



09.23.24 - Trinity Church Wall Street Testimony – Committees on Mental Health, Disabilities and Addiction, Hospitals, and Fire and Emergency Management – Oversight Hearing on Behavioral Health Emergency Response Division (B-HEARD) and Responses to Mental Health Crises

To Chairs Lee, Narcisse, and Ariola, and Members of the Committees:

My name is Natasha Lifton, Managing Director of External Affairs and Special Projects at Trinity Church Wall Street. Thank you for the opportunity to provide testimony for this oversight hearing on the B-HEARD program.

Trinity Church Wall Street is an Episcopal Church in Lower Manhattan with a congregation of more than 1,600 parishioners, who come from all five boroughs and form an ethnically, racially, and economically diverse congregation. In addition to our ministry, we carry out the mission of faith and social justice through direct services, grantmaking, and advocacy.

Trinity has a long history of advancing social justice in alignment with our belief that every person is created in the image of God and has dignity and value. Trinity focuses on strengthening the well-being of young people, families, and our community, particularly as our city continues to strive for an equitable recovery, recognizing that those hardest hit by the COVID-19 pandemic and its economic fallout are Black and brown New Yorkers. Trinity is a long-time member of the Correct Crisis Intervention Today (CCIT) – NYC coalition which works to transform how our city responds to those experiencing a mental health emergency safely, effectively, and with compassion.

In October 2016, Deborah Danner, a Trinity parishioner, was shot and killed by a New York City police officer in her apartment. Ms. Danner had long suffered from schizophrenia. In a 2012 essay, she wrote that her life in the Episcopal community provided her with a strong support system in which she was accepted and trusted, bringing “me ever closer to God who I know loves me.” She also wrote about her fear of ending up dead at the hands of law enforcement. The recent killing of 19-year-old Win Rozario by NYPD officers is another tragic example of how deadly a law enforcement response to those in crisis can be. Ms. Danner and Mr. Rozario are two of 20 individuals who have been killed by police officers while experiencing a mental health crisis in New York City since 2015.

After decades of advocacy by CCIT-NYC and others, we appreciate New York City’s attempts to shift crisis response through the B-HEARD program and the City’s efforts to extend the geographic bounds of B-HEARD. However, we are deeply concerned about recent budget cuts. These funding reductions must be fully restored, and additional resources allocated to enable the program to reduce response times, respond to more eligible calls, be available 24 hours, 7 days a week, and expand to the communities with the highest number of 911 calls.



Specifically, we are concerned that although B-HEARD is responding to a higher volume of overall calls, it is not keeping up with the rate of the program's expansion. Recent data provided by the Administration show that only 55% of eligible calls received a B-HEARD response.¹

Further, two key goals of B-HEARD are to increase connection to community-based care and decrease hospitalizations. Yet again according to the Administration, just 6% of people are transported to a community-based health care or social service location, and nearly 60% are taken to hospitals.

To address these deficiencies and in addition to budget restoration and expansion, Trinity, along with our partners in the CCIT-NYC coalition call for trained peer workers with lived mental health system experience to be a mandatory element of B-HEARD teams. Trained peers have the skills and expertise to advocate for connection to community-based care and avoid unwanted and unnecessary transports to hospitals.

This best practice is used successfully in other jurisdictions across the country. For example, the Crisis Assistance Helping Out On The Streets (CAHOOTS) program in Eugene, Oregon, dispatches two-person teams of crisis workers—many with lived experience—and medics to respond to 911 and non-emergency calls involving people in a behavioral health crisis. They provide a person-centered intervention and make referrals to mental health services and other programs without the use of sirens, handcuffs or uniforms which often exacerbate already fraught situations. According to the Vera Institute of Justice, of the 24,000 calls CAHOOTS teams responded to in 2019, only 311 required police backup. The rest were handled without having to involve law enforcement.

Lastly, data released by the administration uses different variables. We therefore call for regular, comprehensive reporting using consistent measurements on all data related to B-HEARD, including hospital commitments and response times.

We look forward to working with the Chairs and members of these committees to improve B-HEARD and ensure that New Yorkers experiencing a mental health crisis receive the response they deserve. Thank you for the opportunity to provide this testimony.

¹https://mentalhealth.cityofnewyork.us/wp-content/uploads/2024/01/BHEARD-Data-Brief-FY23-Q3-Q4_2024.pdf