

# OFFICE OF THE RICHMOND COUNTY DISTRICT ATTORNEY

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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

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## 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.

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