Town of Orangetown Police Reform Committee
Minutes
December 1, 2020

Present:
Special Guest: Daphne Joslin, RCENJC
Special Guest: Gabrielle Hamilton, RCENJC
Special Guest: Christopher Strattner, Rockland County Police & Public Safety Academy
Teresa Kenny, Orangetown Supervisor
Donald Butterworth, Chief of Police
Michael Shannon, Police Captain
Denis Troy, Town Councilman
Don Hammond, Nyack Mayor
Dominic Crispino, First Assistant District Attorney
Barbara Gionta, First Assistant District Attorney
Tanya Gayle, Nyack NAACP
Brandon D. McLauchlin, Pastor of St. Charles AME Zion Church
Jerell Jones, Nyack HS Teacher and Coach
Nicholas S. Whalen, Orangetown Sergeant and PBA President
Elizabeth Brancati, Deputy Town Attorney
Michael Lawler, Deputy Town Supervisor
Allison Kardon, Clerk

Not Present:
Nicole Hines, Center for Safety and Change
John McGowan, County Legislator, Youth Court & Pearl River resident
Willie Outlaw, Tappan Resident

1. Presentation from the Mental Health Committee of Rockland Coalition to End the New Jim Crow **(see attached for full presentation) Goal is to improve response to mental health crisis and resulting police response.**

RECOMMENDATIONS

The evidence that our Mental Health Committee of RCENJC has presented supports the rationale for the following recommendations:

1) The development of a countywide CAHOOTS model in Rockland County. Based on our extensive research, our committee members believe, that CAHOOTS provides the best model for crisis intervention for calls involving individuals with mental illness, intoxication, domestic conflicts, disruptive behavior and other non-criminal behaviors. A CAHOOTS-modeled program would promote the safety and well-being of both the community and the police and, when fully implemented, result in substantial cost savings for Rockland County.

2) The reallocation of funds from law enforcement to community based mental health services with culturally competent staff to serve the diverse communities of our county.

3) The success of the CAHOOTS model points to the need for a network of mental health and wrap around services, including a "Crisis Stabilization Center." In this center those who have had an episode can go for continuing support. This center could also serve as a respite center for those who do not yet need inpatient care but are at risk for a possible crisis. This would be similar to rapid care or urgent care for physical health.

4) A public health campaign is needed to de-stigmatize seeking help for mental health issues.

5) If the crisis team determines that the person in crisis requires emergency services or hospitalization, the person or their family should have a choice of which hospital emergency services they will be transferred to. The crisis team should accompany them and talk to triage or psychiatrist.

6) A person with mental health, cognitive or behavioral issues - be it autism, bi-polar disorder, psychosis, substance abuse issues, schizophrenia, dementia or is disabled in a way that makes communication challenging (hearing or speech impaired) - should be known to their local police department. Such knowledge would improve interaction with officers, if called, so that they are aware of the individuals' capacity for or limitations in communication. Family members or friends of the person in crisis should be valued for their input and concern for their family members safety.

7) Mental Health Training and Crisis Intervention Training should be mandatory for all police who have interactions with the public.

8) Anti-racist training would expose all officers to the long history of racism and white supremacy that pervades the current system of criminal justice. It would also encourage them to develop insights into the way they themselves look at Black and Brown people and gain new perspective.

9) All police should be trained to de-escalate another police officer who is becoming agitated and potentially violent.

10) Mental health screening, assessment, and in-house counseling for police. Pre-existing psychological conditions or ones that emerge during a police officers work, such as PTSD, depression, anxiety must be identified in order to protect both the officer and Rockland residents. In-house counseling should be de-stigmatized for police and encouraged by commanding officers.

11) Systematic data must be collected on mental health crisis episodes and responses by law enforcement, BHRT and EMTs across the county.

Questions:

- Nick Whalen: Tailored to specific needs of Orangetown? Anything specific to Orangetown? Answer: Procedures for mental health should be county-wide. No data specific for Orangetown.
- Pastor McLauchlin: Working with the other Towns is important.
- Nick Whalen: BHRT does a great job but can improve.
- Mayor Hammond: BHRT could use more resources in our Town. Orangetown Police does not respond unless they are asked.
- Nick Whalen: BHRT does not call police every time
- Daphne Joslin: BHRT does bring officers with them on calls when they presented to RCENJC. & Sgt Bax confirms how BHRT operates.

2. Orangetown Police Department discussion on accreditation **(See Sergeant Nick Whalen's slide presentation attached)**

History of the Accreditation Program - https://www.criminaljustice.ny.gov/ops/accred/accred01.htm

New York State Accreditation Program - https://www.criminaljustice.ny.gov/ops/accred/accred02.htm

Accreditation Council - https://www.criminaljustice.ny.gov/ops/accred/accred04.htm

FAQ's - https://www.criminaljustice.ny.gov/ops/accred/accred11.htm

Role of the Council - https://www.criminaljustice.ny.gov/ops/accred/accred04.htm

Accredited Agencies - https://www.criminaljustice.ny.gov/ops/accred/accredited-agencies.htm

Questions:

- Mike Lawler: Percentage accredited? Answer: Less than 30% agencies accredited. Full audit for Orangetown 2022. 40 random standards a year for partial audit.
- Mike Lawler: Who is overseeing accreditation? Answer: Captain Shannon
- Mike Lawler: Villages accredited? Answer: No, too small and limited resources. RC Sheriff, yes.
- Mike Lawler: Public report for each department that is accredited? Answer: Accredited agencies are listed in the link above. 22/110 standards -are critical. If you don't meet them you can't get accredited. Very stressful when they are here. If you lose accreditation – very hard to get it back. More dialogue between community and police. Police offered to give presentations or listen to Pastor McLauchlin's congregants.
- Mayor Hammond: Gives a chance for public to hear what Police are doing. Know the process when someone makes a compliant.

3. OPD Respond to Supervisor Kenny questions and Don Hammond Questions at next meeting. Any other member questions should submit no later than the end of the year. **(Tabled for next meeting)**

4. Member updates **(Tabled for next meeting)**:

   a) Don Hammond – coach/teacher from Nyack HS;
   People's Panel on Policing in Rockland - rocklandppp.org

   b) Don Hammond/Nick Whalen – outreach to the Hispanic/Latino Community.

   c) Teresa Kenny – Survey monkey questions;

   d) Resources from the Center for Policing Equity:
   https://policingequity.org/what-we-do/a-policy-plan-for-policing-in-america
   https://policingequity.org/images/pdfs-doc/reports/principles_of_procedurally_just_policing_report.pdf

   e) Other comments/suggestions/ideas/etc.

5. Propose breaking into sub-committees to review specific categories (**(Tabled for next meeting)**:

   a) Use of force;
   b) Procedural justice;
   c) Any studies addressing systematic racial bias or racial justice in policing;
   d) Implicit bias awareness;
   e) De-escalation training and practices;
   f) Law enforcement assisted diversion programs;
   g) Restorative justice practices;
   h) Community out-reach and conflict resolution;
   i) Problem-oriented policing;
   j) Hot spots policing;
   k) Focused deterrence;
   l) Crime prevention through environmental design;
   m) Violence prevention and reduction interventions;
   n) Model policies and guidelines promulgated by the New York State Municipal Police Training Council;
   o) Standards promulgated by the New York State Law Enforcement Accreditation Program;

New Business:

Presentation by Chris Strattner, Rockland County Police & Public Safety Academy

- Regional Academy, covers southeast portion of New York State training, not all from Orangetown:
    1. Recruits
    2. Retrain Annually- All Orangetown Police Officers
    3. Specialized Training
- **Recruits**: 1/3 more training than NYS requires: about 600 hours (NYS) to 1000 hours (Academy)
    - 5 Days of Crisis Intervention Training and build it into other things for new recruits (State requires 3 days)
    - Training is hands-on not just lectures, and repetitive for blocks on cultural diversity, ethics, decision making and procedural justice.
    - 2nd week on blocks of implicit bias
    - Weeks 3&4 – Senior officers do a drill with Fire Department (for ethics training)
    - Box Drills (provides ethical box drills to solve problems in 90 seconds) – recruits have not failed because of their training in the previous months
    - 2021 create more ethical box drills and create difficult situations with the help of BHRT and Office of Mental Health for the recruits
- **Retrain** :(16 weeks a year) – Police go for 4-5 days
    - Legal updates (use of force)
    - Tactics Training
    - Medical training
    - Hands On defensive tactics and disorder control
    - Firearms Day at the range
    - **Adding**: Principled Policing – veteran officers confront their potential for implicit bias-puts them into situations (keeps everyone safe-less likely to get into violent confrontations (procedural justices)
    - **Adding**: Medical Day – CPR, choking and BHRT will make videos and behavioral health response training, Sgt. Bax will help them with this training
    - **Adding:** Defensive Tactics and Disorder Control– building in de-escalation training – Tamir Rice example (disorder control - protests calm and non-violent)
    - Inservice Program **–** Standardize across the County even if they didn't have our basic training
- **Specialized Training:** Crisis intervention training and de-escalating, implicit bias and principled policing training – Train the trainers to bring back to local department.
    - Agencies decide who will go to specialized training or individuals can sign up
    - There is also training outside County
- Pastor McLauchlin: RCENJC to help with the training? Answer: Possibly help with box drills and also use Center for Safety & Change.

- Mayor Hammond: Do that with implicit bias people? Answer: Still looking for an organization to help. Has to fit within criminal justice guidelines.
- Pastor McLauchlin: Training specific for Orangetown? Answer: If just out of academy or transfer, 8-12 weeks of training with field training officer before they go out on the road. Sent every Detective to FBI training. Orangetown does not currently have trained Mental Health Instructors so training on this topic is received at the Police Academy. Over the past several years, each NYC DA has sent some of their law enforcement recruits to the Rockland County Police Academy to receive their NYS Police Officer certification. The use of the RC Police Academy by these and other outside agencies illustrates the quality of training that is provided by our Academy program.
- Tanya Gayle: When you hire officers previously trained in another department-- if officer is flagged for having bias when making an arrest or has a discipline record, are they sent to retraining? Answer: Police do visit precinct of officer they are going to hire. Also perform neighborhood and regular background checks.
- Tanya Gayle: File a complaint against a police officer? Answer: Civilian Complaint Process – has an investigation, if founded complaint, retraining-sent back to academy or get penalized, losing vacation days etc.
- Pastor McLauchlin: what is the procedure for civilian complaints? Where does it go? How can people of color be more upfront in the future? We can talk about it at a later date. Captain Shannon will contact the Pastor in reference to this question.

[redacted]

Next meeting

December 15, 2020 at 5 pm (virtual):

Town of Orangetown Meeting Room

Please join my meeting from your computer, tablet or smartphone.

https://global.gotomeeting.com/join/929115453

You can also dial in using your phone.
(For supported devices, tap a one-touch number below to join instantly.)

United States (Toll Free): 1 877 309 2073
- One-touch: tel:+18773092073,,929115453#

United States: +1 (571) 317-3129
- One-touch: tel:+15713173129,,929115453#

Access Code: 929-115-453

January 12, 2021 at 5 pm

Kenny's Request for Information from 10/20 Meeting **(Tabled for next meeting)**

1. Does the OPD or other law enforcement agencies in Rockland County utilize other agencies to address situations that fall within the expertise of other professionals (i.e. responding to calls involving individuals with mental illness); If not, has this been considered? (page 12)

2. Related to #1, do the 911 operators have the ability, resources and/or training to divert calls to other mental health agencies? (page 17)

3. While we no longer have community policing in Orangetown, has there been any consideration to bringing it back? (page 23)

4. What diversion programs does the Town have and are there others we can consider? (page 36).

5. What training is in place for de-escalation? (page 40)

6. Do we have any community outreach programs? (page 43)

7. What reporting requirements and/or internal review do we have for use of force incidents (page 57)

8. Do we have a General Order that requires officers to report misconduct of other officers? (page 60)

9. Does the Town have an easy, accessible process for the public to report complaints of misconduct? (page 67)

10. Does OPD maintain "stop data" from traffic stops – where, when, why, ticket given, gender or race (page 73)?

11. What training is in place to avoid potential bias incidents? Is there ongoing training? (page 98)

12. Do we have programs in place to support officer wellness and well-being? (page 103)

MENTAL HEALTH COMMITTEE
Rockland Coalition to End the New Jim Crow (RCENJC)
Daphne Joslin, Ph.D, MPH & Gabrielle Hamilton, LCSW, Co-Chairs

PRESENTATION BEFORE THE ORANGETOWN POLICE REFORM COMMITTEE
December 1, 2020

INTRODUCTION

Good evening. Thank you for inviting us to share our information, experience and ideas with the Orangetown Police Reform Committee.

My name is Daphne Joslin. I've been a public health professional for 36 years. Gabrielle Hamilton is a licensed clinical social worker with 27 years in the field. We co-chair the Mental Health Committee of the Rockland Coalition to End the New Jim Crow (RCENJC).

The work of RCENJC's Mental Health Committee is not meant to undermine the police but rather to identify the reasons why they should not be responding to behavioral health crises. We describe model programs that effectively and safely address these needs in other communities, especially the CAHOOTS program. Our report reflects careful study of the *NEW YORK STATE POLICE REFORM AND REINVENTION COLLABORATIVE: RESOURCES AND GUIDE FOR PUBLIC OFFICIALS AND CITIZENS*.

The Mental Health Committee of the Rockland Coalition to End the New Jim Crow (RCENJC) was formed in the wake of Tina Davis' death on January 4, 2020 during a mental health emergency that ended with her being tasered multiple times by the police. We came together as a racially and ethnically diverse group - including clinical social workers, a psychiatric nurse, a psychiatrist, counselors, mental health, public health and racial justice advocates. Our Committee includes those living with mental illness and family members. Our work is motivated by a basic question: How can Rockland County improve its response to behavioral health crises so that people like Tina Davis and so many others, including those with dementia, autism and other disabilities – do not die, face injury, arrest or other trauma when they are in crisis?

What can we learn from the intersection of mental health crises experienced by Rockland County residents and resulting police interventions?

ROCKLAND RESIDENTS WHO EXPERIENCED POOR, IF NOT TRAGIC RESPONSES

Because of the persistent stigma against people with mental illness, it is often too easy to forget their humanity. The stories of our fellow Rockland residents who have had episodes of severe mental illness and were met by aggressive force show us the need to create a new countywide system. This new system would affirm the humanity and dignity of those with mental illness. People of color can easily be triggered by police uniforms, lights, and guns that create fear. For people in a mental health crises, these things can cause the person to become more paranoid, agitated or react violently instead of calming down.

Tina Davis had a long history of mental illness and was known to the police precinct in her community. She had been drinking and was agitated, breaking car windows. After being tasered multiple times by the police, she died. It is likely that if she were white, she would have been engaged differently by the police and would still be alive.

Carol's son suffers from both a substance use disorder and mood swings. In desperation, Carol called the police for help, informing them that she believed her son was intoxicated on some unknown substance and was agitated. Her son was taking a shower in order to calm down when the police arrived. She was expecting two police officers but six officers came. She offered to tell her son to get out of the shower but the police told her to stand back. They waited for him at the bathroom doorway, with guns drawn, ambushing him when he was coming out of the bathroom. Two of the police officers went into the son's bedroom without her permission. It was a traumatic experience for both Carol and her son.

Carol called the Rockland Behavioral Health Response Team (BHRT) multiple times, but they never came, even when her son was suicidal. Carol had requested the services on BHRT's website but was told they "were busy".

Trevon has schizophrenia and has called the police on himself at least 20 times when he felt suicidal. He calls the police because they are open 24/7 and they arrive quickly. Only one experience with the local police was dangerous for him. He has had no success in using BHRT during an episode either for assessment or for good referrals.

Lisa called the BHRT to try to get help for her sister with bi-polar disorder who was paranoid and decompensating. BHRT did not accept her because her sister did not agree to the service. She was hospitalized.

Similar cases abound across the US, most recently Walter Wallace in Philadelphia, who was shot by police after his mother called them for help. These tragic events reflect four conditions that converge to produce a situation with tragic outcome:

1. Authorization of police as the necessary responders reflects the **criminalization of mental health crises.** The stage is literally set as a crime scene that then has its own built-in dangers.

2. M**ilitarization** of local law enforcement who are given / sold US military equipment to be used at local police discretion to address community safety issues. Armed with revolvers, on occasions in riot gear, police impose the threat of lethal force.

3. **Myth of those with mental illness as dangerous** permeates our culture. Yes, people in severe crises can be threatening when they are agitated, angry, acting bizarrely. Police who appear in uniform, lights flashing, sirens blaring, with guns clearly visible can only be expected to escalate the situation.

4. **Systemic racism**, rooted in the legacy of slavery and upheld through centuries of criminal justice policies, **justifies violence by police against Black and Brown people.** In particular, if they are agitated and angry, they are seen to be inherently dangerous. Already perceived to be a threat, when they are in a behavioral health crisis, people of African descent, are at great risk of violent police response.

Beyond these and other cases in Rockland County, research evidence shows why police should not be the first responders to episodes of severe mental illness.

The Treatment Advocacy Center, a nonprofit group that advocates for people with mental illness estimates that people with an untreated mental illness are 16 times more likely to be killed by law enforcement during a police encounter than are other people approached by law enforcement. That risk is compounded for people of color, with Black and Brown men being two and a half times more likely to die. A 2016 study published in the *American Journal of Preventive Medicine* estimated that 20 – 50% of fatal encounters with police involved a person with mental illness.

The authors of this study note that individuals with mental illness are far more likely to be victims of violent crime than perpetrators, and that severe behavioral or cognitive impairment might increase the risk for escalation and use of force in some interactions with police. Anecdotal reports indicate that persons with autism, dementia or hearing deficits are also at greater risk of injury or death by lethal force.

According to a recent article in the *American Journal of Public health,* exposure to police violence as victims or as community witnesses damages mental health, creating or exacerbating PTSD, anxiety, depression and for some, suicidal ideations. Suicide risk is elevated after contact with police, during detention and post release.

Because of the threat of aggressive, even lethal force by police, many families struggle alone, without professional help, to calm a volatile or distraught loved one, afraid to call 911. Those that risk calling 911, suffer devastating guilt if their family member is arrested, injured or killed.

ROCKLAND COUNTY PROGRAMS

We asked, what resources exist in Rockland County to provide individuals and their families with the help they need in a mental health crisis?

The Rockland Behavioral Health Response Team (BHRT), is grant-funded by NYSOMH and operates through Rockland Paramedics. While its website states that it provides 24/7 service throughout the county by mobile unit, we learned its actual services are inadequate. Lack of sufficient and diverse staff to cover the county and restricted hours – help is not available from late night to early morning – are structural limitations. BHRT's role is to triage calls and there may be a delay of as much as 12 hours, even in a call about threatened suicide, according to a mother who called for her son. Police are often called to escort, unnecessarily. Limited outreach by BHRT means that it cannot demonstrate sufficient need to NYS Office of Mental Health (OMH) to expand services. With improvements, BHRT could be a valuable adjunct to a countywide program.

Rockland has only one Crisis Intervention Team (CIT) that is limited to the town of Clarkstown. The CIT model was created by the Memphis Police Department in response to

the fatal shooting of 27 year old Black man with psychiatric and substance abuse disorders. He was in an extremely agitated state and threatening suicide. Like Mr. Wallace, Mr. Robinson's mother had called the police for help.

In five years, only 16 officers in the Clarkstown Police Department (CPD) have completed the voluntary training that trains officers in de-escalation techniques that are used to "slow things down" in order to avoid the use of force and injury to the individual, police and bystanders.

According to statistics provided by Sargent Christopher Bax who is the CIT trainer for the CPD, in 2019 the Department handled over 30,000 total incidents. Calls regarding an Emotionally Disturbed Persons (EDP) totaled 589; there were 3 completed suicides and 11 attempts. CPD also responded to 861 domestic incidents, 345 welfare checks, 85 intoxicated persons, and 65 overdoses, of which 14 overdoses resulted in death. Sgt. Bax indicated that there were nearly 2,000 calls that have a clear crisis element to them and stated that many of the other 28,000 calls handled had some aspect of stress/crisis involved.

Our committee was impressed with the passion and dedication of Sgt. Bax to CIT but the model itself is inadequate to meet the needs of a full crisis intervention program. The program is NOT a 24/7 dedicated program. It requires police to volunteer for the training, and is limited to the town of Clarkstown. CIT officers travel with other officers and respond to other calls, so they may not be available when there is a mental health or substance abuse emergency. The fact that they are in uniform, armed and come to the scene in police cars for all kinds of problems can increase the tensions and paranoia of an individual in the throes of an episode. Also, ultimately, the costs of teams of police officers are higher than would be for teams of trained paramedic and crisis intervention personnel.

National data gathered by the University of California, San Francisco, indicates that CIT programs have had some modest success in reducing arrest and keeping people out of the criminal justice system. But the program has not significantly reduced the number of persons who are killed or injured by police during a crisis episodes, as two recent deaths demonstrate. In the cases of David Prue in Rochester and Stacy Kenny, a transgender woman in Oregon, both officers who fired the fatal shots were CIT trained, and one was a supervisor.

Ron Bruno, the Executive Director of Crisis Intervention Team International, a 25 year veteran officer, recommends that CIT teams take police out of responding to mental health crises unless absolutely necessary because the individual is actively violent. Ideally, a CIT team would be a non-law enforcement team. (Source: NPR Interview, September 18, 2020)

ALTERNATIVE PROGRAMS FOR BEHAVIORAL HEALTH CRISIS RESPONSE

Through virtual meetings and online materials we have researched existing model programs across the country that offer safe, effective help in deescalating a behavioral health emergency without physical harm, trauma, or arrest. Across the country, major cities like New York, San Francisco, Denver, Los Angeles to smaller areas are redesigning crisis

response programs that move police out of the front lines. Instead, they are using a team of trained mental health professionals to respond to these emergencies.

The best-known and oldest program is Crisis Assistance Helping Out On The Streets (CAHOOTS) in Eugene, Oregon. CAHOOTS was developed in 1989 by the White Bird Clinic, a federally qualified health center (FQHC) to be "… an innovative community-based public safety system to provide mental health first response for crises involving mental illness, homelessness, and addiction. CAHOOTS teams deal with a wide range of mental health-related crises, including conflict resolution, welfare checks, substance abuse, suicide threats, …" using trauma-informed de-escalation and harm reduction techniques.

CAHOOTS staff are not law enforcement officers and do not carry weapons. They use their training and experience to ensure a non-violent resolution of crisis situations. Calls come to the 911 system of police non-emergency number and dispatchers are trained to recognize non-violent situations with a behavioral health component and route those calls to CAHOOTS. (Even with trained dispatchers, people in the community are sometimes reluctant to call 911, so that CAHOOTS is considering developing a separate number.)

A team consists of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field. Peer advocate who themselves have had a mental health episode may also be on the team. The team will respond, assess, and stabilize the person, linking them with medical care, substance abuse care, or respite mental health services. CAHOOTS teams responded to approximately 24,000 calls in 2019 with a wide range of behavioral crises. In only approximately 150 cases, did CAHOOTS teams request police backup.

In addition to saving lives and diverting individuals from the criminal justice system and the emergency room, CAHOOTS saves the City of Eugene an estimated $8.5 million in public safety annually. These cost savings enable the City to use such funds for other services that contribute to the health of its residents.

The effectiveness of CAHOOTS and the growing recognition of the dangers of police response have led other cities and smaller areas to establish similar programs. Key components of many programs include:

- Designated dispatch for behavioral health with trained operators, within or separate from 911
- Well publicized public information regarding mental health crises and services
- Teams of mental health clinicians – EMTs, social workers, nurses
- Use of peer advocates /mental health consumers
- No handcuffs used in transfers to the emergency room (ER)
- Linkage to wider array of mental health and wrap around services
- Reallocation of funds from law enforcement to human services
- Collaboration with law enforcement when police response is necessary

San Francisco just launched the largest urban unarmed mobile crisis team that operates through the fire and health departments. These teams use specially trained EMS crews, psychologists or social workers and peer support experts.

New York City has had Mobile Crisis Teams (MCT), staffed by social workers, nurses, and psychiatrists for many years, operating through The Department of Health and Mental Hygiene. There are multiple teams run by hospitals and Visiting Nurse Services and by history they have responded to all calls within 24 hours. Beginning January 2021 they will have to respond within two hours to every call.

I (Gabrielle Hamilton, LCSW) have personally called these teams from various parts of the City over 22 years. The teams always make the visit; patients that have stopped attending mental health programs have been re-engaged. Community members and families can call for themselves through 800 LIFE-NET or 311. During that time only one of my patients have ever required police escort.

Beginning early in 2021, NYC will also pilot a new initiative of two mobile crisis teams staffed by health professionals and crisis workers from FDNY Emergency Medical Services. They will respond to a range of behavioral health problems such as suicide attempts, substance misuse, and serious mental illness, as well as physical health problems. In emergency situations involving a weapon or imminent risk of harm, the new Mental Health Teams will respond along with NYPD officers.

Over 65% of all operational staff in NYPD patrol precincts across the City have now been trained in the CIT model. In addition, NYC will add four new intensive mobile treatment teams that will provide ongoing, clinical care to those with serious mental illness, many of whom experience homelessness or have been involved in the criminal justice system. These services can be effective at increasing stability in people's lives.

New Castle, Delaware's Hero Help Program is a designated Mental Health Team, consisting of two police officers, two mental health professionals and a case manager within the Department's Behavioral Health Unit which has a separate Addiction Team.

INADEQUATE MENTAL HEALTH SERVICES IN ROCKLAND COUNTY

Community mental health services can help to avert a mental health crisis and stabilize an individual who has experienced one or is at risk. Like many communities across the country, Rockland County has seen an increase in mental health conditions, due to Covid-19 related stress. Individuals are experiencing: depression; anxiety; suicidality which includes ideations, plan, intent, attempts and completions; domestic violence and substance abuse. Using estimates from the National Alliance on Mental Illness, one in five adult Rockland residents - 58,316 individuals - experience mental illness, and one in 25 adult residents -9,331 individuals - experience serious mental illness. Among Rockland children and adolescents, ages 6 to 17, 17% have a mental health disorder. Our Rockland neighbors need more and comprehensive help. To quote a British epidemiologist, we need to remember that "… health statistics are human beings with the tears washed off."

The inadequacy of mental health services in Rockland County originated in the 1960s with the erosion of funds for inpatient and outpatient services due to deinstitutionalization. We had a nationally known mental health care system delivered by Robert Yeager Mental Health Center later known as Pomona Mental Health Center (PMHC). PMHC had an inpatient unit, acute partial hospitalization program, young adult day treatment program and five large outpatient clinics. Over the years these were gradually closed as the economic priorities shifted along with the ideology of how to care for mentally ill.

The lack of proper treatment for those living with chronic mental illness has created a population who are either untreated or inadequately treated causing frequent mental health crises and calls to 911 since there are no other avenues to receive help in crisis. The police get involved in these calls who are either not trained or inadequately trained to deal with mentally ill population causing injury or death in crisis situations, especially in people of color. Ideally, the mental health crisis situation should be dealt with by medical personnel as in any other health crisis. Unfortunately, due to lack of mental health crisis response resources in the community the police or the legal system has been delegated to respond. We should never have built a system for treating a chronic health condition on an emergency basis that involves our public safety officers, our judicial system, jails and prisons. This current "system" is inadequate and inept. Mental health crises need to be removed from the responsibility of police and organized within the health care system.

RECOMMENDATIONS

The evidence that our Mental Health Committee of RCENJC has presented supports the rationale for the following recommendations:

1) The development of a countywide CAHOOTS model in Rockland County.
Based on our extensive research, our committee members believe, that CAHOOTS provides the best model for crisis intervention for calls involving individuals with mental illness, intoxication, domestic conflicts, disruptive behavior and other non-criminal behaviors. A CAHOOTS-modeled program would promote the safety and well-being of both the community and the police and, when fully implemented, result in substantial cost savings for Rockland County.

2) The reallocation of funds from law enforcement to community based mental health services with culturally competent staff to serve the diverse communities of our county.

3) The success of the CAHOOTS model points to the need for a network of mental health and wrap around services, including a "Crisis Stabilization Center." In this center those who have had an episode can go for continuing support. This center could also serve as a respite center for those who do not yet need inpatient care but are at risk for a possible crisis. This would be similar to rapid care or urgent care for physical health.

4) A public health campaign is needed to de-stigmatize seeking help for mental health issues.

5) If the crisis team determines that the person in crisis requires emergency services or hospitalization, the person or their family should have a choice of which hospital emergency services they will be transferred to. The crisis team should accompany them and talk to triage or psychiatrist.

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9) All police should be trained to de-escalate another police officer who is becoming agitated and potentially violent.

10) Mental health screening, assessment, and in-house counseling for police. Pre-existing psychological conditions or ones that emerge during a police officers work, such as PTSD, depression, anxiety must be identified in order to protect both the officer and Rockland residents. In-house counseling should be de-stigmatized for police and encouraged by commanding officers.

11) Systematic data must be collected on mental health crisis episodes and responses by law enforcement, BHRT and EMTs across the county.

CONCLUSION

In closing, we appreciate the opportunity to participate in the process to develop a plan for police department reform and would like to continue to serve as a resource in this planning process.

We know these changes can be done in Rockland. It has been done by other communities and is being done even as we speak, in so many places. It is possible to re-imagine the way we interact with and treat our neighbors. Let's just do it!

Orangetown Police Department

New York State Law
Enforcement Accreditation Program

Sergeant Nicholas Whalen #212
July 20, 2020

Agenda

- Overview
- Orangetown PD Accreditation History
- Accreditation Relevance to Executive Order #203
- Questions

Overview

- Accreditation is formal recognition that a law enforcement agency's policies and practices meet or exceed the standards established by the Law Enforcement Agency Accreditation Council in the areas of administration, training, and operations
- The Council is the authoritative body that guides the program, develops model standards, and develops policy
- The council consists of 17 members appointed by the governor; members include law enforcement officers, college professors, Association of Counties/Towns, Conference of Mayors, NYS Senate and NYS Assembly

Overview

- Program establishes 110 standards which must be met or exceeded by an accredited agency, including 52 administration, 12 training, and 46 Operations standards
- Agencies seeking accreditation must submit a formal application and appoint a program manager to oversee the development of the program
- Once policies and procedures are established that align with accreditation standards, an on-site assessment is conducted by independent verifiers
- Independent assessors make a recommendation for accreditation, and the Council makes a decision based on the recommendation

Orangetown PD Accreditation History

- Formal application submitted in 2006 and program manager appointed
- Multi-year process conducted to establish standards and enact compliance verification strategies
- Accreditation awarded in 2007
- Re-Accreditation occurs every 5 years
- OPD Re-Accredited in 2012 and 2017
- Annual compliance survey completed each year to document compliance and ensure standards align with program updates

Accreditation Relevance to E.O. #203

- Executive Order #203 directs all Police agencies in NYS to "perform a comprehensive review of current police force deployments, strategies, policies, procedures, and practices, and develop a plan to improve such deployments, strategies, policies, procedures, and practices…"
- Plan development should include "model policies and guidelines promulgated by the New York State Municipal Police Training Council; and standards promulgated by the New York State Law Enforcement Accreditation Program."

Accreditation Relevance to E.O. #203

- Orangetown PD meets or exceeds all 110 standards established by the Law Enforcement Agency Accreditation Council, the body appointed by the governor
- Standards include Use of Force, de-escalation, crime prevention, sexual harassment, equal opportunity employment, and violence prevention, among others
- Compliance with accreditation standards in these areas validates that policies and procedures in said areas comply with E.O. #203

Questions