CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON PUBLIC SAFETY JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND DISABILITY SERVICES

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September 6, 2017
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HELD AT: Council Chambers–City Hall

B E F O R E: VANESSA L. GIBSON
Chairperson

ANDREW COHEN
Co-Chair

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A P P E A R A N C E S (CONTINUED)

Susan Herman
Deputy Commissioner for the NYPD

Angela Ho
Lieutenant from the NYPD's Training Bureau

Gary Belkin
Executive Deputy Commissioner of DOHMH, Doctor

Paul Capofari
Chief Assistant District Attorney for Richmond County, Member of National Alliance on Mental Illness, NAMI

Michael McMahon
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Sanford Rubenstein
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Charlene Thomas
Family of Dwayne Jeune

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Mother of Davonte Pressley

Amy Rameau
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Joshua Goldstein
Legal Aid Society and Coalition for the Homeless

Joyce Kendrick
Brooklyn Defender Service

Ruth Lowenkron
New York Lawyers for the Public Interest

Beth Haroules
Senior Staff Attorney at New York Civil Liberties

A P P E A R A N C E S (CONTINUED)

Carla Rabinowitz
CCITNYC and Community Access

[gavel]

CHAIRPERSON GIBSON: Good morning ladies and gentlemen, welcome to our city council chambers. I'm Council Member Vanessa Gibson of the 16th district of the Bronx and I'm proud to serve as Chair of the City Council Committee on Public Safety. I welcome each and every one of you here to our very important hearing. I'm proud to serve as chair and join with my colleague, Council Member Andrew Cohen whose chair of the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and thank Chair Cohen for Co-chairing this important hearing today, the NYPD's response to persons in mental health crisis. I would also like to thank the members of the Public Safety as well as the Mental Health Committee who are here. The safety of every New Yorker and every neighborhood and every community is of paramount importance to each and every one of us and we simply depend on the hard-working public servants, the men and women of the NYPD to protect us each and every day. Every day the NYPD responds to hundreds of 9-1-1 calls involving individuals in a mental health crisis. In fact, on average the department responds to

approximately 150,000 emergency calls for services involving individuals with mental health issues. Not only do officers respond to 9-1-1 calls, they encounter emotionally disturbed persons and other individuals that are dealing with mental health issues while they're on patrol or being flagged down by New Yorkers for assistance. That is why we want to make sure that our officers are trained and equipped with all of the necessary resources when confronted with these 9-1-1 calls. To ensure that these interactions between officers and New Yorkers that are dealing with mental health issues conclude safely, affectively as well as with compassion. The department has a multi-level strategy to deal with those in mental health crisis from guidance in their patrol guide to specialty units such as ESU, or the hostage negotiation team with the support and additional training the vast majority of the over 100,000 annual mental health calls and peacefully and without any incident to the officer as well as the civilian. However, we know that there are still challenges that we face today. It is essential that we continue to strike a necessary but delicate balance between both public safety, mental health, as

well as the rights of all residents of this city regardless of their mental health status. The recent deaths of Deborah Danner, a 66-year-old Bronx resident living with schizophrenia as well as Dwayne Jeune, an emotionally disturbed individual who resided in Brooklyn were both killed during a police interaction certainly remind us that there continues to be room for improvement. We must ensure that all New Yorkers and officers are safe in all police civilian interactions. Earlier this year the Office of the Inspector General for the NYPD published a report evaluating the NYPD's approach to handling interactions with people in a mental crisis. The report raised a number of concerns regarding the implementation of the NYPD's crisis intervention team. As a result of this report the NYPD IG issued several recommendations in areas for improvement. In April of this year the NYPD wrote a letter in response to this report outlining their existing training and protocols and guidelines for responding to those New Yorkers in a mental health crisis. We are here this morning to continue the conversation on how to improve the training and respond to those with a mental illness. The committee… both committees

would like to explore what the additional challenges we continue to face as well as how we can improve the interactions between civilians and police officers. Most importantly the lessons learned from recent tragic incidents and how we can prevent future incidents from occurring. I believe that is truly all of our goal. This open dialogue has and needs to continue among community members, elected officials, social justice advocates, civil legal service providers, the NYPD, Health Department professionals and other city agencies as we collectively move forward. We have a number of representatives from both the public as well as the administration is here, the NYPD and the Office of Mental Health at… OMHMH and I'd like to thank the administration and everyone who is here to testify. I'd like to thank and recognize the members of the Public Safety Committee who have joined us today, our minority leader, Steve Matteo, Council Member Vincent Gentile, Council Member Ritchie Torres, Council Member Jumaane Williams, and we have other colleagues here with us, Council Member Paul Lavone… Paul Vallone, Council Member Barry Grodenchik, Council Member Joe Borelli, and Council Member Brad Lander and I also want to

recognize the staff who have done all of the work to get us to today's hearing. There's been a lot of conversation on this topic both publicly and privately and we wanted to make sure that we brought today's hearing to the forefront. The Committee on Public Safety, the Senior Legislative Council Deepa Ambekar, our Policy Analyst Casey Addison and our Financial Analyst Steve Riester and my Chief of Staff Dana Wax, thank you for your help and with that I will turn this hearing over to my fellow Co-chair, Council Member Andrew Cohen.

COUNCIL MEMBER COHEN: Thank you Chair Gibson. Good morning, my name is Andrew Cohen and I am the Chair of the Council's Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse and Disability Services. I am pleased to be Co-chairing this hearing with my colleague Council Member Vanessa Gibson. While focusing on NYPD's response to interactions involving people with mental illness or people in mental crisis we would also like to learn more about the Department of Health and Mental Hygiene's role in assisting and preparing officers for such encounters. Knowing that stigmas and stereotypes of violence still surround persons

with mental illness how can DOHMH better assist law enforcement, what can DOHMH do to occur… to ensure the tragedies… or future tragedies are avoided. I look forward to examining the current train… training measures how their effectiveness is measured, whether is it, it is adequate and how best to support law enforcement in dealing with the most vulnerable among us. I want to acknowledge the members of the committee who have joined us this morning; Council Member Crowley, Council Member Vallone, Council Member Grodenchik, and Council Member Borelli. Lastly, I want to thank the committee staff for their work in preparation for this hearing; Nicole Bean, our Legislative Council, our outgoing Legislative Council, Sylvester Yavana, our new Legislative Council, Michael Benjamin, our Policy Analyst, Jeanette Merrill, our Finance Analyst, and Kate Diebold my Legislative Council. Thank you Chair.

CHAIRPERSON GIBSON: Okay. Thank you very much Chair Cohen and with that we will begin today's hearing with our first panel that's already assembled. Our Deputy Commissioner for the NYPD, Susan Herman; Lieutenant Angela Ho [sp?] from the NYPD and the Executive Deputy Commissioner of DOHMH,

Doctor Gary Belkin, welcome to each and every one of you, thank you for being here and now we'll have the administering of the oath by the Council and then you may begin your testimony. Thank you once again for joining us.

COMMITTEE CLERK: Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee and to respond honestly to council member questions.

[off-mic affirmatives]

CHAIRPERSON GIBSON: Great, thank you, you may begin.

SUSAN HERMAN: Good morning Chair Gibson, Chair Cohen and members of the council. I am Susan Herman, Deputy Commissioner of Collaborative Policing in the New York City Police Department. Today I am joined by Lieutenant Angela Ho of the NYPD's Training Bureau as well as Doctor Gary Belkin, Executive Deputy Commissioner at the New York City Department of Health and Mental Hygiene. On behalf of Police Commissioner, James P. O'Neill I am pleased to address the council on the NYPD's response to people in mental health crisis. I want to start by noting our strong partnership with DOHMH, our work together

has led to productive connections with the mental health system, community based providers and organizations and social services. Our partnership has been critical to advancing NYPD practices and approaches around health and safety and changing the way the NYPD interacts and responds to those in crisis. Throughout my testimony I will highlight several ways our partnership is thriving. Everyday NYPD officers safely and effectively interact with members of the public who experience a mental health crisis. On average, the NYPD annually receives 160,000 emergency calls for service involving a person in mental crisis who may be in danger to themselves or others. In addition to these calls officers on patrol encounter individuals suffering from a mental health crisis in a variety of ways when summoned to other types of emergency calls, when flagged down by members of the public or when officers simply observe a distressed person in a public place. With a population of 8.5 million residents and a large influx of daily commuters it is not surprising that officers on patrol have anecdotally recounted that they interact with a member of the public in mental crisis nearly every

day. Consequently, it is critical that officers are equipped to manage these situations and bring them to successful and safe conclusions. One the department's most important recent training initiatives, the Crisis Intervention Team Training or CIT builds on training we have offered for quite some time and adds new components designed to enhance our work. CIT is designed to teach officers to effectively assist individuals who are in crisis due to mental health problems, developmental disorders, or are under the influence of substances. Our four-day class based on national best practices was developed by NYPD experts in partnership with DOHMH with input from mental health professionals and researchers from local universities as well as members of the mental health community including consumers, attorneys, and advocates. Officers learn how to demonstrate empathy, build rapport with subjects, slow down situations, and de-escalate negative emotions. The training is a combination of lectures and interactive role playing in the police academy's mock environments. Professional actors portray people with various mental health problems and people under the influence of chemical substances in different stages of crisis.

The actors challenge officers with various scenarios and the clinicians and the academy staff together show officers how to develop a sense of connection with emotionally or mentally troubled individuals in the throes of crisis. The training seeks to improve officer's de-escalation techniques when interacting with physically combative subjects in order to create a safer situation for the officer and the subject. The training includes mental health consumers who speak about their positive or negative interactions with the police. Their comments help to develop greater understanding of mental illness and promote a constructive dialogue between the trainees and those who have experienced it. while the course is not intended to transform officers into clinicians or social workers, the goal is to impart a better understanding of mental illnesses to help officers assist a person in crisis and gain voluntary compliance. Since the inception of this four-day training in June 2015 close to 6,400 uniformed members have been trained. Also, worth mentioning separately is our mental health first aid training initiative geared toward our civilian members. To date we have trained 680 school safety agents and we

plan on expanding the training to include over 1,100 individuals in the rank of PRA, SPA, and PAA this October. This is not to say that this training initiative is a panacea for all interactions that the NYPD has with those in mental crisis nor does it mean that officers who have not received this enhanced training are without skills to deal with those in mental health crisis. The training and skill I outlined have long been taught to officers in the emergency services unit and the hostage negotiation team and to a lesser extent to all officers. In fact, our ESU officers serve as a model for the country, they receive over eight months of training and are often asked to train other jurisdictions. The NYPD attributes our history of overwhelmingly successful interaction with those in crisis to a robust training program that pre-dates our new CIT Initiative. The department trains our recruits, our supervisors and specialized units so that they learn to interact appropriately with members of the public who may be suffering from mental illness. Although the goals and objectives of the training may differ slightly at each level each training provides attendees with core skills to identify the symptoms of mental illness and

gain voluntary compliance of an individual who may or may not pose a danger to himself or others. For example, since 2003, the department has provided advanced training for newly promoted supervisors on interacting with members of the public who are in crisis. This training is offered during the sergeants, lieutenants, and captains leadership development courses, the goal is to reacquaint newly promoted supervisors with the skills necessary for managing situations involving people with mental illness, taught by NYPD personnel in conjunction with DOHMH supervisors of each rank are taught to recognize the cognitive behavioral and emotional symptoms associated with mental illness. Recently we have begun to train all sergeants and lieutenants in the full CIT course. Furthermore, all NYPD recruits at the police academy receive additional training apart from CIT on how to respond to those in mental crisis. Recently recruits have been given more focused training on de-escalation techniques to enable them to diffuse tense situations including those involving mentally distressed persons. Concepts of de-escalation and conflict are interwoven throughout the recruit curriculum in recurring themes

that are consistently emphasized. The listening and engagement techniques emphasized in all of their de-escalation training help recruits develop confidence to interact with members of the public who may be suffering from mental crisis. In addition to classroom modules, recruits also receive over nine hours of scenario based training on interacting with those in distress. This scenario training taught in mock environments reinforces concepts learned in the classroom and highlights practical tactics recruits can learn in the field… can use in the field, excuse me. The combination of our new CIT Initiative along with our robust multi-tiered training continues to be effective in equipping officers to interact with people in mental crisis. In order to vividly illustrate this point, I would like… first like to highlight two such interactions by officer who at the time had not yet received our new CIT followed by two examples of interactions by officers who had completed the course. In… this past February two officers responded to a call concerning a suicidal male in a hotel, the man's mother called 9-1-1 and said that her son possibly had a firearm and planned to kill himself, the officers responded to the hotel

and knocked down the door of his room without opening the door the man twice told officers to leave nevertheless the officers entered the hotel room using a key and found the man on the edge of the bed with a loaded firearm pointed at his head. Using skills acquired at the academy one of the officers began talking to the man to establish a rapport with him. By speaking empathetically, the officer was able to get the man to put down the firearm, through calm and measured communication the officers gained the man's voluntary compliance in a situation that could have instantly turned deadly. In November of 2016 several officers responded to an EDP call concerning a shirtless male with a knife inside a commercial building. The officers responded to the scene and spoke with the employees who were working there. The employees had observed a man entering the building while acting extremely erratically, the officers proceeded through the premises and encountered the man who then barricaded himself in a restroom. Officers cleared civilians from the area, awaited the response of the supervisor, the ESU unit and the hostage negotiation team and began a dialogue with the man. After speaking with the man and utilizing

crisis communication and de-escalation techniques the officers were able to gain the individuals voluntary compliance without the use of force and prior to the arrival of the specialized units. In the following two examples officers had received CIT training. Last January officers responded to a call from a 40-year-old woman in crisis, armed with knives who was actively threatening her father's life and daring the officers to shoot her. Officers sought voluntary compliance through communication while in tactical cover. After repeated attempts to get the woman to drop the knives were not successful an officer tased her allowing officers to safely subdue her. A later… a later conversation with the distressed woman's family revealed that she had intended for the police to kill her when she called 9-1-1. In April of 2016 a police officer stated that CIT training gave her the skills necessary to keep a woman who was threatening to jump off the tenth story of a building talking long enough so that ESU could arrive and pull her to safety. The person in crisis stated she was determined to commit suicide and had wrapped herself in a sleeping bag to not create a mess. The police officer was able to engage her long enough so that

she could be saved. These situations are representative of encounters that occur on a daily basis between NYPD patrol officers and people in mental crisis. They demonstrate the regular and often exemplary work of NYPD officers. Another innovative aspect of our response to persons of mental crisis is the new co-response teams. CRT's consist of NYPD officers working alongside DOHMH clinicians. The teams conduct community based proactive outreach to people living with mental illness and or substance misuse who have been identified as having escalating levels of violence. Referrals from various stakeholders including precinct commanders, government partners such as homeless services and social service providers identify those who have an elevated risk of violence to themselves or others. This outreach is done before the person decompensates to the point that they are in crisis. This team approach provides a rich opportunity for DOHMH and NYPD to review historical information about identified mental health consumers including NYPD records as well as mental health records available to DOHMH. Prior to deployment in the field co-response teams create a need based approach to a planned

encounter based on known risk factors. Co-response has had 676 referrals of which 487 were appropriate for co-response, over 780 contacts with these clients were made and over 730 had successful dispositions including the client being connected to services, transported to a provider, and entering treatment. The NYPD constantly seeks to improve the outcomes of police contacts with people in crisis through ongoing review and assessment of our procedures and training. While our current CIT training in many respects exceeds national standards the ultimate goal for the department is not just the addition of a single CIT course but a larger comprehensive response including a broader collaborative effort among law enforcement, several other government agencies, mental health officials and the community. We are already engaged in interagency working groups including the mayor's mental health council and the quarterly advisory group co-hosted by the NYPD and DOHMH with members including other government agencies, advocates, community based health care providers, civil rights attorneys and consumers. They communicate with us regularly and have had significant input into our work incorporating health responses and solutions is

the focus of our collaboration with DOHMH and other stakeholders and key to improving engagement with individuals in crisis. The department will continue to work diligently and constructively with both internal and external stakeholders to fully implement this larger goal. To that end the department supports collaborating with the council on your desire to create a mayoral working group. We support such a group to assess the city's overall response to individuals in crisis by not only looking at the multi-faceted collaborative approach currently being employed by agencies but also the potential role of governmental and nongovernmental stakeholders who are not currently engaged. Thank you again for this opportunity to testify today, my colleagues and I are happy to answer any questions that you may have.

CHAIRPERSON GIBSON: Thank you very much Deputy Commissioner, we appreciate your presence and your testimony and certainly speaking in great detail about the work that the men and women of the NYPD do each and every day, the 160,000 calls that are received into the 9-1-1 call system obviously, an incredible amount of work, a lot of detail and certainly the de-escalation and a number of

techniques that have been put forth by the department, we really want to thank you and commend you because it's not easy. For those of us that have interactions in our communities with many of our own constituents and loved ones who have a relative or a friend that's dealing with a mental health crisis. It's a real challenge sometimes to ensure that they get the level of assistance and I appreciate you acknowledging some of the city's efforts like Thrive NYC and Healing NYC, NYC Safe, there are a number of them, Thrive, to make sure that, you know the first aid mental health training and other mechanisms are really in place for many, many New Yorkers so we really appreciate that. Before I get to my questions I just want to acknowledge the presence of Council Member Robert Cornegy of the committee, thank you for joining us and I want to just start by asking specifically the content of the CIT training that you described I wanted to find out what the overlap is with crisis innovation CIT and the de-escalation training that you talked about. So, last year I believe my colleagues and I had an opportunity to visit the academy and we went through the two, three-day scenario of de-escalation techniques of the

compassion and other really unique opportunities that officers were being trained on to deal with members of the public. So, what I wanted to understand further is what is the overlap between the de-escalation training as well as the CIT if there is an overlap?

SUSAN HERMAN: I believe that the training that you observed last year was part of the in-service training… [cross-talk]

CHAIRPERSON GIBSON: Yes, it was… [cross-talk]

SUSAN HERMAN: …its offered… [cross-talk]

CHAIRPERSON GIBSON: …the in-service two day, yes.

SUSAN HERMAN: Right, so it was particular in-service training that was developed for officers who had been out of the academy for quite some time. What I wanted to highlight in my testimony is that the CIT course builds on a very strong foundation of work on not only crisis communication but de-escalation techniques that already is woven throughout the academy curriculum. CIT reinforces that work, it also gives particular information about mental illness and substance misuse so that officers

are more likely to recognize what they… identify what they are seeing when they're seeing somebody who is using substances or suffers from mental illness and respond appropriately. So, the CIT is a more sophisticated, four-day, concentrated course that re-emphasizes and adds to, builds on the de-escalation training and the communication skills that all recruits learn and have been learning for quite some time.

CHAIRPERSON GIBSON: Okay. You indicated in your testimony that the recruits that are in the academy when we started in June of 2015 are all being trained in CIT and many of them I speak to so I, I can see the work that, you know they were getting and the experience from the academy itself but you talked about close to 6,400 uniformed members of service have been trained is there going to be an expansion where universally every MOS is going to have CIT training, how is that going to work?

SUSAN HERMAN: So, when we first began we were training recruits as well as in-service, we were doing… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: …both at the same time, the national standard for CIT training is that you have no more than 30 people in a class at a time. So, to comport with that national standard is challenging when you have a department as large as ours. Right now, we have suspended the training for recruits and are focusing on supervisors, sergeants, and lieutenants who respond to every call involving a person with mental distress. So, if we have right now 6,400 people in the field who have been trained, we're focusing on sergeants and lieutenants now, they will all be trained by the end of 2018, all the supervisors that means that at every scene there will definitely be someone, a supervisor at least and likely someone on patrol as well, an officer as well but we're focusing on supervisors first to make sure that we definitely have someone on the scene who is CIT trained and then we'll go back to recruits and general in-service training.

CHAIRPERSON GIBSON: Okay, how… what's the duration of time you anticipate that suspension being in place?

SUSAN HERMAN: So, the supervisors will all be trained by the end of 2018… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …and then we go back to everybody else.

CHAIRPERSON GIBSON: Okay and does that also apply… what, what about patrol officers, not recent graduates but patrol officers… [cross-talk]

SUSAN HERMAN: That's the in-service training that I'm speaking… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …about and we are focusing on patrol, that is the national standard is that you focus on patrol, there are many parts of the department that are not as high of priority as patrol.

CHAIRPERSON GIBSON: Okay and beyond 2018 as you have captains, lieutenants, and the supervisors that are all trained on CIT you revert back… [cross-talk]

SUSAN HERMAN: Sergeants and lieutenants.

CHAIRPERSON GIBSON: Sergeant and lieutenants, you revert back to the recruits that are in the academy… [cross-talk]

SUSAN HERMAN: And the in-service…

CHAIRPERSON GIBSON: And in-service does that also include an expansion to NCO's and community affairs officers, those that really deal with the public… [cross-talk]

SUSAN HERMAN: Sure, they, they would be included in the general in-service, absolutely and could be a priority at… as needed we have focused on particular task forces or parts… units in the department and we will continue to do that. …

CHAIRPERSON GIBSON: Okay, got it. And I wanted to ask further in terms of the CIT how is that different from the specialized units you talked about like ESU… [cross-talk]

SUSAN HERMAN: Right… [cross-talk]

CHAIRPERSON GIBSON: …and hostage negotiation, I know they have training that's a lot more expansive but is there a lot of overlap in the curriculum of the training?

SUSAN HERMAN: Well I would say that the, the specialized units; HNT and ESU get basically everything that you get in the CIT training plus a whole lot more, so there's a lot of overlap. They're, they're learning crisis communication, they're

learning tactical skills but ESU officers are trained for about eight months… [cross-talk]

CHAIRPERSON GIBSON: Uh-huh… [cross-talk]

SUSAN HERMAN: It's a very extensive training.

CHAIRPERSON GIBSON: How many ESU officers do we have now and HNT, do you have a number?

SUSAN HERMAN: I don't have a number, we can get that to you.

CHAIRPERSON GIBSON: Okay. Okay and basic understanding when a call comes into 9-1-1 how is it determined that the call could potentially be classified as an EDP, do the patrol officers that receive the calls make that determination and when and if the decision is made to bring in ESU or HNT how does that work, can you give us a basic understanding of how that… [cross-talk]

SUSAN HERMAN: Sure… [cross-talk]

CHAIRPERSON GIBSON: …works?

SUSAN HERMAN: So, a call comes in to 9-1-1, it's a civilian 9-1-1 call taker whose answering… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: …the phone asking about the emergency and they have a series of questions that they're taught to ask that elicit enough information pretty quickly to determine whether this is someone with a mental health problem likely to be in danger. So, once that is determined they're notifying EMS, they're notifying patrol and ESU is notified at the same time. A supervisor in the precinct is also aware of this call and as, as a dispatcher dispatches this call it may be given to a particular car, the supervisor is aware of who in the precinct has been trained in CIT and can redirect or direct that call as appropriate if it's feasible to have a CIT trained person answer that that's the directive that officers have now, that's in the patrol guide. If the responding officer is determined for whatever reason the situation has been resolved, it's not as dangerous or as complicated or it's unnecessary, it's unfounded they… for whatever reason ESU doesn't need to be there they can say that ESU is unnecessary but it's a supervisor who would make that decision unless it's resolved completely before the supervisor gets there.

CHAIRPERSON GIBSON: Right, okay. So, I just want to further understand because you mentioned that each supervisor would obviously know the patrol officers on that particular shift, that platoon they would know the patrol officers that are assigned to a sector they would know if they have the CIT training so when the call comes in and it goes to… you know if I'm in sector Adam and I'm an officer trained in CIT and I get the call the supervisor obviously you're saying would know that and would allow me and my partner the opportunity to respond to that call so what I'm trying to understand is what happens in a scenario if… and I can't imagine that for any particular platoon you would not have sector patrol cops that would not be trained in CIT so… [cross-talk]

SUSAN HERMAN: Well we have 64… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: Hundred officers now so it is… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …possible that that would be the case but our goal is for every tour to always

have… currently to always have at least one person who is CIT trained and every week we're training 90 more people every week so we're, we're training at a pretty fast clip.

CHAIRPERSON GIBSON: Okay, so how do you ensure for the precincts that don't have as many as others so how do you determine as you roll out and expand and get more patrol officers trained on CIT, are you looking at existing 9-1-1 calls and the geographic area, the precinct to say… like my precinct in the Bronx, the 44 has a high number of EDP calls into 9-1-1 so those officers obviously need to be trained at a higher rate than others, how does that work to make sure that there's balance and at least there's… in a response where CIT trained patrol officers are working on each shift.

SUSAN HERMAN: I think… I think your questions is, is a good one because what you're indicating is we not only need to have a balance we need to be mindful of where there are more calls, calls… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: In the beginning when we first started training in CIT we were focusing on the

Bronx and Manhattan and Manhattan North, both the Bronx and Manhattan North. In the beginning, there was a high concentration of in-service training in those areas… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: Then when we started training all recruits those recruits are dispersed among the entire city… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: All precincts and our goal as we said is every precinct, every tour should have one so we're, we're looking at that but we are… as I said we're trying to keep training people, we will have all supervisors throughout the city trained by 2018 so that any EDP call anywhere in the city will definitely have at least one person whose been trained in CIT.

CHAIRPERSON GIBSON: Okay, I just want to ask a question about the CRT's, the co-response teams which I've been given several suggestions and I wanted to bring it to your attention and I, I love the idea of having, you know a co-team, a response team that goes out with officers but the CRT that you described seems much more preventative in focusing on

those New Yorkers that have already been identified to have an existing mental illness whether there's been a series of 9-1-1 calls or these are individuals that officers may have a relationship with and know and so they're already on our radar, that's a good… [cross-talk]

SUSAN HERMAN: They're on some… [cross-talk]

CHAIRPERSON GIBSON: …thing… [cross-talk]

SUSAN HERMAN: …they're on somebody's radar.

CHAIRPERSON GIBSON: Right, they're on someone's radar and that's a good thing… [cross-talk]

SUSAN HERMAN: Sometimes the police and others… [cross-talk]

CHAIRPERSON GIBSON: I guess what I'm trying to, to ask is for the potentially many, many others that are not on anyone's radar, not on DOHMH, NYPD, they're not on anyone's radar but potentially still need existing assistance are you looking at the CRT's, the co-response teams in terms of expanding them where potentially a mental health counselor could go out with an officer on a call, is that something that you've talked about?

SUSAN HERMAN: We're certainly looking at expanding the capacity of co-response, we are definitely looking at many ways to involve mental health expertise in guiding officer, they don't necessarily have to be out on a call… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …with every officer but ways to incorporate the mental health expertise. It's very appropriate but I, I think I, I also… I, I hope you appreciate that the people that the co-response teams are seeing certainly are people that are already on our radar but they're also people who without the assistance that they're getting from the co-response teams which is… which has been enormously effective in connecting them to services… [cross-talk]

CHAIRPERSON GIBSON: Uh-huh… [cross-talk]

SUSAN HERMAN: …they might have turned into a crisis… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: …these are people who, who two years ago if, if there had been a 9-1-1 call and we were looking at them and saying look at this person's history, why did somebody not do something,

these are those people, we're trying to do something before something awful happens and… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: …in the overwhelming number of times that we've interacted with people through the co-response teams there have been really successful interactions, they've been connected to services, they've been connected to… [cross-talk]

CHAIRPERSON GIBSON: Uh-huh… [cross-talk]

SUSAN HERMAN: …homeless shelters, we see that they're back on their medications and they're back on track.

CHAIRPERSON GIBSON: Okay, right and no, no and I, I'm… apologies for not acknowledging that but certainly as I said preventative, preventative services and a multitude of referrals and social services for many of these individuals is great because you're saving their lives and you're giving them an opportunity to get the assistance that they… [cross-talk]

SUSAN HERMAN: Yeah… [cross-talk]

CHAIRPERSON GIBSON: …need and I appreciate that, I attribute it to the work that a lot of the DV officers do with their clients where

they do regular home visits and, and just basic checkups to make sure that the New Yorker is taking their meds, they're… you know visiting their programs and things of that nature… [cross-talk]

SUSAN HERMAN: Yeah, it's not… it's not quite let's check on anybody who has mental illness, it's much more people who have been identified as likely to have mental illness that they have already demonstrated escalating levels of violence so this is someone who's on somebody's radar because their actions are calling out to us, it's not just somebody who's off their meds, it's somebody who's may be in a shelter who one week has loudly cursed at people and another week has thrown a chair and then a month later threatens people that's escalating levels of violence.

CHAIRPERSON GIBSON: Right…

SUSAN HERMAN: That's the client of co-response. Some are in shelters, some are at home, some are homeless on the street, they're in many different kinds of situations but someone believes that their behavior is getting worse.

CHAIRPERSON GIBSON: Right, okay. When a 9-1-1 call comes in and the patrol officers respond

to a person in mental health crisis many of the cases and calls that I've been privy to I know usually end with an individual going to the hospital is there any level of follow up and you know how far do officers take that particular call, is there a referral of services, how does that work to make sure that, you know the individual that's either taken into police custody or they're taken to a hospital what are we doing in terms of following up with that individual to make sure that they're getting the assistance needed?

SUSAN HERMAN: So, I'm going to let Doctor Belkin… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …answer that but just to say that individuals that are identified by us as being in mental health crisis they are brought to a hospital…

CHAIRPERSON GIBSON: Uh-huh…

SUSAN HERMAN: They are… they are not taken to custody immediately, they're… they may be arrested but they're taken immediately to a hospital.

CHAIRPERSON GIBSON: Okay…

SUSAN HERMAN: Would you like to talk about the… [cross-talk]

CHAIRPERSON GIBSON: Doctor Belkin… [cross-talk]

SUSAN HERMAN: …follow up?

GARY BELKIN: Yeah and, and thanks for the question because you signaled Thrive initiatives, NYC Safe in particular and why we're working with NYPD at… we, we share this idea of a spectrum which… of response which, which is really what you're bringing up that… and that those pieces talk to each other. So, NYC Safe is one example, is a big step towards giving this encounter with a police officer to have more options, more bridges back into the treatment system and so we built out an array of new treatment options, mobile teams, other treatment teams that we've enlarged the capacity of so that there are those options and we are connecting with hospitals and with NYPD through the co-response teams to refer people into those options.

CHAIRPERSON GIBSON: I just want… one, one… want to raise one more question before I turn it over to my Chair, Deputy Commissioner I want to go back a little bit because I just want to further

understand the expansion of CIT, making sure that, you know obviously every patrol officer, every supervisor is well equipped as your expanding how are we best making sure that every precinct as best we can… you know my concern is, is there may be those situations where, you know two patrol officers are not trained in CIT and there is a person that needs assistance so I just want you to expand on that just a little bit in terms of time frame and how we build this out to make sure that all of our precincts and all of the platoons are covered?

SUSAN HERMAN: So, we're training citywide… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: The sergeants and lieutenants, that's a citywide effort so that would be every tour, every precinct… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: Somebody will be CIT trained.

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …at every interaction. Once we've trained all of the supervisors we've also trained… we trained field training officers, NCO's

will get the training, we trained the crisis outreach and support unit formally the homeless outreach unit… [cross-talk]

CHAIRPERSON GIBSON: Uh-huh… [cross-talk]

SUSAN HERMAN: …we trained lots of people but we have… we are now focusing after we've trained 6,400 officers who are all over the city currently we are now focusing on supervisors who are all over the city and they respond to every single EDP call.

CHAIRPERSON GIBSON: Okay, so the capacity challenge we face obviously we have to have a small setting, you, you mentioned 30, 30… [cross-talk]

SUSAN HERMAN: We have to have 30 in a class… [cross-talk]

CHAIRPERSON GIBSON: In a class… [cross-talk]

SUSAN HERMAN: …I'd also like to say that the, the people in Memphis who were the first city to adopt this kind of CIT training their standard for how much training an officer… a department should undertake is 25 to 30 percent of patrol, we're almost there and our plan is to do everybody on patrol but I just want to say most… many departments around the

country are training everybody but there are many departments around the country that don't believe that it's necessary to train everybody, you just need to have a certain number of people who've had this training and they effect the, the behavior and, and the outcomes sufficiently.

CHAIRPERSON GIBSON: Okay, yes, I'm, I'm aware of what Memphis is doing and thankfully we are the city of New York with 8.5 million residents and we recognize that we want to get to 100 percent… [cross-talk]

SUSAN HERMAN: Yep… [cross-talk]

CHAIRPERSON GIBSON: I appreciate the 25 to 30 percent but in a city of such great diversity and challenge that's a bare minimum for us, we should always aim to get everyone trained so that there is a level of experience and I know officers, I've talked to them directly and they like the CIT training, they think it helps them in the work that they do because there are so many different… you know forms of a mental illness that are not always visible that you can't see and we assume that officers are supposed to know it all… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

CHAIRPERSON GIBSON: …and so we want to make sure they're best prepared so I'm grateful that we are recognizing that we need to get to 100 percent… [cross-talk]

SUSAN HERMAN: Yep… [cross-talk]

CHAIRPERSON GIBSON: All I'm saying… [cross-talk]

SUSAN HERMAN: …we're, we're there… [cross-talk]

CHAIRPERSON GIBSON: …is… [cross-talk]

SUSAN HERMAN: …we're going to keep… [cross-talk]

CHAIRPERSON GIBSON: …as a city… [cross-talk]

SUSAN HERMAN: …going… [cross-talk]

CHAIRPERSON GIBSON: …council we want to help you get to 100 percent faster, that's all. I think… you know obviously it, it's great that we're focusing on the small setting which is important but I definitely think, you know I'm a little concerned because I want to make sure that we continue to get more and more officers and supervisors in, in CIT training. Okay, I'm glad everyone agrees. Let me turn this over to my colleague, Chair Cohen.

COUNCIL MEMBER COHEN: Thank you Chair Gibson. You know first I guess as a predicate matter, I mean obviously most people, the vast majority of people with mental illness do not… you know have encounters with the police that it's not a… it's not a law enforcement issue for most New Yorkers dealing with, with mental health issues so I just… I want to be clear on that and, and I'm not as knowledgeable obviously as the Chair on the procedures and, and the interactions but I'm going to take advantage of the opportunity to try to educate myself a little bit and I… and I think I'm going to cover some ground that the Chair covered again but just to… so that I understand, I mean… you know a lot of the, the headlines are… you know when an, an officer encounters someone, an emotionally disturbed person that they, they did not know that they were go… that they… either the, the, the 9-1-1 call didn't make it clear to them that it was an EDD call or for whatever reason they encounter someone, I'm not sure what the procedure is in terms of having a supervisor like you get to the scene and now you realize that this is a… is an, an emotionally disturbed person, what… I'm not clear on what the procedure is.

SUSAN HERMAN: So, there's no sort of step by step procedure, the patrol guide is, is about guidance for officers and in certain situations the approach is to keep a certain distance when… in certain situations you want to isolate and contain someone, in other situations you want to engage and communicate with them and try and de-escalate a situation and the training helps officers know which situation… [cross-talk]

COUNCIL MEMBER COHEN: If, if I'm not trained… and does… is… does the answer to my question change if I am trained versus I'm not trained?

SUSAN HERMAN: No because you are trained to some extent, the CIT training is extensive in depth excellent training, it's, it's been evaluated nationally and we're very pleased that we're offering it but I don't want to imply that without CIT training our officers have not gotten already significant appropriate training, they have.

COUNCIL MEMBER COHEN: So, so right… [cross-talk]

SUSAN HERMAN: They're better off… [cross-talk]

COUNCIL MEMBER COHEN: …now… [cross-talk]

SUSAN HERMAN: …with the CIT training…

COUNCIL MEMBER COHEN: I, I, I totally… I think everybody agrees with that…

SUSAN HERMAN: Yeah…

COUNCIL MEMBER COHEN: But if… so, if I'm an officer who's not CIT trained but I find myself in a situation where I'm dealing with an emotionally disturbed person I'm going to proceed under, under… with the training I have… [cross-talk]

SUSAN HERMAN: Which… [cross-talk]

COUNCIL MEMBER COHEN: …I'm not… [cross-talk]

SUSAN HERMAN: …has taught you communication skills, it's taught you de-escalation skills, we continue to improve our training and add to that training so an officer in the academy now probably gets more of that kind of training than an officer ten years ago, 15 years ago.

COUNCIL MEMBER COHEN: So, but I'm not required to try… to call… to tell a supervisor that I have an EDD… [cross-talk]

SUSAN HERMAN: A supervisor is going to come, yes. If you… if… a supervisor is going to come if it's been… [cross-talk]

COUNCIL MEMBER COHEN: That's part of the answer to my question another words, I identified that this is an EDP person… [cross-talk]

SUSAN HERMAN: Yeah, a supervisor is going to come… [cross-talk]

COUNCIL MEMBER COHEN: The first thing… not necessarily the first thing but one of the things I'm going to do is I'm going to call my supervisor and tell them…

SUSAN HERMAN: Yes…

COUNCIL MEMBER COHEN: That I… [cross-talk]

SUSAN HERMAN: Yes… [cross-talk]

COUNCIL MEMBER COHEN: …even though it wasn't a 9-1-1 EDP call I… [cross-talk]

SUSAN HERMAN: Yes… [cross-talk]

COUNCIL MEMBER COHEN: Okay, that's, that's the kind… that's… [cross-talk]

SUSAN HERMAN: Yes… [cross-talk]

COUNCIL MEMBER COHEN: That's what I want to know… [cross-talk]

SUSAN HERMAN: It's also true… [cross-talk]

COUNCIL MEMBER COHEN: …if there was a… [cross-talk]

SUSAN HERMAN: …that as soon as it is identified as such either by the call taker or the officer ESU is ready to come and is rolling until they're told not to… that they're not needed.

COUNCIL MEMBER COHEN: They're automatically coming unless you tell them not to come?

SUSAN HERMAN: They're coming unless they're told not to.

COUNCIL MEMBER COHEN: Okay. Can… do, do you know what their response time is for that?

SUSAN HERMAN: I don't have that, I'm sorry but I would like to correct something that I said earlier which was that we're exclusively training supervisors right now, we are training sergeants, lieutenants as well as one cohort of in-service training every week.

COUNCIL MEMBER COHEN: Okay, is there any reason why the, the responding officer would not wait if, if they think that, that the ESU is necessary like they would just… if the situation was… [cross-talk]

SUSAN HERMAN: That's… those… [cross-talk]

COUNCIL MEMBER COHEN: …the, the person was… [cross-talk]

SUSAN HERMAN: …are the reasons… [cross-talk]

COUNCIL MEMBER COHEN: …barricaded in their apartment or the person was barricaded in their room or… [cross-talk]

SUSAN HERMAN: It's… each situation is completely fact specific and things happen quickly sometimes, they escalate quickly sometimes, people are barricaded one minute and then come out of a room another minute, they are… they're running, there's noise, there… things happen quickly and sometimes there's time for ESU to get there and sometimes there isn't, that's why all first responders should have this training and at some point, they will.

COUNCIL MEMBER COHEN: Okay. The, the, the four-day training, the CIT training how was that developed, did… was it developed collaboratively, did, did you play… did DOHMH… [cross-talk]

SUSAN HERMAN: It was developed collaboratively between the NYPD and the Department

of Health, senior officials in both agencies traveled to other cities, went to state and national conferences, interviewed people from other police departments, observed training in other police departments and I think it's fair to say that we took the best of what we saw from all the training around the country and added some of our own components to it but it's, it's based on core components that are similar all over the country, CIT is taught in jurisdictions all over the country but we have our own NYPD, DOHMH version, we developed it together, we teach it together…

COUNCIL MEMBER COHEN: You teach it together the… [cross-talk]

SUSAN HERMAN: We teach it together in the classroom, there are NYPD academy instructors and clinicians teaching together every single cohort and that means they are not only both engaged in lecture but they're both engaged in critiquing officers in their role playing and reviewing not only tactics but communication and physical tactics, verbal communication all of it both by the clinician and the NYPD trainer.

COUNCIL MEMBER COHEN: And again I, I think that the chair sort of covered this and I'm not sure if I'm going to use the right language in terms of, of sort of in the precinct knowing who… people… [cross-talk]

SUSAN HERMAN: Who has been CIT trained…

COUNCIL MEMBER COHEN: No, not… no, not who has been CIT trained, who are potentially EDP's or you know frequent flyers so to speak, people that we get calls about with some… you know I, I… you know I have a very good friend who, you know sometimes ends up off their medication and is… you know really had some problems and when they're not… when they take their medication they are… they are… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

COUNCIL MEMBER COHEN: …you wouldn't… you wouldn't know that they had mental health issues are, are precincts aware… like is there any way to… that you're aware of who these people are like if they are frequent flyers so to speak?

SUSAN HERMAN: So, one of the reasons that we're training the neighborhood coordination officers in CIT is that they are really walking

around their neighborhoods and getting to know community members well and so that's not a, a formal transfer of a list but it's communicating with people and seeing how they're doing and talking to families and talking to business people, talking to people who work in the community and getting to know them and getting to know their needs and that's helpful.

COUNCIL MEMBER COHEN: But, but… and I… and I… there may be constitutional issues or legal issues keeping… another word keeping track of people… [cross-talk]

SUSAN HERMAN: There could very well be…

COUNCIL MEMBER COHEN: There could very well be but is there an… it is my understanding though that, that you do… that the precinct has some knowledge of, of DV situations… DV victims that you have more… you have records about that… [cross-talk]

SUSAN HERMAN: We certainly know about crime victims, that's right.

COUNCIL MEMBER COHEN: Okay…

SUSAN HERMAN: We do know about crime victims.

COUNCIL MEMBER COHEN: I understand. I do appreciate that. Madame Chair I may have more

questions but I'm perfectly willing to turn it over at the moment.

CHAIRPERSON GIBSON: Okay.

COUNCIL MEMBER COHEN: Thank you very much.

CHAIRPERSON GIBSON: Thank you very much Chair Cohen, Deputy Commissioner I just had one question before I turn it over to my other colleagues. I wanted to ask about the process for any particular 9-1-1 EDP related call that may end where the individual is injured and or unfortunately killed what happens, you know with the investigation and how is that particular case used to look at improvements to existing training?

SUSAN HERMAN: So, after any use of lethal force or any shooting there's a very comprehensive review, every single case in the police department goes through a very comprehensive review of what were the tactics that were used, was… how did we get in the situation, could it have been done differently, what was… were things done appropriately and where our training needs to be improved or tweaked it is. When an officer needs instruction on tactics they get that. We try and learn as much as we

can from all of these incidents and over the years our training has evolved, our equipment has evolved, our procedures, our patrol guide procedures have changed because we are learning from every single incident.

CHAIRPERSON GIBSON: Okay and in some of the cases that obviously were very public, family members and loved ones that call 9-1-1 about a loved one in distress and needing assistance, I wanted to ask about as… again I go back to my initial question about the expansion of CIT beyond the 6,400 and as we expand to all of the supervisors and some of the incidents that we've obviously read and heard so much about there was a supervisor, a sergeant that was, you know sent to that particular location so I want to ask again as you expand and looking at particular precincts where we need to double up on CIT training is that something that you're also looking at based on the number of cases and incidents that have happened with a person injured or killed while a particular 9-1-1 call was dispatched, does that make sense?

SUSAN HERMAN: So, we are… we are at the point where if, if we have all of the supervisors

trained which we will shortly you'll have a supervisor who has CIT training at every single EDP call. As we train more and more officers and I… I'm not sure I was clear, I misspoke earlier, we are not only doing sergeants and lieutenants, one cohort of sergeants, one cohort of lieutenants we're also continuing to do one cohort of in-service training for officers now. So, we have three cohorts a week or 90 people. So, we're continuing to fill the, the gaps in CIT trained officer level people throughout the city and we're training sergeants and lieutenants so we are looking carefully and as we train NCO's and field training officers we're also… we're also training people who have impact on other people. The field training officers are constantly supervising… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: …newly graduated… [cross-talk]

CHAIRPERSON GIBSON: …new police officers… [cross-talk]

SUSAN HERMAN: …right… [cross-talk]

CHAIRPERSON GIBSON: …right… [cross-talk]

SUSAN HERMAN: So, they have a real impact on their behavior.

CHAIRPERSON GIBSON: Okay, how can the city council moving forward be helpful with expanding this and, and moving it along in terms of your capacity? So, the challenge that the department has right now is obviously it has to be a small classroom style… [cross-talk]

SUSAN HERMAN: It has to be a small… [cross-talk]

CHAIRPERSON GIBSON: What can we… [cross-talk]

SUSAN HERMAN: …class… [cross-talk]

CHAIRPERSON GIBSON: …do to help?

SUSAN HERMAN: It has to be a small class, it has to be done well…

CHAIRPERSON GIBSON: Right…

SUSAN HERMAN: And we have lots of competing training demands, training that's required, training that newly becomes appropriate, other initiatives that require… [cross-talk]

CHAIRPERSON GIBSON: Uh-huh… [cross-talk]

SUSAN HERMAN: …extensive training. Every time we train officers we're taking them out of the field that is… [cross-talk]

CHAIRPERSON GIBSON: Uh-huh… [cross-talk]

SUSAN HERMAN: …always a challenge to balance how many officers do you want to take out of the field on any given day while keeping crime down, while implementing neighborhood policing which requires many more officers than otherwise so that's the challenge, balancing competing training demands, competing demands for our training facility, our mock environments, keeping the training class small and doing it well while conducting all of the other training that we're required to do and new training that we'd like to do on other topics while keeping crime down and implementing neighborhood policing, that's the challenge. So, we're at a point now where we've gone from… we've accelerated the training from 30 a week to 90 a week recently and we think that that's about what we can do right now.

CHAIRPERSON GIBSON: Okay and you mentioned in your testimony the first aid… mental health training for SSA's, for school safety agents…

SUSAN HERMAN: Uh-huh…

CHAIRPERSON GIBSON: Is that also underway as ell simultaneously?

SUSAN HERMAN: So, yes, it is underway simultaneously, that's a one-day training that's been developed by the health department and we're giving that to the school safety agents as well as other civilian employees, we'll have… we've already trained about 600 school safety agents and by spring we'll have another 1,100 civilians who've been trained.

CHAIRPERSON GIBSON: Okay, we have 5,000 school safety agents so… [cross-talk]

SUSAN HERMAN: We continue to train them, I'm just saying we've already trained 600 but we'll continue to train them.

CHAIRPERSON GIBSON: Okay, so by the spring of next year you'll be at 1,100?

SUSAN HERMAN: By the spring of next year we will have trained 1,100 civilians, other employees and we will have a higher number for the school safety agents as well. I'm talking about two different groups of people.

CHAIRPERSON GIBSON: Right, no I understand…

SUSAN HERMAN: Yeah. so, I'm, I'm not sure exactly by next spring how many school safety agents but we'll continue to train them.

CHAIRPERSON GIBSON: Okay, well no I guess the reason why I mentioned it with school starting Thursday… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

CHAIRPERSON GIBSON: …you know obviously the population growing in our public schools there is obviously a need, many of us have school based health centers located in the schools itself… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

CHAIRPERSON GIBSON: …that are operated by, you know hospital providers and others so I just think it's coupled with all the work we're doing to make sure that we can obviously get beyond 1,100 since we have about 5,000 school safety agents now… [cross-talk]

SUSAN HERMAN: It, it compliments that work… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …there's no question.

CHAIRPERSON GIBSON: Okay, great, thank you… [cross-talk]

SUSAN HERMAN: And, and I'd like to also if I can ask Dr. Belkin to talk about mental health first aid is really a department of health initiative and they have lots of plans for how they train people.

CHAIRPERSON GIBSON: Okay.

GARY BELKIN: Yeah, so we're also working with DOE about training other people in the… in the school building and school campuses… [cross-talk]

CHAIRPERSON GIBSON: School staff… [cross-talk]

GARY BELKIN: …in mental health first aid as well.

CHAIRPERSON GIBSON: Principles, teachers, support staff?

GARY BELKIN: We're… that's what we're working out with, with, with the Department of Education.

CHAIRPERSON GIBSON: Okay, are you talking to any of the union leadership in terms of school aids, lunchroom staff and, and other support staff that work in the schools as well?

GARY BELKIN: We have broad conversations across city agencies both… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

GARY BELKIN: Union and non-union staff about a, a cross agency approach to training a big chunk of our work force who have daily contact with the same people that we're talking about and opportunities to, to interact with them.

CHAIRPERSON GIBSON: Okay. Okay, great thank you. now we'll have Council Member Williams for questions.

COUNCIL MEMBER WILLIAMS: Thank you Madame Chair, thank you Commissioner and all for the testimony, I appreciate it. This is a… obviously a, a very important topic, I, I do want to point out just as you did that the vast majority of the context, the EDP's from the police department go the, the way they're supposed to and, and we're glad about that. We do have a… unfortunately an amount that does not and that's where we need to focus a lot of time because I think everyone would agree that we want them all to go the way they're supposed to be and if people are calling for assistance we want them to, to get assistance. I was… a few years ago at a press conference with our president Eric Adams on gun violence and a woman ran into the press conference

interrupted on her knees begging for assistance for her emotionally disturbed son, screaming that she did not want to call the police because she was afraid the police would kill him and that was a horror for me as we tried to get her assistance but that thought process is out there and with every successive EDP response that does not go the way it's supposed to be we have a, a population that is now afraid to call for assistance and we've got to figure out how we get them the assistance they need and I know at least on that point we all agree. I, I did have a couple of questions, one, in your testimony you mentioned a, a few instances of people responding, the first one in February two officers responded to a call pursuant to a suicidal male in a hotel. My understanding is that if there is a call and the, the EDP person is believed to be armed and dangerous, ESU responds so was it ESU that responded to that particular call?

SUSAN HERMAN: ESU might have been on their way to that particular call but I'm describing work that was done by officers before ESU arrived.

COUNCIL MEMBER WILLIAMS: I see, okay.

SUSAN HERMAN: ESU would have been dispatched to that certainly.

COUNCIL MEMBER WILLIAMS: And the co-response teams, there… the co-response teams are happening before 9-1-1 calls to people who are known to the city, is that correct?

SUSAN HERMAN: Yes, people who… well it doesn't have to be the city but people who have become known to the city, we get referrals from government agencies like homeless services, we get referrals from community based health care providers, mental health providers, we get referrals from police, precinct, CO's and others, we have a quarterly advisory group that the two of us co-host and we solicit recommendations for people who could benefit from co-response so yes, but it's not currently… it's not in the context of 9-1-1.

COUNCIL MEMBER WILLIAMS: So… but there… so, there are no co-response teams presently from, from 9-1-1?

SUSAN HERMAN: That is true.

COUNCIL MEMBER WILLIAMS: And at first it seems… the… I know that some of my colleagues including Chair Cohen, the Black Latino Agent Caucus, progressive caucus requested a, a task force be put in place to find out what's happening, how we best

respond to people who call for assistance from the EDP not exclusive to the police department but including the police department and it looks like there's an agreement there so I want to say thank you… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

COUNCIL MEMBER WILLIAMS: I do want to understand the difference between a working group and a task force if you can help me figure that… [cross-talk]

SUSAN HERMAN: I think we're emphasizing working.

COUNCIL MEMBER WILLIAMS: Okay, I just wanted to understand a little better. Is there any time frame of when that working group will be put in place?

SUSAN HERMAN: I, I think that's up to the Mayor. I think… we're, we're supportive of the idea but it's really up to the Mayor to put it into place.

COUNCIL MEMBER WILLIAMS: So, we have no time frame?

SUSAN HERMAN: I don't have the time frame.

COUNCIL MEMBER WILLIAMS: Alright, I, I hope… hoping that we would push both chairs to when that time frame would occur… [cross-talk]

SUSAN HERMAN: I think… you have the support of the administration.

COUNCIL MEMBER WILLIAMS: Yes…

SUSAN HERMAN: …in the idea and I'm sure that it's, it's something that'll take… [cross-talk]

COUNCIL MEMBER WILLIAMS: Sure, I just… I know… as you mentioned there's responses to EDP's every single day and I just want to make sure that we can honestly say we're doing what we can… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

COUNCIL MEMBER WILLIAMS: …in expeditious fashion. So, you did mention some interagency working groups, the Mayor's mental health council quarterly advisory group… [cross-talk]

SUSAN HERMAN: And also… [cross-talk]

COUNCIL MEMBER WILLIAMS: I, I want… [cross-talk]

SUSAN HERMAN: …the behavior health and criminal justice task force that was created in 2014…

COUNCIL MEMBER WILLIAMS: So, that… so, just… the, the Mayor's mental health council and quarterly advisory group is part of the behavioral health and criminal justice… [cross-talk]

SUSAN HERMAN: The, the mental health task force I be… mental health council actually I believe came out of Thrive. The quarterly advisory group that's the NYPD, DOHMH group exists as a, a, a group to give us input into most of the work that we're doing collaboratively, everything from co-response to CIT training to the new diversion centers.

COUNCIL MEMBER WILLIAMS: Okay, because I have the report here from 2014. I, I don't know if the advocates think they're meeting the way they should be meeting after the report so I just want to make sure I put that on record, I know that maybe there's an advisory group meeting, I don't know if that's the, the entire task force that was there.

SUSAN HERMAN: I think the… there have been subcommittees that have met since the quarterly advisory group that we host, it's just really limited to those… our collaborative efforts and there are certainly advocates on that committee.

COUNCIL MEMBER WILLIAMS: Okay, it looked like it was a, a pretty good report but again they didn't focus on the question of what happens when someone calls for assistance so I think that's just a very key thing that we should focus… [cross-talk]

SUSAN HERMAN: Well I think… they did focus on that because one of the key recommendations was CIT training and another recommendation was the diversion centers for pre-arrest situations so everyone should be trained and that would enhance the response when… [cross-talk]

COUNCIL MEMBER WILLIAMS: Sure. Well I'm looking at the report and so I think it was good and there was… it was a lot of focus on behavioral health and the criminal justice system… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

COUNCIL MEMBER WILLIAMS: …in general… [cross-talk]

SUSAN HERMAN: Uh-huh…

COUNCIL MEMBER WILLIAMS: And… what you're saying is true but I think that the specific focus and a lot of focus on what happens after that 9-1-1 call, who responds, when they respond needs to be delved in a little deeper…

SUSAN HERMAN: Uh-huh…

COUNCIL MEMBER WILLIAMS: …than, then this report so hopefully the working group can delve a little bit… and I also agree we, we put too much on the police department so my hope is we can find out a way to relieve some of that also knowing that god forbid something happens people are going to ask why weren't the police there so I know that's a, a question that needs to be dealt with a little bit more. Can, can I just get an under… and also the, the Inspector General had a pretty good report I thought and hopefully the working group can look into that on January 2017 that the police department did respond, I think they left some stuff out which hopefully they can look at particularly revising the patrol guide and what happens if a, a 9-1-1 operator is trained themselves and, and that's… [cross-talk]

SUSAN HERMAN: So, 9-1-1 operators are trained… [cross-talk]

COUNCIL MEMBER WILLIAMS: Okay…

SUSAN HERMAN: …they do not get the CIT training because we don't think it's appropriate for 9-1-1 officers but they do get appropriate training in how to respond to people, how to… [cross-talk]

COUNCIL MEMBER WILLIAMS: Okay… [cross-talk]

SUSAN HERMAN: …elicit the information that's critical and how to respond appropriately, they, they get a lot of training.

COUNCIL MEMBER WILLIAMS: And how long have they been getting that training?

SUSAN HERMAN: I'm told it's about three years that they've been… [cross-talk]

COUNCIL MEMBER WILLIAMS: Okay… [cross-talk]

SUSAN HERMAN: …getting that training.

COUNCIL MEMBER WILLIAMS: Okay. So, can you… and you might have done it already, I'm sorry, I just… I really want to get walked through what happens, I'm calling 9-1-1 and I have an emotionally disturbed relative what happens at that point?

SUSAN HERMAN: You have a relative or you are the person… [cross-talk]

COUNCIL MEMBER WILLIAMS: I have a relative.

SUSAN HERMAN: So, you have a relative, the… [cross-talk]

COUNCIL MEMBER WILLIAMS: Yes… [cross-talk]

SUSAN HERMAN: The call taker tries to get critical information about where you are and what's happening and whether the person is in danger, whether the danger is imminent, whether there are weapons involved, whether there's a history, someone is dispatched while the call taker is still asking those questions… [cross-talk]

COUNCIL MEMBER WILLIAMS: So, someone will be… [cross-talk]

SUSAN HERMAN: …help is on the way… [cross-talk]

COUNCIL MEMBER WILLIAMS: …someone from the police department?

SUSAN HERMAN: Someone is dispatched from the police department when we believe that there is danger and in many cases, there is a possibility of danger and we are dispatched.

COUNCIL MEMBER WILLIAMS: So, let… I just want to parse that out, so let's… let's do two tracks, one is there's emotionally disturbed person who has a, a lot of issues and, and the family is

concerned, I'm concerned with no weapons and one with weapons, who gets called in both of those?

SUSAN HERMAN: So, we are dispatched in both cases…

COUNCIL MEMBER WILLIAMS: Okay, police department… [cross-talk]

SUSAN HERMAN: Let me… let me… [cross-talk]

COUNCIL MEMBER WILLIAMS: …is dispatched in both… [cross-talk]

SUSAN HERMAN: …also be clear that there are many, many tragic incidents where we've been told that there are no weapons involved and there have been weapons involved and there are many tragic incidents where we've been told that someone is not violent and in fact they are violent.

COUNCIL MEMBER WILLIAMS: Okay…

SUSAN HERMAN: So, we go when they believe… when we believe that there's a… an… chance of danger even involving somebody who… somebody observes somebody walking in the middle of the street and they think they're acting erratically, there's a danger to that person…

COUNCIL MEMBER WILLIAMS: Sure…

SUSAN HERMAN: And so we go.

COUNCIL MEMBER WILLIAMS: Okay, so now, now what happens so the police goes… [cross-talk]

SUSAN HERMAN: The police go, EMS are called at the same time, they respond… [cross-talk]

COUNCIL MEMBER WILLIAMS: EMS are called at the same time for both tracks?

SUSAN HERMAN: Yep…

COUNCIL MEMBER WILLIAMS: The one with the weapon and one without?

SUSAN HERMAN: Yes.

COUNCIL MEMBER WILLIAMS: Okay.

SUSAN HERMAN: And… so, EMS responds, NYPD responds, a supervisor, the officers will respond. As of this winter every command in the city knows who in their command has been CIT trained, those lists are updated on a monthly basis so a dispatcher will dispatch car X and if someone, someone at the, the supervisor at the precinct is supposed to review lists if it's feasible to have a CIT training, they might redirect that call or just let it go if it seems appropriate who's responding to it, those lists are updated on a monthly basis so patrol officers respond, EMS is on its way,

supervisor is also on his or her way, every single EDP call whether it's identified by the call taker or later identified by the officer and ESU is preparing to go and rolling until they are told you're not needed and that decision is made by a supervisor.

COUNCIL MEMBER WILLIAMS: And so… but most times the police department is the one that's first on the scene, is that correct?

SUSAN HERMAN: Yes.

COUNCIL MEMBER WILLIAMS: Okay. Now what is the protocol, are the officers with the CIT training take charge of the scene or any officer that arrives?

SUSAN HERMAN: The officers that… I, I don't think we have a, a protocol of who takes charge as much as who… what the situation allows for, sometimes, sometimes he's going to develop better rapport with somebody and sometimes I'm going to develop better rapport and if I don't have the CIT training but I'm working with somebody and it seems like we have a good rapport I'm going to keep talking to that person but I have a CIT trained person here.

COUNCIL MEMBER WILLIAMS: Alright, I, I mean I think we do have to work out some protocols,

I, I think if, if the CIT… and the, the IG actually fit the CIT training was pretty good but obviously… [cross-talk]

SUSAN HERMAN: You're welcome to come and observe the CIT training whenever you'd like.

COUNCIL MEMBER WILLIAMS: Sure, I would love to… [cross-talk]

SUSAN HERMAN: They come from all over the country, all over the world have observed it, it's quite good.

COUNCIL MEMBER WILLIAMS: And so my thing is that if the… if it's good it's probably preferable if the CIT training officer was the one that… [cross-talk]

SUSAN HERMAN: It is good but it's not a panacea and sometimes… [cross-talk]

COUNCIL MEMBER WILLIAMS: Okay… [cross-talk]

SUSAN HERMAN: …officers experience, sometimes officer's particular techniques and remember I said that all officers have already gotten considerable training and years of experience are often very influential in how somebody behaves so it's great to have a CIT trained officer and we want

to train everybody but we're not at the point where we're saying whoever is CIT trained commands the situation.

COUNCIL MEMBER WILLIAMS: Sure, that concerns me a little bit, I'm just… [cross-talk]

SUSAN HERMAN: I don't think you… [cross-talk]

COUNCIL MEMBER WILLIAMS: …understand… [cross-talk]

SUSAN HERMAN: …would want that though either… [cross-talk]

COUNCIL MEMBER WILLIAMS: I hear you, I, I do want everybody trained but I understand and the other thing that concerns me is… and we've got to find the medium is when the call comes in it seems it's… the people who are responding normally respond to criminal behavior and I want us as a city to move away from that so somehow if we're coordinating with another agency like EMS or whether it's CIT… [cross-talk]

SUSAN HERMAN: EMS… [cross-talk]

COUNCIL MEMBER WILLIAMS: …trained… [cross-talk]

SUSAN HERMAN: …is called on all EDP calls.

COUNCIL MEMBER WILLIAMS: I understand but most of the times that I've seen and I've seen them just from my neighbor and others it's usually the police that are a heavy presence there and I've seen people actually try to engage in another way and they're moved back and so I just want to get into it so that everyone feels… whether they believe so rightly or wrongly now but everyone feels that the response is more of someone who needs medical attention or other type of attention… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

COUNCIL MEMBER WILLIAMS: …besides what is usually responded to by criminal… for criminal behavior and I don't… I don't think we've reached that yet and I'm hoping that us as a city council will work with you to get there and that's, that's what my issue is and I think most folks will believe that that… the response is not what it needs to be for someone who is in a… in a medical crisis at that time understanding and I'll say this again and some of my folks will probably be upset but understanding… I do understand if only medical people respond and

something happens people are going to ask where were the police so I do understand that it's necessary for them to be there, I'm trying to figure out how we get it so the response is a little differently. And lastly and I'll turn it back over before I overstay my time with the Chair which I appreciate it. of course, what triggered some of these questions for me was Dwayne Jeune, I looked his name up because it happened in my district was shot and killed, we'll be hearing from their, their family shortly. The officer that killed Mr. Jeune also shot someone nine months before who was also EDP, we'll be hearing from their family, Mr… the Pressley family as well. I'm trying to figure out what would prompt training, I know we're trying to get to everyone and I don't want to talk about the specifics of any case because I know you won't but it seems to me if… there is an officer that was involved with an EDP that ended in deadly force that might be a prompt to get them CIT training so that won't happen again. So, what in the department besides… what are you using now to figure out who gets training and what could prompt an officer to get training ahead of whatever that system is you have in place?

SUSAN HERMAN: So, we have lots of systems in place to determine when an officer needs particular tactical training or instruction in a particular way. We are trying to train all patrol officers in CIT, as I said we're training… emphasizing training of supervisors right now so that they can be on the scene and help to control how it goes with a little bit more training. We have an early assessment unit, we have a risk management unit that identify officers who may need particular kinds of training, we have for years and still do give officers particular training that we think they need typically around tactics when we think that tactics were used appropriately or not appropriately. As you know I'm not going to talk about a particular case but I will tell you that there are many systems in place to give people tactical re-training.

COUNCIL MEMBER WILLIAMS: So, just for, for clarity because you mentioned the system so… through risk assessment as well so if there's officers involved with an EDP that results in deadly force being used that would not be put into a system to say this officer may need CIT training or additional training?

SUSAN HERMAN: Any, any use of force is evaluated and the officer's behavior is evaluated and determined whether that officer needs more tactical training or not.

COUNCIL MEMBER WILLIAMS: Okay, I, I, I… [cross-talk]

SUSAN HERMAN: Let me… let me just… [cross-talk]

COUNCIL MEMBER WILLIAMS: Sure… [cross-talk]

SUSAN HERMAN: …maybe put a little context on this… [cross-talk]

COUNCIL MEMBER WILLIAMS: Sure… [cross-talk]

SUSAN HERMAN: …notion of people being afraid to call the NYPD, we have… we have 160,000 EDP calls a year when you look at all of those calls, all of them that happen throughout the year and you look at any level of force that is used from taking somebody down to subdue them, to a use of pepper spray to… use of a taser, to use of non-lethal weapons to lethal force, the entire spectrum, anything from any… just taking somebody down to restrain them that's considered use of force, that

entire spectrum when we're looking at our EDP calls it's less than one percent of those calls when any use of force is employed at all, any in that entire spectrum.

COUNCIL MEMBER WILLIAMS: So… [cross-talk]

SUSAN HERMAN: I think that's worth saying. Any, any death is tragic and injuries are tragic and our goal as your goal is zero and we are working towards that but I want a little bit of perspective and I think it would be helpful for the public to have a little perspective in how infrequently any level of force is used.

COUNCIL MEMBER WILLIAMS: So, I, I want to say this and I want to uplift that because it's important to make sure we mention that and that's important but I don't want to take away the experiences of the one percent that… [cross-talk]

SUSAN HERMAN: Nor do I… [cross-talk]

COUNCIL MEMBER WILLIAMS: …you spoke about… [cross-talk]

SUSAN HERMAN: Nor do I… [cross-talk]

COUNCIL MEMBER WILLIAMS: And that same kind of statistical analysis can be applied to

everything that we talk about in policing so the vast majority of interactions I've had with police officers have been very good that doesn't take away the experiences that I had that have been very bad and we have to focus on those and the other thing is when many times deadly force is used even if it was an error we often feel there is an accountability and so that is something that has to be… [cross-talk]

SUSAN HERMAN: I'm sorry, we often… [cross-talk]

COUNCIL MEMBER WILLIAMS: …put… there… [cross-talk]

SUSAN HERMAN: …feel there is… [cross-talk]

COUNCIL MEMBER WILLIAMS: …there is an accountability…

SUSAN HERMAN: Uh-huh…

COUNCIL MEMBER WILLIAMS: …when mistakes are made and so that has to be interjected into the conversation… [cross-talk]

SUSAN HERMAN: Well I… [cross-talk]

COUNCIL MEMBER WILLIAMS: …while… [cross-talk]

SUSAN HERMAN: …I'm… I want to be clear that that… [cross-talk]

COUNCIL MEMBER WILLIAMS: Sure… [cross-talk]

SUSAN HERMAN: …spectrum that I'm describing do not necessarily all include mistakes or problems, it's subduing somebody, restraining somebody, using… [cross-talk]

COUNCIL MEMBER WILLIAMS: I'm agreeing you… [cross-talk]

SUSAN HERMAN: Any, any… [cross-talk]

COUNCIL MEMBER WILLIAMS: …with you… [cross-talk]

SUSAN HERMAN: …level of force…

COUNCIL MEMBER WILLIAMS: I'm agreeing with you on that I just want to make sure we don't take away the part of the conversation that I'm having because we… [cross-talk]

SUSAN HERMAN: Yep… [cross-talk]

COUNCIL MEMBER WILLIAMS: …have to have it and we have to… [cross-talk]

SUSAN HERMAN: Yep… [cross-talk]

COUNCIL MEMBER WILLIAMS: …and we have to make sure that people's voices are heard… [cross-talk]

SUSAN HERMAN: No question… [cross-talk]

COUNCIL MEMBER WILLIAMS: …and how they're feeling is, is respected and validated as experiences.

SUSAN HERMAN: Uh-huh, there's no question and we need to learn from every single encounter that we have and we are, we've trained… we have changed many things even within this last year from, from the fall of last year through now, there are lots of changes in our procedures, in our protocols and I think that speaks to our desire to have zero just as you do.

COUNCIL MEMBER WILLIAMS: I, I agree and also agreeing to the working group, I think it's good as well. I do just want to again say I think if an officer was involved in a EDP shooting that should somehow prompt some additional training at minimum and again I'm, I'm going to speak specifically now that is one thing on the Jeune case that disturbed me because there were four officers that responded, three of them had CIT training, one of them did not,

the one who did not was the one who fatally shot Dwayne Jeune and also shot Davonte Pressley almost nine months before and so I think we should use that to try to figure out when we're… what is prompting us to give a training, I know there's a lot of officers that have to be trained and you have a system but maybe we can just look at that so that if we see someone who has been involved that person could be trained ahead of schedule so that it doesn't happen again at least with that particular officer. That's it for me Mr. Chair and Madame Chair, thank you again, I'm looking forward to continuing to work to… on this issue, thank you.

CHAIRPERSON GIBSON: Thank you Council Member Williams. I just had a, a few more questions, I wanted to ask about the average calls that we've been shared, the 160,000 do you record how often ESU or HNT are dispatched of those calls, do you have an assessment?

SUSAN HERMAN: We do… we do now, we began in… we are now recording when, when ESU responds and when ESU removes… has participated in having somebody removed, it's been 138 times since May, between May

through August 20th of this year when we started recording that.

CHAIRPERSON GIBSON: Okay. And with these specialized units while you couldn't today give me the specific number of officers in each but is that a… are those two units, units where you're constantly looking at additional officers into these specialty units or is there a maximum that you have already achieved, how does that work?

SUSAN HERMAN: I really can't say whether we're… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …seeking to expand those units, I can tell you… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …that they're used in very specialized circumstances and they respond… when they respond they respond well, I can't tell you whether the department is seeking to expand them.

CHAIRPERSON GIBSON: Okay…

SUSAN HERMAN: I can tell you that we have 465 in ESU and 120 in the hostage negotiation team.

CHAIRPERSON GIBSON: Okay, well I guess I, I do know I, I have a, a couple of officers that are in ESU so I've known that this is the unit, the A team that does the search warrant executions, individuals who are obviously barricaded, we've had many New Yorkers and calls that come in of individuals that are threatening to jump off of bridges… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

CHAIRPERSON GIBSON: …and train stations and subway stations etcetera so those are the incidences that I personally know of where ESU has been dispatched because it is a specialty unit that has the skill set to really de-escalate and, and you know obviously get that individual down off of that, that elevated level… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

CHAIRPERSON GIBSON: So, in addition that's why I asked the question because… [cross-talk]

SUSAN HERMAN: Well I also… [cross-talk]

CHAIRPERSON GIBSON: …465 is… [cross-talk]

SUSAN HERMAN: …gave you examples of CIT trained and non-CIT trained officers… [cross-talk]

CHAIRPERSON GIBSON: Got it… [cross-talk]

SUSAN HERMAN: …who had been helpful in similar circumstances… [cross-talk]

CHAIRPERSON GIBSON: Got it… [cross-talk]

SUSAN HERMAN: Dissolved before ESU even got there.

CHAIRPERSON GIBSON: Right, okay and speaking of which do you have a, a recording of the response time of ESU that… in terms of them getting to the scene because you just said that because of the CIT training there could be instances where a patrol officer CIT trained can de-escalate that situation before ESU even arrives upon the scene?

SUSAN HERMAN: Uh-huh…

CHAIRPERSON GIBSON: Do you know what an average response time is for ESU?

SUSAN HERMAN: I don't… I don't.

CHAIRPERSON GIBSON: Okay. And I wanted to ask about… we had previous conversations about a year and a half ago about mental health diversion centers and we were looking at sites in Northern Manhattan where individuals could essentially go to these locations obviously instead of going into police custody and or hospitalization, do we have an

update on where we are with the mental health diversion centers?

GARY BELKIN: Yes, as you know there's… we've been able to announce finally two vendors, Samaritan Daytop Village and Project Renewal who will be… [cross-talk]

CHAIRPERSON GIBSON: Oh okay, I know… [cross-talk]

GARY BELKIN: …respectively… [cross-talk]

CHAIRPERSON GIBSON: …them both… [cross-talk]

GARY BELKIN: …managing each of the first of two hopefully of more diversion centers and we hope to have both operating in… by the end of 2018 and who should have a capacity to see about 2,500 people a, a year.

CHAIRPERSON GIBSON: How many people?

GARY BELKIN: About 2,500, 2,500…

CHAIRPERSON GIBSON: Twenty-five a year… so, with Samaritan and Project Renewal as, as the two vendors are we looking at two sites where each… [cross-talk]

GARY BELKIN: Correct… [cross-talk]

CHAIRPERSON GIBSON: …of them would operate… [cross-talk]

GARY BELKIN: Two distinct sites, two distinct boroughs likely.

CHAIRPERSON GIBSON: Okay, no further details on location… [cross-talk]

GARY BELKIN: We're close to getting sites but they aren't… I've, I've learned once… I speak when it's past tense… [cross-talk]

CHAIRPERSON GIBSON: I know we try to move fast…

GARY BELKIN: Yeah.

CHAIRPERSON GIBSON: Okay, I do remember the last time we talked about this before vendors were announced the challenge that we had is obviously it would be a small setting so the location we were looking at I believe the capacity was obviously no more than maybe two dozen, 25 to 30 individuals, is that still the case or are we looking at a larger capacity for these locations?

GARY BELKIN: I mean we're… the volume we've estimated is, is sort of the volume that we think is comfortable to put out there and we'll learn over time what, what we can do, what we need for

capacity and how we can use the existing staffing we have to optimize capacity but that's our projection.

CHAIRPERSON GIBSON: Okay. Okay, so we'll keep talking about that as we move forward. I guess my, my last question before I turn it over to my Chair again is because we have such an abundance of services from Thrive NYC, the Behavioral Task Force, NYC Safe, Healing NYC, the crisis intervention training, the co-response teams, DOHMH, NYPD, the list goes on and on and on, what is it that we can do as a city council to be more helpful to obviously continue to improve and expand the capacity of the department to make sure that safety agents, civilians, members of service, all of the community driven units like NCO's are obviously trained, what is it that we can do, where are you finding that you have gaps in services and how can we as a council work with you to be more helpful, that was a loaded question, it was a lot and I probably forgot an agency I'm sure?

SUSAN HERMAN: It's, it's a big question if you're asking for a wish list I would say that I would imagine that when we establish this working group and you have agencies challenging themselves

and others to think about what everybody can do to contribute to solutions to this issue that there will be new needs that arrive and… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …we should be paying attention to those whether it means staffing more co-response teams, funding more officers, funding more clinicians to partner with us whether it means building the capacity of other agencies to provide attention at various other stages of the process that's what's going to emerge.

CHAIRPERSON GIBSON: Okay… [cross-talk]

GARY BELKIN: And, and I… [cross-talk]

CHAIRPERSON GIBSON: And… I agree…

GARY BELKIN: I'm sorry, I, I just want to… [cross-talk]

CHAIRPERSON GIBSON: Sure… [cross-talk]

GARY BELKIN: …I want to appreciate your specifying the spectrum of, of resources we now have to both reach people upstream before they ever need to call 9-1-1 and, and to make 9-1-1… [cross-talk]

CHAIRPERSON GIBSON: Yes… [cross-talk]

GARY BELKIN: …less of a way that people in distress try to find help that we can actually

build a system that reaches them earlier but when that is the way they engage the system that we make sure as Council Member Williams mentioned… described mental health resources… mental health crisis should get a mental health response and I think we want that to happen so what our challenge of all those new resources and welcome to my world is how do we not just have them operate but really combine for impact and an impact on this group of people is a priority and it needs all hands in to connect the dots and so that's why we both welcome the working group and… idea and look forward to thinking concretely… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

GARY BELKIN: …about how we look more comprehensively not just about our two systems but many other systems, where are the hospitals in this conversation, where's… where are the insurance companies in this conversation, where is… how do we really knit together the system that we're trying to build now that we have a lot more reach through Thrive and other efforts.

CHAIRPERSON GIBSON: Okay, no I agree and I appreciate it. what I, I think is very unique about

this administration and what we're doing with the multilevel agency partnership is we're actually looking at a lot of this from a mental health and a health perspective and not necessarily a criminal justice lens. Working with the NYPD and mental health professionals we're looking at individuals and the health needs that they necessarily, you know have and that they need and I appreciate that. Certainly on behalf of my district in the Bronx that faces a tremendous amount of challenge it's not easy and so I agree, I mean welcome to our world as well where we get the calls from mothers and fathers and parents that are in distress because their children and loved one needs help and they don't know where to go and so to the best that we can this is where we have public service, campaigns, and announcements, certainly the toll free 1-800-NYCTHRIVE , NYC Well, I know them by heart because these are numbers where you can get access to people 24 hours and it's not, you know leave a message and wait for a return phone call, people need immediately help… immediate help and we simply don't have the time to wait so I appreciate the efforts and certainly want to thank Council Member Williams for his idea of coming forth with a

working group, I think it's great to bring all of these minds together as well as, you know obviously those that are affected by this and it could have been a negative impact in bringing those voices to the table as well to understand how we can do our jobs obviously much more efficiently and better so I thank you for that.

GARY BELKIN: And our communities, our advisory board has… and the CIT evolution has tremendously benefited from community input as has Thrive much of it came from community input and I think the solutions we're talking about have to have that voice at the table as well.

CHAIRPERSON GIBSON: Thank you, Chair?

COUNCIL MEMBER COHEN: Thank you Chair. I'm sitting here I'm, I'm reminded I used to teach a John Jay and I would always give the kids my two cents of advice is become a court officer because it's just the profound difficulty and challenges faced by NYPD, it's… and, and I think it really is… you know it's, it's worth repeating again that, you know out of 160,000 EDP calls that, you know that one percent involve use of force is really the testament to the professionals and of the… of the force but,

but really the challenges, you know are, are profound, you know and again I, I was just sort of curious and, and again legal issues aside like would it be… do you think that you could keep officers safer and New Yorkers safer if you knew about people who… in, in precincts who were on anti-psychotic medicine and maybe had a history of on and off anti-psychotic medicine and, and you knew who those people were, do you think that you would be able to respond to those two instances in a way that would keep your officers safer and New Yorkers safer?

SUSAN HERMAN: So, there, there are really two parts to that question I'd like to answer and then I'd like Dr. Belkin to take it as well. It's very helpful for officers to know the mental health history and the criminal justice history of anyone when they respond and when we have an EDP call we are now giving officers the history of that location before they arrive and they know that we have responded before, that's there's been an aided form created, that this person… they know whatever information we have in our records about that person or that location. It's very common though when we get a 9-1-1 call that we don't have even a name of

someone so we may have a location or we may have someone's out on the corner or we may have someone I hear something in the apartment or the hallway upstairs, I have no idea who it is so it's very hard to give that history when we don't have a name and it's very common that we don't have a name. when we do have names, we are trying to push out that information, that history or the history of the location to the officer before they respond. Separate from that though you're really asking a question about would the city be safer if we had a system where we knew when someone who… is problematic when they're off their medication, would the city be safer and that is so much more a health system question and concern than it is a police department concern how the health system can track people and intervene and try and get them reconnected to services, we are doing that with co-response which is why I'm taking… we are doing that, right, so we're doing that with our co-response teams, that's our involvement where we think the reason why this person may be acting in this problematic way might be because they are not connected to the services that they had before but let's, let's just have that in mind when we approach

them, let's assess the situation, let's connect them to the most appropriate services that we can and that's what we're doing through our co-response teams but a sort of writ large, a… you know take it to scale, know everybody in the city, Dr. Belkin?

GARY BELKIN: I, I like how your questions start with the phrase legal issues aside…

COUNCIL MEMBER COHEN: Well…

SUSAN HERMAN: Right…

GARY BELKIN: Which is a… which is an issue here but I think the driving issue is that a police solution to people falling out of treatment is not a solution to people falling out of treatment… [cross-talk]

SUSAN HERMAN: Right… [cross-talk]

GARY BELKIN: …and, and so a lot of… and I know this isn't a, a hearing about, about Thrive NYC and other efforts of the Health Department to try to close those gaps but that's where… that's where our attention… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

GARY BELKIN: …is at, we think it's a failure of that system if anyone has to engage a police officer… [cross-talk]

SUSAN HERMAN: Uh-huh… [cross-talk]

GARY BELKIN: …as their solution to falling out of care so, so we want to fix… so we want to fix that. There are opportunities when contact with police happens to get people back into care and that's… and that's what we're working on… [cross-talk]

SUSAN HERMAN: Right, together… [cross-talk]

GARY BELKIN: …working on together. One example of doing exactly what you're saying of knowing when somebody who has… a really high risk if they stop their medications, has stopped their medications is AOT which is at higher levels than ever and has been very effective. NYC Safe has built on that by a, a lot of the attention of NYC Safe has been on the treatment options but we also have created a group that works with providers who are treating these, these folks that we've reconnected to care to really review with them and be partners with them in terms of how they keep those people in care and that's been very successful so far. I think currently we have about 380 individuals in that very focused… tracking people who've, who've… there's been

an act of violence in the context of mental illness and for those in the community over 90 percent stay in treatment, have stayed in treatment and have not committed another violent offense so… or not committed another act of violence that we know of which is… I just want to say is astounding. So, we can do this, we can build in other opportunities where care rather than criminal justice is the path for people and that's what… and that's what we're intending to do more of but it does mean partnering with NYPD to, to use that opportunity of 160,000 contacts to try to make better outcomes out of them.

COUNCIL MEMBER COHEN: Yeah, I, I mean I, I couldn't agree more obviously that… you know as the Chair of the Mental Health Committee I'd like to see people treated with… you know who have mental health issues be treated as a health issue and not as a criminal justice issue but I also… you know and again the… it's unfortunate that the exception to the rule is the thing that, that gets the headlines and, and… you know and obviously there have been some, you know profound tragedies where things have not gone the way we would like them to go and like I, I was thinking of even in, in the scenario Council Member Williams

was talking about like if I was the care giver of somebody who had a history of going on and off their medication I might want to notify the precinct that like… you know if, if we call like… you know my son or daughter is… you know I want this… I, I want help I don't want a tragedy and, and sort of like… I mean maybe even like I said people voluntarily telling people… just again to give everybody the best chance of having an outcome that's, that's helpful.

SUSAN HERMAN: Uh-huh…

GARY BELKIN: Yeah and I think if the necessity of that call arises we want our officers to be best prepared to respond in a safe effective way but we especially want different calls to happen before that and we put that in… we've started to put that in place. There have been several mentions of NYC Well, which is not just a, a phone call assist but we can connect people to appointments, we've connected thousands of New Yorkers to, to care, we stay on the phone with them if they want to make that appointment and we can dispatch mobile crisis which is a mental health only team and we do that now about… on the… at the rate of about 20.000 times per year through NYC Well and we're trying to explore

things like can we… is there an opportunity for more 9-1-1 calls to go that route rather than this route and there are a lot of issues involved in doing that but that's, that's where we're, where our head is at.

COUNCIL MEMBER COHEN: I guess just to… and I'll… and I'll wrap it up but like would… does the precinct have any capacity to process that information, if I… if I came to you and said I was the care giver of someone who… you know I, I have a… an, an adult child who I… you know we tried diligently to make sure that that, that person takes the medication but it's not… it's imperfect and… [cross-talk]

SUSAN HERMAN: Currently… no, we don't have the capacity currently to process that, we do have the capacity to make wellness checks which we do, if we have a parent calling and saying I haven't heard from somebody in a long time and I think… I'm worried that they're in their apartment and something might be wrong we do check on people like that but no.

COUNCIL MEMBER COHEN: Do you…

SUSAN HERMAN: Co-response could, yes but… [cross-talk]

COUNCIL MEMBER COHEN: Do you think they're the capacity that, that, that having some methodology in a precinct where they… if someone… like I said wants to pre-notify you that… of… like… yeah, like… [cross-talk]

SUSAN HERMAN: …and we'd, we'd be happy to look at it and it's, it's a… it's a topic that we can explore.

COUNCIL MEMBER COHEN: Okay and just to follow up on Dr. Belkin's point how… when, when someone calls 9-1-1 like when… how do we determine whether it's an EMT response or you know primarily a medical response versus an NYPD response?

SUSAN HERMAN: So, when someone calls 9-1-1 we ask where's the emergency and we get the impression that there's something urgent and that there's danger involved and that's typically that's what these calls are that we call EDP calls, it's not anyone who may have a mental health problem it's someone who we think might be in danger to themselves or others that's what we're calling an EDP call, that's what the 160,000 are. So, anytime we determine that there might be someone in danger that's an NYPD

urgent response as well as EMS and ESU is right behind them.

COUNCIL MEMBER COHEN: Okay.

SUSAN HERMAN: And remember that everyone in ESU is also an EMT.

COUNCIL MEMBER COHEN: I don't want to pat ourselves on the back but I found this to, to be very, very interesting, I appreciate your testimony, thank you. Thank you Madame Chair.

CHAIRPERSON GIBSON: Okay, thank you very much, thank you Chair Cohen. Quick question Deputy Commissioner just on what you just talked about the… is every 9-1-1 call with a person in emotional distress categorized as an EDP or do you have another category of other cases where the response isn't the person is a threat to themselves or someone else, how does that work, it's very interesting, is every call classified… [cross-talk]

SUSAN HERMAN: We get… we have a lot of 9-1-1 calls that don't require urgent response and… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …that's what 3-1-1 is about and that's what… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …you know City Well is about and if we believe that this isn't something that is appropriate for police response at all we'll refer it to somebody else.

CHAIRPERSON GIBSON: Okay, so those calls are not recorded under the 160 that we're… [cross-talk]

SUSAN HERMAN: No… [cross-talk]

CHAIRPERSON GIBSON: …talking about?

SUSAN HERMAN: No and… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …it's also true that of the 160 there's a large percentage where they're referred to EMS or EMS just sort of… some… there's voluntary compliance, do you want to go to a hospital, can we get you to go to the hospital, someone says of course EMS is perfectly comfortable taking that person to the hospital on their own and, and they do.

CHAIRPERSON GIBSON: Okay…

SUSAN HERMAN: That's part of the 160.

CHAIRPERSON GIBSON: Right, okay so the 9-1-1 call taker obviously based on their training

makes a distinction on dispatching it to PD and EMS or whether there are other services that they are potentially referred to that are not police related, is that what you're saying?

SUSAN HERMAN: Yes, as in all 9-1-1 calls.

CHAIRPERSON GIBSON: Okay.

SUSAN HERMAN: And… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …I, I don't… I, I don't… I don't want to… [cross-talk]

CHAIRPERSON GIBSON: So, I guess what I'm asking you is would the caller know that so if I call 9-1-1 and… [cross-talk]

SUSAN HERMAN: You should be calling… [cross-talk]

CHAIRPERSON GIBSON: …they determine… [cross-talk]

SUSAN HERMAN: …New York City Well and that's what's being promoted… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

SUSAN HERMAN: …extensively if this isn't an emergency and you're someone who needs services but typically at this point with a city that has 3-1-

1 and now has New York City Well if someone calls 9-1-1 typically they are signaling I need help now, something is happening now.

CHAIRPERSON GIBSON: Right, that's… [cross-talk]

SUSAN HERMAN: And that's… [cross-talk]

CHAIRPERSON GIBSON: …that's what I understand… [cross-talk]

SUSAN HERMAN: That's the NYPD response.

CHAIRPERSON GIBSON: Okay, no, no that's what I… [cross-talk]

SUSAN HERMAN: That's emergency… [cross-talk]

CHAIRPERSON GIBSON: …understand I just want… [cross-talk]

SUSAN HERMAN: Yeah… [cross-talk]

CHAIRPERSON GIBSON: …to make it clear, I mean that's a lot of responsibility of the 9-1-1 call taker that gets the first initial call… [cross-talk]

SUSAN HERMAN: It's tremendous… [cross-talk]

CHAIRPERSON GIBSON: …to assess if it's really an emergency or ma'am or sir this is not an emergency you can call 3-1-1 or NYC Well.

SUSAN HERMAN: Right and… [cross-talk]

CHAIRPERSON GIBSON: …that's what I'm… [cross-talk]

SUSAN HERMAN: …when someone is talking about a mental health problem we error always on the side of their might be danger involved and we're… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

SUSAN HERMAN: …there.

CHAIRPERSON GIBSON: Okay.

SUSAN HERMAN: We're there.

CHAIRPERSON GIBSON: Absolutely, okay, thank you, Council Member Williams for a final question?

COUNCIL MEMBER WILLIAMS: Thank you, not a final question, a statement. I just want to thank again and Dr. Belkin thank you for… that… one of your last comments with considering it a failure if they're reaching out to the police department it's failure of the system if they're reaching out to the police department to get the services they may have needed before which I think further indicates what all of us have been saying the weight that's put on the police department needs to be lifted a little bit

so that we respond differently, maybe, maybe we have to have a… another system for folks to call besides 9-1-1 to help trigger another kind of response maybe that's something the working group can talk about and I just wanted to mention, I know I've spoken to the Commissioner about this extensively and I too believe that he wants to try to figure out ways to do things differently, I thank him for that. The last point I wanted to make, my hope is with the working group obviously be made up of a pleather of people not just the police department but advocates and also hopefully people who have dealt with this themselves and are involved in the mental health system and have gone through crisis as well because very often we leave the people who are most personally involved off of these type of task forces and their voices sometimes are the best, whoever's closer to the problems sometimes has the best solutions. Thank you very much.

CHAIRPERSON GIBSON: Thank you Council Member Williams and I guess my final remarks are we appreciate your presence and your partnership and the work you're doing, there is a tremendous amount of work that we obviously continue to be done and this

city council is certainly committed. This is the first time in quite some time since we rolled out CIT that the committee has had a chance and an opportunity to delve a little bit further into CIT to understand the curriculum, the training, the guidelines, the protocols, the partnership, the commitment, the daily response, I mean everything that's really done but I certainly want to thank you and thank the men and women of the NYPD as well as all of the public servants in DOHMH, your work has not gone unnoticed, it's a tremendous testament to the commitment that we have as public servants to make sure that we're constantly looking at creative and innovative ways of doing our jobs better and making sure that we keep everyone safe in the city. So, I want to thank you Deputy Commissioner, thank you Dr. Belkin and thank you Lieutenant for being here and we look forward to working with you and I know all of the executives that I hear from the NYPD as well, Deputy Commissioner Tracie Keesee, thank you very much for being here and we look forward to working with you, thank you.

TRACIE KEESEE: Okay, thank you.

CHAIRPERSON GIBSON: Okay and as you leave we do have other panels that are coming up so certainly we ask if someone from the NYPD and DOHMH could remain behind that would be deeply appreciated, thank you so much. Our next panel is Paul Capofari, Chief Assistant District Attorney for Richmond County, our good friend District Attorney Michael McMahon, thank you so much. If there's anyone here that has not signed up to testify before the committee please make sure you do so with Sergeant at Arms on your right, we are happy to entertain further testimony, we do have a few more panels before the committee but if you have not signed up yet please do so at the Sergeant at Arms, thank you. Thank you for joining us, you may begin on behalf of the District Attorney, thank you.

PAUL CAPOFARI: Thank you very much, I'm Paul Capofari the Chief Assistant DA on Staten Island, I'm also a member of NAMI, the National Alliance on Mental Illness and like so many NAMI members it was when my son went into the psych ward, he's been, been there a few times. I just want to emphasize to the committee that CIT is not training, it's a crisis intervention team and in the Memphis

model when there's a 9-1-1 call the CIT responds. It's a separate team that responds to all calls for EDP, training is great, all the officers should have training but training is rounded out by experience. So, if you have this training you're on a team, you respond to all calls for EDP's, your training is enhanced, your experience develops you and I would simply emphasize that to the committee. The New York City Police Department has often said they're too big, too diverse, the, the dispatch can't handle it, we're offering up Staten Island, a discreet population, we've got our own dispatch, our own four precincts why don't we try the real Memphis CIT model on Staten Island where when the call comes in as Council Member Williams was, was trying to drive in, right now it just goes to sector whisky you respond, if it's a call for an EDP we should be sending the crisis intervention team not looking for whose been trained, have a separate team that's ready to respond and it's those police officers that respond. So, I guess that's the essence of my testimony, CIT as you, you've said Crisis Intervention Team that's who needs to respond to these EDP calls. I really appreciate the… as a father of someone whose been in the

hospital and actually I have another son who's a New York City Police Officer so I appreciate the focus that you're placing on this to provide for the safety of our citizens and the safety of our police officers. Thank you very much.

CHAIRPERSON GIBSON: Thank you very much. I have a couple of questions when you cited the Memphis model you indicated that in Staten Island the 120, the 121, 122, and 123; four precincts, I know Chief Delatorre well, you guys have your own CIT, Crisis Intervention Team so when a 9-1-1 call comes in and it's a Staten Island call how are… you know how are those calls different from the others that we get in the system for the other four boroughs because you're saying that in Staten Island a 9-1-1 call that's an EDP related call, the police get it but when they go out and respond they have a team of civilians that… [cross-talk]

PAUL CAPOFARI: No, no, no… [cross-talk]

CHAIRPERSON GIBSON: …try to do that… [cross-talk]

PAUL CAPOFARI: …this is… [cross-talk]

CHAIRPERSON GIBSON: Oh okay… [cross-talk]

PAUL CAPOFARI: …the CIT, the crisis intervention team are police officers and that's what they do, they respond to the calls for EDP's, we don't have that, we want that… [cross-talk]

CHAIRPERSON GIBSON: Oh okay, so you're just saying it's a team, okay… [cross-talk]

PAUL CAPOFARI: Yes… [cross-talk]

CHAIRPERSON GIBSON: I understand, okay…

PAUL CAPOFARI: So, who responds… [cross-talk]

CHAIRPERSON GIBSON: I misunderstood you… [cross-talk]

PAUL CAPOFARI: …as, as Council Member Williams… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

PAUL CAPOFARI: …asked, who responds, right now… [cross-talk]

CHAIRPERSON GIBSON: Got it… [cross-talk]

PAUL CAPOFARI: …the closest sector responds… [cross-talk]

CHAIRPERSON GIBSON: Yes… [cross-talk]

PAUL CAPOFARI: …and if they happen to be CIT… [cross-talk]

CHAIRPERSON GIBSON: Correct… [cross-talk]

PAUL CAPOFARI: …trained, good, I think we need a separate team they respond to all these calls.

CHAIRPERSON GIBSON: Okay, I think we were talking about that with the CRT's that we have where we're working with… again it's, it's preventative more than it is reactionary because these are identified individuals that may have a mental health illness or they're in a crisis that we've already identified and we can obviously work with them to address their issues, you know divert them to a number of services but it really doesn't play to what many have reached out to us about when officers respond, patrol officers I'm saying in their sector they would have someone that has a mental health profession that would also travel with them, that's what you're talking about… [cross-talk]

PAUL CAPOFARI: Or that that is the team that always responds so they always have the experience and they get to know and they've been there before, you could have CIT training that the police are providing and you could go months before

you get called on an EDP and how do you respond, the more often you respond to these kind of calls the better you're going to get at it.

CHAIRPERSON GIBSON: Okay, got it. Okay and can you talk a little bit about… well it's kind of similar, the HOPE Program that you have in Staten Island… [cross-talk]

PAUL CAPOFARI: Oh the HOPE Program… [cross-talk]

CHAIRPERSON GIBSON: So… [cross-talk]

PAUL CAPOFARI: …has been spectacularly… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

PAUL CAPOFARI: …successful way more than I anticipated in that we've had about 300 people arrested for 22003 which is drugs and they get a desk appearance ticket, normally your desk appearance ticket you come back to court 30 days, we say for a 22003 you have seven days but if you go to a resource center to be assessed you don't have to come and see the judge and if you get meaningfully engaged in some kind of treatment whatever the treatment professionals say we decline to prosecute. We've declined to prosecute about 90 percent, people follow

through and get meaningfully engaged and so there's really so far, this year about 250 people that never come in to see the judge, their case is… we decline to prosecute because they got meaningfully engaged. A desk appearance ticket is usually your first arrest… [cross-talk]

CHAIRPERSON GIBSON: Uh-huh…

PAUL CAPOFARI: However you want to put it, a wakeup call, a slap in the face, you've been arrested now, what are you going to do, are you going to go to see the judge or how about going to this resource center, tremendous support from the legal aid society, tremendous support from the providers on Staten Island and it's a way to divert people. One of the groups that we spoke to when we formed the whole program were recovering addicts, what do you guys think about this and most of them were get me into the resource center I'll see that those are real people who really care about me, I might blow them off, I might blow them off a couple of times but eventually when I'm ready for treatment I'll know where to go and I'll know there are real people there who are going to help me so it… the whole program has been spectacularly… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

PAUL CAPOFARI: …successful. We were up in the Bronx talking about it, it's scalability you know, I mean we're going to have 600 desk appearance tickets for 22003 in this year, the Bronx is going to have 6,000, can they scale this up which is always the thing with Staten Island, you know we're so much smaller than the other boroughs but so much better.

CHAIRPERSON GIBSON: I appreciate that, I… [cross-talk]

PAUL CAPOFARI: Well we appreciate the support we've gotten from the city council and the NYPD and legal aid, the… [cross-talk]

CHAIRPERSON GIBSON: Right… [cross-talk]

PAUL CAPOFARI: HOPE Program is working, thank you… [cross-talk]

CHAIRPERSON GIBSON: No, no I've heard of it's great success and I know Bronx and other counties are looking at it what I wanted to ask specifically and the reason I brought it up is because the HOPE Program obviously focuses on individuals that have a substance abuse or some sort of an addiction but is there a way that you think

that possibly we could look at a similar model for individuals that have a mental illness?

PAUL CAPOFARI: Yes, we've been… we've been like toying with that what, what happens though is frequently you have a victim, the person with mental illness acts out by breaking something or hurting someone and yes we have a mental health court, that's a big step forward ours was modeled after Brooklyn, Brooklyn was very helpful in helping us set that up and we have about the same percentage of people but once again to get into mental health court frequently… well almost always requires the cooperation of a victim and that's… [cross-talk]

CHAIRPERSON GIBSON: Okay… [cross-talk]

PAUL CAPOFARI: …always problematic.

CHAIRPERSON GIBSON: Okay. Thank you, I definitely want to keep talking about that. Just in terms of the HOPE Program and looking at it from a different perspective because I think that it's shown tremendous success in Staten Island and obviously a lot of this really came out of the world of the opioid crisis that we've been dealing with and the systemic obviously patterns in Staten Island and Bronx and the… just the populations different but

still similar challenges and you know your DA has been working very closely with my DA on that so I would love to see if we can talk further moving into the next budget season about how a HOPE Program could possibly work for those that have a mental illness. I think at this point we have to obviously look at all options and look at successful models and how that can translate to another population that is in equal need of assistance.

PAUL CAPOFARI: Well in talking about models we would love to be a model on Staten Island where a, a crisis intervention team not just the patrol officer who happens to be in the sector, a crisis intervention team responds to all the EDP calls maybe it could be a success like the HOPE Program and then we could scale it up to other places in the city.

CHAIRPERSON GIBSON: Okay. Great, thank you very much, thank… [cross-talk]

PAUL CAPOFARI: Thank you… [cross-talk]

CHAIRPERSON GIBSON: …you for coming and please extend our warmest regards to the District Attorney.

PAUL CAPOFARI: Thank you very much… [cross-talk]

CHAIRPERSON GIBSON: Thank you very much, thank you for coming today…

PAUL CAPOFARI: Thank you.

CHAIRPERSON GIBSON: Our next panel calling to the front is Sanford Rubenstein, Attorney at Law; Charlene Thomas, family of Dwayne Jeune; Paulette Pressley, representing Davonte Pressley family; and Amy Rameau, Attorney at Law. Did I get everyone? Okay, Sanford's there… okay, everyone's here, thank you. Thank you all for being here today, we really appreciate your presence and you may begin.

SANFORD RUBENSTEIN: [off-mic] Just for the record of this hearing…

CHAIRPERSON GIBSON: Wait… you're microphone… [cross-talk]

SANFORD RUBENSTEIN: Just so… just so the record of this public hearing is clear there have been at least five deaths of mentally ill people at the hands of the NYPD in this city in the last five months… in the last 11 months. I presently represent four families of mentally ill persons killed by police in New York City within the last eight months;

James Owens, Dwayne Jeune whose niece is sitting next to me who will testify next, Ariel Galarza, and Ericson Brito. if you add to those four deaths the killing of Deborah Danner by a police officer in the Bronx that makes five mentally ill people killed by the NYPD in the last 11 months. As of late July 2017, only 16 percent of NYPD officers were trained in how to handle cases involving the emotionally disturbed, certainly as this panel agrees it should be 100 percent. We learned today that while officers, sergeants and lieutenants are being trained there's no training ongoing of patrol officers, those who actually go on site and deal with emotionally disturbed people, at present they're not… no additional training is ongoing, the training must be accelerated. Certainly… I'm sorry, just as important, we desperately need a task force now of experts to address this problem, to look at the protocol that presently exists to determine how police training can be improved and what other measures can be enacted to prevent these deadly confrontations between the mentally and police in this city. In addition, this task force had to look at why present protocol is not properly followed by police… is not properly followed

by police who respond to 9-1-1 calls involving the mentally ill and particularly while police not trained in dealing with the emotionally ill fail to call emergency services personnel who are trained in that fashion when they are needed. The creation of this task force to make recommendations for a complete overhaul of the way police interact with the mentally ill is long overdue, an independent task force must be created to specifically address this issue and if it is a broader task force then certainly this must be a significant component of it. the killings of the mentally ill in this city must stop. Charlene…

CHAIRPERSON GIBSON: Yes, you can all go…

SANFORD RUBENSTEIN: Explain… [cross-talk]

CHAIRPERSON GIBSON: You ready, just make sure your microphone is on, thank you Mr. Rubenstein.

CHARLENE THOMAS: Hi, my name is Charlene Thomas and I am the cousin of the late Dwayne Jeune. I'm a little nervous. So, it's never easy to lose a loved one. As a parent, you hope that your children would outlive you. it's not only unfortunate but it is difficult as a mother to have to bury a youngest

child. It is even more difficult when you know that his death could have been avoided, how can you sleep at night, how can you move forward when you watch your child be murdered by the people you called to help him, that's the nightmare that my aunt is living. It has been a little over a month since Dwayne was killed and my family is still trying to wrap our heads around this tragedy. The worst part in all of this is that Dwayne's killing is something that happens way too often, when did protect and serve turn into shoot and kill, how many more mothers have to bury their children before we get some kind of reform, how many more marches should we have, how many more vigils should we hold, how many more city council meetings should we call, who is going to protect us as citizens and who's going to protect our children? I am here because I want to plead with this city council committee to create a task force to evoke change with how the police department handles calls involving mentally ill individuals. We believe that all 34,450 NYPD officers should receive crisis intervention team training or CIT training. This should be high on the priority list, we are asking that a special task force be put together to

supervise how these calls are handled so that we do not have the same outcome as we have had. We know that nothing can or will ever bring Dwayne back. It is a harsh reality that we have to live with and we are trying to cope with every day. However, it's harder when we know that more could have been done to prevent this from happening. Had all of these officers been properly trained my cousin may be alive today. Matthew 5:30 says, "and if your right hand causes you to stumble cut it off and throw it away". There needs to be reform with the police department and within our justice system. There needs to be an overhaul in the protocols on how to approach and deal with individuals who are mentally ill or emotionally disturbed. Distress calls for help should not end with families watching their loved ones die at the hands of the police, change is the must. Another family should not have to deal with this avoidable tragedy or live with this nightmare. Thank you.

CHAIRPERSON GIBSON: Thank you.

AMY RAMEAU: Good afternoon everyone…

CHAIRPERSON GIBSON: Okay, you're not speaking, okay…

AMY RAMEAU: I'll speak first.

CHAIRPERSON GIBSON: Oh okay, sure, no problem.

AMY RAMEAU: If that's okay?

CHAIRPERSON GIBSON: Yes.

[off-mic dialogue]

AMY RAMEAU: It's not on?

CHAIRPERSON GIBSON: Make sure the red lights… [cross-talk]

AMY RAMEAU: Yes, it's on now… [cross-talk]

CHAIRPERSON GIBSON: Okay, there you go… [cross-talk]

AMY RAMEAU: Sorry about that. My name's Amy Rameau, I'm an attorney, I represent a young man by the name of Davonte Pressley who was shot by the police in Brooklyn in October of last year. I'm here with his mother, Mrs. Pressley who I think has a lot to contribute to this discourse. I won't take too long but I'd like to say that I agree whole, wholeheartedly with what Mr. Rubenstein and the, the young woman who spoke, the relative of Mr. Jeune has said thus far that training is absolutely crucial and at this point I'll allow Mrs. Pressley to… [cross-talk]

PAUL CAPOFARI: Hello… [cross-talk]

AMY RAMEAU: …speak with you.

PAUL CAPOFARI: Hello everyone. I'm the mother of Davonte Pressley, my name is Mrs. Pressley, Paulette Pressley. My son Davonte he is 24 years old, he's a poet, he's a songwriter, he's bright. In fact, he was supposed to get promoted when he was in ninth grade but he turned it down, he wanted to be with his friends. My son he writes music and he was doing it for years, he's very talented. What happened to my son that he has a psychiatric problem, it happened when he got older but he needs help. What he did not need were bullets, that officer Miguel Gonzalez shot into his body nearly killing him, officer Gonzalez had no training, no CIT training. My son was on the operating table for 19 hours, nine different surgeons, I prayed. My son told me he felt me praying, he felt me in the room with him for 19 hours I never left that hospital even when the cops told me I couldn't even go in the hospital room after surgery to spend time with my son, I fought every day to go in that hospital room to be near my son. Now I don't know… my heart goes out to you and your family, I thank god, my son is still here because he could have

been gone and I just want something to happen for everyone to get on the same page. When we call for our family to get help we're not looking for our family to be put in a body bag, we're not looking for our family to… for us to be mourning and, and… it's, it's just… I don't understand, my whole thing is, is that the man that shot and killed Mr. Jeune is the same man that shot and my son survived but my son could have been dead so I don't understand why is he still a police officer, I don't understand why he didn't get the training after he shot my son that could have been avoided with him, how could he still feel that he could go in any home anywhere and still pull a trigger on anyone he could of used pepper spray, anything, why a bullet. My son got shot three times, my son will never be the same, it went through his intestines, he shot him twice in the… he shot him twice in his arm and once in his abdomen now my son he, he is not the same just put it like that, he'll never be the same and he's 24 years old so… I don't understand, how many people… how many more people have to be killed before we come to a, a conclusion of what's going to happen with this police officer, is he still working, I mean is he going to ever work

again, is there going to be… is he going to have training now, what's going to happen? That's what I need to know, is he going to still work, these is questions that need to be answered because we can't have another, another killing, we can't have another… this is… I don't understand I really don't, I'm sorry I'm emotional you all forgive me but my son will never be the same, he will never be the same.

CHAIRPERSON GIBSON: Thank you very much to each of you for being here, for your courage, for our bravery, I appreciate you being here to tell the story of your loved one, of your son davonte… [cross-talk]

PAUL CAPOFARI: Yes… [cross-talk]

CHAIRPERSON GIBSON: …who lived, praise god…

PAUL CAPOFARI: Praise god…

CHAIRPERSON GIBSON: And I'm, I'm thankful that you're here on behalf of your relative of Dwayne and I'm truly sorry, this committee we extend our thoughts and prayers to the both of you because it's not easy to sit here and tell your story, it's not easy to go on record but you recognize that through your pain you can be a support

for someone else and the work that we are doing and with, you know the conversations of a task force and making sure that this police department gets to 100 percent I, I see the number that you have Mr. Rubenstein of 16 and certainly that's not acceptable to anyone… [cross-talk]

SANFORD RUBENSTEIN: Yes… [cross-talk]

CHAIRPERSON GIBSON: …and we have to do better, we have to continue to make sure that every single officer that wears a uniform is trained in CIT but also as we've been talking about the collaboration, the police respond to all of these calls but it's not their sole responsibility we have to have the mental health and the health experts that are a part of this conversation that have the expertise, we want to make sure that we continue to look at this, the lens from a health perspective and not criminal justice and that's always been our challenge and our continuous struggle to really find the delicate balance that we need so I appreciate you coming today and I know it is not easy, you are here represented by your attorneys but I know that there is so many other stories out there that we probably have not heard of and so I appreciate you and I

encourage you to continue to hold on, find something to hold onto because it will not be easy but if you can be a source of encouragement for others and be a part of the conversations that we're having as elected officials, as advocates we don't know it all but that's why we assemble teams and partnerships to come together… [cross-talk]

PAUL CAPOFARI: Yes… [cross-talk]

CHAIRPERSON GIBSON: …because we have the same purpose and we have the same common beliefs that everyone has a fundamental responsibility in this city to be safe… [cross-talk]

PAUL CAPOFARI: That's right… [cross-talk]

CHAIRPERSON GIBSON: …we all have the responsibility and we all have to be a part of the conversation so I appreciate all of you coming, Council Member Williams does have several remarks to, to give and I want to give him that opportunity and also, I want to recognize that we are joined by our colleague, Council Member Chaim Deutsch as well as we were joined earlier by Council Member James Vacca and Council Member Rafael Espinal. Thank you once again, Council Member Williams?

CHARLENE THOMAS: May I say something else please?

CHAIRPERSON GIBSON: Oh sure, absolutely, make sure your mic is on.

CHARLENE THOMAS: It's on. The police department representative that was here mentioned something about the, the 9-1-1 calls that come in and they're usually classified as criminal or whatever the police is dispatched and that kind of disturbed me because the 9-1-1 call that my aunt made she specifically said that Dwayne was non-violent, that they did not feel threatened, that he was just acting a bit strange and she wanted him to go to the hospital to get his medication as she's previously done several other times. So, this particular precinct was familiar with my cousin and it's very troubling to us that this is… that was the end result of that call. We believe that the officer that was on scene should not of been on scene but if someone calls and says that this person is non-violent they specifically asked did he have a weapon in which she responded no, do you feel that you are in danger, she responded no, why wasn't this dispatched to the other organizations that they mentioned, why was this

dispatched to NYPD so I think that that needs to be addressed as well that if someone is not in any imminent danger as she said NYPD should not respond and if you are saying that oh there's going to be a supervisor that's CIT trained I don't think that that's enough because according to the police report there were three officers that were CIT trained and yet my cousin was still shot five times… [cross-talk]

PAUL CAPOFARI: That's right… [cross-talk]

CHARLENE THOMAS: …and was killed so that's not enough and that's unacceptable. It's very, very painful, I'm a mom of a five year old little boy and what do I tell him, what do I tell him, I'm so glad that he was not here when this happened because I don't know what I would explain to him about what happened to Dwayne, I don't want this to happen to another family, this should not happen to another family, this needs to be addressed now and it needs to be fixed now not in 2018, not in 2023 because this is happening now…

PAUL CAPOFARI: Now… that's right.

CHAIRPERSON GIBSON: Thank you very much and I will just say that during the course of today's

hearing we talked about the co-response teams where as you indicated if there were previous calls made to 9-1-1 of any individual with a mental illness that was perceived and categorized as non-violent these co-response teams are in place and obviously we have to talk more about the effectiveness and the efficiency of what the co-response team looks like, it's not just PD but mental health professionals that are a part of these teams but how can we utilize them to enhance their services and real responses so that individuals can get the assistance if they're needed but also with every 9-1-1 call that comes into the system and the call taker does their assessment and determined NYPD is, is contacted and dispatched as well as EMS and that's something we have to obviously make sure is happening in every single instance so I appreciate you raising those issues and those points, we hear you and those are the things that we are obviously asking and demanding as well because we do want to make sure if we can avoid the pain of any other parent, any other loved one that has to face the pain that both of you feel each day that obviously we, we seek to do that and we want to

strive to do that so I thank you for raising those points.

AMY RAMEAU: Mrs. Chairperson if I may briefly…

CHAIRPERSON GIBSON: Sure…

AMY RAMEAU: On behalf of my client, Davonte Pressley I do want to thank you, Councilperson Williams and others here for holding these hearings, these discussions are absolutely crucial in any attempt at resolving and improving community relations of the police in the city, thank you.

COUNCIL MEMBER WILLIAMS: Thank you for the attorneys for being here and obviously the family members, I know it's hard, I often… I'm, I'm amazed at the strength that the families have after this to keep going and particularly those that choose to use their pain into purpose. I do want to make sure we put on the record that there was another family thank, thankfully they were not injured but the family next to the Jeune family the bullet went through the hole and thankfully the young lady… the young teenager was not in the kitchen when the bullet came through and was in her room but the water that

she was drinking did get hit so there are lot of things that can happen as a result of, of these things and I want to make sure we uplift that family as well because they are… they are… they are traumatized. What was said here, I mean it, it all makes sense and Miss Thomas thank you for pointing some things out, I think one of the critical things is the fact that when it goes to 9-1-1 the, the response is that of what would happen if someone called for a crime being committed and we have to find a way so that if the response is not that of a crime being committed but that of someone who is… needs some mental health attention, I, I wish we had that answer before Mr. Pressley was shot but… and I wish we had that answer before Mr. Jeune was killed and we didn't and I think we failed and my hope is that we will soon not fail any longer and hopefully you, you know sooner than later. What troubles me the most just obviously between your two families is that the officer that shot Mr. Pressley was not trained, I don't understand why that didn't prompt someone saying perhaps we should train this officer who responded to an EDP call ended up shooting the person, perhaps he should be trained in case he

responds to another EDP call which he ultimately did, I didn't really get any answer as to why that did not prompt Mr. Gonzalez to being trained and as was mentioned four people responded to Dwayne Jeune's call and the only person who shot someone was the person who shot Mr. Pressley and was not trained. I believe that the administration, the police department should answer that at some point to the families and to the community of why that was and at minimum say there is corrective steps to be taken so that order of events doesn't happen again that seems to be a simple fix if someone's involved with an EDP and a shooting it seems simple to say that person should be trained so that if it happens again there's a better response or at minimum perhaps they're not in the room when they're responding that someone who has the training is taking the lead and, and so… [cross-talk]

PAUL CAPOFARI: Excuse me, can I ask a question… [cross-talk]

COUNCIL MEMBER WILLIAMS: Sure.

PAUL CAPOFARI: Mr. Gonzalez is he still working?

COUNCIL MEMBER WILLIAMS: My understanding is that he… he is still a police officer and they are… they are going under… they are going through the normal procedures that are going under investigations. They… the… I don't know the, the legals you should find out but more than likely it'll be… shown that the protocols that were in place were followed, my contentions of the protocols that are in place are not the right ones and need to be changed.

SANFORD RUBENSTEIN: The attorney's office in Brooklyn does have a criminal investigation underway with regard to his actions in terms of the death of… [cross-talk]

PAUL CAPOFARI: Okay… [cross-talk]

SANFORD RUBENSTEIN: …Mr. Jeune.

PAUL CAPOFARI: Okay.

COUNCIL MEMBER WILLIAMS: Alright, thank you again for all of your testimony, thank you.

CHAIRPERSON GIBSON: Thank you very much.

PAUL CAPOFARI: Thank you.

CHAIRPERSON GIBSON: Yes, god bless you… [cross-talk]

PAUL CAPOFARI: Alright, bless you too.

CHAIRPERSON GIBSON: Next panel… our next panel for today's hearing is Joshua Goldstein from the Legal Aid Society and Coalition for the homeless, Joyce Kendrick of Brooklyn Defender Services, Ruth Lowenkron from New York Lawyers for the Public Interest, Beth Haroules from ACLU, and Carla Rabinowitz from CCITNYC and Community Access. Did I get everyone? Yeah; Joshua, Joyce, Ruth, Beth, and Carla alright. Okay. I'm very partial to a panel of women Joshua, four women, thank you. If there's anyone here that still wants to provide testimony for the record please make sure you see the Sergeant at Arms on your right, thank you. You may begin, thanks.

JOSHUA GOLDSTEIN: Thank you, my name is Joshua Goldstein, I'm a Staff Attorney at the Homeless Rights Project of the Legal Aid Society and I'm here to present testimony on behalf of the… both the civil and criminal practice of the Legal Aid Society as well as Coalition for the Homeless who we represent. We've submitted written testimony, I won't read it aloud I just want to summarize the key points and in particular I, I, I know it's off topic but I would be remiss if we did not thank the Chair of her leadership on Universal Access to council in Housing

Court which is just rolling out now will benefit all New Yorkers. The population that the Legal Aid Society and Coalition for the Homeless serve is many, many… there are many members of that cohort who pass through a revolving door from the shelter system to criminal justice system to the mental health system and it's in that context that we work with many clients who come into contact with criminal justice in the ways that have been discussed today and in many of those interactions as has been mentioned by many of the speakers today they have positive interactions but we also have the significant… observed significant problems with the way that the NYPD responds to people in distress whether they're classified as emotionally disturbed persons or not. We have scheduled tomorrow a hearing, a fairness hearing on a settlement that we just reached with the Department of Homeless Services about how they're going to respond to people with disabilities including people with mental health disabilities and as a result of that agreement the Department of Homeless Services will revise all of its procedures and will have much better ways of interacting with people with mental health issues and the NYPD should

take the same steps to ensure that when New Yorkers are in distress, when people need help that what they get is help and not the kinds of responses that we've heard about today when things have gone awry. In particular we just want to point out also that the officer, the Inspector General of Department of Investigations issued a report on many of these issues and made recommendations which included that there be a, a dedicated staff who respond to these kinds of situations, that the NYPD patrol guide be revised so that the officers who haven't been trained, said that any officer can, can have guidance in writing about how to deal with a particular situation and in… and, and most importantly perhaps that the diversion efforts that were discussed today be expanded. When we hear that the drop in centers are not going to be available until the end of 2018, you know that's, that's not an acceptable response for the city of New York if interim… if because of contracting and procurement rules we understand that things take time but we… you know in the meantime incidents like the ones we've heard about will continue to occur and of course the most important form of diversion is housing and if people are, are

housed at the supportive housing that the city has agreed and the state has agreed to make available is actually brought online people will be off the streets, people will be in, in secure locations and people will have access to the resources that they need. Thank you.

CHAIRPERSON GIBSON: Thank you.

JOYCE KENDRICK: Good afternoon Chairperson and council members. My name is Joyce Kendrick, I am a Supervising Attorney of the Mental Health Unit at Brooklyn Defender Services where I represent criminal defense clients and the mental health treatment court and in competency evaluation proceedings. First, we want to echo everything that Chief Assistant DA Capofari stated with respect to the need for a separate team that responds to each EDP call. Now despite our participating in two mayoral initiatives on criminal justice and behavioral health under both Mayor Bloomberg and Mayor De Blasio in 2011 and 2014. We have seen little change on the ground as to how the NYPD responds to our clients in the midst of a mental health crisis. The January 2019 DOI report made it clear that those of us on the… what those of us on the ground already

know that the NYPD are ill-equipped to respond to mental health crisis as they… and they continue to respond all too frequently with unlawful or lethal force. Today we heard a statistic that only one percent of EDP responses result in the use of force. Based on what we see, we believe that this use of force statistic is under reported. I had a client several years ago by the name of Natasha, she was in her 30's. I met Natasha at Kings County Hospital when I went there for a bedside arraignment. Natasha had been shot in her stomach, when the police responded to a radio call for an emotionally disturbed female where no weapon was reported to be present. When the police arrived, they say that Natasha had her arm up and that she had a knife in her arm, they pepper sprayed her after asking her to get down on the ground and she did not get down on the ground as she was instructed, they then shot her in the stomach. When I met her, she was on a ventilator and she was in, in the hospital and could not even speak to me. It is stories like these that tell us that the things that we heard about that have happened recently are not isolated, these things have happened in the past and continue to happen. As Dr. Belkin noted care

rather than a criminal justice response should be the path going forward. In my experience today arrests still remains all too often the NYPD's response. As a supervisor at BDS's Mental Health Unit I primarily represent people with severe mental illness. We staff arraignments in Brooklyn and I can tell you that there's rarely an arraignment that goes by that we don't see that mentally ill clients are brought through arraignments, they have been arrested and charged and brought through arraignments even for simple things like criminal mischief, breaking a window here and there instead of being taken to the hospital. It is clear here that there has been a failure of the city to end the unnecessary arrests of these people in crisis as was the stated goal in the 2014 behavioral task force. It is clear that the NYPD must do a better job at training all of its officers in crisis intervention but there is much more that can be and should be done to prevent unnecessary and harmful police violence. We urge the council to look no further than the two recent mayoral initiatives and reports and recommendation that are cited in my written testimony. It's clear that the work has already been done, we've had several meetings, we've

talked about this over and over and we've identified the solutions to police violence against people with mental illness but implementing these solutions requires political will and it's here that we are asking you to put into place these reforms to stop the unnecessary arrests and deaths of New Yorkers in crisis. Thank you.

RUTH LOWENKRON: Good afternoon, I'm Ruth Lowenkron, I'm the Director of the Disability Justice Project at New York Lawyers for the Public Interest. We advocate on behalf of persons with mental disabilities as well as persons with other disabilities and this is an issue that we are very concerned about, how are we as a society I want to say first most broadly and then taking it more locally how are we in New York City responding to people in mental health crisis. I really appreciate that you are holding this hearing to solicit opinions about how we're doing and what we could be doing better, I really appreciated the report, I will say as a little bit of a side note that we were disappointed that the hearing wasn't better publicized, we just got a hold of the report early this morning, I think there would be many more people

giving input and if there can be a way to continue to give you that input at least in writing over the course of time, I think that would be good and we can share that with some of the coalition partners, my, my colleague Carla Rabinowitz is going to talk about the Coalition for CIT training of which New York lawyers is also a member and we could have more people providing input and I also just want to specifically praise the fact that both the report and your questions are really getting to the investigations of individuals who are shot and individuals who are killed, they are not numbers, yes we need to look at the bigger picture and look at a system that's in need of reform but we also need to recognize that these are individuals who are being hurt and I really appreciate the respect that this committee… these two committees are, are giving to that. I, I really would like to underscore… I, I recognize that what we're talking about today is how the NYPD responds to people in mental health crisis but it is so worth underscoring what Dr. Belkin said and what others said which is this is an issue that should not even be in the province of the New York Police Department, yes we know there are going to be

calls that involve the police department and yes, we therefore need to talk about training and I'll talk about that really briefly but what we need to develop and this is what I think when the council chair asks about what can the council do, I really think that we need to be pushing and the council hopefully needs to be pushing to establish these diversion, it's an almost a misnomer because I don't think anybody should be diverted from the police rather that should be the place where people with… in mental health crisis go, that should be where the parents and the family members call, the mental health system that's going to be there to help them and I think that's what we need to build and recognize and that we're talking about today is really only secondary to that but secondary it is or reality it is so my office firmly supports the kind of training that we have been talking about but… and I, I really applaud the comment that you said too little and not fast enough, I paraphrased for sure but that is our opinion too. We need to train the entire police force, we can't have another situation where you have three people who are CIT trained, one person is not CIT trained and that is the person who does the shooting, that's

not to say that there aren't going to be problems along the line but at the very least it shows us that everybody has to be CIT trained not just a few and I really would, would endorse what Mr. Williams, Council Member Williams also said about prioritizing how, how people are trained. So, CIT training too slow, too few, let's speed it up, let's train everybody and let's make sure that the police department is on board because I heard a little back and forth are they really planning to train everybody ultimately that is what Commissioner Herman said and that is absolutely what we think needs to happen. We need to, in addition recognize that we have to dispatch the mental health advocates and I agree with my colleagues here that dispatching the teams with the experience is the way to do it when in fact the police need to be involved. I just want to close by saying that what's important is not only these kinds of formal dialogues that we're having here but actually in the community dialogues, you are so steeped in the community as council members if you would sponsor a forum where individuals, family members, advocates, academics, the police where everyone can talk I think that would be another great

service that the council could play and then of course funding, these programs take money and I think that we have to recognize that lives are at stake and funding has to be following our recognitions. And I think ultimately again agreeing with many of my colleagues that we have a 2014 task force that already put together a statement, a plan of action and that is the task force that should be reconvened, those are the guidelines that should be followed so we can move on this quickly and that's I think the, the main operative word. Thank you very much.

CHAIRPERSON GIBSON: Thank you.

BETH HAROULES: Good afternoon, my name is Beth Haroules, I'm a Senior Staff Attorney at the New York Civil Liberties Union. We've been working on CIT issues and police brutality as you may be aware for a very long time, I don't know if any of you are familiar with the name Eleanor Bumpurs but that was when our office first got involved with assessing exactly how the NYPD addresses people who are stigmatized by virtue of their mental health disabilities. We have been supportive, we are a member of the advisory group to the NYPD and DOHMH that you heard about today because we believe that

CIT training is critical and essential for police officers but we don't believe that this is the only outcome that should be sought here. CIT as we heard from the DA from Staten Island from my colleague, it's a program, it is a team, it calls for the integration of all agencies who are supposed to be providing services whether it be mental health services, public protection services, housing services and the like and what is going on at the NYPD is all fine and well in terms of training. Obviously, we believe that the entire staff should be trained, it needs to be rolled out more quickly, the 9-1-1 system needs to be assessed in a way that provides a meaningful response to people who are calling for help for an illness or a crisis who are not criminals, who are not expecting as we heard earlier to end up in body bags for their family member. The dispatch system is a major, major area that I think needs a lot of attention paid to. Moving forward I think you need to also and this is a funding question, insist on those diversion centers being established, talking to the 2014 report of the task force that task force as you may recall was set up in the wake of two horrific deaths of individuals

with mental health issues at Rikers Island. Those recommendations were a continuum of approaches that the city needs to take in order to reduce the population at Rikers ultimately we hear from the city that there's a plan to completely close the facility by 20… in ten years but the population of individuals at Rikers who are deemed to have severe mental illnesses up to 40 percent none of those people should be there, they should be quote, "diverted", you know diverted from the criminal justice system, provided services in the community. The task force appears to have fallen aside. You know when you look back at the members that task force comprised representatives from HRA, OMH probation, police department, ACS, court council, fire department, OMB, Veterans Affairs, corrections, HHC, homeless services, and then New York State Department of Health, New York State Office of Mental Health, the New York State Court system as well as advocates. All those people need to be brought back to the table because the implementation of their recommendations just has not occurred. It is a matter of political will, I think there are a lot of things short termed that the council can insist, the drop off centers

need to be up and operating in great number across the five boroughs and that needs to happen ASAP. DOHMH has to expand their pilot screening program to ensure that people who would be better addressed through services rather than jail are identified and removed entirely from the criminal justice pipeline. The city has to expand its community based substance abuse and mental health services and create more supportive housing. I've talked about the dispatch program, we heard today about the co-response teams, those teams are few and they operate during business hours, I've never had a client in crisis have it happen from nine to five, it just doesn't work that way, those teams need to be 24/7, 365. I… the NYPD has promised to review its patrol manual, it needs to be reviewed, use of force needs to be looked at again. If only 25 percent of its force will be CIT trained there has to be a protocol when responding officers come to a site some of whom are trained other of whom are not as to who takes control and command of the situation, there was some discussion about that earlier without much resolution other than we're thinking about it. we heard a little bit about what we would call a root cause analysis when a CIT

training event, you know should address failures of a CIT response in the community it needs to be assessed, it needs to be reintroduced into the CIT training program. You've heard about the concept of community forum which we also support. I think that would go a far way to having families and people with mental health issues feel more comfortable with respect to their interactions with the police. At the end of the day, you know however strong the NYPD's training is it doesn't reduce the inappropriateness of placing people in jail when services are not in place. We're really thankful the committee has turned its attention to this particular issue today, we hope it's the beginning of robust oversight over how the city as a whole should be responding to people with mental health issues in an effort at the end of the day to prevent more people from being killed or injured or traumatized and connected to services that are appropriate for them. Thank you.

CARLA RABINOWITZ: Hi, thank you for looking into this issue. My name is Carla Rabinowitz and I'm the Advocacy Coordinator at Community Access, I'm also the Project Coordinator of CCITNYC, I forgot the T, TCITNYC dot org, a coalition of 75

organizations and many other members looking into advocating for a fully responsive crisis intervention team approach and diverting mental health recipients away from the criminal justice system. The organization I work for, Community Access is a 44-year-old non-profit that empowers people with mental health concerns through providing quality support of housing, employment training, loss of recovery, we're of the model, we… we're of the belief that people are experts in their own recovery and we treat them as such. CCITNYC and Community Access request that you revive the Mayors task force on behavioral health and criminal justice. This task force met a couple of times in 2014, issued one of its quarterly reports and then just went to funk and we ask that you recommend the Mayor assigned this task force to a Deputy Mayor level as they did with the Thrive campaign. If you know of the Thrive campaign it's doing so well because it was at the Deputy Mayor level. We need all stakeholders and all city and state agencies at the table to suggest alternatives to police responding to these crisis calls and we can expand co-response teams and uses of co-response teams. I think right now there are five co-response

teams that operate from nine to five that's not enough. We need… maybe we need more mobile crisis teams, maybe we can try the approach that other cities have had where they have mental health peers or other professionals with police to… mental health peers or other peers with police to calm down these encounters. These are a few ideas to explore, we can't explore it without a task force. Also, we need the task force because it coordinates all the agencies involved. You've heard my colleague mention some of the agencies, there's so many agencies involved in a comprehensive CIT and this task force just died. Some of the contributions of the task force have already been taken up including CIT training for NYPD. NYPD training is going well, I've sat through… I've sat through several of the trainings, you know I've sat through trainings several times, it's really going well and countless people have been saved by CIT officers but the problem is CIT training alone is not going to prevent the recurring deaths we had. Since the NYPD started their comprehensive CIT training which was June 2015 at least six mental health recipients have died in police encounters; Mario Ocasio age 51, Rashan Lloyd,

Deborah Danner, Ariel Galarza, Dwayne Jeune, Andy Sookdeo; these are the ones I looked up. We need to solve issues before mental health recipients get into crisis, right so for that we need funding of community services, supportive housing, more clinics. We also need alternatives to hospitals because many recipients fear the hospitals, there's places called Respite Care where people can stay for a week, get more… it's a more comfortable setting, they get the same kind of attention but they get like a key to their own room, much more relaxed place to be and they get linkages to long term services. We also need to support the police by building these diversion centers they really have been promised for a long time. We need these two diversion centers up and with the closing of Rikers we'll probably need many more diversion centers where police can take people who are in acute crisis and hand them off for immediate care, when these diversion centers… the police hand the person off, no questions asked, boom they're out back on the job and the person gets immediate care and long-term connections to community resources. Most importantly though we need the mayor to revive his 2014 task force on behavioral health and criminal

justice and place this task force under a deputy mayor like they did with Thrive with the resources and coordination to get things done. Once again, I thank you for turning your attention to this and if you ever have any questions feel free to email me.

CHAIRPERSON GIBSON: Thank you very much, thank you for your input, your partnership, thank you for giving us a number of suggestions about today's hearing, very, very important that we're talking about this and I know many of your clients that you represent obviously have been involved in interactions with the NYPD. So, we appreciate your input and certainly moving forward take a lot of the suggestions that you have made into consideration, I really appreciate it and I thank you so much. Chair Cohen has several questions, wait don't, don't leave… don't leave.

COUNCIL MEMBER COHEN: I really just have a, a couple and I'm not even sure that they're questions per se but like I… one of you testified talking about you know people who ultimately end up being charged with relatively minor offenses as the result of a, a 9-1-1 encounter. It… I don't know where… I don't know where the, the, the line is in

terms of, you know textbook maybe the activity is criminal but obviously it, it... what's driving the activity is a mental health crisis. I, I don't know if you… you know if you think you're even qualified to sort of offer an opinion but I… you know as, as I… you know even the panel from the administration we had DOHMH, we had NYPD but I don't think anybody's clear on where that line is, the truth is that the city just has a… an incredibly big risk NYPD, NYPD infrastructure in place and so they end up being the ones most able to respond quickly. I… but I don't know in terms of if you have any thoughts on sort of where that line is?

JOYCE KENDRICK: Well if, if I may I would just say that I think that what happens is when the… when the police respond there are things that come out of that interaction that are sort of like, I don't know other way to say it, it's like the natural progression if you respond to a, a person whose mentally ill and experience… and very symptomatic they might be flailing their arms when you get there so then when we see a charge that comes back for assaulting a police officer because that person might have in… when they're being restrained kicked the

officer or hit the officer that seems to be unfair because you know that you're going there and that that is the situation you're walking into and is not like that person is intentionally slapping at the officer, hitting the officer. It's just like… it's part of the whole situation that's happening so why does there have to be a charge of an assault on an officer which by the way is a felony.

BETH HAROULES: Yeah, it… I would also suggest that there is an ADA component here where the police are responding to a person with a disability and then to charge them for an escalation in behavior that is the result of the disability that was not addressed by the responding officer is inappropriate now you can still charge the person, I would assume that that's a motion that you would make at court but the task force report from 2014 had a whole series of recommendations about where people who came in contact with law enforcement who have a mental health issue can be diverted, it was you know sort of an off ramp proposal as you think about it and… you know in first instance you want crisis intervention to prevent an escalation into the law enforcement context but if a person is in a law enforcement

context then you have mental health court, you have representation, you have connection to services, you have diversion, you have people not being sent to Rikers to be put into solitary confinement. There are multiple ways to address it and that's why I think a lot of us are supportive of that task force work being continued and operationalized because it just hasn't happened. We know there a lot of people working on these issues. There are weekly symposiums on how to do this, pulling together all of the minds of advocates, attorneys, recipients, peers, academics, law enforcement, the judiciary, there are a lot of people looking at this, it just needs… somebody needs to be the person who is calling for accountability and sort of cracking the whip basically to get people going, it's not all about money.

JOSHUA GOLDSTEIN: I just want to add that there's a group of people who are moving as I said between shelter system, corrections, the city's hospitals and in addition to the human cost of having people move unattended through these different systems in rotation there's a tremendous cost to the city of New York and it's one city and that city

should be providing care to those individuals rather than shuffling them between these systems.

COUNCIL MEMBER COHEN: I was just curious, I'm, I'm sorry, did someone else want to… want to respond? Well… but I asked the question so if somebody wants to respond I'm interested in… [cross-talk]

CARLA RABINOWITZ: You know so I think there's two things about the low-level crimes, I mean that's something that the NYPD was asking about when… like what is the crime level you're going to take someone to the diversion center and just say walk away but I think we do have to understand that… I mean almost everybody in the city has done something criminal at some point in their life, I think there's this criminalization of people who are mental health when they're engaging a certain behavior that we might not criminalize someone who doesn't have a mental health. The other thing I want to say is that you're closing Rikers, so you're going to have so many more people come, come out and you're going to have so many, many more of these encounters so it is important for… and these are things for like the task force to figure out, the task force to figure out at

what level can the police bring someone to the diversion center and then what level can they not and the last thing I want to say, in a couple of these cases the person wasn't violent until the police got there. I think a couple of my colleagues here had talked about forums with the NYPD and we, we had had a couple, you know the CCITNYC before now we're not getting as many and it's very important to have these forums with the NYPD and family members and the police because right now there's a lot of anger for mental health recipients towards the police but if you look under that anger what it is, is really fear, they're afraid, they're afraid it's going to happen to them. So, sometimes if they… you know I don't want to put the blame on the mental health recipient but sometimes the mental health recipient is going to act out or pick up a, a dinner knife or something because they're afraid when they see the NYPD so that also… you know so that's also a problem to address.

COUNCIL MEMBER COHEN: I… that I, I do totally get. Could I… in terms of the charging versus dispositions, I mean does someone at some point say that… in your experience that alright this… either this person has been overcharged or… like is, is your

experience that, that, that people often… that… people with serious mental health issues end up with felony convictions, is that… is, is that…

JOYCE KENDRICK: I think that unfortunately we do resolve some of these issues but they do end up taking a plea. A lot of the times it's… I think there's pressure on the DA's office that they're not drop these cases, that they not… that they treat them seriously and so they do go forward with these cases even where the police officer is not really hurt maybe it's a… I mean we hear things about a bruised pinky, I mean you know they hurt my finger, you know this, this is outrageous in our opinion that a person could end up pleading guilty to a felony.

COUNCIL MEMBER COHEN: Thank you Madame Chair.

CHAIRPERSON GIBSON: Thank you all for being here, we look forward to working with you, thank you so much for joining us. We want to thank everyone for joining us at today's very important hearing. Thank you to the administration and all of the members of the public who came to testify, thank you to the staff, thank you to my Co-chair, Council

Member Andy Cohen and thank you to the Sergeant at Arms and everyone who joined us today. This hearing of the Committees on Public Safety and Mental Health is hereby adjourned, thank you.

[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date September 10, 2017