting our city's Black, Latinx and other communities of color. Our city's social safety net remains a ragged, underfunded patchwork that cannot meet the needs of New Yorkers reeling from the myriad impacts of a global pandemic while coping with the consequences of racism, systemic economic inequity, and inadequate and unequal access to care.<sup>[8] [9] [10] [11]</sup> We know from our own struggles to provide meaningful care that – due to lack of investment – services that are accessible are most often not culturally and linguistically competent and do not meet patients' needs. Passing legislative efforts that do not include deep investments in culturally competent community-based mental health services for prevention and robust post-crisis services is like throwing paint on a car with broken brakes — it will harm more than it helps.

Intro 2210 offers a poorly conceived emergency response structure that doesn't follow best practices and will perpetuate a dangerous status quo of police involvement and violence, while leaving the underlying causes of mental distress unaddressed and service providers under-resourced, penalizing NYC's most vulnerable residents

For these reasons, we, the undersigned, call on Speaker Corey Johnson and Councilmember Diana Ayala to withdraw Intro 2210 and ask other councilmembers to vote "no" if it comes up for vote. Instead, the New York City Council should engage with mental health professionals, New Yorkers who

have suffered from mental health challenges and those impacted by NYPD violence in these contexts to craft policies that will actually address the mental health and police violence crises faced by Black, Latinx and other communities of color in our City.

Signed,

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3. Amy Ton, Psychiatry Resident, Bellevue Hospital
4. Andrew Goldstein, MD, Primary Care Doctor, NYU School of Medicine
5. Anique Singer, Social Worker, Columbia School of Social Work
6. Anna Ortega-Williams, Social Worker
7. Anuj Rao, MD, Health and Hospitals
8. Ashley Zayas, LCSW
9. Aurea Freitas, LCSW, NYU Silver School of Social Work Alum
10. Ben Sher, LMSW
11. Benjamin Donner, Clinical Psychologist
12. Betty Kolod, MD, Mount Sinai Hospital
13. Brett Stoudt, Professor of Psychology, The Graduate Center, CUNY
14. Bruce G. Trigg, MD, Addiction Medicine and Public Health Consultant
15. Carla Massey, PhD., City College of New York, Clinical Psychology
16. Carolina Miranda, MD, Montefiore Medical Center
17. Charles King, CEO, Housing Works
18. Cheryl Taruc, LCSW
19. Courtney Engelstein, LCSW, Credentialed Alcohol and Substance Use Counselor
20. Dahiana Lessard, Case Manager
21. Dana L. Collins, PhD, Psychologist, New York Association of Black Psychologists
22. Dara Pluchino, Student at Columbia School of Social Work
23. David Lucas, Social Worker/Educator/Policy Advisor, Health In Justice Action Lab
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25. Diana Moga, Psychiatrist, Columbia University
26. Dr. Caitlin Cahill, Environmental Psychologist, City University of New York
27. Dr. Denise Hinds-Zaami, Psychologist, Social Worker, Educator and Board Member of The New York Association of Black Psychologists
28. Dr. Simon, Physician, Albert Einstein College of Medicine
29. Eleni Zimiles, LCSW, Jews For Racial & Economic Justice
30. Elizabeth Weiss Ph.D, Psychologist
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32. Emily Weinrebe, LMSW, Resilience Lab Psychotherapy
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36. Genna Ayres, LMSW
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38. Hailey Wojcik, MA, Clinical Psychology Doctoral Student therapist, The Psychological Center at CCNY

39. Hannah Brooks, Family Medicine Doctor, NYP-Columbia
40. Harriet Goodman, LCSW, CUNY
41. Imani Keith Henry, MSW, MPA, Equality for Flatbush
42. Jack Saul, PhD, Clinical Psychologist, Executive Director, International Trauma Studies Program
43. Janice Chou, Psychiatrist, NYU
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45. Jessie Ngok, Clinical Social Worker, The Child Center of New York
46. Jillian Primiano, RN
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49. John Wang, MD, New York University Department of Psychiatry
50. Joseph Turner, Harm Reduction Worker, New York State Harm Reduction Association
51. Jules Kerman, MD, Psychiatrist/Psychoanalyst, Columbia University
52. Kaniya Samm, MPH, Radical Health
53. Katherine Giscombe, Organizational Psychologist, Giscombe & Associates, LLC
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72. Maureen Miller, MD, MPH, Physician, NY Docs Coalition
73. Megan Campbell, Social Worker, Legal Aid Society
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89. Sandra Turner MD, Psychiatrist
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95. Shelly Weiss, LCSW
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103. Tresha Gibbs, Psychiatrist
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\*Affiliations are listed for identification purposes.

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<sup>[1]</sup> [People with Untreated Mental Illness 16 Times More Likely to Be Killed By Law Enforcement](#), Retrieved March, 12, 2021.

<sup>[2]</sup> <https://www.buzzfeednews.com/article/danvergano/new-york-health-risk-criminal-justice>

<sup>[3]</sup> [The NYPD's Mental Illness Response Breakdown](#)

<sup>[4]</sup> [Effectiveness of Police Crisis Intervention Training Programs](#). Michael S. Rogers, Dale E. McNeil and Renée L. Binder  
Journal of the American Academy of Psychiatry and the Law Online December 2019, 47 (4) 414-421; DOI:  
<https://doi.org/10.29158/JAAPL.003863-19>

Abstract: Approximately 1,000 people in the United States were fatally shot by police officers during 2018, and people with mental illness were involved in approximately 25 percent of those fatalities. Crisis Intervention Team (CIT) training is a specialized police curriculum that aims to reduce the risk of serious injury or death during an emergency interaction between persons with mental illness and police officers. CIT has been implemented widely both nationally and internationally. Given the increasing resources devoted to CIT, efforts to analyze its effectiveness and outcomes relative to other approaches are important. Studies of CIT and similar interventions are found within both the mental health and the criminal justice arenas, which use very different terminologies, approaches, and outcome studies, rendering unified analyses challenging. This article describes the CIT model and reviews several recent systematic analyses of studies concerning the effects of CIT. Studies generally support that CIT has beneficial officer-level outcomes, such as officer satisfaction and self-perception of a reduction in use of force. CIT also likely leads to prebooking diversion from jails to psychiatric facilities. There is little evidence in the peer-reviewed literature, however, that shows CIT's benefits on objective measures of arrests, officer injury, citizen injury, or use of force.

<sup>[5]</sup> [‘Why Are You in My Home?’ Kawaski Trawick Never Got an Answer Before Police Fatally Shot Him](#). Retrieved March, 12, 2021.

<sup>[6]</sup> [It Wasn't the First Time the NYPD Killed Someone in Crisis. For Kawaski Trawick, It Only Took 112 Seconds](#). Retrieved March, 12, 2021.

<sup>[7]</sup> [The NYPD Said the Killing of Kawaski Trawick “Appears to Be Justified.” Video Shows Officers Escalated the Situation](#). Retrieved March, 12, 2021.

<sup>[8]</sup> [Black and Latino New Yorkers Trail White Residents in Vaccine Rollout](#). Retrieved March, 12, 2021.

<sup>[9]</sup> [Coronavirus Data, NYC Department of Health and Mental Hygiene](#). Retrieved March 12, 2021.

<sup>[10]</sup> [Virus Is Twice as Deadly for Black and Latino People Than Whites in N.Y.C.](#) Retrieved March, 12, 2021.

<sup>[11]</sup> [Social Determinants of Mental Health among New York City Adults](#). Retrieved March, 12, 2021.

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