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CIVILIAN COMPLAINT REVIEW BOARD

PUBLIC MEETING

MAY 12, 2021

5:34 P.M.

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HELD VIA VIDEOCONFERENCE

B E F O R E:

FREDERICK R. DAVIE, CHAIR

JONATHAN DARCHE, ESQ., EXECUTIVE DIRECTOR

Transcribed by:

Julia M. Speros

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PUBLIC MEETING AGENDA

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- 1. Welcome & Virtual Meeting Protocol
- 2. Call to Order
- 3. Adoption of the Minutes
- 4. Report from the Chair
- 5. Report from the Executive Director
- 6. Presentation from the Policy Department
- 7. Comment from Community Groups
- 8. Public Comment
- 9. Old Business
- 10. New Business
- 11. Adjourn to Executive Session

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BOARD MEMBERS PRESENT

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- 1. Rev. Fred Davie, Board Chair
- 2. Erica Bond, Board Member
- 3. Corrine A. Irish, Esq., Board Member
- 4. Esmeralda Simmons, Esq., Board Member
- 5. Joseph A. Puma, Board Member
- 6. John Siegal, Esq., Board Member
- 7. Michael Rivadeneyra, Esq., Board Member
- 8. Nathan Joseph, Board Member
- 9. Salvatore F. Carcaterra, Board Member
- 10. Marbre Stahly-Butts, Esq., Board Member
- 11. Frank Dwyer, Board Member
- 12. Willie Freeman, Board Member

Presenters:

Sean McMahon - Senior Data and Policy Analyst
New York City Civilian Complaint Review Board

PROCEEDINGS

1
2 MS. ALVAREZ: Good evening,
3 everyone. Thank you so much for joining
4 us.

5 For those that will be using ASL
6 interpreters, our interpreters are Craig
7 Ridgway and Felice Shays. We will link
8 in the chat on how to pin their videos.

9 CHAIR DAVIE: And good evening,
10 again, and welcome to the Civilian
11 Complaint Review Board's May Board
12 meeting. My name is Fred Davie, and as
13 many of you know, I am the Chair of the
14 Civilian Complaint Review Board.

15 I'd like to begin by asking by
16 colleagues to introduce themselves and
17 I'm going to try to do it as I see you
18 on my screen.

19 So, if we could start with Ms.
20 Irish.

21 MS. IRISH: Hi, everyone, Corrine
22 Irish. I'm a mayoral appointee; I live
23 in Harlem.

24 CHAIR DAVIE: Ms. Bond.

25 MS. BOND: Good evening, all. My

1 name is Erica Bond; I'm also a mayoral
2 appointee residing in Brooklyn.

3 CHAIR DAVIE: Mr. Rivadeneyra.

4 MR. RIVADENEYRA: Good everyone,
5 everyone. Michael Rivadeneyra; I am a
6 City Council designee for the Borough of
7 the Bronx and I hail from the Bronx.

8 CHAIR DAVIE: Ms. Stahly-Butts.

9 MS. STAHLY-BUTTS: Hello. My name
10 is Marbre Stahly-Butts. I use she and
11 her pronouns and I am a City Council
12 designee from Brooklyn.

13 CHAIR DAVIE: Thank you.

14 Mr. Puma.

15 MR. PUMA: Good afternoon. My name
16 is Joseph Puma. I'm a City Council
17 representative in the Board from the
18 Borough of Manhattan.

19 CHAIR DAVIE: Mr. Siegal.

20 MR. SIEGAL: Good evening. John
21 Siegal; I'm appointed to the Board by
22 Mayor de Blasio and I'm coming to you
23 from my home in Bronx, New York.

24 CHAIR DAVIE: Mr. Dwyer.

25 (No response.)

1 CHAIR DAVIE: I saw Frank. It looks
2 like he may have disappeared. He's
3 still there.

4 Frank, can you hear us; are you on
5 mute?

6 (No response.)

7 CHAIR DAVIE: All right. Let's go
8 to Ms. Simmons.

9 MS. SIMMONS: Hello.

10 CHAIR DAVIE: Want to introduce
11 yourself?

12 MS. SIMMONS: Esmeralda Simmons; I'm
13 a representative of the Public Advocate.
14 Good evening, folks.

15 CHAIR DAVIE: Great, and
16 Mr. Carcaterra is on the phone.

17 MR. CARCATERRA: I am, Fred. Hello,
18 everyone. I'm Sal Carcaterra and I'm a
19 Police Commission designee to the Board
20 and I live on Staten Island. Good
21 evening.

22 CHAIR DAVIE: Thanks, and let's try
23 again from Mr. Dwyer.

24 (No response.)

25 CHAIR DAVIE: All right. Well, we

1 can get him later perhaps.

2 MS. IRISH: He sent a note that his
3 mic is not working.

4 CHAIR DAVIE: Okay. Great. Thanks.

5 So, let's take care of one pair --
6 one piece of business before I say a few
7 things. I think we need to approve the
8 minutes of the last meeting.

9 Is there a motion to approve those
10 minutes?

11 MS. SIMMONS: So moved.

12 CHAIR DAVIE: Is there a second?

13 MS. BOND: Second.

14 CHAIR DAVIE: All those in favor --
15 are there any changes, additions,
16 revisions --

17 (No response.)

18 CHAIR DAVIE: All those in favor of
19 approving the minutes, please say "Aye".

20 (Chorus of "Ayes".)

21 CHAIR DAVIE: Those opposed, no?

22 (No response.)

23 CHAIR DAVIE: The minutes are
24 approved. Thank you.

25 So, the last time we all spoke, no

1 one knew what would happen in the trial
2 of former Minneapolis police officer,
3 Derek Chauvin.

4 Since our last meeting, the world
5 has learned he would be convicted of
6 murdering George Floyd; convicted not
7 just on one of the counts, but all three
8 counts of criminal conduct, and this
9 isn't the last of the criminal
10 accountability Officer Chauvin and his
11 partners that day could face.

12 Just last week, a Federal Grand Jury
13 indicted on four officers, including
14 Derek Chauvin, for violating George
15 Floyd's civil rights. This level of
16 criminal accountability is rare for
17 police officers, particularly those who
18 kill or severely injure someone while on
19 duty. That's why agencies like the CCRB
20 are so important.

21 In instances where someone is
22 killed, or hurt, or traumatized by an
23 interaction with an officer -- a police
24 officer, that does not lead to criminal
25 accountability, there has to be an

1 administrative backdrop. Not all
2 misconduct is criminal, and often
3 potentially criminal misconduct goes
4 unpunished.

5 This reality makes administrative
6 accountability necessary, and the fact
7 that an officer does not face criminal
8 charges for killing, or maiming, or
9 traumatizing a person should never ever
10 preclude a civilian oversight agency,
11 like the CCRB, from moving forward with
12 administrative accountability.

13 I am eager to believe that the
14 conviction of former Officer Chauvin and
15 these indictments that he and his fellow
16 former officers face, signals a new day
17 for policing and accountability, as well
18 as ultimately justice in this country.
19 Whether that is the reality we live in
20 now or not remains to be seen.

21 No matter what though, our work at
22 CCRB continues. We remain focused on
23 petitioning state lawmakers from binding
24 disciplinary authority in our cases, for
25 greater access to evidence, and for

1 exemptions from state sealing statutes,
2 and to reform a system that allows the
3 Police Commissioner to have full
4 authority and discretion over the
5 disciplinary process.

6 It is abundantly clear to me that
7 the Police Commissioner -- any Police
8 Commissioner and not just this one --
9 and I just want to say in my dealings
10 with the current Commissioner, Dermot
11 Shea, those encounters have proven to be
12 productive for the things around which
13 we engaged him.

14 So, this is not about this
15 Commissioner; it's about any
16 Commissioner -- should not be able to
17 downgrade or overturn recommended
18 discipline from the CCRB, should not be
19 able to downgrade or overturn agreed
20 upon guilty pleas reached between our
21 prosecutors, officers, and the
22 Commissioner of Trials Office, and
23 should not be able to decide whether or
24 not a trial even occurs, if all, in a
25 case.

1 In addition to final authority,
2 we're also asking the State Legislature
3 to exempt the CCRB from state sealing
4 statutes. The City Council and City
5 Hall have given the CCRB a new legal
6 mandate to investigate racial profiling
7 and patterns of bias-based policing by
8 specific officers with the passage and
9 the signing of Council Bill 2212. For
10 us to achieve this mandate, we
11 absolutely must be exempted from these
12 sealing statutes.

13 Racial profiling investigations and
14 inquiries into patterns of bias are
15 extremely important and have to be taken
16 seriously. Our lack of access to
17 information should raise serious
18 concerns about the CCRB's ability to
19 investigate racial profiling to the best
20 of our ability.

21 In order to investigate racial
22 profiling allegations or bias-based
23 allegations covered under the new
24 Charter, Section 441, that would require
25 us to review past conduct, the agency

1 needs access to information about sealed
2 cases; access that we are currently
3 denied by the NYPD, which cites the
4 state sealing statutes as the reason.

5 Without access to sealed arrest
6 records and other information, it will
7 be extremely difficult for the CCRB to
8 investigate racial profiling or to
9 assess patterns of bias among individual
10 members of the NYPD, such as Deputy
11 Inspector Kobel.

12 The State Legislature needs to
13 address the sealing issue or else the
14 CCRB's racial profiling investigations
15 and inquiries into patterns of bias will
16 be set up to fail. The current
17 legislative session ends June 10th. As
18 of yet, no legislation has been
19 introduced in Albany to fix the state
20 sealing statute issue. This must
21 change. We need this legislation in
22 this session of the State Assembly -- of
23 the State Legislature.

24 We will continue to advocate for an
25 exemption from sealing statutes and for

1 disciplinary authority. These changes
2 are necessary positive steps we can take
3 to empower independent oversight in New
4 York City.

5 Additionally, as New Yorkers -- as
6 New York opens back up, and more and
7 more people are getting vaccinated, the
8 CCRB is redoubling its outreach and
9 education efforts. We're working
10 closely -- very closely with Jordan
11 Stockdale, who runs the City's Young
12 Men's Initiative, on ways we can
13 advertise the CCRB, and what we can --
14 and what we -- and advertise the CCRB
15 and what we do, so that more New Yorkers
16 know who we are and that we are here as
17 a resource.

18 Our Deputy Director for Outreach and
19 Intergovernmental Affairs, Jahi Rose, is
20 leading new efforts to reach more New
21 Yorkers who live in communities that are
22 the product -- that produce, rather, the
23 most complaints of police misconduct so
24 that more people are aware of their
25 rights in a police encounter and what

1 they can do if those right are violated,
2 and we really appreciate Jahi and the
3 folks who work with him working to make
4 sure that more New Yorkers know about
5 the CCRB, particularly in those areas
6 where the most complaints about officer
7 misconduct are generated.

8 And our Youth Advisory Council is
9 working on a project intended to reach
10 more young people in New York, and
11 elsewhere, as we work to elevate the
12 voices of our young people, who are
13 often overlooked, in conversations about
14 how to reform our nation's policing.

15 I expect the next year to be a
16 challenging one for all of us. New York
17 must make every effort possible to
18 empower civilian oversight and rebuild
19 trust between the community and police.
20 That is so essential to public safety.
21 Without this trust, it will not only be
22 more difficult for police and non-police
23 first responders to deal with the uptick
24 of gun violence affecting New York City,
25 but it will also just make it impossible

1 to engage the communities in ways we
2 need to, to ensure public safety.

3 We all have to do our part -- be a
4 part of the solution to stem this
5 violence that we're seeing and violence
6 anywhere in the City. What happened
7 this past weekend, and what has been
8 happening for months across the City, is
9 unacceptable, but without a system of
10 accountability that guarantees New
11 Yorkers can trust their police
12 department, our efforts to improve
13 public safety will falter. All of us on
14 this Board are dedicated to earning
15 community's trust and to doing our part
16 to increase public safety in our City.

17 On that note, our staff are working
18 hard to investigate new complaints every
19 day and to provide a complete assessment
20 of what happened at the protests last
21 summer. We plan to keep New Yorkers
22 updated throughout all of it and I am
23 thankful for the continued advocacy of
24 this group and all New Yorkers for
25 empowered civilian oversight and a more

1 accountable police force.

2 With that, I would like to turn it
3 over to CCRB's Executive Director, John
4 Darche.

5 John?

6 MR. DARCHE: Thank you, Mr. Chair.

7 I want to echo Chair Davie. There's
8 a lot happening at the City level that
9 will bring positive change to the way
10 the NYPD's disciplinary system functions
11 in New York City.

12 The disciplinary matrix is a
13 positive step and is the most progress
14 the City can make on increasing NYPD
15 concurrence with CCRB recommendations
16 without changing State Law. More needs
17 to happen at the state level.

18 It is important that the agency
19 continue to advocate for final
20 disciplinary authority, but even more
21 importantly, the agency needs to be
22 exempted from sealing statutes. As the
23 Chair said, the legislature really needs
24 to act on this. We, the staff, will be
25 unable to do the job the City has asked

1 us to do, investigating bias-based
2 policing and profiling, unless we're
3 exempted from sealing statutes.

4 I think it's my honor to tell this
5 Board that starting on June 1st, the
6 CCRB will begin investigating Phase 2
7 sexual misconduct. Sexual misconduct is
8 among the most serious misconduct
9 committed by police officers.

10 We broke this type of misconduct
11 into phases to make sure that staff and
12 this agency had time to build capacity
13 to handle the most serious cases of
14 sexual misconduct alleged to have been
15 committed by members of service. Now,
16 we have a group of senior investigators
17 who have completed intensive training
18 and trauma-informed interviewing.

19 The Civilian Assistance Unit has
20 hired two advocates who are scheduled to
21 begin on May 24th. Now, that the CAU is
22 staffed, we will be able to adequately
23 help victims dealing with specific
24 traumas and connect them to City
25 services.

1 This includes those health --
2 experiencing mental health issues or
3 crises, which we are here to discuss
4 tonight. CAU will be able to provide
5 guidance on City resources and how those
6 experiencing mental health crises can
7 seek help and support through New York
8 City, in addition to allowing the agency
9 to assess issues they may have
10 specifically with the NYPD.

11 CCRB is now prepared to work with
12 survivors of sexual trauma, and with a
13 staffed-up CAU, better equipped to
14 address the specific needs of vulnerable
15 and struggling New Yorkers.

16 The CCRB continues to review protest
17 cases and we expect to have a protest
18 report out this year. CCRB staff are
19 returning to the office, operating on a
20 flexible schedule of mixed in person and
21 remote work, and if you need to file a
22 complaint in person, our office is open.

23 I want to thank the staff for
24 continuing operations. I want to thank
25 members of the public for participating

1 in this meeting, and just some ground
2 rules for this evening:

3 Please use the raise your hand
4 feature, which if you click on the
5 participants button at the bottom right
6 of your screen, and then there's -- at
7 the top it says, "participants", and
8 then in the middle it says, "chat".
9 Above where it says, "chat", and to the
10 right, there's a little hand, and that's
11 how you raise your hand.

12 And if -- thank you, Chair. That's
13 all I have this month.

14 CHAIR DAVIE: Thank you, John.

15 We're now going to turn to a
16 presentation by our Senior Data and
17 Policy Analyst -- Senior Data and Policy
18 Analyst, Sean McMahon.

19 Sean?

20 MR. McMAHON: Hi, everyone. Can you
21 hear me okay?

22 CHAIR DAVIE: Yes, Sean.

23 MR. McMAHON: Good -- yes, okay.
24 Good. I got you worried for just a
25 second.

1 Thank you for having me very much.

2 Can you see my screen okay?

3 CHAIR DAVIE: We can, yes.

4 MR. McMAHON: Very good. Excellent.

5 Yeah, so, this month, while we are
6 focusing on mental health and community
7 policy, I wanted to provide some more
8 information about a particular
9 allegation of police misconduct that
10 relates to mental health and individuals
11 experiencing a mental health crisis,
12 that has increased in the last few
13 years. That allegation is forceable
14 removal to the hospital.

15 I want to emphasize this is not our
16 language; this is Patrol Guide language,
17 but Patrol Guide procedure 221-13 on
18 mentally ill or emotional disturbed
19 persons is the primary Patrol Guide
20 procedure that governs forceable removal
21 to the hospital and these are kind of
22 the definitions.

23 CHAIR DAVIE: Sean, can you -- just
24 a little bit louder, please.

25 MR. McMAHON: Yes, I can. I can

1 also move this mic slightly closer to my
2 mouth. (Indicating.)

3 CHAIR DAVIE: Great. Thanks.

4 MR. McMAHON: The Patrol Guide
5 procedure 221-13 defines an emotionally
6 disturbed person or EDP as "a person who
7 appears to be mentally ill or
8 temporarily deranged, and is conducting
9 himself in a manner in which a police
10 officer reasonable believes is likely to
11 result in serious injury to himself or
12 others", and the primary part of the
13 procedure that we look at here is this
14 portion:

15 When a uniformed member of the
16 service reasonably believes that a
17 person, who is apparently mentally ill
18 or emotionally disturbed, and must be
19 taken into protective custody because
20 the person is conducting themselves in a
21 manner likely to result in a serious
22 injury to himself or others. So,
23 serious injuries are a primary part of
24 this.

25 And this just briefly is a breakdown

1 of the number of allegations we've
2 received --

3 MS. SIMMONS: Could you please slow
4 down a moment. Thank you.

5 MR. McMAHON: Yes, I can.

6 This is just a breakdown of the
7 number of allegations that we have
8 received, closed and substantiated, by
9 year -- (inaudible). I'll point out
10 here that in 2017, this is when some
11 provisions around EDP changed, so this
12 is where we first started to look at
13 this form of allegation, which is why we
14 only have four allegations closed that
15 year.

16 2020, you know, may look like this
17 is going down or we're reminded that
18 that is during lockdown, so all kinds of
19 allegations dropped down, of course.

20 And I'm going to talk just for a
21 minute here now about how we investigate
22 those cases and the types of things that
23 we look for.

24 Investigators look for officers to
25 have a specific and objective reason to

1 believe that an individual is conducting
2 themselves in a way that is, again,
3 likely to result serious injury to
4 himself or others.

5 The primary kind of factors that we
6 look at there are whether a C/V was
7 rationally upset as opposed to being
8 irrationally agitated. You are allowed
9 to be rationally upset, and we will see
10 cases in which -- for example, you know,
11 a C/V is upset at their treatment at the
12 hands of homeless shelter staff, or a
13 retailer, or police, or any other number
14 of things they're fairly rationally
15 upset about, that should not result in
16 you forcibly removed to the hospital as
17 though you were disturbed.

18 Whether or not the C/V was acting
19 uncooperatively, as opposed to acting in
20 a manner that could lead to injury. You
21 know, self-harm, again, is a very
22 different thing than just not wanting to
23 cooperate or having a serious
24 disagreement with police officers.

25 Whether information about the C/V's

1 medical background was actually derived
2 from that -- a medical professional:

3 So, members of service will call EMS
4 to come and take a C/V -- I'm sorry, C/V
5 here, that needs to be defined as
6 complainant/victim -- will decide
7 whether or not, you know, EMS is
8 going to come and take someone away --
9 but EMS will make their own
10 determination on the scene, if they're
11 able to.

12 Sometimes there are cases where a
13 C/V or somebody does not want to talk to
14 EMS, which is one of the reasons that an
15 officer's determination may be
16 prioritized. Sometimes there isn't
17 time; sometimes the situation is such
18 that, you know, including -- especially
19 including self-harm -- that officers may
20 not need that, and whether an
21 alternative police action, such as an
22 arrest or summons, would have been more
23 appropriate given the situation.

24 And we've just included in our
25 presentation some of the main resources

1 in Queens for anybody who is
2 experiencing serious mental health
3 crisis.

4 CHAIR DAVIE: Okay. Thank you,
5 Sean.

6 Are there any questions from Board
7 members from Sean on this presentation?

8 (No response.)

9 CHAIR DAVIE: All right. Well,
10 thank you, Sean, and thank you for this
11 information.

12 I think since we did introductions,
13 Mr. Joseph has joined us.

14 Mr. Joseph, would you like to
15 introduce yourself?

16 MR. JOSEPH: Thank you, Chair.

17 Good evening. I apologize for being
18 late. My name is Nathan Joseph. I am a
19 City Council appointee and I'm from
20 Staten Island.

21 CHAIR DAVIE: Great. Thank you.

22 So, now we're going to have public
23 comment.

24 Yojaira, you want to give us our --
25 I think we have guest speakers. So, do

1 you want to introduce any guest speakers
2 that we might have?

3 MS. ALVAREZ: Thank you, Chair.

4 First, we'll be hearing from Daniel
5 Donoghue. He is COO of Transitional
6 Services for New York.

7 CHAIR DAVIE: So, the speaker can
8 please go ahead.

9 MR. DONOGHUE: Hi, can you hear me?

10 CHAIR DAVIE: Yes, please proceed.

11 MR. DONOGHUE: Hi, good evening. I
12 just want to say, thank you for allowing
13 us to present.

14 My name is Daniel Donoghue. I'm the
15 Chief Operating Officer at Transitional
16 Services for New York. We're a mental
17 health organization that serves over
18 5,000 New York City residents annually,
19 who have a serious mental illness,
20 through our supportive housing,
21 treatment, care management, social
22 determinant programs, and our crisis
23 diversion programs.

24 In 2017, we began operating the
25 first rapid response mobile crisis team

1 in the City, called the LEAD Team, which
2 is an acronym for the Local Emergency
3 Assistance and De-Escalation Team, and
4 we respond to calls for individuals
5 experiencing a psychiatric crisis in a
6 very specific geographic region in the
7 105th precinct that was a known hotspot
8 for calls that were categorized as EDP
9 calls according to the 911 data for
10 2012, and we feel the two-person team
11 that consists of a licensed mental
12 health professional and a certified PR
13 counselor for eight hours a day, seven
14 days a week -- and our operating times
15 were purposely coincided with the
16 105th's highest response times for EDP
17 calls throughout the day.

18 And this two-person team that's
19 operating seven days a week averages
20 about 1,800 crisis contacts per year,
21 and those contacts, about a third would
22 have otherwised (sic) resulted in a call
23 to 911 and a visit to the emergency
24 department for behavioral health.

25 Slightly more than 60 percent of the

1 calls were for serious crisis that
2 included depression, paranoia, suicidal
3 ideation, verbal altercations, and
4 general agitation. And, despite the
5 severity of these calls, less than
6 five percent of them required a further
7 visit to the emergency department, or
8 any involvement of emergency services.

9 The licensed mental health clinician
10 and the certified PA are able to provide
11 supportive counseling to de-escalate the
12 crisis at hand and allow a person in
13 crisis to remain in place in their home
14 -- in their apartment -- and receive a
15 referral to community-based supports for
16 any needs that were identified during
17 the encounter.

18 So, in our experience, I think a key
19 strategy to improve the NYPD's response
20 to psychiatric emergencies is to
21 continue to invest in crisis response
22 and further develop crisis response
23 teams, like ours, that are staffed with
24 licensed mental health professionals,
25 but on a much larger scale.

1 In the last couple of months, there
2 has been some positive steps forward
3 with the City testing out crisis
4 response teams in select areas, and we
5 think that this is a key strategy to
6 improving New York City resident's
7 experiences in crisis, and thank you.

8 CHAIR DAVIE: Thank you, Daniel.
9 Yojaira, our next speaker?

10 MS. ALVAREZ: Thank you so much,
11 Daniel, and next we'll be hearing from
12 Evelyn Graham-Nyassi from Community
13 Access.

14 CHAIR DAVIE: Evelyn?

15 (No response.)

16 MS. GRAHAM-NYASSI: -- (interruption
17 in audio) -- specialist with Community
18 Access, a nonprofit provider of
19 supportive housing and mental health
20 services here in New York City.

21 I am also a peer, which means I'm
22 not just a professional advocate for
23 people with mental health concerns, but
24 I also identify personally as someone
25 who has lived with mental health

1 concerns, or who has experienced
2 firsthand a mental health crisis
3 response.

4 I want to thank the CCRB for
5 inviting me to speak today and for
6 making time to consider police
7 interactions with New Yorkers who are
8 experiencing emotional or mental
9 distress.

10 These interactions are the very
11 focus of the advocacy work I do with
12 Community Access and the coalition that
13 we help lead, which is called Correct
14 Crisis Intervention Today New York City
15 or CCITNYC for short.

16 We don't have much experience
17 working with the CCRB to address police
18 relations with people in a mental health
19 crisis because we advocate for an
20 alternative response entirely; one that
21 does send the police to address someone
22 who is in need of mental health care.
23 This wasn't always the case.

24 We initially encouraged crisis
25 intervention team training for the NYPD,

1 where leading officers could be taught
2 humane de-escalation tactics where CIT
3 did not work. During the five-year
4 period between 2015 and 2020 when over
5 15,000 officers were provided CIT
6 training, the number of New Yorkers
7 experiencing a mental health crisis, who
8 were killed by police, more than doubled
9 and now -- and the majority of those
10 killed were people of color. So, now we
11 ask the City to recognize that an
12 individual experiencing a mental or
13 emotional crisis does not need policing.

14 This should not be an issue for law
15 enforcement, but instead best handled by
16 trained peers, like myself, and
17 emergency medical responders. In other
18 words, people with the proper skill set,
19 cultural competence, and desire to help.
20 We are concerned, not only with the
21 excessive use of violence against people
22 in crisis, but also with NYPD's reliance
23 on coerced hospitalization, which is
24 also traumatic.

25 Instead, Community Access is calling

1 for a greater investment in
2 peer-informed services, crisis respite
3 centers, affordable and supportive
4 housing programs, and person-centered
5 models of care, like intensive mobile
6 treatment teams.

7 Efforts to retrain law enforcement
8 are spent in voluntary programs, like
9 assisted outpatient treatment, also
10 known as Kendra's Law, are flawed and
11 harmful. I know this because I received
12 an unwanted police response myself, and
13 it led to a forced hospitalization.

14 I was sitting on my sofa quietly
15 when someone knocked on my door and it
16 was the police. A family member had
17 called 911 and told the operator that I
18 had a knife. Eight to nine police
19 officers showed up and an officer told
20 me that I had to go with him. No one
21 asked me any questions or found a knife
22 near me, but I had to go with him. I
23 was afraid so I put on my coat and
24 shoes, and my medication, because they
25 told me to bring it with me.

1 I was escorted downstairs and when I
2 got outside, an officer asked me if I
3 wanted to go to the police car or
4 ambulance. I chose the ambulance.
5 Another police officer said he would
6 ride with me.

7 They dropped me off at Bellevue
8 Hospital, which was a continuation of my
9 nightmare. I waited three hours before
10 a doctor saw me, and when I told him
11 that I needed my high blood pressure
12 medication, he ignored me and told me to
13 go back to the waiting area. I didn't
14 get my high blood pressure medication
15 until two days later.

16 Unfortunately, for me, it was a
17 three-day weekend and I was stuck in a
18 place where I did not belong. We were
19 locked up like animals. People were
20 screaming, yelling, and banging on
21 windows. I was scared to death. I was
22 always angry that a family member lied
23 on me and knew that I was forced to go
24 to the hospital, and angry when I
25 learned that I was stuck until Tuesday.

1 When Tuesday finally came around, I
2 was taken upstairs to the ward and
3 wasn't released until two weeks later.
4 I wished that the police officer had
5 asked me questions and listened to my
6 responses before telling me that I had
7 to go with him because I wasn't acting
8 violently. I also wish that there was
9 some kind of support system available to
10 prevent me from being hospitalized in
11 the first place.

12 As a result of my forced
13 hospitalization, it is a trigger now
14 whenever I see a group of police
15 officers, because it reminds me of my
16 bad experience and I no longer trust
17 psychiatrists or that family member. I
18 fear if we do not focus on developing
19 the alternative response system and
20 services, that those of us with
21 professional and lived experience --
22 expertise, known to be more effective
23 and humane, that the CCRB will continue
24 to field complaints and struggle to
25 repair police community relations.

1 Coercive tactics breed fear and
2 mistrust, especially when applied to
3 people in need of services and
4 compassion, not policing. So, as long
5 as police continue to use excessive
6 force and coercion against members of
7 our community, we ask the CCRB to ensure
8 that offending officers are held
9 accountable through disciplinary
10 actions, and to support the swift
11 release of body-camera footage.

12 When body-camera footage is delayed
13 or withheld, it breeds further mistrust,
14 resentment, and fear.

15 Thank you again for inviting me to
16 speak and for being willing to consider
17 our perspective. Community Access and
18 the CCITNYC coalition that I represent
19 welcome further conversations on this
20 topic and to be a resource to you on
21 moving forward. Thank you.

22 CHAIR DAVIE: Thank you, Evelyn. We
23 really appreciate your comments.

24 Yojaira?

25 MS. ALVAREZ: Thank you so much,

1 Evelyn, and thank you, Community Access,
2 for all the work that you're doing in
3 that community.

4 Next, we'll be hearing from Nicholas
5 Tamborra, a therapist from the Jewish
6 Board of Family and Children Services.

7 MR. TAMBORRA: Hi. Good afternoon
8 -- good afternoon -- good evening,
9 rather. Can everyone hear me?

10 CHAIR DAVIE: Yes.

11 MR. TAMBORRA: All right. Thank you
12 so much.

13 My name is Nick Tamborra. I am a
14 licensed mental health counselor. I
15 often have to work with law enforcement
16 in some situations involving a mental
17 health crisis and, you know, in my own
18 experiences, I've had some concerns
19 about how they have presented in
20 handling some of these situations, and
21 often I've had to worry more about a
22 police officer's behavior than one of my
23 clients in these types of situations.

24 The Office of Research and Public
25 Affairs had published a study in 2013

1 and elaborated that the risk of being
2 killed while being approached or stopped
3 by law enforcement in the community is
4 16 times higher for individuals with
5 untreated serious mental illness than
6 for other siblings, and I think as part
7 of this shift to these alternative
8 methods of crisis response, there has
9 been this bit of a backlash from a lot
10 of supporters of the NYPD about this
11 type of remark of like, you know, let's
12 see a social worker and kind of handle
13 things -- things that they're usually
14 used to handling, and the thing is,
15 social workers already do that.

16 In residential homes and care
17 coordination service, we already do
18 respond to mental health crises, and in
19 the event of a mental health crisis, if
20 you had to choose between a police
21 officer and all of his equipment and
22 some, you know, middle-aged worker with
23 nothing but a notepad and a pen, money
24 is going to be on the social worker
25 every time in resolving these crises.

1 And the thing is though, with social
2 services, and part of the reason why I
3 wanted to speak today is that my own
4 field has the same foundations built on
5 racism and systemic oppression that law
6 enforcement is founded on, and in many
7 ways, social services has been and still
8 is an accessory to law enforcement.

9 So, there are many things that I
10 think the last 30 years, a lot of social
11 workers have responded to, to try and
12 rectify the past and try to create some
13 meaningful efforts to engage in response
14 to mental health crises and work more
15 effectively in partnering with people
16 experiencing crises.

17 And some things that I can kind of
18 share with you, and I think some things
19 that the NYPD needs to learn from, is
20 that mental health professionals
21 prioritize this type of person-centered
22 work to build a rapport as quickly as
23 possible, and usually taking an active
24 interest to understand as accurately as
25 possibly the person's internal

1 perspective.

2 Recognizing also that and this type
3 of systemic approach of understanding
4 what are the conditions that have led to
5 this person experiencing the crisis, and
6 there's the type of more reflective
7 effort to try and have the person engage
8 with you in a way that's much more
9 meaningful and solution-oriented.

10 Police, if you've seen some of the
11 history of, like, documents, and
12 recorded ways that police have been
13 trained, either through the (inaudible),
14 The Times, The Post, they have these
15 types of trainings, like the bulletproof
16 warrior, killology (sic). These
17 emphasize these types of low trust and
18 high threat engagements that have led to
19 conditions where police officers are
20 being more trained more like soldiers
21 than community -- (inaudible).

22 And what's happening is that because
23 that's part of this type of training,
24 and by prioritizing their personal
25 safety, their response to mental health

1 crises are more reactive, and that's not
2 enough because it's becoming more of a
3 problem, and part of my concern around
4 one of the questions in the email about
5 what can the NYPD do (inaudible) -- in
6 mental health crises is that it's
7 creating conditions that are not
8 sustainable within the NYPD.

9 There's this topic that comes up a
10 lot in -- for social workers because we
11 do work with the same populations that
12 the NYPD do, and we also experience this
13 type of absorption of stress -- of
14 particularly traumatic stress, and it
15 can lead to sometimes ways that effects,
16 like, our mental health, including,
17 like, risk of burnout.

18 And there's a subject called
19 vicarious trauma, which is a state of
20 tension and preoccupation of traumatic
21 experiences described by others, and it
22 can lead to experiencing symptoms such
23 as a persistent arousal state --
24 feelings of inadequacy, helplessness,
25 dissatisfaction, intrusive thoughts,

1 difficulty talking about your own
2 thoughts and feelings.

3 And in many conversations I've had
4 with police officers, there has been
5 this undercurrent of mental health
6 crises formulating because police
7 officers, I don't think, are able to
8 adequately process some of their
9 experiences effectively, and because
10 there's not these conditions -- adequate
11 conditions in place in the NYPD, they're
12 responding to mental health crises or
13 other situations involving high
14 stress -- you know, in situations
15 involving people and it's -- they're not
16 able to adequately process in a healthy
17 way how to engage effectively and create
18 a solution, and it's creating, in turn,
19 effects on them, because as Blue Health,
20 which is this website compiling a list
21 of law enforcements -- officers who have
22 been dying by suicide -- it seems like
23 there's a mental health crises that has
24 been brewing.

25 Blue Health documented 172 suicides

1 in 2020 and 238 suicides in 2019.
2 Officers struggle with depression,
3 anxiety, anger, substance dependence,
4 and a work culture that discourages
5 police officers, particularly male
6 officers, from discussing their mental
7 health struggles in an affirmative way,
8 and when you combine that with the
9 emphasis on militarization and a threat
10 response, it's contributing to a ticking
11 time bomb, where police officers are not
12 becoming a hazard to the community, but
13 they're becoming hazardous to
14 themselves.

15 And I think there is this question
16 that has to be presented to the NYPD
17 that has to go beyond this idea of
18 crisis intervention training, so that
19 when there's no work environment that
20 encourages successful mental health,
21 even for their officers or requires
22 supervision to process possible
23 traumatic (inaudible) responses, there's
24 not going to be an effective crisis
25 intervention training, regardless of how

1 many hours you have, regardless of how
2 well you do -- you practice in these
3 trainings. It's just not sustainable.

4 The NYPD needs to actually do a lot
5 of reflection in the way that it
6 operates internally, and this culture
7 that's creating these types of
8 conditions that are not sustainable,
9 that create problems that the many
10 officers are facing in silence, and
11 creating some of the conditions that
12 lead officers to take their own lives.

13 Thank you.

14 CHAIR DAVIE: Thank you, Nicholas.

15 Any questions, comments on any of
16 the people we've heard so far?

17 (No response.)

18 CHAIR DAVIE: Are there more
19 speakers, Yojaira?

20 MS. ALVAREZ: We'll be hearing from
21 two more community groups before we go
22 to public comment.

23 Next, we'll be hearing from Kimberly
24 Blair, Manager of Public Policy and
25 Advocacy at the National Alliance of

1 Mental Health of New York City.

2 CHAIR DAVIE: Great. Kimberly.

3 (No response.)

4 CHAIR DAVIE: Kimberly, you might be
5 on mute.

6 (No response.)

7 CHAIR DAVIE: So, should we go to
8 the next speaker -- oh, there you are --
9 Kimberly?

10 (No response.)

11 CHAIR DAVIE: You were off mute for
12 a second.

13 Try it one more time.

14 (No response.)

15 CHAIR DAVIE: So, Yojaira, let's try
16 the next speaker and we can come back to
17 Kimberly.

18 MS. ALVAREZ: No problem.

19 Next, we'll be hearing from Rebecca
20 Anuru from Coordinated Children's
21 Initiative of New York City.

22 CHAIR DAVIE: Great. Is Rebecca
23 there?

24 MS. ANURU: Yes, I'm here. Can you
25 all hear me?

1 CHAIR DAVIE: Yes, please go ahead.

2 MS. ANURU: All right. Hey, you
3 all. So, I want to just clarify, first
4 off, I'm definitely representing myself
5 today, and I want to start my statement
6 just with a little bit about me.

7 I'm from the Bronx, 175th and Grand
8 Concourse, and I come from a life where
9 in the '90s, I watched black men try to
10 have videotaped public encounters with
11 the police, so that some evidence of
12 what happened to them could be captured.

13 And then I grew up to a
14 teenager-hood (sic) where every summer
15 was lynching season, where police
16 officers and vigilantes killed black
17 women, children, and men on camera, on
18 the news, harass us, tell us to grow up
19 even though we are children -- all types
20 of things.

21 I have inhabited an unambiguously
22 black body for 29 years now, and where
23 is the safety for me? I grew up into my
24 young adulthood to enter Black Lives
25 Matter activism the fall of 2014, after

1 the very public murders of Mike Brown
2 and Eric Garner.

3 I went to school in Michigan and
4 began advocating on behalf of the life
5 of Aura Rosser, a 40-year-old black
6 woman with mental health challenges that
7 was murdered by Ann Arbor police in
8 response to a domestic violence call.
9 One officer tased her as she had a knife
10 in her hand while in her kitchen, and
11 the other officer shot her fatally.

12 According to an eyewitness, the
13 other officer, Officer Rob, the shooting
14 happened so fast that Aura had not even
15 had a chance to be attacking. She was
16 shot in the heart within seconds of the
17 officers entering her home. I've said
18 her name and people erased her. How do
19 you repair the trauma that the police
20 have done to black bodies?

21 I will not beg for the lives of my
22 children. We matter because we're here.
23 I live with PTSD and depression myself
24 and I represent the hood through and
25 through, and so when I'm thinking about

1 how the NYPD functions in the Bronx,
2 specifically, the NYPD is a gang in the
3 Bronx. The NYPD harasses folks in the
4 Bronx. Like, there is no other way to
5 put it, and so I can't say with much
6 confidence that I believe in police
7 reform, simply because of the origins of
8 policing in America, especially because
9 of what I have witnessed.

10 We do not need police in their
11 current form to show up as responders to
12 mental health crises and emergencies
13 because they're ill-prepared. Crisis
14 de-escalation is a skill that can be
15 physical, without weapons, and most
16 definitely done without harm, and
17 honestly we know that police officers
18 can show this skill set for white
19 bodies, even the most dangerous and
20 literally murderous of them.

21 System changes; people change, and
22 in order to change how police officers
23 respond to mental health crises, they
24 must choose to move better. We have
25 done all the trainings under the sun.

1 I'm not really sure what else we need to
2 be doing besides holding people
3 accountable as best as possible because
4 families and lives are being altered
5 forever because of the highly weaponized
6 nature of the police, especially the
7 NYPD.

8 I see the uniform, the badge, and
9 gun, and I see the need to get away to
10 go somewhere safe immediately because
11 the power we give police officers is
12 ingrained. Reform isn't enough. We
13 need transformation, new structures, new
14 ways of being and showing up. Other
15 fields have the tried and true methods.

16 We're hearing from social workers;
17 we're hearing from folks in the field on
18 the ground that have de-escalated things
19 without murdering people, without
20 harming them greatly. Like, even the
21 fact that people want to run to their
22 tasers immediately -- like, police
23 officers run to their tasers faster
24 than, "Hey, let me have a deep
25 conversation with you", like just even

1 in a few seconds. If you just act like
2 you want to hear this person out and
3 actually hear why they're upset, why
4 what's going on is going on instead of
5 assuming -- even in that Patrol Guide,
6 to see the word "deranged", like what
7 does that even mean?

8 You know, so I feel like I'm in the
9 space of just realizing that we need to
10 move different. Like, there is no other
11 option. We can sit here and say, "Oh,
12 well, like individual police officers,
13 we're not saying you're racist". Well,
14 I'm saying your racist. I'm saying that
15 how you're moving is racist. I'm saying
16 that we need to be choosing to move
17 differently if we're going to -- and
18 that's within systems from providers --
19 all types of folks, not just police
20 officers. Let me be very clear, but
21 that's who I'm talking about right now.

22 So, I just want to say with the
23 utmost respect, that it is time for
24 folks to be held accountable and
25 actually move -- choose to move

1 different and show up embodied different
2 to -- in especially how they respond to
3 unambiguously black bodies because I'm
4 not changing. I'm still here and I'm
5 still going to be as black as I am, and
6 I deserve my life because I fought for
7 it and I have been here fighting for it
8 the entire time I have been on this
9 Earth because of the structural
10 circumstances that I have had to
11 navigate.

12 And that's my piece; thank you, you
13 all, for listening.

14 CHAIR DAVIE: Thank you. Are there
15 any questions or comments related to the
16 speaker?

17 (No response.)

18 CHAIR DAVIE: All right. For our
19 next speaker, Yojaira --

20 MS. BLAIR: (Inaudible.)

21 CHAIR DAVIE: I'm sorry?

22 MS. BLAIR: My name is Kimberly
23 Blair from NAMI. I had a connection
24 issue earlier. Is it okay if I testify
25 now?

1 CHAIR DAVIE: Okay. Please proceed,
2 Kimberly.

3 MS. BLAIR: Thank you. My name is
4 Kimberly Blair and I'm here testifying
5 as the Manager of Public Policy and
6 Advocacy for NAMI-NYC, as well as a peer
7 and a family member.

8 For 40 years, NAMI-NYC has served as
9 a leading service organization for the
10 mental health community throughout the
11 City providing groundbreaking advocacy,
12 education, and support services for
13 individuals affected by mental illness,
14 their families, and the greater public,
15 all completely free of charge.

16 Our renowned peer and evidence-based
17 services are unique in that they are led
18 for and by members of the mental health
19 community and are reflective of the
20 diversity of New York City.

21 Particularly, one of the services
22 that we run is a peer-live, peer-run
23 hotline -- I mean, help line -- which
24 acts as a support service to provide
25 emotional support, psycho-education, and

1 community-based referrals to people
2 living with mental health conditions --
3 family members, caregivers, mental
4 health professionals, and the public.

5 The majority of those calls come
6 from individuals with mental health
7 diagnosis and -- or family members, and
8 nearly half of those come from BIPOC
9 communities across the City.

10 Since the pandemic began, we have
11 seen a twofold increase in the number of
12 help line calls, including a dramatic
13 increase from parents concerned about
14 police response to mental health crisis
15 situations with their children.

16 One of the most heartbreaking calls
17 during the pandemic came from a
18 concerned mother calling on how best to
19 support her son, a 23-year-old young,
20 black man after she called 911 for
21 mental health support while her son was
22 in crisis, and instead, was met by a
23 police officer who arrived to the scene
24 with guns drawn. As a result, her son
25 fled the scene for fear of his life and

1 he was later detained and transported to
2 a facility to obtain mental health care.

3 Although, this occurred towards the
4 beginning of the pandemic, the mother
5 still frequently calls our help line to
6 this day for different resources and
7 community-based referrals to help her
8 son, who has since experienced
9 homelessness for fears of returning home
10 to the police -- to the where the police
11 once responded.

12 We know too well from recent history
13 in our own City the trauma associated
14 with the police response to mental
15 health crises, that is not unique to the
16 story and often has resulted in more
17 catastrophic consequences, such as the
18 murder of 18 black and brown individuals
19 with mental illness during police
20 encounters since 2015.

21 NAMI-NYC would ultimately like to
22 see these casualties avoided and
23 prevented by instituting a City-wide
24 mental health crisis response that is
25 appropriate and addresses people's needs

1 and does not further criminalize
2 individuals in crisis, as often happens
3 when the police respond. The best way
4 to do this is for independent
5 organizations, such as the CCRB, to come
6 out in support of a peer-led model to
7 crisis response, such as that proposed
8 by Correct Crisis Intervention Today and
9 NYC or CCITNYC.

10 As part of the steering committee,
11 we believe that the CCIT proposal for a
12 mental health crisis response is the
13 best model because the proposal was
14 community informed after the coalition
15 hosted a series of focus groups on the
16 topic.

17 The proposal promotes a mental
18 health crisis response consisting of one
19 peer who has received substantial
20 training as a crisis worker in
21 de-escalation practices, and one
22 independent medic or EMT who is not
23 directly tied to the City's current EMS,
24 to avoid response teams defaulting to
25 calling the police when there's absolute

1 no present danger or public safety
2 emergency.

3 The proposal, which I can send after
4 this, also narrowly defines the
5 exception to when to call the police, as
6 when a crisis team member has the
7 authority if a person is taking action
8 which is causing serious bodily harm to
9 self or another person, or the person
10 wields a weapon to credibly threaten
11 imminent and serious bodily harm to self
12 or another specific person, and no other
13 non-police de-escalation measure can
14 safely be taken.

15 That part is in bolded. We want to
16 make sure that if -- it's literally last
17 result (sic) to involve the police.
18 Items as a pocketknife or scissor do not
19 constitute as a weapon.

20 So, in the story I told earlier, the
21 son was not harming anyone. He was
22 simply in crisis and as such, the first
23 response should've been de-escalation
24 and working with the individual and his
25 family to see what options were

1 available to them as preferably next
2 steps to his care. However, only an
3 equipped mental health response team
4 consisting of peers and representatives
5 from the community being served would
6 have been able to determine that, not
7 the police.

8 As the City contemplates how best to
9 implement a mental health crisis
10 response system, using the 112 million
11 recently proposed by the Mayor in his
12 Mental Health Recovery Budget, we ask
13 that they turn to the CCITNYC proposal
14 and support adopting the model in order
15 to prevent future casualties and ensure
16 more access to appropriate care for
17 BIPOC community members across NYC.

18 Thank you.

19 CHAIR DAVIE: Thank you.

20 Questions or comments for this
21 speaker?

22 (No response.)

23 CHAIR DAVIE: Yojaira, I believe
24 this is our last guest speaker.

25 MS. ALVAREZ: That is correct. We

1 can move onto the public comment
2 session.

3 CHAIR DAVIE: Thank you. We'll
4 remind the public that you have two
5 minutes to speak. If you're interested
6 in speaking, use the raise your hand
7 feature that is under the participants
8 tab on your screen, and, again, with the
9 condition that comments should be kept
10 at two minutes.

11 Yojaira, would you bring us our
12 first public speaker.

13 MS. ALVAREZ: Thank you, Chair.

14 We are going to first hear from
15 Richard Novis (phonetic), and while
16 we're -- (inaudible) -- I want to
17 acknowledge -- thank you for Community
18 -- Queens Community Board 3 for being in
19 attendance, as well as Brooklyn
20 Community Board 8, as well as
21 representatives from the offices of
22 Assembly Member Catherine Nolan,
23 Councilwoman and Chair Adrienne Adams,
24 Councilwoman Alicka Ampry-Samuel,
25 Assembly Member Frontus, and the Queens

1 County District Attorney's Office.

2 Richard?

3 MR. NOVIS: Thank you very much. I
4 appreciate you getting to me.

5 I'm from Borough Park and I remember
6 two years back I attended one of your
7 meetings along Mermaid Avenue and I
8 voiced two concerns.

9 One is a fact that our 311 system
10 needs upgrade. Many in my community
11 will submit a 311 complaint and the
12 police officer that respond will respond
13 back on the 311 complaint with false
14 findings.

15 Now, to bring that up to date,
16 several weeks back we had our school
17 buses that were blocking fire hydrants
18 12 hours at night, and the officer that
19 responded, responded back on the 311
20 complaint saying, "The bus is gone upon
21 arrival", or they did observe any
22 violations, meanwhile, we were present
23 and waiting for the police to come.

24 With that said, we called in to the
25 station house to find out who were those

1 officers that responded and submitted
2 false findings. Till this day, we have
3 not received any information from the
4 precinct or any calls from anyone
5 telling us that information.

6 So, I think we need to look at that
7 and say, well, 311 is an official
8 document and the officers should be
9 signing off with the name and shield
10 numbers so that if we have concerns with
11 this, we should be able to go after and
12 take it up with the Civilian Complaint
13 Review Board or with the precinct
14 itself.

15 I thank you very much for your time
16 and hope that you will take that into
17 consideration and maybe someone can get
18 back to me.

19 CHAIR DAVIE: Thank you. I think
20 that's also an issue for your local City
21 Council person as well, in terms of 311
22 reform, but we will pass this
23 information onto our colleagues at City
24 Hall as well, and other places within
25 the government -- Public Advocate's

1 Office, as well as the City Council.

2 So, thank you.

3 Our next speaker, please, Yojaira.

4 MS. ALVAREZ: Thank you. Next,
5 we'll be hearing from Jordan Wouk.

6 CHAIR DAVIE: Hello, Jordan.

7 MR. WOUK: Hi. I understand the
8 Board members vote on cases, either as a
9 panel or en banc. At one point, the
10 panels were composed of three Board
11 members, one each from mayoral, Police
12 Commission, and City Council appointees.

13 I ask that the agency report on how
14 the votes go, clearly not at the level
15 of individual cases. Maybe by month or
16 quarter, how often were the votes
17 unanimous and how often did the
18 different classes of appointees take a
19 minority position and in which
20 disposition. How often did mayoral,
21 Police Commissioner and City Council
22 employees -- appointees disagree with a
23 group's decision and on which side.

24 Thank you.

25 CHAIR DAVIE: Thank you and we will

1 take that under advisement. I suspect
2 there will be some more public
3 information soon about our Board
4 members' vote, but we'll take your
5 comments under advisement.

6 Next speaker, please.

7 MS. ALVAREZ: Thank you, Jordan.

8 Next, we'll be hearing from John
9 Sonda (phonetic).

10 MR. SONDA: Yes, on page 44 of the
11 2020 semi-annual report, which was
12 issued last month, it states, "Where
13 CCRB investigation reveals evidence of
14 possible misconduct that falls outside
15 of the CCRB's jurisdiction, the Board
16 files this possible misconduct as other
17 misconduct noted, OMN, and reports it to
18 the NYPD for further investigation and
19 possible disciplinary action".

20 According to the CCRB, the most
21 frequent OMN referred to IAB was for
22 improper use of a body-worn camera,
23 which increased from 93 instances
24 occurring in the last six months of
25 2019, compared to 170 instances

1 occurring in the first six months of
2 2020.

3 The only example provided in regards
4 to improper use of body-worn camera was
5 when officers had turned the cameras off
6 in the middle of an incident.

7 What other examples of improper use
8 of a body-worn camera has the CCRB
9 referred; for instance, is an officer
10 not turning on their body-worn camera to
11 begin with an improper use? Do officers
12 claim the body-worn camera was
13 unintentionally turned or malfunctioned;
14 are officer admitted to purposely
15 turning off body-worn cameras in the
16 middle of an incident?

17 CHAIR DAVIE: Thank you.

18 John Darche, do you want to speak to
19 that?

20 MR. DARCHE: So, if an officer fails
21 to turn on their body-worn camera
22 footage -- turn on their body-worn
23 camera at the start of an encounter, and
24 the encounter was required to be
25 recorded, the Board would find that to

1 be other misconduct and refer that to
2 the Department for investigation.

3 Similarly, if an officer turns off
4 their camera in the middle of an
5 encounter inappropriately, the Board
6 would find that as other misconduct and
7 refer that to the Department for further
8 investigation.

9 CHAIR DAVIE: Thank you.

10 Any other comments from Board
11 members?

12 (No response.)

13 CHAIR DAVIE: All right. Our next
14 speaker, please.

15 MS. ALVAREZ: Thank you, Chair.
16 That concludes our public comment
17 portion.

18 CHAIR DAVIE: Excellent. Thank you.

19 So, is there any old business to
20 come before the Board?

21 (No response.)

22 CHAIR DAVIE: And I can't see all of
23 you, so if there's anything, please --

24 (No response.)

25 CHAIR DAVIE: I guess no. All

1 right. Is there any new business to
2 come before the Board?

3 (No response.)

4 CHAIR DAVIE: All right. Seeing
5 none and hearing none, let me thank the
6 staff of CCRB for their continued hard
7 work and dedication, particularly during
8 this extraordinary time that we're in.
9 Your good work manifests itself in so
10 many ways and we're very appreciative.

11 Let me thank my fellow Board members
12 for their commitment and dedication as
13 well -- their hard work as well, and
14 thank the public always for keeping us
15 all accountable to what it is that we've
16 been charged to do.

17 So, with that, no other comments, we
18 will ask for a motion to adjourn to
19 executive session.

20 Is there such a motion?

21 MR. RIVADENEYRA: I'll make a
22 motion.

23 MR. JOSEPH: So moved.

24 CHAIR DAVIE: It sounds like Mr.
25 Joseph seconded it.

1 MR. JOSEPH: Yes.

2 CHAIR DAVIE: All right -- thank
3 you.

4 All those in favor of adjourning to
5 executive session, please say "Aye".

6 (Chorus of "Ayes".)

7 CHAIR DAVIE: Any opposed?

8 (No response.)

9 CHAIR DAVIE: And just a reminder,
10 we have a new way of re-entering
11 executive session to the Board members
12 and want you to take note of that.

13 All right. With that, we will sign
14 off. We'll thank the public again and
15 we're adjourned to executive session.
16 Thank you.

17 (Time noted: 6:35 p.m.)

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CERTIFICATION

I, JULIA M. SPEROS, a Notary Public
for and within the State of New York, do
hereby certify:

That the witness whose testimony as
herein set forth, was duly sworn by me;
and that the within transcript is a true
record of the testimony given by said
witness.

I further certify that I am not
related to any of the parties to this
action by blood or marriage, and that I
am in no way interested in the outcome
of this matter.

IN WITNESS WHEREOF, I have hereunto
set my hand this 12th day of May, 2021.



Julia M. Speros

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