



**BROOKLYN  
DEFENDER  
SERVICES**

**TESTIMONY OF:**

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

***BROOKLYN DEFENDER SERVICES***

**Presented before**

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

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

**September 6, 2017**

**I. Introduction**

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

Over the last twenty years, I have represented thousands of clients struggling with mental health challenges in misdemeanor and felony cases in Brooklyn courts. Sadly,

the NYPD continues to use unlawful and sometimes lethal force against people in mental health crises on a regular basis rather than de-escalating the situation.

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

## **Introduction**

A few years ago, I represented Natasha<sup>1</sup>, a woman in her early thirties who was shot in the stomach by police and severely wounded after her friend called the police asking for assistance. The friend told the 911 operator that Natasha was breaking things in her apartment. She added that Natasha was off her medication and in crisis but did not have a weapon. When they arrived at the scene, officers told Natasha to lie down on the floor. When she did not comply with their orders because of her illness, they allegedly sprayed her with pepper spray on her. They subsequently shot her in the stomach with a gun. No weapon was recovered from the scene but Natasha was charged with felony attempted assault of an officer and put under arrest as the paramedics wheeled her away. I met Natasha at her hospital bed where she was on a ventilator being treated for life-threatening injuries. The charges were subsequently reduced to a misdemeanor, making Natasha eligible for Mental Health Treatment Court. All of this could have been avoided if a crisis intervention team had responded to the call, de-escalated the situation, and connected Natasha with the critical services that she needed to stabilize and get back on her feet.

We are here today because Natasha's story is not an isolated incident. The recent deaths of Dwayne Jeune in Brooklyn and Debora Danner in the Bronx illustrate the urgent need for a shift in thinking about how the NYPD responds to a person in crisis. Without a doubt, the NYPD must do better in training all officers in crisis intervention training.<sup>2</sup> But there is much more that can and should be done to prevent unnecessary and harmful police violence, and the Council need look no further than two recent mayoral initiatives and their reports and recommendations.

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

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<sup>1</sup> Name has been changed to protect her confidentiality.

<sup>2</sup> The New York Times reported this week that "more than 5,600 of the 36,000 uniformed police officers in the city had received the training so far." The Department stated that they are focused "on providing crisis intervention training to lieutenants, sergeants and certain neighborhood-based officers, which is expected to be completed in 2018." Ashley Southall, *In Shooting of Mentally Ill Man, Officer Followed Protocols*, *Police Say*, N.Y. TIMES, Aug. 3, 2017.

Both mayoral initiatives studied closely these issues and proposed solutions to divert people with mental illness from the criminal justice system and to improve behavior health services for court-involved people.<sup>3</sup> The 2014 Report indicated that the City intended to spend \$130 million to reduce unnecessary arrests and incarceration for people with mental illness. Earlier this year the Mayor announced that two new drop-off diversion centers will open in 2018 to provide short-term stabilizing services for 2,400 New Yorkers per year.

Despite this blueprint to reform, the City has been slow to change. The January 2017 NYC Department of Investigation Report and Analyses on the NYPD's Crisis Intervention Team Initiative illustrated what those of us on the ground already know: that the NYPD are ill-equipped to respond to mental health crises and they continue to respond, all too frequently, with unlawful or lethal force.<sup>4</sup>

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

## **Problems and Solutions**

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

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

Debora Danner, the woman tragically killed by police in the Bronx, wrote in an essay that she feared for her life.<sup>5</sup> Sadly, her worst fears were realized when she was shot dead by a policeman last October.

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<sup>3</sup> See IMPROVING OUTCOMES FOR PEOPLE WITH MENTAL ILLNESSES INVOLVED WITH NEW YORK CITY'S CRIMINAL COURT AND CORRECTION SYSTEMS (New York, NY: Justice Center, December 2012), available at [http://www.nyc.gov/html/doc/downloads/pdf/press/FINAL\\_NYC\\_Report\\_12\\_22\\_2012.pdf](http://www.nyc.gov/html/doc/downloads/pdf/press/FINAL_NYC_Report_12_22_2012.pdf) and MAYOR'S TASK FORCE ON BEHAVIORAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM ACTION PLAN (New York, NY: City of New York, 2014), available at <http://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/annual-report-complete.pdf>.

<sup>4</sup> NYC Department of Investigation, Office of the Inspector General for the NYPD, PUTTING TRAINING INTO PRACTICE: A REVIEW OF NYPD'S APPROACH TO HANDLING INTERACTIONS WITH PEOPLE IN MENTAL CRISIS (January 2017), available at <http://www1.nyc.gov/assets/doi/reports/pdf/2017/2017-01-19-OIGNYPDCIT-Report.pdf>.

<sup>5</sup> Debora Danner, *Living with Schizophrenia*, N.Y. TIMES, Oct. 19, 2016, available at [https://www.nytimes.com/interactive/2016/10/19/nyregion/document-Living-With-Schizophrenia-by-Deborah-Danner.html?\\_r=0](https://www.nytimes.com/interactive/2016/10/19/nyregion/document-Living-With-Schizophrenia-by-Deborah-Danner.html?_r=0).

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

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

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

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

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

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

## **II. Conclusion**

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

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

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