

One year after Deborah Danner's death, a heavy burden on cops and all of us

By Steve Coe

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It's been a year since Deborah Danner was fatally shot by a police officer while she was experiencing an emotional crisis. Mayor de Blasio called the killing "unacceptable" and remarked that she "didn't have to die." But a few weeks ago, Miguel Richards became another victim, the first such encounter recorded by officer bodycams. Since 2015, seven "emotionally disturbed persons" (EDPs) have been shot and killed by NYPD officers.

The dangers posed when responding to people in an emotional crisis, both for officers and civilians, are well known in the U.S. law enforcement community. To address these risks, more than 3,000 police departments have embraced a form of training first developed in Memphis almost 30 years ago. Called Crisis Intervention Team (CIT) training, officers spend a week developing engagement tactics that have proven highly effective at turning a potentially fatal encounter into one that results in a peaceful resolution.

After decades of resistance, the NYPD finally adopted the CIT approach in June 2015 and has since trained about 3,500 officers. Unfortunately, the officers who responded to Danner and Richards had not yet received this training.

CIT training finally arrived in NYC as part of an Action Plan issued in 2014 by Mayor de Blasio's Taskforce on Behavioral Health and Criminal Justice. It was one of over 20 thoughtful and proven initiatives designed to redirect people with behavioral health issues from the criminal justice system into more appropriate, and cost-effective, programs that offer access to an array of services that address underlying health and wellness issues.

Unfortunately, follow-up on most of initiatives in the Action Plan has been uneven and difficult to track. Promised "transparency and accountability" through regular updates has been lacking, aside from a single, mostly self-laudatory, progress report issued over two years ago.

Here are some examples of what New York City could be doing.

While we applaud the NYPD for implementing an excellent training program, the effort needs to be taken to scale. Research indicates that at least 40% of the force would need to be trained to ensure that an officer with the right tools is dispatched on an EDP call.

This means, at a minimum, at least 11,000 more officers need CIT training. In some communities, 100% of the officers are trained.

More could be done within the 911 call center itself to screen and triage calls to ensure the properly trained people respond when a mental health-related call is received. Other major cities, such as Chicago, Atlanta and Houston, have piloted programs that direct social workers, not officers, to calls from family members seeking assistance. Many communities use co-response teams composed of peers, clinicians, and officers.

In addition to training, a crucial component of the CIT model is the establishment of community diversion centers, which are staffed with health and social service resources. Instead of a hectic ER or precinct house, people in crisis are given a chance to calm down, get some sleep, and talk to trained staff, who are often "peers" with a shared experience. When done right, these services offer expedited access to critically needed housing, as well as psychiatric, financial, and other supports.

These initiatives, and many more proven solutions, could be implemented quickly. To do so, we are calling upon the de Blasio administration to engage all relevant stakeholders, including those who helped create the original Action Plan, to update, revise and expand upon initiatives that will reduce dangerous encounters and promote recovery for people with severe health and mental health challenges.

The criminal justice system should not be in the business of mental health care, but all too often it, along with the officers on the front line, becomes the "provider" of last resort. Reforming this system will save millions of dollars spent on ineffective custodial care and settlement payments to victims and their families. But this effort, based on successful models in other communities, requires highly disciplined planning, broad coordination across many agencies and jurisdictions, and a sustained commitment over time.

We cannot prevent all future tragedies, but by implementing some common sense and proven reforms, we can greatly improve the odds that the next Deborah Danner will experience empathy and professional support from those who respond to her call for help.

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