The City of New York
POLICE DEPARTMENT
NEW YORK, N.Y. 10038

LAWRENCE BYRNE
DEPUTY COMMISSIONER, LEGAL MATTERS

April 18, 2017

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Mayor of the City of New York
City Hall
New York, NY 10007

Honorable Melissa Mark-Viverito
Speaker
The New York City Council
250 Broadway, 18th Floor
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Honorable Mark G. Peters
Commissioner
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Honorable Philip K. Eure
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Office of the Inspector General
For the NYPD
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Dear Mayor de Blasio, Speaker Mark-Viverito, Commissioner Peters and Inspector General Eure:

Pursuant to Local Law 70 and the New York City Charter, the New York City Police Department ("NYPD") hereby submits its response to the January 19, 2017 report of the Office of the Inspector General for the NYPD ("OIG") entitled "Putting Training into Practice: A Review of NYPD's Approach to Handling Interactions with People in Mental Crisis" (the "Report").

I. INTRODUCTION.

Every day, NYPD officers safely and effectively interact with members of the public who experience mental crisis. On average, the NYPD annually responds to nearly 150,000 emergency calls for

service involving a person in mental crisis.[1] In addition to these calls, officers on patrol encounter individuals suffering from mental 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 in New York City, and a large influx of daily commuters, it is not surprising that patrol officers have anecdotally recounted that they interact with a member of the public in mental crisis nearly every day.

OIG's Report implies that prior to the NYPD's decision to implement Crisis Intervention Training ("CIT"), NYPD's policies, procedures, and training were inadequate to guide officers during these encounters and ensure the safety of those suffering from crisis. In part, OIG relies on nation-wide statistics from 2015 indicating that in that year police officers across the country shot and killed 251 people who exhibited signs of mental illness.[2] In contrast, from 2013 to 2015, a three year period that pre-dates the full institution of the NYPD's CIT training program, NYPD officers did not fatally shoot anyone while responding to an emergency call for a person in mental crisis.[3] On a broader level, while by its title the OIG Report purports to review the NYPD's overall approach to handling interactions with people in mental crisis, OIG ignored, or failed to fully take into account, some of the most critical components of that approach. OIG's report ignores a carefully constructed and tested patrol guide provision that guides officers in those encounters,[4] a multi-tiered training regimen that pre-dates the Department's CIT training, and the routine activation of the Emergency Services Unit ("ESU") and Hostage Negotiation Team

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[1] For calendar years 2014, 2015, and 2016, NYPD received 143,000, 145,000 and 157,000 emergency calls for service involving a person in crisis, respectively.

[2] OIG also mentions the death of Deborah Danner which occurred on October 18, 2016 during the NYPD's response to an emergency call. Because this matter is presently the subject of an ongoing grand jury investigation by the Bronx District Attorney's Office, the NYPD will not comment on the incident at this juncture.

[3] These emergency calls are coded or categorized in the NYPD's Intergraph Computer Aided Dispatch System ("ICAD") as "EDP" calls. The term "EDP" is shorthand for an "emotionally disturbed person," a unique operational label specifically defined in the Patrol Guide. For a more detailed explanation of this term and its corresponding procedure, see pages 3-6 of this response.

[4] In addition to the most frequently applied Patrol Guide ("PG") Section, 221-13, the OIG report fails to take into account PG Sections 216-22 (Mobile Crisis Outreach Teams and Assertive Community Treatment Teams), a policy to safeguard mentally ill or EDPs pursuant to Section 9.37 and 9.58 of the New York State Mental Hygiene Law ("MHL"). Additionally, OIG did not evaluate PG 216-17 (Involuntary Removals pursuant to MHL Section 9.60 "Kendra's Law") which provides for the safe removal of a mentally ill person or EDP to a psychiatric/medical facility pursuant to a "Kendra's warrant." As a side note, OIG's Report incorrectly references PG 216-05 as the primary patrol guide procedure governing a police officer's response to a call for service involving a person in mental crisis. In October 2016, PG 216-05 was re-designated PG 221-13 as part of a larger Department effort to holistically incorporate all its use of force policies into one section of the Patrol Guide.

("HNT"), elite teams of highly trained and experienced officers who, with impressive frequency and consistency, successfully diffuse and resolve especially difficult interactions with persons in acute crisis.

While focusing almost exclusively on NYPD's CIT and response to calls for service involving those in crisis, OIG appears to be unaware of other fluid situations where NYPD officers encounter persons in mental crisis. For instance, the NYPD's Mobile Crisis Outreach Teams and Assertive Community Treatment Teams procedures were neither reviewed nor discussed by OIG. Additionally, the Report does not discuss the NYPD's implementation of Mental Hygiene Law Section 9.60 ("Kendra's Law"), which involves collaboration between the NYPD, the Department of Health and Mental Hygiene and the New York City Sheriff's Office for the safe removal of a mentally ill person to a medical facility. In sum, while purporting to examine how NYPD officers interact with those who are in mental crisis, OIG actually maintained a much more narrow focus on a single newly implemented component of NYPD's training. In doing so, OIG fails to account for the NYPD's historical success in interacting with people in mental crisis and overlooks the totality of NYPD's approach to these interactions apart from its new Crisis Intervention Training.

II. THE NYPD'S APPROACH TO INTERACTING WITH THOSE IN MENTAL CRISIS PRIOR TO ITS ADOPTION OF CIT TRAINING: AN EFFECTIVE COMBINATION OF PROCEDURE, TRAINING AND HIGHLY SPECIALIZED UNITS.

A. The Procedure: Patrol Guide Provision 221-13.

Before instituting CIT in mid-2015, the NYPD had a carefully constructed and effective policy and approach to handling encounters between officers and members of the public that are in crisis. This policy, which remains in effect to date, is contained in Patrol Guide Section 221-13 entitled, "Mentally Ill or Emotionally Disturbed Persons." This section provides officers with clear guidance for safely interacting with a person in mental distress and summoning all of the required resources of the NYPD when necessary to ensure the preservation of life and safety of the public.

Contrary to the Report's assertions, Section 221-13 of the Patrol Guide does not automatically require officers to take all individuals suffering from mental crisis into protective custody. Rather, it

instructs officers to take a person in mental crisis into protective custody when the individual has decompensated to the point that, in the officer's judgment, the individual meets the operational definition under the guideline of an Emotionally Disturbed Person ("EDP"). According to the Patrol Guide, an EDP is someone who is "conducting himself or herself in a manner which a police officer reasonably believes is likely to result in serious injury to self or others."[5]

Despite OIG's assertion that the NYPD refers to all people who are mentally ill as "EDPs," a fundamental understanding of this Patrol Guide provision reveals that this is clearly not the case.[6] The term EDP is used by the NYPD as a precise operational definition and, therefore, cannot be used interchangeably with phrases such as "persons in mental crisis," "persons in crisis," or "people living with mental illness." More significantly, if a person in mental crisis does not meet this clear operational definition, an officer need not take the individual into custody and may, in an appropriate situation, refer him or her to mental health or other available community services. Indeed, in their daily encounters with individuals who may suffer from mental illness, officers will often exercise this discretion in instances in which a member of the public is clearly not, at the time, in an acute condition. In fact — and contrary to OIG's assertion that NYPD officers cannot exercise discretion in these circumstances — over the three-year period from 2014 to 2016, officers who responded to calls for service involving a person in crisis placed the subject into protective custody less than 35.5%, 36.6%, and 37.2% of the time, respectively.[7]

It is important to note, however, that the inverse is also true. That is, under this guideline, an officer does not have discretion to refuse to take a person into protective custody once a determination has been made that he or she meets the definition of an EDP. A person in such acute crisis is taken into custody for their own protection as well as that of the public. Moreover, such police action is explicitly

[5] *See* P.G. § 221-13

[6] *See* OIG Report, Fn 1.

[7] These percentages are based on the total number of emergency calls for service involving people in mental crisis that were assigned the radio code disposition of "97H." One subset of 97H dispositions includes those calls that result in an officer taking an individual into protective custody and escorting that person to a hospital. The other subset of 97H dispositions includes those calls that result in an officer utilizing his or her discretion to permit an individual who has voluntarily consented to go to the hospital with EMS to proceed to the medical facility without a police presence. The percentages indicated reflect both of these subsets. Thus, the total of the 97H dispositions in which protective custody was utilized is less than the total percentage indicated.

countenanced by New York State Mental Hygiene Law § 9.41.[8] As a result, PG 221-13 closely tracks the language of this statute.

In addition, even when a police officer encounters an individual in mental crisis who meets the operational definition of an EDP, the policy permits the officer, CIT trained or otherwise, to take this individual into protective custody without specific direction of a supervisor when the "EDP is unarmed, not violent and is willing to leave voluntarily."[9] The outcome of such an event is invariably unremarkable because voluntary compliance means a safe and quick resolution for everyone. Additionally, OIG appears unaware that NYPD policy, which is re-enforced in training, emphasizes the need to "slow it down," in order to de-escalate the encounter. Officers are instructed to resort to this protocol when they interact with an individual who meets the definition of an EDP but does not constitute an *immediate* threat of serious physical injury or death to him or herself or others. In the time gained by "slowing it down," patrol officers attempt to establish communication with the EDP while awaiting the response and direction of the Patrol Supervisor.[10]

In addition, "slowing it down" allows NYPD patrol personnel to await the response of the most highly specialized and elite units in the NYPD to the scene — the NYPD's tactical, communication, and technical experts. The Emergency Services Unit ("ESU") is automatically notified to respond in such cases by the Communications Division. This unit is comprised of tactical experts who also possess an elevated level of crisis communication skills and experience. As outlined in greater detail below, members of ESU are extensively trained as Emergency Psychological Technicians ("EPTs"). Oftentimes, ESU will respond to and capably resolve a call for assistance involving a person in crisis without incident and without requesting additional expertise from other units. In some instances, however, when ESU

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[8] The law provides in relevant part: *"Any ... police officer who is a member of ... an authorized police department or force ... may take into custody any person who appears to be mentally ill and is conducting himself in a manner which is likely to result in serious harm to himself or others. 'Likelihood to result in serious harm' shall mean (1) substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or (2) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm."*

[9] Id.

[10] When an emergency call for a person in mental crisis is received, the 911 dispatcher automatically notifies the Patrol Supervisor, a Sergeant, to respond to the scene.

supervisors assess that the situation would benefit from even more enhanced communication skills, the Hostage Negotiation Team ("HNT") is summoned to the scene. HNT is comprised of carefully selected, experienced detectives who are trained in the art of negotiation in crisis situations. They, too, are trained as EPTs. Finally, the Technical Assistance Response Unit ("TARU") is also available to respond when technical assistance and expertise is necessary to assist in safely resolving the situation. TARU can, for example, deploy electronic devices such as specialized cameras and audio equipment that provide ESU and HNT with critical information about the location and condition of a person in mental crisis. This approach is often utilized when an individual has barricaded himself or herself inside of a building or other structure. In the same manner, TARU often assists ESU and/or HNT in opening up avenues of communication to the individual so that the incident can be resolved without resort to use of force.

Contrary to OIG's claims, this multi-level response and de-escalation protocol is fully consistent with the NYPD's CIT and the Department's new use of force policies. Moreover, this process ensures that experienced supervisors and the most highly trained officers respond to the most complicated and difficult emergency calls. In the meantime, the initial responding officers continue to interact with the individual in crisis, preserving the status quo through de-escalation, isolation and containment. Upon arrival of these specially trained units, the mantra "slow it down" guides police action so much so that the process of resolving such an encounter can take hours from the initial emergency call until the EDP is taken into protective custody. Time and again, this approach has proven effective and results in the individual in crisis being safely removed to a hospital for treatment. Thus, while OIG's Report contains valuable recommendations for improving and further developing the NYPD's Crisis Intervention Program, its premise — that NYPD's pre-CIT policies and procedures were or are fundamentally insufficient to safely resolve these encounters — is seriously flawed.

B. Multiple Tiers of Training.

In addition to its thorough and well-developed protocol, the NYPD also attributes its history of successful interactions with those in crisis to a robust training program that pre-dates CIT. NYPD trains

its recruits, supervisors, and specialized units so that they learn to appropriately police and interact with members of the public who may be suffering from mental illness. Although the goals and objectives of the trainings may differ slightly at each level, each training program provides attendees with the core skills necessary to aid in the identification of the symptoms of mental illness and gain the voluntary compliance of an individual who may, or may not, pose a danger to himself or others. Significantly, all of the training described below pre-dated the institution of CIT and continued after CIT was implemented.

i. Emergency Services Unit and Hostage Negotiation Team Training.

NYPD's ESU responds to a wide array of particularly challenging incidents, including people threatening to jump from structures, severe car collisions, malfunctioning elevators, suspicious packages and bomb threats, and calls involving EDPs who are not voluntarily complying with requests to allow officers to take them to a hospital. The units are comprised of teams of highly trained personnel within their own command structure who are provided with state of the art equipment designed to enhance their ability to preserve and protect human life. In this sense, ESU is fundamentally different from the Special Weapons and Tactics ("SWAT") Teams utilized in many other jurisdictions. In general, SWAT teams are primarily tactical marksmen and markswomen trained to handle riots, high-risk warrants, barricaded situations, high-risk transportation, and terrorist attacks. ESU, on the other hand, has a broader function that requires not only tactical and weapons knowledge, but also a strong foundation in human psychology. Thus, while other jurisdictions may rely more heavily on their patrol officers to safely resolve EDP encounters — sometimes because there are no additional police resources to be utilized — NYPD relies on ESU's tactical expertise and psychological training to resolve crisis encounters as they escalate in their degree of difficulty.

HNT's mission is to utilize advanced investigative and crisis negotiation strategies to diffuse potentially violent situations. These strategies are commonly employed in various settings, including hostage taking, criminals who barricade themselves in structures to avoid apprehension, terrorist demands for certain conduct or action, and calls involving EDPs. The goal is to gain voluntary compliance by negotiation. Members of HNT are seasoned detectives who have a minimum of twelve years of

investigative experience. To be selected for HNT, a detective must not only have a proven track record of investigative success, but must also demonstrate a level of empathy developed through his or her own personal experiences. Deploying a skilled, empathetic detective-negotiator can only improve the likelihood of gaining voluntary compliance of a person in acute crisis.

In 1986, ESU instituted a training curriculum that was developed in collaboration with clinicians and instructors from John Jay College of Criminal Justice. This five-day, thirty-hour mandatory training is required for all members of ESU and HNT. The course, known as Emergency Psychological Technician's ("EPT") Training, was designed to provide these elite units with greater insight into the various types of mental illnesses and personality disorders that are most common and challenging for law enforcement officers in their encounters with the public. The course is given as part of ESU's overall nine month training program which takes place at their training academy in Brooklyn.

Each day, the officers attend lectures given by a John Jay College professor who is also a psychologist or clinician. They also receive instruction from veterans of ESU and HNT. The first half of each day is devoted to informal lectures about mental illness or psychological disorders. Instruction on history and the law surrounding police interactions with those suffering from mental illness is also provided. The purpose of these lectures is to provide attendees with the ability to recognize particular symptoms of different mental illnesses so that they can more effectively interact with persons in crisis. The second half of each day is devoted to interactive scenarios during which professional actors portray individuals suffering from mental illness. These scenarios replicate the common interactions that members of ESU and/or HNT face when they respond to a call, such as a person in acute mental crisis who has barricaded himself or herself inside a structure, either alone or with other people.

EPT training has been so successful that NYPD continues to use an updated curriculum for its ESU and HNT teams to this day. Indeed, the NYPD's CIT curriculum is heavily based on ESU's and HNT's training. As described below, this training has been adapted and provided to patrol supervisors and other higher ranking uniformed officers to assist in the resolution and management of necessary resources at the scene of an EDP call when an armed or potentially violent individual is not voluntarily compliant.

Both ESU and HNT continue their education after completing the five-day EPT program. After completing the ESU academy, members of ESU also serve a general on-the-job apprenticeship for six to seven months. During this time, a junior ESU member is assigned to an ESU truck to observe senior members and learn to apply their ESU training in real world situations, including in response to EDP calls for service. In addition to EPT training, members of HNT receive an additional week of investigative training designed to sharpen their skills in identifying an individual's emotional and/or psychological vulnerabilities and triggers. HNT also receives continuing education classes and conducts cross-training with hostage negotiation teams around the world.

ii. NYPD Supervisors Training.

Complementing the specialized training offered to ESU and HNT officers, since 2003, the NYPD has also provided advanced training on interacting with members of the public who are in crisis to newly promoted supervisors. This advanced training is offered during the Sergeant's, Lieutenant's, and Captain's Leadership Development Courses. The goal is to familiarize and reacquaint newly promoted supervisors with those skills necessary for managing situations involving the mentally ill or emotionally disturbed. Taught by the Uniformed Promotions Unit in conjunction with John Jay College and supported by the Department of Mental Health and Hygiene ("DOHMH"), supervisors of each rank attend a workshop that teaches them to recognize the cognitive, behavioral, and emotional symptoms associated with mental illness. Similar to the training received by members of ESU and HNT, the curriculum includes discussions of various mental illnesses but also teaches supervisors how to supervise and direct resources at the scene of an EDP call. In this sense, the supervisors learn to identify available resources such as family, friends, clergy, other agencies and ESU, when to request those resources and how to apply applicable patrol guide procedures to a given situation.

iii. Recruit Training.

Training for encounters with individuals in mental crisis is not limited to supervisors or specialty units. Since 2003, all NYPD recruits at the Police Academy have received a form of this training.

Recently, recruits also began to receive more focused training on de-escalation techniques. Moreover, even more recently, recruits began receiving CIT.

De-escalation training is designed to teach recruits the proper techniques to diffuse tense situations including those involving people in mental crisis, the elderly, and children. Instruction on the concepts of de-escalation and conflict resolution are interwoven throughout the recruit curriculum in a recurring theme that is consistently emphasized. De-escalation is covered in many different training components, including classroom academics, enhanced scenario-based training, physical and tactics training, firearms training, and disorder control training.[11]

In the classroom, recruits learn de-escalation techniques during the *Use of Force* module that teaches recruits to progress through various force options before resorting to deadly force. Recruits are taught to gain voluntary compliance through a variety of methods, including the use of communication techniques also utilized by HNT and which emphasize the use of empathy as a tool for conflict resolution. The course also covers interactions with people in mental crisis and teaches officers that while issuing commands may gain voluntary compliance from many individuals, those in crisis may become anxious and less compliant in such circumstances. Officers are encouraged instead to use a more persuasive and deliberate approach that includes empathetic communication — one of the tools also taught in CIT — to gain voluntary compliance without resort to commands or force.

Recruits also receive de-escalation and conflict resolution training in a wide range of situations during their training in the field of humanities. *Policing Professionally* is a recruit course that provides de-escalation training and communication skills. *Children and Adolescents* is a recruit course that focuses on communication skills designed for adolescents, including twenty micro-skills to aid in the recognition of a child's or adolescent's specific needs and circumstances. *Policing the Emotionally Disturbed* trains recruits on how to interact with people in crisis, including EDPs, and how to identify specific mental disorders. The course includes proper tactics, the appropriate use of force when necessary, and an officer's responsibilities once an individual in crisis has been taken into protective custody.

[11] The NYPD's 2015 response to OIG's Report, "Police Use of Force in New York City: Findings and Recommendations on NYPD Policies and Practices," more fully details many of these courses.

The listening and speaking skills emphasized in all of their de-escalation training provide recruits with the foundation and confidence to interact with members of the public who may be suffering from mental crisis. In addition to these classroom modules, recruits also receive over nine hours of scenario-based training on interacting with those in distress. This scenario training serves to reinforce skills learned in the classroom. Notably, all of the training described above was provided to recruits prior to the implementation of CIT and continues to be provided to this day.

iv. Probationary Officer's Field Training.

Since January of 2014,[12] probationary police officers ("PPOs") — officers who have recently graduated from the Police Academy — receive formalized field training while on the job. This training program pairs newly minted officers with a Field Training Officer ("FTO"). FTOs are more seasoned patrol officers who are dedicated to assisting rookies with the practical application of their academic training in real-world situations. They are hand selected by their commanding officers and receive training at the Police Academy to prepare them for their role.[13] As any trained law enforcement officer will attest, there is little substitute for real-world experiences with people in crisis. This program assists new police officers as they confront those situations for the first times in their careers.

FTOs are given a Field Training Guide to provide probationary police officers with a structured curriculum. Within this guide, there is a lesson plan, *Crisis Behavior & Resources*, which focuses specifically on interactions with persons in crisis. This course provides instruction on crisis behavior, mediation, elements of active listening, defusing anger, Kendra's Law, and interacting with mentally ill individuals and EDPs. The lesson plan also provides information about available community and Department resources including contact information for Safe Horizon, the Crime Victims Hotline, a "Self

[12]The Field Training Program formally began in January of 2015 although an iteration of the program known as Partner Officer Policing ("POP") existed in 2014.

[13]FTOs must meet certain criteria to be selected including having at least three but not more than fifteen years of service, above-average performance evaluations, and an exemplary disciplinary record.

Analysis" Hotline for members of the NYPD as well as the Department's Employee Assistance Unit[14] and NYC Well.

v. On the Job Training

In addition to the Field Training program, a police officer, just like anyone else, continues to learn in more informal ways while on the job. Common sense indicates that this occurs in a variety of ways. Experienced patrol officers share wisdom and advice with their less experienced partners through constructive criticism after observing their conduct in the field as well as through anecdotal information. By their example, more experienced officers assist young officers who may experience a rush of adrenaline and emotion when first confronted with some of the difficult situations to which officers routinely respond such as a fatal car collision, an abused child, or a person in acute mental crisis. Eventually, through observations of more experienced officers and their own growing experience on the job, an officer's depth and breadth of knowledge increases. In sum, as with any vocation, years of experience cannot be duplicated with training alone.

C. Case Studies of Effective Policing of People in Mental Crisis Prior to the Adoption of CIT Training.

With its tunnel vision on CIT, OIG failed to acknowledge or appreciate how effective the combination of NYPD's detailed and carefully constructed protocol and robust multi-tiered training program has been, and continues to be, in equipping officers to effectively interact with people in mental crisis. The following recent examples of such interactions by officers who have not yet received the newly implemented CIT vividly illustrate this.

i. Using Communication Skills to Prevent the Suicide of an Armed Person in Crisis.

On Tuesday, February 14, 2017, two NYPD officers responded to a call concerning a suicidal male at the Sheraton Hotel on Canal Street, within the confines of the 1st Precinct. The man's mother

[14] It is important to note that, on occasion, a police officer may interact with a brother officer who is in mental distress due to common triggers such as a failed relationship or marriage, the loss of a loved one or the stress of a demanding job.

called police and informed them that her son possibly had a firearm and planned to kill himself. Officers Theodore Plevritis and Benedict Vultaggio, both ten-year veterans, responded to the hotel and knocked twice on the door of the room assigned to the individual. Without opening the door, the man twice told officers to leave. Nevertheless, the officers entered the hotel room using a key and found the distraught individual seated on the edge of the bed with a loaded firearm pointed at his head and his finger on the trigger. Using skills he acquired in the Police Academy and his years of experience, Officer Plevritis began talking to the man in an effort to establish rapport with him. By talking to him empathetically, Officer Plevritis was able to convince the man to put down the firearm. Through calm and measured communication, the officers gained the male's voluntary compliance in a situation that could have quickly turned deadly.

ii. Gaining Voluntary Compliance of a Barricaded Individual in Distress.

On November 9, 2016, within the confines of the Midtown South Precinct, Officers Charles Mitchell, Patrick Byrne, Robert John, Joseph Alvarez and Kevin Bott responded to a call concerning a shirtless male "EDP" with a knife inside a commercial building. The officers responded to the scene and spoke with employees who were working there. The employees had observed a man enter the building while acting extremely erratically. The officers proceeded to the fourth floor where they encountered the man who then barricaded himself in a restroom. Officers cleared civilians from the area, awaited the response of a supervisor, ESU, and HNT to the scene, and began a dialogue with the individual. After speaking to 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.

iii. Establishing a Dialogue and Providing Empathy to a Distraught Subway Rider.

On March 21, 2016, in the subway system patrolled by Transit District 3, Officers Tenzin Gyaltsen and Pedro Jiminian responded to an "EDP" call and noticed an individual on the platform who was acting belligerently toward other subway riders, including cursing and aggressively swinging his cane in their direction. Two officers approached the man and began a dialogue with him in an effort to

understand why he was so upset. The man mentioned that his wife had recently left him. The officers then asked the man whether they could offer any assistance and he immediately calmed down, thanking the officers for offering help. The officers renewed their offer of assistance, telling him that if he needed any help, they were there to assist him. After speaking to the individual for several minutes, the officers determined that he was not an "EDP" as defined the Patrol Guide. Instead, the officers judged that he was someone reacting to objectively difficult and stressful circumstances and seemed to have regained his equilibrium in the face of the officers' genuine concern. The man thanked the officers one final time and, utilizing their discretion as permitted by the Patrol Guide, they allowed him to leave the station on his own.

These situations are representative of encounters that occur on a daily basis between NYPD patrol officers and people in mental crisis and demonstrate the exemplary work of which NYPD officers are eminently capable.

III. THE NYPD'S CRISIS INTERVENTION PROGRAM: A WORK IN PROGRESS

The NYPD constantly seeks to improve the outcomes of police contacts with people in crisis through ongoing review and assessment of Department procedures and training. Toward that end, in 2015, and prior to OIG's study of NYPD's approach to interacting with people in mental crisis, the NYPD took its first step toward implementing its own Crisis Intervention Team Program ("CIT Program"). At that time, the NYPD began designing and instituting its own version of Crisis Intervention Training. With this additional layer of training, NYPD conforms to national best practices and enhances officers' skills in their encounters with people in mental crisis.[15]

The implementation of a full CIT Program, as opposed to a single CIT course, however, is NYPD's goal. A CIT Program includes crisis intervention training as just one component. It expands

[15] Contrary to the assertions made in the OIG Report, NYPD did not implement CIT a year and a half ago. In fact, NYPD's training program was fully implemented only thirteen months before the issuance of OIG's Report when in-service training beyond the pilot began in June 2015. Recruits began receiving CIT in July 2015. When OIG began their study, the first CIT class that they observed in September was part of a CIT pilot program. Even after the pilot program ended, the training continued to evolve based upon the feedback of attendees and various community partners. Many of OIG's criticisms of the CIT curriculum draw from these early observations, and fail to account for subsequent program changes.

beyond that training course to include a broader collaborative effort among law enforcement, mental health officials and the community and usually includes the creation of designated psychiatric "diversion centers."

To fully develop and implement a comprehensive functional program requires a reasonable time period. An agency as large as the NYPD must conduct careful research to develop a suitable model, secure sufficient funds, engage in discussions and coordination with internal and external stakeholders, pilot and test training, and constantly review, evaluate and modify aspects of the program as it is implemented. It is no wonder that in those jurisdictions that have been mandated to adopt a program by virtue of a consent decree with Department of Justice ("DOJ"), a considerable time period has been allotted for such undertakings by departments much smaller than the NYPD, in cities that do not approximate the size and complexity of New York. For example, in 2015, the DOJ reached an agreement with the City of Cleveland, Ohio which, among other things, required that the City improve upon its existing Crisis Intervention program by providing eight hours of in-service initial Crisis Intervention Training to all officers and sixteen hours of training to recruits. Although it is not clear from the decree how many Cleveland Police Department ("CPD") officers were previously CIT trained before the settlement, the agreement provided 365 days for the CPD's compliance. The CPD had a total of 1,709 employees as of 2012, in contrast to the NYPD's approximately 36,000 uniformed officers.

Throughout its report, OIG persists in comparing NYPD's CIT and its nascent CIT Program to the Memphis Model and faults the Department for its lack of fidelity to that model. OIG also compares the NYPD's efforts to those of other police departments. In discussing the development of a CIT Program, such comparisons are not valid. As the NYPD learned through careful study, when it comes to CIT programs throughout the country, there is no "one size fits all." The Memphis Model was created by a collaborative task force comprised of law enforcement, mental health and addiction professionals, and mental health advocates in response to the fatal shooting of an individual with a history of mental illness in Memphis, Tennessee. The model was created with the goal of increasing the safety of encounters with the mentally ill and, when appropriate, "diverting" those suffering from mental illness away from the criminal justice system. The focal point of the Memphis Model is forty hours of specialized training that

provides police officers with information on the signs and symptoms of mental illnesses, mental health treatment, co-occurring disorders, legal issues and de-escalation techniques, all of which are provided by NYPD's CIT. In addition, the Model urges the creation of a specially designated psychiatric emergency drop-off facility where police can take those in crisis for appropriate medical assistance.

While the Memphis Model provides the academic and philosophical framework for police departments to improve their handling of persons in mental crisis, each police department that implements a CIT program must do so subject to the realities of their jurisdiction. This means that the Memphis Model is rarely adopted as academically envisioned. Instead, departments design a CIT program to suit the size of the agency implementing the model, the population of the jurisdiction, and the needs of the community. Pre-existing training and police department policy must also be considered. In this sense, lack of fidelity to the academic version of the Memphis Model or another jurisdiction's CIT program is not a fundamental failure, but rather, a necessity. Indeed, not even Memphis, Tennessee strictly adheres to every aspect of the academic model named for it. For example, the Memphis Police Department currently provides CIT to between 10-12% of its patrol officers and not the recommended 20-25%. Additionally, rather than transporting military veterans to diversion centers, Memphis transports veterans in mental crisis to a Veterans Administration hospital.

This is not to say that the CIT Program envisioned by the NYPD has not borrowed components from the Memphis Model and programs in other cities. But as it presently stands, NYPD's model is unique to New York City. For example, the NYPD's model will ultimately result in the training of more than 25% of patrol officers, the upper limit urged by the Memphis Model. Additionally, contrary to the Memphis Model, the NYPD plans to provide patrol supervisors with CIT. This makes sense given the NYPD's Patrol Guide requirement that Sergeants respond to encounters involving EDPs.

Another unique aspect of the NYPD model is the establishment of its Co-Response Teams ("CRTs"). CRTs consist of NYPD officers working alongside DOHMH clinicians. They go out in the field as a team to conduct proactive outreach of persons suffering from mental illness. Referrals from various stakeholders including precinct commanders, government partners and outreach providers assist in identifying those who have an elevated risk of violence to themselves or others. Typically, this is done

before the person decompensates to the point that they are an EDP. This collaborative and unique 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. In this manner, prior to deployment in the field, CRTs create a needs-based approach to a planned encounter based on insight into patient risk factors. Presently, CRTs operate primarily in Manhattan but will, on occasion, respond to other locations in the City. Eventually, pending the availability of resources and personnel, the NYPD hopes to expand use of the CRTs and routinely deploy the teams to other boroughs.

Finally, the NYPD's unique Crisis Intervention model retains the sound policy and procedures of Patrol Guide 221-13 including, when appropriate, the response of the ESU and HNT. In this sense, the NYPD's model insures that as encounters grow more difficult, more skilled and experienced officers will enter the interaction. The NYPD's approach is therefore unlike any other implemented across the country. Indeed, it is reasonable to expect that in the future, other jurisdictions may seek to replicate "the New York Model" as they consider how to implement a Crisis Intervention program. To date, the NYPD has received numerous inquiries from other jurisdictions interested in observing and discussing the NYPD's approach.

OIG glosses over a stark reality in faulting the NYPD for not presently having a fully implemented CIT Program. In order to implement a comprehensive CIT program, NYPD requires the cooperation, participation and assistance of various external stakeholders throughout the city. For example, as OIG acknowledges, diversion centers where officers can take those in crisis for medical or psychological assistance are a central component of such a program. New York City has not yet established diversion centers, although they are a subject of ongoing discussion. DOHMH has assumed primary responsibility for the establishment of diversion centers. Prior to developing policy and procedures to make use of these centers, however, NYPD and DOHMH will need the input of prosecutors and mental health professionals in order to develop sound policy and procedure for diverting those in crisis. In addition, the selection and funding of diversion centers requires the input and full participation

of external stakeholders. Thus, although the OIG Report cites the NYPD's failure to develop policy to make use of diversion centers as a flaw in the Department's CIT Program, the responsibility to implement these centers does not rest primarily on the shoulders of the NYPD.

IV. NYPD'S RESPONSES TO OIG'S RECOMMENDATIONS.

Recommendation 1: NYPD should commit to creating timelines for any changes to its CIT initiative within 90 days of the publication of this report.

As noted above, the NYPD's CIT Program is a work in progress and the Department is committed to making substantial progress in the near future. NYPD hopes to fully implement its portion of the CIT Program within the next eighteen months. NYPD reminds OIG that there are certain aspects of a fully implemented program that are beyond the control of the Department.

Recommendation 2: NYPD should adjust its dispatch procedures to ensure that officers with CIT training are directed to crisis incidents.

NYPD acknowledges that directing CIT trained officers to the scene of crisis calls, when possible, is beneficial. The Department has already adopted measures to address this recommendation. As the NYPD advised OIG, due to certain limitations of the relatively new 911 emergency call system, more commonly referred to as the Intergraph Computer Aided Dispatching System ("ICAD") system,[16] it is not possible to technologically assimilate this task into the present system. That is, unlike the systems in operation in other cities to which OIG refers in its report, New York City's emergency call system was designed to dispatch resources — patrol officers, specialized units, emergency medical assistance — and not specific people. Dispatchers, therefore, do not have computerized access to a particular officer's

[16] ICAD first became operational in 2012. The cost for the design and implementation of the system was over 96 million dollars.

training profile or other background data pertaining to him or her.[17] Moreover, because officers are fully trained and equipped to perform all patrol duties competently, such knowledge on the part of dispatchers may not be necessary.

Despite this limitation, NYPD is considering several alternative solutions to ensure that CIT trained personnel respond to the scene of a person in crisis when feasible. First, as of December 8, 2016, the NYPD's Chief of Department provides a list of CIT trained officers within every command to Platoon Commanders and Patrol Supervisors on a monthly basis. When the first list was distributed, it was accompanied with a directive that, whenever feasible, the supervisors utilize these officers in encounters with people in mental crisis, including emotionally disturbed persons. By the same directive, this information is provided to the precinct's desk officer so that on a daily basis for each tour, he or she can ascertain which CIT trained officers are on-duty and convey such information to patrol supervisors in the field, thereby enabling them to summon a CIT trained officer when necessary and feasible. The NYPD's goal is to ensure that CIT trained officers are on-duty and available on every tour. This goal will be facilitated once additional supervisory personnel are trained as described below.

In addition, to ensure that officers receive pertinent information while on route to the scene of an emergency call for a person in mental crisis, 911 dispatchers routinely provide an "EDP history," if one exists, for the address to which officers are responding. This communication is triggered when the dispatcher's review of the ICAD system reveals that there is a record of prior 911 calls for an EDP at that same address. If so, the dispatcher informs the officers that the location has a prior history of EDP events. The responding officers can then utilize their NYPD smartphones and conduct a search through the "DASLite" application. DASLite provides officers with more detailed information about the previous calls for service at the address, including, for example, the name of the previous caller and details about what was observed at the location by officers during a prior a response.

[17] Incorporating such a component into the ICAD system would require that the NYPD solicit, and the City finance, a completely new design. This would be an expensive and significant undertaking especially due to ICAD's present design which interfaces with other NYPD applications. A newly designed system would therefore require revisions and designs not just for ICAD but for all of these other interlocking systems. At this juncture, scrapping the entire ICAD system, which is less than four years old and was obtained at considerable cost, would be fiscally irresponsible. As NYPD advised OIG, this is especially so given less costly yet effective alternatives outlined in this response.

The NYPD is also considering the creation of a new radio disposition code to be used when ESU responds to resolve an EDP encounter. Again, by utilizing the NYPD's smartphone technology, officers can note that the disposition code was entered in connection with an earlier NYPD response and thus ascertain that ESU was required at the location in the past. Having information about past responses and ESU's involvement before entering a location or arriving at a scene may better prepare officers for the upcoming encounter and alert them to the potential need for utilization of crisis communication skills and expediting ESU's response. It could also permit supervisors to better determine if a CIT trained officer should be summoned as an additional resource.[18]

Recommendation 3: NYPD should create a dedicated mental health unit, or at the very least appoint a CIT coordinator who holds the rank of chief, in order to manage all aspects of a CIT program.

After careful consideration, NYPD has decided to appoint a Lieutenant to serve as the Crisis Intervention Training Coordinator. This Lieutenant will be assigned to the Training Bureau but will provide critical leadership and input beyond training. He or she will be responsible for maintaining consistency within, and fidelity to, NYPD's CIT curriculum. The Lieutenant will also attend meetings with the Deputy Commissioners of Collaborative Policing and Training, along with internal and external stakeholders, to solicit feedback on the CIT curriculum and implement changes, as necessary, while also serving as a point of contact to field questions about CIT from internal and external sources. The Coordinator will participate in operational meetings to share input and advice concerning the training, deployment and utilization of CIT officers throughout the City, as well as to weigh and implement changes to CIT in consultation with NYPD executives and based on the operational needs of the City.

[18] In a related development, NYPD is also considering revising the Patrol Guide and providing additional training for Patrol Supervisors to enhance the quality of emergency responses to persons in mental crisis. This training would focus on the use of polycarbonate shields and the amended provision would instruct that Patrol Supervisors have available this equipment when they respond to the scene of a crisis call. The shields are to be used when tactically prudent in situations where a person in crisis has decompensated and become violent. The shields offer additional protection to officers and ideally decrease the likelihood that more lethal force options will be necessary to safely resolve the encounter.

Going forward, the NYPD will consider whether, in addition to this Coordinator, the formulation of a Mental Health Unit would add sufficient value to its unique model.

Recommendation 4: NYPD should revise its Patrol Guide to explicitly authorize CIT-trained officers to use the skills learned in CIT training during crisis situations.

Under its present procedures, the NYPD already authorizes officers to use all of the skills that they have acquired in Department and field training to effectively perform their jobs. As a matter of common sense, officers understand that when they attend Department training programs, the goal is to provide them with skills which they will utilize. Thus, NYPD need not adjust the Patrol Guide to reflect this and considers this recommendation implemented. Nevertheless, NYPD is considering changes to the Patrol Guide to remind members of the service who have been trained in CIT to utilize their training when appropriate.

It is worth noting the specific wording of this recommendation indicates a slightly flawed understanding of both the purpose of the Department's Patrol Guide and its interaction with training. The Patrol Guide is a set of guidelines that is designed to apply to every officer and, therefore, does not discriminate between officers of different levels of training, nor does it refer to specific training principles that may have been acquired by only a subset of officers. Put another way, the Patrol Guide is a guide to all officers and should be read in that manner. Moreover, CIT is just that — a training program — and not a procedure or protocol. As such, it is not an appropriate subject for the Patrol Guide which focuses on proper procedures. Finally, as previously described, principles consistent with CIT and skills are presently integrated throughout the Patrol Guide, such as de-escalation; the directive to utilize the least lethal use of force reasonably possible; authorization for the exercise of officer discretion; and utilization of time ("slow it down") during which communication techniques and rapport building can be employed while awaiting the response of specialized units.

Consistent with these principles, NYPD is considering incorporating into the Patrol Guide, the December 8, 2016 Chief of Department directive, which instructs Platoon Commanders and Patrol Supervisors to, whenever feasible, utilize CIT trained officers at the scene of EDP calls for service. In

addition, as indicated in the response to Recommendation 7 below, the NYPD is considering revising the Department's Aided Report and, if implemented, will update the applicable Patrol Guide provisions to ensure compliance.

Recommendation 5: NYPD should revise its Patrol Guide to require that CIT-trained officers respond to all crisis incidents whenever possible.

As NYPD's response to Recommendation 2 and 4 indicates, the Chief of Department has mandated that CIT trained officers respond to all crisis incidents, when feasible, and the NYPD is considering revising its Patrol Guide to reflect this directive.

Recommendation 6: NYPD should revise its Patrol Guide to allow officers to use their discretion to refer individuals to officially approved and vetted outside community resources in appropriate incidents.

As outlined above in Section I, the NYPD's present Patrol Guide Section 221-13 provides that officers may utilize their discretion to refer individuals who do not meet the operational definition of an emotionally disturbed person to available resources. Thus, NYPD considers this recommendation implemented.

NYPD notes that this recommendation seems to be based upon a misunderstanding of PG 221-13. As previously outlined in detail, the procedure does not mechanically require that officers take every person in crisis into custody but rather requires that officers take a person into custody when the person is conducting himself or herself in a manner which the officer reasonably believes is likely to result in serious injury to self or others. If an officer responding to a crisis call determines that the individual is not a danger to self or others, he or she has the latitude to exercise discretion and use his or her best judgment to resolve the encounter. To that end, officers may provide the individual with the contact information for community resources as well as medical facilities where appropriate assistance can be obtained. These resources are provided to officers who complete CIT.

It is premature for OIG to recommend that the NYPD incorporate into the Patrol Guide references to diversion centers. As OIG recognizes, the centers have not yet been built.[19] The NYPD will continue to work closely with DOHMH and other stakeholders in this regard and will re-visit this recommendation once centers are built and are operational.

Recommendation 7: NYPD should either substantially revise one of its current forms or develop a new permanent form to capture more useful data on incidents involving persons in crisis.

The NYPD accepts this recommendation in principle and is considering revisions to an existing form, the Aided Report, to capture additional detail concerning officer interactions with those in crisis. The contemplated revisions to the Aided Report would assist in tracking CIT officer response to EDP calls for service. The revised form would likely include a checkbox that indicates whether a CIT trained officer was at the scene and a newly added narrative section that allows for the officer to note the CIT and other skills that were utilized to resolve the encounter.

As with substantive modifications to any existing form, it will be necessary for NYPD to consult with internal stakeholders for their input. In addition, revision of a Department form requires appropriate and necessary revisions to the Patrol Guide so that officers receive clear instruction on completing the form. Although the OIG Report suggests that NYPD create a new form similar to those used in some other jurisdictions, such an undertaking would require significantly more time than modifying an existing form. A new form requires the crafting not just of the form itself, but the creation of new procedures and accompanying training to ensure compliance. It should be noted, however, that the modification of any form and finalization of corresponding procedures in an agency as large as the NYPD, while not burdensome, requires a realistic allotment of time.

Recommendation 8: NYPD should analyze data regarding mental crisis incidents.

The NYPD agrees with this recommendation in principle but reserves the right to determine, after careful consideration and deliberation, the type of analysis it will conduct and the purposes for which it will be used.

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[19] *See* Report at 10, Footnote 17.

Recommendation 9: NYPD should consider training more officers in CIT.

The NYPD presently plans to provide more officers and Patrol Supervisors with CIT and thus considers this recommendation implemented. To date, NYPD has trained 5,217 officers and NYPD's present goal, to train a total of 5,500 officers, represents exactly 25% of patrol officers. As OIG concedes, this precisely meets the training quota emphasized in the Memphis Model, on which OIG relies as authority throughout their report

Nevertheless, as always, the NYPD continuously evaluates the effectiveness of its training initiatives and deployment. Consistent with this ongoing assessment, the NYPD presently plans to dedicate future in-service training to Sergeants, Neighborhood Coordinating Officers ("NCOs"), and FTOs. Lieutenants and Captains will receive a CIT refresher course as part of their respective Leadership Development Courses. Presently, recruit training has been suspended. By redirecting training efforts, NYPD seeks to ensure that experienced CIT trained supervisors and NCOs are also equipped to respond to the most difficult crisis calls. In addition, the NYPD plans to exceed its current goal of training 5,500 officers as future training continues.

Recommendation 10: NYPD should begin training 911 call takers and dispatchers in at least some aspect of CIT.

The NYPD presently plans to provide a one-day Mental Health First Aid course to the vast majority of its civilian employees, including 911 call takers and dispatchers. This eight-hour course introduces participants to the risk factors and warning signs of mental illness. Participants are also taught to assess for risk of suicide or harm, listen without judgment, provide reassurance and encourage a person in crisis to obtain professional help and other support. It is anticipated that this training will begin in late fall of 2017.

It should be noted, however, that presently both 911 call takers and dispatchers receive training regarding how to properly address emergency calls for persons in mental crisis. For 911 call takers, who answer emergency calls from members of the public, this training includes a forty-five day course including a two hour session, along with scenario based training, to educate call takers about how to assist

callers in mental crisis. Emergency call takers also receive monthly in-service refresher courses, including courses involving calls from persons in mental crisis. These refreshers are given twice a year during these monthly training sessions. Finally, based upon quality control evaluations of caller performance, additional periodic reinstruction is given as warranted.

Emergency call takers, however, usually do not interact directly with the person in crisis but rather speak with a third party — a family member of the distressed person or an observant citizen who noticed someone in need of assistance. Accordingly, providing 911 call takers with a significantly briefer, modified version of CIT makes more sense. Moreover, when a 911 call taker becomes aware that a person in crisis is in need of assistance, they are required to immediately patch into the call an FDNY Emergency Medical Technician, who then takes the lead in assessing the medical and psychological needs of the individual in distress. This unique feature of the NYPD system militates against the need to provide 911 call takers with extensive CIT.

NYPD dispatchers, on the other hand, do not take calls from members of the public but rather are tasked with ensuring that appropriate resources are directed to an incident or event. In the NYPD, dispatchers and 911 call takers rotate assignments. The NYPD, therefore, will provide the above described training to both.

Recommendation 11: In every CIT training, NYPD should ensure that its officers interact with people living with mental illness.

NYPD agrees in principle with this recommendation and is committed to ensuring that officers receive this valuable experience. Working with DOHMH and mental health consumer groups, NYPD is actively seeking to expand the pool of participants for the live panel presentation and will strive to provide a live panel as often as practically possible.[20] In the absence of a live panel, NYPD will ensure

[20] It should be noted that not all jurisdictions provide trainees with a live panel or live exposure to persons living with mental illness. In the jurisdictions that expose their officers to individuals living with mental illness at a diversion center, this is done more to familiarize officers with the administrative procedures involved in admitting an individual to a diversion center, and not to expose officers to mentally ill individuals. NYPD remains committed to providing this experience to its officers and, in that sense, has exceeded national standards in this regard.

that CIT staff consistently uses a recorded video of one of the live panels. NYPD will continue to evaluate all available options to ensure that live consumer panels are made available whenever possible.

It is worth noting that in addition to ensuring that officers interact with people living with mental illness, the NYPD regularly receives feedback and advice about its Crisis Intervention Training and Program from the Behavioral Health Criminal Justice Advisory Group. The Advisory Group is composed of a wide variety of organizations including, for example, representatives from City agencies, social service providers, medical service providers, and the legal community. It is chaired by NYPD Deputy Commissioner for Collaborative Policing, along with the Executive Deputy Commissioner of DOHMH, and provides the NYPD with the unique perspective of mental health consumers. NYPD Deputy Commissioner of Training also serves as a member of the Advisory Group, which was convened to advise both NYPD and DOHMH regarding planning and implementation of Crisis Intervention Training and a broader Program, including the establishment of community based diversion centers. Prior to the implementation of the CIT curriculum, these external stakeholders sat through an advanced presentation of the course and provided feedback and recommendations, some of which were incorporated into the course. The NYPD will continue to solicit the feedback of advocacy groups and mental health consumers on an on-going basis.

Recommendation 12: In every CIT training, NYPD should assess the retention of officers' skills.

This recommendation suggests that NYPD provide either a formal test or a scenario for evaluation. NYPD will consider this recommendation. To the extent that a formal evaluation is conducted in other jurisdictions, the NYPD observes that such testing is commonly a required element for formal certification by an outside agency such as the Commission on Accreditation for Law Enforcement Agencies (CALEA). NYPD does not provide formal certification to those officers who complete the CIT course. The NYPD will also consider the institution of periodic refresher courses for personnel who have previously received CIT. Such on-going training will assist in the retention of CIT skills and will allow for officers to receive updated or new information should the Department become aware of the emergence or prevalence of a particular mental condition in the population as a result of, for example, the

introduction of a new illegal drug or substance. To aid in officer retention of the training, NYPD is also considering producing a training video to be made available on NYPD smartphones and computers. This video will provide officers with a refresher course on the CIT curriculum as well as additional tactical instruction.

Recommendation 13: NYPD should provide a manual or reference guide to officers who undergo CIT Training.

NYPD agrees with the recommendation and is in the process of developing a CIT manual. In the interim, several reference guides have been provided to officers who complete CIT and these guides are presently available on NYPD smartphones. Initially, officers received a memo book insert[21] that contained a short list of community resources located in Patrol Borough Manhattan North.[22] The insert was later updated to include six pages of city-wide resources. These inserts were subsequently supplemented by three reference sheets, all of which present similar information in different formats and emphasize crisis communication skills that are acquired during CIT.

V. CONCLUSION.

In its constant effort to improve the outcomes of officers' encounters with members of the community who suffer from mental illness or who are subsumed by a mental crisis, in late 2015 and throughout 2016, the NYPD designed, piloted and then fully implemented Crisis Intervention Training. The NYPD's CIT meets or, in some aspects, surpasses national standards while complementing a highly effective pre-existing patrol guide procedure that incorporates key aspects of CIT such as de-escalation, utilization of officer discretion and employment of crisis communication skills. In its next phase of

[21] A memo book insert is a card that is used as a quick reference guide for an officer in the field to refresh his or her memory on specific topic. These insert cards are placed within the officers leather binder and carried on patrol along with required summonses. In addition to memo book inserts provided in CIT Training, all members of the service on patrol are required to have the "Instruction for Handling the Mentally Ill or EDP's" with them at all times.

[22] The list was confined to resources within the Patrol Borough Manhattan North (PBMN) because in its initial phase, CIT training was provided only to officers in this area based upon a projection that the first diversion center would be located there. PBMN covers the geographical area of the following precincts: 19, CP (Central Park), 20, 23, 24, 25, 26, 28, 30, 32, 33, 34.

training, the NYPD will provide Sergeants, Neighborhood Coordination Officers and Field Training Officers with these enhanced skills. The NYPD's ultimate goal is to ensure that at least one CIT trained officer and a trained supervisor is available in every precinct on every tour to respond when feasible to an incident involving a person in mental crisis.

At the same time, the NYPD will continue to work diligently and constructively with both internal and external stakeholders, including DOHMH, to fully implement its CIT Program. The NYPD's CIT Program is based on a carefully designed model that includes key components not found anywhere else in the country. They include CIT trained patrol officers, NCOs, FTOs and Sergeants, a long established and highly effective patrol guide procedure contained in P.G. 221-13, the routine response of elite units comprised of the Department's finest experts in tactics, communication, negotiation and technology, and pro-active Co-Response Teams. With the efforts of DOHMH and other outside stakeholders, the NYPD hopes that Diversion Centers will be added to this model and envisions that, in the future, other jurisdictions will seek to replicate the NYPD's approach to interacting with persons in mental crisis.

Sincerely,

Lawrence Byrne
Deputy Commissioner,
Legal Matters