NYPD

Wednesday, September 6, 2017

STATEMENT OF SUSAN HERMAN
DEPUTY COMMISSIONER, COLLABORATIVE POLICING
NEW YORK CITY POLICE DEPARTMENT

BEFORE THE NEW YORK CITY COUNCIL COMMITTEE
ON PUBLIC SAFETY AND THE COMMITTEE ON MENTAL HEALTH,
DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE,
AND DISABILITY SERVICES

COUNCIL CHAMBERS, CITY HALL
SEPTEMBER 6, 2017

Good morning Chair Gibson, Chair Cohen and members of the Council. I am Susan Herman, Deputy Commissioner, Collaborative Policing in the New York City Police Department (NYPD). Today, I am joined by Lieutenant Angela Ho of the NYPD's Training Bureau as well as by Dr. Gary Belkin, Executive Deputy Commissioner in the NYC Department of Health and Mental Hygiene (DOHMH). On behalf of Police Commissioner James P. O'Neill, I am pleased to address the Council on the NYPD's response to persons 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.

Every day, 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 a 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 unsurprising 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 of the Department's most important recent training initiatives, the crisis intervention team training (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 academy staff 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 officers' 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 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 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 skills I outlined have long been taught to officers in the Emergency Service Unit and the Hostage Negotiation Team and to a lesser extent, all officers. In fact, our ESU officers serve as a model for the country. They receive over 8 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, 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 Sergeant's, Lieutenant's, and Captain's 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 use in the field.

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 first like to highlight two such interactions by officers who at the time had not received our new CIT, followed by two examples of interactions by officers who had completed the course:

- In February, two officers responded to a call concerning a suicidal male in a hotel. The man's mother called 911 and said that her son possibly had a firearm and planned to kill himself. The officers responded to the hotel and knocked on 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 Police 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 a supervisor, the Emergency Service 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 individual's 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 other officers to safely subdue her. A later conversation with the distressed woman's family revealed that she had intended for the police to kill her when she called 911.

- In April, 2016 a Police Officer stated that CIT training gave her the skills necessary to keep a woman who was threatening to jump off the 10th 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 in mental crisis is the new Co-Response Teams (CRTs). CRTs 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 needs-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 inter-agency 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 healthcare 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 a 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 multifaceted collaborative approach currently being employed by agencies, but also, the potential role of governmental and non-governmental 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.

OFFICE OF THE RICHMOND COUNTY DISTRICT ATTORNEY

THE COUNCIL OF THE CITY OF NEW YORK

COMMITTEE ON PUBLIC SAFETY

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND DISABILITY SERVICES

SEPTEMBER 6, 2017

MICHAEL E. MCMAHON, DISTRICT ATTORNEY

Oversight - NYPD's Responses to Persons in Mental Health Crisis

Testimony Provided by Paul A. Capofari, Chief Assistant District Attorney of Richmond County

Thank you for the opportunity to testify before today's joint hearing of the Committee on Public Safety and the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services. My name is Paul Capofari, I am the Chief Assistant District Attorney of Richmond County. I am here today on behalf of District Attorney Michael E. McMahon. Please allow this to serve as the official testimony of our Office.

As you are both keenly aware, the link between those with mental health issues and those who find themselves in the criminal justice system is undeniable. According to the National Alliance on Mental Illness (NAMI), two million people with mental illness are booked into jails each year across the nation, and nearly 15% of men and 30% of women booked into jails have a serious mental health condition. Unpacking and understanding these startling numbers leads one to the obvious conclusion that the men and women of the NYPD interact with mental illness on a regular basis and that there is tremendous value in investing and improving the NYPD's interaction with those with mental health issues or those who are in a mental health crisis.

In January 2017 the Office of the Inspector General for the NYPD (OIG-NYPD) published a report entitled: Putting Training into Practice: A Review of NYPD's Approach to Handling Interactions with People in Mental Crisis. That report states: "NYPD does not deploy those specially-trained officers to incidents involving people in crisis" and "there is no organized mechanism to ensure that Crisis Intervention Team ("CIT") officers are called to scenes where their training is needed." Upon release of the Inspector General's report, NYPD agreed that this gap was troublesome, and stated they were assessing how to fix it: "The department is currently assessing the ongoing CIT program in an effort to more effectively address the availability of trained personnel to respond to calls for the emotionally disturbed, in the most timely and efficient manner possible." Clearly, there is a will to improve upon the current state of affairs. In the same response to the Inspector General's report however, NYPD Spokesman J. Peter Donald stated that the implementation of the recommendations would involve "considerable costs, time and testing."

We agree with the Inspector General's recommendations and also acknowledge the practicalities and challenges expressed by the NYPD, and would like to advocate and suggest that a sustainable and practical first step would be to launch a pilot region for expanded CIT training and deployment for all calls involving people in mental crisis. Staten Island is an ideal place to launch just such a pilot program for a host of reasons, including:

1) Staten Island's contained geography, lower crime rate, and single dispatch for its four precincts creates an environment well-suited for determining if this expansion can occur; on what time frame; and with what expense throughout the rest of the City of New York.

2) Staten Island has proven in the past to be a successful location for pilots of new strategies and training programs due to its strong borough command and effective training procedures and protocols. Whether it's the Overdose Response Initiative, body-worn cameras, or the carrying and distribution of naloxone, Staten Island has been a place of firsts and with significant and meaningful impact on citywide initiatives.

3) Lastly, there are already ongoing collaborative efforts and infrastructure in place between NYPD, RCDA, and the medical and related facilities on Staten Island to facilitate an integrated and comprehensive response to individuals with mental illness or in the midst of a mental health crisis. This existing foundation creates a strong base from which new efforts can be expanded and

improved upon. Presently, our office works with mental health facilities on Staten Island, of which there are several, including the South Beach Psychiatric Center in addition to independent nursing homes, to respond to incidents where the victims and/or defendants have mental health diagnoses and reside within the facility. Since we employ and have access to specially-trained and experienced professionals in the field of mental health, we have been able to recommend next steps to the victims and management of the facilities, as well as work with NYPD on appropriate responses to these delicate and complex situations.

Additionally, we recommend that the NYPD explore the adoption of the model used by the Memphis Police Department that has since been duplicated to hundreds of police departments around the globe. The "Memphis Model" CIT is made up of officers from each patrol precinct that are "called upon to respond to crisis calls that present officers face-to-face with complex issues relating to mental illness." According to the Memphis Police Department, they currently employ approximately 268 CIT officers who serve the entire city (2016 population estimate 652,717 people). These officers "participate in specialized training under the instructional supervision of mental health providers, family advocates, and mental health consumer groups. Due to the training, CIT officers can, with confidence, offer a more humane and calm approach. These officers maintain a 24 hour, seven day a week coverage."

It is our belief that specially trained CIT teams that receive extensive education on responding to individuals in crisis would be more beneficial to the safety of all of our citizens than exclusively providing minimal training to all NYPD officers at the Police Academy.

I would like to add a personal note. I have served as an officer for the National Alliance on Mental Illness, to include a short period as the N.Y. State President. My involvement with NAMI, as for so many members, stems from mental health crisis that have affected my family. Your greatest fear is that your family member, while in crisis, will encounter the police, and that a situation will escalate and escalate until someone, either the police officer or your loved one, will be physically injured. The Memphis model of CIT works; we can prevent these tragedies. I urge the council to get it started in New York City. Let's launch it on Staten Island.

I would like to thank you again for offering the opportunity to testify before your Committee today. We at the Richmond County District Attorney's office look forward to working with all of you to ensure our fellow New Yorkers who live each and every day with a mental health illness are appropriately and effectively responded to in their moment of need.

###END###

It's never easy to lose a loved one. As a parent, you hope that your children will outlive you. It's not only unfortunate but difficult as a mother to have to bury your youngest child. It's even more difficult when you know that his death could've been avoided. How can you sleep at night? How can you move forward when you watched your child be murdered by the people you called to help him. That's the nightmare that my Aunt is living. It's 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? When will someone step up and say that enough is enough and put a stop to this. Who is going to protect us as citizens and protect our children? I am here because I want to plead with this city council body to create a task force to evoke change with how the police department handles calls involved with mentally ill individuals. We believe that all 34,450 NYPD officers receive Crisis Intervention Team(CIT). This should be high on the priority list. We are asking that a special task force be put together to handle these calls so that we do not have the same outcomes. We know that nothing can or will ever bring Dwayne back. It's a harsh reality that we have to live with and are trying to cope with every day. However it's harder when we know that more could've 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 emotional disturbed. Distress calls for help should not end with families watching their loved ones die at the hands of the police. Change is a must! Another family should not have to deal with this avoidable tragedy or live this nightmare.

Written by: Charlyn A Thomas

RUBENSTEIN & RYNECKI
ATTORNEYS AT LAW
16 COURT STREET, SUITE 1717
BROOKLYN, NEW YORK 11241
Tel. (718)522-1020
Fax. (718)522-3804

SANFORD A. RUBENSTEIN
SCOTT RYNECKI*
ROBERT MIJUCA

KLIOPATRA VRONTOS*
RICHARD M. LEVY
HARPER SMITH
FARRIS FAYYAZ
MARC BATTIPAGLIA*
* ADMITTED IN NY & NJ

STATEMENT OF CIVIL RIGHTS ATTORNEY SANFORD RUBENSTEIN

I presently represent 4 families of mentally ill persons killed by police in New York City within the last 8 months. The families of James Owens, Dwayne Jeune, Ariel Galarza and Erickson Brito. If you add to those 4 deaths the killing of Deborah Danner, who suffered from schizophrenia, by an NYPD officer in the Bronx that makes 5 mentally ill persons killed by the NYPD in the last 11 months. As of late July 2017, only 16% of NYPD officers were trained in how to handle cases involving the emotionally disturbed. Certainly that number has to become 100%. Just as important, we desperately need a task force of experts to look at the protocol that presently exists to determine how training can be improved and what other measures can be enacted to prevent the all too frequent deadly confrontations between the mentally ill and police. We need to curb what appears to be a shoot first and ask questions later mentality of police who respond when 911 is called for help by a family member of a mentally ill person. In addition this task force has to look at why present protocol is not properly followed by police who respond to 911 calls involving the mentally ill and particularly why police not trained in dealing with the emotionally ill fail to call emergency medical service personnel, who are, 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. I urge this body to create either an independent task force to specifically address this issue or to make sure that this issue is addressed as a significant component of a broader task force to look at police practices and procedures. The killings of the mentally ill in this city by police must stop.

When insanity can get you killed

ERROL LOUIS

When hundreds of demonstrators recently took to the street to protest the police killing of seriously mentally ill New Yorkers, my main question was: What took you so long?

New York is long overdue for a complete overhaul of the way we treat severely mentally ill people. And by long, I mean at least 33 years, the length of time since a 66-year-old grandmother named Eleanor Bumpurs was shot to death by police attempting to evict her from an apartment in the Sedgwick Houses.

Bumpurs was four months behind on her rent of $96.85. Less than a week before cops arrived, a city social worker and psychiatrist had visited her. She told them that then-President Ronald Reagan had vandalized her apartment.

The psychiatrist wrote that the elderly woman "is psychotic, does not know reality from non-reality." Somehow, that information translated into an armed team of officers who tried to extract her from the apartment and found Bumpurs naked, terrified and holding a knife.

She was killed with a shotgun blast. I remember covering the ensuing demonstrations.

More than two decades later, too little had changed.

In 2007, I interviewed the anguished mother of a teenager named Khiel Coppin, who had called Interfaith Medical Center for help because her son was off his meds and acting odd. When the medical team arrived, Khiel wasn't around — and when he did return and began raging and ranting, his mother called the cops.

"Come get me! I have a gun! Let's do this!" Khiel shouted at the cops. He was holding a hairbrush. Cops fired 10 bullets into the teenager, killing him.

This year, like every year, we can point to half a dozen similar cases that is why people are protesting. More power to them.

James Owens, a 63-year-old man who had wrestled with mental illness his whole life, was tasered, then shot to death by cops in January. He was holding a knife and a spoon.

In July, a 32-year-old man named Dwayne Jeune fell into the same fatal pattern at his Flatbush Gardens home. Family members called to report erratic behavior, after which cops arrived, shooting first with a taser and then bullets, killing Jeune.

And last fall saw a trio of tragedies. In the Bronx last October, a neighbor called cops and claimed a man named Ariel Galarza was agitated and holding a knife; he died after being tasered by cops — and it turned out the "knife" was actually a bottle of hot sauce.

That same month, 66-year-old Deborah Danner, who suffered from schizophrenia, was shot to death in her apartment. Sgt. Hugh Barry, who killed her, has been indicted and charged with murder.

And in November, Erickson Gomez-Brito, who had struggled with addiction and depression, was shot to death in the Van Dyke Houses in Brownsville after scuffling with cops.

The same tragic story, over and over again

"Where have we come since Eleanor Bumpurs?" says attorney Sanford Rubenstein, who is representing several of the families of emotionally disturbed New Yorkers killed by cops. "The killing has to stop."

According to the NYPD, as of late July, only 16% of NYPD officers were properly trained in how to handle cases involving emotionally disturbed people.

Mental health activist D.J. Jaffe has been a vocal critic of the city's efforts, including the de Blasio administration's Thrive NYC initiative. At a panel discussion hosted by the Manhattan Institute earlier this year, Jaffe said the city's hotline and outreach efforts were largely wasted on the most seriously ill.

"When you have a disorder in your brain and you think you are the messiah, you are not going to go in for treatment. You like being the messiah," Jaffe told me. "Forty percent of seriously mentally ill New Yorkers receive zero services — not counseling, not medication."

The best solution, he says, is to expand community-based outreach programs with the skill, patience and track record to connect with the very toughest populations — people who have fallen through the safety net and ended up on street corners and subway platforms, skipping their medication and talking to themselves.

In addition to heeding Jaffe's advice, the NYPD should make sure 100% of officers are trained in how to deal with disturbed people, and do it quickly. That protocol should focus on keeping people safely contained — or even walking away altogether — until trained counselors can arrive.

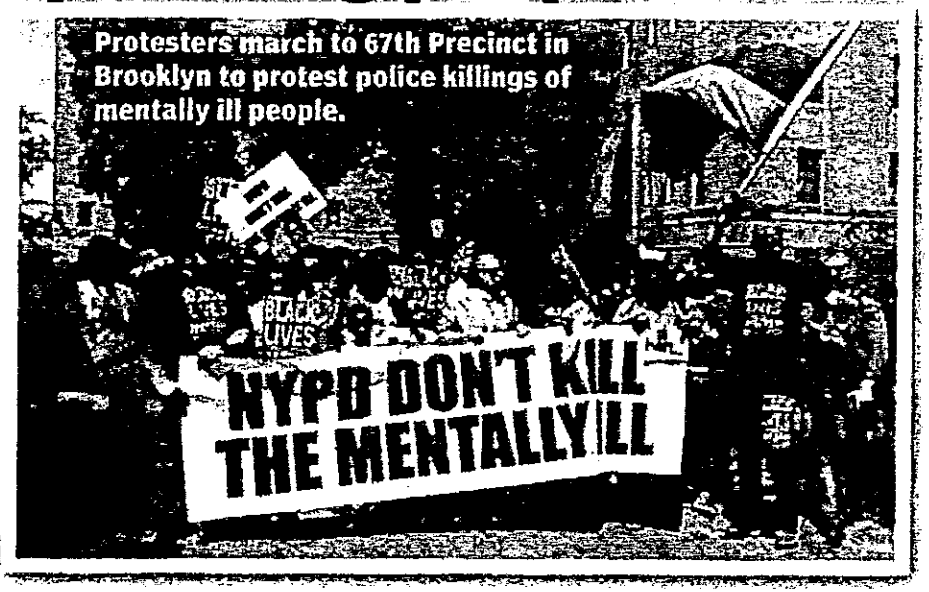
Above all, we should avoid kidding ourselves about whether the city is making measurable progress in this area. The body count strongly suggests otherwise.

Louis is political anchor of NY1 News.

STOP 'ILL' WILL

Rally over cops killing people with mental issues

BY DALE W. EISINGER and THOMAS TRACY
NEW YORK DAILY NEWS



Protesters march to 67th Precinct in Brooklyn to protest police killings of mentally ill people.

JAMES OWENS spent years wrestling with addiction and mental illness as he tried to eke out a normal life.

In January, city cops snatched that life away with a bullet, his grieving nephew said Saturday.

"(He) was gunned down like a wild animal in his own home," John Martin said about his 63-year-old uncle, who was shot and killed as he confronted police with a knife. "He was supposed to be protected. He wasn't provided without that assistance."

Martin joined 200 others in condemning police violence against the mentally ill during a rally in Brooklyn on Saturday.

Many in attendance had relatives who suffered the same fate as Owens, who was shot in the head, neck and chest by cops — even though he stood more than 10 feet away from them.

Police were called when Owens, who was having an adverse reaction to his new medication, became agitated and began acting erratically. When officers arrived at his Canarsie home, he had a large knife in one hand and a spoon in the other.

Cops tasered Owens, but when that didn't work, they shot him, authorities said. Brooklyn prosecutors are investigating the incident.

At least three of Owens' family members are NYPD cops, relatives said.

Gathering at the Flatbush Gardens Houses on Saturday, protesters marked the spot where Dwayne Jeune was gunned down by police last month.

Like Owens, responding cops found Jeune with a knife when they were called to the housing project. When a Taser didn't stop him, the officers used lethal force, family members said.

"We are really hoping that we put a stop to NYPD killing of not only the mentally ill, but innocent people as well," said Carolyn Tomas, Jeune's cousin, who said Dwayne hadn't harmed anyone when he was shot.

Holding signs that read, "NYPD don't kill the mentally ill," the crowd marched to the nearby 67th Precinct stationhouse in East Flatbush where another rally was held.

The march was organized by attorney Sanford Rubenstein, who is currently representing four families who had mentally ill family members killed by police.

"Only 13 percent of NYPD officers have been trained how to deal with emotionally disturbed people," Rubenstein said. "That is unacceptable for the people of New York. One hundred percent of police officers must be trained to deal with emotionally disturbed people."

"When a family calls 911 for help they don't want to see their loved one killed by police," Rubenstein said.

At the beginning of August, 5,653 out of the 23,000 cops on patrol have received special training on how to handle the mentally ill, police said.

ALEX RUD

'Stop killings'

Push AG probes of cops & the mentally ill

EXCLUSIVE

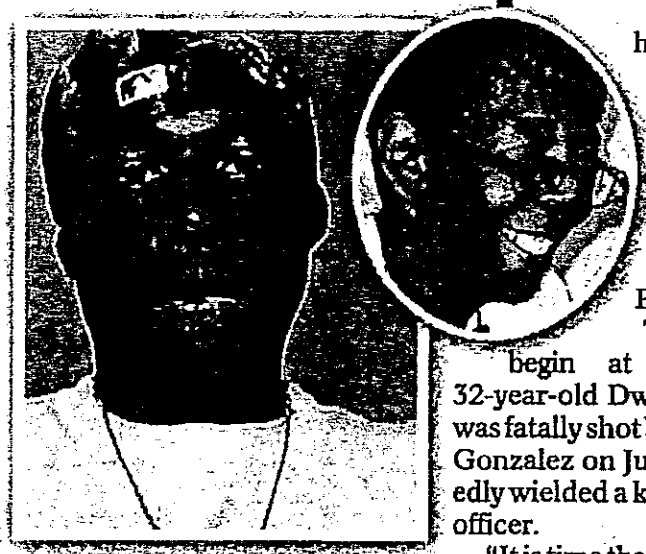
BY CHRISTINA CARREGA
NEW YORK DAILY NEWS

FAMILIES OF mentally ill New Yorkers who were killed by NYPD cops are expected to join local leaders Saturday to urge the state attorney general to investigate such confrontations in the future.

Starting on New York Ave. in East Flatbush, Brooklyn, demonstrators with Black Lives Matter and the James E. Davis Stop the Violence Foundation are slated to march to a nearby precinct – the 67th or 70th – to protest against police violence toward the mentally ill.

"We need all NYPD officers to be trained how to interface with the mentally ill – only 13% of the force have been trained to date," said attorney Sanford Rubenstein. "These killings must stop."

Over the past eight months, Rubenstein and his law partner Scott Rynecki were retained by the families of four mentally ill New Yorkers who were killed during an NYPD confrontation.



Dwayne Jeune (above) and Deborah Danner (inset) are among New Yorkers slain by cops in recent months, leading to protest march this Saturday.

"We need a task force to look at police protocol in these situations and Gov. Cuomo to extend his executive order giving the attorney general jurisdiction in all cases in which a mentally ill person is killed by a police officer," Rubenstein said.

The march is to begin at the home of 32-year-old Dwayne Jeune, who was fatally shot by Officer Miguel Gonzalez on July 31 as he allegedly wielded a knife over another officer.

"It is time that Mayor de Blasio and (Police) Commissioner (James) O'Neill paid attention to this problem," said Hawk Newsome, the president of the state chapter of Black Lives Matter.

Jeune was among five mentally ill city residents who died at the hands of NYPD officers in the past 11 months.

Another was Ariel Galarza, 49, who went into cardiac arrest and died when Sgt. William Melrose Tasered him twice in the Bronx last Nov. 2. Galarza had a learning disability, his family said.

And last Oct. 18, Deborah Danner was gunned down by Sgt. Hugh Barry inside her Bronx home. Danner, 66, who suffered from schizophrenia, was armed with a bat and scissors at the time. Barry has been indicted on a murder charge in Danner's death.

On Nov. 19, Erickson Gomez Brito, whose family said he suffered from mental illness, was shot to death by Officers Andris Bisogno and Jennifer Garcia in Brownsville, Brooklyn. Brito, 21, had grabbed Bisogno's baton and beat the pair during a stop before they fired seven shots. The succession of the shots are under scrutiny.

In January, an emotionally disturbed James Owens, 63, was armed with a knife 10 feet away from a cop who shot and killed him in Canarsie, Brooklyn. Prosecutors are investigating Owens' death.

Testimony of Carla Rabinowitz Advocacy Coordinator, Community Access Project Coordinator, Communities for Crisis Intervention Teams in NYC, CCITNYC

City Council Hearing
On NYPD Response to Mental Health
Wednesday, September 6, 2017

Carla Rabinowitz
Community Access/CCITNYC
212-780-1400 x7726
crabinowitz@communityaccess.org

Thank you to the members of the Council for hearing this testimony today. My name is Carla Rabinowitz. I am the Advocacy Coordinator at Community Access and the Project Coordinator of CCINYC, a coalition of 75 organizations and stakeholders whose mission is to improve relations between the NYPD and the mental health community by advocating for a fully responsive Crisis Intervention Team approach and diverting mental health recipients away from the criminal justice system.

Community Access is a 44 year old non profit that helps people with mental health concerns through quality supportive housing and employment training.

CCITNYC and Community Access requests that you revive the Mayor's Task Force on Behavioral Health and Criminal Justice. This Taskforce met twice in 2014 and has since been defunct.

We ask that you recommend the Mayor assign this Taskforce to the oversight of a Deputy Mayor.

We need all stakeholders and all city and state agencies at the table to suggest alternatives to police responding to these EDP calls. Expanding co-response teams throughout the city, more mobile crisis teams, and pairing mental health peers with police to calm down these encounters are a few ideas to explore.

Some of the contributions of the Taskforce have already been taken up by the city, including the implementation of CIT training for some members of the NYPD.

The NYPD training is going well, though there is still a significant need for adequate training.

We ask that at least 15,000 officers be trained, especially since Rikers is closing and there will be more of these encounters. Countless people have been saved by CIT officers. CIT officers saved a child threatening his mom with a knife, and stopped many potential suicides.

But CIT training alone is not going to prevent these recurring deaths.

Since the NYPD started CIT training, at least 6 mental health recipients have died in police encounters.

Mario Ocasio , Age 51– June 2015
Rashan Lloyd , Age 25- June 2016
Deborah Danner, Age 66- October 2016
Ariel Galarza, Age 49-November 2016
Dwayne Jeune, Age 32- July 2017
Andy Sookdeo, Age 29-August 2017

We need to intercept and divert issues before mental health recipients get into crisis, and for that we need funding of community services.

We need alternatives to hospitals, which recipients fear, like Respite care, where people in crisis can learn to recover and get connected to long term support.

We need to support the police by building diversion centers to provide a rapid handoff of New Yorkers in acute crisis from police custody to get immediate care and long term connections to community resources,

We need community forums with police and mental health recipients to reduce the fear in the mental health community when the police arrive.

And most importantly, we need the Mayor to revive his 2014 Taskforce on Behavioral Health and Criminal Justice. And place this Taskforce under a Deputy Mayor, with the resources to get things done.

We need all stakeholders and all city and state agencies at the table to suggest alternatives to police responding to these EDP calls. Expanding co-response teams throughout the city, more mobile crisis teams, and pairing mental health peers with police to calm down these encounters are a few ideas to explore.

Therefore we ask that you recommend the Mayor revive his 2014 Taskforce on Criminal Justice and Behavioral Health.

Testimony of

The Legal Aid Society

And

Coalition for the Homeless

on

Oversight: NYPDs Responses to Persons in Mental Health Crisis

prepared for submission to

The New York City Council
Committee on Public Safety and the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services

by

Joshua Goldfein
Staff Attorney
The Legal Aid Society

Giselle Routhier
Policy Director
Coalition for the Homeless

September 6, 2017

We want to thank you for the opportunity to testify today. We believe that proper oversight of the NYPD with regard to its responses to persons with mental health crisis is vitally important to the health and safety of the people of New York City. Better oversight can help save lives, avoid needless tragedies, improve the safety of both the community and police officers, provide better access to essential mental health services and help achieve longer term goals such as reducing the cost of incarceration and eventually closing Rikers Island.

A History of Needless Violence

The litany of needless tragedies involving the NYPD and those in mental health crisis is a long one. Last October, New York police Sergeant Hugh Barry shot and killed Deborah Danner, a 66 year-old African American woman with a mental illness. Neighbors had called the NYPD saying Ms. Danner had been acting erratically. When police officers arrived at her Bronx apartment, she waived a pair of scissors and then a baseball bat. She took a swing at the Sergeant, who then shot her twice. The Sergeant is now charged with murder, accused of failing to follow protocol by using his taser or waiting for specially trained backup to arrive.[1]

Just over a month ago, police fatally shot a man named Dwayne Jeune in his apartment after they reported that he charged at them with a knife.[2] The man's mother had called 911 emergency operators and had reported that he was acting erratically but not violently. This incident is just the latest in a long line of incidents where something went horribly wrong when NYPD officers interacted with a mentally ill person in crisis.

Over the years, there have been far too many highly publicized police interventions that resulted in the deaths of people with psychiatric disabilities, such as Eleanor Bumpers, Gidone Busch and Kevin Cerbelli – people who were disturbed and agitated at the time of the call to the police. Within the past year alone, Davontte Pressley[3] and Ariel Galarza[4] were also shot. In addition, many less publicized calls for help on behalf of emotionally disturbed persons have resulted in the injury, arrest and incarceration of the person in need of help and the injury of those who went to the scene to provide assistance.

Not all of the injuries are suffered by those directly involved in an incident. In 2013, the police shot two innocent bystanders in Times Square when they attempted to stop a disoriented man lurching amid traffic by shooting at him.[5]

Last January, the New York City Department of Investigation Office of the Inspector General for the NYPD (OIG) issued a sensible report titled "Putting Training Into Practice: A Review of the

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[1] Editorial Board, The Death of Deborah Danner, *The New York Times*, October 20, 2016
[2] Dwayne Jeune, July 2017
http://www.nydailynews.com/new-york/brooklyn/emotionally-disturbed-man-fatally-shot-nypd-cops-brooklyn-article-1.3371791
[3] Davonte Pressley, October 2016
https://www.dnainfo.com/new-york/20161027/east-flatbush/davonte-pressley-shot-by-police-knife-charged-assault
[4] Ariel Galarza, November 2016
http://www.nydailynews.com/new-york/bronx/man-critical-condition-cops-taser-bronx-clash-article-1.2855934
[5] Michael Schwirtz and J. David Goodman, Police Bullets Hit Bystanders, and Questions Rise Yet Again, *The New York Times*, September 15, 2013

NYPD's Approach to Handling Interactions With People in Mental Crisis."[6] The report concludes that simply training NYPD officers in Crisis Intervention Team (CIT) techniques is unlikely to have a significant impact on police responses unless the NYPD figures out a way to get the officers that it has trained to respond to crisis incidents. Until now, the Department has primarily relied on a goal of training about 25% of its active patrol officers in CIT methods and just assumed that the precepts of the training would automatically produce some effect across all responding officers. While CIT training is a laudable goal, it has become apparent in the past year that many of the incidents like those cited above involved officers who were not properly trained. The report urged the NYPD to get officers who actually had CIT training to the scene of a call involving a person in crisis.

The OIG report also called for the creation of a dedicated mental health unit and revisions to the Patrol Guide that would incorporate the principles of the CIT training. The current Patrol Guide unfortunately does not emphasize helpful approaches like the use of de-escalation techniques, consideration of alternatives to arrest, or the use of available community resources. A properly updated Patrol Guide should provide clear instruction for officers to use these parts of the CIT training. Other recommendations of the report included greater allowance for officer discretion, better data collection so that the NYPD can properly study what works and what does not, and training of 911 dispatchers in CIT techniques.[7]

The NYPD responded to the OIG report in April of 2017, and its defensive tone says much about why mentally ill people continue to die and why the problem of the NYPD's reaction to mentally ill people in crisis continues today. The NYPD reports that the OIG "fails to account for the NYPD's historical success in interacting with people in mental crisis."[8] For a Police Department that denies that a problem exists and instead sees only historical success through rose-tinted glasses, it is hardly surprising that the required change in practices is so slow to come. The Department argues at length that it always had an effective policy in dealing with "EDPs" (emotionally disturbed persons) and that it has always had a highly trained and effective Emergency Services Unit (ESU) trained to respond to crises.

The fact that the Department cites its ESU – which consists of several hundred officers trained as frogmen, demolition experts, first responders to malfunctioning elevators, experts who climb bridges to stop people from jumping, among other things – as a properly trained response team for people in mental health crisis shows how far the NYPD is from fully embracing the nationally recognized Crisis Intervention Team approach.

Of note, in its response the NYPD claims to have trained 5,217 officers in CIT techniques, towards its goal of training 5,500 officers. We understand, however, that the NYPD is now counting a watered down version of the training for new recruits as a part of that total. While an introduction of the CIT concepts to people who have never been in the field is a good idea, this

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[6] New York City Department of Investigation Office of the Inspector General for the NYPD, Mark G. Peters, Commissioner, *Putting Training Into Practice: A Review of the NYPD's Approach to Handling Interactions With Mentally Ill People in Mental Crisis*, January 2017

[7] *Id.* at pp. 4, 5

[8] Lawrence Byrne, Deputy Commissioner, Legal Matters, Letter to Honorable Bill de Blasio, Honorable Melissa Mark-Viverito, Honorable Mark G. Peters, Honorable Phillip K. Eure, April 18,2017, p. 3

training is hardly the equivalent to the fully developed course. We urge that the Council to require additional and more intensive training of patrol officers.

It is also important to note that individuals who are homeless and living on the streets have much higher rates of severe mental illness than the general population and come into contact with NYPD much more frequently. It is therefore crucial that all officers responding to an emotionally disturbed person on the street or in a shelter be trained appropriately.

Treatment as an Essential Option

In addition to requiring additional and more intensive training, we believe that an important next step for the City is the establishment of fully operational, specially designated diversion centers – rather than hospital emergency rooms – for use as an alternative to arrest.

We know that mentally ill persons arrested by the police comprise a significant proportion the population of Rikers Island. In 2012, the City reported that, on average, 36% of City inmates (58% of women and 42% of inmates aged 16 to 18) had some level of mental illness – a dramatic increase from 2005, when the percentage was less than 25%. The average length of stay in City DOC for the mentally ill was over twice as long as the rest of the population, and for young people the disparity is even more pronounced. The mentally ill are less able to post bail that those without mental illness, even for similarly situated crimes. The differences exist regardless of gender or borough.[9]

Two years later, in 2014, the City reported that people with mental illness had risen to 38% of the jail population, and people with serious mental illness comprised 7% of the total population.[10]

The practice of arrest and jail that has caused a growing percentage of mentally ill persons to be incarcerated is an expensive one for New York City taxpayers. According to a study of the City Independent Budget Office, it costs an average of $167,731 per year to feed, house and guard each inmate at Rikers Island.[11] The arrest practice also creates added costs for the court, prosecution and defense. Additionally, with higher rates of severe mental illness among street homeless individuals, the practice of arresting individuals with mental illness has led countless individuals to cycle in and out of homelessness and jails, without ever receiving the appropriate care to meet their needs, at great expense to those individuals' personal health and City taxpayers.

We recognize that the City has begun to take steps to divert mentally ill persons out of the criminal justice system, but much more needs to be done. The addition of fully developed drop-off centers where those in crisis can receive appropriate treatment is an essential next step.

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[9] Justice Center, The Council on State Governments, *Improving Outcomes for People with Mental Illnesses Involved in New York City's Criminal Court and Correction Systems*, December 2012

[10] Mayor's Task Force on Behavioral Health and the Criminal Justice System, *Action Plan*, 2014

[11] Marc Santora, *The New York Times*, August 23, 2013

Other jurisdictions use models that divert mentally ill persons who commit low level offenses from the criminal justice system. These models are designed by the local police department in cooperation with mental health professionals to achieve a variety of important goals: reduced arrest rates, improved services for people with mental illness, and improved efficiency for law enforcement. This is achieved by reducing the time spent on calls for individuals in crisis and improved effectiveness for law enforcement. Other goals of these models include decreased recidivism by repeat offenders; diversion of offenders from the criminal justice system to systems better equipped to meet their needs; reduction of officer and civilian injuries; improved officer knowledge about mental illness; and the formation of more effective partnerships with the mental health community.[12]

There Has Been Progress, But More Needs to be Done

The Legal Aid Society has a group of trained social workers in arraignment court who interview mentally ill people who have been arrested. They are there for the specific purpose of diverting people away from Rikers Island and into more appropriate treatment settings. The social workers frequently interact with the arresting police officers, and report that some officers are now showing a vastly improved ability to interact with mentally ill arrestees.

We have started to see some NYPD officers in Court who are skilled at deescalating potentially dangerous situations, calming down a person in crisis, helping a person sign a HIPAA form, putting a defendant at ease to begin an interview, and making sure that a person with mental illness is returned to a hospital after arrest. The progress has, however, been uneven and we still see far too many instances in which seriously mentally ill people going through withdrawal are brought into court with no idea where they are or what they are doing there. Sometimes they are released in such poor condition that they have no idea of how to get home. There has, however, been some improvement in determining when a person should be brought to a hospital instead of being processed for arrest. We suspect this progress is the result of the better training being given to some of the officers.

Based on what we have seen in the arraignment court, we believe that further expansion of the intensive CIT training for officers responding to emotionally disturbed persons will enable them to make more informed decisions as to when it is appropriate to make a full arrest as opposed to a hospital referral. Better judgments regarding referrals should lead to increased community safety, more appropriate responses to homeless persons in crisis, and a reduction of the number of serious incidents for crimes such as assault that would not occur with proper treatment and medication.

We thank the Council for the opportunity to testify and look forward to working together on this and many other issues.

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[12] See Melissa Reuland, Jason Cheney, *Enhancing Success of Police-Based Diversion Programs for People with Mental Illness*, TAPA Center for Jail Diversion, National GAINS Center, May, 2005

About The Legal Aid Society and Coalition for the Homeless

The Legal Aid Society: The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal and juvenile rights matters, while also fighting for legal reform.

The Legal Aid Society has performed this role in City, State and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 1,100 lawyers, working with some 800 social workers, investigators, paralegals and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, the Society provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

The Society's legal program operates three major practices — Civil, Criminal and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by the Society's Pro Bono program. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. In addition to the annual caseload of 300,000 individual cases and legal matters, the Society's law reform representation for clients benefits more than 1.7 million low-income families and individuals in New York City and the landmark rulings in many of these cases have a State-wide and national impact.

The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the Callahan and Eldredge cases. The Legal Aid Society is also counsel in the McCain/Boston litigation in which a final judgment requires the provision of lawful shelter to homeless families.

Coalition for the Homeless: Coalition for the Homeless, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to the crisis of modern homelessness, which is now in its fourth decade. The Coalition also protects the rights of homeless people through litigation involving the right to emergency shelter, the right to vote, and life-saving housing and services for homeless people living with mental illness and HIV/AIDS.

The Coalition operates 11 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term solutions and include: Supportive housing for families and individuals living with AIDS; job-training for homeless and formerly-homeless women; and permanent housing for formerly-homeless families

and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition's mobile soup kitchen distributes over 900 nutritious hot meals each night to homeless and hungry New Yorkers on the streets of Manhattan and the Bronx. Finally, our Crisis Intervention Department assists more than 1,000 homeless and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries.

The Coalition was founded in concert with landmark right to shelter litigation filed on behalf of homeless men and women (*Callahan v. Carey* and *Eldredge v. Koch*) and remains a plaintiff in these now consolidated cases. In 1981 the City and State entered into a consent decree in *Callahan* through which they agreed: "The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter." The *Eldredge* case extended this legal requirement to homeless single women. The *Callahan* consent decree and the *Eldredge* case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed monitor of municipal shelters for homeless adults, and the City has also authorized the Coalition to monitor other facilities serving homeless families.

BROOKLYN DEFENDER SERVICES

TESTIMONY OF:

Joyce Kendrick – Supervising Attorney
Criminal Defense Practice – Mental Health Unit

BROOKLYN DEFENDER SERVICES

Presented before

The New York City Council Committee on Public Safety
Jointly with the
Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services

Oversight Hearing on
NYPD's Responses to Persons in Mental Health Crisis

September 6, 2017

I. Introduction

My name is Joyce Kendrick and I am the Supervising Attorney of the Criminal Defense Practice - Mental Health Unit at Brooklyn Defender Services. BDS provides multi-disciplinary and client-centered criminal, family and immigration defense, civil legal services, social work support and advocacy in nearly 40,000 cases involving indigent people in Brooklyn every year. The BDS Mental Health Unit provides specialized representation to criminal defense clients in the Mental Health Treatment Court and in competency evaluation proceedings.

Over the last twenty years, I have represented thousands of clients struggling with mental health challenges in misdemeanor and felony cases in Brooklyn courts. Sadly, the NYPD continues to use unlawful and sometimes lethal force against people in mental health crises on a regular basis rather than de-escalating the situation.

I am grateful to be here to give voice to the experience of my clients and my fellow practitioners and provide recommendations for critical reform in how the NYPD responds to people in crisis.

Introduction

A few years ago, I represented Natasha, a woman in her early thirties who was shot in the stomach by police and severely wounded after her friend called the police asking for assistance. The friend told the 911 operator that Natasha was breaking things in her apartment. She added that Natasha was off her medication and in crisis but did not have a weapon. When they arrived at the scene, officers told Natasha to lie down on the floor. When she did not comply with their orders because of her illness, they used a Taser on her and subsequently shot her in the stomach with a gun. No weapon was recovered from the scene but Natasha was charged with felony attempted assault of an officer and put under arrest as the paramedics wheeled her away. I met Natasha at her hospital bed where she was on a ventilator being treated for life-threatening injuries. The charges were subsequently reduced to a misdemeanor, making Natasha eligible for Mental Health Treatment Court. All of this could have been avoided if a crisis intervention team had responded to the call, de-escalated the situation, and connected Natasha with the critical services that she needed to stabilize and get back on her feet.

We are here today because Natasha's story is not an isolated incident. The recent deaths of Dwayne Jeune in Brooklyn and Debora Danner in the Bronx illustrate the urgent need for a shift in thinking about how the NYPD responds to a person in crisis. Without a doubt, the NYPD must do better in training all officers in crisis intervention training.[1] But there is much more that can and should be done to prevent unnecessary and harmful police violence, and the Council need look no further than two recent mayoral initiatives and their reports and recommendations.

In 2011, my office served on Mayor Bloomberg's Steering Committee of the Citywide Justice and Mental Health Initiative. The Initiative sought to develop and implement data-driven strategies to improve the City's response to people with mental illnesses who are involved in the adult criminal justice system. BDS also served on Mayor de Blasio's Task Force on Behavioral Health and the Criminal Justice System which convened in 2014 and issued a report that year.

Both mayoral initiatives studied closely these issues and proposed solutions to divert people with mental illness from the criminal justice system and to improve behavior health services for court-involved people.[2] The 2014 Report indicated that the City

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[1] The New York Times reported this week that "more than 5,600 of the 36,000 uniformed police officers in the city had received the training so far." The Department stated that they are focused "on providing crisis intervention training to lieutenants, sergeants and certain neighborhood-based officers, which is expected to be completed in 2018." Ashley Southall, *In Shooting of Mentally Ill Man, Officer Followed Protocols, Police Say*, N.Y. TIMES, Aug. 3, 2017.

[2] *See* IMPROVING OUTCOMES FOR PEOPLE WITH MENTAL ILLNESSES INVOLVED WITH NEW YORK CITY'S CRIMINAL COURT AND CORRECTION SYSTEMS (New York, NY: Justice Center, December 2012), available at http://www.nyc.gov/html/doc/downloads/pdf/press/FINAL_NYC_Report_12_22_2012.pdf and

intended to spend $130 million to reduce unnecessary arrests and incarceration for people with mental illness. Earlier this year the Mayor announced that two new drop-off diversion centers will open in 2018 to provide short-term stabilizing services for 2,400 New Yorkers per year.

Despite this blueprint to reform, the City has been slow to change. The January 2017 NYC Department of Investigation Report and Analyses on the NYPD's Crisis Intervention Team Initiative illustrated what those of us on the ground already know: that the NYPD are ill-equipped to respond to mental health crises and they continue to respond, all too frequently, with unlawful or lethal force.[3]

To this date, we have yet to see the proposals articulated in our work on these mayoral initiatives implemented in any meaningful way. Brooklyn Defender Services calls on the Council to work with the Mayor and his administration to implement some of these reforms, particularly those indicated below.

Problems and Solutions

Problem 1: Families and caretakers are scared to call the police during a mental health crisis for fear of escalation.

Families and caretakers of people living with mental illness often feel that they have nowhere to turn when their loved ones are in the midst of a mental health crisis. They recognize the sad reality that in New York City, calling 911 to report a mental health crisis may lead to someone being shot by police.

Debora Danner, the woman tragically killed by police in the Bronx, wrote in an essay that she feared for her life.[4] Sadly, her worst fears were realized when she was shot dead by a policeman last October.

The City Council must work with the Mayor's Office and the NYPD to change the public's perception by changing the way that the NYPD respond to mental health crises.

Solution:

MAYOR'S TASK FORCE ON BEHAVIORAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM ACTION PLAN (New York, NY: City of New York, 2014), available at http://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/annual-report-complete.pdf.

[3] NYC Department of Investigation, Office of the Inspector General for the NYPD, PUTTING TRAINING INTO PRACTICE: A REVIEW OF NYPD'S APPROACH TO HANDLING INTERACTIONS WITH PEOPLE IN MENTAL CRISIS (January 2017), available at http://www1.nyc.gov/assets/doi/reports/pdf/2017/2017-01-19-OIGNYPDCIT-Report.pdf.

[4] Debora Danner, *Living with Schizophrenia*, N.Y. TIMES, Oct. 19, 2016, available at https://www.nytimes.com/interactive/2016/10/19/nyregion/document-Living-With-Schizophrenia-by-Deborah-Danner.html?_r=0.

a. *Crisis Intervention Teams should be dispatched to respond to 911 calls involving mental health crises*
b. *Train all uniformed NYPD officers on crisis intervention so that they have the tools to de-escalate situations and not utilize deadly force.*
c. *The City should finally open planned clinical community public health diversion centers (drop-off centers) so that NYPD have another option for people having mental health crises rather than arresting them*
d. *The City should publicize the important work of the Intensive Mobile Treatment team as an alternative response solution for people with mental health crises*[5]

Problem 2: NYPD continue to arrest and District Attorneys continue to prosecute people with mental illness rather than diverting this vulnerable population out of the criminal justice system altogether.

As the Supervisor of BDS's mental health unit, I only represent people with severe mental illness. The fact that my entire unit exists speaks to the failure of the City to end the unnecessary arrest of people in crisis – the stated goal of the 2014 Behavioral Health Task Force.

Solution:

a. *Train NYPD to not arrest people in mental health crises except in the rarest of circumstances*
b. *Train assistant district attorneys about mental illness and urge prosecutor offices to decline to prosecute cases involving people who are severely mentally ill*

Problem 3: People with mental health issues are often homeless or housing insecure. Their families and service providers struggle to provide them with the care and support that they need to stabilize.

The 2014 Report called on the NYC Department of Homeless Services to create 267 permanent housing slots, with supportive services, including mental health and substance use services. Homelessness and housing insecurity prevent people from getting the treatment they need to manage their mental illness.

Currently, hospitals will often hold people unlawfully, saying that they cannot release people to the streets. Yet after being held for a period of time, they are inevitably sent back to the streets because there are not enough beds anywhere in the City for people with severe mental illness.[6] The City must do better to increase the amount of supportive housing to meet the needs of New Yorkers in crisis.

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[5] More information about the Brooklyn Intensive Mobile Treatment is available on their website: https://www.cases.org/intensive-mobile-treatment-team/.

[6] *See* Benjamin Mueller, *Public Hospitals Treat Greater Share of Mental Health Patients*, N.Y. TIMES, Aug. 22, 2017, available at https://www.nytimes.com/2017/08/22/nyregion/new-york-mental-health-hospitals.html?mcubz=1.

Solution:

c. *Increase the amount of supportive housing*
d. *Support employment and paths to self-sufficiency*

II. Conclusion

The work has already been done to identify solutions to police violence against people with mental illness. But implementing these solutions requires political will. I look forward to working with the Council and the Mayor's Office to put into place these reforms to stop the unnecessary arrest and deaths of New Yorkers in crisis.

Please do not hesitate to reach out to me with any questions about these or other issues at (718) 254-0700 (ext. 119) or jkendrick@bds.org.

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Problem 1: Families and caretakers are scared to call the police during a mental health crisis for fear of escalation.

Families and caretakers of people living with mental illness often feel that they have nowhere to turn when their loved ones are in the midst of a mental health crisis. They recognize the sad reality that in New York City, calling 911 to report a mental health crisis may lead to someone being shot by police.

Debora Danner, the woman tragically killed by police in the Bronx, wrote in an essay that she feared for her life.[4] Sadly, her worst fears were realized when she was shot dead by a policeman last October.

The City Council must work with the Mayor's Office and the NYPD to change the public's perception by changing the way that the NYPD respond to mental health crises.

Solution:

MAYOR'S TASK FORCE ON BEHAVIORAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM ACTION PLAN (New York, NY: City of New York, 2014), available at http://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/annual-report-complete.pdf.

[3] NYC Department of Investigation, Office of the Inspector General for the NYPD, PUTTING TRAINING INTO PRACTICE: A REVIEW OF NYPD'S APPROACH TO HANDLING INTERACTIONS WITH PEOPLE IN MENTAL CRISIS (January 2017), available at http://www1.nyc.gov/assets/doi/reports/pdf/2017/2017-01-19-OIGNYPDCIT-Report.pdf.

[4] Debora Danner, *Living with Schizophrenia*, N.Y. TIMES, Oct. 19, 2016, available at https://www.nytimes.com/interactive/2016/10/19/nyregion/document-Living-With-Schizophrenia-by-Deborah-Danner.html?_r=0.

a. *Crisis Intervention Teams should be dispatched to respond to 911 calls involving mental health crises*
b. *Train all uniformed NYPD officers on crisis intervention so that they have the tools to de-escalate situations and not utilize deadly force.*
c. *The City should finally open planned clinical community public health diversion centers (drop-off centers) so that NYPD have another option for people having mental health crises rather than arresting them*
d. *The City should publicize the important work of the Intensive Mobile Treatment team as an alternative response solution for people with mental health crises*[5]

Problem 2: NYPD continue to arrest and District Attorneys continue to prosecute people with mental illness rather than diverting this vulnerable population out of the criminal justice system altogether.

As the Supervisor of BDS's mental health unit, I only represent people with severe mental illness. The fact that my entire unit exists speaks to the failure of the City to end the unnecessary arrest of people in crisis – the stated goal of the 2014 Behavioral Health Task Force.

Solution:

a. *Train NYPD to not arrest people in mental health crises except in the rarest of circumstances*
b. *Train assistant district attorneys about mental illness and urge prosecutor offices to decline to prosecute cases involving people who are severely mentally ill*

Problem 3: People with mental health issues are often homeless or housing insecure. Their families and service providers struggle to provide them with the care and support that they need to stabilize.

The 2014 Report called on the NYC Department of Homeless Services to create 267 permanent housing slots, with supportive services, including mental health and substance use services. Homelessness and housing insecurity prevent people from getting the treatment they need to manage their mental illness.

Currently, hospitals will often hold people unlawfully, saying that they cannot release people to the streets. Yet after being held for a period of time, they are inevitably sent back to the streets because there are not enough beds anywhere in the City for people with severe mental illness.[6] The City must do better to increase the amount of supportive housing to meet the needs of New Yorkers in crisis.

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[5] More information about the Brooklyn Intensive Mobile Treatment is available on their website: https://www.cases.org/intensive-mobile-treatment-team/.

[6] *See* Benjamin Mueller, *Public Hospitals Treat Greater Share of Mental Health Patients*, N.Y. TIMES, Aug. 22, 2017, available at https://www.nytimes.com/2017/08/22/nyregion/new-york-mental-health-hospitals.html?mcubz=1.

Solution:

c. *Increase the amount of supportive housing*
d. *Support employment and paths to self-sufficiency*

II. Conclusion

The work has already been done to identify solutions to police violence against people with mental illness. But implementing these solutions requires political will. I look forward to working with the Council and the Mayor's Office to put into place these reforms to stop the unnecessary arrest and deaths of New Yorkers in crisis.

Please do not hesitate to reach out to me with any questions about these or other issues at (718) 254-0700 (ext. 119) or jkendrick@bds.org.

NYLPI
40 YEARS OF JUSTICE

New York Lawyers
For The Public Interest, Inc.
151 West 30th Street, 11th Floor
New York, NY 10001-4017
Tel 212-244-4664 Fax 212-244-4570
TTY 212-244-3692 www.nylpi.org

September 6, 2017

Testimony of

Ruth Lowenkron, Disability Justice Director

on behalf of

New York Lawyers for the Public Interest

before

the Council of the City of New York

Committee on Public Safety

and

Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse, & Disability Services

regarding

the NYPD's Responses to Persons in Mental Health Crisis

Good morning. My name is Ruth Lowenkron and I am the Director of the Disability Justice Program at New York Lawyers for the Public Interest (NYLPI). Thank you for the opportunity to present testimony today regarding the critical issue of how the New York Police Department responds to individuals who are experiencing mental health crises.

I. New York Lawyers for the Public Interest

For the past 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual legal services, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

II. NYLPI's Disability Justice Program

NYLPI's Disability Justice Program works to advance civil rights and ensure equality of opportunity, self-determination, and independence of New Yorkers with disabilities. In the past five years alone, NYLPI disability advocates have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. Our landmark victories include integration into the community for people with mental illness, access to medical care and government services, and increased accessibility of New York City's public hospitals. NYLPI's Disability Justice Program is a member of the Communities for Crisis Intervention Teams in New York City (CCINYC) and supports the testimony presented today by CCINYC.

III. Fighting for the Rights of Persons with Mental Disabilities in New York City

The City must ensure that persons with mental disabilities who are in crisis receive appropriate services which will de-escalate the crises and ensure their wellbeing and the wellbeing of all other New Yorkers. Only those who are trained in de-escalation practices should respond to mental health crisis, and the most appropriate individuals to respond are mental health advocates[1]. Best practices require the creation of

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[1] Martha Williams Deane, *et al.*, "Emerging Partnerships between Mental Health and Law Enforcement," Psychiatric Services (1999), http://ps.psychiatryonline.org/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed.

specialized crisis response sites which eliminate the need for police response[2], with "diversion" to such sites by the police as the next appropriate alternative[3]. Eliminating, or at least limiting, the role of the police and the hospital, to say nothing of the prison system, will result in people in crisis recovering more quickly, becoming connected with long-term healthcare services and other community resources, and averting future crises[4].

Where the police are involved in responding to mental health crises, they must be appropriately trained in crisis intervention techniques[5]. Fortunately, the New York Police Department has begun providing crisis intervention training to its officers, but the training has been delivered at too slow a pace and to too few officers. A schedule to complete the training of *all* officers must be put in place immediately. In addition, trained police officer must be dispatched together with mental health advocates[6].

Of course, such alternatives to the typical police response model will only be effective if community forums are established which encourage discussion among the police, mental health recipients and mental health advocates. Additionally, appropriate funding for mental health diversion, crisis intervention training and community forums is critical.

The detailed roadmap to successfully serving persons with mental disabilities must be drawn by a coalition of the relevant stakeholders, including the New York Police

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2 Henry J. Steadman, *et al.*, "A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs," Psychiatric Services (2001), http://ps.psychiatryonline.org/doi/10.1176/appi.ps.52.2.219?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Psychiatric_Services_TrendMD_0.

3 *Id.*

4 Steadman (2001).

5 L.E.A. Walker, *et al.*, "Best Practices in Law Enforcement Crisis Interventions with the Mentally Ill," SpringerBriefs in Behavioral Criminology (2016).

6 H. Richard Lamb, *et al.*, "The Police and Mental Health," Psychiatric Services (2002), http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.53.10.1266?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed#/doi/abs/10.1176/appi.ps.53.10.1266?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed.

Department, the New York City Department of Health and Mental Health, the New York City Fire Department, the Department of Homeless Services, the Mayor's Office for People with Disabilities, the Mayor's Office for Criminal Justice, mental health advocacy organizations, relevant academics, and most critically, persons with mental disabilities. This could best be achieved by re-instating and supplementing the Mayor's 2014 Taskforce on Behavioral Health and Criminal Justice, and we strongly urge such immediate reinstatement.

IV. Conclusion

Thank you for your time. I can be reached at (212) 244-4664 or RLowenkron@NYLPI.org, and I look forward to the opportunity further to discuss how best to ensure the safe treatment of persons with mental disabilities who are in crisis, and any other aspect of disability justice for New Yorkers.

NYCLU
NEW YORK CIVIL LIBERTIES UNION

125 Broad Street
New York, NY 10004
212.607.3300
212.607.3318
www.nyclu.org

Testimony of the New York Civil Liberties Union

Before

The New York City Council Committee on Public Safety, Jointly with the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services

regarding

NYPD's Responses to Persons in Mental Health Crisis

September 6, 2017

The NYCLU, the New York State affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state and over 80,000 members. The NYCLU defends and promotes the fundamental principles and values embodied in the Bill of Rights, the U.S. Constitution, and the New York Constitution through an integrated program of litigation, legislative advocacy, public education and community organizing. In the forefront of those efforts has been our defense of the rights of those individuals with disabilities under the Federal Constitution and the New York State Constitution. Another key component of the NYCLU's work is to protect New Yorkers against abusive and discriminatory law enforcement practices.

As first responders, NYPD officers often encounter New Yorkers in emotional or mental-health crisis, described as EDPs (or emotionally disturbed persons). NYPD officers have recently begun to receive training in working with impaired individuals in emotional distress but it is still the case that their actions too often escalate conflicts rather than work towards peaceful resolution.

While any person in a mental health crisis is a potential EDP, many demonstrate symptoms of mental illness and may be under the influence of drugs or alcohol. The NYPD estimates that it receives nearly 150,000 emergency calls for service involving a person in a mental health crisis a year.[1] While the majority of those calls end with a safe and effective interaction with a person in crisis, it the calls that go wrong that stick in the public memory: Eleanor Bumpers, Gidone

[1] *See* NYPD Response to January 19, 2017 report of the Office of the Inspector General for the NYPD ("OIG") entitled "Putting Training into Practice: A Review of the NYPD's Approach to Handling Interactions with People IN Mental Crisis" at 1-2 n. 1, available at http://www1.nyc.gov/assets/oignypd/downloads/pdf/Reports/NYPD_Response_to_CIT_Report_FINAL_04192017.pdf.

Busch, Kevin Cerbelli, Kyle Coppin, David Kostovsky, Shereese Francis, Iman Morales, Mohamed Bah, Glenn Broadnax, Adela Pagan, Rashan Lloyd, Deborah Danner, Ariel Galarza, Dwayne Jeune, and Andy Sookdeo all suffered greatly after NYPD responded to an emergency call and too many of these New Yorkers lost their lives in the escalating confusion.

We commend the Council for taking up this issue now in a public forum; and we hope that the Council will begin a period of more robust monitoring of the City's response as a whole to the plight of New Yorkers in mental health crisis. Given the short notice that we received for this hearing, we want to make clear that today we present an abbreviated analysis and commentary regarding the NYPD's responses to New Yorkers in mental health crises. We have spoken out extensively on this issue over the past years, however, and we would be happy to supplement these comments with more information as your examination of this issue continues.

***

As a preliminary matter, it is important to situate the NYPD's response protocols to people in mental health crises that are the topic of this particular hearing in its current context. After the horrifying deaths of two mentally ill Rikers Island prisoners made headlines in 2014[2], Mayor de Blasio appointed a task force to look at the NYPD's and Department of Correction's handling of mentally ill individuals. The goal of the task force was to reduce the number of mentally ill inmates in New York City's jails and provide better support for mentally ill New Yorkers after their release from jail.

That task force offered a robust compliment of City officials, all of whose agencies were then, and remain still, critical in formulating a humane and appropriate mechanism for diverting people in mental health crisis from New York City's jails.

- Steven Banks, Commissioner, Human Resources Administration
- Mary Bassett, Commissioner, Department of Health and Mental Health
- Ana Bermudez, Commissioner, Department of Probation
- William Bratton, Commissioner, New York City Police Department
- Gladys Carrion, Commissioner, Administration for Children's Services
- Zachary Carter, Corporation Counsel
- Daniel Nigro, Incoming Commissioner, New York City Fire Department
- Dean Fuleihan, Director, Office of Management and Budget
- Terrance Holliday, Commissioner, Mayor's Office of Veteran Affairs

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[2] Jerome Murdough, a war veteran with PTSD and mental health issues, was left to "bake" in his severely overheated cell at Rikers in March 2014. Mr. Murdough could not make bail after he was arrested in February 2014 for trespassing when found sleeping in the enclosed stairwell of a Harlem housing project. *See* "Mentally Ill Inmate 'Baked to Death' on Rikers Island," available at http://nymag.com/daily/intelligencer/2014/03/inmate-baked-to-death-on-rikers-island.html. Subsequent reporting revealed the horrific death of another Riker's inmate, Bradley Ballard. Diagnosed with schizophrenia and diabetes, Mr. Ballard was sent to Rikers for his failure to advise his parole officer he had left New York City. He was placed in solitary, not given his medication and received little, if any, treatment by or contact with Rikers' personnel over the course of a horrific 7 day period. *See* "Report: Mentally Ill Rikers Island Inmate Died After 7 Days Alone in Cell, " available at http://nymag.com/daily/intelligencer/2014/05/mentally-ill-rikers-inmate-died-after-7-days.html.

- Joseph Ponte, Commissioner, Department of Correction
- Dr. Ramanathan Raju, President and CEO of HHC
- Gilbert Taylor, Commissioner, Department of Homeless Services
- Gregory Allen, Director of Program Development, New York State Department of Health
- Joel Copperman, CEO, CASES (representing New York City providers)
- Margaret Egan, New York State Assistant Secretary for Public Safety
- Seymour James, Attorney-in-Chief of the Criminal Defense Practice, Legal Aid Society (representing New York City public defenders)
- Judge Barry Kamins, Chief of Policy and Planning, New York State Courts
- Ann Marie T. Sullivan, MD, Acting Commissioner, Office of Mental Health, New York State Department of Health
- Cyrus Vance, New York County District Attorney (representing New York City District Attorneys)

That Task Force issued a series of recommendations, including the call for the expanded training of NYPD officers to enable them to better recognize the behaviors and symptoms of mental illness and substance use; to learn techniques for engaging people in respectful, non-stigmatizing interactions that de-escalate crises; and to have tools for assessing what alternatives to jail or hospitalization are appropriate for the specific situation and symptoms presented.[3] The work of a revived version of this Task Force is integral to the City's announced plans to close Rikers' Island on a permanent basis over the next decade. Accordingly, we are requesting that you request that the Mayor revive the Mayor's Task Force on Behavioral Health and Criminal Justice and further that that Task Force be assigned to the oversight of a Deputy Mayor.

***

With respect to the NYPD's initiation of CIT training, the NYPD has indicated that it is considering changes, including the potential appointment of a dedicated coordinator, adjustments to its Patrol Guide policies, and changes to its dispatch procedures. These are important steps and the NYPD ought to commit itself to an explicit timeline and a set of specific actions.

It is important to note, however that there is a vast difference between general law enforcement training and a community initiative comprised of community partners that invest in the whole CIT program model. Implementing crisis intervention training and implementing a Crisis Intervention Team (CIT) Program are two separate but inter-related initiatives. The intentional outcome of CIT is a transformation of partnerships within the community to better foster systems

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[3] The Mayor's Behavioral Health and Criminal Justice Task Force 2014 Action plan, available here: http://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/annual-report-complete.pdf made the following additional recommendations about Rikers and the population of individuals with behavioral health needs when appropriate:

•do not enter the criminal justice system in the first place;
•if they do enter, that they are treated outside of a jail setting;
•if they are in jail, that they receive treatment that is therapeutic rather than punitive in approach;
•and that, upon release, they are connected to effective services.

and infrastructures that are addressing mental illness crisis issues. When training becomes the primary objective, jails such as Rikers will continue as the designated community treatment plan.

New York City which administers both criminal justice and disability service systems has obligations under the ADA to ensure people with mental health disabilities or I/DD receive services in the most integrated setting appropriate to their needs. Services such as scattered-site supported housing, Assertive Community Treatment (ACT), crisis services, intensive case management, respite, personal care services, behavior support, nursing care, peer support, and supported employment services must be ramped up and must support New York City's efforts to divert people with these disabilities from the criminal justice system and serve them in their communities.

We have the following recommendations for you to consider:

- Diversion from the criminal justice system begins with police officers. In 2014, the city announced an Action Plan that would permit police officers to divert individuals with mental health issues to "drop off" centers that would connect people to services. Two years later, the Action Plan has still not been implemented, but its implementation should be a priority. NYC has to finally build diversion centers to provide a rapid handoff of New Yorkers in acute crisis from police custody to get immediate care and long term connections to community resources.

- For individuals who are not diverted before arrest and arraignment, the Department of Health and Mental Hygiene ("DOHMH") should expand their pilot screening program to ensure that those individuals whose issues would be better addressed through services rather than jail are identified and removed from the criminal justice pipeline. Diversion efforts cannot succeed without a foundation of services for people in need. The city should expand community-based substance abuse and mental health services. The city should also create more supportive housing so that jails do not serve as de facto shelters for people who are homeless.

- NYPD must provide training to dispatchers on how to recognize and handle calls from or about people with mental health disabilities or I/DD, including on the following topics:

    - The availability of crisis intervention teams or other resources to respond to calls about individuals with mental health disabilities or I/DD;
    - When to dispatch crisis intervention teams or officers with training in interacting with people with these disabilities;
    - When to consider dispatching a mental health provider rather than a police officer;
    - Information about, and contact information for, community-based service providers; and
    - The importance of communicating information dispatchers receive about individuals' disabilities to responding officers or service providers.

- New York City must ramp up its programs of de-escalation, diversion, and coordination between NYPD and NYC DOHMH. There is a need for multiple co-responder teams that pair a specially trained police officer with a mental health professional to divert frequent users of police services based on their mental health needs. Those co-responder teams must be available 24/7/365.

- NYPD Use of Force polices and training must continue to be assessed and revised as appropriate.

- If NYPD stands firm with a commitment to CIT train only 25% of its force [and we think more NYPD officers should be trained], NYPD's CIT training, and the Patrol Guide, must include any direction on how responding officers act amongst themselves when some are CIT trained/others are not and some of the untrained responders are more senior to the trained responders in a potentially escalating as seemed to be the case with respect to the recent death of Mr. Jeune.

- Episodes of failed application of CIT-training in real life situations must receive a root cause analysis treatment by NYPD with subsequent introduction into the CIT-training scenarios back at the Academy.

- NYC needs to foster ongoing and sustained community forums with police and people with mental health needs to reduce the fear in the mental health community when the police arrive.

- New York City [and New York State] must prevent unnecessary institutionalization of people with disabilities. Governments have complied with this obligation by using community-based treatment services to keep people with disabilities out of the criminal justice system. However strong NYPD's CIT training may be or become, that training program alone does not reduce the inappropriateness of placing people in jail when services and care are not in place (or that service linkages are problematic to access). The responsibility for effectively serving people with mental health disabilities or I/DD cannot fall to law enforcement alone. New York City must ensure New York State's disability service systems offer sufficient community-based services and support criminal justice entities to coordinate with, and divert to, community-based services.

- NYC needs alternatives to hospitals, which people in mental health crisis and/or with behavioral health needs fear, like respite care, where people in crisis can learn to recover and get connected to long term support.

Again, we are thankful that the committee has now turned its attention to the problems that exist with respect to the NYPD's, and indeed the entire City's, responses to New Yorkers in mental health crises by holding this hearing. We would like to reiterate, however, that we firmly believe that it is the Council's responsibility to provide meaningful oversight, and we suggest that it do so by holding quarterly hearings to monitor the status of the reform efforts currently underway and to prod the City and its partners to do more.

TESTIMONY OF
THE COALITION FOR BEHAVIORAL HEALTH
Before the New York City Council
Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services
Jointly with the
Committee on Public Safety

Honorable Andrew Cohen, Chair, Committee on Mental Health
Honorable Vanessa Gibson, Chair, Committee on Public Safety

NYPD's Responses to Persons in Mental Health Crisis

Christy Parque
President and CEO
The Coalition for Behavioral Health

September 6, 2017

Thank you, Councilmembers Andrew Cohen and Vanessa Gibson, for convening today's hearing on NYPD's Responses to Persons in Mental Health Crisis.

The Coalition for Behavioral Health, Inc. (The Coalition) is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 450,000 consumers and employ well over 35,000 workers. Our members serve the entire continuum of behavioral health care in every neighborhood of New York City, and communities across Long Island, Westchester, Rockland and Orange counties. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote recovery. The

Coalition also trains over 4000 human services providers annually on cutting edge and proven clinical and best business practices through generous support from the New York City Council, New York City Department of Health and Mental Hygiene (DOHMH), New York State Office of Mental Health OMH), and in conjunction with foundations and leaders from the behavioral health sector.

We are grateful for the opportunity to offer our thoughts on NYPD's Responses to Persons in Mental Health Crisis. We deeply regret instances where the response to persons in mental health crisis have had unfortunate outcomes. But we are encouraged by the participation and cooperation of law enforcement and the strategies that came out of the Mayor's Task Force on Behavioral Health and the Criminal Justice System.

The Coalition finds it gratifying to know that despite the current reactionary milieu that the City of New York, Mayor Bill deBlasio and First Lady Chirlane McCray, and the New York City Council value the lives of vulnerable New Yorkers with mental illness and addiction disorders. In a time of uncertainty, the City has continued to shift the focus of mental health services from stigmatization and prosecution to one in accord with a scientific and humane interpretation of mental illness and addiction disorders as illnesses that respond to proper and respectful treatment. And further, that employing a public health perspective, including prevention, assessment of risk and providing treatment to meet the need, is applicable.

The Coalition would like to commend the Department of Health and Mental Hygiene on its implementation of ThriveNYC. We were very pleased to learn of the progress made on interventions that prevent or stabilize individuals at risk for or in crisis, including 4,900 NYPD officers and staff who have been trained in crisis intervention; and the successful launch of Well NYC and the significant numbers of New Yorkers who were enabled to access confidential crisis counseling, referrals to services, mobile crisis services, and peer support services

There are several initiatives we would like to single out for contributing appropriate de-escalation techniques for individuals at risk or experiencing a mental health crisis. We believe all of them significantly contribute to election of safe alternatives to forceful means, and decrease unnecessary hospitalization and incarcerations. Yet, these programs are often underfunded or scant. We are grateful for the City's investment, but urge the City to replicate successful innovative programs and turn promising pilot programs into permanent programs to meet long standing needs that have gone unmet for far too long.

Mental Health First Aid Training- The City was wise to prioritize Mental Health First Aid Training for uniformed services. They are the "authority figure" that people alert when they are concerned about a person's seemingly abnormal behaviors. The training also makes officers more aware of individuals who may be in distress. Nationally, Mental Health First Aid has proven successful and locally, we have received very positive feedback from people who attended the training. Our members have suggested, however, that officers would benefit from some on-site time in our community mental health clinics.

Police Crisis Intervention Team Program and Training (CIT)- A public health approach to mental illness and addiction is predicated on client centricity. CIT helps officers distinguish people in mental health crisis from aggressive or criminal violence and teaches techniques for engaging people in respectful and non-stigmatizing ways.

The Coalition also supports Mobile Crisis Teams which have proven effective at reaching people in need who can often deescalate and event and prevent crisis; and Community Health Co-Responder Teams, comprised of officers and clinicians who respond to immediate needs quickly. Officers profit from the skills of clinicians who can discern what may be driving a chaotic situation, and help identify alternative placements to hospitals or incarceration that would be most beneficial for the individual. We urge the City to expand these teams in number and locations.

The Coalition is also very interested in following the development of the two new Drop-off Diversion Centers which will provide short term stabilizing services as an alternative to arrest or hospitalization for people who are experiencing a crisis but do not pose a risk to public safety. We congratulate the City for investing in cutting edge, innovative and humane alternatives. We have every confidence the City will continue to work closely with the mental health and addiction communities to inform the direction, success and growth of this model. The concept accords with our values and respect for our neighbors who experience a mental health crisis who can go to a clinically supportive environment and avoid unnecessary hospitalization or incarceration.

We are very pleased to count as our members the agencies developing the model, Project Renewal and Samaritan Daytop Village.

CONCLUSION

The Coalition for Behavioral Health looks forward to working with the City Council and all of the partner agencies and organizations to ensure that people experiencing mental health crisis receive appropriate stabilization and treatment in the most appropriate and least restricting

settings when possible. We thank the City Council for offering the opportunity to express our thanks and our recommendations.

Respectfully Submitted,

Christy Parque
President & CEO
The Coalition for Behavioral Health, Inc.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9-6-17

(PLEASE PRINT)

Name: Amy Rameau, Esq.

Address: 16 Court Street, Suite 2504

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/6/17

(PLEASE PRINT)

Name: Deputy Commissioner Susan Herman

Address: 1 Police Plaza

I represent: NYPD

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/6/17

(PLEASE PRINT)

Name: Lieutenant Angela Ho

Address: 1 Police Plaza

I represent: NYPD.

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/6/17

(PLEASE PRINT)

Name: Dr. Gary Belkin

Address: Executive Deputy Commissioner

I represent: DOHMH

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

NYPD Mental Health Hearing ☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ruth Lowenkron

Address: 151 W 30th St, 11th Fl, NY, NY 10001

I represent: NY Lawyers for the Public Interest

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/6/2017

(PLEASE PRINT)

Name: Joyce Kendrick

Address: 177 Livingston Street, 7th Floor

I represent: Brooklyn Defender Services

Address: Brooklyn, NY 11201

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/6/17

(PLEASE PRINT)

Name: Joyce Kendrick

Address: _____

I represent: Brooklyn Defender Services

Address: 177 Livingston St, Brooklyn NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/6/17

(PLEASE PRINT)

Name: Joshua Goldfein

Address: _____

I represent: Legal Aid Society & Coalition for the Homeless

Address: 199 Water St. NY NY 10038

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Sept 6th, 2017

(PLEASE PRINT)

Name: Paul A. Capofari, Chief Assistant District Att.

Address: 130 Stuyvesant Place 7th Fl SI NY 10301

I represent: District Attorney of Richmond County

Address: _____

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THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

NYIB Proposal to Mental Health

Date: 9/6/2017

(PLEASE PRINT)

Name: Carl Rabinowitz

Address: 2 Washington Street, 9th Fl

I represent: CCITNYC + Community Access

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Beth Haroules NYCLU

Address: 125 Broad Street 18th fl NYNY 10004

I represent: _____

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Charlyn Thomas

Address: 16 Gist St BKLYN

I represent: Family Dwight Jeune

Address: _____

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☐ in favor ☐ in opposition

Date: Fri 6/17

(PLEASE PRINT)

Name: Sanford Rubenstein

Address: 16 Court St Brklyn NY

I represent: (Emotional) Victims of Police Killing

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Paulette Pressley

Address: _____

I represent: _____

Address: _____

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