

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

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Start: 10:07 a.m.
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HELD AT: Council Chambers - City Hall

B E F O R E: Sandy Nurse
Chairperson

COUNCIL MEMBERS:

Shaun Abreu
Diana I. Ayala
Tiffany L. Cabán
Shahana K. Hanif
Christopher Marte
Mercedes Narcisse
Lincoln Restler
Althea V. Stevens

A P P E A R A N C E S (CONTINUED)

Jeanette Merrill
CHS/H+H

Chelsea Chard
DOC

Juanita N. Holmes
Department of Probation Commissioner

Bridget Hamblin
Department of Probation Deputy Commissioner

Patricia Williams
Department of Probation Deputy Commissioner

Chikera Beckford
Department of Probation Assistant Commissioner

Deldreana Peterkin
Department of Probation of Senior Program
Director

Antonio Pullano
Department of Probation Associate Commissioner

Andrea McGill
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Tiffany Bell
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Dalvanie Powell
United Probation Officer's Association President

A P P E A R A N C E S (CONTINUED)

Harry Greenberg
United Probation Officer Association

Lisa Salvatore
Brooklyn Defender Services

Cassandra Kelley
Criminal Defense Policy Unit at Legal Aid
Society

Amanda Stagnaro
Senior Director of Executive Office at CASES

Noam Cohen
Vocal New York

Dana Biel
AIDS Coalition

Christopher Leon Johnson

SERGEANT AT ARMS: Good morning. Good morning. Welcome to the New York City Council hearing on the Committee on Criminal Justice. At this time, please silence all electronics, and do not approach the dais. I repeat, please do not approach the dais. If you are testifying today or have any questions or concerns, please contact the Sergeant at Arms. Thank you for your cooperation. Chair Nurse, you may begin.

CHAIRPERSON NURSE: [gavel] Good morning. Welcome to today's hearing on the Department of Probation's organizational strategy, Introduction 98 and Resolutions 272, 734, and 872. I'm just going to quickly recognize we have Council Member Shahana Hanif on Zoom and Council Member Nantasha Williams here in-person. And just for some agenda setting, we're going to start with a conversation on the introductions and resolutions that are included in this hearing, and then we're going to hear from Correctional and Correctional Health Services, and then we will bring in Department of Probation later. So, I am going to kick it over to Council Member Williams to talk a little bit about her bill.

COUNCIL MEMBER WILLIAMS: Thank you so much, Chair, for hearing my bill. I really appreciate it, and good morning everyone who is assembled on this bright summer day. I introduced Intro 98 because access to medical care in our city's court facilities is not consistent and the consequences of that are becoming harder to ignore. In March, Soso [sp?], just 32 years old, died in a Brooklyn Courthouse holding cell. His attorney had raised concerns about his health. He'd already been taken to the hospital more than once while in custody. When he arrived at court, there was no medical staff on-site, no one to assess his conditions, no clinic available to step in. Just five days later, a 43-year-old man died in the Manhattan Criminal Courthouse holding area. He was found unresponsive in his cell that morning again in city custody, again, with no access to care. These may feel like isolated cases, but the patterns behind them are not. In New York City, our criminal legal system moves people consistently between precincts, jails, courts, and hospitals, and with each hand-off, the basic responsibility to provide care becomes harder to track, harder to verify and too easy to

ignore. In the process, people's medical histories are lost. Their medications are delayed. Their conditions go unmonitored and they wait often for hours, sometimes overnight in holding cells where no medical staff are present and no real system exists to respond if something goes wrong. Intro 98 offers a clear response. It would require every Criminal Court facility in the City to house a medical clinic staffed by healthcare professionals. It would also require Correctional Health Services to document each person's medical needs in advance, and mandate that DOC provide access to care based on that record. This is about keeping people safe during one of the most vulnerable stretches of the legal process, not just because something tragic happened, but because the conditions that allowed it to happen are still with us, and they can be addressed with the kind of infrastructure and coordination this bill provides. These are the kinds of gaps that show us where systems fall short, not just in design, but in care, and in my work, especially around civil and human rights, this is where that conversation begins, not with a sweeping declaration, but with what we're willing to fix right now to protect people who don't

always get to speak for themselves in these rooms.

Thank you so much for the opportunity. I look forward to the discussion.

CHAIRPERSON NURSE: Thank you, Council Member Williams. I'm going to kick it over to Committee Counsel to do the oath.

COMMITTEE COUNSEL: Thank you. With us today we have from the Department of Correction, Chelsea Chard and from Correctional Health Services Jeanette Merrill. If you could each raise your right hands. Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and respond honestly to Council Member questions? Noting for the record that all witnesses answered affirmatively. You may begin your testimony.

ASSISTANT VICE PRESIDENT MERRILL: Good morning, Chair Nurse, Council Member Williams, and members of the Committee on Criminal Justice. I am Jeanette Merrill, Senior Assistant Vice President of Communications and External Affairs for New York City Health + Hospitals Correctional Health Services. I appreciate the opportunity to testify today on Intro 98, which would require CHS and the New York City Department of Correction to establish medical clinics

in New York City court facilities. I'll start my testimony by describing the current practices for ensuring the medical needs of people in DOC custody, CHS' patients, are attended to prior to being transported to court and after returning to jail from court. I'll then outline our concerns with the proposed legislation. So, current procedures: Every evening, DOC sends CHS a list of people in custody who have court appearances scheduled for the following day. CHS reviews that list and identifies patients who need to be brought to clinic before leaving court the next morning or after returning from court that evening in order to receive medications that must be administered by a clinician, such as methadone, insulin, and antipsychotics. Patients in possession of self-administered carry medications, such as asthma inhalers, ibuprofen, and anti-convulsives, bring these medications with them to court, as they would in the community. CHS is also able to initiate the rescheduling of a court appearance for clinical reasons, such as conflict with a critical medical appointment or if a patient's treatment team determines that the individual is at high risk for medical decompensation. Should a

person in custody experience a medical emergency while in court or while being transported to or from court, a DOC or court officer would call 911 and the New York City Fire Department, Emergency Medical Services would respond. Medical emergencies cannot be predicted even while CHS' procedures minimize their likelihood. Intro 98: Establishing medical clinics in every New York City court facility would present enormous logistical, operational, and fiscal challenges. In order to operate a medical clinic, there are requirements around square footage, ventilation, and plumbing and electric, all of which affect the entire infrastructure of the building, as well as requirements for waiting areas, medication dispensing, and private clinical spaces. Even if the costs for renovation were put aside, the available space in the courthouses remains at a premium. CHS' Forensic Psychiatric Evaluation Service, which conducts court-ordered 730 psychiatric examinations to assess a defendant's mental fitness, and CHS' Enhanced Pre-Arrest Screening Service, which screens individuals in police custody, after arrest and before arraignment, to identify acute health issues that may require hospital referrals, operate

in tight spaces in the courthouses. DOC faces similar challenges with limited space and challenging infrastructure. A full complement of CHS staffing, including clinicians from Nursing, Medicine, and Mental Health and Operations staff, would be required to operate each clinic, representing a significant budgetary increase to support new professional positions for which recruitment and retention remains an exceptional challenge. Additional DOC staff would also be required to support clinic operations, and DOC is similarly experiencing immense challenges with recruitment and retention. More important than space constraints or resource challenges, inserting a clinic visit into a court appearance isn't clinically indicated and would prove duplicative and inefficient. As previously described, patients receive their medication before and after court; if they are too ill for court, the court appointment is rescheduled; and if they experience a medical emergency in court, FDNY/EMS responds. Furthermore, inserting a new step of a clinic visit during a court appearance could delay court production and subsequently delay the person in custody's case processing, contributing to longer stays on Rikers

and an even higher jail census. Because of these concerns, we believe that the New York State Office of Court Administration should be provided the opportunity to assess how any proposed changes could affect court operations and overall case processing. In conclusion, we agree that meeting the health care needs of our patients before, during, and after their court appearances is paramount, and we and our partners will continue to improve systems and protocols to meet those needs. Thank you, and I am available to answer any questions you may have.

CHAIRPERSON NURSE: Thank you so much.

I'm going to cede the floor to Council Member Williams to ask questions about her bill.

COUNCIL MEMBER WILLIAMS: Yeah, I'm just reading the bill language right now, because I-- yeah, I don't see where it says that a person-- you said something about the new step of a clinic visit. I don't think that the bill mandates that a person do a visit in the clinic when they're in the courthouse. It just says that there should be a facility available shall somebody need it.

ASSISTANT VICE PRESIDENT MERRILL: I think it would be helpful to sort of talk through

COUNCIL MEMBER WILLIAMS: I agree with you. The bill doesn't make those specifications. It just says that it needs to-- shall maintain a medical clinic to be staffed by one of our healthcare professionals. So,--

COUNCIL MEMBER WILLIAMS: [interposing]

No, I understand that. I just-- it was like a quick--

I have other questions. But that was just like a

1 quick-- because like, your last paragraph you say,
2 "Furthermore, inserting a new step of a clinical
3 visit during a court appearance could delay court
4 production." So, like, the bill that doesn't
5 stipulate that a person has to be seen by the clinic
6 at the court. So, I didn't really understand that
7 line.
8

9 ASSISTANT VICE PRESIDENT MERRILL: I
10 guess, why would we be establishing a clinic if not
11 to see people in custody at the clinic?

12 COUNCIL MEMBER WILLIAMS: We would be
13 establishing a clinic in case something happens,
14 because there has been documented situations where
15 people needed care, and that was not available to
16 them in the court. They had to wait for X amount of
17 time. I know you testified that when an emergency
18 occurs you call 911. So, in many cases they've had
19 to wait, or I don't know what type of monitoring they
20 receive while they're in holding cells. Like, I
21 don't know if there's, like, an officer looking at
22 them to make sure they're okay. So, there could even
23 be delays in that. If a person's just sitting in a
24 cell, no one's necessarily monitoring that person.
25 They might have a medical emergency, and no one is

available to actually see that. That could just delay time. So, it's-- the purpose of this-- so, this bill actually came out of a hearing a few years ago where Department of Corrections testified on why a lot of folks who are incarcerated either one, refused to go to their court appearances, or the struggles that they have when people are in the court. So, they testified that many people don't want to go, because-- let me ask you this. Are you with DOC or Correctional--

ASSISTANT VICE PRESIDENT MERRILL:

Correctional Health Services. We've a division of New York City Health + Hospitals.

COUNCIL MEMBER WILLIAMS: Oh, okay. So, do you-- I know. I just wanted to make sure you were with Health + Hospitals and not the Corrections Department. So, the questions that I have for you, and I'm not sure if you know. Do you know what time they need to wake up to go? Like, when do they actually--

SENIOR ADVISOR CHARD: Hi. Morning. My name is Chelsea Chard. I'm a Senior Advisor at the Department of Corrections. So, our court production process starts typically around 5:00 in the morning.

Individuals are provided with breakfast prior to going. They are provided with that medical stop if they need medical services prior to going to court and other processes that happen before loading onto the transportation vehicles and being taken to whatever courthouse they have an appearance in.

COUNCIL MEMBER WILLIAMS: And what time do they usually return back to Rikers?

SENIOR ADVISOR CHARD: It really depends on--

COUNCIL MEMBER WILLIAMS: [interposing]
What's the latest a person can return back?

SENIOR ADVISOR CHARD: So, for scheduled court appearances, we get them to the courthouse by around-- by-- before 9:00 a.m. so that they can appear. Our transport buses start runs back as early as 12:00 p.m. Although, if your appearances happen sooner than that, you can catch a different bus to get back to the island sooner than that. It could be the case that someone is there as late as 5:00 or 7:00. That really depends, but it's super, super rare for that to happen.

COUNCIL MEMBER WILLIAMS: And do they get a meal while they're in the court?

1 SENIOR ADVISOR CHARD: Yes, they do.

2 COUNCIL MEMBER WILLIAMS: Okay. Are
3 there any space limitations or infrastructure
4 challenges within court facilities that would make it
5 difficult to accommodate additional medical or
6 clinical services for individuals in custody? And I
7 know you did testify to that, but do you have any
8 other details?

9 ASSISTANT VICE PRESIDENT MERRILL: Yes.
10 So, I think even saying, you know, additional
11 services-- like, we're not providing clinic-based
12 services in the courthouses presently. We do have a
13 presence through our enhanced pre-arraignment
14 screening service, but that's really two nurses
15 operating at desks with computers. It's not a full-
16 fledged clinic by any means, and they're not
17 conducting full medical evaluations. That's for
18 people--

19 COUNCIL MEMBER WILLIAMS: [interposing]
20 And those individuals are in the court, or you're
21 saying they're at Rikers before they leave?

22 ASSISTANT VICE PRESIDENT MERRILL: So,
23 for the pre-arraignments, those are individuals in
24 NYPD custody. So, that is post-arrest, pre-

1 arraignment. We would screen-- it was actually a
2 service that until CHS was established FDNY provided
3 those services, but we have a presence in every
4 courthouse that's distinct from the care that we
5 provide to people in DOC custody for our CHS patients
6 and are able to go to the clinic before and after
7 court appearances.
8

9 COUNCIL MEMBER WILLIAMS: Okay.

10 SENIOR ADVISOR CHARD: And I would just
11 add, the courthouses are shared by multiple agencies,
12 NYPD, DOC, Office of Court Administration. We're all
13 running full operations there, and the space there is
14 quite limited. There have been instances, you know,
15 where we've asked to acquire more space in the past
16 that there was no space to be found. So, the space
17 there is really, really tight, and I do believe that
18 some of the buildings actually are historically
19 protected which really limits the amount of any sort
20 of infrastructure or even façade work that can be
21 done on some of the buildings.

22 COUNCIL MEMBER WILLIAMS: What does
23 historically protected mean?
24
25

ASSISTANT VICE PRESIDENT MERRILL: It means that any changes need to go through certain landmark preservation folks and--

COUNCIL MEMBER WILLIAMS: [interposing]
Oh, okay.

ASSISTANT VICE PRESIDENT MERRILL: things like that.

COUNCIL MEMBER WILLIAMS: You did testify to this, probably because I send you all the questions in advance, but what procedures are currently in place to ensure that individuals in custody have access to necessary medication or urgent medical care while appearing in court? So, another part of the bill requires Correctional Health Services to prepare a document that indicates what a particular person may need, food, medication. I know you hand them self-administered medication, but is there any other documentation that they work with so someone is aware of what their health condition or medical condition is?

ASSISTANT VICE PRESIDENT MERRILL: So, those issues really are addressed in the clinic appointment, and then you know, as you mentioned they carry medications or self-administer medications that

1 they can take with them to court. I will say the
2 process where DOC sends us a list of people's court
3 appearances, and that's cross-referenced by our
4 nursing staff. That's fairly new, just in the past
5 few years. We did find that previously, you know, a
6 lot of the onus was on the person in custody or
7 individual providers to know that there was, you
8 know, an upcoming court date or someone needed
9 medication prior to going to court. So, we have
10 found that this more systematic approach really
11 ensures that people who need services before and
12 after are addressed.

14 COUNCIL MEMBER WILLIAMS: So, the answer
15 is no, you don't provide any other documentation to--

16 ASSISTANT VICE PRESIDENT MERRILL:
17 [interposing] What kind of documentation?

18 COUNCIL MEMBER WILLIAMS: Like, if I'm a
19 corrections officer, I'm transferring a person who's
20 incarcerated. Does that correction officer know if
21 someone has a particular medical need, or is it up to
22 that person to address their own medical needs while
23 in custody?

24 ASSISTANT VICE PRESIDENT MERRILL: It
25 depends-- I mean--

COUNCIL MEMBER WILLIAMS: [interposing]

Because they-- like, correction officers aren't nurses. So if they're coming to the clinic, maybe you're assessing them. Okay, let me give you your insulin if you're a diabetic.

ASSISTANT VICE PRESIDENT MERRILL: Sure.

COUNCIL MEMBER WILLIAMS: My question is, like, the people who are then actually transferring them because you're not on the vehicle--

ASSISTANT VICE PRESIDENT MERRILL:

[interposing] Correct.

COUNCIL MEMBER WILLIAMS: Does that-- do they-- are they aware of a person's medical need?

ASSISTANT VICE PRESIDENT MERRILL: We wouldn't expect them to address chronic medical needs. I mean, there are obviously protected health-

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COUNCIL MEMBER WILLIAMS: [interposing]

No, I'm not-- the question wasn't like are you asking to address the need. The question was, are they aware. Is there documentation that is following this person into the court or wherever else they're being transported?

ASSISTANT VICE PRESIDENT MERRILL: I'm not sure what kind of clinical condition would necessitate that kind sharing of information, and in general, we're not, you know, telling a corrections officer that someone has diabetes or schizophrenia. That's not-- that would be a violation of their protected health information.

COUNCIL MEMBER WILLIAMS: But if they needed specific things, then that information would be given to them. So, not even-- if you can't share, like, what the diagnosis is, are you sharing like if this person needs to be-- they need an extra meal, like, do you share that information?

ASSISTANT VICE PRESIDENT MERRILL: So, nutrition would be managed by DOC. I think in terms of, you know, the clinical needs, they really can be addressed in the clinic before and after court. You know, aside from, again, medical emergencies. And then if someone were so sick, you know, they had required chemotherapy or some other critical service, you know, the court appearance would be delayed. So, I'm not sure what sort of specific--

COUNCIL MEMBER WILLIAMS: [interposing]
Okay. To your knowledge, have there been any

recurring medical complaints or concerns from individuals in custody during court appearances, or pre-arraignment that might suggest a need for more structured clinical support, or better coordination?

ASSISTANT VICE PRESIDENT MERRILL: So, it isn't something that we, you know, hear often from patients. I did have our Patient Relations Department sort of look through complaints and requests and we will hear from Legal Aid attorneys, you know, based on their interactions with their clients in court saying, you know, we want referrals for mental health services, medical services, and you know, that's true of any time and external party is interacting with a person in custody. They can make a referral to us. So, generally that's not saying, you know, they needed attention-- medical service while in court and they didn't get it. It's more, you know, I have concerns about how my client was behaving. Can we put in a referral for mental health services. When they're back on Rikers they can, you know, see mental health, or it could be, you know, after a long day in PD custody post-arraignment, if they know their client is going to Rikers, they want

to indicate can we be sure, you know, this person sees medical because he says he has diabetes.

COUNCIL MEMBER WILLIAMS: Okay. Thank you.

CHAIRPERSON NURSE: Thank you, Council Member Williams. I'm going to turn it to Council Member Brewer who had a statement on her Resolution.

COUNCIL MEMBER BREWER: Thank you very much, Madam Chair. Resolution 734 which is the Prison Safety with Public Safety, and it has to do with Robert Brooks, transparency and accountability, I think. We all know in 2024 he was killed in a state prison. And I don't believe that Senator Salazar is here, but I know it's her bill and her intelligence that we are focused on in terms of the Resolution. So, in response to a year defined by violence, preventable deaths, and a prolonged illegal work stoppage within New York's Correctional facilities, New York State Legislature passed a comprehensive reform package in June to strengthen transparency, accountability and oversight across the Department of Corrections and Community Supervision. This bill, the one that I just mentioned, is a serious step towards finally reforming prisons on the

state level, but there's a lot of work to do. It's progress. At the same time, other proposals that more directly impacted incarcerated individuals were excluded from the omnibus [sic] bill. Two parole reform bills to Fair and Timely Parole Act and the Elder Parole Act and two sentencing reform bills, the Second Look Act and the Earned Time Act, were not included. So, after today's hearing, I hope to amend Resolution 734 to reflect what's missing from the omnibus bill and why it is so desperately need. In the meantime, I urge Governor Hochul to sign the bill that is before the legislature into law. Thank you very much, Madam Chair.

CHAIRPERSON NURSE: Thank you, Council Member Brewer. Are there any questions from the Committee for-- Council Member Restler?

COUNCIL MEMBER RESTLER: Thanks so much, Chair Nurse, and greatly appreciate you holding this hearing on this very important topic. And I just want to commend my colleague, Council Member Williams, for this I think urgent legislation that I strongly support. Just a question for CHS, or a few questions for CHS. Do you believe that one of the reasons that people refuse to go to their court

hearings is lack of access to medical care or treatment for the day? Or do you think it has no bearing whatsoever?

ASSISTANT VICE PRESIDENT MERRILL: So, it's hard for me to say, you know, why someone would refuse to go to a court appearance. That certainly could be possible, but knowing that the individual could go to the clinic before and after the court appearance would suggest that it's really no different than any other day in custody.

COUNCIL MEMBER RESTLER: I mean, on average, people are getting woken up at the crack of dawn to go to court, right? And they're gone for the whole day.

ASSISTANT VICE PRESIDENT MERRILL: Sure.

COUNCIL MEMBER RESTLER: And we have-- how many thousands of medical appointments were missed last year at Rikers?

ASSISTANT VICE PRESIDENT MERRILL: I don't have that on-hand, but--

COUNCIL MEMBER RESTLER: [interposing] Ballpark? You work on this issue every day.

ASSISTANT VICE PRESIDENT MERRILL: I mean, there'd be tens of thousands.

COUNCIL MEMBER RESTLER: Tens of thousands. So, it's tens of thousands of appointments are missed to be able to access health care at Rikers Island where people are trying desperately to get it and are missing those appointments for a variety of reasons that largely relate to Department of Correctional incompetence. When people have a medical appointment that they would be missing by a court-- as a result of a court date or potential for medical care that they need as a result of a court date that they won't be getting, you don't believe that has a bearing or an impact on people's refusal to go to court?

ASSISTANT VICE PRESIDENT MERRILL: We reschedule clinic appointments. So, I think there's-- you know, we certainly could communicate that to the patient that we will find time to get them to the clinic. I think people generally, you know, want to make their court appearances. I've been on, you know, court days. That certainly is the most important thing proceeding with their case.

COUNCIL MEMBER RESTLER: There's been some improvement in the percentages of people who are appearing that are in DOC custody at their court

appearances over the last few years, but at the low point of the Adams administration, I mean, do you recall what the percentage was of people who were missing their court appearances?

ASSISTANT VICE PRESIDENT MERRILL: I wouldn't have that.

SENIOR ADVISOR CHARD: So, we did have the percentage reduced following a change in practices where we did allow people to refuse sort of without any reason.

COUNCIL MEMBER RESTLER: Yeah, what was the low point during that time?

SENIOR ADVISOR CHARD: I don't recall specifically. It may have gone to 70 or 80 percent, but at this point we're at 98 percent production consistently month over month, and there are very few individuals who are refusing to go to court. It's nearly 100 percent.

COUNCIL MEMBER RESTLER: And I have the privilege of representing the court system in downtown Brooklyn in District 33. And on a daily basis we have EMS vehicles pulling up, parking on the sidewalk, you know, rushing in as fast as they can to arraignment court, to criminal court to get people

1 who are in need access to health-- to their medical
2 treatment who are in DOC custody. You don't believe
3 that we could provide-- we could avoid those costly,
4 time-consuming appointments? We could-- do you
5 believe we could significantly reduce the number of
6 costly and time-consuming trips to emergency rooms
7 and health care facilities if we had some more
8 expanded medical treatment available on-site where
9 people need it?

11 ASSISTANT VICE PRESIDENT MERRILL: No. I
12 think if there's a medical emergency, the person
13 should go to the hospital.

14 COUNCIL MEMBER RESTLER: Emergency, sure.
15 But there's all kinds of various medical challenges
16 that people face that if there was treatment
17 available to them on site, you may not require a trip
18 to the emergency room, right? But we have such
19 negligible treatment for people while they're
20 spending the day in court.

21 ASSISTANT VICE PRESIDENT MERRILL: Can
22 you give some examples of the kind of clinical care
23 you think can't be provided before or after a court
24 appearance that isn't a medical emergency?

COUNCIL MEMBER RESTLER: I mean, I don't--
I'd like to dig in on the data with you on exactly
the reasons that people are going from court to the
hospital, but--

ASSISTANT VICE PRESIDENT MERRILL:
[interposing] For medical emergencies.

COUNCIL MEMBER RESTLER: For medical
issues, some are emergencies, some are not, right?
But--

ASSISTANT VICE PRESIDENT MERRILL:
[interposing] How are you making that distinction?

COUNCIL MEMBER RESTLER: I-- you're the
medical-- your team are the medical experts, so I'd
be interested in your all's assessment, but my sense
is that we triage issues all the time in all kinds of
settings when there's available treatment, and we try
to limit trips to emergency room whenever we can as a
broad approach to our medical treatment citywide,
statewide, nationally, globally, etcetera. But we
don't do that in the court system. We just send
everybody to the emergency room under all
circumstances because we have such negligible
services available to people even though we know
these are high-needs individuals who have myriad

challenges and support which is why Council Member Williams introduced this bill. And so why you would be saying today that nothing should-- I don't really understand your point. Is your point that nothing should-- that every medical issue that people encounter in the courts should go to the emergency and you think that's the right policy?

ASSISTANT VICE PRESIDENT MERRILL: No, I'm saying that a clinic couldn't attend to the kinds of medical emergencies that people go to the hospital for. So,--

COUNCIL MEMBER RESTLER: [interposing] But a clinic could triage all kinds of issues on a-- that would help that would address people's needs, that could connect them to all kinds of supports that they could have that could address issues as they come up and avoid emergency room entries. Isn't that the role-- I mean, isn't that the whole point of why we have outpatient care, ambulatory care, and why we work to expand that in all instances, to try to connect people to the care they need in a preventative and helpful way that's not-- to avoid the emergency room? Isn't that like the entire

global point of what we're trying to do in health care right now?

ASSISTANT VICE PRESIDENT MERRILL: But--

COUNCIL MEMBER RESTLER: [interposing]

Yes.

ASSISTANT VICE PRESIDENT MERRILL: in

order--

COUNCIL MEMBER RESTLER: [interposing]

Sorry, that was rhetorical, but the answer to that was yes. Go ahead.

ASSISTANT VICE PRESIDENT MERRILL: We have not experienced, based on our patients being able to come to the clinic before and after court or have their medical emergencies attended to while in court-- this isn't feedback that, you know, we've received from people from our, you know, Director of Nursing, our Director of Medicine. This hasn't come up as an issue that someone--

COUNCIL MEMBER RESTLER: [interposing] So you're saying that everyone who's going to an emergency room right now from our court system should be going to an emergency room, and that's the best and the most appropriate place for them to be treated? That everybody-- all of the-- I mean,

1 because I see it in my district everyday. We see EMS
2 vehicles pulling up multiple times every single day,
3 grabbing people out, and taking them to the emergency
4 room. You think that in every instance that is the
5 right place? Because I think what often happens is
6 you don't have people-- you don't have the medical
7 professionals in a clinic-type setting providing a
8 review-- providing an assessment of what are the
9 needs of this individual and how are they actually
10 doing, and since nobody's there to provide that
11 assessment they say I need medical help, and the only
12 answer is send them to the emergency room, right?
13 And so I think we are spending a lot of time and
14 energy and money moving people to emer-- sending
15 people to emergency rooms that lead to delays to our
16 court system, that lead to delays to how much time
17 people are spending in jail that are very costly that
18 are a highly-inefficient use of government resources
19 instead of providing the on-site medical assessment
20 and treatment. I'm not providing that medical
21 expertise. That's not my job, but it is your job,
22 and it is the job of CHS to be providing that
23 assessment in real-time to people who are in DOC
24 custody to determine what's the best place for them
25

to get services, which is why I think Council Member Williams' bill is a very good one. So, with that, I will pause and say thank you very much, Chair Nurse, for the chance.

CHAIRPERSON NURSE: Thank you, Council Member Restler. Just as a reminder, the main focus today is for probation. So, if you have questions for correction, if you could keep it tight so that we can-- not-- I'm just saying for-- I don't think half of the committee was here yet when I said that. Quickly, I want to recognize Council Members who have joined, Stevens, Marte, Narcisse, Ayala's on Zoom. I acknowledged Cabán and Brewer. I'll turn it to Council Member Brewer for questions.

COUNCIL MEMBER BREWER: Very quickly. So how many health professionals are on Rikers? Because it's hard to attract, I know. And how many vacancies are there?

ASSISTANT VICE PRESIDENT MERRILL: Our staffing is about 1,500 in total. I don't the exact vacancy on-hand, but I can provide that. We do have challenges hiring and retaining staff, as you know, particularly in certain disciplines.

COUNCIL MEMBER BREWER: So, you'll get us a list of where there are vacancies?

ASSISTANT VICE PRESIDENT MERRILL: Sure.

COUNCIL MEMBER BREWER: Thank you very much. Thank you, Madam Chair.

CHAIRPERSON NURSE: Okay. So, that is going to be it for this part. Thank you for joining us today so we could hear this bill. We are going to dismiss this panel, and we-- oh, okay, sorry. We have one more question for you. Thank you.

COUNCIL MEMBER STEVENS: Good afternoon. Good morning, whatever it is. But I just have a question, because I know when Council Member Restler was asking about the specifics around the bill-- around the bill and you were asking like for specific incidents where it would be needed, because I'm just a little bit confused around like-- you're saying like the best cause of action is when there is issues that EMS is called. And so I'm also a Council Member who has the courts in her district, and we know in those areas that there is a lot of congestion, and so when there is instances it is a lot of congestion for them to get there, period. And you're asking for specific instances, but are we saying that there are

folks who are going to court dates and there are not needs for things like insulin which has to happen regularly? There's people who don't need medicine? Because that's hard for me to believe. And so, even the asking us the question of are there specific instances, there's no way that you can tell me that there's people who don't have medical needs that often leads to emergency because they're not getting addressed that's happening there. And so, I'm know you're asking us for specific incidents. I'm asking why don't you have instances.

ASSISTANT VICE PRESIDENT MERRILL: And I do, and that's in my testimony that absolutely, if someone requires insulin, they would receive that in the clinic prior to going to court and then--

COUNCIL MEMBER STEVENS: [interposing] But we know, and this is why I'm asking you when you're saying that. Having it prior, and we know those sometimes are long days, right? And so to say that they got it prior, sometimes, you know, your blood sugar it goes up and down, and so sometimes you need it at different times. And so, there are instances where people need it during the day and it's not

being addressed, and maybe they can push through, but that doesn't mean that it's okay and it's alright.

ASSISTANT VICE PRESIDENT MERRILL: So, we also have an evening list. So, when people come back from court, they're able to receive their medication after.

COUNCIL MEMBER STEVENS: How long is a typical day in court?

ASSISTANT VICE PRESIDENT MERRILL: It--

UNIDENTIFIED: [inaudible]

COUNCIL MEMBER STEVENS: I know but I'm asking--

CHAIRPERSON NURSE: [interposing] Come on, y'all, please.

COUNCIL MEMBER STEVENS: I'm asking because for me, to say that someone can get it prior and then get it when they go back, a lot of times we're having the emergency incidents, because of the gaps.

ASSISTANT VICE PRESIDENT MERRILL: I should note too, the emergency incidents, we can get the data on this, but it's-- presumably what you're seeing in your districts is more around people who are in the pre-arraignment period, not established

DOC patients, who you know, have been able to go to court before-- or clinic rather before court and after, because of course, the courthouses also have everyone post-arrest, pre-arraignment, and they may require medical emergency care event.

COUNCIL MEMBER STEVENS: I just want to be clear and I just want to go the record, even if it's one person that needs the care, then they should be getting it, and it shouldn't be an option. And so even this notion that, like, what is the data and it's not showing. I don't care if it's one person who needs assistance in that one day in the court. If we're spending money to make sure that someone is safe and healthy and getting the medical care that they need, we all should be on-board and instead of not being in support of it, we should be trying to figure out how to make this work. Whether that's having a small room dedicated for a health professional to be there just in case of emergency. I think that we should be looking around solutions, and not being like, is this really needed? It is needed. Like, there's no way that you can tell me it isn't needed.

ASSISTANT VICE PRESIDENT MERRILL: And I agree, we're happy to talk through solutions. I don't think building out entire clinics within courthouses is the solution to that. And just to underscore the point that, you know, a person in custody can still make it through a court day, you know, I referenced this earlier, but our most clinically vulnerable patients, people who are hospitalized at Bellevue for psychiatric or medical reasons are still able to make their court appearances successfully, and this hasn't been an issue that, you know, has come up with a lot of challenges in that. So,--

COUNCIL MEMBER STEVENS: [interposing] I just want to say it's clearly an issue, because we've heard this from people and folks, and I've known people who've been in those court dates and it's been long days and they've been able to push through, but that doesn't mean that it's right, and they aren't getting the care and attention that they need. So that's just always going to be my underscore. Like, we need to just figure it out, and building out a clinic as a preventive measure should be something that we should be looking at and moving forward to make sure everyone is getting the care that they

CHAIRPERSON NURSE: Thank you, Council Member Stevens. I have Narcisse and then a quick rebuttal from Council Member Restler.

ASSISTANT VICE PRESIDENT MERRILL: Yes.

So, patients would come to clinic to receive methadone, insulin, anti-psychotics, you know, DOT medication. They can also bring carry medication with them. And of course, patients on the Therapeutic Housing Units, particularly the Infirmary, they would have their medical needs attended to prior to going to court.

COUNCIL MEMBER NARCISSE: Alright. Do you do-- because we have physical and now we have mental that we have to deal with. Do you do a thorough assessment on the mental part of that person's state in the morning?

ASSISTANT VICE PRESIDENT MERRILL: I mean, the goal is always to get the person to court. If there was a real concern about clinical decompensation, if someone's you know, actively suicidal, we can indicate-- the treatment team can indicate that a court appointment could be rescheduled. But generally, you know, the person would receive medication can still go to court.

COUNCIL MEMBER NARCISSE: So, do-- from the assessment, let's say the person have, you know, severe mental illness, do you have someone that travel with that person to get to the court?

ASSISTANT VICE PRESIDENT MERRILL: No, the person, you know, could still presumably, you know, function well enough to go to court provided, you know, they're brought to clinic before for any medication, and then if they have an evening medication once they return to jail from court.

COUNCIL MEMBER NARCISSE: From-- coming from my perspective as a nurse, everyone matters. Every life matters, and the person is sick and they cannot make their own decision when they're going to eat, what they're going to do, and I think we're fully responsible and then we have to accommodate, because every life matters for me. So, I thank you, and we're making sure that in New York City we care for everyone, not some, and especially when they're under your care. Thank you. Thank you. Chair.

CHAIRPERSON NURSE: Thank you, Council Member Narcisse. Last question, Council Member Restler.

COUNCIL MEMBER RESTLER: Thank you so much. Just you mentioned that the individuals with the most serious health issues are at Bellevue. What's the current size of the facility at Bellevue?

ASSISTANT VICE PRESIDENT MERRILL: So, I was referencing patients on in-patient care, so those who are hospitalized. You're referencing, of course, the outposted Therapeutic Housing Unit.

COUNCIL MEMBER RESTLER: There is small number of people who are in DOC custody at Bellevue currently today, right?

ASSISTANT VICE PRESIDENT MERRILL:

Correct, those who require in-patient hospitalization.

COUNCIL MEMBER RESTLER: So, how many people are there now, roughly?

SENIOR ADVISOR CHARD: It's approximately 50 people.

COUNCIL MEMBER RESTLER: 50. We have 100 beds at Bellevue that have been fully completed and renovated to house correctional detainees who have serious health issues, and that facility sits vacant?

ASSISTANT VICE PRESIDENT MERRILL:

Awaiting State Commission Corrections approval, SCOC approval.

COUNCIL MEMBER RESTLER: I mean, does everyone understand this facility has been completed for a better part of a year and it sits vacant. You said just a moment ago in your testimony that the people who have the most serious health needs, it would be best for them to be in a hospital setting so they could get access to the care that they need, and yet, we have 100 beds that are sitting vacant because of total uncooperation [sic] and a failure of

leadership at the Department of Corrections of the Adams administration. Is that broadly correct?

ASSISTANT VICE PRESIDENT MERRILL: We're working to open the facility as soon as possible. I think you know we're as eager as anyone--

COUNCIL MEMBER RESTLER: [interposing]
It's an embarrassment. And what's the status of the other 250 beds at Woodhall and at North Central Bronx? Are those beds moving forward? Is there any timelien for completion at this time?

ASSISTANT VICE PRESIDENT MERRILL: Those are still in the design phase.

COUNCIL MEMBER RESTLER: Which is-- we're years delayed, years delayed.

ASSISTANT VICE PRESIDENT MERRILL:
Correct.

COUNCIL MEMBER RESTLER: Okay. I just want to say this is an absolutely extraordinary embarrassment and it is shameful for every single person in the Adams administration who works on these issues that we have 359 beds that were fully-funded at the beginning of the Adams administration. At Bellevue they've been fully built out and they're not-- not a single bed is occupied. 350 people who

have serious health issues are sitting in a hell hole on Rikers Island today. They should be accessing the health care that they need, the medical attention they need and they are not, because of the failures of this administration. It is a disgrace.

CHAIRPERSON NURSE: Thank you, Council Member Restler. And just for-- additionally, for the record here, when we-- the last time we had the conversation about Bellevue, my understanding is that there was an issue where things were installed in the facility that shouldn't have been installed that could be used as weapons which was kind of insane that they made it in there without any specs being caught. So, we-- we're going to conclude this part of the hearing. Thank you for being here. Thank you for your responses. And we're going to take a break to let Probation come. Thank you.

[break]

CHAIRPERSON NURSE: Okay, we're going to start this portion of the hearing. I'm good to go, okay. So, good afternoon. Good afternoon and welcome to today's hearing on the Department of Probation's organizational strategy. The main focus of this hearing is on the Department of Probation and

it is prompted by a significant number of DOP workers who have reached out to us about changes made within the agency. Since being appointed Chair of this committee in January 2024, DOP staff have taken time out of their day to draft hand-written and digital letters, to send me text messages, and to request phone calls because they are concerned, upset, and very disappointed about organizational changes in DOP. We've also received substantial outreach from service providers who are equally confused and concerned about the direction of the agency. Some of the data trends coming from DOP are also very concerning and we haven't really had time to dig in to what's going on beyond our budget hearings. So, I want to thank Speaker Adams for allowing this hearing in July and to you, Commissioner Holmes, for finding a date for us to have this hearing. up until very recently, the Department of Probation emphasized rehabilitation over punishment. In 2010, during Mayor Bloomberg's tenure, the DOP was celebrated for adopting an evidence-based approach that prioritized community investment and de-carceration without sacrificing public safety. DOP focused its resources on clients who would benefit from supervision and

sought to move people off probation as quickly as was appropriate. In subsequent years, with new Mayros and Commissioners, different points of emphasis emerged and policies were tweaked, but the fundamental approach by the dedicated civil servants at DOP remained the same which was let's keep people out of custody as much as possible and get them set up for success to being our communities. However, under the leadership of Mayro Adams and now you, Commissioner Holmes, many have noticed a real shift. In short, this department has reverted to what many have deemed as ineffective interventions that reduce trust in the criminal legal system rather than enhance it. More youth and adults are being sent back into custody over technical violations, something previous commissioners did as a very last resort. You've armed in uniform probation staff, which many feel presents them as law enforcement who will show up unannounced and bust you, rather than as caring professionals who are invested in meaningful transformation. For adults on probation, this shift has often meant choosing between complying with overburdensome and inflexible conditions or attending work. To be more specific, under your leadership, Commissioner Holmes,

the number of intelligence enforcement events conducted by the agency has skyrocketed. DOP's issuing more violations to probation clients, re-arrest rates for probationers have gone up, and the Department is increasingly failing to complete court-mandated investigation reports in a timely manner. All of these trends are problematic, and we want to understand what's behind the change in approach and focus. Commissioner Holmes, your career has predominantly been with the NYPD. A lot of the correspondence to me from DOP staff and organizations with longstanding partnership with DOP has been critical of what they see as an NYPD-ification [sic] or NYPD strategies and tactics being brought over to probation with negative results. I would agree that some of the actions that might be appropriate for the NYPD seem out of step with contemporary thinking about the administration of probation. Additionally, we've heard many complaints that very few members of DOP's current senior leadership have experience with probation. We'd like clarity on this because the lack of experience in the field could arguably be a very strong factor in the tension and discord felt by DOP workers and leadership. Not only are we getting

1 outreach about the shift in overall approach to
2 probation and the lack of institutional knowledge and
3 executive leadership, but we have also had a
4 consistent stream of communication that workers are
5 being retaliated against and abruptly suspended
6 without pay, without any due process. A major goal of
7 this hearing is to understand what current DOP
8 policies and directives are, how they're being
9 formulated, how frequently they are changing and why,
10 how staff is trained on new policy, and what happens
11 if they fail or are perceived to fail to adhere to
12 frequently shifting or unwritten changes. As we
13 understand it, some policies are not in writing, and
14 we are being told the disciplinary process is
15 problematic. According to our analysis, under your
16 leadership DOP has not made progress to recruit and
17 retain probation officers, leaving the staff that
18 remain reaching out to us, because they feel
19 overworked, underpaid, and frankly demoralized. It's
20 very important for me to reiterate that these are not
21 my grievances. The oversight hearing we are holding
22 today was organized in response to the voices of
23 people who really care about the mission of the
24 Department and believe it is failing. I have asked
25

previous Criminal Justice Chairs if they had received letters during their tenures, and they all told me know. I've had a pretty consistent stream for 15 months. There have been several press reports about your tenure at DOP. These reports pertain to the purchase of expensive luxury SUVs, the hiring of unqualified community coordinators, expenditures on new shields and guns, and the enforcement of a new uniform policy. All of these issues are important, but they are not the primary focus for me today.

This committee wants to know what is being done to address the rising violation and re-arrest rates, the alarming rate of vacancies in the workforce, the sharp shift in an agency whose mission used to be do less harm, more good and through community engagement and reinvestment. Essentially, Commissioner Holmes, I would like to leave here having more clarity and a clear understanding of what is your vision for DOP and where are we going. It's not clear to my team, to this committee, and certainly not to many of your employees and partners, and I see this as a much-needed moment to clarify where we are at. I do want to be up front. I am approaching this hearing from the position of giving these workers the benefit of

the doubt, and believing that they have written to me in good faith with their experiences. So, I'm looking forward to the conversation today. I'm going to thank-- I'm going to turn it over to the Committee Counsel to swear in folks before your testimony.

COMMITTEE COUNSEL: Thank you. With us from the Department of Probation we have Commissioner Juanita Holmes, Bridget Hamblin, Patricia Williams, Chikera Beckford, and Deldreana Peterkin. Oh, I'm sorry, and also Antonio Pullano. If you could each please raise your right hands? Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and respond honestly to Council Member questions? Noting for the record, all witnesses answered affirmatively. You may begin your testimony.

COMMISSIONER HOLMES: Good morning, Chair Nurse and members of the Council. Juanita N. Holmes, Commissioner of New York City Department of Probation. I'm joined here today by Executive Cabinet, Deputy Commissioners Bridget Hamblin, Patricia Williams, Associate Commissioner Antonio Pullano, Assistant Commissioner Doctor Shakira Beckford, and Senior Program Director Deldreana

Peterkin. The New York City Department of Probation appreciates the opportunity to appear before the City Council for today's oversight hearing to discuss the critical work of the agency. We are committed to transparency, accountability, and continuous improvement in our efforts to promote public safety while supporting individuals under our supervision. As one of the largest alternatives to incarceration in the country, we have serviced over 33,000 cases resulting in the supervision of over 16,000 clients year-to-date. Under my leadership, the Department has launched a series of reform efforts centered on community-based supervision guided by the following strategic pillars: recidivism, housing, education, employment, and mental health. We are working to expand access to critical services while creating more meaningful pathways to stability. The statistical data related to these efforts are supported by our dashboard. While still in the early stages, these reforms reflect our commitment to keeping individuals out of the criminal justice system. The New York City Department of Probation has never been more robust in identifying the proper leadership required for this agency in addition to

discerning more direct programs for our clients which includes the following opportunities such as: commercial driver's license, emergency medical technician, electrical assistant, culinary, barbering, and soon to come, welding. These direct programs will afford more meaningful employment opportunities. The New York City Department of Probation has also experienced a reduction in recidivism, homelessness, substance abuse, and as well as other significant areas, all of which is supported and monitored by our new technology. We welcome today's dialogue with the Council Members and value the role in providing oversight and elevating the voices of New Yorkers. We remain committed to working with all of our stakeholders in building a probation system rooted in fairness, dignity and opportunity. Thank you, and we welcome your questions.

CHAIRPERSON NURSE: Thank you, Commissioner. I'm going to start with a couple questions around just where we are in terms of recruitment, case load and executive leadership and then turn it over to members for their questions before coming back.

COMMISSIONER HOLMES: Okay, so--

CHAIRPERSON NURSE: [interposing] No, I want to ask the question, first.

COMMISSIONER HOLMES: Oh, okay. Because you said recruitment, so.

CHAIRPERSON NURSE: Sorry. So, I want to start with the-- what I would say is the staffing crisis in DOP. The Department now has the highest vacancy rate among all city agencies, at least to my understanding, and the attrition rate is 128 percent higher than it was before the pandemic. From what we're seeing, new staff are not being recruited and hired quickly enough to fill this gap. We've talked about this a little bit in our budget hearings. This is resulting in a 23 percent current vacancy rate for probationary services which we see-- which we are seeing is around 244 vacancies. So, I have several questions about attrition and hiring. When is the next class of Probation Officers?

COMMISSIONER HOLMES: February. Well, the next class-- the next class-- I should say, that's the next exam. The next class of Probationers-- well, first of all, I want to just clear up some things, right? We are headcount-- we were 189 back

1 in March. We're 147 as far as attrition is
2 concerned. Meaning we hired an additional 42. That
3 is a deficit-- well, I should say an increase of 23
4 percent, I believe it is, as far as our attrition is
5 concerned. We are not at an attrition level higher
6 than it was at the pandemic. We are actively
7 recruiting. I have a pool of 375 eager-- not just
8 375, you know, perspective candidates for Probation,
9 but that we've communicated with and want to be
10 Probationers. We have increased our training academy
11 from five instructors to 10, because five instructors
12 can only handle a class of 50. With the 10
13 instructors that's going to be in place in the
14 beginning of November, we're looking forward to
15 putting in 100 Probation Officers, leaving us at a 47
16 deficit. And you know, the training I've increased
17 from three months to five months to make sure
18 everyone has what they need when they come out of the
19 academy to be a productive Probation Officer. Even
20 the feedback that I've got from various members
21 within the agency regarding the training and the
22 individuals coming out of the academy is that they
23 are really super. There's not this learning curve.

It used to be a learning curve. Well, now you come out, you're supervising cases.

CHAIRPERSON NURSE: Yeah.

COMMISSIONER HOLMES: But the respective partner has to kind of bring you up to speed.

CHAIRPERSON NURSE: Okay. I appreciate the context about training. Just to drill down-- the next exam will be in February. You have a pool of 375, and that is coming from-- is that coming from an existing civil service list or are those from new--

COMMISSIONER HOLMES: [interposing]
Existing civil service recruitment.

CHAIRPERSON NURSE: Okay. From the DCAS [sic]. Okay, great. So, what is the current vacancy rate then?

COMMISSIONER HOLMES: Right now for Probation officers, the current vacancy rate is 147. As I stated before, it was 189 when I was here in March.

CHAIRPERSON NURSE: Okay. So, that's helpful. Why were the previous exams cancelled?

COMMISSIONER HOLMES: I don't-- well--

CHAIRPERSON NURSE: [interposing] Previous two exams?

COMMISSIONER HOLMES: Because the notice of examination was being modified at that time as a result of policy. Legal can probably speak to the specifics, but plus, we still have this robust pool of individuals that we couldn't hire fast enough. So, we knew we had time to expand on the notice of examination policy as well as still actively recruit. The key indicator that was-- or I should say, the key component that was missing was doubling the staff in our academy.

CHAIRPERSON NURSE: Okay, can the lawyer speak to specifically what were the changes being made?

DEPUTY COMMISSIONER HAMBLIN: So, individuals who are seeking appointment to Probation Officers have to be drug tested before they come on board, and that was missing from the NOE. So, people did not have notice of that, and so that had to be added to the NOE.

CHAIRPERSON NURSE: And that's why they were postponed?

DEPUTY COMMISSIONER HAMBLIN: Correct.

CHAIRPERSON NURSE: Okay. I want to talk about caseload. Some of the incoming that we got,

I'll just share a couple excerpts from where these questions are coming from. One letter quoted that PO cases are well over 60 to 75 per Probation Officer. The last time we spoke here, I believe it was mentioned that an average caseload is 25 or less. They are saying-- Probation Officers "are leaving because they are overworked and disrespected. There's so much going on. Everything they are saying is a lie. We are well over that." Another letter came in, "Caseloads remain high and there are more Supervising Probation Officers than there are Probation Officers. The lack of attention on cases is ridiculous. As recidivism is continuing to increase, there has been more concern on Department shields and uniforms instead of the needs for officer's concern and safety." Another letter was saying, "I'm writing to express my concerns about the state the Department of Probation is. The work done with my clients is not of the same quality because the caseloads are unmanageable as staff is depleted and exhausted. Management is more concerned with quantity, not quality." So, this was consistent incoming over the last 15 months, and your staff are writing us and calling us essentially asking for help

1 because they are overworked. So, what is being done?
2 I see what you have, 375, but can you talk directly
3 about, you know, how many cases each officer is
4 having right now? What is being done to address
5 their burnout from an emotional point of view, to
6 help them really give the attention they need to
7 their clients?
8

9 COMMISSIONER HOLMES: Right. So listen,
10 I'm sorry to hear those letters, but I speak to the
11 staff directly. Majority of people are very
12 supportive of the new mission, and as far as the
13 caseloads are concerned, that was the first thing I
14 was focused on. The American Parole and Probation
15 Association states that a manageable caseload is 35
16 to 55. There is no one in this agency carrying
17 caseload above 55, except for our respective branch
18 which oversees gun cases, and that may be one
19 respective borough, Antonio? In Queens, and that's
20 in Queens. In juvenile--

21 CHAIRPERSON NURSE: [interposing] What is
22 the caseload for those folks?

23 ASSOCIATE COMMISSIONER PULLANO: So,
24 there's-- the average is in-- excuse me, the median
25 would be in the 60s, so mid-60s.

CHAIRPERSON NURSE: Mid 60s.

ASSOCIATE COMMISSIONER PULLANO: Yes.

And to address that, to address your-- answer your question. We actually have some transfer requests that we got from other boroughs to go to. Queens that we've been reviewing, just Friday was the last one. The challenge that we have that directly conflicts with that is almost like a game of whack-a-mole. As people leave the agency or go into-- on any sort of leave, if we pull from one area, then to-- you know, as we pull from one area, then we have to pull to another area. So, we also try to balance, you know, uprooting officers.

COMMISSIONER HOLMES: Right, but with--

CHAIRPERSON NURSE: [interposing] So, just to-- I just want to be real clear. So, there's a specific branch that you're saying, and you're saying it the Queens?

COMMISSIONER HOLMES: So, that's the Queens gun branch.

CHAIRPERSON NURSE: Okay, the Queens guns branch has higher cases. But is your testimony today that no other Probation Officer besides that particular branch or division has higher case load

than the 55 top mark that you're saying is with the National Standard?

COMMISSIONER HOLMES: That should be-- that's correct. That's what my staff-- that's what my staff stated to me. First of all, it's my position to ensure that they have manageable caseloads. In the juvenile area, their case-- your caseloads are below 20--something, I believe, below 30?

DEPUTY COMMISSIONER WILLIAMS: So, on average, there are about 28 to 30, particularly in the Bronx. It's a higher caseload, and that has been historically high. Right now, we lost a few probation officers to leaving the Bronx. So, there were like about five that left, and then we actually reassigned probation officers from other boroughs that helped lower caseloads to replace those probation officers to help out with the caseload. Their case loads are in the 40s at this time. We are waiting for the graduating class in September. We'll be getting 10 more POs, particularly in the Bronx. Right now, we have acting administrative director who also helps out with managing caseloads and makes visits to help with the cases, particularly in the

1 Bronx. But for the other boroughs, Kings County 21
2 on average, 19 for Manhattan, Queens there are about-
3 - in the 40s also, but again, they have additional
4 probation officers there, and also supervisors are
5 helping out with making visits. Staten Island--

6
7 COMMISSIONER HOLMES: [interposing] First
8 of all, let me chime in, right? Because you can go
9 over numbers all day. The importance of managing
10 caseloads is having structure. So, when I came into
11 this agency, I saw that everyone was flustered all
12 over. I got high caseloads, high caseloads. It
13 becomes checking the box. Where our clients deserve
14 intimate attention as far as education, ascertaining
15 whether they have the fundamental skillsets when
16 we're checking boxes referring them to resume
17 building programs when they can't even read a fourth-
18 grade level. All of these things had to be
19 mitigated. It's not about the caseloads as much as
20 it is structure. Some of these caseloads--

21 CHAIRPERSON NURSE: [interposing] Well, I
22 think it is if someone is writing and saying--

23 COMMISSIONER HOLMES: [interposing] I--

24 CHAIRPERSON NURSE: that they're seeing
25 people with 60 to 75 cases--

COMMISSIONER HOLMES: [interposing] With
all due--

CHAIRPERSON NURSE: [interposing] that is
a mix of low and high risk, that is an issue.

COMMISSIONER HOLMES: With all due
respect, when I came into this agency, that was
probably your average. And all I had, with all due
respect, right, with the Risk Unit looking at the
important thing about our clients having what they
need was a check-the-box mentality. A sense that--

CHAIRPERSON NURSE: [interposing] I
understand. I'm-- my goal is to ask.

COMMISSIONER HOLMES: Right.

CHAIRPERSON NURSE: And if you're saying
that no officers except for these specific
individuals are having caseloads behind-- beyond the
55, then I'm going to accept that as your testimony.

COMMISSIONER HOLMES: Okay. So,--

CHAIRPERSON NURSE: [interposing] And we
can move on to the other questions.

COMMISSIONER HOLMES: Okay.

CHAIRPERSON NURSE: Because that's not
what's coming in, but if that's what you're saying,
then you're on the record of saying it.

COMMISSIONER HOLMES: That--

DEPUTY COMMISSIONER HAMBLIN:

[interposing] So, Chair Nurse, if we may, we'll clarify the adult operations average for you.

ASSOCIATE COMMISSIONER PULLANO: So, the average citywide is 48 cases. That is average. That means there are officers with above and there are officers with below. So, our effort is to equalize that as much as possible. Those numbers are constantly fluctuating based on the staffing intakes and probationers completing. So, that is fluid-- you know, each individual caseload is fluid, but the average citywide is 48, and that is not equal from officer to officer. Obviously, not every officer has exactly 48, but that is the average.

CHAIRPERSON NURSE: Okay. I want to ask about the mix of probation officers having both low- and high-risk cases. People with high-risk cases need-- you know, high-risk clients needs more attention, more time. For-- my understanding, and I would like clarity on this, is that there was a move to give everybody a mix of both, and that has also been what a lot of incoming has been about is that folks don't have enough time for their high-risk

cases, because they've been given so many cases now.

So, I would like some clarity. Is this something that was new under your tenure, or is this a pre-existing policy? And if it is something new that's under your tenure, can you give some more background and context on why that decision was made?

COMMISSIONER HOLMES: So, when I came into the Department of Probation, Probation is supposed to manage cases based on risk. They should have the required training to manage any case. So, we did-- I made sure that there's mixed bag. So, they're learning and they know. As you begin to move on in probation officers-- even if someone retires, and I have to fill that spot, I'm hearing oh, but I never did anything, but I was a CLO, or I never did anything because I was intake. When probation officers are hired, they should have the robust training that they require. I don't blame them for being put in a particular box and left there for 20-15 years. So now, in order to accommodate the ICM cases were one, right? It was where we only having an intake of 90, 20 per borough with the exception of Staten Island. I said, why are we doing that when every probation officer was supposedly trained to

1 manage cases based on risk. If we have a mixed bag,
2 then we can take on more ICM cases. In addition to
3 that, I created a template for them to prioritize who
4 is the worst of the worst. It's not based on that
5 initial risk assessment, because we all know,
6 including probation officers, sometimes that skewed.
7 So we base on that on monitoring. Are they going to
8 school? Are they employed? Are they-- do they have
9 mental health or substance abuse? With that being
10 said, everyone has a mixed bag of cases with the
11 exception of sex offenders and firearms. Those are
12 the ones that--

14 CHAIRPERSON NURSE: [interposing] Okay,
15 how--

16 COMMISSIONER HOLMES: are the most high-
17 risk that we focus on.

18 CHAIRPERSON NURSE: Understood.

19 ASSOCIATE COMMISSIONER PULLANO: Can I
20 add one thing?

21 CHAIRPERSON NURSE: Where-- before you
22 jump in, so this decision was made. What has been
23 the ongoing evaluation of that decision?

24 COMMISSIONER HOLMES: The ongoing
25 evaluation of that decision is me constantly putting

1 in measures to help support that. Like I was
2 explaining about the template. That template
3 monitors the five pillars that we are most concerned
4 about for our individuals in succeeding: homeless,
5 education, employment, mental health, and recidivism.
6 That's all monitored and supported by IT support
7 systems that were put in place, because when I walked
8 in this door, no one knew a true recidivism rate.
9 Everything that was being counted was counting beans
10 [sic] by desktop audits. We now have technology in
11 place where this information is easily discerning at
12 the push of a button that--

14 CHAIRPERSON NURSE: [interposing] We're
15 going to get into the-- we're going to get into the
16 data and the tech piece. But I guess, you know, one
17 of the things that's flagged to me is that research
18 has shown that using a caseload structure that groups
19 people by offense, type, or specific need, it
20 designates agents to supervised specific populations
21 such as those with behavioral issues can lower rates
22 of re-arrest and recidivism. So, I'm just hoping
23 that with this new system that you're putting in,
24 given that I'm communicating to you now that people--
25 we're getting incoming that it is taxing on your

workers, that we would like to see in future follow-up hearings some way that you have evaluated this decision, because it seems like people are struggling. So, go ahead and add your thing, but I would like to see at some point when we come back here, you know, how has that decision been adjusted and/or evaluated and monitored for effectiveness?

COMMISSIONER HOLMES: And you are absolutely right. In addition to that, we are in-- we're putting in place-- well, we have some training because there was no training. If you got promoted, there was no extra training, right? So, we put in training for supervisors. We're also putting in what's called in-service training, because we realized the robust training program that we created for the academy, there are members out here that didn't receive that type of training that need it. It's called in-service training. So, we're in the process of creating a scenario-based catalog where they can log on at their own leisure and have the respective training as far as different, you know, different aspects of their supervision is concerned. So, we will-- I can assure you we will have that. I do have a lot of that, and we will have that.

CHAIRPERSON NURSE: Great.

COMMISSIONER HOLMES: I'm very conscientious, and I know that the training I implemented wasn't the training that existed, but it's very much the training that's needed in order to be able to fulfil your job. And those individuals--

CHAIRPERSON NURSE: Sure. I would-- sure. And I would like to definitely see evidence or theory about that, because I mean there are some people who are going to become more experts in certain type of behavioral health issues than some low-level, low-risk type of folks and clients. So there might be-- I would like to see at some point the theory for why the mixed bag of cases.

ASSOCIATE COMMISSIONER PULLANO: So, what I wanted to add is actually directly touches on that. Is we're talking now from the officer's point of view, but I also want to add from the probation client's point of view, the majority of clients do what they're supposed to do, right? We focus our efforts and our energy more on those that need more services, need more intervention. But actually most of them do go to work, do take care of their family, do what they're supposed to do, and transferring them

1 to another officer when they have spent two years,
2 three years, four years doing the right thing is a
3 bit of a punishment. So, that's the other side of
4 that where now you've built this rapport with this
5 person. You were high-risk, but you're doing the
6 things that you're supposed to do, and we do see that
7 as almost a punishment to say, okay, you did a great
8 job. Now go see someone else in another building
9 because I'm done with you. It's-- you're-- now they
10 have to start that relationship over again. So,
11 maintaining that relationship longer term for the
12 duration of their probation sentence does have a lot
13 of value.
14

15 CHAIRPERSON NURSE: That's fine. I just
16 want to make sure that-- I mean, so much of what
17 you've said throughout the time that we've had these
18 hearings is that data, the ability to evaluate, the
19 ability to make assessment, so we'd like to be able
20 to see that. I'm going to move to executive
21 turnover, and then I'm going to open it up to other
22 members. Since you began at Probation, there has
23 been quite a bit of turnover in many executive roles.
24 In just over two years there have been five Deputy
25 Commissioners or Acting Deputy Commissioners of

Juvenile Operations, from what I understand. When we previously inquired about this turnover rate, you suggested that many in senior leadership were nearing retirement age, which led you to believe it was necessary to be proactive in ensuring there were no lapses in top positions, which is fair. I want to dig in on the Deputy Commissioner of Juvenile Operations. Were the people you replaced for this role also nearing retirement age?

COMMISSIONER HOLMES: Well, that's what happened. Gineen Gray was here when I came here. I knew Gineen Gray before coming to the agency. She actually retired. I think she was here 30-somewhat years. She decided to retire, at which respective time Matt Granoff who also was an existing Department of Probation employee who was over our Risk Assessment expressed the, you know, the interest in being the Deputy Commissioner of Juvenile.

Unfortunately, Matt was met with his father becoming - some home things, which he had to pivot and go to Nassau County. He was only acting at that point--

CHAIRPERSON NURSE: [interposing] Okay. Understood.

COMMISSIONER HOLMES: anyway. Once Matt left, we decided to make an assessment who do we think is suitable. I didn't have to do that, because another person approached me who was in Juvenile and was in the Bronx about having an interest in pitching in and helping out. As a result of such, that person was put into that position to serve as the Deputy Commissioner of Juvenile, and as a result of such in my discerningness did not possess the fundamental skillsets that I was looking for, that the agency needed, that more importantly our clients needed.

CHAIRPERSON NURSE: Okay.

COMMISSIONER HOLMES: And so as a result of such, that person was removed from the position, and I think they subsequently resigned.

CHAIRPERSON NURSE: Okay.

COMMISSIONER HOLMES: Right? It is important to get it right. It--

CHAIRPERSON NURSE: [interposing] So, what about the other folks?

CHAIRPERSON NURSE: What other folks?

CHAIRPERSON NURSE: I'm sorry, did you say-- so there was two that were-- one person had to--

- had a personal issue. The other person was nearing retirement.

COMMISSIONER HOLMES: That's the only-- that's the only--

CHAIRPERSON NURSE: [interposing] That's it?

COMMISSIONER HOLMES: individuals. The current DC of Juvenile is here, former ACS.

CHAIRPERSON NURSE: Okay.

COMMISSIONER HOLMES: Right fortitude, right skillsets, understands our young people, and very, very instrumental in ensuring that they have what they need. Very instrumental, so much so-- in creating the very first Mental Health Behavioral Team to exist in any Department of Probation which will be implemented. It's already been financially supported and approved relatively shorty. Just to make sure we have something inside and our people are getting exactly what they need firsthand.

CHAIRPERSON NURSE: Okay. And so how many people from your current leadership team, maybe either here today, are folks that you've brought on or who have been--

COMMISSIONER HOLMES: [interposing] I think-- well, Deldreana was here for quite some time. I brought on my general Counsel and the Assistant Commissioner of HR, which I'm happy to have-- well experienced from DCAS. And then Antonio--

CHAIRPERSON NURSE: [interposing] Okay.

COMMISSIONER HOLMES: who's Associate Commissioner of [inaudible].

CHAIRPERSON NURSE: So, how many here-- how many folks at the table have been with DOP for longer than the Commissioner's tenure? Okay. So, I only bring this up, because this was also a line of critique that we were getting from staff, from your workers, who were feeling that there was emphasis on bringing in a lot of people to probation that didn't have-- to leadership roles that didn't have experience in it. Some of the-- and hold on. I'm not finished. Some of the commentary we got was that there was a-- since you've come in, the policies that have been changed reflect the fact that the senior leadership might not have experience with DOP and some of the decisions that were made a long time ago and not understanding how some of thee policy changes would have an impact on the probation officers. I'll

1 read you just a little bit which is related to a lot-
2 - what's going on in the court. But this is a quote,
3 "The changes in policy often appear to lack
4 foresight, planning and guidance which seems to
5 reflect the administration's lack of knowledge on how
6 the different departments work in conjunction to one
7 another. For example, supervision officers now must
8 appear in person for all court appearances. Often,
9 the cases are not called on time or must be recalled
10 because parties are not ready. This causes
11 supervision officer to have to sit around waiting for
12 court to resume this. This can be sometimes for
13 hours." So, this was one example, and we got a bunch
14 of these examples brought in of where decisions were
15 made, seem to not be connected to the experience of
16 working in Probation.

18 COMMISSIONER HOLMES: That's all
19 fallacies. Listen, when you come in and things are
20 new, you poke a bee's nest, right? So, people are
21 comfort in the position, comfortable in the positions
22 they were in. When I came in, my biggest concern was
23 one, our number one assets which are probation
24 officers and making sure that they have a respective
25 caseload that they can properly manage. Two, that

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1 said, "Who's idea was this to send the probation
2 officers to court? This is great. There's less
3 adjournments. We get the respective information that
4 we need, because they're the ones in the household
5 with the respective clients." That's who should be
6 there. Not the--

7 CHAIRPERSON NURSE: [interposing] We've
8 heard the opposite on that specific topic. But I
9 don't--

10 COMMISSIONER HOLMES: [interposing] But
11 it's expected because we--

12 CHAIRPERSON NURSE: [interposing] No, but
13 from judges, from judges. So, we've been hearing
14 from other folks different things. So, this is an
15 opportunity to have some clarity. One other thing
16 you've been talking about, supervision. One thing
17 that we got was that there's been a tremendous number
18 of new supervisors with a lack of knowledge on how to
19 supervise and our new supervisors who are not even
20 supervising a unit. In addition, you have new
21 supervisors called floaters with no unit to
22 supervise. Is that a thing, a floater?

23 COMMISSIONER HOLMES: I-- I've never even
24 heard of a floater. But here's what we do have--
25

CHAIRPERSON NURSE: [interposing] Are there supervisors who are not attached to a unit?

COMMISSIONER HOLMES: Here's what we do have--

CHAIRPERSON NURSE: [interposing] I just have a question. Are there supervisors who are not attached to a unit?

COMMISSIONER HOLMES: There were supervisors not attached to a unit when I walked in this place.

CHAIRPERSON NURSE: Okay.

COMMISSIONER HOLMES: So, I'm quite sure there are supervisors not attached to a unit. That exists before I came in. The point of the matter is this, it's my job to make sure that we have the proper allocation of personnel in each respective borough and over each respective client. More importantly, that they have the knowledge and training to do what's expected for them to do. When I walked in this door, it was a check-the-box mentality. If you want to see recidivism compared to then to now, you're talking recidivism. That language is spoken here now as a result of me coming

in. Recidivism wasn't even a term when I walked in.
I asked the--

CHAIRPERSON NURSE: [interposing] I'm not
sure what you mean.

COMMISSIONER HOLMES: But what I mean is
like--

CHAIRPERSON NURSE: [interposing] I'm not
sure what you mean, but what I'm asking is you came
in and made a bunch of changes.

COMMISSIONER HOLMES: Right.

CHAIRPERSON NURSE: And your whole line-
up--

COMMISSIONER HOLMES: [interposing] As all
management does.

CHAIRPERSON NURSE: Your whole line of
rationale has been because you-- there's no data.
There's no evaluation. There is no assessment and
things are ineffective. I'm asking you-- you're
saying you poked the bee's nest.

COMMISSIONER HOLMES: Right.

CHAIRPERSON NURSE: It is understandable
when new leadership comes in, people get mad. It
happens. This is an opportunity to clarify. But
what I'm saying is-- what we're seeing is re-arrest

1 rates go up. I'm seeing people get re-arrested for
2 technical violations. Staff retention is going down.
3 There is outreach to this council that has never
4 happened before, and people are reaching out en
5 masse. So, what I'm saying is, how did you make
6 determinations that policies were not working besides
7 saying folks had to check the box?
8

9 COMMISSIONER HOLMES: So, here's my
10 thing, right? Recidivism is not up. Violations are
11 not up. As a matter of fact, it's the quite
12 opposite, and count people--

13 CHAIRPERSON NURSE: [interposing] What's
14 the data?

15 COMMISSIONER HOLMES: We have the data.
16 Pull up the data.

17 ASSOCIATE COMMISSIONER PULLANO: I can
18 give you right now.

19 CHAIRPERSON NURSE: And where are you
20 getting the data? I mean, like where are you pulling
21 this from?

22 DEPUTY COMMISSIONER WILLIAMS: From our
23 systems that we have.

24 CHAIRPERSON NURSE: Okay, so please tell
25 us.

DEPUTY COMMISSIONER WILLIAMS: So, I'm going to speak about juvenile in particular. So, as of June of 2025, juvenile recidivism rate is 4.2 percent which is down from 5.1 percent in May. Our recidivism rate for the past six months is 4.8 percent. We have a total of 112 clients out of 718 clients who are responsible for two or more arrests. We have taken a laser-focused approach to these clients by doing the following in juvenile. Managers are providing input on these cases, which I just spoke about on a biweekly basis which is not only the supervisors having ownership, it's also managers having ownership and looking to these cases, see what can be done for these youth. Visits have been increased. Curfews have been put in place, and there are increased discussions of the SPO managers regarding caseloads.

CHAIRPERSON NURSE: So, just what is the rearrest rate again? Just the numbers.

DEPUTY COMMISSIONER WILLIAMS: 4.2 percent which is down from 5.1 percent in May.

CHAIRPERSON NURSE: From May, okay. We're pulling ours just from the Mayor's Management Report. So, this is what--

COMMISSIONER HOLMES: [interposing] Oh, yeah.

CHAIRPERSON NURSE: we're getting. I don't know if you all are-- how you all are seeing it, but this is May. We're talking about over a period of years and under your tenure. So,--

COMMISSIONER HOLMES: [interposing] Well, you're seeing an increase like I explained to you on an offline meeting. We are now truly reporting recidivism. It wasn't reported correctly before, and we said as a result of such, it's going to seem like an increase. What was being reported before was a skewed number, right? So, as a result of such, the person that does my MMR report happens to be on vacation. But with that being said, we had the meeting saying you're going to see an increase because these are true numbers.

CHAIRPERSON NURSE: I know. So, I would like-- I'm going to ask this question, and then I'm going to give it to other members. But tell me exactly how the data changed to show a true recidivism rate as you're seeing. I do remember that meeting.

COMMISSIONER HOLMES: Right.

CHAIRPERSON NURSE: I asked at that meeting, oh, could you please send us an email with what this means, because it was hard to understand.

COMMISSIONER HOLMES: Okay, I will do it.

CHAIRPERSON NURSE: We never got that. So, can you just restate it?

COMMISSIONER HOLMES: So, with that being said, when the MMR report was supporting this small percentile of recidivism, I walked in the door and new that was inaccurate, right, because I know the amount of people that get arrested on probation. With that being said, we decided to report a truer number. That required them drilling down and seeing why is this number skewed. I don't-- I'm not a technical person, so I don't have all of the exact data, and anyone here at the table that remembers it--

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ASSOCIATE COMMISSIONER PULLANO:
[interposing] I can explain it.

COMMISSIONER HOLMES: Okay, Antonio.

ASSOCIATE COMMISSIONER PULLANO: There was what was previously reported was a monthly average, and those averages were then being averaged across the year.

CHAIRPERSON NURSE: Okay.

ASSOCIATE COMMISSIONER PULLANO: Which just didn't make any sense to take an average of averages. What we've reported, or I'm not sure if it's the next MMR or if it was in the previous is a cumulative rate for the year. So, the-- basically, throughout the year, the percent of our clients that have been rearrested, and that number continues to go up throughout the year because we don't reset it until the next year, meaning we're continuing to track them throughout the year. If you do want to look month-to-month-- I know DC Williams gave the juvenile numbers. We still track them month to month because there is a use in that. And so in the last six months, also the adults,-- so that's Criminal Court, Supreme Court. The adult clients have had a reduction in their monthly rate. So monthly in January, we had 4.1 percent of our clients re-arrested, and that's been steadily going down until last month which was 3.1 percent. So those numbers are going down. To answer your question--

CHAIRPERSON NURSE: [interposing] Okay, I would really love a write-up of this so we understand the methodology.

COMMISSIONER HOLMES: Okay.

CHAIRPERSON NURSE: Because I hear what you're saying, but I would really like to drill down.

ASSOCIATE COMMISSIONER PULLANO: And to answer your question before that we didn't give a complete answer on, the technical violations. So, comparing one year ago to now , so last May to this May, total monthly violations were in the 120s, 130s last year. So, last May it was 123. This May was 97. So, we've been consistently in the 90s the last several months. And as far as technical, last year was in the 20s to 30s. So last May was 35 technical violations and this May was nine. The previous month was 10. So, we're closer to the single digits. And by technical, just to be clear, that's anything that's not a re-arrest or just upright absconding. So, generally not following-- not coming to visits, not going to program, etcetera, which I think is what you were referencing.

CHAIRPERSON NURSE: Yeah, I think it will be important to reconcile what you're putting out in your MMR to what you're saying here today, because that's how-- I mean, we have to have some baselines for how we're making these assessments, and we can't

just wait to we get to a hearing to do it. So, it would be really helpful if this was reconciled. I'm going to turn it-

DEPUTY COMMISSIONER WILLIAMS:

[interposing] I'm sorry, I just wanted to add--

CHAIRPERSON NURSE: [interposing] Go ahead.

DEPUTY COMMISSIONER WILLIAMS: I just wanted to add juvenile's numbers also as far as violations. So, we have last year was 86 technicals. Now we're down to 46, and so that's a 46 percent decrease since last year.

CHAIRPERSON NURSE: That's great.

DEPUTY COMMISSIONER WILLIAMS: So, we'll provide you with the write-up that you requested.

CHAIRPERSON NURSE: That would be helpful. I'm going to turn it over to-- open it up to committee members. My first is Council Member Narcisse.

COUNCIL MEMBER NARCISSE: Thank you, Chair, and you took my question I was writing over and over about recidivism because I used to be a re-entry nurse. And that has been a problem, and if you can decrease that in preventing especially the

juvenile, getting them back and forth in that revolving door. The programming's, how you doing with them?

COMMISSIONER HOLMES: So, with the program-- what we're doing with the program now, and I'll let Patricia speak to that. But we looked at the two alternatives that they had to placement. Pretty antiquated, been in place far too long. So, like the world, right, everything should evolve and grow for the betterment of our clients, and I'll let the DC of Juveniles speak to what she's doing regarding that.

DEPUTY COMMISSIONER WILLIAMS: Thank you for the question. So, as I assumed this role, I was looking at some of the needs that our juveniles have, and one of the biggest needs that they have is they have mental health needs. And so the neighborhoods in which our children live in are disenfranchised. The waiting lists are six months. They're just not able to get mental health treatment that they need. And so, we have some state funds, and we've stated-- you know, we figure we would use those state funds to develop our own behavioral program in-house, first in the nation ever done in probation. So, we would have

an LCSW who would supervise LMSW's who provide therapy, therapeutic services to our juveniles in the respective offices throughout New York City. We just got approved about a week and a half ago. So, we're trying to-- we're looking at starting that program the latest mid-September, and getting it done within that timeframe. Another thing that we also increase is our mobile adolescence program. Before it had 24 slots available, now it has 48, and what's very unique about their program is that they actually going to the homes. So, they're meeting the clients in their home where they are, knowing more about the ecological system, and just, you know, providing services in the home. And so, we increased those slots. We also have a lot of kids who are over-- under-credited, over-age. And so, we have increased the slots for our LEAP program which is through-- proud to know it's in the Bronx, but it will be covering citywide now. We have tutors. These are graduate-level students who will be providing tutoring up to 100 individuals ages 14 through 21 throughout the Bronx and all five boroughs. We increased-- we started in the Bronx, but now we're increasing it to all five boroughs. So, those are

1 some of the programs that we're, you know, looking
2 at. We're also looking at changing as, Commissioner
3 Holmes said, some of our ATPs to see what else do we
4 need within our continuum, and as we're beginning our
5 RFP processes we're just mulling over what would be
6 best, but in the meantime these are some of the
7 programs that we are going to be having pretty soon.

9 COMMISSIONER HOLMES: I think the most
10 important thing was discerning that our non-English-
11 speaking clients were not getting the proper program
12 delivery. What do I mean by that? They're sent to a
13 program, but they don't speak English, and the vendor
14 or the, you know, program providers predominantly
15 speaking English. So now we mandate even in our
16 contracts you have to have the technology to
17 translate. So, it should be these headsets. We're
18 also investing in that so when we go out to do home
19 visits, we're not relying on cell phones having
20 service or whatever, but having headsets so when we
21 go to the particular client that's non-English-
22 speaking, we can have better communication. So,
23 that's something that was a huge gap in the programs.
24 In addition to that, we are connecting with some of
25 our lease holders to have weekend programming. We

1 have a couple of the NEON locations refused to do
2 weekends. I'm meeting them half-way, because young
3 people especially during the school year should be
4 home doing homework, not after school going to a
5 program two nights a week when they may have other
6 chores or younger brothers and sisters. So, we're
7 right now implementing-- we just did the scope of
8 work to open up the first location that will be on
9 weekends, you know, have weekend programs.

11 COUNCIL MEMBER NARCISSE: The time is
12 short, but I'm very much interested in that, and
13 thank you for answering and keeping our young folks
14 in shape and in check and up the street, not going
15 back to that revolving door. For mental health
16 referral, because we're talking about mental health a
17 lot, language access and all that. But there's one
18 thing I'm very much interested in, uninsured clients
19 that we have. How do we deal with them?

20 COMMISSIONER HOLMES: Oh, yeah, that's
21 another thing.

22 COUNCIL MEMBER NARCISSE: How we refer
23 them to mental health?

24

25

COMMISSIONER HOLMES: Well, because that's important to having our own in-house, too, right? They're not going to need the insurance.

COUNCIL MEMBER NARCISSE: Okay, so in-house, okay.

COMMISSIONER HOLMES: So, you want to speak to that, Patricia?

DEPUTY COMMISSIONER WILLIAMS: Essentially, if an individual does not have insurance, they usually would provide-- refer them to places within the community such as like hospitals, you know, like a City hospital where you don't require to have-- you know, you don't have to have insurance in order to get services. And we also align with different vendors within the community who are able to provide services without insurance.

COMMISSIONER HOLMES: But also, and just to chime in-- it's like when I had the vouchers with one particular doctor for the Father's Day event, right? We're looking for that, too, because that was 66 vouchers for health, but they offer mental health as well. So, just to keep a little petty, like petty cash type concept, we can have those vouchers for

mental health for our young people that don't have insurance. So that's something. I'm sorry?

ASSOCIATE COMMISSIONER PULLANO: My apology. I didn't mean to interrupt you.

COMMISSIONER HOLMES: Go ahead.

ASSOCIATE COMMISSIONER PULLANO: I don't want to miss one of the bread and butter things that our officers do is getting our clients connected to basic services like getting an ID and getting health insurance. So, everything that was said is absolutely true, but also on top of that, getting them the ability to continue beyond probation once they have completed, and getting-- so the program IDNYC is huge, and that's something our officers refer to and bring our clients to very, very often so that once they have an ID, we can refer them to get Medicaid. So those two steps are really bread and butter, very, very common and that's what our officers do to get that baseline.

COUNCIL MEMBER NARCISSE: Thank you. And I still have a problem with the ratio, but I know my Chair been talking about it, so we have to look into it, because like I said, I used to do re-entry program, and when folks overwhelm, little things that

people do, they rather bring them in instead of trying to work with them, and especially the young folks.

COMMISSIONER HOLMES: No, I am equally and always have been concerned about our young people. They're my people. They're my family. I grew up in the City. I'm born in the City. I'm not about putting people behind bars, I can assure that.

COUNCIL MEMBER NARCISSE: Alright, thank you.

COMMISSIONER HOLMES: You're welcome.

COUNCIL MEMBER NARCISSE: Appreciate it.

CHAIRPERSON NURSE: Thank you, Council Member Narcisse. I now turn to Council Member Cabán.

COUNCIL MEMBER CABÁN: Thank you. Commissioner, just to start, is it your understanding that Peace Officers are required to carry firearms?

COMMISSIONER HOLMES: Yes, they are, and it's part of their-- it's part of the notice of examination.

COUNCIL MEMBER CABÁN: So, thank you for that. Just a yes, that's just a yes or no.

COMMISSIONER HOLMES: Yes.

COUNCIL MEMBER CABÁN: But I do have a follow-up to it. Where within the law does it state that Peace Officers must carry firearms?

COMMISSIONER HOLMES: Well, it says it in their notice of examination that they have to actually pass the exam and qualify with a firearm. All Peace Officers are not armed. Probation Officers are.

COUNCIL MEMBER CABÁN: So, there is actually in fact no legal requirement that Peace Officers carry firearms. New York State regulations Title IX, Section 35.3, Subsection F says, "No Probation Officer shall use, carry, or have a firearm in his or her possession while on duty, unless-- unless specifically authorized in writing by the Director of Probation. So, I'm going to ask you again, are Peace Officers required under the law to carry a firearm?"

COMMISSIONER HOLMES: I stated that. When a-- I stated that in the beginning. Peace Officers are not required to carry firearms. Probation Officers are.

COUNCIL MEMBER CABÁN: Okay. The law literally says no Probation Officer shall--

COMMISSIONER HOLMES: [interposing] Well,
it says unless by the--

COUNCIL MEMBER CABÁN: [interposing]
Unless, which means it's not a mandate. Unless--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] Right.

COUNCIL MEMBER CABÁN: the Commissioner
makes it as such.

DEPUTY COMMISSIONER HAMBLIN: [inaudible]
this administration it has been mandated as such.

COUNCIL MEMBER CABÁN: So, my follow-up
then--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] So, please, if I can clarify for you.
Peace Officers are required to pass firearm training.
That is a requirement--

COUNCIL MEMBER CABÁN: [interposing]
That's not my question. My-- they can pass it, that
can be a requirement. My question is whetr it is a
requirement for Probation Officers to carry a
firearm. The answer I heard hear is yes when the
actual answer under the law is no, unless--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] Right, so the answer--

COUNCIL MEMBER CABÁN: the Commissioner mandates it. So, now I'm going to ask my follow-up. So, the answer is no--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] Unless--

COUNCIL MEMBER CABÁN: unless the Commissioner mandates it.

DEPUTY COMMISSIONER HAMBLIN: Right.

COUNCIL MEMBER CABÁN: Now, previous Commissioners, including under the two previous Commissioners, they used their lawful discretion to limit the carrying of firearms to only Probation Officers who were part of certain units, right? Or those who requested a specific permission to carry one. Commissioner, you changed this policy in October of 2023, and made it policy that all Probation Officers would be required to carry a firearm. So, you-- because you've mentioned before also, this is one of the status quo changes you made.

COMMISSIONER HOLMES: So, first and foremost, I came into an agency where Probation Officers hadn't been to the range to qualify which is--

COUNCIL MEMBER CABÁN: [interposing]

That's not my question.

COMMISSIONER HOLMES: which is required.

I just want to tie it in. Which is required in order for them to main-- in order for them to remain being a Probation Officer, right? So, with that being said, I mandated that they carry firearms as a rule of thumb for safety reasons. Why? We have Probation Officers-- I want you to keep in mind, unfortunately, our population of probationers are populated by the communities that, you know, where the highest crime rates are, the highest shootings, the highest violence incidents. As a result of such, when they're going into those communities, when they're going like they're doing more so now, getting up going to those households to visit these young people or to be guided by the mandates by the court to conduct conditions to searching these particular residents-- if I'm looking for a gun, I need a gun. If I'm going into these communities that are high in violence, high in crime, I need to be able to respond God forbid something goes awry. Not half the members armed, and half not. Not half with bullet-proof vests and half not. It doesn't work like that.

COUNCIL MEMBER CABÁN: And do you have--
do you-- have you looked into any data versus
jurisdictions that have their probation officers
carrying weapons versus not? Have you seen-- what
was the data that backed up your decision to have
armed probation officers going into communities? Are
you saying that all of these communities are so
dangerous, they have to walk in with a gun?

COMMISSIONER HOLMES: That my data was--

COUNCIL MEMBER CABÁN: [interposing] Are
they so dangerous that they have to walk in with a
gun.

COMMISSIONER HOLMES: My data was that we
work in the City of New York.

COUNCIL MEMBER CABÁN: That's not data.
That's a statement.

COMMISSIONER HOLMES: Wait a minute. We
work in New York--

COUNCIL MEMBER CABÁN: [interposing] No,
where's the data? What's the source of the data?

COMMISSIONER HOLMES: City. We supervise
with one of the largest probation agencies--

COUNCIL MEMBER CABÁN: [interposing]
Commissioner--

COMMISSIONER HOLMES: and this is New York City. So,--

COUNCIL MEMBER CABÁN: [interposing] Data is numbers. It's not just statements.

COMMISSIONER HOLMES: As a result of such, probationers going into these precarious situations, we don't wait for something to happen. You're proactive.

COUNCIL MEMBER CABÁN: Is the--

COMMISSIONER HOLMES: [interposing] And not even going into the communities. They can be sitting in an office. How many weapons have we had compromise our locations since we've been--

COUNCIL MEMBER CABÁN: [interposing] Commissioner, it's a very simple question.

COMMISSIONER HOLMES: [inaudible]

COUNCIL MEMBER CABÁN: You're giving me anecdotal flowery sentences. I'm asking you--

COMMISSIONER HOLMES: [interposing] I don't know why I would compare to New York City.

COUNCIL MEMBER CABÁN: what is the data?

COMMISSIONER HOLMES: So, what data would I look at?

COUNCIL MEMBER CABÁN: The data, research or empirical evidence you relied on to make changes in the policy, that's what I'm asking for.

COMMISSIONER HOLMES: So, my data is based on my public safety experience of 38 years--

COUNCIL MEMBER CABÁN: [interposing]
That's not data.

COMMISSIONER HOLMES: That's data.

COUNCIL MEMBER CABÁN: No, it's not.

COMMISSIONER HOLMES: That's data.
That's data,--

COUNCIL MEMBER CABÁN: [interposing] You are one officer amongst tens of thousands--

COMMISSIONER HOLMES: [interposing]
because I know the--

COUNCIL MEMBER CABÁN: by definition that is not data.

COMMISSIONER HOLMES: That's data.

COUNCIL MEMBER CABÁN: That is--

COMMISSIONER HOLMES: [interposing] I have asked to--

COUNCIL MEMBER CABÁN: [interposing] Any data scientist would throw away the anecdotal experience of one single--

COMMISSIONER HOLMES: [interposing] It's not anecdotal.

COUNCIL MEMBER CABÁN: employee. You're saying it's your--

COMMISSIONER HOLMES: [interposing] With all due respect, I have the data because of my experience. I have data to all the crime happening citywide--

COUNCIL MEMBER CABÁN: [interposing] Alright, I'm going to-- you know what--

COMMISSIONER HOLMES: in every specific neighborhood--

COUNCIL MEMBER CABÁN: [interposing] I'm going to make a conclusion, Chair, because this is going nowhere.

COMMISSIONER HOLMES: That's what I have.

COUNCIL MEMBER CABÁN: Commissioner--

CHAIRPERSON NURSE: [interposing] Okay-- excuse me.

COMMISSIONER HOLMES: [interposing] [inaudible] being proactive.

COUNCIL MEMBER CABÁN: Commissioner--

CHAIRPERSON NURSE: [interposing] Excuse me. Excuse me for a second.

COUNCIL MEMBER CABÁN: I would like you--

CHAIRPERSON NURSE: [interposing] [gavel]

Excuse me for a second. We need to be able to finish sentences here, respectfully for everybody.

COUNCIL MEMBER CABÁN: Thank you. I'm going to wrap up here. The record shows that the Commissioner thinks that data by definition, which we could all look up, is the same as the equivalent as one single person's experience in a job where there are tens of thousands of employees and there's data available-- there's data available at the city, state, and countrywide level, and it really, really is concerning that we have the person at the very top who has no interest in pulling out data and using that to make decisions, but is just going off of vibes.

COMMISSIONER HOLMES: I disagree. I have data, Council Member.

COUNCIL MEMBER CABÁN: So then produce it. What--

COMMISSIONER HOLMES: [interposing] I will produce it next time, or--

COUNCIL MEMBER CABÁN: [interposing] Okay, great.

COMMISSIONER HOLMES: I can send it in.

COUNCIL MEMBER CABÁN: I'm looking forward to it.

COMMISSIONER HOLMES: I stay well-versed on the crime in New York City in every specific neighborhood. It's my job to.

COUNCIL MEMBER CABÁN: Okay.

COMMISSIONER HOLMES: Because I have members out there--

COUNCIL MEMBER CABÁN: [interposing] Alright.

COMMISSIONER HOLMES: I have clients out there. We have people that we're concerned about. We don't just take an interest in our clients. We go into these households. We take an interest in their family members and what's going on there. We ask about the activity. If mom needs mental health-- there's a whole lot more--

COUNCIL MEMBER CABÁN: [interposing] Thank you.

COMMISSIONER HOLMES: that goes with this, right?

COUNCIL MEMBER CABÁN: Thank you.

COMMISSIONER HOLMES: When we're going out there, but more importantly, if I'm not safe in that community, then I can't do my job, right? So, my job is to make sure our members are safe, physically, mentally, and as well as their pensions are concerned. So, those are my three areas.

COUNCIL MEMBER CABÁN: So, just to wrap up. I know that we're going to get the data that you're relying on for your policy changes, because you stated that you know the data, even though five minutes ago on the record--

COMMISSIONER HOLMES: [interposing] I know the data on crime. I lived it.

COUNCIL MEMBER CABÁN: you were not a data person and you handed it over to somebody else.

COMMISSIONER HOLMES: We have it here.

CHAIRPERSON NURSE: We will request that in the follow-up.

COMMISSIONER HOLMES: Yeah.

COUNCIL MEMBER CABÁN: Thank you. And then could I just ask one more unrelated question. This is-- so we talked about caseload numbers. I think earlier in the hearing you testified that you

had brought caseloads down to between 20 and 30. Is-

-

COMMISSIONER HOLMES: [interposing] That's not what I stated. That's not what I stated. I said that the American Parole and Probation Association stated that manageable caseloads are 33 to 55.

COUNCIL MEMBER CABÁN: Okay.

COMMISSIONER HOLMES: And what we have done so far thus to ensure taking a deep dive into the agency is that we were trying to accommodate those--

COUNCIL MEMBER CABÁN: [interposing] Just remind me what the number is.

COMMISSIONER HOLMES: numbers--

COUNCIL MEMBER CABÁN: [interposing] I just want to get clear on the numbers.

COMMISSIONER HOLMES: Yeah, so that's it.

COUNCIL MEMBER CABÁN: So,-- and then the average is 48 per person. This is my question. I come from public defense land where we do have case caps, right, and they're weighted a certain way. You talked about different risks and supervision levels. The Chair talked about, you know, whether you guys were thinking about specialties and things like that.

1 Do you weight your cases differently? So, for
2 example, in the criminal practice we have one case,
3 right, and then if you-- a violent felony counts for
4 I think something like 1.4 or something like that.
5 So, I'm wondering if there is a weight attached to
6 how you calculate the case cap, because if I'm an
7 attorney and I have 60 cases, but they're all violent
8 felonies, it's more like I have 100 cases, right? I
9 mean, that's not good math, but you get what I'm
10 saying. So my question is, in terms of these
11 numbers, are they also being weighted at all for more
12 high-level cases that obviously take up more time,
13 energy and resources for the PO, because they might
14 have a lower case, but if they're all high, you know,
15 high-supervision cases, then they might in fact feel
16 like that is too burdensome to do the job well.

18 COMMISSIONER HOLMES: Well, let's look at
19 the gun branch that was designed and put in place.

20 COUNCIL MEMBER CABÁN: Commissioner, I'm
21 sorry, my question is just whether you weight them.

22 COMMISSIONER HOLMES: Yes.

23 COUNCIL MEMBER CABÁN: What's the
24 weighting system?
25

COMMISSIONER HOLMES: That's what I was trying to explain. It's like the gun branch, right?

COUNCIL MEMBER CABÁN: Okay.

COMMISSIONER HOLMES: That's a high-risk case. The gun branch, naturally the individuals that are in there, they are trained, they're focused, they're only handling that one particular type of case that they're focused on. Why? Because we take guns very, very serious here, right? So, as a result of such, we have a gun branch. Then we have a sex offender branch.

COUNCIL MEMBER CABÁN: No, but is it weighted? That's my--

COMMISSIONER HOLMES: [interposing] Yes, it is.

COUNCIL MEMBER CABÁN: I understand the different areas.

COMMISSIONER HOLMES: It's weighted in the sense of--

COUNCIL MEMBER CABÁN: [interposing] Is there a formula?

COMMISSIONER HOLMES: What?

COUNCIL MEMBER CABÁN: I'm just wondering if they're weighted--

COMMISSIONER HOLMES: [interposing] I don't understand what you mean by formula.

COUNCIL MEMBER CABÁN: a certain way that changes the caps. You understand what I'm saying?

COMMISSIONER HOLMES: Oh, so--

ASSOCIATE COMMISSIONER PULLANO: [interposing] There's no--

COUNCIL MEMBER CABÁN: [interposing] Like I said in the example, in criminal practice a case would be one, but a violent felony would count as 1.4 cases against your cap. I'm just wondering if it's weighted.

COMMISSIONER HOLMES: it is weighted. That was the reason why the Commissioner implemented where--

COUNCIL MEMBER CABÁN: [interposing] Yeah.

COMMISSIONER HOLMES: not one person is carrying a caseload of just high-risk individuals. That's why what you're saying makes sense, right?

COUNCIL MEMBER CABÁN: Right.

DEPUTY COMMISSIONER HAMBLIN: We have a mixed bag. Some people have high, medium and low--

COUNCIL MEMBER CABÁN: [interposing]

Right, but I'm asking how is it weight-- I want to know the formula.

DEPUTY COMMISSIONER HAMBLIN: There's-- I don't-- we're not going to give you a mathematical formula at this point, but we have weighted the cases which is why we have implemented where officers are carrying management based on risk. Not one officer's carrying an entire caseload of high. Not one officer is carrying an entire caseload of medium. It's a mix to manage to balance.

COUNCIL MEMBER CABÁN: Right, but I'm wondering are there caps on those numbers? Like, what--

CHAIRPERSON NURSE: [interposing] Yeah, so what I would say that it might make sense if you could send us a protocol, a policy of how you assign cases, if there's any formula to how many high-risk and low-risk cases a single officer can take so that we take that and look at it.

COMMISSIONER HOLMES: Yeah, no, it didn't exist--

CHAIRPERSON NURSE: [interposing] If there isn't one, that would be helpful to say.

COMMISSIONER HOLMES: before I got here,
I know.

CHAIRPERSON NURSE: If there is one, you
could give it to us.

COMMISSIONER HOLMES: Yeah.

COUNCIL MEMBER CABÁN: Thank you.
Thanks, Chair.

CHAIRPERSON NURSE: Okay. Next, and
just-- sorry, just as a follow-up, I think it would
also be helpful if there have been any data around
assaults in the field or any staff surveys or
anything that would say folks wanted an agency-wide
gun mandate, because it seems like if folks felt that
way and needed it, they could access it. So, I'm
going to leave it there.

COMMISSIONER HOLMES: Okay.

CHAIRPERSON NURSE: But please, you could
follow up if you want to give us anything in detail.
I'm going to turn it to Restler and then it's
followed by Stevens.

COUNCIL MEMBER RESTLER: Thanks so much,
Chair Nurse, and I really just want to recognize your
leadership and oversight, and it's critically
important and I'm very grateful for it. Commissioner

Holmes and team, thank you for joining us today. I just want to echo Chair Nurse's comments from her opening remarks. My office consistently receives messages from current DOP employees who are deeply concerned and saddened by what has happened to the agency. Even while I'm sitting here in this hearing, half a dozen people have texted me, have emailed my office, have reached out, current and former DOP employees who are genuinely concerned about the direction of your leadership and what has happened to the agency, and I share their concerns. For me, there are three key things that I've-- I just want to highlight in my remarks and questions. One is the copification [sic] of the Department of Probation. The NYPD has an essential role to play in helping to keep us safe. The Department of Probation has an essential role to play in helping to keep New Yorkers safe and to support young people and adults and connect people to diversion opportunities. What we've seen under your leadership, as Council Member Cabán I think so eloquently noted, is this enhanced requirement that everyone carries guns, enhanced requirements that everyone wears a DOP uniform, looking a lot like the NYPD, even changing of the DOP

badges to look more like the NYPD. Across the board, we're seeing this idea that the Department of Probation should be an extension of the NYPD, and I just fundamentally believe that is wrong. We have seen great leaders predate you at the Department of Probation, and this is my next point. I think you really showed Elon Musk the way on how-- on the DOGE-ifying [sic] of an agency. We've seen Department of Probation hollowed out under your leadership. I'm looking at a list of 40-odd leaders, serious, capable, dynamic, impressive government leaders who have all left Department of Probation--

COMMISSIONER HOLMES: [interposing]

Really.

COUNCIL MEMBER RESTLER: since you came on board in the last two years. When you testified before us in March of 2023, your first hearing, every single one of those Deputy Commissioners, the General Counsel, Wayne McKenzie who was great, Michael Forte who was great, Sherwin Goodwin [sp?], who was great, Gineen Gray who was great, they're all gone. And many of their assistant commissioners and their right-hand people, they're all gone. So, the history of--

COMMISSIONER HOLMES: [interposing] They have a right to move on.

COUNCIL MEMBER RESTLER: The history that we built up at DOP under Ana Bermudez, under Venetia Raldi [sp?], under Marty Horn, under Michael Jacobson, these reform-oriented thoughtful leaders that had advanced really good policies at DOP, all of that institutional memory and institutional expertise is out the window, and we've seen this orientation toward more aggressive enforcement. The issue that I really want to focus on today is around serving young adults and our failure to effectively connect young people to diversion opportunities. Under your leadership we've seen the Impact Program cut, Next Steps cut, ARCHES cut. We've seen a discontinuation of referrals to the Advocate Intervene Mentor program, the AIM program. I'm-- and we've seen the re-arrest rate double for young adults over the past three years, over the past five years, excuse me. So, from a low point of about 2.3 percent, we're now well over four percent according to the MMR on young adults being rearrested. So, my question for you is what are the data-informed approaches that you're taking to reduce rearrests and enhanced diversion for

our young adults. And secondly-- well, let me just start with there, and I got a couple more.

COMMISSIONER HOLMES: What's the question?

COUNCIL MEMBER RESTLER: I'll try again. What-- considering that you've cut successful, evidence-based effective programs that had been diverting young people from our criminal justice system, keeping our young people out of the courts and out of jail, we have seen under your mayor a doubling of the number of kids who are sleeping in jail every single night. It was down at about 150 when Mayor Adams came into office. We're now at about 300 kids a night. What is the Department of Probation doing, evidence-based approaches that you are implementing, since you've cut \$5 million-plus in programs that had been working-- what are you doing to actually start to reduce-- to increase young adult diversion and reduce the number of kids in jail?

COMMISSIONER HOLMES: So, for the record, I have not cut any programs with the exception of Next Steps. There were no other existing programs, established programs that I cut. Next--

COUNCIL MEMBER RESTLER: [interposing]

Impact was--

COMMISSIONER HOLMES: [interposing] Next

Steps--

COUNCIL MEMBER RESTLER: [interposing]

Impact was announced.

COMMISSIONER HOLMES: Impact, whatever
the relation you have with Impact, I don't know.

Impact was not cut--

COUNCIL MEMBER RESTLER: [interposing]

What are you implying?

COMMISSIONER HOLMES: under my
leadership, under my leadership, right? Because like
you hear things and have people send you information
and text you and email you, I do as well. But with
that being said, people are remanded based on what a
judge does, not what I do. We have a robust program
for juveniles. We are always thinking about young
people and keeping them out of the system, so
personally that if I hear about a young person being
arrested, the first thing I'm doing is sending
someone to that child's house. So, with that being
said-- you heard the numbers here today-- recidivism
has not doubled for young people. As a matter of

fact it's trajecting [sic] in the opposite direction.

We spoke about the fact that I established a dashboard and now as a result of such we're actually-- I shouldn't say promoting, but we are actually reporting truer recidivism numbers. I had a meeting, light meeting, with respectfully with Chair Nurse and Council Member Stevens regarding that, and we can have a further meeting. I can do a full dashboard presentation for the whole Council if you like.

Trust me, the measures that are in place now are to ensure that those young people that didn't have an education-- I'm the first-- according to DOE, since you want to speak about firsts-- to have a meeting with DOE about probationers to identify the remedial programs or whatever school settings they have for our young people that may not have been to school in six months or a year and are too embarrassed to go back. So, I know what's done here in Probation, and I'm really sorry to hear that you're bothered and inundated with these emails, but I do have enough common sense to know--

COUNCIL MEMBER RESTLER: [interposing] I didn't say I was bothered.

COMMISSIONER HOLMES: emails, contacts, letters, however you describe it. When I walked into probation I got emails, they're drinking on duty in Brooklyn. I got emails, they're dating probationers. You want to talk about the email that I got? That's why members are in uniform, right? Because I have people taking their boyfriends plates off their car while working that resulted in a suspension. I know this agency. I know what it was lacking. I know how to protect my members, and if that means being in uniform to curtail some of those little innuendo things that may lack integrity that was being done, then I'm going to do it. If it means carrying a firearm so they're safe when they're out there in these environments when they walking-- how many guns has my intel person taken off of probationers? How many incidents with drugs that we've taken out of homes doing conditions to search? I've been-- I just want respectfully finish my sentence.

COUNCIL MEMBER RESTLER: Please.

COMMISSIONER HOLMES: I've been doing this for 38 years for people I don't know, haven't seen, but for a lot that I have. I worked in underserved communities to make a difference.

COUNCIL MEMBER RESTLER: Yeah.

COMMISSIONER HOLMES: So, please don't--
I beg to differ about your speculation. I think I'm
61. I mean, some people probably three, four years
old when I started keeping the people safe in New
York City including their families. So, I think I
know a little bit about public safety.

COUNCIL MEMBER RESTLER: Thank you,
Commissioner, for sharing your perspective. I think
that your comments get to the heart of the problem.
You have served for many years, I'm sure with
distinction, in the NYPD for decades. That is not 38
years of experience at the Department of Probation.
You've hollowed out this agency and the expertise
that was here of people that were running expert
diversion programs that were helping connect--

COMMISSIONER HOLMES: [interposing] I beg
to differ.

COUNCIL MEMBER RESTLER: our young adults
and adults to opportunities that were not just
focused on--

COMMISSIONER HOLMES: [interposing] I beg
to differ.

CHAIRPERSON NURSE: [interposing] Just let him finish, please.

COUNCIL MEMBER RESTLER: how do we enforce and throw away the key. And that has been the approach you have brought to this agency.

COMMISSIONER HOLMES: Absolutely not.

COUNCIL MEMBER RESTLER: You do not like the data points that we share from the Mayor's Management Report.

COMMISSIONER HOLMES: What I don't like is people that don't work--

COUNCIL MEMBER RESTLER: [interposing]
This is not data--

COMMISSIONER HOLMES: and care about our clients. What I don't care is about-- what I don't like are people that's not willing to grow, that are so stagnant that policy reflected the 70s and the 80s. What I don't like is people that don't take our client's needs resource-- what services they need, whatever resources to heart, and that's not--

COUNCIL MEMBER RESTLER: [interposing]
Ma'am, with all due respect--

COMMISSIONER HOLMES: [interposing] simply checking a box.

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2 COUNCIL MEMBER RESTLER: I don't know who
3 you're fighting with. I don't know who you're
4 talking--

5 COMMISSIONER HOLMES: [interposing] Not
6 checking a box.

7 COUNCIL MEMBER RESTLER: I don't know who
8 you're referring to right now.

9 COMMISSIONER HOLMES: Who I'm re-- I
10 don't know who you referring to say someone--

11 COUNCIL MEMBER RESTLER: [interposing]
12 What I'm saying is the Department of Probation--

13 COMMISSIONER HOLMES: [interposing] I know
14 probation.

15 COUNCIL MEMBER RESTLER: had a multi-
16 decade-long reform-orientated--

17 COMMISSIONER HOLMES: [interposing] I know
18 probation.

19 COUNCIL MEMBER RESTLER: evidence-based
20 approach.

21 COMMISSIONER HOLMES: I worked with
22 probation.

23 CHAIRPERSON NURSE: Excuse me. I need
24 this to go better. Please.

25

COUNCIL MEMBER RESTLER: I'll just try one more time. We have seen a decades' long evidence-based reform leadership at the Department of Probation that had been doing a very good job. You have come in and tried to shift the agency in an entirely different direction.

COMMISSIONER HOLMES: How would you even know that?

COUNCIL MEMBER RESTLER: Because I've worked in city government for 15 years. I'm a member of the City Council--

COMMISSIONER HOLMES: [interposing] You-- really.

COUNCIL MEMBER RESTLER: I'm a member of this Oversight Committee. I've worked with your agency long before you served there. So I am very familiar with the Department of Probation, and I appreciate your perspective, but I disagree with it. You--

COMMISSIONER HOLMES: [interposing] When I say--

COUNCIL MEMBER RESTLER: [interposing] What you have testified to today is a series of anecdotal perspectives, anecdotes--

2 COMMISSIONER HOLMES: [interposing]

3 Absolutely not.

4 COUNCIL MEMBER RESTLER: about why you
5 think there's a-- you're raising a safety concern or--
6 -

7 COMMISSIONER HOLMES: [interposing] I
8 think these statements are anecdotal that's being
9 made--

10 COUNCIL MEMBER RESTLER: it's your lived
11 experience, not--

12 COMMISSIONER HOLMES: [interposing] here
13 today.

14 COUNCIL MEMBER RESTLER: data driven.
15 Ma'am, I'm going to finish what I'm going to have to
16 say if that's okay. Secondly, what you spoke to is
17 individual issues with individual probation officers.
18 You failed to mention systemic issues that need to be
19 addressed. You're saying there's an issue here, an
20 issue there. That is not how management works.

21 COMMISSIONER HOLMES: That's your
22 opinion.

23 COUNCIL MEMBER RESTLER: And I have to
24 say--
25

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2 COMMISSIONER HOLMES: [interposing] That's
3 your opinion.

4 COUNCIL MEMBER RESTLER: You have thrown
5 the baby out with the bathwater by eliminating good
6 programs that were making a difference.

7 COMMISSIONER HOLMES: I didn't eliminate
8 any--

9 COUNCIL MEMBER RESTLER: The data is
10 moving in the wrong direction--

11 CHAIRPERSON NURSE: [interposing] Please
12 respect the floor, Commissioner.

13 COMMISSIONER HOLMES: With all due
14 respect--

15 CHAIRPERSON NURSE: [interposing] He's
16 going to finish his statement. Are you done, Council
17 Member?

18 COUNCIL MEMBER RESTLER: I don't-- the
19 truth is--

20 CHAIRPERSON NURSE: [interposing] I'm
21 giving you the floor.

22 COUNCIL MEMBER RESTLER: I appreciate it.
23 I don't really think that we're getting anything.

24 COMMISSIONER HOLMES: Where's the
25 question?

COUNCIL MEMBER RESTLER: Sorry.

COMMISSIONER HOLMES: Where's the question?

CHAIRPERSON NURSE: I'm sorry. I'm sorry.

COMMISSIONER HOLMES: [interposing] I'm here for questions.

CHAIRPERSON NURSE: I'm sorry.

COMMISSIONER HOLMES: I apologize. I'm here for questions.

CHAIRPERSON NURSE: You can't hear a question if you interrupt. So, please let the question be asked. Questions have preambles.

COUNCIL MEMBER RESTLER: Okay, I will. How many officers are assigned today to Family Court?

COMMISSIONER HOLMES: For what purpose?

COUNCIL MEMBER RESTLER: How many probation officers are assigned today to Family Court, total?

COMMISSIONER HOLMES: All juvenile officers. You want to mention how many are assigned there?

DEPUTY COMMISSIONER WILLIAMS: We have 84 probation officers in juvenile.

COUNCIL MEMBER RESTLER: so, we've gotten reports from probation staff that we're down as much as 45 percent in probation officers assigned to Family Court. We've got reports from probation staff that we're assigning officers to serve in multiple boroughs at the same time, commuting multiple hours per day. We're getting complaints and concerns from probation officers and probation staff across the board that are deeply concerned about the direction of your leadership at this agency. And I have to say, I have heard nothing in the half a dozen times you've come before the City Council that's given me an ounce of confidence in you, your leadership and this agency. This is the single-most dysfunctional agency in the Adams agency, and that is quite a critique. So, with that, I will call it. I just have to say, I am deeply troubled. Hollowing out of an agency is far easier than building it back up, but in five months, we'll start again.

COMMISSIONER HOLMES: Let's hope.

DEPUTY COMMISSIONER WILLIAMS: May I make one comment, please? And so, I just wanted to state, first and foremost, under Commissioner Holmes' leadership we have developed many programs for our

clients and mine, right? We sit down, we mull, we analyze what's needed in our communities, our Black and Brown communities. So, we have programs like EMT, right? We have electrical programs for our youth and adults to have a resourceful income, right? We have--

COMMISSIONER HOLMES: [interposing] CDL.

DEPUTY COMMISSIONER WILLIAMS: We have CDL, commercial driver's license. We are thinking about doing welding.

CHAIRPERSON NURSE: Patricia--

COUNCIL MEMBER RESTLER: [interposing]
Okay, how many people are in the CDL program?

DEPUTY COMMISSIONER WILLIAMS: [inaudible]
Hold on one second. I just wanted to speak. Because to say that we haven't done anything under this administration it totally false.

COUNCIL MEMBER RESTLER: I didn't say that.

DEPUTY COMMISSIONER WILLIAMS: And so I want to just really talk about some of the things that we've done, right? And so--

COUNCIL MEMBER RESTLER: [interposing] I welcome that. But we just need data.

DEPUTY COMMISSIONER WILLIAMS: we have an AI program that's coming out for 14 through 21-year-olds. So, we're have our kids and our young adults out there who can go to Fortune 500 companies out of our disenfranchised neighborhoods and be able to have a meaningful resource of income.

COUNCIL MEMBER RESTLER: I appreciate that, Deputy Commissioner.

DEPUTY COMMISSIONER WILLIAMS: We also-- we have-- we've done a lot under this administration. And--

COUNCIL MEMBER RESTLER: [interposing] So, I just--

DEPUTY COMMISSIONER WILLIAMS: we're also thinking about other programs that we can bring in. Maybe we'll bring in an evidence-based program. We're mulling over things constantly. We constantly thinking about what are the needs of our clients.

COUNCIL MEMBER RESTLER: Deputy Commissioner, I appreciate your comments.

DEPUTY COMMISSIONER WILLIAMS: Okay.

COUNCIL MEMBER RESTLER: I just want to be clear--

DEPUTY COMMISSIONER WILLIAMS:

[interposing] And also as far as placement--

COUNCIL MEMBER RESTLER: [interposing] I

ref--

DEPUTY COMMISSIONER WILLIAMS: for our juveniles, and so it also important that eligibility and suitability are distinct considerations. While some cases may not be eligible for adjustment, referrals to the [inaudible] agency does not equate incarceration. Rather, youth may be placed in juvenile detention while their case proceeds, as we know. And I know that there's been a lot of issues with our detention under ACS, but that's another story. But I just wanted to--

COMMISSIONER HOLMES: [interposing] We're-

-

DEPUTY COMMISSIONER WILLIAMS: underscore some of the programs that we have.

COMMISSIONER HOLMES: even in the process of the establishing the electronic monitoring. Why? Because I don't want to see children remanded, right? And so-- and looking at that in the light of an alternative to placement there's been discussions with judges with the general counsel, right? We're

1 always thinking about how do we keep children in a
2 normal environment so they can go to school, so
3 they're in their communities, so they're in the
4 family. So, to say that we cut programs is a
5 fallacy. To say that there's nothing that's been
6 done in this administration to move probation forward
7 is a fallacy, and the few people that are informing
8 you of anything different, I really don't know what
9 to say, but it'd be nice if they'd come and speak to
10 the administration if they're looking for something
11 different. Because like I said, like you, we just
12 had an all-in January 3rd. Every probation officer
13 and SBO was invited. Tremendous, tremendous
14 feedback. Tremendous feedback, because we didn't
15 want them to draw off of these rumor mills, right?
16 Because we-- like I said, with change comes change.
17 You disturbed a bee's nest. Wayne did not leave and
18 leave this beautiful General Counsel in place. Wayne
19 had an opportunity with Alvin Bragg--

21 CHAIRPERSON NURSE: [interposing] Okay,
22 I'm going to need us to get back on track with the
23 questions--

24 COMMISSIONER HOLMES: that proceeded my
25 appointment.

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2 COUNCIL MEMBER RESTLER: I appreciate it.

3 COMMISSIONER HOLMES: Because you want to
4 talk about the four people left. Gineen Gray--

5 COUNCIL MEMBER RESTLER: [interposing] How
6 about--

7 COMMISSIONER HOLMES: left on her own.
8 Shiran [sp?] actually have some personal issues, and
9 she had 40 years. She stayed here-- and I love her--
10 as long as she could to help get things on board and
11 move a lot of things forward, but unfortunately
12 family matters and life happens.

13 CHAIRPERSON NURSE: Okay, let's get to
14 the point.

15 COUNCIL MEMBER RESTLER: Yeah. Can I
16 just close out?

17 CHAIRPERSON NURSE: Yep.

18 COUNCIL MEMBER RESTLER: I appreciate it.
19 I-- Deputy Commissioner, I appreciate your points.
20 Thank you for raising them. I'm deeply concerned.
21 We've seen ACS spend \$78 million to expand their jail
22 facilities to doub-- to house more kids. We've
23 doubled the number of kids who are sleeping in jail
24 every single night in New York City under this
25 administration.

COMMISSIONER HOLMES: Under this--

COUNCIL MEMBER RESTLER: We are seeing at-- the Police Commissioner has said that it's time to revisit Raise the Age. We were the 49th out of 50 states in the country to finally start treat minors like minors and not like adults. We need leadership from the Department of Probation to actually be engaging our young people in constructive ways, keeping them out of our court system and out of our jails. And frankly, I have highlighted--

COMMISSIONER HOLMES: [interposing] That's what we do.

COUNCIL MEMBER RESTLER: and I have highlighted series of different initiatives that we're deeply concerned were cut or failed to be implemented or failed to be expanded as had been planned.

COMMISSIONER HOLMES: Absolutely false.

COUNCIL MEMBER RESTLER: We welcome--

DEPUTY COMMISSIONER WILLIAMS:

[interposing] Council Member Restler, if we may--

COUNCIL MEMBER RESTLER: [interposing] We welcome the specific things that you brought up, but what we need from this committee to provide effective

oversight is actual data. What I hear from Department of Probation officers is about sick-outs that have been actually-- that have happened at the Department of Probation where officers have decided it is too problematic what has happened in the agency. I'm not even showing up to work.

COMMISSIONER HOLMES: That's false.

COUNCIL MEMBER RESTLER: What we're hearing from Department of Probation officers is not anecdotal. These are serious systemic concerns about how this agency is failing to be managed.

COMMISSIONER HOLMES: You're hearing it from one pool of people.

CHAIRPERSON NURSE: So, I think again-- I think again what would be helpful-- I'm going to move to Council Member Stevens. But I think what would be helpful, and what we've asked in every single hearing-- you can go re-read the transcripts. I certainly do in preparation for these hearings. Why you cut those programs you cut? What is the data or the rationale for decisions you're making? We've had meetings with you--

COMMISSIONER HOLMES: [interposing] There are no programs cut.

CHAIRPERSON NURSE: [interposing] and we've always-- I'm not finished. We've always asked in those meetings for follow-ups. Can you write out to us what we are discussing so that we can have time to absorb it. Secondly, I just said, the data you have and the data that we have public access to and from the laws that we pass aren't the same. So, we cannot do effective oversight if we don't have the same thing. So, I would appreciate it if you could reconcile that in some way so that we can be having a conversation on the same page, on the same terms. So, I'm going-- we'll send a long list of follow-up from this, but I'm going to move it to Council Member Stevens. Thank you.

COUNCIL MEMBER STEVENS: Good afternoon, everyone. I just-- I have a number of questions, but I just want to start off by just saying one, and I say this in a lot of hearings, we're not your enemy and you don't have to come here to fight. Because one, you should be using us as a check, because you keep saying that you're not hearing it, it's not happening. They're not going to come to you. Your staff isn't going to come to you and be like, I don't like how things are going. And so, you should be

1 taking this as feedback and not be on the defense.

2 And I've had multiple conversations with you around

3 different issues when things come up, and we have

4 conversation, but understand it's feedback. You don't

5 have the luxury of seeing all the things. When

6 you're in the work, you don't see all the things.

7 You guys are in it. So, people are going to come to

8 us. Our job is oversight. So we're going to see

9 things you're not going to see. So, it does not have

10 to always feel like so much tension when these are

11 things-- these are real things. And here's the other

12 piece. Even if it's one person giving us feedback,

13 it's still feedback that you should be trying to say,

14 like, well, why is this happening? I've managed

15 people as well, and if one person had an issue, I'm

16 like, okay, well let me adjust. Maybe there's

17 something that I need to look at or evaluate to say

18 how do we move forward? Because someone is feeling

19 this way. And so, it should not be this tension,

20 because if they're getting letters and getting emails

21 and they're reading the letters out about what's

22 happening, that's just feedback to be like, maybe all

23 the things you are doing good, but maybe there's some

24 things we can change. Maybe we should like absorb it

1 and say, okay, this is not okay, but why are they
2 feeling this way? Maybe the training's that you're
3 doing aren't working. Maybe it's not effective.
4 Like, it's okay to have feedback, and everyone isn't
5 going to be happy, but this is-- take these hearings
6 as saying, like, oh, they're seeing something we're
7 not. This is not a-- well, I'm going to say for me,
8 I am not personally attacking you. I live in these
9 communities. These are my people, and I want the
10 best for them. And so, I tell everyone, when you're
11 sitting across from me, you're going to get the
12 smoke, because I'm fighting for my people. And so,
13 it's-- I don't want it to be tension. I want it to
14 come up with solutions. And I think the Chair said
15 it, you have said that data is how you are driven,
16 and so to me, I'm uncomfortable that when people are
17 asking for data, it's not being presented, because
18 you have it.

20 COMMISSIONER HOLMES: Well, I apologize,
21 because I didn't know anybody was asking and it
22 wasn't being presented. So, I truly apologize for
23 that, and we will make sure that-- I mean, there are
24 people here today, naturally, that-- my General
25 Counsel that ensures that your feedback is given to

you. So, I'm tasking her with ensuring that whatever you're requesting, you get.

COUNCIL MEMBER STEVENS: Listen, and again, I-- when I have issues, I reach out. You guys get back to me, but I just want to make sure that even in these hearings, like you have stated multiple times, like you know, I'm data-driven. I want to make sure these programs have evaluations. And so that's what people are asking for, for today. But before I get into my questions around the data, I have some questions about some testimony that was said today. I know you were saying that there's a behavior therapy in-session that you guys are going to be starting in September. How are folks going to be referred to these programs, and what's the capacity for the program?

COMMISSIONER HOLMES: So, at this point [inaudible]. They will be referred by the Probation Officer. Once the Probation Officer sees the need or if the court's mandated a particular youth get therapeutic services, those would be the two-prong approach to referrals.

COUNCIL MEMBER STEVENS: And so what would be the capacity for this program?

COMMISSIONER HOLMES: So, right now, we should be able to do-- I want the case load to be about 15 per person. So that would be like about-- about 100 citywide.

COUNCIL MEMBER STEVENS: So, it'll be 100 citywide--

COMMISSIONER HOLMES: [interposing]
Citywide.

COUNCIL MEMBER STEVENS: when it gets--

COMMISSIONER HOLMES: And as we, you know, develop the program we'll probably increase staff so that we can--

COUNCIL MEMBER STEVENS: [interposing] And you have funding to support this program?

COMMISSIONER HOLMES: We have funding through state funding, yes. We just got approved.

COUNCIL MEMBER STEVENS: Okay. And I know there was another statement that was just made that like-- all these programs that's being, you know, created especially for young people to get skills. I want to be clear, y'all know I'm all about the young people. Young people are asking for jobs, and I know you said, like, oh some of them don't want programs during the week. They don't want

programs and they're not at home doing homework. They want jobs. So, we should be setting up a system for people to make money. A lot of these young people are getting caught up in crime because they don't have options. If you look at the numbers around young people workforce development, we are still the highest. And so, in all of our agencies that are interacting with these young people, I'm telling them every week, we all need to be reimagining what the workforce looks like, and enough with the programs, because they ain't going.

COMMISSIONER HOLMES: That's right.

COUNCIL MEMBER STEVENS: And so that's my request from you. That's my request from DYCD, and that's my request from ACS. That's all I've been saying, and it has not been happening. And so I am telling y'all, if there's a new program that needs to be created, it needs to be looking at some type of workforce development where young people could make money. So, my questions around some of the data-- you had on a number of previous occurrences that rely on data guides your decision in making evaluations whether there's successful outcomes and achievement. For example, last year, when we discussed your

1 decision on cancelling the Next Steps program, our
2 credible messengers mentoring program that served
3 young people living in NYCHA, you said your reasoning
4 was-- cancelling wasn't funding, it was the fact that
5 there was no real key performance indicators. I'm
6 curious whether the logic is applied consistently
7 throughout the department. One contract agreed upon
8 with-- you were-- Commissioner, were the Street Smart
9 VR, which are-- which you had previously described as
10 a company that provided virtual reality systems that
11 tech [sic] positive decision-making to young people.
12 What performing indicators are you using to measure
13 the success of Street Smart VR contract, and what
14 data can you share as a result that you have achieved
15 thus far.

17 COMMISSIONER HOLMES: So, that's not a
18 program. Those are vessels that we use to reach the
19 young people. So, we have two of our program
20 designers-- I say designers, but deliverers-- that
21 have been writing out scenarios very similar to the
22 Option Program with the Police Department that they
23 use for the young people where you write out a
24 scenario, and the scenario has what we call options.
25 So, you can make a poor choice, and we'll say, well,

1 why did you make that decision such as a robbery,
2 right? So, we're looking at the crimes that we see
3 our young people more affiliated with and we're
4 creating these customized scenario-based virtual
5 reality, you know-- it's a system, but virtual
6 reality scenarios. That way, we're kind of reaching
7 them. They love virtual reality. So, it's not a
8 program. It's helping deliver the respective program
9 that's there. It's just a vessel that's being used.
10 It's not a program. It's the same company used that
11 provides these vessels.

13 COUNCIL MEMBER STEVENS: And it also says
14 in the agency's contract, Street Smarts indicates
15 that the program is being used for probation
16 training, not clients. Can you explain that?

17 COMMISSIONER HOLMES: Right. So, in our
18 training segment, so we teach them how to search a
19 vehicle, how to search a home, because you have these
20 mandates by judges. So, where's training? You can
21 come up and speak about it. Alright, instead of me
22 anecdotally. Expert come up and speak about it.

23 CHAIRPERSON NURSE: And while this
24 person's coming up, I remember at one of our budget
25 hearings, you talked about bringing virtual reality

as programming that people wanted, so that's why I think we wanted to bring it up. So, I'm-- if I'm understanding correctly, when you say that's all like-- this is tool for programming, but this isn't a program in and of itself.

COMMISSIONER HOLMES: No, it's not a program.

CHAIRPERSON NURSE: And it is being used for training probation officers?

COMMISSIONER HOLMES: This-- we have one system--

CHAIRPERSON NURSE: [interposing] Okay, yeah, great.

COMMISSIONER HOLMES: that's used for training probation. The other--

COUNCIL MEMBER STEVENS: [interposing] So, one is for training officers?

CHAIRPERSON NURSE: [interposing] Oh, wait, hold on we got to swear him in.

COUNCIL MEMBER STEVENS: And then you have another program is-- that young people use in conjunction with the program, and what program is it that they're using this with, or?

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2 COMMISSIONER HOLMES: What are the
3 respective programs? Who has that, Tiffany? Come
4 and talk about it.

5 CHAIRPERSON NURSE: Hold on, hold on,
6 hold on.

7 COMMISSIONER HOLMES: You got to come to
8 the mic.

9 CHAIRPERSON NURSE: We got to swear in
10 the-- this individual and I believe this individual.
11 Maybe, Sergeant, can you pull up a chair for them.

12 COMMITTEE COUNSEL: Can you ask them to
13 state their names?

14 CHAIRPERSON NURSE: Can you state your
15 name for the record?

16 DEPUTY COMMISSIONER MCGILL: Andrea
17 McGill.

18 COMMITTEE COUNSEL: If you could please
19 raise your right hand? Do you affirm to tell the
20 truth, the whole truth and nothing but the truth
21 before this committee and respond honestly to Council
22 Member questions?

23 DEPUTY COMMISSIONER MCGILL: Yes.

24 DIRECTOR BELL: Yes.

25

CHAIRPERSON NURSE: And did you get your-
- can I get your name on the record one more time?

DIRECTOR BELL: Tiffany Bell.

CHAIRPERSON NURSE: Thank you.

COUNCIL MEMBER STEVENS: So, I was just
trying to get a better understanding what the
training that they're using this for, and then I was
trying to identify what programs that are-- that the
virtual is being used in.

DEPUTY COMMISSIONER MCGILL: Sure. So,
thank you for your question. The three systems that
they're using it for is in-service, and as
Commissioner said, for our juveniles and our adult
operations. For in-service training, we-- and
recruit training, we utilize scenario-based trainings
in order to gauge and help individuals when they go
to the branches, when they finally graduate and help
them and give them different scenarios that they will
encounter within the branches. As far as programming,
Ms. Bell can speak further on that.

DIRECTOR BELL: So, as far as
programming, we have robberies, assaults, and weapons
programs. So, they bring those scenarios as far as
robberies, different scenarios of robberies and what

would be the correct way to handle a situation, assault, as well as if you're being pulled over by an officer and there's a gun in the car and so forth. So, that's what the VR is being used for.

COUNCIL MEMBER STEVENS: And what programs is that used in?

DIRECTOR BELL: That-- the program is called RAW.

DEPUTY COMMISSIONER MCGILL: RAW.

COUNCIL MEMBER STEVENS: It's called RAW?

DIRECTOR BELL: It's robbery-- yes.

COUNCIL MEMBER STEVENS: Okay.

DIRECTOR BELL: Robberies, Assaults and Weapons program.

COUNCIL MEMBER STEVENS: I didn't hear that, okay. Thank you. Another program that was mentioned that was being created is the Girl Talk Mentorship program. How many probation clients are enrolled in that program, and what's the performance indicators that are being used to measure the success?

COMMISSIONER HOLMES: So, Girl Talk is currently in 16 different high schools as well. It's part of their curricula. I--

COUNCIL MEMBER STEVENS: [interposing] Do you have the high schools that they're in?

COMMISSIONER HOLMES: No, I do-- does anyone have the list? No, I'll provide it afterwards.

COUNCIL MEMBER STEVENS: Okay. Thank you.

COMMISSIONER HOLMES: So, they're in 16 of the schools. That was established when I was in the Police Department. I felt it was a need for young girls to have some sort of mentoring program. It has since evolved to every respective precinct, and now subsequently 16 schools that Girl Talk is housed in. So, it's mostly in--

COUNCIL MEMBER STEVENS: [interposing] How are the schools decided? Is that like-- because if it's partner with you guys, how did you decide which schools you would be in?

COMMISSIONER HOLMES: So, actually, DOE chose the schools based on I guess their incidents and their more problematic population of young women.

COUNCIL MEMBER STEVENS: Yeah, I would love to see the list, because I think sometimes that

sometimes [inaudible] so I would love to see the risk--

COMMISSIONER HOLMES: [interposing] Okay.

COUNCIL MEMBER STEVENS: of what schools it's in and making sure that we're using data that matches the need for this program, because sometimes they're like, oh, we just want this program because we want a program and not necessarily where it should be.

COMMISSIONER HOLMES: Okay. Yeah, I know they chose. They were the final decision-makers in what schools they were in. And right now-- and I don't have the exact number of how many young ladies are involved. I know that each respective borough in Family-- I guess in Family Court, right, more so? Patricia, like in Queens Court they each have their respective days that they would Girl Talk meetings. I know it was in the Bronx. I know it was in Queens. Presently those were probably the two most boroughs that are driving the crime in New York City, also affecting whatever recidivism rates we may have with Queens and the Bronx, and then Brooklyn is always a neck and neck with the Bronx. But neither here nor there, it was the young ladies in the particular

boroughs that were tying these young people into Girl Talk. Also, Blue Chips in the Bronx-- Blue Chips is another program that was started in PD, just to have that collaboration where they're working together with different young people. You know, these groups are not specific like certain NeONs are specific to neighborhoods because people-- I think the premise was they were concerned about kids being in different territories.

COUNCIL MEMBER STEVENS: Yeah.

COMMISSIONER HOLMES: So, here, this is just programs where they play ball together or they go out and they participate in runs or different--

COUNCIL MEMBER STEVENS: [interposing]
Yeah, I've heard of Blue Chips.

COMMISSIONER HOLMES: Just-- yeah.

COUNCIL MEMBER STEVENS: I just have a couple more questions. The next question I have is how many probation clients have participated in the Commercial Driving License program and the barbering program, and how many of those clients secured jobs in those fields?

COMMISSIONER HOLMES: Okay.

DEPUTY COMMISSIONER MCGILL: Okay, so a total of 81.6 percent have successfully obtained employment through the OP.

COUNCIL MEMBER STEVENS: Is that a percentage? Do you have the raw numbers?

DEPUTY COMMISSIONER MCGILL: Yes, 847 clients have successfully obtained employment through DOP. Of these, 156 individuals secured jobs after completing the specialized training programs that we have such as CDL, emergency responders, and electricians--

COMMISSIONER HOLMES: [interposing]
[inaudible]

DEPUTY COMMISSIONER MCGILL: We actually increasing the number of CDL program which will actually be able to hold 600 participants per year. We were doing 20 participants throughout the five boroughs. We are now increasing it to 30 participants.

COUNCIL MEMBER STEVENS: Are there any other metrics of success beyond employment being shared from this program? Like, is there any other, other than just securing a job? Are you looking for other metrics of success?

DEPUTY COMMISSIONER MCGILL: It would be just for them to secure a job. That's the goal. We want them to be able to secure a job.

COMMISSIONER HOLMES: Securing and--

COUNCIL MEMBER STEVENS: [interposing] I mean, listen--

COMMISSIONER HOLMES: maintain employment.

DEPUTY COMMISSIONER MCGILL: And maintaining employment.

COUNCIL MEMBER STEVENS: There could be-- there could be other. I mean, if it's not-- but it could be others. So, like, completion, you know, so there's other things. I'm just-- I'm finishing up. I'm trying to finish your questions--

CHAIRPERSON NURSE: [interposing] Okay, no, my only thing was asking in the follow-up we'd love to get a breakdown of the capacity of those programs and how many active participants you're having, both on an average and for whatever current cohort you might have. And if we could have those 847 clients broken out for programs, because the way you described it seems like it's the data for a number of them.

COUNCIL MEMBER STEVENS: In your opening statement at the Preliminary Budget hearing in March, you informed us that you created a new program, an evaluation team to collect data that would help ensure DOP programs were effective and would lead successful outcomes. What is the number of staff currently assigned to the program evaluation team?

COMMISSIONER HOLMES: Turn on your mic, yeah.

SENIOR PROGRAM DIRECTOR PETERKIN: There's six staff.

COUNCIL MEMBER STEVENS: And this team was established at the beginning of 2024 when you began collecting the data to better understand where you're working to reduce recidivism and improved employment opportunities that [inaudible]. As a result of this team, what changes have been made to enhance DOP programs?

SENIOR PROGRAM DIRECTOR PETERKIN: So, we have implemented the two processes. One is the weekly report that we receive from providers, and also a monthly report, and with those reports we're able to ascertain how many clients or how many slots are available in each program, and the Probation

1 Officers are able to see how many slots are
2 available. The providers are able to see how many
3 slots are available, and through these processes we
4 were able to increase the number of referrals. We
5 were also-- and this is-- has been great with the
6 providers, because for a lot of providers they
7 weren't getting any referrals until the processes
8 were in place.
9

10 COUNCIL MEMBER STEVENS: So, you were
11 able to see the referrals more clearly--

12 SENIOR PROGRAM DIRECTOR PETERKIN:
13 [interposing] Yes.

14 COUNCIL MEMBER STEVENS: and so it's
15 happening more frequently.

16 SENIOR PROGRAM DIRECTOR PETERKIN: And
17 also the team have regular meetings with the
18 providers. So, we're able to address any changes or
19 issues and--

20 COUNCIL MEMBER STEVENS: [interposing] How
21 often are your meetings with the provider?

22 SENIOR PROGRAM DIRECTOR PETERKIN: So, it
23 depends, but it's usually on a monthly basis, and I
24 also attend those meetings with the staff.
25

COUNCIL MEMBER STEVENS: I don't have any more questions, but I do want to give a shout out to all the interns that are in the building today. My staff and my interns are here, and they've been patiently being here all day. Shout out to them, and I saw the Chair Rita Joseph come in with some young people as well. So, shout out to you guys for seeing government in action.

COMMISSIONER HOLMES: We have to bring our interns next time.

UNIDENTIFIED: Yeah, we do.

COMMISSIONER HOLMES: We have-- we have one here, actually.

COUNCIL MEMBER STEVENS: Oh, look at that. Look at all the interns. Shout out to you guys.

CHAIRPERSON NURSE: Okay, thank you, Council Member Stevens. I have Williams followed by Brewer.

COUNCIL MEMBER WILLIAMS: Yes, I guess I'll shout out my own interns that are here, too. And I just want to say a caveat, I'm a guest. I'm not on this committee, so I may not really know some of the technical language, which actually brings me to

my first question. So, when I was looking at the committee report, it was about the Intelligence Enforcement Unit, and in comparison to the MMR-- maybe so correlated to the MMR in March 2025-- it showed that there was an increase in re-arrest rates, but it also showed that there was an increase in intelligence enforcement. Went from approximately 1,800 actions in 2022 to 7,400 actions in 2024. So, could you explain a little bit more about what the Intel Enforcement Unit does and why there was such a stark increase?

COMMISSIONER HOLMES: Alright, I guess--

COUNCIL MEMBER WILLIAMS: [interposing]

And if you feel like it, maybe correlated to the re-arrest rates.

COMMISSIONER HOLMES: Right. So, intel was established-- when were you established, Ralph, you want to come to the mic? Oh, he's here. Okay. does he have to be sworn in?

CHAIRPERSON NURSE: Yes.

COMMISSIONER HOLMES: Okay.

COMMITTEE COUNSEL: Can you state your name for the record?

ASSOCIATE COMMISSIONER DEFIORE: Ralph DeFiore.

COMMITTEE COUNSEL: Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and respond honestly to Council Member questions?

ASSOCIATE COMMISSIONER DEFIORE: I do. Okay, intel-- I've been with the agency for 31 years. So, intel has always existed within probation. It's been termed Field Service Unit and then it transitioned under Commissioner Schiraldi into the Intelligence Unit. We serve the function of supporting operations, and the increase that you see in the numbers that were reported was related to Commissioner Bermudez changing how intel reported in the MMR. Prior to the 2022, we did not capture for the MMR a lot of the work that the intel officers did, and specifically there were two categories added to the MMR. Intel's work around-- at the interlock ignition program and criminal possession of weapon with firearm cases. When those categories were added into the MMR, you saw the uptick. Just from those two categories added into the MMR accounted for almost 3,000 visits per month, or enforcement actions

as it's termed in the MMR. The IID cases, the interlock cases, were always being done by Field Services or Intel, and on average during the time period we conducted those visits, we were doing over 200+ visits on that. The CPW firearms, when Commissioner Bermudez was here, she wanted Intel to be proactive on consent to search cases. At the time, the operations staffing adult were not trained on how to conduct searches. The Intel officers were. So, the emphasis on Commissioner Bermudez with intel was, Intel take up these search cases, majority of which were tied to criminal possession of a weapon. Those were the cases that were getting that special condition mandated by the court. So, you saw the CPW number increase. You saw the IID number increase only because it was added into the MMR at the time. Currently, the Intelligence officers focus on what's in the MMR. Primarily we've been looking at violation of probation benchmark cases, and when Commissioner Holmes came in-- we have a backlog in active violation of probation cases. We were tasked with the mission in Intel to focus on any act of violation of probation warrant that went back five years that involved a robbery, assault or weapon, and

1 that's what we've done. We've created a unit that
2 specifically goes out and deals with DOP bench
3 warrants, and they've had good success. We focus on
4 cases that involve domestic incident reports with
5 elements of violence. So, those cases are also
6 assigned to Intel officers. If there's an element of
7 violence, the Intel officers will go out and support
8 the Operations staff. We deal with retakes where we
9 travel outside the jurisdiction with people that have
10 warrants that are active and need to be returned back
11 to the jurisdiction. So, those are some of the
12 changes that you've seen in the numbers of--

14 COMMISSIONER HOLMES: [interposing] And
15 with the warrants, when I walked in, there were,
16 what-- was it over 20,000 outstanding warrants? We
17 had to meet with Judge Zayas to try and mitigate some
18 of the misdemeanor warrants and things of that
19 nature. And so, I'm glad to say-- I always thank
20 Ralph and his team for addressing that as well as the
21 General Counsel with working trying to get some of
22 those things mitigated. The number was astronomical.

23 COUNCIL MEMBER WILLIAMS: So, what's the
24 number now?
25

COMMISSIONER HOLMES: What's your number now, Ralph?

DEPUTY COMMISSIONER HAMBLIN: Around 12,000, approximately. Approximately 12,000.

COUNCIL MEMBER WILLIAMS: 1,200?

COMMISSIONER HOLMES: 12,000.

COUNCIL MEMBER WILLIAMS: Okay. So, just so I'm clear. There seems like two things. There was a change in the data collection and data reporting, and then you were also strategically asked to address the backlog. So, this is why we see an increase, because you're addressing a backlog.

ASSOCIATE COMMISSIONER DEFIORE: Right. The number in terms of the violation of probation activity has seen a slight increase. I think what the Intel officers that are in that unit have been successful at is returning more of the probationers back to court which has been the goal. They have a good return rate. We average about 30-something percent in terms of returns on the cases they work.

COMMISSIONER HOLMES: And isn't that reflective as a re-arrest, because they're outstanding on a warrant? Is that reflective as a--

or return on warrant, I should say. I should know that.

ASSOCIATE COMMISSIONER DEFIORE: Right.

COMMISSIONER HOLMES: Return on warrant.

ASSOCIATE COMMISSIONER DEFIORE: Right, Commissioner. What happens often, too, somebody's that's on probation with an active violation of probation bench warrant, many times they have an active arrest warrant that is taken care of when they return to court. So, not only are you addressing the violation of probation bench warrant, you're also addressing an open arrest warrant.

COMMISSIONER HOLMES: Which would affect recidivism when you're looking at the intel.

COUNCIL MEMBER WILLIAMS: Okay, which is why I asked, because there's-- you know, in our report it just seems like a correlation. If people don't actually think that your agency is trying to help people stay out of our jail system, and they look at this agency that typically hasn't seen that many "actions" and now all of a sudden this particular unit is tasked with, according to you, doing more actions than they previously had. It does spur us. This is why we're asking, because you're

the expert. Look like there is a targeted effort to pretty much arrest more people or have more people be re-arrested versus the opposite which is more of an alternative than having them re-arrested. But if you're saying these are warrants maybe for-- you know, that the judge issued or maybe they violated--

COMMISSIONER HOLMES: [interposing] Or people that never showed up, right?

COUNCIL MEMBER WILLIAMS: Or people that never showed up, or maybe--

COMMISSIONER HOLMES: [interposing] Yeah, that's exact.

COUNCIL MEMBER WILLIAMS: So, yeah. I guess it would be helpful to-- I know the Chair is asking for a lot of data-- to be able to make that distinction around why certain people were re-arrested. Like, is it that they didn't come? Is it that they violated--

COMMISSIONER HOLMES: [interposing] I-- yes, and you are absolutely right, and you're very smart. You're absolutely right. That's data that we're looking at and building into our dashboard. I have a meeting this week with a person that's helping us build this dashboard out further to support that

COUNCIL MEMBER WILLIAMS: Thank you. And yes, I know you offered to give the Council a presentation on the dashboard. I would love to see the dashboard as well. Some other questions I have before I ask these other wonderful questions I was tasked with asking. Is the spending on firearms-- I know a lot of my colleagues talked about firearms, the use of firearms, the new mandate to have firearms, and it appears that DOP has purchased about \$160,000 worth of firearms from Am Charcoil [sp?]- or pronounced as Char-- Amchar Wholesale during your tenure. There do not appear to be any similar purchases from this supplier or for similar equipment in the previous five years. Do these payments indicate an increase in firearm spending over previous years?

COMMISSIONER HOLMES: No, it's indicative of the people that we're hiring. So, as we hire people, they have to-- like we said-- qualify in firearms. Probation is the one that purchases the

firearms. Whereas in other agencies like mine, you know, my firearm was my firearm. Here, the agency purchases the firearm for the respective employee. So that's what you're seeing. As you see us increase our numbers and hopefully move that attrition number in a more positive direction, you're going to see where we will be purchasing not just firearms, but radios as well.

COUNCIL MEMBER WILLIAMS: Okay. Do you believe the Department was not properly armed during these previous five years?

COMMISSIONER HOLMES: I believe that the Department had some omissions that I think, with all due respect, would make it a lot safer for our probation offices, even in the Family Courts. I mean, you could speak to some of the DAs with the incidents that go on in these courts with our probationers, right, and the things that are compromised in getting into the respective areas where we may be stationed or may be present as a result of such.

COUNCIL MEMBER WILLIAMS: Which DOP positions are assigned City-owned firearms? When are these staff required to carry the firearms? Is it only in the field? Do they have any discretion?

COMMISSIONER HOLMES: No, they do have discretion. As a matter of fact, when I came in, people were getting charges for lost radios. I said, well what do you have for them to secure their radio when they're in their respective office? So, as a result, we not only have-- and still building out-- radio rooms so they can secure their property, but also, firearms. They have lockers where they can secure their firearms when they're in their respective office.

COUNCIL MEMBER WILLIAMS: Thank you. The next set of questions is my own personal pet peeve of like big brother. I feel like this, that you came from the Police Department. I feel like we have cameras everywhere, and apparently it's been reported that DOP is also using, along with FDNY and NYPD, Clearview AI. We're aware that you all are using it. Can you describe what you are using this technology for, and how many individuals have access?

COMMISSIONER HOLMES: Wait, what are we doing?

COUNCIL MEMBER WILLIAMS: Clearview AI. So, we received information that Department of Probation is using Clearview AI--

COMMISSIONER HOLMES: [interposing] I never even heard of that.

DEPUTY COMMISSIONER HAMBLIN: We're not using Clearview. We just confirmed with our technology team. We're not using Clearview.

COMMISSIONER HOLMES: Yeah, no, I've never even heard of the--

DEPUTY COMMISSIONER HAMBLIN: [interposing] We don't even know what it is.

COUNCIL MEMBER WILLIAMS: Okay, alright. Thank you. Okay, so the next set of questions come from a series of questions, again, as you heard from our Chair and other colleagues about people who had been reaching out to the Council. I'll peruse and read out some of the letters, because I think it's just important to give voice to the letters. There's a constant threat looming of loss of pay, being suspended, which was never done unless there was gross negligence. There have been more demotions that we can honestly say have-- we have ever seen in this department under this Commissioner which resembles bullying tactics. There seems to be a serious lack of adequate managerial skills on part of headquarters, I'm guessing within the Commissioner's

office. These things are not conducive to the maintenance of a stable and productive work environment. Commissioner Juanita Holmes has not acknowledged the Department. She doesn't take any of our texts [sic] or explain any changes-- that you have demoted several people, including Supervising Probation Officers, Deputy Commissioners, Directors, who have given more than 20 years of their lives working at Probation, and that you rule the Department of Probation with an iron fist. So, been an alarming number of probation--

COMMISSIONER HOLMES: [interposing] So, what were the--

COUNCIL MEMBER WILLIAMS: staffers who have been suspended without pay for up to 30 days with no due process. Can you walk us through, and then you can-- I know you have a response.

COMMISSIONER HOLMES: So--

COUNCIL MEMBER WILLIAMS: [interposing] Can you walk us through the--

COMMISSIONER HOLMES: [interposing] So, here's--

CHAIRPERSON NURSE: [interposing] Hold on. Hold on. Let her just finish her question.

COMMISSIONER HOLMES: Oh, I thought it was suspension--

CHAIRPERSON NURSE: [interposing] Council Member Williams, can you just finish your question?

COMMISSIONER HOLMES: I didn't hear.

COUNCIL MEMBER WILLIAMS: Yeah, yeah. So, just for the question, and I'm sure I know you have a response to these letters. Can you walk us through the circumstances in which probation officers can be suspended?

COMMISSIONER HOLMES: So, that varies, right? Because I walked into an agency that really had nothing spelled out regarding suspension except for the obvious, AWOL, you don't show up for work and you should have been at work, right? I walked in. there was no due process. So, as a result of such, this General Counsel hired an investigative team, because it strictly went from our former General Counsel to the advocate. There was no in-between, meaning someone to advocate and look at the specific case, interview the parties that were being referred for charges or suspension, which they should-- they're entitled to. So, that was put in place. And with that being said, what I've been doing to even

mitigate that, because I saw where there's nothing else in-between. What do I mean by that? And you know, I come from an agency where there's something called Command Disciplines. What does Command Disciplines look like? I wrote this out, the policy. I explained it to the union, to the attorney. We sat down with the different members and spoke about it. A Command Discipline is simply this, I'm removed from it, this entire table is removed from it. If a Supervising Probation Officer has something they want to reprimand their respective Probation Officer for, they simply can do it at that level. It doesn't have to be elevated to the General Counsel, but because that hasn't been mitigated, the policy hasn't been accepted. Now, every violation comes to the Office of the General Counsel. So, imagine this. I want to try and explain this as clear as I know how. I'm the Supervising Probation Officer. One of my Probation Officer shows up late three times, three days in a row. You're holding up your partner for going out for field visits. I'm tasked to do something, right? If it's once, it's a verbal. If it's two, hey, you know, you're teetering on being reprimanded with some sort of punitive action. Now, it's a third time in

1 the same week. I'm tasked with I can write out this
2 command discipline, give them the piece of paper,
3 tell them to sign it, and recommend I'm going to take
4 two days from you. I'm going to take one day. It
5 never gets to me. It never gets to the General
6 Counsel. It's a simple process where based on your
7 relationship with that Probation Officer or if you're
8 APO, your relationship with that SBO, you make the
9 decision of how they should be reprimanded for those
10 particular violations even with managing their case
11 load. So, now, you don't have that in place. Every
12 supervisor writes something up, someone they want to
13 reprimand. It goes the General Counsel's respective
14 office to be mitigated. Now, you want to speak to
15 that?

17 DEPUTY COMMISSIONER HAMBLIN: Yeah. So,
18 I just want clarify with respect to the due process.
19 So, Civil Service Law 75 does provide for pre-hearing
20 suspensions, right? So, individuals who are
21 suspended, they are getting their due process. When I
22 came into this agency, we had one attorney who served
23 as the advocate. He would get a referral from the
24 field, from a supervisor, and immediately charge the
25 individual. There was no investigation done to see

1 what happened, to see if this is something that
2 should be handled on a local level. What we did
3 under this administration, under this commissioner is
4 hire investigators. We're actively doing
5 investigations so that our employees can get due
6 process. I can tell you that in respect to
7 investigations, there are cases that I've sent back
8 to the field that say I'm not formally disciplining
9 someone for this. You handle it. You train the
10 individual.
11

12 CHAIRPERSON NURSE: So, is there-- so,
13 what you're saying from your testimony, Commissioner,
14 you walked in, there's no protocol at all for how a
15 supervisor would issue out some kind of punishment
16 for whatever grievance that might have.

17 COMMISSIONER HOLMES: At that command
18 level, right?

19 CHAIRPERSON NURSE: Okay. So, what I'm
20 asking, I think it would be helpful, is-- I
21 understand that things are being referred to General
22 Counsel, but there has to be some kind of written
23 guidance. If you are a supervisor, you know what are
24 the reasons why you would give out a suspension or
25 not, right? It's written out for you?

COMMISSIONER HOLMES: That's what this command discipline policy supports. It has the different levels. It has the reasons. It simplifies it. I think it's tremendous.

CHAIRPERSON NURSE: No, I'm not--

COMMISSIONER HOLMES: [interposing] Yeah.

CHAIRPERSON NURSE: questioning the value of it. I'm just asking-- did-- you're saying it didn't exist before and now--

COMMISSIONER HOLMES: [interposing]
Correct.

CHAIRPERSON NURSE: it exists.

COMMISSIONER HOLMES: No, it doesn't exist, because the union hasn't accepted it or agreed to it.

CHAIRPERSON NURSE: Okay, okay. Thank you for clarifying.

COMMISSIONER HOLMES: Yep.

CHAIRPERSON NURSE: Okay. Sorry, didn't mean to cut you off. Go ahead.

COUNCIL MEMBER WILLIAMS: It's okay.
You're the Chair. Okay, to follow up to that, so you say you have an investigative unit now. How many people are working in that unit?

DEPUTY COMMISSIONER HAMBLIN: We currently have two investigators and two attorneys staffed with the unit.

COUNCIL MEMBER WILLIAMS: Okay, and--

DEPUTY COMMISSIONER HAMBLIN: [interposing] And then on-boarding a director in a week.

COUNCIL MEMBER WILLIAMS: Okay. And I know you just said in certain cases you say you're not going to reprimand somebody for something like that. So, can you share under what specific circumstances that it is appropriate to suspend staff for 30 days without pay? So, if you can give--

DEPUTY COMMISSIONER HAMBLIN: [interposing] So, everything's handled on a case-by-case basis, and so depending on the nature of the allegations.

COUNCIL MEMBER WILLIAMS: Can you give me some examples?

DEPUTY COMMISSIONER HAMBLIN: I can tell you egregious examples as AWOL, insubordination. Those are instances where we have suspended individuals. But again, everything is by a case-by-case basis.

COUNCIL MEMBER WILLIAMS: Okay. How many warnings should a probation officer receive before being suspended? And I guess in this case, because it doesn't even seem like there's a real process-- if there was a process, how many warnings do you think or do you feel based off of your experience a probation officer should receive before being suspended?

DEPUTY COMMISSIONER HAMBLIN: It all depends on the cases. You can't say someone who goes out on city time and removes the license plate from their ex-boyfriend's vehicle, then I would give you two opportunities to do that on city time. I can't say that. So, again, suspensions are by case-by-case basis, and that's why the Civil Service Law allows for it.

COUNCIL MEMBER WILLIAMS: What is the Civil Service-- I know you said the Civil Service allows for pre--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] 75--

COUNCIL MEMBER WILLIAMS: hearing detentions.

DEPUTY COMMISSIONER HAMBLIN: Correct.

Pre-- pending hearing a determination of charges, so in the investigation phase based on the nature of the allegations, we can suspend civil service for up to 30 days without pay.

COUNCIL MEMBER WILLIAMS: Okay. And I understand, like, sometimes laws create a lot of flexibility, because it should be subjective in nature. Like, you shouldn't be handicapped by the law, but if you could help us understand-- I know you keep saying it's case-by-case, but are there any like-- or even internal agency criteria that you use to say, like, this is a complete violation. This person should be suspended immediately. Or is it really genuinely that subjective that you get to make kind of your own personal decisions, I'm sure applying law, but you essentially get to make your own personal decisions based on each case. There's no benchmark samples, criteria-- nothing. So, you're just making decisions from your-- or not you personally, but from your office's personal subjective opinion maybe of applying some type of law to make a determination.

DEPUTY COMMISSIONER HAMBLIN: Well, that is something else we have. We had on paper which would have helped this Department tremendously, we had a matrix in place that speaks exactly what you're saying. And again, because of whatever issues the union have with it, they didn't want it. They didn't want us to have these things in place so where you can say, hey, this benchmark would allow for a suspension of up to 30 days. These are things we tried to implement here at Department of Probation for transparency and for accountability, but we've been met with opposition on it.

COMMISSIONER HOLMES: I think sometimes they think they're protecting the members, and you-- it's really not, right? That is what protects members. It's just like in DHS. There was a former person that established this matrix or command discipline program. Where was he? From NYPD formerly. And that's exactly what the union proposed to us to mirror what he did for that agency, because then you have clear, concise rules and regs, right? There's always the exception. So, if someone goes out and shoot their husband and wife or whatever, because they, you know, a love triangle or something

1 like that, yeah, you're getting suspended, arrested,
2 whatever. But the other little violations or
3 minuscule things that should be mitigated at a
4 command level, us removed, it should be the immediate
5 supervisor who sees them every day, know their work
6 ethics, know that they do a great job. So, I'm going
7 to give them a pass this time. That's what that
8 policy would support.

10 CHAIRPERSON NURSE: Yeah. So, I'm-- just
11 because we're starting to run long, I think that's a
12 place where this council would probably very much
13 agree with you. We should have specific protocols in
14 place for-- to prevent unnecessary arbitrary
15 suspensions or retaliations, but to standardize it
16 across the board, right? And those policies should
17 be written. So, if your testimony today is that
18 those do not exist in any form, that's what we'll
19 keep your testimony as, but if there is anything that
20 you could show us that has any kind of written
21 guidance for your supervisors, people in the field,
22 anybody managing another person, that would be really
23 helpful to see. And thank you, Council Member
24 Williams for your questions. I'm going to move to
25 Council Member Brewer.

COUNCIL MEMBER BREWER: Thank you very much. When the dashboard is done, would that be available to the Council or to the public? How does that work?

COMMISSIONER HOLMES: No, that's for internal use, actually.

COUNCIL MEMBER BREWER: Okay.

COMMISSIONER HOLMES: Yeah, it's just for us to be discerning of our metrics. Like, when I'm looking at has our employment ratio increased? Has our homelessness decreased?

COUNCIL MEMBER BREWER: Right.

COMMISSIONER HOLMES: Giving us that real-time information.

COUNCIL MEMBER BREWER: It's the kind of data that might be helpful to us, but that's helpful to know that it won't be available. Number two, maybe I missed it, but how many people under your care? How many adults and how many young people, and how does that differ from when you first came in?

COMMISSIONER HOLMES: So, currently we have over 16,000 that are under supervision. Adults, what do you have 11,400?

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2 ASSOCIATE COMMISSIONER PULLANO: So, we
3 have currently 10,364.

4 COUNCIL MEMBER BREWER: Of the adults.
5 And the balance are young people?

6 ASSOCIATE COMMISSIONER PULLANO: Adults.

7 COUNCIL MEMBER BREWER: Okay. Okay, but
8 balance are young people, right?

9 COMMISSIONER HOLMES: That was the old
10 numbers. I'm-- alright.

11 COUNCIL MEMBER BREWER: That seems to be--
12 - alright.

13 COMMISSIONER HOLMES: And how many do you
14 have?

15 COUNCIL MEMBER BREWER: 724, okay. Next
16 question is--

17 COMMISSIONER HOLMES: But you're managing
18 more than that.

19 COUNCIL MEMBER BREWER: We can't hear
20 you. I'm sorry.

21 COMMISSIONER HOLMES: So, adult matters,
22 because--

23 DEPUTY COMMISSIONER WILLIAMS: The--

24 COMMISSIONER HOLMES: Go ahead.

25

DEPUTY COMMISSIONER WILLIAMS: Adult matters include child support, any offenses if any domestic violence offenses, and so altogether it's 949.

COUNCIL MEMBER BREWER: Okay. Recidivist-- and how was it when you first started, Commissioner? Was it around 16,000 also?

COMMISSIONER HOLMES: We never-- oh, you're talking about as far as the population?

COUNCIL MEMBER BREWER: Right.

COMMISSIONER HOLMES: Yeah, what was the population when I started?

COUNCIL MEMBER BREWER: Approximately.

COMMISSIONER HOLMES: It hasn't really--

COUNCIL MEMBER BREWER: [interposing] Changed?

COMMISSIONER HOLMES: increased, yes. It's decreased over the years, especially since pre-COVID. The numbers have dropped tremendously. I remember taking a look at that when I came in.

COUNCIL MEMBER BREWER: Okay. Recidivism, what is the percentage? What-- I mean, again, when you started maybe versus now, is it-- is there a percentage of what recidivism is?

COMMISSIONER HOLMES: Right, so we have recidivism rates now. I didn't-- they weren't really-- it was skewed when I first started, so they didn't make sense, and they weren't really maintained like they are now. But Antonio, you want to speak for the Councilwoman?

ASSOCIATE COMMISSIONER PULLANO: So, I can give you the last six month's trend, hopefully that--

COUNCIL MEMBER BREWER: [interposing]
Okay.

ASSOCIATE COMMISSIONER PULLANO: will give you some insight. So, monthly, so that's the number-- or excuse me, the percent based on that 10,000 number--

COUNCIL MEMBER BREWER: [interposing]
Right.

ASSOCIATE COMMISSIONER PULLANO: what percent reoffend. So, last month were 3.1 percent. Six months ago, which was January, was 4.1 percent.

COUNCIL MEMBER BREWER: 4.1 percent, okay.
And then for young people, what just generally?

DEPUTY COMMISSIONER WILLIAMS: For the past six months on average it's been 4.8 percent.

Currently, this month for the month of June it's 4.2 percent which is down from 5.1 percent in May.

COUNCIL MEMBER BREWER: Okay. And then the other issue I have is knowing-- as Chair of Oversight, I've been to Family Court a lot. I have many, many friends who are Family Court Judges. Obviously, not everybody in Family Court is under your care. But the question I have is-- I find my judge friends say there are just few programs to send people to. In other words, they just don't have a lot of alternatives. So, my question to you is, what are the programs through your agency as alternatives to placement that are operating in Family Court? Are they full? How does it work between you and Family Court and the programs?

COMMISSIONER HOLMES: I--

COUNCIL MEMBER BREWER: [interposing] So, there-- my friends say there are just not enough.

COMMISSIONER HOLMES: Yes, and they are absolutely right, and I get on some of those meetings as well, and we assure them that we are researching, but we're expanding some of the ones that we have. So, when I came into probation, what's been in place for the last I think 12 years-- is it 12 years? You

1 have ECHOES and AIMS. The only problem was, one of
2 the programs, I think ECHOES, was only in two
3 respective boroughs. Is that accurate?

4 DEPUTY COMMISSIONER WILLIAMS: Yes.

5 COMMISSIONER HOLMES: So, what would
6 happen-- imagine if I'm a client in Queens and I need
7 to go to ECHOES in Manhattan. How does that work?
8 But it was in place, you know, when I walked in the
9 door. AIM is in the respective five boroughs. We're
10 looking for-- we're looking for something different.
11 We have been looking for something different. I know
12 Patricia can speak to it. Like I said, I mentioned
13 the electronic monitoring, not because I want see
14 kids with electronic monitoring, but I want to see
15 kids going to school. I want to see kids home. I
16 want to know that they're home meeting their curfew
17 hours. I want to know that mom is not calling us
18 saying they're not compliant with the household
19 rules, and they should be with their families. So, I
20 thought that was a great idea to-- and we're going to
21 be putting in probably in the next month or so, a
22 pilot just to see how that works before expanding on
23 it. I know the General Counsel spoke with several
24 judges who were quite happy to hear that. Because
25

1 why? Keeps them from being remanded, first of all,
2 and it gives us more leverage, right? Let's face it,
3 we'll never have enough Probation Officer, Police
4 Officer, Correction Officers, you name it. But we
5 need to do more with technology so we're able to
6 ensure that some of the mandates-- like, we can see
7 if this respective person is going to school. Why?
8 Because the monitor will tell us that. We can see if
9 this person leaves the house after we do a curfew
10 check. Why? Because the monitor will tell us that.
11 But Patricia, you can also speak to the particular
12 groups that you'd met with, some affiliated with ACS,
13 in order to research additional alternatives to
14 placement.
15

16 DEPUTY COMMISSIONER WILLIAMS: Yes. So,
17 we've been looking into some evidence-based models
18 such as MST, FFT, to look to see how that can be part
19 of our continuum of services. And as is we're going
20 forward with RFPs and just thinking about our
21 expanded programming, those are some of the programs
22 we're thinking about. We're also thinking about
23 wraparound services that'll include everything,
24 education, all our five pillars that we discussed
25

COUNCIL MEMBER BREWER: And this would be through the Family Court or in conjunction with Family Court?

COUNCIL MEMBER BREWER: Okay.

COUNCIL MEMBER BREWER: [interposing]
Because to me, that is the issue. If you don't have wraparound services, it's not going to work. I don't-- I've had 35 foster care kids. I know what it's like with these young people. The other question I have is I know you said six staff on program evaluation. That is fabulous, but do you ever suggest that to think about working with somebody like VERA or some other organization to do the evaluation as what is success, how you measure

it? Are you thinking about that? That would get rid of some of this criticism that I hear in the press and from my colleagues.

COMMISSIONER HOLMES: Yes.

COUNCIL MEMBER BREWER: somebody from the outside.

COMMISSIONER HOLMES: So, we did have someone from the outside most recent that we spoke with, and-- the group from Chicago, I think it was. You want to speak to that? I thought their outcomes were pretty interesting, but the good thing was, that evaluation started when I--

SENIOR PROGRAM DIRECTOR PETERKIN:
[interposing] September 23.

COMMISSIONER HOLMES: right, so it started in September. I came in March 23, and it was ongoing, and most of what they discovered was mitigated internally, because I saw the same thing through the lens I was looking through, and they really drilled it home for us. So, you want to speak to that?

SENIOR PROGRAM DIRECTOR PETERKIN: Sure.
So, in September 2023 we had the NORC team from Chicago to come and to evaluate one of our programs

1 which is NeON Works. And so, through doing that,
2 they-- you know, they met. They had a focus group
3 with the providers, with the young people, and they
4 really took a laser-like focus on our data. They
5 talked to the providers. They talked to the young
6 people just to see how the program can be better. And
7 so, it was like the Commissioner said, it was ironic,
8 because a lot of the things that they uncovered we
9 were already working on. Like, the KPIs, the-- you
10 know, more data, employment, looking at wraparound
11 services, the mental health piece. And so when they
12 completed their findings-- what was interesting was
13 because NeON Works is an old program that we had, so
14 it was really I want to say antiquated a little bit.
15 So, we didn't have time to do a new RFP, right? And
16 so I think because the information that they did
17 gather, because it was a little antiquated, we were
18 already thinking about how we can make the program
19 better. Like, how can we get employment specialists
20 in to help those clients who didn't have educational
21 levels who needed it or who didn't have on-site
22 workforce development specialists to help them with
23 their career trajectories. So, we were able to do
24 that at the same time. So, it was like we were

1 running on the same course and thinking about how we
2 can improve the program. So, a lot of their
3 findings, we already knew that those things existed.
4 We knew that the probation clients were-- and we're
5 supposed to have a 40 percent population in the
6 group, and they discovered that we didn't, right?
7 But we were also working with the providers to see
8 how can we work with DOP, our Probation Officers, to
9 see how we can increase the referrals. So, they've
10 been going to the boroughs, doing tabling, you know,
11 going to the borough meetings to meet with the
12 Probation Officers on-site. So, the evaluation was
13 something that we needed that-- the Young Men's
14 Initiative initiated it. And we were all== at the
15 end of the day we were all satisfied with the
16 outcomes of, you know, what their findings were,
17 because we were also improving as they were finding
18 things that we already knew that worked.

20 COUNCIL MEMBER BREWER: Okay. I guess
21 what I'm saying-- I hear you. I'm big on evaluation,
22 having listened to the program for the last 40 years
23 in government. So, my question to you would be to
24 think about not only that Chicago group, but somebody
25 else doing outside. Because what I hear today, just

me not as up on this as the Chair, but having to deal with the population on a personal level in my home on a regular basis. The issue is how do you make sure that the public and the Council and people who are looking at the agency believe in what you're doing. You've got to have-- my suggestion would be literally figuring out the funding to have outside group, you know, do the evaluation. That's one program, but you-- from what I hear today, to your credit, you're trying different things and you're trying to make it work, but it's not-- a perception is not there.

COMMISSIONER HOLMES: Right. I--

COUNCIL MEMBER BREWER: [interposing] But an outside group could help you do that. Suggestion.

COMMISSIONER HOLMES: Yes. No, you're absolutely right, because it takes it out of our-- takes it out of our court. But you know, the one thing I think we've been focused on, I've been focused on is meaningful employment. Meaningful employment, the majority of our population are over the age of 22.

COUNCIL MEMBER BREWER: I know them. They're in my house.

COMMISSIONER HOLMES: Yes. And they
need--

COUNCIL MEMBER BREWER: [interposing] In
my house.

COMMISSIONER HOLMES: meaningful
employment to stay engaged and stay out of the
system. So, that's why we implemented the vocational
training.

COUNCIL MEMBER BREWER: I hear you.

COMMISSIONER HOLMES: Which is a big, you
know, success. Just the numbers itself I think
speaks to itself. When it comes to program, the
biggest challenge is ensuring that the client is
showing up. When I-- before I came in, clients
though because a court didn't mandate it, they didn't
have to show up, and that's what was perpetuated
through some of our personnel to the respective
client.

COUNCIL MEMBER BREWER: Okay.

COMMISSIONER HOLMES: As well as-- and I
want to get this on record. As well as some of the
providers would say that. So, imagine we're
fighting. It's like pushing and shove-- I'm pushing
to have you go there. Someone's telling you, well,

you don't have to be here, because it wasn't court-mandated. Insane.

COUNCIL MEMBER BREWER: Right.

COMMISSIONER HOLMES: Insane.

COUNCIL MEMBER BREWER: I'm very familiar with what you're talking about, but I'm just saying outside evaluator would be helpful to you and to the public.

COMMISSIONER HOLMES: Understood.

COUNCIL MEMBER BREWER: And get real data, because yes, employment is needed, wraparound services. The young people don't go unless they have that support. They-- I got one in my house right now. I couldn't-- when I learned that he'd only been there 54 percent, I had a heart attack. I didn't know I need wraparound, too. Thank you.

COMMISSIONER HOLMES: You're welcome.

CHAIRPERSON NURSE: Thank you, Council Member Brewer. Okay, that's it for committee questions. I have two more and then that's basically it. I wanted to talk about the CLO position in Family Court. It was mentioned a little bit, but I did have a question because we did get a lot of outreach about this. I won't read the excerpts into

the record, but we got a lot, and we heard from folks within the court administration as well. So, the decision to remove the CLOs from Family Court was communicated to Judge Jolly and Judge Passidomo, the judge, the top administration judges for the New York City Family Court. When DOP met with those judges, did they agree with this assessment, and did they agree that this decision would not cause any disruptions to Family Court?

COMMISSIONER HOLMES: So, I can't say I disagreed with your assessment, right, because CLOs are very similar to Court Clerk, but--

CHAIRPERSON NURSE: [interposing] With whose assessment?

COMMISSIONER HOLMES: What-- very similar to some of the functions--

CHAIRPERSON NURSE: [interposing] I'm [inaudible].

COMMISSIONER HOLMES: to Court Clerk, but what I assessed and determined, they were more needed in the field to reduce caseloads. I could not articulate carrying heavy caseloads and having full-duty Probation Officers in Family Court doing what's supported through best technology [sic].

CHAIRPERSON NURSE: What I'm asking--
what my specific question, though, respectfully, was
what did the judges say to you--

COMMISSIONER HOLMES: [interposing] Well,
that can better be asked by General Counsel.

CHAIRPERSON NURSE: Yeah, that's what I'm
asking.

COMMISSIONER HOLMES: Okay.

DEPUTY COMMISSIONER HAMBLIN: So, they
wanted to know basically what would fill the void of
not having a human there to do some of the services.
So, some of the services that the CLOs were
providing--

CHAIRPERSON NURSE: [interposing] Yep.

DEPUTY COMMISSIONER HAMBLIN: were
services actually that the court should have been
providing on their own, some of their clerks should
be doing their responsibilities. A lot of what the
POs were doing were the clerk's jobs. The aspects of
probation that needed to be filled, we made sure that we
had processes in place to fill those voids. So, a
lot of what the CLOs in Family Court was doing were
taking orders and bringing them back to the
Department. We have technology for that. We don't

1 need an officer sitting there collecting a piece of
2 paper to bring it back to us. In addition, when they
3 had questions we made sure that we have someone on-
4 call. Our Deputy Commissioner of Juvenile Operations
5 made sure of that. We have individuals, because
6 again-- Juvenile Operations, for the most part, they
7 sit in Family Court, the same building. So, if you
8 need us, we're there.

10 CHAIRPERSON NURSE: Yeah, I mean, that
11 was the val-- from what we got sent to us, the value
12 of that was just being the connective tissue, able to
13 answer questions--

14 DEPUTY COMMISSIONER HAMBLIN:
15 [interposing] And so that--

16 CHAIRPERSON NURSE: provide rebuttals. If
17 the judge wants to refer someone to the wrong program
18 or, you know, this was an opportunity for a human
19 being to intervene, and I'm curious-- from what we're
20 understanding--

21 DEPUTY COMMISSIONER HAMBLIN:
22 [interposing] It still exists to this day. Again, if
23 they have questions-- and again, we meet with the
24 judges regularly.

CHAIRPERSON NURSE: Who is that? That--
tell me specifically what is the position.

DEPUTY COMMISSIONER HAMBLIN: So, the--
correct me if I'm wrong. The Borough Director--

DEPUTY COMMISSIONER WILLIAMS:
[interposing] The Borough Director--

CHAIRPERSON NURSE: [interposing] So, the
Borough Director is full-time available on-call for--
to replace what the CLO was doing--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] To the extent that the judge--

CHAIRPERSON NURSE: in the court?

DEPUTY COMMISSIONER HAMBLIN: needs
immediate attention and needs questions in court.
Again, I have personally sat through Family Court and
youth part and seen the Probation Officers just
sitting there.

CHAIRPERSON NURSE: Again, I'm not--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] So--

CHAIRPERSON NURSE: [interposing] I'm
neutral on the value, because I-- I'm not holding
these roles. I'm just saying this is what was
communicated. From the workers, what's being

communicated is the fact that all PO officers now have to go into court for all of their clients. There's a little bit of a logistical-- I'm not finished-- logistical inefficiency there in that they have to go to court, you wait around. Sometimes things go down. It's in a different borough than where they need to be for most of the day. So, there was some in-- I'm identifying challenges that are being presented. There are inefficiencies--

DEPUTY COMMISSIONER HAMBLIN:

[interposing] But--

CHAIRPERSON NURSE: [interposing] I'm almost done. I really am. And then the question I had was, did the judge specifically agree with that? Did they want you to retain a CLO? You know, what did they say that they were going to do to fill the gaps that you're saying were actually their jobs?

DEPUTY COMMISSIONER HAMBLIN: So, we have to look in the various courts. So, what you're talking about for Family Court, again--

CHAIRPERSON NURSE: [interposing] I'm specifically talking about Family Court.

DEPUTY COMMISSIONER HAMBLIN: So, for Family Court, the things that were in place, we just

made sure that they were doing it. So, the technology was already in place. We had these repositories.

CHAIRPERSON NURSE: What is the technology?

DEPUTY COMMISSIONER HAMBLIN: So, there are different repositories that each borough has for the Family Court that they're supposed to be sending us order to in addition for us to send our reports to. On the Family Court, it's--

CHAIRPERSON NURSE: [interposing] What is the repository? Is it-- is it a digital email box? Is it a drop box?

DEPUTY COMMISSIONER WILLIAMS: It's a digital email box.

CHAIRPERSON NURSE: Okay.

DEPUTY COMMISSIONER WILLIAMS: So, once the judge orders-- makes an order, they're supposed to send that order through that repository. We have staff that are assigned who monitor the mailbox in each borough. So, then when a client comes down, a juvenile comes down, we'll know. We'll have the order in place. We'll know what the-- what kind of

level they're going to be on and what the mandates of the court are.

CHAIRPERSON NURSE: Yeah. It's funny that-- okay, I'm just going to say, I'll put this into the record. One of the specific things we were told, "That repository mailbox is a joke. There is no real system that proves it is better than an actual body in the court. The absence of CLOs is proving ineffective. There are concerns about misinformation being provided. We cannot always do our jobs without our eyes and ears in the court. The relationship with the judges is not what it should be."

DEPUTY COMMISSIONER HAMBLIN: So, Chair Nurse, those repositories were always in place. We didn't put them in place.

CHAIRPERSON NURSE: Right.

DEPUTY COMMISSIONER HAMBLIN: They were always--

CHAIRPERSON NURSE: [interposing] But you had a human being.

DEPUTY COMMISSIONER HAMBLIN: Because they don't want to use them. They weren't using the repositories. What they had was our CLOs coming to

1 court with the same report that was sent to them
2 timely into the repository that their clerks are
3 supposed to pull, read, and give to the judges. That
4 wasn't happening in Family Court. What was happening
5 was happening was our CLOs were reading it from the
6 court day of. Those repositories were all there.
7 They didn't want to do that part, and it was a level
8 of comfort that they had for years.

10 CHAIRPERSON NURSE: Understand. How's--
11 and so are you saying-- or what has been different?
12 So, you've removed the CLOs. Are the clerks
13 utilizing--

14 DEPUTY COMMISSIONER HAMBLIN:[interposing]
15 And we've asked them--

16 CHAIRPERSON NURSE: those boxes? Are
17 they getting things run out?

18 DEPUTY COMMISSIONER HAMBLIN: things are
19 they're based on time. We have our percentages to
20 demonstrate that things are being sent on time, and
21 what we asked the court to do, understanding that
22 every entity is strapped for resources, is to please
23 use their resources to do their job. Probation can't
24 continue to serve as their clerks. They have clerks
25 sitting there, and so that's all we've asked in this

entire process is for the things that were in place,
please [inaudible] to use them so we can work
together.

CHAIRPERSON NURSE: Yeah. Yeah, I
understand the need to call different agencies to
account if it's their job and they're not doing it, I
would agree, but in the meantime, if the impact-- if
there's a negative impact happening because of that,
it's something that's concerning.

DEPUTY COMMISSIONER HAMBLIN: But that
impact, just so you know, that impact is not because
a CLO isn't sitting there. It's because people are
not doing what they're supposed to be doing on their
part. It's not the PO that was sitting there doing a
clerk's job. That's what was happening.

CHAIRPERSON NURSE: No, I just-- that's
what I just said to you, is if someone else's job--
if it's the court's job to do that, and they've been
relying on your CLO, I understand the need to create
accountability for that. But at the same time, if
the removal of the CLO from that is having negative
consequences, that's something that needs to be
worked on.

DEPUTY COMMISSIONER HAMBLIN: And that is something we constantly-- we meet with them almost monthly to work through the processes.

DEPUTY COMMISSIONER WILLIAMS: I just actually met with Judge Passidomo last Friday.

CHAIRPERSON NURSE: Great.

DEPUTY COMMISSIONER WILLIAMS: And we were talking about our new system without having the CLOs, and he actually said that it has improved since we, you know, removed the CLO. There was some bumps with anything with change. There's always going to be iterations of bumps, ups and downs. But now, it-- you know, it's really working better than it did when we first instituted. So, that was direct--

CHAIRPERSON NURSE: [interposing] Yeah, that would be really great.

DEPUTY COMMISSIONER WILLIAMS: feedback from the head judge.

CHAIRPERSON NURSE: It would be something we want to keep hearing updates on when we're moving through these hearings, because we've been hearing that it's not working, both from inside the court and from staff. So, if you're saying that we're in a better place, that's great. Some of the stuff that

we were hearing is that the investigation reports were not being field on time or the--

DEPUTY COMMISSIONER HAMBLIN:

[interposing] Oh, no.

DEPUTY COMMISSIONER WILLIAMS: No.

CHAIRPERSON NURSE: It's gone down, the statistics have gone down.

DEPUTY COMMISSIONER WILLIAMS: We've had consistently since March we've had 100 percent citywide.

COMMISSIONER HOLMES: Yeah, that's not the case.

DEPUTY COMMISSIONER WILLIAMS: And that has not happened in--

CHAIRPERSON NURSE: [interposing] That's your testimony? Okay.

COMMISSIONER HOLMES: decades. So, 100 percent.

CHAIRPERSON NURSE: Okay.

COMMISSIONER HOLMES: It should be in your RR-- MMR report soon, decades. So, it's been on time.

CHAIRPERSON NURSE: Okay. Yeah, well ours was showing it went from 95 percent down to 80 percent, so that's why I'm saying.

DEPUTY COMMISSIONER WILLIAMS: Yeah, no, for the past--

CHAIRPERSON NURSE: [interposing] This is since March, I believe?

COMMISSIONER HOLMES: Yeah, so that's something we've always focused on, right? So, first of all, the MMR reports that you were getting regarding the investigation reports meant that the investigation reports were started. What you're getting now is that the investigation reports were-- are being completed.

DEPUTY COMMISSIONER HAMBLIN: And filed with the court.

COMMISSIONER HOLMES: There's a different number, right? So, like I said, I'm about transparency and reporting the right number, not smoke and mirrors--

CHAIRPERSON NURSE: [interposing] Good. I really--

COMMISSIONER HOLMES: to make it seem successful.

CHAIRPERSON NURSE: hope that City Hall can reconcile the data that you all are putting out so that when we're-- we're walking on the same ground, because we clearly have not been walking on the same ground this entire hearing with what you're presenting today and what we have with publicly-available reports plus what we've asked, you know, in the past from you all. And one other question is in the youth part, youth parts of Criminal Court. Just, what gaps are being-- let me say it this way. How are you ensuring that things are moving smoothly now that there's not a CLO in Youth Court?

DEPUTY COMMISSIONER HAMBLIN: So, the only aspect of the CLO position that was in Youth Court, and I have personally went to every youth part in New York City and met with every youth part judge, is that if a case is removed to Family Court, that CLO was literally serving as an escort to walk us down to probation. That's all the CLO was doing was walking the juvenile to probation if the case was moved to Family Court so they can do the interview services. What we make sure now is that the courts have our information. We're notified if someone's coming down. We've also asked, again, everyone

involved to do their part, their defense attorney to make sure their client gets to where they need to be when a court says you have to report to the Department of Probation.

CHAIRPERSON NURSE: So, and when you mean by escort, are they leaving the building? They're just going upstairs, they're going downstairs? They're just handing a kid saying go to this place?

DEPUTY COMMISSIONER HAMBLIN: That's what was being done by the CLO in youth part.

CHAIRPERSON NURSE: Okay.

DEPUTY COMMISSIONER HAMBLIN: That was the sole responsibility.

CHAIRPERSON NURSE: So, they were just helping them get to the next destination.

DEPUTY COMMISSIONER HAMBLIN: Right, and so now--

CHAIRPERSON NURSE: [interposing] And so, who's doing that now?

DEPUTY COMMISSIONER HAMBLIN: So, now we've made sure that the information is there. We're notified when someone's coming down.

CHAIRPERSON NURSE: What do you mean the information is there?

DEPUTY COMMISSIONER HAMBLIN: And again, we have the-- we have asked for everyone involved to make sure that everyone does a part. The juvenile is represented by counsel. Counsel makes sure your juvenile-- again, it's the court order. The court is ordering it.

CHAIRPERSON NURSE: No, listen, I'm just asking the logistical details, because--

DEPUTY COMMISSIONER HAMBLIN:
[interposing] So, logistically--

CHAIRPERSON NURSE: [interposing] I will walk into a court all the time, and I don't know where the hell I am half the time.

DEPUTY COMMISSIONER HAMBLIN: So, logistically--

CHAIRPERSON NURSE: [interposing] I went to Federal Court. I don't know where I am, so--

DEPUTY COMMISSIONER HAMBLIN: we ask the personnel who are in court who are supposed to be in court to make sure that the juvenile gets the information that they need to report to probation.

COMMISSIONER HOLMES: Right, it's not the initial appearance where they're meeting them and taking them to the particular room.

CHAIRPERSON NURSE: Yeah.

COMMISSIONER HOLMES: That's already done. It's usually when a judge decides okay, I'm not going to make this a severe incident. We'll refer to Family Court. They're given a respective card, where they got to appear, what time they got to appear. Usually, they have their parents. Sometimes they're supported by-- what is that, the Legal Aid Society.

DEPUTY COMMISSIONER HAMBLIN: No, there's a different--

COMMISSIONER HOLMES: [interposing] If it is-- yeah, right. So, the attorney. So, they all make sure that they're giving information. We were doing exactly the same thing.

CHAIRPERSON NURSE: Okay. Okay, well, I want to thank you for coming here. I feel like some things we agreed on. There are a lot of things we didn't agree on. I do agree with Council Member Brewer's suggestion that maybe some outside eyes on the Department would be very helpful, and also if the data could be reported in a way or updated in a way for the public so that we can have, you know, effective oversight hearings.

COMMISSIONER HOLMES: So, the-- the data system that-- remember, I walked into a place that didn't have data, right? So, I'm glad to have some data other than the MMR report.

CHAIRPERSON NURSE: I find it hard to believe there's--

COMMISSIONER HOLMES: [interposing] But--

CHAIRPERSON NURSE: you walked into an agency and they had no data, no policies, nothing that's--

COMMISSIONER HOLMES: [interposing] I'm telling--

CHAIRPERSON NURSE: That's fine. If that's how it's been--

COMMISSIONER HOLMES: [interposing] Right.

CHAIRPERSON NURSE: I will take your testimony as word.

COMMISSIONER HOLMES: Yes.

CHAIRPERSON NURSE: But I'll just say I think that's kind of wild to me.

COMMISSIONER HOLMES: It is. It was for me.

CHAIRPERSON NURSE: Yeah.

COMMISSIONER HOLMES: Look where I came from. I could press a button and get robberies that happened 20 years ago. And then-- and now I'm doing bean counting. That's what it was, desktop audits.

CHAIRPERSON NURSE: Okay. There's one question from the floor and then we're going to close out.

COUNCIL MEMBER WILLIAMS: It's not a question, it's just also a suggestion to the Chair, because in listening, it's not necessarily that, like, we don't have the same data. It's the descriptions and methodology behind the data, because how we read the data, because we don't have details, we read it one way, and then when you testify you're saying no, no, no, this data actually exists. So, just saying, when you send over the data to actually provide more information on like the type of data collection. If you have any methodologies-- because that is where the discrepancy is, because two people can look at the same set of data, but if you don't have the underpinning of the data, we can have two different interpretations. So, I just wanted to say that, because I know there's, like, been this back and forth, and I think the large problem isn't

necessarily that we have different types of data.

It's just that how your agency looks at the data, we have a different interpretation, and so if you could provide more details around, again, collection, how you synthesize the data, any methodologies or any type of-- I know you said you can't like give mathematical equations, but like, if you can give the information I think that helps us to look at it the same way you do. The problem is we're not looking at the data--

COMMISSIONER HOLMES: [interposing] Right, I--

COUNCIL MEMBER WILLIAMS: the same way that you are.

COMMISSIONER HOLMES: I understand completely because I'm living it, and you're reading the paper. I understand exactly what you're saying. so, and it may be difficult or labor-intensive to create that type of delivery for you, because it just is, but when you're living it, I'm in it every day. I'm living it, so I can speak to it without--

COUNCIL MEMBER WILLIAMS: [interposing] But it's helpful--

COMMISSIONER HOLMES: looking at things.

COUNCIL MEMBER WILLIAMS: because you guys, you have it. You have it. You know how you're collecting the data, so it's help-- I think it only betters our engagements, because if we can look at the data in the same way as you, then I think our oversight would be a little bit more effective. If you can't share with us how you're collecting the data, how you're analyzing the data, then it doesn't allow us to effectively ask you questions. Because inherently you're going to say that no, this is wrong. This is not accurate. So, that-- I'm just asking for a bit more information versus, you know, this is the data versus this is not me--

COMMISSIONER HOLMES: [interposing] I mean--

COUNCIL MEMBER WILLIAMS: [interposing] We're looking at the MMR, and every single thing that we've quoted today is coming directly from the MMR report.

COMMISSIONER HOLMES: Right.

COUNCIL MEMBER WILLIAMS: And if you're saying that how we're looking at it, or that's not the right numbers, that is a problem in our ability to provide effective oversight.

CHAIRPERSON NURSE: So, I'm-- I'm want to close us out--

COMMISSIONER HOLMES: [interposing] I understand what you're saying.

CHAIRPERSON NURSE: I really want to close us out, because we've said this point several times now, and I think it's understood by all of us. We got to do better, point blank. So, I'm going to thank you for your time. Thank you for being here. Thank you for making time in July. I would love to have a follow-up hearing later this fall where we can start to see where things have changed or we can start to have more time under our belt to see what the changes you've done and how they're actually panning out. Thank you so much, Commissioner Holmes and your team. We're going to now close this panel out, take a two-minute break, exactly two minutes, because I want to start to get through public testimony. So, thank you so much.

COMMISSIONER HOLMES: Thank you.

[break]

CHAIRPERSON NURSE: Yeah, we have the-- Okay, we're going to get ready to start public testimony. We good, Sergeants? We're good. Okay, so

I'm going to call-- first, I'm going to read this.

I'm now going to open the hearing for public testimony. I remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times. The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recordings to the Sergeant at Arms for inclusion in the hearing. If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on today's hearing topic and the legislation being considered. If you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant at Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted. First up is going to be with

United Probation Officer's Association, Dalvanie Powell and Harry Greener-- I'm sorry, the handwriting. I couldn't read it. Thank you. And when you're ready, just make sure the red light is on, on the microphone, and you can begin.

DALVANIE POWELL: Good morning, Chair Nurse and esteemed members of the Committee. Thank you for the opportunity to testify on the Department of Probation's DOP organizational strategy. My name is Dalvanie K. Powell, and I serve as the President of the United Probation Officer's Association, UPOA, which represents less than 700 Supervising Probation Officers, Probation Officers, Probation Officer Trainees, and Probation Officer Assistants. Our members are predominantly women and people of color, true stewards of justice who work tirelessly to uphold public safety while helping individuals who have been involved in criminal justice system rebuild their lives. New York City's Department of Probation Officers are required to have a Bachelor's Degree and two years of relevant experience, or a Master's Degree. We are Peace Officers trained alongside Police Officers, Correction Officers authorized to carry firearms, make arrests, and perform critical

public safety duties. To keep our communities safe, every component of the criminal justice system must play a role. Probation Officers are as vital as any other law enforcement officer. Yet, our salaries continue to lag significantly behind those of our counterparts employed by other agencies. Today's discussion is entitled the Department of Probation's Organizational Strategy. With all due respect to the Department's leadership, it is unclear what direction this agency is heading. No coherent vision has been given-- has been communicated to the union nor to our members. As someone who has been a Probation Officer for nearly four decades, I can tell you plainly, the New York City Department of Probation is in crisis. According to a recent report from the State Comptroller's Office, the Department of Probation has the highest attrition rate of the city agencies, yet the administration has done nothing to stem the tide. DOP has failed to make meaningful use of existing civil service lists to fill vacancies and cancelled training academies. They pushed our members to the brink of burnout by abandoning evidence-based policies that have helped manage caseloads and improve public safety. These decisions only

reinforce what our members already know, that this administration does not value Probation Officers or the critical work we do to support public safety. Rather than prioritizing high rate and retention of Probation Officers, trained professionals tasked with supervising and rehabilitation individuals in the criminal justice system, the Commissioner has overseen the exodus of experienced staff, and while many of the individuals brought into senior positions are dedicated public servants, there's concerning lack of institutional knowledge on the top. That not only impacts decision-making, it sends a clear message to our officers that there are limited opportunities for career advancement. Much of the progress made under previous administrations such as reducing caseloads, hiring sufficient staff, implementing risk assessments using evidence-based practices has been undone. The Department is now led by individuals who lack probation experience and show little interest in learning the job. In the past two years alone, only 91 new Probation Officers have been hired, while more than over 200 have left. Attrition continues to rise. Meanwhile, the Department has focused on cosmetic changes such as uniforms,

firearms, and shields instead of what really matters such as hiring officers, minimizing caseloads, workloads, improving office conditions, maintaining vehicles, creating workable work schedules, and ensuring safety of both staff and the public.

Punitive discipline has replaced progressive discipline creating a climate of fear and intimidation. Direct interference by management and union matters, particularly in response to union's concerns raised by the union has further eroded such trust between staff and leadership. Depending on the borough and the assignment, a Family Court Officer could have as many as-- be managing as many as 40 cases while an officer in Queens, Bronx, Adult Services in Brooklyn supervision can carry caseloads over 100. Intake investigations and violations of probation are rising. Investigation Officers are not permitted to adjourn cases, and unrealistic demands have resulted in officers being written up or brought up on charges for issues rooted in poor management. Each time someone leaves, their cases are reassigned to the already over-burdened officers who remain.

Our clients are frustrated by the constant turnaround. Morale is at all-time low. Burnout is

rampant. Stress levels are dangerously high. To our knowledge, the following probation civil service list remains number 3143 that expires on July 2028, 2090 expires on 2027, 1091 expires on October 25th, and 0806 expires April 2026. There's also an active promotional lists for Supervising Probation Officers exam number 0527 which has at least 25 names remaining. However, due to the understaffing administrative delay, promotions have stalled. Other exams for titles in the PO series including Probation Officer Trainees and POAs have been cancelled or postponed. There's no clear path to career growth. Unlike the NYPD, Department of Probation and Corrections, the Department lacks programs to cultivate future leaders such as partnerships with institutions like John Jay Criminal Justice. Retention is a challenge not only for SPOs, POs, POTs, and POAs, but also at the administrative level where turnover has caused serious confusion and has disrupted core operations. Members often struggle to get basic information about payroll, retirement and time-keeping. In December, we learned that many members did not receive their salary increases that were owed through our collective bargaining

1 agreement. Some are still waiting for corrections
2 due to staffing shortages in the Payroll Department.
3 We are also deeply concerned about proposals to lower
4 educational requirements for Probation Officers, a
5 move that will violate the state regulations. UPOA
6 has strongly opposed this idea. The removal of CLOs
7 from Family Court has been a disaster. The courts
8 themselves have expressed dissatisfaction. Now our
9 members are being forced to appear in court on their
10 own cases, sometimes in multiple boroughs on the same
11 day, taking them away from core responsibilities like
12 field work, office visits, report writing. Many use
13 their own cars and money to travel. There's no
14 work/life balance. The DOP has yet to come to the
15 table to discuss work schedules as outlined in our
16 collective bargaining agreement. Our members are
17 mentally and physically exhausted. Resources are
18 stretched thin. Members are being involuntarily
19 transferred sometimes to boroughs that present
20 significant travel hardships with no regard for their
21 personal circumstances or safety. Officers are now
22 being ordered to conduct two or three-hour interviews
23 in the homes of defendants who fail to appear for
24 their office-based investigation interviews. Despite
25

safety concerns, and requesting the meeting to address them, the Department responded not with collaboration, but with a policy mandating that practice. At one point, the City even explored training our members to assist NYPD with riot control, something Probation Officers are neither trained or contracted to do. Thankfully, that proposal has been dropped following our request to bargain over the issue. Finally, if this administration is serious about building an organizational strategy that serves Probation Officers, our clients and the general public, it must take time to understand the work and role of probation within the criminal justice system and must collaborate with the union to address staffing and workload challenges, create realistic plans, and training, establish viable career pathways. Policies that support rather than undermine the workforce are essential to building a substantial-- a sustainable and effective agency. Department of Probation is at its breaking point. Swift action is necessary to prevent further deterioration and ensure that the agency can fulfil this vital mission. Thank you for your attention. I am here to answer questions.

CHAIRPERSON NURSE: Thank you. The rest of the panel can testify and then can--

HARRY GREENBERG: Thank you for this opportunity. I'm going to be very short. I sat here and I was completely surprised, quite frankly. When we started to write out what was going to be said here today, we thought it was a little under 700. 620 people work in this-- are assigned to this union, 620, and that includes not just Probation Officers and SPOs, the supervisors, but the trainees and the assistants, right? And when you're talking about statistics, one of the things I do is I collectively bargain for this union and many others, and I will tell you this, figures could be moved around every day. Budget City of New York is terrific, great place. They know how to do that. Problem is, we can't get the numbers correct. It changes all the time, and you heard from the President that there are four-- three exams that you could hire from. And the information we're getting, and we would ask you to see if you could help us here, is that these exams have the lists, the lists should be used to hire. We're being told people were hired into the titles we represent not coming from these lists, and that would

1 be unfortunate and probably illegal, alright? We
2 haven't done anything about yet, but we will. If
3 there's a civil service exam, people should be
4 canvased if they still want the job. And the ones
5 that are in the testimony from the President, you
6 have the information and I'll just leave it at that.
7 We got-- and I don't know if this is part of your--
8 we got how many people from March 5th, 2023 until May
9 7th? I have this for your-- you have that? Okay.
10 So, look what happened. From March 5th to December
11 23-- to March to December 31st, '23, 132 people left
12 out of around 700, alright? And then the next year,
13 the whole year, 109, right? Most by resignation,
14 some by retirement, and very few from termination.
15 Okay? And then from the first four and a half
16 months-- four months and a week, it was 45. So it
17 comes out to 286. 26 and 91 were hired. Regardless
18 of what you heard here today, that's the numbers we
19 get from the Department. If that's the case, and the
20 cases are static, how could the increase in what
21 everybody has to do work? And I will tell you we're
22 getting people brought up on charges because they
23 can't keep up with the increase, and that's wrong.
24 And there was a few other things. There was an
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1 article on March 7th, 2025 in the Daily News, and I
2 know newspapers print what they want. It's not
3 always the truth, okay. However, in it-- and I have
4 a copy and if you need it, I'll be able to send it to
5 you. I'm not going to go into it. I suggest that you
6 read it, because it talks about things that this
7 Council should be well aware of. And today, the city
8 put out another one in July 20 at 5:05-- July 28th at
9 5:05 which is also enlightening. Right? Now, I
10 understand it's newspapers and people want to sell
11 newspapers, but it's information that I think you
12 should read-- you need to hear from. You, Madam
13 Chairman, talked about people leaving. We have a
14 list of people who left that were hired either
15 before, mostly during, and they were leaving for
16 different reasons, alright. I can email you this. I
17 only have one copy. In fact, I have two, so if you
18 want that, that's available also. Having said that,
19 few things came up. The problem is when we meet with
20 them, meaning the Department, it's different than
21 when we meet with the Mayor's Office of Labor
22 Relations. We meet with the Mayor's Office of Labor
23 Relations. We ask our things, information, and we
24 get it. We meet with the Department of Probation.

Here's what happens, and this just happened this month. This is July 17th at 11:12 a.m. I'm writing this to Commissioner Holmes, Commissioner Campion, Labor Relations Commissioner, her First Deputy, the negotiator, and the subject is uniform and firearm survey. On behalf of the UPOA, I'm requesting the raw data used for the uniform and firearm survey which took place approximately during the period beginning of June 25 through the middle of July 25. Please let me know when I can expect this information. I respectfully await your response. Here's the response I got three, four hours later. "Good afternoon." This is from the Commissioner Holmes who testified here today. "That survey was not specific to firearms and uniforms. That survey was that I requested a gauge to sense of safety. If a survey is warranted specific to firearms and uniforms, I recommend that you provide one to your members." Very nice. And that's tongue-in-cheek. On the 21st, a few days later, that Monday, I said, "Thank you for your response. I'm requesting the raw data for the survey you referred to in your July 17th email to all of those in the above are addresses. I await your response." We got nothing, absolutely zero, and

1 that's what's happening. So I have to go to the
2 Mawyor's office and they have to get me information
3 that sometimes is different than what they have. And
4 sometimes what they give us one time is different,
5 right? And it's-- I don't know if it's purposely. I
6 hope it's not, but the bottom line is, we're not
7 getting things that we should be getting. I know you
8 know the law, and I know you know we ask for
9 information that's not confidential, right? We
10 should be getting it under the New York City
11 Collective Bargaining or at the very least we could
12 do it under the Freedom of Information, but we're
13 trying to stay in-house, quite frankly, and it's very
14 difficult for us. So, we can't wait too much longer
15 before we have to start litigation. I'm very happy
16 about this hearing, and I think what we would like to
17 do is come-- I'm cutting this all short, okay,
18 considering. But the Deputy Commissioner here who
19 testified has been there for three months. So,
20 anybody could look up history. It's when you live
21 it, then you really know what happened, quite
22 frankly. And hiring, if they did hire somebody not
23 in the civil service, under the civil service law,
24 it's a problem for us, because that means some of our
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members were illegally hired, right? But if these lists are still active, and we're told by DCAS they are, they should have used that. And here's the problem, you can't be doing that.

CHAIRPERSON NURSE: Yeah. We did ask that, but we should find out how many are coming exactly from the list. They said it was 375, but we will-- we can do in the follow-up ask how many specifically were pulled from that list.

HARRY GREENBERG: Sure. So, without going too much further, what we would like to do is send you questions for this body to ask DOP, right? I'll be very-- I'm going on vacation next week, so I'll try to get at the end--

CHAIRPERSON NURSE: [interposing] We'll happily to take your questions.

HARRY GREENBERG: Okay. And you know, it's very difficult for us to sit there and have somebody sitting behind me and in front of me that worked for the Commissioner. I just find that strange. Not that I have to worry about what I said, because I knew what was going on.

CHAIRPERSON NURSE: Yeah.

HARRY GREENBERG: Right? There's one thing I think you wanted to talk about, the Sheriffs.

DALVANIE POWELL: One thing, but then I'll be finished. Something that was brought to our attention-- that came out about the command discipline. We was in the process of talking with the Department about command discipline. We agreed with that process, because it gives you that due process or whatever. It never took place, because it just fell off the map. We don't know what happened to it. Then all the sudden we got all these discipline-- these suspensions. Let me just give you some numbes. Last year, we had 11 suspensions, 30 without pay, right? This year, it's only July. We have seven suspensions and it's only July, right? And AWOL, I don't know what they're talking about AWOL. They wasn't for AWOLs, okay? but I'm not going to get into it, and there is no due process, alright? Normally, there's a process when a-- and like she said, what-- each situation is going to be different, but it's just in my years of doing this work I've never seen so many suspensions and not only are these suspensions-- naturally, I'm going to defend my members, right, but I'm also realistic. If you

DALVANIE POWELL: I know for time's sake, but I wanted to take into consideration, too. When we talk about caseloads, we also have to also talk about workloads, because it's not just-- yes, we inherit these caseloads and they're going up, but then what is the work that we have to do to get the work done. So we have to look at work load. We have to look caseload, and when you look at numbers, we should also look at how many people's coming through Probation that might not necessarily get probation

but might get jail time, but has had some kind of contact. So, all that has to be taken into consideration.

CHAIRPERSON NURSE: Yeah, and I--

HARRY GREENBERG: [interposing] I just have one more thing.

CHAIRPERSON NURSE: thank you just to say--

HARRY GREENBERG: [interposing] I just have one more thing.

CHAIRPERSON NURSE: Just to say that I spoke with our Chair, our Committee Chair on Labor, Civil Service and Labor, I'm going to set up a time for you all to discuss, because they're very interested in supporting. A very quick, and then I want to move to the gentleman.

HARRY GREENBERG: It can wait. I'll be sending things in.

CHAIRPERSON NURSE: Yeah, we'll take anything that you want to send us.

HARRY GREENBERG: Okay.

CHAIRPERSON NURSE: Oh, no testimony, oh okay. Okay. Yeah, my question was going to be just around this idea of disciplinary measures. I do think

1 it's very important that there's some kind of
2 guidance on the books for consistency to prevent
3 anybody from, you know, being hyper-subjective in
4 terms of-- or just taking things the wrong way or
5 feeling a way and deciding to retaliate against some
6 one. So, we really hope that that moves forward.
7 And like I said, we'll engage the Chair and--

8 HARRY GREENBERG: [interposing] Just on
9 that point--

10 CHAIRPERSON NURSE: see how we can
11 support.

12 HARRY GREENBERG: Just on that point,
13 Article 75, and you know this, is the law on
14 discipline, and we're covered by it. New York City's
15 covered by it. And you talk about command
16 discipline, that was negotiated with the Police
17 Department, and the reason I know that, I was a
18 policeman, a detective, and I worked for two police
19 commissioners, and we negotiated the procedures, not
20 discipline, the procedures for discipline which are
21 mandatory subjects, okay? And that's why the
22 Commissioner answered the way she did, because she
23 was going to implement things on this matter and she
24 couldn't, right? And if she did, we would do what we
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DALVANIE POWELL: I want to close with this before we go. We feel-- you know we have the EEO case pending, and the question is how could this administration all the way to the Mayor's Office allow this to happen to this agency that's consist-- that's predominantly women and people of color? Because we feel like it's retaliatory, because we're fighting for better salaries and for some reason-- we don't understand why this continues to happen. We've come before this board. I've been to the Mayor's Office and nobody seems to care about what's

happening to the agency, and you can't help but wonder, if we was predominantly white and males would this be happening. And I'm going to close with that.

CHAIRPERSON NURSE: Thank you. I mean, we're having this hearing today precisely because folks asked for it. We tried to have it in June. The Commissioner was not willing to make herself available at that time. We care very much about that. I agree, you should have better salaries, but I'm not the executive of the City. The Council does not make those decisions, but we want to support you all which is why we want to-- we wanted to have this hearing, and then take what's coming out of this and follow up and continue to have this level of oversight throughout at least the rest of the time that I'm here, and hopefully whoever is Chair next of this committee next year, takes this up. So, we will definitely work with you. I'm going to have the Labor Chair-- you know, I'm going to facilitate an introduction so we can bring her into the process. We-- I-- this committee cares as is mostly women of color. We've got one-- just Lincoln. He's by himself. So, you know, the rest of us are exactly people of color and many of us come from working-

1 class backgrounds. So, we do have solidarity which
2 is why we had this, and why we read into the record
3 many of the excerpts that people were having, and
4 that's why I told her in the beginning I'm taking the
5 position in this hearing as the benefit fo the doubt
6 from these workers that they have given me their good
7 faith experience and believed that those things have
8 happened, and it was an opportunity for her to state
9 her position. So, we're going to continue to move
10 forward, but I thank you so much for coming and
11 testifying today, and I hope-- I really hope that
12 City Hall gives this attention and that we are able
13 to pull in some sort of outside support to make sure
14 we're objectively looking at the agency and the
15 outcomes that it's producing based on the decisions
16 that are being made.

18 HARRY GREENBERG: Just on the timing of
19 my response to you, I'm going to be on vacation for
20 two weeks--

21 CHAIRPERSON NURSE: [interposing] Me too.
22 I'm going on vacation, too. So, we're all--

23 HARRY GREENBERG: [interposing] Alright.

24 CHAIRPERSON NURSE: We're all going to
25 take a break, okay? Okay. Thank you. The next

1 panel-- next folks to give public testimony are Lisa
2 Salvatore, Suni Tohan [sp?], and Cassandra Kelley. I
3 also have Amanda Stagnaro here. So, feel free to go
4 in the order in which you feel comfortable and just
5 make sure the red light's on. And we ask that-- we
6 gave the-- just for transparency, we gave the union
7 more time. Obviously, they are representing impacted
8 folks, but if you could keep your testimonies
9 somewhat short. Thank you.

11 LISA SALVATORE: My name is Lisa
12 Salvatore. I'm the attorney in charge of the
13 Adolescent Representation Team at Brooklyn Defender
14 Services. I want to thank the Committee on Criminal
15 Justice and Chair Nurse for the opportunity to
16 address the Council about the Department of
17 Probation. BDS is concerned with the changes in DOP
18 practices under the current mayoral administration
19 which is more punitive for the young people who
20 serve. We have witnessed and increased unwillingness
21 by DOP to offer adjustments and a decrease in ATP
22 services. Things have also become more difficult for
23 the clients in both YP1 in Family Court with the
24 removal of the CLOs. When the CLOs were in the
25 courtroom they would immediately talk to the family

1 after the case was called about scheduling an
2 interview for either adjustment or ICM. If possible,
3 the youth was directed to go to Probation that same
4 day for the interview. If there was not a Probation
5 Officer available to talk to the youth and family,
6 the CLO would confirm contact information to either
7 set up a date or inform the family that DOP would be
8 reaching out. Without the CLOs, the court tells the
9 youth and family to go to Probation. In Brooklyn,
10 this is accessible by an elevator bank to an adjacent
11 building and BDS is able to accompany our clients to
12 help with the process. In other boroughs where
13 Probation is another physical location, this may add
14 another level of anxiety or confusion for the young
15 people in their families. In the past, the CLO would
16 act as a liaison with the person who was interviewing
17 the youth and would know if someone was available to
18 meet with the youth and family. Now, probation has
19 no advance notice about a youth being directed to
20 check in with them which has resulted in long delays,
21 often over an hour. Families are then often informed
22 after waiting that no one is able to complete and
23 interview that day. We all know that immediate
24 contact with programming leads to better engagement.
25

There have been similar issues in Family Court. When the CLOs were in the Family Court room, neither ICM or probation report were ordered. The CLO would walk the youth and family to Probation and ensure that next steps were set up. This engagement allowed DOP to explain the process to the youth and family and collect contact information. Again, the immediacy of the engagement led to better outcomes.

CASSANDRA KELLEY: Good afternoon. Name is Cassandra Kelley and I work in the Criminal Defense Policy Unit at the Legal Aid Society. At Legal Aid, we represent the majority of children and youth prosecuted in New York City's Family and Criminal Courts, and tirelessly advocate for those least able to advocate for themselves. Our mission is simple. We believe that no child or youth in New York City should be denied the right to equal justice because of poverty. We thank this Council for holding this important hearing and allowing us to be heard on the urgent need to improve the practices of the Department of Probation under the current administration. New York City Probation proclaims to be a leader in community corrections, working within the criminal and juvenile justice system and in the

community to create a safer New York, but under the current administration, the experiences of the people we represent do not bear this out. Although always imperfect, probation has shifted from a supportive, social-work-based approach to a more punitive, law enforcement focused model. Our clients are now forced to report and receive home visits from POs suited up like cops carrying guns. Our youth suffer as this administration cuts programs that were effective in mentoring and supporting them. They suffer while the Department continues to refuse most of them the benefit of receiving supportive services through adjustment. They suffer from the absolute chaos caused by the removal of CLOs from the courthouses. These changes fail to recognize the rehabilitative promise of probation and harms our city's youth. The Department's decision to act as an extension of the NYPD has undermined the DOP's relationship with youth and their family. For example, the POs appear to have absolutely no idea how to serve autistic children or youth living with mental illness. Our youth advocates witnessed a PO screaming in the face of an autistic youth struggling with school compliance. The Department's scared

straight model failed and caused this youth with special needs extensive harm. The DOP seeks opportunities to violate our clients rather than support them. Our youth waiting for a case-- his case to be removed from Criminal Court to Family Court was nearly remanded to detention, because information from-- because-- sorry. Information about him being disrespectful to his parents was included in his ICM report. ICM is an alternative to incarceration program and they reports are intended to address a youth's compliance with their released conditions, not whether youth treats their parents respectfully. Not only did the PO include harmful, irrelevant information in the report they also failed to provide the youth's attorney with a copy of the report in advance. The Legal Aid Society urges City Council to ensure that DOP's focus changes to one dedicated to supporting our clients. We ask that CLOs return to Family Court delinquency part and Criminal Court youth parts, and critically to increase the availability of evidence-based alternatives to incarceration and detention programming. We ask the City Council to require the DOP to report on the steps it has taken to ensure

that rehabilitative approach with a focus on services return to the DOP. Thank you.

AMANDA STAGNARO: Good afternoon, Chair Nurse and members of the Committee on Criminal Justice. My name is Amanda Stagnaro. I am senior Director of the Executive Office at CASES. At CASES, we believe that New York City's most deeply rooted problems can be solved by supporting not jailing people. We served over 12,000 New Yorkers last year of whom nearly 90 percent identified as Black and/or Latino. Our programs prevent harm and trauma of incarceration through pre-trial services, alternatives to incarceration, support the achievement of education, employment, health and housing goals, and promote mental wellbeing through a range of clinical and case management programs, improving public safety through community-based solutions. Our youth and young adult programs work to prevent incarceration and recidivism by giving young people the support they need to stay out of jail and reach their goals. These services help emerging adults pursue their personal and professional growth, such as earning a GED or preparing for employment while learning the skills

necessary to overcome life's challenges.

Unfortunately, our work to divert young people from

detention and placement have become markedly more

difficult in recent years as the Department of

Probation has cut essential programs and shifted its

focus from rehabilitation and growth to punishment.

These policy changes are a primary reason why the

youth detention rates have risen so much and a deeply

troubling trend. We've worked closely with DOP for

decades in the Family Court system to provide

transformative opportunities for young people to

avoid placement in detention and on voluntary

programs that invest in their future. It is

challenging now to review our work with DOP as a

partnership, however, given the abrupt program

cancellations and attempts to use our programs to be

more punitive. The abrupt closure of the Next Steps

program began in Fall 2023 when DOP cut its

investments into two critical CASES programs, the

first being Next Steps and Impact. Next Steps was a

mentoring program for youth living in NYCHA. They

abruptly shuttered the program in August of 2023

without providing a clear reason. The Department

gave providers citywide, including CASES, less than

one week of notice to end the mentoring services.

Next Step's initiative of the Mayor's Action Plan for

Neighborhood Safety offered one-on-one and group

mentoring program within a cognitive behavioral

therapy-based curriculum designed to help young

adults make the attitudinal and behavioral changes

necessary to avoid criminal activity and re-engage

with work, education, and community. The

participants themselves were crushed to lose the

program and had the following to say on its impact on

their lives: "Next Steps has helped us to find jobs

and internships while helping us to remain motivated

on a daily basis. Next Steps creates good, safe,

positive space for us to express ourselves and be

free. With mentors that genuinely care it gives us

extra support from someone that we can go to without

the fear of being turned away. Through this program,

we receive help with things like resume writing,

filling out job applications, and preparing for

interviews. Our mentors work with us to better

prepare for us for these jobs by leading mock

interviews, shopping for professional clothing, and

whatever can be done to help us develop as

professionals. Whenever we are in need, Next Steps worked with us"--

CHAIRPERSON NURSE: [interposing] Can you please-- can you please wrap?

AMANDA STAGNARO: Yeah, I'm so sorry.

CHAIRPERSON NURSE: I'm sorry, we have a list of folks to get to.

AMANDA STAGNARO: Sure, of course. So, it is-- so the culture shift at DOP to programs like Next Steps and Impact show how current probation leadership does not understand the power of youth mentorship for young people. Changes made within DOP that we've talked about today like the uniforms and gun-carrying Probation Officers have established an aggressive and punitive relationship between the Department and the people that we serve. It is unsurprising to see that in the most recent MMR the DOP supported several concerning metrics regarding young people. These concerning trends can be attributed to the cancellation of critical, preventative, and intervention programs. When young people do not get the help they need to avoid troubling behavior and exit the criminal legal system, some of them will continue to engage in

harmful activities. Unfortunately, today's DOP does not facilitate trust with our young population--

CHAIRPERSON NURSE: [interposing] Can you please wrap up? I'm so sorry.

AMANDA STAGNARO: and continues to cause them harm. Yep. The City must restore funding for prevention programs and engage young people. Thank you for the opportunity to testify today.

CHAIRPERSON NURSE: Thank you. Sorry about that. I'm just-- we're running out of time. Well, I'm personally running out of time. The next list is Dana Biel, Noam Cohen, Christian Nempard [sp?]. And you can start when you're ready. You can just put the-- make sure the red light is on. You can start when you're ready.

NOAM COHEN: Hello, my name is Noam Cohen. I'm a proud member of Vocal New York. Thank you for holding this hearing today. We directly organize people who are directly impacted by homelessness, people who are directly-- we also organize people who are directly impacted by mass incarceration, people affected by the drug war, people affected by the HIV/AIDS epidemic. I'm really just here today to speak on Resolution 734, the

1 resolution regarding the Robert Brooks package,
2 legislative package that was passed by the both the
3 State Assembly and the State Senate in the final days
4 of session. Robert Brooks was brutally beaten to
5 death in the medical ward at Marcy Correctional
6 Facility upstate in Marcy, New York by six
7 Correctional Officers. Officers who took an oath to
8 protect and serve. Instead, they murdered a man when
9 they thought that they were off-camera and that no
10 one would see. Just one week before the end of
11 session, the Black, Puerto Rican and Asian Caucus
12 introduced a package to ensure that what happened to
13 Robert Brooks never happens to anybody again. I was
14 there. I was up in Albany. I went up to Albany with
15 Vocal New York with a coalition, with the People's
16 Campaign for Parole Justice, with a broad coalition
17 of many criminal justice reform groups that were made
18 up of people who have directly experienced
19 incarceration, made up of family members of people
20 who've been through the prison system. We fought for
21 that package. We stood with Robert Brooks' grieving
22 father, Mr. Ricks [sic]. We stood shoulder to
23 shoulder with him. We brought directly impacted
24 people into the rooms where decisions are being made
25

that decide the fate of our people, our communities, and our lives. But even that original package did not include ending qualified immunity which is critical to ensuring that families have the power to seek financial justice not just-- not from the taxpayer, but actually from those who are directly responsible. The-- and the four most transformative bills and the most important parts of that package when it comes to elder parole, fair and timely parole, the Second Look Act, Earned Time Act, were all left out. They were all stripped out of the package. That is completely unacceptable. These are bills that would have saved lives. These are bills that would move us away from a system of permanent punishment and towards one that recognizes human dignity and personal transformation. All of these bills were stripped from that package before final passage. You know, these legislators, these law makers up in Albany, they took pictures with Robert Brooks' father. They shook his hand. They smiled for photos. They promised him justice for his son, but when it mattered most after multiple people had died while the Correction Officers decided to walk of

the job, law makers decided to leave the most critical parts of that package out.

CHAIRPERSON NURSE: Can you please wrap up?

NOAM COHEN: Let's be explicitly clear-- yeah, of course, I'll be wrapping up.

CHAIRPERSON NURSE: Please.

NOAM COHEN: If this oversight package had been in place while Robert Brooks was alive, it wouldn't have saved his life. Oversight's important, don't get me wrong. Oversight and accountability, reports on the conditions in the prison system, more cameras in the prison system are important, but at the end of the day--

CHAIRPERSON NURSE: [interposing] Can you please wrap up?

NOAM COHEN: you need package [sic] to release. If the City Council is serious about addressing this violence that plays-- last clause-- that plagues our prison system, you must do more to ensure symbolic-- more than just symbolic oversight. I urge the City Council to draft and pass a resolution calling on the State Legislature to convene

a special session immediately to pass true
accountability, real--

CHAIRPERSON NURSE: [interposing] We need
you to wrap up, sir, please.

NOAM COHEN: pathways to release,
meaningful--

CHAIRPERSON NURSE: [interposing] I don't
want to have to get aggressive. Can you please wrap
up?

NOAM COHEN: [inaudible] reform and
expanded earned time and actual justice for Mr.
Ricks, Robert Brooks' father who continues to fight
to ensure that no parent has to go through--

CHAIRPERSON NURSE: [interposing] Thank
you.

NOAM COHEN: what he had to go through.

CHAIRPERSON NURSE: Thank you.

NOAM COHEN: Thank you very much for your
time.

CHAIRPERSON NURSE: Appreciate it. I'm
asking everyone for two minutes, because I'm running
out of time. I'm sorry, but please, I'm asking you
to stick to two minutes. I'm going to be stricter on
that. Thank you.

DANA BIEL: Hello? Good. My name is Dana Biel. I'm from the AIDS Coalition to Unleash Power. I was sent here, because Act Up [sic] is hopeful that under the guy who's leading in the race for mayor, there will once again be renewed attention to closing Rikers. What I mostly have to say is not about the Probation Department, but about the first segment, the hospital that never got used. We actually encountered that, because we're looking for a medical facility to expand overdose prevention so that instead of just dealing with people walking in and doing street drugs, we could have a special overdose prevention room for psychedelics. So, I'm specifically talking about Ibogaine. Robert Kennedy has announced that Ibogaine will be available in the veteran's administration within 12 months, because 1,200 veterans have gone down to Mexico and taken Ibogaine and gotten rid of their traumatic brain injury. Ibogaine rewires the brain. Now, we were always concerned primarily because it's good for addiction. Half the people who take it walk away from drugs for the rest of their lives. We're giogn to try to get this bill passed. I gave you a couple of copies. We're going to try to get it introduced from

some of our friends on the Council, so you might look at it. But what we're trying to do is to-- well, once we get to the third stage, provide the kind of treatment that could massively cut the population of Rikers. Remember, half of the people who do it, walk away from drugs for the rest of their lives. That means if 75 percent of people going to Rikers have a drug problem, we might be able to cut 2,000 people from the Rikers population.

CHAIRPERSON NURSE: Thank you, sir.

DANA BIEL: so, what we need is your help.

CHAIRPERSON NURSE: Thank you, Sir.

DANA BIEL: We need your help--

CHAIRPERSON NURSE: [interposing] Please wrap up your testimony.

DANA BIEL: passing the initial bill which will trigger the state legislature to add-- to act.

CHAIRPERSON NURSE: Thank you.

DANA BIEL: You have the power. You have the power--

CHAIRPERSON NURSE: [interposing] Thank you, sir.

DANA BIEL: to change the code regarding-

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CHAIRPERSON NURSE: [interposing] Thank you, sir. We're going to move on. That was off-topic-- a little bit off-topic testimony and it's past two minutes. I'm going to call up the next panel. We're going to move to Zoom. Thank you for your testimony. Move to Zoom. First up is Christopher Leon Johnson.

CHRISTOPHER LEON JOHNSON: Yeah, hello, Chair Nurse. My name is Christopher Leon Johnson. I'm going to try to get off quick. I know you got to go. Alright, so I'm here to show a little bit of opposition to the Intro-- the Resolution that Mr. Salazar has-- had popped up in the State Senate, and a little support. I am not here to say that I'm against people that lose their lives, but the same time, people got to-- we got to always honor the real victims of these crimes. Mr. Robert Brooks actually killed somebody, and the thing is that I believe that he was killed because of karma, and that's how sometimes God works. God puts people in positions where it's kind of heinous, but it's the truth. It's really karma. I'm calling on the City Council to not

1 go to introduce-- have a resolution to convene a
2 special session, because all this does is oppress
3 everybody. There's a lot people that do a lot of
4 dirty things in this world, and they need their
5 justice [inaudible] in society. I know yourself, Mr.
6 Nurse, you got in a situation at Rikers with an
7 inmate, and like I said, I think you know if that
8 person was to ever be convicted, you would want that
9 person to suffer heinously, because what he done to
10 you. I believe that nobody should ever be a victim
11 of another person, and the person that do the
12 victimizing should be honored with bills and
13 proclamations and days made after them, and I believe
14 that this session should not be convened in the
15 special session. I'm totally against this resolution
16 and I hope this resolution is not to be introduced in
17 the City Council and it dies. Like I said, I'm here
18 for the real victims, the people that been victims of
19 crime. Rest in peace for the person that got
20 murdered by Mr. Robert Brooks. And like I said
21 before, Ms. Nurse, I hope that you get your justice
22 for your situation that happened at Rikers Island,
23 like I said. Like I said, I know that if you-- if
24 that person would be convicted for what he did to you
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at Rikers, you would want that person to get every amount of time he could get, the max sentence. And like I said, karma is karma and that's how God works. We do evil things [inaudible] NYC, New York State--

SERGEANT AT ARMS: [interposing] Your time is expired.

CHRISTOPHER LEON JOHNSON: [inaudible]
Thank you so much. Bout to go. Thank you so much.

COMMITTEE COUNSEL: Thank you. I'm just going to call on those who registered to testify on Zoom but aren't currently present. That's Sunil Tohan [sp?], Amanda Stagnaro, Tsi Sing [sp?], Armando Rodriguez [sp?], and Alex Stein. Seeing that no one's present, I'll pass it back to the Chair to close out the hearing.

CHAIRPERSON NURSE: Thank you so much.
Thank you to our Sergeants, to all the advocates who came, to the administration and to the Probation Union, and thank you to our wonderful staff here for all your help preparing for this hearing. I now adjourn this hearing.

[gavel]

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COMMITTEE ON CRIMINAL JUSTICE

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COMMITTEE ON CRIMINAL JUSTICE

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date September 5, 2025