

CCIT-NYC Proposal to Transform Mental Health Crisis Responses in New York City
 Compared with
 ThriveNYC's "B-HEARD" Proposal and City Council Proposal

| Critical Attributes of a Mental Health Crisis Response System | CCIT-NYC Proposal | ThriveNYC's "B- HEARD" Proposal | City Council Proposal |
|--|--------------------------|--|--|
| Removal of police responders | YES | NO (more that <u>30%</u> of calls will still be responded to by police) | NO (police will respond to any mental health crisis that involves an undefined "crime in progress," undefined "violence" and a situation likely to result in harm to some undefined "the public") |
| Three-digit phone number such as 988, in lieu of 911. | YES | NO | Yes |
| Response team to consist of an independent EMT and a trained peer who has lived experience of mental health crises and know best how to engage people in need of support | YES | NO (licensed clinical social worker and EMT employed by the New York City Bureau of Emergency Medical Services) | NO (peer and an undefined "mental health clinician") |
| Crisis response program run by community-based entity/ies which will provide culturally competent care and will more likely have a history with the person in need and can intervene prior to a crisis | YES | NO (run by New York City Fire Department and other City agencies) | NO (run by the New York City Department of Health and Mental Hygiene) |
| Peer involvement in all aspects of planning/implementation/oversight as peers must have a say in the policies that affect them and must have a seat at the table -- nothing about us, without us | YES | NO | NO |
| Oversight board consisting of 51% peers from low-income communities, especially Black, Latinx, and other communities of color | YES | NO | NO |
| Creation/funding of non-coercive mental health services ("safety net"), including respite centers and 24/ 7 Mental health care like CityMD, to minimize crises in the | YES | NO | NO |

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| first place and to serve those for whom crisis de-escalation is insufficient | | | |
| Response times comparable to those of other emergencies | YES | NO (Response time of 30-minutes, compared with average response time of 8 minutes for non-mental health emergencies) | NO (Response time of 30-minutes, compared with average response time of 8 minutes for non-mental health emergencies) |
| Response available 24/7 | YES | NO (Response only available 16 hours/day) | Yes |
| Training of the teams to use a trauma-informed framework, be experiential, and use skilled instructors who are peers | YES | NO | NO |