

May 23, 2025

New York City Council
Committee on Finance,
Committee on Mental Health, Disabilities and Addiction, and
Committee on Health

Re: Funding for Community-Based Responders for People with Behavioral and Mental Health Disabilities and Those in Crisis

Dear Council Members,

The NAACP Legal Defense & Educational Fund, Inc. (LDF) respectfully submits this letter for Committee members' consideration with the May 23, 2025 Budget and Oversight Hearing on the Executive Budget for Fiscal Year 2026.¹ It is imperative that City Council fund the necessary components of a community-based mental and behavioral health system including call centers that can resolve most calls for help, mobile crisis teams to respond staffed by an array of professionals and peers than can connect people to services, and places to go in the short term as well as long term services that promote stabilization. Funding for these programs is crucial to prevent police encounters for New Yorkers with mental and behavioral health disabilities and also ensures the City is meeting its obligations to New Yorkers with disabilities under the Americans with Disabilities Act.²

Founded in 1940 by Justice Thurgood Marshall, LDF is the nation's first and foremost civil rights law organization. Through litigation, advocacy, public education, and outreach, LDF strives to secure equal justice under the law for all Americans and to break barriers that prevent Black people from realizing their basic civil and human rights. LDF has long been concerned about the harms of police responses to mental health crises in New York City, especially given the stark racial disparities. In addition, LDF serves as a member of Communities United for Police Reform (CPR), a coalition of legal and advocacy groups dedicated to creating a more equitable criminal legal system, which has identified the problems with police involvement in mental health responses as a priority for New York City.

I. Police Violence is More Prevalent Against People with Mental or Behavioral Health Disabilities or People Experiencing Crises Particularly when they are Black.

¹ [The New York City Council - Meeting of Committee on Mental Health, Disabilities and Addiction on 3/24/2025 at 10:00 AM](https://legistar.council.nyc.gov/MeetingDetail.aspx?ID=1277138&GUID=BF1EA7DC-E5BE-4165-BA71-7C83E5FFB199&Options=&Search=), <https://legistar.council.nyc.gov/MeetingDetail.aspx?ID=1277138&GUID=BF1EA7DC-E5BE-4165-BA71-7C83E5FFB199&Options=&Search=>.

² See, *Baerga v. City of New York*, 1:21-cv-05762 | U.S. District Court for the Southern District of New York, (Plaintiffs alleged that the NYPD violated the plaintiffs' constitutional and civil rights by deploying police officers, rather than trained mental health professionals and community members with mental health treatment experience, to respond to mental health crises. Plaintiffs argued that the NYC policies of deploying officers instead of trained care providers have led to unlawful detentions, excessive force, serious injuries, forced hospitalizations and 19 police-related deaths of people with disabilities since 2016. In their second amended class action complaint, plaintiffs included claims related to Mayor Eric Adams's Involuntary Removal Policy, a directive that created a process for mental health providers and NYPD officers to detain people with mental health issues and refer them for involuntary treatment.)

Ten percent of calls to 911 involve people with mental and behavioral health disabilities, yet few of those situations actually threaten public safety.³ In fact, people with serious mental and behavioral health disabilities are far more likely to be victims rather than perpetrators of violent crime.⁴ Nevertheless, individuals with mental and behavioral health disabilities are significantly more likely to experience police violence. And people with mental and behavioral health disabilities encountering police are killed at a higher rate than their same-race peers without such disabilities: ten times increase for non-Hispanic white people, six times increase for Latinx people, and four times increase for Black people.⁵ Twenty-three percent of people killed by police in the U.S. between 2015 and 2020 had a psychiatric disability.⁶

Black people with a mental or behavioral health disability or those experiencing a crisis are at an even higher risk of police violence. Black people overall are over three times as likely as white people to be killed by law enforcement.⁷ Black people with mental and behavioral health disabilities are at greater risk of being perceived as noncompliant or disrespectful to officers.⁸ Black men experiencing a crisis or who have a mental or behavioral health disability are shot and killed by law enforcement officers at significantly higher rates than white men who exhibit similar behaviors.⁹ At the same time, Black people with mental and behavioral health disabilities are less likely to receive appropriate treatment and care

³ Alexander Black et al., *The Treatment of People with Mental Illness in the Criminal Justice System: The Example of Oneida County, New York*, LEVITT CTR. FOR PUB. AFFS. AT HAMILTON COLL. 9 (June 2019), https://digitalcommons.hamilton.edu/cgi/viewcontent.cgi?article=1005&context=student_scholarship.

⁴ Linda A. Teplin, ET AL., Crime Victimization in Adults with Severe Mental Illness, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005) (“Over one quarter of the SMI sample had been victims of a violent crime (attempted or completed) in the past year, 11.8 times higher than the [general population] rates”); Heather Stuart, Violence and Mental Illness: An Overview, 2 JOURNAL OF WORLD PSYCHIATRY 121, 123 (June 2003) (“It is far more likely that people with a serious mental illness will be the victim of violence,” rather than its perpetrator).

⁵ Saleh, A. Z., et al. (2018). “Deaths of people with mental illness during interactions with law enforcement.” *Int J Law Psychiatry* 58: 110-116.

⁶ Amam Z. Saleh et al., Deaths of People with Mental Illness During Interactions with Law Enforcement, 58 INT’L J. OF L. AND PSYCHIATRY 110, 112-14 (2018).

⁷ Gabriel L. Schwartz & Jacqueline L. Jahn, *Mapping fatal police violence across U.S. metropolitan areas: Overall rates and racial/ethnic inequities, 2013-2017*, PLOS ONE 15(6): e0229686 (2020), <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0229686&type=printable> (finding that Black people are 3.23 times more likely to be killed by police than white people); Frank Edwards et al., *Risk of Being Killed by Police Use of Force in the United States by Age, Race—Ethnicity, and Sex*, 116 PNAS 16793, 16793 (2019), <https://www.pnas.org/content/pnas/116/34/16793.full.pdf> (finding that Black women are 1.4 times more likely to be killed by law enforcement than white women); JUDGE DAVID L. BAZELON CTR. FOR MENTAL HEALTH L., “DEFUNDING THE POLICE” AND PEOPLE WITH MENTAL ILLNESS (Aug. 2020), <http://www.bazelon.org/wp-content/uploads/2020/08/Defunding-the-Police-and-People-with-MI-81020.pdf>.

⁸ Richardson & Goff, *supra*, at 137.

⁹ M.D. Thomas, N.P. Jewell, & A.M. Allen, *Black and Unarmed: Statistical Interaction between Age, Perceived Mental Illness, and Geographic Region among Males Fatally Shot by Police Using Case-Only Design*, 53 ANNALS OF EPIDEMIOLOGY 42, 42 (2021).

from healthcare professionals,¹⁰ and more likely to experience coerced treatment in the form of involuntary commitment.¹¹

II. More Funding is Needed, Not Less, for Programs that Serve People with Mental or Behavioral Health Disabilities.

The Mayor's executive budget increases NYPD's budget by 5.4%--from \$5.8 billion in fiscal year 2025 to \$6.1 billion. And this is before Personal Service (PS) funds are included, which historically have almost doubled NYPD's budget.¹² Meanwhile, the Mayor's budget for 2026 would reduce funds for Department of Homeless Services (DHS) dramatically from \$4.4 billion provided in FY 2025 to \$3.4 billion.¹³ Similarly, the current proposal cuts funding for the Department of Health and Mental Hygiene (DOHMH), allocating \$22.3 million less than the 2025 budget.¹⁴ Cutting funding that supports unhoused New Yorkers and those with mental and behavioral health disabilities while increasing the funding of law enforcement puts New Yorkers at risk of criminalization because of their disability or lack of housing. Instead of investing in punitive measures that criminalize people with mental illness or experiencing homelessness, the City should be investing in evidence-based practices and programs that actually create safer communities.

¹⁰ Vickie Mays et al., *Perceived Discrimination in Health Care and Mental Health/Substance Abuse Treatment Among Blacks, Latinos, and Whites*, 55 MED. CARE 173, 180 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5233585/pdf/nihms807350.pdf>.

¹¹ See, e.g., First Amended Complaint at ¶ 2, *Disability Rights California v. County of Alameda*, 2021 WL 212900 (N.D. Cal. Feb. 22, 2021) (No. 5:20-cv-05256-CRB) ("During a recent two-year period, over 2,300 people were detained at the County's psychiatric facilities more than three times, the majority of whom were Black."); Press Release, Dep't of Justice, *Justice Department Finds that Alameda County, California, Violates the Americans with Disabilities Act and the U.S. Constitution* (Apr. 22, 2021), <https://www.justice.gov/opa/pr/justice-department-finds-alameda-county-california-violates-americans-disabilities-act-and-us> (finding that Alameda County failed to provide services to its constituents with mental health disabilities and unnecessarily institutionalized them at various psychiatric facilities instead of providing appropriate community-based services).

¹² *FY 2026 Executive Budget Function Analysis: Police Department*, Mayor's Office of Management and Budget (May 7, 2025) <https://www.nyc.gov/assets/omb/downloads/pdf/exec25/exec25-bfa.pdf>; *FY 2025 Adopted Budget Function Analysis: Police Department*, Mayor's Office of Management and Budget (June 30, 2024) <https://www.nyc.gov/assets/omb/downloads/pdf/adopt24/adopt24-bfa.pdf>; Amanda Galleary, *A Full Accounting: How Much Does New York City Spend On Its Criminal Justice System*, New York City Independent Budget Office (July 2021) <https://ibo.nyc.ny.us/iboreports/a-full-accounting-how-much-does-new-york-city-spend-on-its-criminal-justice-system-2021.html>; Adam Ciampaglio and Ana Champeny, *Not Undercover, the NYC Fiscal Year 2024 Executive Budget for the NYPD*, Citizens Budget Commission (May 17, 2023) <https://cbcny.org/research/not-undercover> ("New York City's Fiscal Year 2024 Executive Budget allocates \$10.8 billion for the New York Police Department (NYPD) in fiscal year 2024, comprised of \$5.1 billion for the agency operating budget and \$5.8 billion in centrally allocated costs, including \$2.9 billion for fringe benefits, \$2.7 billion for pension contributions, and \$208 million for debt service for the department's capital projects").

¹³ Julia K. Haramis and Phariha Rahman, *Report on the Fiscal 2026 Executive Plan and the Fiscal 2026 Executive Capital Commitment Plan for the Department of Homeless Services*, New York City Council (2025) <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2025/05/Department-of-Homeless-Services-2.pdf>; *IBO budget data*, January 2025; and Alice Gainer, *New \$650 Million Plan to Address NYC's Mentally Ill Homeless Unveiled by Mayor Eric Adams*, CBS News, January 15, 2025, <https://www.cbsnews.com/newyork/news/bridge-to-home-nyc-mentally-illhomeless-plan>.

¹⁴ Florentine Kabore, Valeria Lazaro Rodriguez, Allie Stofer, *Report on the Fiscal 2026 Executive Plan and the Fiscal 2026 Executive Capital Commitment Plan for the Department of Health and Mental Hygiene – Mental Hygiene*, New York City Council (2025) <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2025/05/Department-of-Health-and-Mental-Hygiene-Mental-Hygiene-1.pdf>.

In LDF's Framework for Public Safety, we outline how communities can develop an alternative system and advance a plan for effective, equitable, and humane public safety structures.¹⁵ This includes 1. building a corps of unarmed civilian responders, 2. expanding and institutionalizing restorative justice programs, and 3. increasing investments in community resources and ensuring economic security.¹⁶ Within this framework, we call for local governments to build a corps of unarmed responders to serve as alternatives to law enforcement for mental and behavioral health crises. However, to be effective, these alternatives must be adequately funded.

III. Crisis Intervention Training and Co-responder Models do not Sufficiently Prevent Police Violence Against People with Mental and Behavioral Health Disabilities.

The Mayor's proposed budget calls for an increase in funding for citywide street and subway outreach.¹⁷ This funding is critical to connecting vulnerable individuals with resources and services and should support community-based personnel to conduct the outreach rather than officers. The City must ensure that this funding does not further entrench law enforcement in the response to mental and behavioral health issues. The increased use of Crisis Intervention Training (CIT) and co-responder models in law enforcement agencies demonstrates growing consensus that incidents involving people with mental and behavioral health disabilities require the involvement of mental health training and professionals. However, crisis intervention training and co-responder models are not effective solutions to police violence against people with mental and behavioral health disabilities because law enforcement officers are still involved in every call. Law enforcement has fundamentally different goals and priorities than mental healthcare providers. Law enforcement's mission is to enforce laws, and officers prioritize immediate resolutions of potential threats—they arrive openly armed with weapons, ready to use force. Overall, research shows that officers who receive CIT do not arrest people with mental and behavioral health disabilities less frequently than non-CIT-trained officers.¹⁸ Research also shows that CIT has no significant effect on officer-use-of-force.¹⁹ Indeed, the mere sight of law enforcement officers may retraumatize people with mental and behavioral health disabilities who had traumatic experiences with law enforcement in the past.²⁰

By contrast, mobile crisis responders, including clinicians, social workers, and peer workers, do not involve police and have the professional expertise and training to safely and effectively engage with someone experiencing a crisis or with a serious mental or behavioral health disability. Mobile crisis responders take the time needed to resolve the incident, identify and understand the underlying issues, and connect the person experiencing the crisis or having the disability with the additional services they may need. Thus, mobile crisis responders are more likely to successfully deescalate these types of crisis situations, as opposed to law enforcement who often escalate crises.

¹⁵ Justice in Public Safety Project, *Framework For Public Safety*, LDF, <https://www.naacpldf.org/framework-for-public-safety/>.

¹⁶ *Id.*

¹⁷ *The City of New York Preliminary Budget Fiscal Year 2026*, Mayor's Office of Management and Budget, <https://www.nyc.gov/assets/omb/downloads/pdf/jan25/sum1-25.pdf>

¹⁸ Sema A. Taheri, *Do Crisis Intervention Teams Reduce Arrests and Improve Officer Safety? A Systematic Review and Meta-Analysis*, 27 CRIM. JUSTICE POL'Y REV. 76, 85 (2016).

¹⁹ *Id.* at 86. Some studies suggest that CIT training may reduce officer stigma towards mental illness, but this is based on the subjective officer experiences rather than objective outcomes of individuals to whom officers are responding. See, Gilbert A. Nick, et al., *Crisis Intervention Team (CIT) Training and Impact on Mental Illness and Substance Use-Related Stigma Among Law Enforcement*, 5 DRUG & ALCOHOL DEP. R. 100099 (2022), <https://doi.org/10.1016/j.dadr.2022.100099>.

²⁰ Taleed El-Sabawi & Jennifer J. Carroll, *A Model for Defunding: An Evidence-Based Statute for Behavioral Health Crisis Response*, 94 TEMPLE L. REV. 1, 17 (2021).

We are grateful to City Council for including a baseline allocation of \$4.5 million in the 2026 budget to ensure competitive compensation for peer specialists, people who have lived experience with mental health crises, and to staff crisis response teams. This would expand funding for peer responders in programs such as the Behavioral Health Emergency Assistance Response Division (BHEARD), which responds to mental health crises without involving law enforcement. But the Executive Budget Plan ignores City Council's call, instead allocating nothing for Peer Specialist Staffing.²¹ We urge City Council to insist that this funding be included in the FY 2026 Budget.

IV. City Council Must Fund the Expansion of Community-Based Responses and Services for People with Mental and Behavioral Health Disabilities.

The City of New York has an obligation to avoid putting New Yorkers at risk of criminalization through police encounters simply because of their mental or behavioral disability or because they are in crisis. Yet, under the current model, the NYPD still responds to 78% of mental health calls.²² This means only the remaining 22% of calls are being re-routed to BHEARD.²³

City Council must ensure sufficient funding for comprehensive, community-based services for people with mental and behavioral health disabilities. This includes a call center reachable through 911, 988, or other hot- or warm-line numbers that can resolve most calls for help. Moreover, New York City needs a continuum of alternative community responder teams from street outreach teams to mobile crisis teams to respond quickly when needed, de-escalate arising situations, and connect people to an array of services. Finally, there must be a robust array of voluntary, community-based services for crisis resolution and stabilization that reduce the occurrence of mental health crises, provide an effective response when they occur, and secure on-going treatment and support after the crisis is resolved. These include Assertive Community Treatment (ACT), supported housing, employment, and peer support services.

The Mayor's plan for the Executive Budget ignores this council's call for funding critical programs through the DOHMH to support the mental health of New Yorkers.²⁴ The City Council's Fiscal 2026 Preliminary Budget Response called on the administration to add \$183 million in expense funding for programs. Instead, the Executive Budget adds only \$7.8 million.²⁵ We are grateful that City Council included our request to invest \$6 million for four new crisis respite centers, two of which must be opened by the end of 2025 per legislation passed in 2023.²⁶ But the Executive Budget plan completely ignores this requirement, offering no money for new crisis respite centers. Crisis respite centers provide safe places for crisis response teams to take people experiencing crises.²⁷ These centers provide up to 28 days

²¹ Florentine Kabore, Valeria Lazaro Rodriguez, Allie Stofer, *Report on the Fiscal 2026 Executive Plan and the Fiscal 2026 Executive Capital Commitment Plan for the Department of Health and Mental Hygiene – Mental Hygiene*, New York City Council (2025) <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2025/05/Department-of-Health-and-Mental-Hygiene-Mental-Hygiene-1.pdf>.

²² *Some US cities adopt pilot program that sends EMTs, social workers to mental health 911 calls*, ABC7 (February 15, 2023) <https://abc7ny.com/mental-health-emt-social-worker-b-heard/12819969/>.

²³ *Id.*

²⁴ Florentine Kabore, Valeria Lazaro Rodriguez, Allie Stofer, *Report on the Fiscal 2026 Executive Plan and the Fiscal 2026 Executive Capital Commitment Plan for the Department of Health and Mental Hygiene – Mental Hygiene*, New York City Council (2025) <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2025/05/Department-of-Health-and-Mental-Hygiene-Mental-Hygiene-1.pdf>.

²⁵ *Id.*

²⁶ *A Look Inside the New York City Fiscal Year 2026 Preliminary Budget*, Vera Institute (February 2025), <https://vera-institute.files.svdcn.com/production/downloads/publications/A-Look-Inside-the-New-York-City-Fiscal-Year-2026-Preliminary-Budget.pdf>.

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of housing and care for people experiencing mental health crises. We urge City Council to fight back and insist that this funding be included in the final FY 2026 Budget.

New York City must make accessible, affordable, comprehensive, culturally competent, and trauma-informed behavioral health and substance use services available to all New Yorkers in the communities in which they live. We urge City Council to invest in true community-based responses to calls involving people with mental and behavioral health disabilities and people experience crisis situations in Fiscal Year 2026.

Thank you for your consideration of these comments. If you have any questions, please contact Kimberly Saltz at ksaltz@naacpldf.org.

Thank you,

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