

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

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April 16, 2025

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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)

Judge Jonathan Lippman
Independent Rikers Commission

Zachary Katznelson
Independent Rikers Commission

Stanley Richards
Fortune Society, Independent Rikers Commission

Leandro Diaz
Independent Rikers Commission

Deana Logan
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Lily Shapiro
Fortune Society

Helen Taylor

Tierra Labrada
Supportive Housing Network of New York

Lauren Velez
Corporation for Supportive Housing

Joshua Varner

Barbara Bierd
Center for Employment Opportunities

Joseph Soto
Fortune Society

Brianna Seid
Brennan Center Justice Program

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

Shlomit Levy
Center for Justice Innovation

Jennifer Hose
Legal Aid Society Decarceration Project

Christopher Boyle
New York County Defender Services

Nadia Chait
CASES

Sarita Daftary
Freedom Agenda

Jennifer Parish
Urban Justice Center

Tasha Burnett

Gordon Lee

Sharon Brown

Rebecca Henry

Daniele Gerard
Children's Rights

Kelly Grace Price
Close Rosie's

Christopher Leon Johnson

SERGEANT AT ARMS: Good afternoon and welcome to the New York City hybrid hearing on the Committee on Criminal Justice. Please silence all electronic devices at this time. Also, please do not approach the dais. If you have any questions, please raise your hand, and one of us at Sergeant at arms will kindly assist you. Thank you very much for your kind cooperation. Chair, we are ready to begin.

CHAIRPERSON NURSE: Thank you. Good morning everyone. Good afternoon. Good afternoon, everyone. I'm Council Member Sandy Nurse, Chair of the Committee on Criminal Justice. Welcome to today's oversight hearing, examining recommendations from the Independent Rikers Commission, also known as the Lippman Commission's Blueprint to Close Rikers. AT this hearing, we will also consider Introductions 1100, 1238, 1240, 1241, 1242, and Resolution 371. I'll keep my remarks brief, because we have several witness panels and multiple agencies that will appear before this committee today. As we continue to witness people in custody suffer and die, the moral imperative to close Rikers Island remains as urgent as ever. In just the past six weeks we've seen the death of five people who passed away in city custody.

And while many people come into Rikers with a number of debilitating conditions, they have generally been accelerated while in our custody and this must end.

As was outlined in the Independent Commission's Blueprint to reduce the jail population, maintain public safety and transition to a humane borough-based jail system will require a coordinated effort across multiple levels of government, including consistent partnership with the Council. Thankfully, we've already seen many critical stakeholders step up and meet this moment. In recent months, the Office of Court Administration under the leadership of Judge Zayas began a transformational new citywide initiative to speed up case processing. By all accounts, the District Attorneys and public defender organizations that play a key role in implementing this initiative have been working in good faith to achieve its aims. On the state level, we've seen increased investments in in-patient forensic psychiatric care and mobile mental health treatment teams, although we know the state needs to do more. New York City Health + Hospitals plans to open 100 transitional housing beds with services tailored for homeless people with serious mental illness and

addiction issues. Under Speaker Adams' leadership, this council has conducted rigorous oversight, advanced legislation, and advocated for budget priorities, all with the goal of permanently closing Rikers Island. The legislation we are considering today builds on this work. Today, the primary goal is to ask this mayoral administration to show their work and explain what they're doing to meet this moment. Recently, we've received some troubling indications. During our Preliminary Budget hearing in March, MOCJ testified its plans to cut \$8.9 million in funding to alternatives to incarceration programs and \$8 million to re-entry programs which means we are in the same unproductive cycle of inconsistently funding service providers and helping to set up people coming from to safely and successfully re-enter our communities. These cuts run counter to the Lippman group blueprint for what is necessary to reduce recidivism and safely bring down the jail population. The Mayor has repeatedly stated that no one with mental illness should be at Rikers. Yet, since January 2022, the number of people in custody with a mental health diagnosis has increased by more than 60 percent. There were

reports of dead-locking or leaving people with severe mental illness locked up in cells for days on end.

There have been random sporadic announcements by the mayor with no real plan or buy-in behind them for turning one of the borough-based jails into a mental health facility which could potentially further delay the borough-based jails opening. Mayor Adams has also willingly complied with the Trump administration and announced plans to allow ICE to once again set up shop on Rikers Island which may lead people who are not convicted of a crime to be sent to El Salvador's tortuous prison and potentially never heard from again. He did this not because of safety, but because Tom Homan went on TV and threatened to be up his butt if he didn't. It's embarrassing to our city and demeaning to the role of New York City's executive. These are troubling and counterproductive measures, and hopefully there is an effort to gain foot on a better path. I will note that we did invite the new Deputy Mayor Mastro who has Rikers under his portfolio to come and share his perspective on how he plans to approach the law to close Rikers, but I suspected he did not want to come before the Council after deciding to help facilitate Trump's

mass deportation pipeline. So, today we seek to understand how our city agencies under the leadership of Mayor Adams are making efforts to close Rikers. We will hear from Council Members who have bills on the agenda today. Then we will hear from a panel of witnesses from the Commission, and then the agencies will be responding to questions. I'm now going to turn it over to Council Member Rivera to give an opening statement on her bill.

COUNCIL MEMBER RIVERA: Good afternoon.

Thank you. Thank you, Chair Nurse for your leadership for holding this important hearing, and I want to thank this panel for your decades of work and leadership, and of course to all of the advocates who are here, who have guided us and advised us on this movement. Rikers is a humanitarian and fiscal crisis, something you've heard me and all of us say before. Too many New Yorkers diagnosed with mental illness and substance use disorder are trapped in a revolving door of homelessness, incarceration, and emergency hospitalizations. Fifty-seven percent of individuals who are incarcerated at Rikers have been diagnosed with a mental illness, and recent data shows that the number of people found mentally unfit

to stand trial has more than doubled since 2020 while hospital bed capacity has barely increased, something I think that bears repeating over and over again so people understand how serious this crisis is. Each of these issues is deeply connected. Homelessness is 10 times more prevalent among formerly incarcerated individuals than it is for the general public. Jail is not a home. That is why alongside advocates and those with lived experience-- I have worked with experts in supportive housing to put forward Introduction 1100 which we will be hearing today. It would amend eligibility criteria for wholly [sic] city subsidized supportive housing projects to include people who are formerly incarcerated within the past 12 months as a qualifying factor. This simple yet transformative change would remove barriers that keep thousands of vulnerable New Yorkers from achieving the stability they need to build their lives. The Rikers Commission estimates \$2.4 billion in annual savings if we close Rikers and invest in alternatives like supportive housing. My proposal could expand access to 2,600 people in Rikers each year, offering access to safe housing and supportive services, instead of a shelter bed or a

jail cell. This is about safety, dignity and the opportunity at a stable, productive and fulfilling life. I want to thank you all again. I want to thank Chair Nurse, and I look forward to moving all of these bills forward toward passage together. Thank you.

CHAIRPERSON NURSE: Thank you, Council Member Rivera. I'll just acknowledge Council Members Joseph, Marte, Narcisse are here, and I'm going to turn it to Council Member Joseph to give opening remarks on her bill.

COUNCIL MEMBER JOSEPH: Thank you and good afternoon, Chair Nurse, colleagues and members of the public. Thank you for the opportunity to speak today on my bill Intro 1240 and to participate in this important hearing about how we transform our criminal legal system into one that truly centers justice, equity and human dignity. Far too often the moment someone is arrested the system moves quickly to label and process them without ever asking who is this person, what brought them here, what support do they actually need. Intro 1240 would require the Mayor's Office of Criminal Justice to establish a holistic needs assessment program, a tool that allow

us to see the full person, not the charges they face.

Upon consent, this program would assess individuals at the time of arrest for a range of factors: mental health challenges, substance abuse, intellectual developmental disabilities, a history of trauma or domestic violence, emotional and psychosocial conditions. These are not abstract issues, they're real life challenges that impact how people interact with the world and with the criminal legal system.

By understanding these circumstances early on, we can better inform decisions around charging, detention, release, or plea deals. Crucially, the results of this assessment would be provided to individual criminal defense attorneys within 14 days of their Supreme Court arraignment, giving defense teams critical information they need to advocate effectively and compassionately for their clients.

This bill is about building a system rooted in care not just control. It's about ensuring that people, particularly Black and Brown New Yorkers who are disproportionately impacted by this system, have their humanity recognized from the start. We know that a huge number of those detained at Rikers Island are dealing with mental health illness, trauma,

addiction and poverty. If we truly believe in closing Rikers and ending the cycle of incarceration, we must start by seeing the full picture and acting on it. Intro 1240 is one step toward that more humane, more just future. I look forward to working with all of you, with MOCJ, with impacted communities to make this vision a reality. Thank you so much for all of you that are here. Thank you, Chair Nurse.

CHAIRPERSON NURSE: Thank you, Council Member Joseph. So we're going to hear from our first panel of witnesses which includes Judge Lippman, Zachary Katznelson, Leo Davis [sic], and Stanley Richards from the Independent Rikers Commission. Before turning it over to the Committee Counsel to administer the oath, I'd like to let you know how grateful we are for your thoughtful and diligent work on this report, for your collaboration with the Council and for making time to walk us through it ahead of time, and we look forward to hearing your testimony.

COMMITTEE COUNSEL: If you could all 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 question? Noting for the record that all witnesses answered affirmatively, you may begin your testimony.

JUDGE LIPPMAN: Madam Chair, Council Members, last month the Commission unanimously issued its report and recommendations with the main takeaway being what we all know, that Rikers must close because it is a stain on the soul of our city. It is an accelerator of human misery. It is-- violence is rampant. Sixty-two people have died at Rikers since 2020. Staff is regularly assaulted. All of this, the impact of Rikers is disproportionately felt by minorities. Eighty-five of the staff, 88 percent of incarcerated people are Black and Latino. Rikers is the second-largest psychiatric facility in the United States. Think about it. The second largest psychiatric facility, United States. People don't get the care that they need, and when they come out they're worse than when they went in. All of this must change. Our report lays out a blueprint to get that done. It's data driven. It tackles mental health and lawlessness, fosters public safety, honors crime victims, and saves over \$2 billion a year once the jails are up and running, the new local jails.

1 This is not nuclear science. This is good, sound,
2 smart public policy. The Council gets it and gets the
3 urgency of that, and that is clearly demonstrated by
4 your budget and the legislation that you've proposed
5 which we wholeheartedly support. What is needed, and
6 it's set out in the report, includes speeding up the
7 construction of the jails by at least a year and more
8 if we can get it. Reducing the population by
9 attacking case delay and the OCA plan which was
10 mentioned before is really getting to the nitty-
11 gritty of all this. Creating 500 or more psychiatric
12 forensic beds outside the jails-- investing in
13 treating mental health and addiction and supportive
14 services for communities and neighborhoods,
15 particularly those surrounding the jails and
16 particularly the new jails. Without these steps and
17 more, the statutory deadline of August 2027 to close
18 Rikers should not be legally extended. Only when the
19 required commitment and action is demonstrated along
20 the lines that we have laid out and recommended, at
21 least in our opinion, should an extension be
22 considered or granted. Now is the time for strong
23 leadership by all present and future office holders
24 in this city to close Rikers as soon as humanly
25

possible. Our blueprint, I believe, lays out the path to get this done. I would just remind you in my remarks that-- this is again, not complicated. I remind you that Rikers is behind schedule in terms of closing because of a lack of urgency and a lack of will. It's as simple as that. And the Council should continue to exercise its terrific leadership in this area, keep the pedal to the metal or whatever the expression is. Keep your leadership, because what we need is that urgency and will now, and each and every day is-- every day that miserable, horrible place is open, human beings lives are at stake and the city is in peril. So this is the challenge that lies ahead for all of us. I couldn't be more proud of the collaboration between the Commission and the Council, and we have lots of challenges ahead, but the answers I think are right in front of it. We know why this isn't on schedule, and we know what we have to. And again, as demonstrated by the steps that you're taking, by your budget proposals, by your legislation, we can get this done and put people out of this misery that we've lived in for so many years that's a disgrace in a city such as New York. We must end it and end it now, and we're happy to answer any

questions that you have. Although I know you on the Council have read all 123 pages or whatever it is of this report, but happy and delighted to answer questions that we can.

CHAIRPERSON NURSE: I did read that 100 pages.

JUDGE LIPPMAN: I know you did.

CHAIRPERSON NURSE: Thank you so much, and thank you for acknowledging that the Council is there and is committed to moving this forward, especially the fact that our Speaker has made this a priority and has said so very clearly and has helped us move this forward. So, just for the members who are here, I just want to acknowledge Council Member Cabán here. We're going to hear from this panel first, then we have different agencies. So, we'll talk to the Commission and if you have questions about the Commission just ping me. Wanted to give you an opportunity to kind of tell us more about who is on this commission, the expertise they bring. If you want to highlight any of the work that you did to pull this together. You mentioned it was data-driven, sound science, any of those things you want

to highlight so that we have a kind of floor that we're walking on today?

JUDGE LIPPMAN: I'll just opened, and I'll ask Zach to really run you through some of the members, if not all of them. It's a 40-person commission. Hearing may be over before we--

CHAIRPERSON NURSE: [interposing] Fair enough.

JUDGE LIPPMAN: name everybody, but it runs the gamut from business to court people to corrections people to formerly incarcerated individuals to people in mental health. Every conceivable aspect of Rikers is represented on the Commission. Zach, do you want to give a broader view of the members?

ZACHARY KATZNELSON: Sure. I think when we were-- when the Commission was reappointed by Speaker Adams, we really--

JUDGE LIPPMAN: [interposing] And introduce our two members who are here with us.

ZACHARY KATZNELSON: Sure. We have Stanley Richards and Leo Diaz who are both indicative of the expertise and experience we have on the Commission. Just briefly they can speak a bit more

about their own qualifications [sic], but Leo, for instances, has worked in corrections for over three decades. Stanley has a long career both in terms of working as a service provider-- he's now the CEO and President of Fortune Society. Also was the First Deputy Commissioner at the Department of Correction. Has-- is formerly incarcerated himself. We have such-- we've really made an effort to make as wide a tent as possible for the people that were on the Council Member and people from the business community like Kathy Wilde [sp?], people who run mental health agencies like Jonathan McClain [sp?] who runs CASES, people with-- Ken Zimmerman who runs Fountain House. Really trying to look at judges who understand operations or prosecutors, defense lawyers, people who run Mental Health Court, Judge D'Emic who runs Mental Health Court in Brooklyn and has for decades. Really trying to make sure that different views and different input was there, that we built an advisory board made up of, for instance, people who live in the communities around the borough-based jails, people who are in law enforcement, police officers, really trying to bring in different voices and understand from different perspectives what goes

JUDGE LIPPMAN: And let me just add that I personally urge people who don't really have the time, you know, to get into these commissions which are endless meetings and subcommittees and, you know, looking at all the data, because it was so necessary to get this broad constituency so when you saw the report you understood that it came not because Judge Lippman woke up this morning and said gee, Zach, let's include this, that and the other thing in the report. This represented thousands of hours of dedicated people who understand these issues. I'd ask Stanley and Commissioner [sic] to add to it about the workings of commission. How did we get to where we are today?

LEO DIAZ: Sure. So, again, Leo Diaz. Recently retired in October of 2023. Prior to that I worked for the Department of Correction in Westchester County for 34 years. I went up the rank and retired as Deputy Commissioner of Operations. I think we had great success in Westchester. We-- at one point we were under a federal agreement, but we

got out of it in record time, and I thought it was important for me after retirement to kind of join this committee and bring my success and my experience from Westchester to help out with Rikers in any way that I could.

JUDGE LIPPMAN: Stan?

STANLEY RICHARDS: And part of the committee work that we did, we talk with victim service provider and we talk with community members. We really wanted to make sure that our recommendations reflected what we were hearing from community members. We engaged Department of Corrections. So this report is not made in absence of their reflections and their concerns. It is made with their reflections and concerns. So we really wanted to make sure that the report was reflective of the diversity of our city, the diversity of the communities impacted by mass incarceration, and returning-- people returning home and the families. So we did broad outreach to make sure we included the voices. And one of the things that really stood out for me was that when we did engagement with the victim services organizations and we did surveys, what they said was they recognize that there are

1 people with mental illness being detained in our
2 jails, that our jails are basically psychiatric
3 facilities. That shouldn't be. They understand that
4 having people incarcerated as a result of their
5 mental illness doesn't make our community safer. It
6 doesn't make our city safer, and it doesn't make them
7 feel valued and appreciated, and so voice is included
8 in our report, and we're really thankful.

10 JUDGE LIPPMAN: Can I just add one other
11 thing? That we didn't accept when people said
12 whether it was administration, stakeholders, whoever
13 it was, it can't be done, you know? That's not the
14 answer, and I take it in the area that I'm most
15 familiar, the courts where when I was Chief Judge,
16 too, we tried them. We tried to do case delays, you
17 know? Let's do quick-hitting parts that they make
18 good numbers, but didn't necessarily produce the
19 result. I ask Chief Judge Wilson, my successor,
20 Judge Zayas, the Chief Administrative Judge, what can
21 be done that's never been done before, and that's
22 what they came back with, and that's why we think we
23 could cut the jail population by at least 2,000
24 people over the next couple of years.

STANLEY RICHARDS: And I just want to add to that, because I think for me that's a really important thing. When I look at this work-- I've been in this work for over 34 years. When I look at this work, when I was in the system, there was 22,000 people incarcerated in New York City jails, right? There were 72,000 people incarcerated in New York State prisons, right? We have seen over the years two things happen, the number of people incarcerated going down. We see those numbers going up in the City. We're over 6,000, but we went from 22,000 to where we're at right now, and at the same time we've seen our city get safer and safer. How do we do it? Because we all leaned in together. We understood that the investments that we need to make and alternatives to incarceration in housing and all of the recommendations we do help make our communities safer. And so there is a lesson to be learned in our history that we need to lean into again and hold onto as we approach this moment in time.

CHAIRPERSON NURSE: Thank you. I want to acknowledge we have-- the Public Advocate has joined us, Council Member Hudson, Abreu. We have Hanif on Zoom. We've got a handful of questions for you all,

and I think if one of you could in the simplest terms help New Yorkers on the block understand how closing Rikers connects to their sense of public safety. We know crime is down. We know we put a lot of things in place, but how do you make that connection? Why should New Yorkers be invested in this?

JUDGE LIPPMAN: It's so clear to us that people going through Rikers have the most traumatic experience of their lives. They come back out into the community not fixed, helped, better, healed. They come back traumatized and in a state of confusion, unable to be reabsorbed into society. Recidivism coming out of Rikers is sky high because what happens there defies what a penal institution should do. You know, penal institutions aren't just about punishment, and the culture at Rikers, what we train the officers to do, what we think is the purpose of that horrible place is wrong to begin with and the whole culture has to change because you don't help public safety. you hurt public safety when you have an institution like that, that hurts people, that doesn't-- again, it's not designed to help them come back into society, whether it's the programs that exist there, whether it's the programs that

1 exist after they get out, whether it's the failure to
2 be in sync with mental health institutions, with
3 psychiatric services, with housing, it's made to hurt
4 public safety. It's the worst thing we possibly have
5 in this city when you talk about the safety of the
6 people on the streets that have people go in and out
7 of Rikers never be helped, and again, wind up being a
8 scourge and a burden on society when they're just
9 human beings. They had a little assistance, they
10 could lead useful and meaningful lives. Anyone want
11 to add to that about public safety?

12
13 CHAIRPERSON NURSE: And just-- be got a
14 long list.

15 JUDGE LIPPMAN: Oh, I'm sorry.

16 CHAIRPERSON NURSE: I think you made the
17 case very well. Maybe I'll-- maybe if we rotate.

18 JUDGE LIPPMAN: Stanley could always--

19 CHAIRPERSON NURSE: [interposing] You all
20 are very experienced and excellent on this, but and I
21 do know I'm going to get to the Public Advocate. He
22 did want to give a statement and I think Council
23 Member Hudson did as well. So I'll get you in there,
24 but we're kind of on a roll now. So, some of-- most
25 of your recommendations are looking at us. Like, I

mean, part of it is like you're looking at Council Members, Borough Presidents, Community Boards. You're asking us to help site housing and facilities. What are you needing from us? Make your pitch to what you need from those of us who have decision-makers-- decision-making power over where infrastructure that can support us closing Rikers needs to go.

JUDGE LIPPMAN: Yes. Zach, you want to give a short list? Stan, go ahead.

STANLEY RICHARDS: We need the City Council to lean in. I think we're at a moment where every community must bear its fair share of providing opportunity, stability and housing to some of the most vulnerable New Yorkers. We have a project that is in the pipeline called Just Home that is targeting people with complex medical needs who are homeless who cycle between Rikers Island, the emergency room, and hospitalization and shelter. And those are some of the most expensive resources that the City leverages to care for them. And what we're offering is permanent supportive housing in the Bronx on Jacobi Hospital campus. There's one example of what we need from the City Council is for the City Council

1 to truly lean into that and to ensure that every
2 community bears its fair share. And I am from the
3 Bronx. I'm from Community Board Seven, and we have
4 multiple developments that have been happening in our
5 community, and I applaud those developments. We have
6 the Doe Fund in my community. I was born in Jacobi
7 Hospital. So, there's an investment we need from the
8 City Council both in terms of their ability, your
9 ability to vote yes for those projects, and your
10 ability to lean in with resources to make sure that
11 those projects go through.

12
13 CHAIRPERSON NURSE: Thank you for that.
14 So, some of the legislation we're-- one piece of
15 legislation we're discussing here today is inspired
16 by your recommendations, Intro 1242. It's requiring
17 the City to designate two people--

18 JUDGE LIPPMAN: [interposing] Yes.

19 CHAIRPERSON NURSE: Like a fulltime crew
20 to be focused on this and have-- and be empowered to
21 really cut through things, get people cooperating.
22 Can you talk about why you recommended the creation
23 of this role and what gap you think it's filling?

24 JUDGE LIPPMAN: Yeah, I think it's one of
25 the most important recommendations that we made. The

1 problem is-- and I'm not being critical of this city
2 or administration. The point is there's been no
3 point-person. It's been a revolving door on Rikers.
4 every other week someone else is the point-person,
5 and there's no one to talk with, to negotiate with,
6 to send them over the Council and say look, the
7 Council has this idea, you have that idea, get
8 together and let's make it work. There's been one--
9 it needs-- you know, this expression, the czar. It
10 needs someone who does nothing 24 hours a day other
11 than think about closing Rikers. It's really one of
12 the great fault lines, and we've had-- again, aside
13 from having no one who we can talk to since day one
14 that we can say this person can make things happen at
15 Rikers. When you do have someone who you start to
16 talk to, it changes. So I think it needs the
17 authority of the Mayor to appoint someone who
18 represents the Administration who could deal. Look,
19 we're the people on the side lobbying in suggestions
20 who could deal with you, you know? Because the two
21 of you together are going to make this work. So, the
22 one position has been lacking since the beginning is
23 someone who we know can make things happen at Rikers.
24 the other position, there needs to be someone whose
25

overwhelming commitment 24 hours a day is to changing the culture, because if we just put Rikers in each of the four local jails with the same culture, we're not accomplishing anything. So that person has to be committed starting now. It really hasn't started yet. What are those new jails going to look like, feel like, and that's why we need two people, one at corrections to be looking at the new jails, changing the culture, and the other one to looking at getting this done every single day.

STANLEY RICHARDS: And I want to just summarize that really quick. My experience in working with the City, the bureaucracy is established to get to know why we can't do something, and we need two people who can get to yes. Cut through all the bureaucracies, cut through all of the interagency and agency policies and procedures and bureaucracies and get to yes.

JUDGE LIPPMAN: And work with you, principally. Again, we're [inaudible] one you do this, one you do that. Work with you day in and day out. I'm sure you have the same issues we have.

CHAIRPERSON NURSE: Thank you so much for that. Mr. Richards, as a former Deputy Commissioner

at DOC, what do you think the Department needs to prioritize in its planning for the transition to the borough-based jails?

STANLEY RICHARDS: As we put in the report, and my colleague can answer this as well-- as we put in the report, culture change needs to start right now, and culture change is part about the training that we provide to officers. Culture change is about reviewing the policies and procedures and modifying those policies and procedures. We need to do that right now.

JUDGE LIPPMAN: And Stanley, reviewing the definition of the job.

STANLEY RICHARDS: That's right. That's right.

JUDGE LIPPMAN: What they think they're doing is not--

STANLEY RICHARDS: [interposing] That's right.

JUDGE LIPPMAN: obvious.

STANLEY RICHARDS: And to work-- we put in the recommendations-- and to work with an organization like Amend [sic] who has done correctional culture transformation throughout the

country and internationally. And we know we can do it, but it's going to take sustained leadership and that's why we recommended the two appointed positions to focus on this every single day. What happens right now is that officers go through the Academy. They get the very basics about Correctional Law and correctional operations, and then they go into facilities where they have to deal with 57 percent of the people with mental illness. Talk about disconnection. We have policies and procedures in the Department that was for a department that was 20 years ago, but yet those policies and procedures are the key operating principles within the department. So we need to do a total evaluation and revamping of all those things, training, policies and procedures, culture implementation, before we get to the borough-based jails.

CHAIRPERSON NURSE: Up to you. Yeah, go ahead.

LEANDRO DIAZ: So, I'll take our experience in Westchester where we had the monitor there. We didn't see it as being an adversarial relationship. We said this is an opportunity for change, right? So, I was there-- you know, I was

there for over 27 years when he came in, and when you're there for that long and you're reading the policies, they become like this is a great policy. So to have the fresh eyes review policies, make changes, provide proper training, you know, when you make policy changes it's good to-- we always did this in Westchester. It's always good to provide staff with the reasoning for the policy change. So they understand why is that the Department's doing-- they may not agree with it, but now they have an understanding of why it's happening. Providing mentorship, you know, in our facility when I became the Deputy Commissioner they said you want to be-- you want an office in headquarters? I said no, I want an office in the building. I want to be embedded in the building. I want them to see me there, to see me as part of the team. So, providing mentorship, leadership. And then the final piece when you've done all you're supposed to do as a department is accountability. You know, I remember a few years ago hearing that DOC had 2,000 disciplinary cases outstanding. You know, we believe in cause and effect. You're involved in an incident. We're going to resolve that incident. It doesn't define your

1 career. We're going to get you to a better place,
2 but you can't allow lawlessness where people don't
3 violate-- I mean, violate policies and create risks
4 for the population.
5

6 CHAIRPERSON NURSE: Are there any
7 specific resources or investments that you think are
8 required to actualize true organizational change at
9 DOC?

10 LEANDRO DIAZ: I mean, we've made a big
11 investment in staff training. We go beyond what's
12 required. In three days we do supplemental training.
13 We send our bosses to leadership training in other
14 states. We're part of the Sheriff's Association and
15 other agencies to make sure we get the latest and
16 best practices. And many times we see those best
17 practices.

18 CHAIRPERSON NURSE: Okay. If any members
19 have questions for the Commission, let committee
20 staff know. I just have a few more. I wanted to get
21 into the math. You all talked about \$2.4 billion per
22 year in savings once the borough-based jails are up
23 and running. Walk us through what went into that
24 financial assessment, specifically can you address
25 how much your savings estimate is dependent upon a

reduction or restructuring of the DOC workforce? If you have numbers about how many uniformed or non-uniformed staff DOC would need to reach for that savings? Yeah, start there.

JUDGE LIPPMAN: Zach can answer that. I always get the math confused. I always go to Zach to explain it to me. He'll explain it to you now.

CHAIRPERSON NURSE: Great.

JUDGE LIPPMAN: Go ahead Zach.

ZACHARY KATZNELSON: We're starting from a premise that we're going to have smaller modern facilities, safer designs. Rikers design alone is a disaster. There are blind spots everywhere. It requires different staffing than a facility that were built today requires. We're going to have fewer people in jail, because we have to target, as has been discussed, just how long criminal cases are taking in New York City. That has to change, and we have to address just how many people with mental illness and particularly serious mental illness are in the jails. Those two factors artificially inflate the population at Rikers beyond, well beyond what might be considered necessary for public safety. So we're going to get to a place where there are far

fewer people in jail. And the reality is you combine that much more efficient, safer physical design. With having fewer people in jail, you don't need as many staff. And so when you look at what works out is that the operational budget adjusted for inflation because we're not talking about today, we're talking about when the whole system is in place, that operationally we will save \$2 billion a year because of those efficiencies, and we'll also save over \$300 million a year on overtime. Overtime is a tremendous amount of spending every year for Department of Corrections.

JUDGE LIPPMAN: What is staffing now, Zach? Explain.

ZACHARY KATZNELSON: The staffing now is just under 6,000 officers. On payroll they are budgeted-- the budgeted amount is just over 7,000 officers. We are looking at roughly 3,250 officers would be necessary. We're looking at a population of roughly 4,500 people, right. That's the maximum capacity of the borough system. We're proposing adding 500 psychiatric beds outside the jails, but we're looking at population of roughly 4,500 people in the system. That requires-- it's basically a

ratio of 75 officers for every 100 incarcerated people. That would still be vastly-- tremendously richly staffed compared to incarceration systems around the county. We also foresee having roughly 1,500 if not slightly more civilian staff there. People are providing services. People are providing support. People-- social workers, counselors, people that can do the work, some of which is done now by uniform officers, but doesn't need to be, right? This balance of security and services, that you look at that all together it get us to a savings of over \$2 billion a year every year once the system is in place.

CHAIRPERSON NURSE: And just as an add-on before I open it up to folks, one of the things that we've touched on a few times is about this workforce that is going to need to have a transition, and a really thoughtful, well planned out transition. We've asked a few times, you know, what are they thinking. We haven't-- we've been told it's too early. It's too early. But I think it's never too early to start thinking. Do you all have any ideas or recommendations? Are you all thinking about, you know, when the City should start that process of

1 thinking about the workforce that will be essentially
2 downsized?

3 JUDGE LIPPMAN: Well, the answer is now.
4 Go ahead.

5 LEANDRO DIAZ: Yeah, I think we should
6 start now. You know, I think the Commission report
7 has it in there that, you know, you take a facility
8 at Rikers and you model it now, right. You procure
9 the best leaders in there. You're-- you review post
10 orders, your policies. So you start now so that you
11 can take that success, right? Prove it to staff that
12 it could be done and then transition that into the
13 new borough jails. So it's has to start now.

14 ZACHARY KATZNELSON: So much of this
15 depends on investing in supporting staff. Investing
16 in staff, making sure they have the training, the
17 resources, the day-to-day leadership and mentorship
18 and supervision that they need. Right now, that
19 doesn't happen. It falls apart far too often at
20 Rikers where people-- again, officers are expected to
21 deal with a population with significant numbers of
22 people with serious mental illness without the
23 training, without the support. They often feel like
24 they're out there on an island by themselves, and
25

that cannot continue. Staff need to have something far better.

STANLEY RICHARDS: And the Department knows exactly that their attrition rate is, and so they can plan this out. They know when people started, when they're going to hit their retirement. So they can go out five, 10 years with projections about what the workforce would look like. They could even be talking about how many people they need to bring in to maintain or at least manage the current population until Rikers is closed. So there's a way in which the planning can happen right now with the tools that they have right now.

CHAIRPERSON NURSE: Thank you all. I'm going to give a brief pause. We're going to turn it over to the Public Advocate who I think had a statement he wanted to deliver and then give it to-- open it up to members who want to ask you all some questions.

PUBLIC ADVOCATE WILLIAMS: Thank you, Madam Chair. Much appreciated. As mentioned, my name is Jumaane Williams. I'm the Public Advocate for the City of New York. Thank you all for being here and for doing the work. I thank Chair Nurse and the

members of the Committee on Criminal Justice for holding this hearing and giving me the opportunity to make a statement. Despite the urgent humanitarian crisis on Rikers Island, it is impossible for the city to meet its legally-mandated deadline to close Rikers by the year 2027. This has been an open [inaudible] as the Adams administration has sat on its hands for most of its tenure, allowing the dysfunction in the jails to spiral and the death toll to rise. However, the Independent Rikers Commission recently confirmed that we already knew in a report released last month. Though the jail population reached historic lows during the pandemic and despite the planned borough-based jails capacity of only about 4,500, this administration has facilitated a consistent rise in the number of people incarcerated on Rikers Island every year since Adams took office. This lack of diligence and urgency has compromised the dignity and safety of people on both sides of the bars and has cost at least 38 people their lives. The blame for this city's imminent failure, we have to be honest, to meet its deadline cannot be placed solely on Mayor Adams, but at the same time, there's no exoneration from the direct and clear failure to

put any systems at all in place to move forward this deadline. The pandemic contributed to a backlog of court cases, and Wildcat strike in upstate prisons has forced the city to hold people in jail passed the dates they were supposed to be transferred to state prisons. At the same time, there was a lack-- a clear lack of urgency from this administration to decrease the population and ensure the City is hitting the benchmarks it needs to close the jails on time. efforts to obfuscate the abuse and dysfunction in the jails and ensure transparency and accountability including through dubious legal Executive Orders to get around city laws the Mayor doesn't like has exacerbated the suffering on Rikers Island. it is clear that there must not only be the physical construction of new jails, but a radical cultural shift to prevent the recreation of Rikers in each borough, an example the Mayor has thus far failed to set. While it is impossible to put a numerical value on a person's, the crisis at Rikers has cost the City in many other ways as well. Holding one person in jail cost \$400,000 annually. Closing Rikers Island, transitioning to the proposed borough-based jails will save the City \$2.2 billion

1 annually in operating and overtime costs. The
2 closure of Rikers Island must not only be an
3 investment in infrastructure of the new jails
4 themselves, but in people and communities. Rikers
5 Island is currently the largest provider of mental
6 health services in the City-- I believe in North
7 America-- and this is neither appropriate or
8 practical. The city and state can decrease the
9 number of people in jails by investing in and
10 expanding mental health treatment and services, both
11 inpatient and the community. While the Mayor likes
12 to blame changes to the state bail reform for
13 recidivism, the city's divesting from program and
14 services that help people successfully reintegrate
15 back into civilian life, and recidivism has been a
16 problem long before the state's bail laws were
17 changed. In addition to this report from the
18 Commission, several pieces of legislation are also
19 being heard today. Resolution 371 co-sponsored by
20 Council Members Hudson, Nurse and myself calls on the
21 state legislature to pass S6643A and Assembly 9115
22 which would provide eligible incarcerated individuals
23 with a monthly stipend upon release from a state
24 correctional facility. A person released from
25

1 incarceration is immediately faced with expenses
2 including housing, clothing, food, and acquiring
3 identification documents. This is a relatively
4 inexpensive, tangible way that we can ease the
5 transition from incarceration back into the
6 community. The Independent Rikers Commission report
7 makes numerous clear and direct recommendations to
8 lead the city back to the path to close Rikers as
9 soon as possible, though after 2027. We want to focus
10 here on our accountability for the administration
11 that has failed to meet its legal mandate and how we
12 can avoid another mayoral tenure, be it under Eric
13 Adams-- hopefully not-- or someone else of inaction
14 and negligence. We owe the families of those whose
15 lives have been taken by Rikers Island that much.
16 Thank you.

18 CHAIRPERSON NURSE: Thank you, Public
19 Advocate. Council Member Narcisse, do you have a
20 questions?

21 COUNCIL MEMBER NARCISSE: Good morning
22 and thank you, Chair, for putting us together here
23 and thank you to all of you for being here. One of
24 the things that I want-- and as being a nurse for so
25 many decades I have learned to triage, right? So

what we're talking about right now in our Rikers in jail there, people have mental illness. What's the percentage that you know of people that have mental health--

JUDGE LIPPMAN: [interposing] 57 percent, I think--

COUNCIL MEMBER NARCISSE: [interposing] 57 percent. So, for 57 percent, right? So, I think the borough-- I mean, Jumaane just mentioned that, Public Advocate. It take about \$400,000 a year to jail someone over there, right?

JUDGE LIPPMAN: Yeah, more than 400, yeah.

COUNCIL MEMBER NARCISSE: But for the model that you're talking about, how much that will cost to have someone in a home-based jail? How much that could cost per year?

STANLEY RICHARDS: Are you referring to like supportive housing?

COUNCIL MEMBER NARCISSE: Yeah, supportive houses, sorry, yes.

STANLEY RICHARDS: Yeah, supportive housing is around \$55,000 a year.

COUNCIL MEMBER NARCISSE: \$55,000 a year.

So we can save so much money and yet we can spend much less to house someone, right? I'm totally in supportive housing, because supportive housing is a place where people can be. You can be a person, and I truly believe it's inhuman to put someone with mental illness in a jail system. We have to learn to triage that, right? And we can compare. We know the world we're not-- we're not living in a bubble. If you look at places like Norway, the percentage of people, but they're based on the rehab process. They don't base on just putting people in jail, but they want people to come back to society and to be a human being, and I thank you for describing that. Being a nurse working with folks, visited Rikers, one of the things that I walked out with is how inhuman it is for us to continue this process. So, I'm saying that the money-wise, it's penny wise, dollar foolish. If we put people-- we can rehab people and put them back in society. So, how-- the other thing, the question I have for borough-based jails. So I want to know how you foresee it? Like, do we-- we need a structure to oversight, because one of the thing that I have-- if you watching yourself, you're grading

yourself, I'm not going to know the true grads. So, do you see that having a structure to oversight any-- even supportive houses and as well as based jail?

STANLEY RICHARDS: Well, I think the--

COUNCIL MEMBER NARCISSE: [interposing] I mean community-based jail.

STANLEY RICHARDS: Yeah. The jail system has an oversight body right now, the Board of Corrections, I believe the Board of Corrections need to have additional authorities to truly be oversight, and think that is before the Charter Commission right now in terms of what they've been hearing from the community. But that is the oversight body, and they need more authority to be truly an oversight body. When it comes to supportive housing, supportive housing is not a new thing. We have done study after study, and one of the most impressive studies is a program called FUSE, Frequently Users of Services, right? People who cycle through shelters and jails were place in permanent supportive housing. They did a 10-year study, corporation for Supportive Housing, and showed the impact. Supportive housing had people on people who were high users, and high users meaning they were in both systems at least three times or

more over the last two years, the number of people who did not go back, the number of people who remained stably housed, the number of people who remained connected to communities, the numbers are phenomenal. And so it takes investment and leadership and that's what the Commission is calling for on all 12 of the points of recommendation we have in the report.

COUNCIL MEMBER NARCISSE: Do you think that for psychiatry bed that we're talking about for more serious folks that have mental-- serious illness-- I don't know how much you think approximately for a bed. Did you do that research to see how much it will cost to even for the person, like say for a serious mental illness?

JUDGE LIPPMAN: Oh, how much-- how much does it cost as opposed to incarcerating them?

COUNCIL MEMBER NARCISSE: Yes.

JUDGE LIPPMAN: I don't know exactly. Zach, have we done any studies? I can't believe that medical health is going to be more expensive. It's going to be less expensive. How much less, you know, depends on the particular situation, but certainly the most efficient economically is not to throw

people in an incarcerated situation with all of the inefficiencies that go with it rather than putting them in a place where they get a psychiatric bed that helps them to get healthy. So it will be decidedly less. Exactly what, you know, the amount, we'd have to do some studying on that.

COUNCIL MEMBER NARCISSE: So, even the most serious one, I can assume that it will be cheaper.

JUDGE LIPPMAN: Even the most serious one would be cheaper in my view. So I don't think there's any doubt about it.

COUNCIL MEMBER NARCISSE: So we have to be smart with spending.

CHAIRPERSON NURSE: [interposing] I'm going to get the follow--

COUNCIL MEMBER NARCISSE: [interposing] So, I want to say thank you, Chair. Yeah, thank you, Chair. I appreciate it. You know how I feel about people that have mental health in Rikers. So, thank you.

CHAIRPERSON NURSE: We can follow up and try to do a cost comparison. Council Member Cabán and then Marte.

COUNCIL MEMBER CABÁN: Thank you. And I just want to thank the Commission for your work. I want to just spend a few seconds on the women's population. We've talked about overall what percentage of the population struggles with a mental health diagnosis. We also know that the large portion of the population struggle with different forms of disability which also can be criminalized and inflate that incarceration rate, but can you tell me about the percentage of women and gender-expansive folks who fall under the category of being survivors of domestic and gender-based violence?

JUDGE LIPPMAN: Do we have the numbers on that, Zach?

ZACHARY KATZNELSON: Yeah, the estimates are well over three-quarters. So, women--

COUNCIL MEMBER CABÁN: [interposing]
Three-quarters, yeah. Thank you. And I think that's also telling about when we talk about, you know, the social harms, the trauma, the conditions that people are experiencing and how they're ending up in a jail rather than in a healthy supportive setting.

JUDGE LIPPMAN: We think a substantial number of the women don't belong there altogether to begin with.

COUNCIL MEMBER CABÁN: Yeah. In fact, other municipalities and jurisdictions have been able to de-carcerate all of their women which is I think something that we should be striving for. You know, I also obviously have read the different key proposals, and there are things that we can do budgetarily [sic] and legislatively, but I want to ask you some questions. Do you agree that also policy, particularly executive policy can drive incarceration rates up or down?

JUDGE LIPPMAN: Yes. I think we-- if you look at our report, we-- three of the buzz words that we use are urgency, will, and policy support. So I absolutely-- we absolutely believe that that's the case.

COUNCIL MEMBER CABÁN: Yeah.

JUDGE LIPPMAN: Focusing on-- it's all of a piece. I mean, no one focuses on it all the time, so policy is all over the place.

COUNCIL MEMBER CABÁN: Yeah.

JUDGE LIPPMAN: Instead of being, you know, driven by a sense of urgency, a sense of will--

COUNCIL MEMBER CABÁN: [interposing]
Right.

JUDGE LIPPMAN: and a sense of devising something that's going to have the desired result.

COUNCIL MEMBER CABÁN: And in terms of executive policy in particular, you know-- again, in addition to building out that continuum of care infrastructure, what roles do DAs play in your proposals and also overall plans to de-carcerate, and what different policies that are coming from the executive, namely from the mayor's office do you think are currently driving up incarceration rates that could be shifted?

JUDGE LIPPMAN: I can only talk to you about the case processing situation that includes the DAs, the defense, the courts. Part of the court's initiative, Judge Wilson and Judge Zaya's initiative, is to get all the players to stop pointing fingers at each other and work together to have meaningful court appearances, meaningful trial dates, meaningful conferences, status conferences to get them working towards moving that population down. I think I

1 mentioned it before. We believe it is not overly-
2 ambitious to think that you can reduce the population
3 by at least 2,000 people, and we have it broken down
4 in the report-- I believe Zach-- by the particular--
5 how we get to that number, right? So, we think
6 there's-- where they're nearing 7,000 now or however
7 they are. It is not unrealistic to think that they
8 could get to 4,500 or so. Remember, as Stanley
9 mentioned before, driving down incarceration and
10 driving down crime are not mutually exclusive. It
11 was the New York City miracle 20 years ago taking--
12 getting rid of the 20,000 people who were in our
13 jails, and at the same time bringing crime down.

14 COUNCIL MEMBER CABÁN: Crime rates and
15 incarceration rates have never been directly
16 correlated, by the way, and I know that you guys know
17 that, but I think it's important for the record. I,
18 you know, I practiced for a minute before doing this
19 job, and I think, you know, in terms of roles for the
20 DAs, you know, some of the things that we're seeing
21 on the executive level I'm wondering if you think is
22 part of the issue. You know, bumping up cases
23 involving crimes of poverty just because you can,
24 right, those burg [sic] three bump-ups, those petty
25

JUDGE LIPPMAN: [interposing] Right.

JUDGE LIPPMAN: But let me give you an example. You take a DA like DA Gonzalez in Brooklyn. I worked with him with a number of other people on his 2020 initiative. We said let's change the way we think about the cases. Instead of saying that to his DAs, listen, you get the highest punishment you could get, instead look at that case and say what is the best-- the highest justice--

JUDGE LIPPMAN: we can get. So you have to change the thinking, and individual DAs, you know, have different views of the people elect them, but they're always-- you can change the thinking that results in some of the things you're talking about that result in keeping people in jail for longer periods they need to be, if at all.

COUNCIL MEMBER CABÁN: Chair, may I have
like 30 more seconds to close?

CHAIRPERSON NURSE: Thirty more seconds.

COUNCIL MEMBER CABÁN: Thank you. I mean, another very quick example is I can't tell you how many times I had a case where we got letters from doctors saying what would be best, the best outcome for a client, and unfortunately the prosecutor and the judge did not follow what was best medical practice with somebody who has a documented mental health or substance use disorder history. And so, you know, it begs these questions of like why are these people playing doctor and allowing them to be incarcerated. So something for us to think about. And then just anecdotally, just understanding the spectrum and range of people struggling with mental health issues. We immediately think of people with SMIs, but there are a range of people who are actually managing their mental health fairly well most of the time, and then because of the gaps in our infrastructure fall into a place for a period, and in that small period get caught up incarcerated and it just blows their entire maintenance plan away.

JUDGE LIPPMAN: The courts also have a role in this. I know my successor Judge Wilson is very is into saying we've got to look at court cases

as problem-solving, not just punishment, you know? What is the problem? How can we be helpful in getting justice and what's the consequence for the individuals person of that court case, not just how many years are they going to get. What's-- how do you solve the problem? How do you help people? And don't just look at it as numbers on a board.

STANLEY RICHARDS: And what we've seen over the years is partnerships from some of the DAs. I think in the budget hearing, almost every DA came here and said it is important to fund alternatives to incarceration. They understand that you can't mass incarceration your way into public safety, and public safety doesn't equal mass incarceration. So, we've seen over the years an alignment with District Attorneys who are saying we need to have the supportive services. For example, DA Bragg in Manhattan has implemented a court-based navigator program. He looked at our data and he's seeing people getting released, cycling through cycling through. We are now-- Fortune Society is now in that court room during arraignment, being available, picking up people, placing them in housing, and what we've seen in the early numbers, the numbers look

very successful, and so we now are at a point where we're not in argument with the DAs. We are lining up because the DAs understand public safety is going to take all of us.

CHAIRPERSON NURSE: Thank you. I'm going to give it to Council Member Marte and then Council Member Stevens.

COUNCIL MEMBER MARTE: Thank you for being here, and I want to say thank you for saying that we do need a czar. We need someone--

JUDGE LIPPMAN: [interposing] Absolutely.

COUNCIL MEMBER MARTE: fulltime is talking about working on-- even during their sleep dreaming of how to close Rikers Island and how to facilitate all these conversations.

JUDGE LIPPMAN: I can't tell you how frustrating it is not to have someone like that, because you're talking, it goes in this ear out the other, and then next week you're talking to somebody else.

COUNCIL MEMBER MARTE: My question was more about the thought process and the scope of work that went into this commission.

JUDGE LIPPMAN: Sure.

COUNCIL MEMBER MARTE: One specifically complaint that I get in my district representing the Chinatown jail [sic]--

JUDGE LIPPMAN: [interposing] I know the complaints you get. We've got them, too.

COUNCIL MEMBER MARTE: It's the cost and the timeline. And so my first question is have you looked at alternative sites that could be purchased to renovate to minimize the population at the Chinatown site or the construction at that site? The one specifically is MCC which is just around the corner here which sits vacant and is current decommissioned.

JUDGE LIPPMAN: You know, it's such a complicated-- the ULURP process is so complicated, and we've looked at all the sites. You're dealing with a different administration. Remember, we've dealt with two administrations on this thing. First, de Blasio, you know, and now Adams. We have looked at alternative sites. I mean, there's no easy answers. For every-- and believe me, we've listened to the Chinatown community. We get it. We have-- Randy Ang [sic] is one of my former colleagues in the court, an Asian-American who, you know, calls me

every day to tell me about what the community is telling him, and we've tried as hard as we can to figure out if there are realistic alternative that would not take another 20 years to find and build. Because remember, we've gone through this-- I don't mean this is terrible. This amazing ULURP process which could drive any sane person crazy, you know, to try and get to the point where you approve something. So, I think the issue is-- and I'm very familiar with this problem. Zach is even more familiar. He gets more complaints than I do. We've done everything within what we could do rationally to try and figure out an alternative, whether it be making it smaller, putting it a different place, changing the whole configuration, and I guess my answer to you is-- and I understand that you represent that community and you get more complaints, many, many more than we do. We did our best with it interfacing with the Council at the time, with the mayor at the time, with the present council, with the present mayor to make it make sense. The only thing I think I indicated in my remarks earlier, what we've tried to stress if you don't wind up with a jail that doesn't have the, you know, the majority or total support of the community-

1 - well, you have a lot of uneasiness about it. For
2 God sakes, at the very least invest in that community
3 in and around that facility because we know from
4 doing survey that jails don't hurt real estate values
5 or communities just because they're jails. If
6 they're done right, if they're sensitive to the needs
7 of the community, if we invest around them, I think
8 we can do a lot to mitigate so much of the
9 unhappiness about a particular site. So I don't have
10 the perfect answer. I know in that particular
11 community-- I mean, I grew up near there. I know that
12 area. I know that community. I'm very sensitive to
13 it. I wish I had a better answer for you. But
14 certainly invest in the community in that area and do
15 everything we can to listen is the best answer I can
16 give you, and the investment is critical.

18 COUNCIL MEMBER MARTE: Thank you for that
19 response. My second question is: I know this report
20 came out before our President announced tariffs
21 across the world, and have you been able to modify
22 our estimate for cost of the creation of the jail
23 now? You know, at least they're trying tell them it
24 was over \$4 billion as of February. Have you guys
25

JUDGE LIPPMAN: It's a great question.
We haven't, because you know, it changes every day.

JUDGE LIPPMAN: To try and figure that

COUNCIL MEMBER MARTE: Thank you.

CHAIRPERSON NURSE: While we're on that

JUDGE LIPPMAN: You're not going to ask

CHAIRPERSON NURSE: Maybe. Depends on

how it goes. Just in terms of what you mentioned in

your testimony and what's in the report about expediting the completion of the borough-based jail--

JUDGE LIPPMAN: [interposing] Yes.

CHAIRPERSON NURSE: I think at least from the Council's point of view, I think we're all reckoned already with the reality of getting those up online. I know that you all have mentioned the additional evaluation that could happen--

JUDGE LIPPMAN: [interposing] Yes.

CHAIRPERSON NURSE: the design build. DDC has talked about that extensively. Can you pinpoint specifically where you're seeing this one-year--

JUDGE LIPPMAN: [interposing] Yeah.

CHAIRPERSON NURSE: expedition?

JUDGE LIPPMAN: Right.

CHAIRPERSON NURSE: [inaudible]

JUDGE LIPPMAN: Yeah, it's the design build concept where we think they're a little bit off-base, and we've been telling them this for years already, that you could do two things at one time, particularly with this design build process. that you can do the work on the outside of the building while you're finishing the design of the inside of

1 the building, and you don't have to wait 'til all
2 that design work is finished before you start, you
3 know, building. And it's just-- it's like we're
4 knocking our head against a wall. What's the
5 explanation, Zach, as to why that can't be done? Is
6 there a rational explanation? I mean, I don't get it.
7 To me, one year at least can be lopped off.

8 CHAIRPERSON NURSE: Well, we've all--
9 many people here have said their former professions--
10 I was in construction so I hear what you're saying,
11 but when it comes to a complex as big as these with a
12 lot of different subcontractors and things like that--
13 -
14

15 JUDGE LIPPMAN: [interposing] Yes.

16 CHAIRPERSON NURSE: I guess I'm curious
17 to understand, you know, who informed on that in a
18 real kind of detailed way to help you all come to
19 that conclusion?

20 JUDGE LIPPMAN: Zach, go ahead.

21 ZACHARY KATZNELSON: I think the answer
22 is the City. We've had discussions with the
23 Department of Design and Construction. We've had
24 discussions with other professionals, the architects
25 and construction professionals that are actually part

of the commission, too, and really tried to bring as many voices in, but I believe the Department of Design and Construction can answer that. And the reality is that this is a possibility that can be done. It's done-- this process the judge is talking about, about simultaneously starting construction while you finish design is something that the Port Authority, for instance, does routinely in and around New York City. It's not something that is unheard of or new or novel in any way. It would be something relatively new for New York City, because this is the first real big design bill process they've done. Okay, so let's learn from our colleagues. Let's learn from other agencies and let's put in best practices, and that's what we've been advocating for all along.

CHAIRPERSON NURSE: Thank you so much.

Okay, Council Member Stevens?

COUNCIL MEMBER STEVENS: Hello, good afternoon. Thank you guys for being here and all the work that you've been doing. One of the things I just wanted to highlight and I guess get some feedback from you is-- I'm the Chair of Children and Youth Services who oversees ACS, and no one is

1 talking about the rising numbers in the Juvenile
2 Detention Center which is going to affect, you know,
3 when we're talking about a de-carceration plan and
4 what that would look like a long-term, right? When
5 we have rising numbers in the secure detention and
6 we're talking about how do we get the numbers down at
7 Rikers. So, for me I'm just like, we have to do this
8 work simultaneously, and be making sure that we're
9 preventing it, because we know once young people get
10 in here, it becomes a revolving door around
11 [inaudible]. So, I wanted to one, just ask really
12 quickly around what your thoughts around that is, and
13 then how do we work together to make this a part of
14 this larger plan, because it seems very isolated, and
15 no one seems to be talking about it other than me.
16 So, definitely we want to see how we can work
17 together a little bit more around that.

18 JUDGE LIPPMAN: Stan?

19 STANLEY RICHARDS: Yeah. I thank you for
20 that, Councilwoman Stevens. You're absolutely right
21 we tend to as a city focus on the thing that's most
22 in front of us, and what's most in front of us right
23 now is mass incarceration, public safety, but we're
24 forgetting that there's an upstream to that, and the
25

upstream is our young people. And so we need to-- while we're not addressing that in this report, we need to as a city make sure that we have our eyes on both. If we see youth incarceration going up, we need to be able to respond to that and allocate resources and supports so that we could prevent young people from going into those systems, and for those young people who are in those system, we need to be developing the same strategies we're developing for people in the adult system. How do they come home? How do they reconnect? Many of them--

COUNCIL MEMBER STEVENS: [interposing] And also how the--

STANLEY RICHARDS: [inaudible] family.

COUNCIL MEMBER STEVENS: The families are being affected.

STANLEY RICHARDS: That's right.

COUNCIL MEMBER STEVENS: a lot of them, it's generational. So, you know, for me it's like we can't look at this in an isolated way. I'm always like how do we look at things holistically and it just seems to be that this is not part of the conversation when it actually really needs to be, because it's kind of a flaw in the system. So,

definitely, obviously this report is needed and necessary, but that is my one critique is that we are not addressing some of the root causes that--

JUDGE LIPPMAN: [interposing] That issue comes up periodically with certain fixes like the Raise the Age bill and all the different, you know, legislative proposals. But I agree with you that we don't focus enough on that, and the problem is you never get to all these adults who are in there if we had focused enough at the front end.

COUNCIL MEMBER STEVENS: Yeah. I say that all the time. If we invest in our young people in the front end,--

JUDGE LIPPMAN: [interposing] Yes.

COUNCIL MEMBER STEVENS: we won't be investing on the back end. And listen, financially we save the city and the state money, and so that's just-- it just does not seem like it is one of the pushes. It's like, okay, I get it. We can walk and chew gum at the same time.

JUDGE LIPPMAN: Yes.

COUNCIL MEMBER STEVENS: We're talking about, you know, the incarceration industry and also how do we prevent it. And so, you know, would love

1 to think about how do we continue to work together to
2 make a focal point of it, because it often does not
3 seem like it is, and I often feel like I'm over here
4 by myself fighting uphill about it. And when we're
5 talking about closing Rikers Island, if we're not
6 talking about Horizon is-- it's currently at the same
7 time expanding. It just seems counterproductive.

8 JUDGE LIPPMAN: Yeah.

9 STANLEY RICHARDS: Yeah, no, I totally
10 agree. And I think, you know, working with nonprofit
11 organizations like fortune and working with
12 individuals is also working with families. And I'll
13 give you a quick example. This work for me is
14 generational work. I went to prison. My sister went
15 to prison. My brother went to prison, all three of
16 us, and when I got out and I changed my life, I
17 wanted this work to be generational. I didn't want
18 my kids to have to believe like I believe that the
19 path for me was jail and prison. And thank goodness,
20 my four kids they are not in jail. They have not
21 been involved in the criminal justice system, other
22 than my oldest son for a moment. My grandchildren, I
23 want my grandchildren to grow up to think about
24 college as their pathway, not Rikers, not jails and
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not prisons. While we are not directly talking about it, I can tell you as a service provider at Fortune, when we work with individuals who have families and we work with those families, we strengthen those families. We prevent young people from going into jail and prison, because they have parents who have survived jail and prison, and they have parents who have the resources and the strength to help them build a life that they envision for themselves. So, I agree with you. While we need to talk about it and we need to invest in it, there is a way in which we could collectively understand our work, that our work is not about the individual. It's about the generations that have been impacted by mass incarceration in New York City.

COUNCIL MEMBER STEVENS: A hundred percent agree and I just for me-- which is why I think it was important to even bring it up in this conversation, but moving forward when we're talking about the system, we need talk about it entirety [sic], and like I said, looking forward to working with everyone moving forward, but this has to be a part of the conversation, because we're going to be in the same situation if not worse in--

JUDGE LIPPMAN: [interposing] Absolutely.

COUNCIL MEMBER STEVENS: 10 or 15 years.

When I'm hearing that the numbers for young people have liked tripled around gun arrests and all these things. So how are we making it part of this plan moving forward? And yes, I do know about the organizations doing generational work, but it's not up to them. It's up to the City to make sure this is part of the plan and conversation. Thank you.

CHAIRPERSON NURSE: Thank you, Council Member Stevens. So just a few more questions.

JUDGE LIPPMAN: Sure.

CHAIRPERSON NURSE: And then we're going to take a little break. I wanted to give you an opportunity to comment on the Preliminary Budget. A lot of what you call put forth here really doesn't happen if we've got-- we don't have the resources. We've already talked about we need the dedicated staff and team focused on it. We also need a consistent sustainable stream of resources for the organizations, for the providers, for the capacity within the city agencies to do it. So, are you seeing, you know, any red flags where you think we're falling short that you'd like to comment on?

JUDGE LIPPMAN: Well, let me just in a broader stroke say that we're absolutely delighted that you actually, you know, as you said read all 123 pages and listened to what we're saying and put so much of what we recommended into the budget. Are there red flags, Zach? Are there areas where need to be-- haven't been addressed?

ZACHARY KATZNELSON: Well, I think the Council certainly understands the investments that are necessary and that is echoed in the budget. I think the reality is that all the stakeholders are going to have to play their part. To make this all work, is going to take everybody, and of course, you know, you're looking at potential budget cuts for reentry programs and alternatives to incarceration. Those are things that we need to have, I think, the right thinking about which is that we need to invest in what's proven, what's data driven, what works, and what actually impacts safety and gets better outcomes. Remember, we're in a situation right now where a third of people released from Rikers are back there within one year, not just rearrested, but re-incarcerated. The current path is not working, safety-wise and for human beings and for crime

1 victims. I mean, it's something we talked about
2 before. We surveyed crime victims. We did focus
3 groups with crime victims. What they want is to make
4 sure that whoever harmed them never harms anyone else
5 again, and the investments they want to see do that.
6 They want accountability, but they want far more than
7 jail. They want investment in people. They want
8 investments in treatment. They want investments to
9 make sure it never happens again, and those are the
10 types of the things the Council is highlighting we
11 think are actually critical to move forward.

12
13 JUDGE LIPPMAN: But we also need money in
14 the state budget, right, to complement what comes out
15 of the city budget?

16 ZACHARY KATZNELSON: That's absolutely
17 right. I mean, for instance, Governor Hochul has
18 proposed in her budget funding for 100 additional
19 psychiatric beds. The--

20 JUDGE LIPPMAN: [interposing] And they
21 know that's not enough, but at least 100--

22 ZACHARY KATZNELSON: [interposing] That's
23 right. It's a down-payment on what we need. Just
24 very briefly, last year there were almost 900 people
25 who were in Rikers at some point who are so severely

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you want to close out with anything else that we haven't touched on today.

JUDGE LIPPMAN: I think you've touched on a lot.

CHAIRPERSON NURSE: Yep.

JUDGE LIPPMAN: And I would just go back to what I opened with that what's needed here is urgency. You've exercised the leadership. Look, you've made our report relevant, that someone is listening. But the urgency, the will is so essential. We've allowed this to drag, you know, without pointing figures, but this thing is dragged in a place that every day shows us this violence and misery, and to now being seeing it as X number of years further down the line is inexcusable for the City of New York. So, I want to emphasize that each and every day-- and I know, Madam Chair, you recognize that urgency in particular-- particularly because we've been speaking to you about it for so long. Urgency now push, push, push-- the leadership of the council is absolutely critical, and that's the only thing I'd add with-- we've touched on so many of the issues, and again, I'm not just patting you on the back. I mean it. The collaboration that we've had

with the Council, the leadership that you've shown is absolutely so important, but from all of us, we need to do more. And I've told the Commission our work is just beginning. Now that this last report comes out, I'm afraid to say, so is your terrific council--

CHAIRPERSON NURSE: [interposing] We have a long way to go, and I think that-- I think we're lucky. The City is lucky right now and actually put into place people who care about this issue. Enough people in this council want to see things happen. We understand what it means to feel unsafe. We understand when we have family members who are impacted by the justice system who are not being treated the way they need to be treated, who don't have places to go, who don't know how to navigate just basic healthcare systems. So we are committed to that, and it's great to see the organizations, the service providers, the-- many of the District Attorneys, the public defenders, the judge-- Judge Zayas, he met with us last summer. I mean, we are doing our part, and so we do need that partner on the other side of the hall to work with us.

JUDGE LIPPMAN: And let me say, too, it's a pleasure when we meet with Speaker Adams, with you,

1 with the Council Members to not be pulling teeth.
2 It's the opposite where you're coming in and, you
3 know, you're the biggest cheerleaders. You have
4 intelligent questions. How do we move it even
5 further? And it's a pleasure, but for you and for
6 the Commission, we just need to see this through. We
7 just need a push, push, push.

8 CHAIRPERSON NURSE: Well, thank you all.
9 Thank you gentlemen for being here, for giving your
10 time. We are going to close out this panel, do a
11 quick maybe five minute break and then we'll hear
12 from, I believe, MOCJ. I also want to acknowledge
13 Council Member Ayala, Deputy Speaker Ayala on Zoom.
14 Thank you gentlemen.

15 JUDGE LIPPMAN: Thank you. Our pleasure.

16 ZACHARY KATZNELSON: Thank you very much.

17 [break]

18 SERGEANT AT ARMS: Okay, folks please
19 have your seat. We'll be starting. Please have your
20 seat. Thank you.

21 CHAIRPERSON NURSE: Alright, we're going
22 to start back up. Okay, so good afternoon. Thank
23 you all for being here and for those of you who were
24 here earlier, thanks for being here earlier. We're
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going to hear from a number of agencies. We have Deana Logan, Director of MOCJ, Craig Retchless, Deputy Commissioner of HRA, Eduardo Del Valle, Deputy Commissioner for DDC, Chelsea Chard, Senior Advisor for Legislative Affairs and Policy for DOC, Alexandria Maldonado, Assistant Commissioner for Strategic Initiatives for DOC, Jeanette Merrill, Senior Assistant VP of Communications and External Affairs for CHS. I don't think I missed anyone. So, I have here-- go ahead and swear them in. But I do have that a couple of you all have six-page long double-sided testimony. I'm going to-- and I don't know if that's something you're planning on reading, but six pages may be way too long double-sided for the amount of time we have, so I appreciate if an abridged version could be done. Thank you.

COMMITTEE COUNSEL: If you could all 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? Okay. Noting for the record that all witnesses answered affirmatively. You may begin your testimony.

DIRECTOR LOGAN: Good afternoon, Chair Nurse, Members of the Committee on Criminal Justice. Thank you for the invitation to speak here to the Mayor's administration, Mayor Eric Adams. I'm Deana Logan, the Director of the Mayor's Office of Criminal Justice. Joining me today are colleagues from the Department of Correction, DOC, Chelsea Chard, Senior Advisor for Legislative Affairs and Policy; Alexandria Maldonado, Assistant Commissioner for Strategic Initiatives; the Department of Design & Construction, DDC as we call them, Deputy Commissioner Eduardo del Valle; and Correctional Health Services, Jeanette Merrill, Assistant Vice President of Communications and External Affairs. We are the partner agencies working tirelessly to achieve our administration's commitment to close Rikers. MOCJ employs innovative strategies grounded in data as we collaborate with multiple stakeholders including our partner agencies to deploy solutions that address our city's public safety challenges. We thank you for prioritizing our shared goal of replacing Rikers Island with a network of smaller, borough-based jails that are aimed to better serve all New Yorkers. We really want to be clear, we want

to do it quickly; we want to do it efficiently; and we want to do it thoughtfully. We want to do it in a way that protects people in custody, correctional staff, and the neighborhoods that we all call home. When we started this initiative together several years ago, we knew that it was going to be hard work, and we sit here before you today to tell you that each and every one of us collective is doing that hard work. Fundamentally, closing Rikers comes down to three commitments for us: Building state-of-the-art safe and humane jails; eliminating unnecessary incarceration at the Department of Correction; and supporting reentry strategies to end recidivism. The city recognizes it must meet these three vital commitments before Rikers can close. We understand the challenge, and we're determined to meet it, and we're up to the challenge. Thank you for the opportunity to share more about the work that supports these goals. This commitment to closing Rikers success depends on the construction of state-of-the-art jail facilities that supports the safety and well-being of people in custody, but that's everybody: Correctional Health staff, correction officers, and DOC staff who will be the ones that

experience the facility every day with the individuals that are also in custody. These new facilities will be safer. They're going to be modern. Most importantly, they're going to be closer to families and communities from where people come. It's not just about buildings; it's about fundamentally transforming how we approach incarceration in our city. These borough-based jails will allow for more individualized care, better access to support services, and subsequently foster a more successful re-entry, which ultimately means we're going to improve lives. As the Lippman Commission report acknowledged, DDC's utilization of design-build strategies is maximizing efficiency and saving time, by allowing for site prep and foundation work prior to design completion. This means that the design-build teams meet daily with their partners across the city to find new efficiencies and to tackle challenges that arise, and later this spring, they will issue a Notice to Proceed for the creation of the fourth and final new jail. DDC also initiated robust community engagement in partnership with the Department of Correction, which will continue for the duration of this program. It is important outreach

that guides both what our buildings will look like, and how we get there. The city is making significant investments in infrastructure, as well. We continue to bring us closer to realizing the endeavor's capital needs. We know construction is a disruption, and you know, our neighbors-- I'm a neighbor. I live in Brooklyn, so I know what that disruption really feels like with that borough-based jail, but we're all working to balance speed, safety, adverse impacts on the neighborhoods, and our fiscal responsibility to taxpayers. The Lippman report underscores the importance of our Outposted Therapeutic Housing Units initiative, which will create secure, clinical units within three New York City Health + Hospitals facilities for people in Department of Correction custody who have serious medical and/or mental health conditions and those individuals will benefit from better access to hospital services and resources. In March of 2024, Mayor Adams directed the City to move forward with all three sites in order to best serve the most clinically vulnerable people in custody. The Administration added \$160 million in Fiscal Year 25 September Capital Plan and \$32 million in the Fiscal Year 26 Preliminary Capital Plan for the

construction of these three critically important units. We, this administration, invested \$910 million in total for capital construction. We appreciate the Commission's transparency and candor in acknowledging there is no way for Rikers to be closed by 2027. The original expectations were predicated on a pre-pandemic timelines, and for numerous reasons, they are unattainable today. However, this reality does not change our commitment to the mission, or how fast or how hard all of these agencies sitting before you are working to get to that goal. Public safety of all New Yorkers is the goal of our administration. It's approach to addressing the concerns on Rikers, including our efforts and investments to meaningfully reduce the number of people who are incarcerated. We don't want anyone to spend one day more in jail than necessary. We are grateful to Judge Lippman and the Commission for acknowledging the Administration's hard work, and for recognizing we are already making substantial progress in our goal to reduce the Rikers population through programs like supervised release, re-entry, and alternatives to incarceration. As a matter of fact, when we walked in today, we saw many

of our partners who work with us to produce those--
to give those services to the communities we serve,
so that jail is not the only option to maintain
public safety. We agree with the Commission's
assessment that reducing delays across the criminal
justice system is key to reducing the jail
population. MOCJ is working with our partners in the
court system, as well as defenders and district
attorneys to speed case processing times and reduce
the population on Rikers. The Office of Court
Administration recently implemented a pilot in
Brooklyn that we understand is showing promising
early results. The Office of Court Administration
plans to implement the new process in courts citywide
in the next year. The city continues to invest in
services and programs that offer alternatives to
incarceration. We know that we can stop cycles of
violence and improve the odds of successful community
reintegration by making evidence-based investments in
people. We are working hard to ensure that fewer and
fewer people are ever sent or return to jail. Our
Supervised Release program and Alternatives to
Incarceration programs successfully divert tens of
thousands of individuals from Rikers every year. The

individual assessments and supports help people navigate the criminal legal system and improve both their compliance and long-term outcomes. Research and data are critical to developing the kinds of interventions that will allow people with higher needs and with higher risk of recidivism to remain in community either as they await case resolution, or after resolution of a criminal cases. Research on the populations allowed MOCJ to develop and implement an intense case management pilot. It's a rigorous supervision model within our overall supervised release that has lower caseloads, higher-levels of voluntary engagement. Early results demonstrate success in improving compliance for individuals most at-risk of failing pretrial supervision. In addition, the Jail Population Review mandated by Local Law 75 of 2023 helped MOCJ's research team uncover trends and specific groups that support our understanding of who is on Rikers Island, for how long, and how we can prevent entry of individuals or the return of those who have already been incarcerated. While DOC's jurisdiction to reduce the jail population is limited the city-sentenced individuals on Rikers pursuant to State Correction

Law, the Department repeatedly demonstrated its commitment to reducing the population consistent with public safety. Commissioner Maginley-Liddie exercises her authority pursuant to Correction Law Article 6A by carefully reviewing the conviction, criminal history, and conduct in custody of individuals sentenced to incarceration on Rikers. For each participant, the Department of Correction works with nonprofit partners to develop customized transition plans that include stable housing and employment. In this way, DOC provides opportunities for city-sentenced individuals to finish their sentences in the community, allowing for a more seamless transition. Ending the cycle of recidivism is crucial to reducing the jail population. As part of our efforts to support individuals after incarceration, MOCJ contracts with community-based providers for in-custody discharge planning and in-community reentry services, job training, and employment. For every person in the Department of Correction custody, Correctional Health Services provides core re-entry services, including Medicaid screening and application assistance, prior to discharge and provides individual discharge plans for

patients who have significant clinical needs, including all patients receiving mental health treatment. Patients who have serious mental illness are offered additional services, including case management services. Housing is a key component of a successful transition from incarceration into community. MOCJ provides transitional housing, with the goal of connection to permanent housing. For so many of our justice-involved individuals, stability translates to safety, both for them, and their communities. MOCJ research found New Yorkers whose previously unmet housing needs are satisfied, are over 30 percent-- I just want to make clear-- 30 percent more likely to commit-- not to commit a felony than someone who returns to the community from jail without housing support. As part of this hearing, Council introduced several bills, and MOCJ and our partners in the administration, including our sister agencies impacted are reviewing the bills. We look forward to discussing those bills and understanding more about the specific goals of the bills, how we can work together to achieve those objectives. We invest in people. All those investments pay dividends through the safety and

well-being of all New Yorkers. The Lippman Commission Report acknowledges what the Administration has been saying for a long time, Rikers cannot close by 2027. We are asking the Council to work with the Administration to amend the law to provide a more obtainable timeline. In addition, given that we agree closure Rikers is not achievable by 2027, we collectively have a duty to ensure continued habitable facilities and adequate services for both staff and people currently in the Department of Correction's care. This cannot be done without an amendment to the law by Council, which will unlock emergency capital funds that can be used for this critical purpose. Failure to do so will jeopardize all those that must remain on Rikers Island until we can safely close it. The continued partnership of the courts, Office of the District Attorneys--

CHAIRPERSON NURSE: [interposing] Can you just get a little more abridged, we're at the 15-minute mark.

DIRECTOR LOGAN: Yep.

CHAIRPERSON NURSE: Thank you.

DIRECTOR LOGAN: The continued partnership of the courts, Office of the District

Attorneys, Office of Public Defenders, and State government is also vital. We are moving in the right direction on case processing, but every person in these organizations has a role to play, and each one of them can help push this mission forward. Let us reiterate that we will close Rikers Island. This is tough work, but we are making progress every day. We will continue to the finish line by working together thoughtfully, and by continuing to commit to evidence-based solutions that are already making a difference: Alternatives to Incarceration; Supervised Release; Transitional Housing, and with renewed commitments from all our partners in the state, the Courts, the Offices of the District Attorneys and the Offices of the Public Defenders. We all want the same result, a justice system that is fair; jails that are humane; and a New York that's safe for everyone. Thank you for your partnership in this pursuit.

CHAIRPERSON NURSE: Thank you. I believe we're going to have some testimony from Craig Retchless. Thank you.

DEPUTY COMMISSIONER RETCHLESS: Good afternoon, Chair Nurse and members of the Committee

on Criminal Justice. My name is Craig Retchless, and I serve as Deputy Commissioner for the Office of Supportive and Affordable Housing and Services, OSAHS, within Human Resources Administration. Thank you for holding today's hearing on examining recommendations from the Independent Rikers Commission's Blueprint to Close Rikers. Today, I will testify on Introduction which would expand supportive housing eligibility for justice-involved persons. Supportive housing provides permanent affordable housing for individuals and families who have experienced long-term homelessness or who are at risk of homelessness. Supportive housing provides a continuum of integrated services to assist vulnerable individuals and families transitioning from homelessness, especially those with severe mental illness and substance use disorders. Proven results show that supportive housing fosters greater stability, self-sufficiency and overall improved health and mental health. Approximately 94 percent of available supportive housing units are occupied by long-term tenants. The Office of Supportive and Affordable Housing and Services is focused on developing permanent housing solutions for

1 individuals and families who've experienced
2 homelessness. OSAHS works closely with other
3 divisions of HRA, partner agencies and not-for-profit
4 service providers to develop new housing programs and
5 to refer applicants to housing so that we serve--
6 those we serve can achieve their maximum functional
7 capacity in a safe, supportive environment. OSAHS is
8 coordinating entry for New York City's 15/15
9 supportive housing initiative working closely with
10 the Department of Health and Mental Hygiene and the
11 Housing Preservation and Development, HPD.
12 Introduction 1100 would require the Department of
13 Social Services to provide eligibility for single
14 adults, adult families and families with children
15 where the head of household has a severe mental
16 illness, substance use disorder or both, is homeless
17 or at risk of homelessness, and had had justice
18 system involvement in the last 12 months in any
19 existing supportive housing program administered and
20 wholly funded by the City, otherwise known as New
21 York City 15/15. The bill as it's currently written
22 presents significant concerns. This overly broad
23 criteria would create even more demand for limited
24 available units essential to stabilizing homeless
25

individuals on the streets or in the shelter who meet the experience of chronic homelessness as defined by HUD and have limited options for housing security.

New York City through a government and community-led stakeholder group adopted the HUD definition for New York City 15/15 program to focus on the most vulnerable of the homeless population. As research suggests, this targeting helps communities solve chronic homelessness. At the same time, many of the applicants for supportive housing from carceral settings are eligible for supportive housing initiatives other than New York City 15/15. Given the existing resources for this population, DSS feels advancing this legislation as written will likely overwhelm the referral system and negatively impact those most in need of these supportive housing resources. In an effort to address the housing challenges faced by individuals experiencing housing insecurity as well as stays in both the criminal justice and hospital systems, DSS recently issued an addendum to the New York City 15/15 RFP to expand supportive housing eligibility to single adults with jail or hospital stays who otherwise would not qualify under the HUD chronic homeless requirement.

The new criteria targets individuals with a history of two or more incarcerations or hospitalizations and 180 days of homelessness within the last four years. The new eligibility criteria will take effect on May 5th, 2025. DSS, HRA, DSS will continue to work with stakeholders to improve mechanisms for referral and placement for those SMI, SUD individuals being discharged from jail to homelessness. Although we cannot support this bill in its current state, we look forward to working with the Council and the bill's sponsor to address the agency's concerns. Thank you for the opportunity to testify today. We are happy to answer any questions you may have.

CHAIRPERSON NURSE: Okay. Thank you.

SO, I think we're going to start primarily with questions from MOCJ. Then we have some for Correction and then CHS. I think-- I got an update this morning on the-- update on the Points of Agreement that you all did very late in the evening last night. You know, we thank you for that. It would have been nice to have this much earlier on so that we could discuss it and have a conversation before having this hearing. So, it's really-- you know, it's not really giving the feeling of

partnership. So, you know, this is the first update we've had in three years on the Point of Agreement. I think we've repeatedly requested updates. So, like I said, thanks for the update last night. We'll have a chance to look at it, but when do you plan on updating the online tracker?

DIRECTOR LOGAN: That actual Point of Agreement that you have-- and I do hear you, Chair. Apologies for the late delivery for the Points of Agreement. The actual document that you have will be updated as an addendum online. We are working to have technical infrastructure updates in order to be able to update the physical tracker that is currently online.

CHAIRPERSON NURSE: Okay. So you're saying next week, is that what you're saying?

DIRECTOR LOGAN: The document that you have in front of you should be an addendum on the same page that if you went to look for the Points of Agreement, that document is now accessible.

CHAIRPERSON NURSE: [inaudible] Okay.

DIRECTOR LOGAN: The actual tracker system that was built originally is being-- we need

actual technology and engineers to fix that so that we can input the information in the actual tracker.

CHAIRPERSON NURSE: Okay. I think the Council's hoping to expand the report to include updated funding elements and commitments. Is that something that could happen?

DIRECTOR LOGAN: Yes, happy to work with the Council to see how we can update the information.

CHAIRPERSON NURSE: Okay.

DIRECTOR LOGAN: Make a much more usable document.

CHAIRPERSON NURSE: The status update for the Points of Agreement to expand and fund supervised release and other pre-trial services and increase ATI funding to reduce the number of people serving city sentences as much as possible, and the enhanced re-entry and discharge planning services available to everyone leaving jails, and the expand Correctional Health Services discharge planning and reentry services for people with serious health needs leaving city jails is-- they're all noted as done with ongoing work. Can you tell us what 'done with ongoing work' means as an assessment statement?

DIRECTOR LOGAN: Currently, all of the agencies, Correctional Health, MOCJ, are working to ensure that those services are being delivered. Ongoing work means that as we're delivering the services we are continuing to assess them and figure out where we can and should be adding additional pieces. For example, when we talk about supervised release. Supervised release continuously assessed, realized that there were individuals who were still failing in supervised release. The majority of people, 80 percent doing fantastically. Twenty percent of the people are struggling, and as we looked at that, what did we need to do. we worked with our partners, especially those that were delivering services to identify not only the criteria of the people who fell into that bucket of people who were struggling, but what they and we based on the data thought needed to happen for them. Hence, the intensive case management that is now another portion of supervised release. It's a pilot program that essentially looks at those people that are struggling the most in supervised release, and we created a clinical type model of study which means that there are individuals who meet the criteria of struggling.

Those individuals are then picked up on treatment days and other people are not. So it is the same as a drug trial for a lack of a better term, or if some people are getting the actual drug and some people are getting the placebo, and we are seeing very promising results with the individuals that are being cared for in a smaller case load with submissions who have significantly more training.

CHAIRPERSON NURSE: Okay. It would be helpful to see some of that in numbers in terms of, you know, done with ongoing work. How has it been expanded by the number? I understand you're saying there are people it wasn't working for, but showing, you know, not just done with ongoing work, but here's how we've specifically grown, here's how many people we've been added. Here's the capacity we've added to make this program move forward. Because when you guys are saying done with ongoing work, you know, to reduce the number of people serving city sentences as much as possible, the number has increased since the date of the last update on here as of late last night. So, I think we-- you know, it's hard for us to have a genuine conversation here and actually for you all to put and tell New Yorkers how we're doing

1 when we're just getting this update last minute. So,
2 how-- I guess it's just like how are you saying 'done
3 with ongoing work' when we're seeing people with city
4 sentences increase, where we're seeing cuts to a lot
5 of the programs that-- I think we all agree need to
6 be enhanced and expanded for reentry for getting
7 people on track for discharge planning. We're seeing
8 8.9 million cuts in ATI, eight million in cuts to
9 reentry. I'm just not understanding how it adds up to
10 'done with ongoing work.'

12 DIRECTOR LOGAN: As we-- as all of the
13 agencies across the city, we had to participate in
14 the program to eliminate the gap, which is across
15 multiple years. Across the multiple years, we were
16 successful in this year of making sure that we're
17 providing services. We worked with our partners at
18 OMB to have-- to make sure that we have the resources
19 in order to deliver services to the number of people
20 that needed to be served in fiscal year 25. As we go
21 forward, we continue to have the conversation with
22 OMB about how we are moving forward with programming.
23 We do understand that the program to eliminate the
24 gap still has to be put into place in order for the
25 budget to be reconciled and passed. And so we

continue to have those conversations as we move forward.

CHAIRPERSON NURSE: So, at the Preliminary Budget hearing, you all promised to give us a list of providers who would be affected by those cuts. Do you have a list today for us?

DIRECTOR LOGAN: Those would be our reentry as well as ATI providers.

CHAIRPERSON NURSE: Yes. Do you have the list?

DIRECTOR LOGAN: I can tell you who the provider are, but we can send you a full list of those providers. I thought we had it.

CHAIRPERSON NURSE: Are on our reentry side, we would have Fortune, Osborne, all of reentry network, Center for Community Alternatives, Fed Cap [sic], Housing Works, Staten Island Justice Center, Urban Youth, Bronx Connect, Women's Prisons Association, Youth Justice Network, John Jay Institute for Justice Opportunities would be some of the providers.

CHAIRPERSON NURSE: Okay. It would be helpful if you could provide the full list and how exactly we expect these cuts to affect them. Is it

1 in terms of a reduction in the number of people
2 they're able to serve? Are they going to have to
3 fire staff? Are they not going to be able to hire
4 staff because they're now they're looking at begging
5 for funds to fulfil their programs? So, I know that
6 you probably want to have more funding for these
7 programs, but it just feels like we're not making
8 progress if we're stuck in the cycle of not having
9 service providers know that they have guaranteed
10 funding to do the work that they need to do. So, if
11 you could get-- you know, there's enough people here.
12 Maybe you could get someone to get a list for us
13 today. That would be extremely really helpful. I'm
14 going to open it up to some members for questions to
15 MOCJ, and I also want to acknowledge Council Member
16 Restler. Great.

18 COUNCIL MEMBER RESTLER: Great. Thank
19 you very much, Chair Nurse, for your leadership on
20 this critical issue, and I want to thank the members
21 of the Lippman Commission 2.0 for their hard work and
22 smart suggestions. I'm just going to say it very
23 plainly. Eric Adams very obviously does not care
24 about the closure of Rikers Island, because it
25 couldn't be clearer based on his record of three

years in office. Unlike Rudy Giuliani, Michael Bloomberg, and Bill de Blasio who each saw significant reductions in the Rikers Island population. Eric Adams is seeing an increase of 34 percent. There's 1,836 more people sleeping in the hell hole that is Rikers Island today than there was at the beginning of his term, and I don't think that anyone in this Administration has done a good job at advancing the plan to close Rikers Island, both from a substantive standpoint of how do we reduce the population and move the borough-based jail plan forward and how do we work with the communities where the borough-based jails are being built. I have to say as the Council Member who represents the Brooklyn borough-based jail site, I have been extremely disappointed by the Department of Design and Construction, Commissioner Foley, Deputy Commissioner, the entire team by MOCJ, by DOC, by every-- by DOT and DOB and of course the incompetent team at City Hall by the lack of coordination and consideration for my community. You all are doing jack-hammering until five o'clock in the morning every single night. Your afterhours variances and the work that you all do goes until midnight every

night for the next five years until this jail is completed. And when we ask for seri-- having a conversation and working on accommodations, because this is a dense urban area. We were the one community out of the four that embraced the jail plan and said we wanted to work with the Administration to find good solutions. You all have ignored me. For two weeks I've asked for a damn meeting, and haven't gotten a response. Have gotten the most inadequate and inept responses from this administration from DDC and City Hall. This is not how you work with communities. I am so freaking pissed. When there's jack-hammering until 5:00 a.m., when there's loud construction going on 'til midnight, you're not working with us to address reasonable concerns. You're just doing whatever the heck you want, and you're doing a crappy job. The demolition process was awful. I heard from city officials they'd never work with the demolition vendor again, because they did such an awful job, and it hasn't gotten better. When is this administration going to start working with my community to try to make this construction project work? We've had more development, more housing built in my district than any other district in New York

1 City for 15 years. We're accustomed to development.
2 If there was a private developer that act with such
3 disdain for my community, the Department of Buildings
4 would have shut them down. But of course, because
5 this is a City Hall priority, you just do whatever
6 you want. So, the good will that existed in my
7 community for this plan to try to make this work,
8 it's gone. It's been eviscerated. It is out the
9 door. People are pissed. Families can't sleep.
10 Literally, no one can sleep because there's jack-
11 hammering until four and five in the morning every
12 night. It's crazy. So, I care about the closure of
13 Rikers. I want it to move forward, but instead of
14 having a real conversation with me about these are
15 the trade-offs that we can make if we adjust
16 construction timelines. We don't get any response at
17 all. And there's no planning at all from MOCJ or
18 DOC. There is not one parking spot for a police
19 official or for a fire official to bring people in
20 and out of the arraignment court, not one parking
21 spot. Do you know what that means for traffic in
22 downtown Brooklyn when there's not a single
23 designated parking spot for police or fire to take
24 people in-- and ems to take people in and out of our
25

1 courthouse? What kind of ineptitude? It's been two
2 years that we've been asking for solutions, and we
3 get nothing. I am so disappointed in all of you. I
4 thought that this was going to-- I thought that the
5 people who were working on this project actually
6 cared about it and wanted to work respectfully and
7 considerately with my community, and I've gotten
8 nothing. So, I am-- I don't have a question. I just
9 want to say I'm incredibly disappointed, incredibly
10 disappointed with each and every one of you for how
11 this project has been so poorly mishandled, and
12 you'll be hearing more from me and my constituents.

14 CHAIRPERSON NURSE: Do you all want to
15 offer a response to Council Member, or an
16 acknowledgement of the community complaints, any
17 steps you've taken?

18 DIRECTOR LOGAN: As Council Member
19 Restler knows, we're happy to have conversations. We
20 will continue to have the conversation and schedule.

21 COUNCIL MEMBER RESTLER: I've asked for
22 over two weeks the Commissioners of DOB, DOT and DDC
23 and City Hall for a meeting to address the 5:00 a.m.
24 work, jack-hammering at 5:00 a.m. It was stopped for
25 one week, and then you restarted it without calling

me or my office or anyone in the community, putting it out in the bulletin and just saying tonight we're going to start jack-hammering until 5:00 a.m. again. That was how you-- that's your level of communication and coordination with my community. On a project like this, we actually have to work together, and I get-- if I get responses at all, it takes far too long, and they're most inept. So I'm just incredibly disappointed with the caliber of the work that you all have done here. If you think this is going to be bad in Brooklyn where the people wanted this-- where we were supportive, just imagine what you're going to get in the other communities that have been fighting these jails every step of the way. You have mishandled this so badly, that you are just entering into a total hell storm in every other neighborhood that has been opposed to these jails. I'm just-- I get nonresponses. Yeah, I got an email from the Deputy Mayor for Operations this afternoon that says nothing, nothing. It's like an email that's like words, just word salad that is like, of course, we're working with you and we'll look forward to meeting in the months ahead to discuss the future of the project. It's like, what are we talking about? I

don't even understand who is actually driving this and who is getting anything accomplished, and who's working with me, because I'm getting no responses.

CHAIRPERSON NURSE: DDC's here, perhaps you can speak--

COUNCIL MEMBER RESTLER: [interposing]
Eduardo, what do you got?

DEPUTY COMMISSIONER DEL VALLE: Hi. I'm Eduardo Del Valle, the Deputy Commissioner with DDC. We do understand and sympathize with the issues that you've raised. We have been trying to work with our city agencies, DOT, DOB with regards to the permitted working hours. Please understand that we are working within the constraints of the permit, and knowing what those constraints are and he controls the constraints, we're working with the appropriate parties--

COUNCIL MEMBER RESTLER: [interposing]
When the permits were issued, DOT promised us that only loud work would happen until nine or 10 o'clock at night, but of course, DDC and your contractors have said that you're allowed to jack-hammer until five in the morning, and you do whatever you want.

DEPUTY COMMISSIONER DEL VALLE: The--

COUNCIL MEMBER RESTLER: [interposing] I just have to say, the analysis here and this Points of Agreement update, whatever this is, is just-- if it's not disingenuous, it's an outright lie. The idea that the parking issues are resolved, you cut the parking spots at this jail by two-thirds. There's nowhere near enough parking for a fraction of the corrections officers that are working at this facility. You claimed that you resolved outdoor recreation space on the roof. There is no outdoor recreation space on the roof. There's a small garden. There's no outdoor recreation space in the jail, right? You guys-- the outdoor spaces that you've designed on the-- in the jail settings are totally inadequate and are going to make people who have an average length of stay of a year, it's going to be a mental health hazard to not provide access to outdoor space, which is exactly what your design achieves. And you slashed-- well-- so, every single Brooklyn update-- not every. Most of the Brooklyn updates are if not disingenuous, totally inaccurate. I have not seen this document. I've gotten no updates on the Points of Agreement that was negotiated by my predecessor on behalf of my community five years ago.

1
2 I worked on the other side of the building when this
3 was advanced. I care about this project, but you--
4 I'm just incredibly disappointed by how you all have
5 acted. I thought that there were reasonable
6 professionals here who would want to work with our
7 community on reasonable solutions, and it's clearly
8 not the case.

9 CHAIRPERSON NURSE: Thank you, Council
10 Member Restler. And for the record, I got this this
11 morning, so none of us have seen it. Council Member
12 Stevens?

13 COUNCIL MEMBER STEVENS: Good afternoon.
14 So, I guess my question is for MOCJ. Many
15 individuals are mandated by the court to participate
16 in ATI programs as a condition of their release while
17 their case is pending. How many people do you expect
18 will be detained on Rikers because they cannot access
19 ATI programs as a result of the cuts.

20 DIRECTOR LOGAN: At this point we are
21 still working with the partner provides to assess how
22 capacity would be modified. So I couldn't give you a
23 specific number of individuals. We are looking to
24 make sure that certain--
25

COUNCIL MEMBER STEVENS: [interposing] So, as you're doing your assessment, what are you seeing, because I think that you've been saying like you're doing assessment that means, you know, that there's going to be some impact. And so even with the cuts moving forward, what is your, I guess, educated perception of what's going to happen? Because--

DIRECTOR LOGAN: [interposing] Overall, in talking with our partners we understand that there will be reduced capacity on their part to service individuals. The actual number of individuals that will not be-- they will not be able to meet or provide services for. We don't have that number.

COUNCIL MEMBER STEVENS: When will you have that number, or is that part of the evaluation that you guys are currently doing? So when will that be-- will that be available?

DIRECTOR LOGAN: So, that usually comes closer to when we-- when Council has finished negotiations on what the final numbers are so that we know definitively with the partners what is in the budget as it relates to services.

COUNCIL MEMBER STEVENS: So, I just want to say this. So I've had to do budgets, too, right?

1 And so I just want to say it's always very
2 frustrating when we're here with the agencies when
3 they're like, "We don't know. We don't know."
4 Because that's not true. You do know. And so if you
5 have the number already and you know-- meaning like
6 if you know what numbers is going to be cut, you know
7 how many people you're already serving. If the
8 amount is being reduced, you know the number that
9 it's going to be. And so I think that I get
10 frustrated because it just don't feel honest and it
11 feels very disingenuous when it's like, "We don't
12 know." You do know the number. We do know the cost.
13 And so I think even we're talking about negotiations
14 this puts us at a place where we can't even negotiate
15 for you, right? Like that's our job to push to get
16 the money for you, and so we do need to come up with
17 a better system because as the number is being
18 reduced, there is a number of what we know what we'll
19 be losing because of the price point. And so that's
20 just my-- always my frustration, because that's
21 always the response. It's like oh we don't know. We
22 do know. We do know that this is going to affect us,
23 and the number, because we the price point. And I'm
24 sure the providers when they come to testify after
25

number. So I would love when the providers testify, please give the numbers when you testify so we can have them on record. Thank you.

CHAIRPERSON NURSE: Yeah, I think it's a little bit hard to understand how over at least the time we've been here, you've been able-- x amount of dollars has resulted in x amount of people being able to be served, x amount of contracts, but not-- we're not able to walk backwards to say a reduction in that would probably end up in this. I get it. Like, whatever, maybe you're not allowed to speak about it. I just-- it just kind of feels like a waste of our time. Council Member Cabán?

COUNCIL MEMBER CABÁN: Thank you. I'm going to focus this round of questioning also for MOCJ. I want to hone in a bit on-- you guys named that closing Rikers comes down to three commitments, two of them being eliminating unnecessary incarceration and supporting reentry strategies to end recidivism, and you've also named in your testimony that the data supports that meeting housing needs reduces crimes and recidivism, and we also heard from the last panel that it takes over \$400,000 to incarcerate an individual for a year versus the

\$55K for a year of supportive housing just as like a base or a framework. And I want to know more about what we're pouring into these commitments? Sort of what is the scope of the support based in relationship to the need, and I'd like to know how many units of transitional housing are currently operated by MOCJ contracted providers, and then also how many people are currently on waiting lists for the MOCJ-funded transitional housing? And then one more, and I'll add more afterwards. How many of those people are currently at Rikers?

DIRECTOR LOGAN: Okay, Council Member, I apologize, but that was a lot of questions around--

COUNCIL MEMBER CABÁN: [interposing]
Okay. How many units--

DIRECTOR LOGAN: [interposing] Can we break them down a little bit.

COUNCIL MEMBER CABÁN: are currently operated? Being the first question.

DIRECTOR LOGAN: So, we have a thousand beds in this system.

COUNCIL MEMBER CABÁN: Okay. And how many people are on wait lists for transitional housing, for the MOCJ-funded transitional housing?

DIRECTOR LOGAN: In terms of wait lists, there are multiple wait lists, because when we're talking about partners you have defense attorneys--

COUNCIL MEMBER CABÁN: [interposing] I know that there's overlap. What's the wait list currently for?

DIRECTOR LOGAN: So, in terms of our partners, I don't know that they have a wait list. They get the referrals, and as soon as the beds open up, they say I have a bed. And so the wait list that we know are-- the DAs will say we have people that are waiting to get a bed. Defense counsel will say we have people that are waiting to get a bed. So, we know that there is need.

COUNCIL MEMBER CABÁN: And that-- I mean, again, that was certainly my experience when I was practicing, but why isn't there a system for tracking who needs what? So that, again, I don't know how you are able to execute managing these pillar goals without knowing what's needed?

DIRECTOR LOGAN: So, I think the issue is right now that there is no one centralized institution for here are all of the individuals in New York City that need--

COUNCIL MEMBER CABÁN: [interposing]

Right. Well, my question is are y'all working within your agencies and working with other agencies to be able to compile that very necessary information?

DIRECTOR LOGAN: We are working to get the best picture that we can. So it is the way that we-- the way that we do it is that we don't hold all of the PII for all of the partners.

COUNCIL MEMBER CABÁN: Can you tell me how many people are currently at Rikers who are eligible for and are waiting to be placed into a MOCJ-funded transitional housing facility?

DIRECTOR LOGAN: For that, I would ask my partners at DOC or at CHS if you know how many people that you have that are waiting for placement.

UNIDENTIFIED: That's not information that we have today, but we can take it back to the appropriate folks and ask--

COUNCIL MEMBER CABÁN: [interposing]

Okay. Again,--

CHAIRPERSON NURSE: [interposing] Or maybe we could ask for it to be sent over while we're here. It would be important to know the general size of what's going on in your institution.

UNIDENTIFIED: We can certainly take it back and follow up.

COUNCIL MEMBER CABÁN: And these are--

CHAIRPERSON NURSE: [interposing] You're not able to call down to someone or text someone and get that number? Is that out of the range of options?

UNIDENTIFIED: I'm not sure we'll be able to get that in this short of a time frame, so I don't want to commit to that, but we can certainly follow up.

CHAIRPERSON NURSE: Okay. If you could try, that would be helpful.

COUNCIL MEMBER CABÁN: And just to put a finer point it, these are data points that we cannot even attempt to work on solving this problem without this information. A follow-up question is how many additional housing units do you plan to develop and when do you anticipate that they'll open?

DIRECTOR LOGAN: We are hopeful to have two-- to have additional beds coming online. We likely that we have 800 that are operating now. There were two sites that we've had to take offline, and we are looking to work with partners to find--

COUNCIL MEMBER CABÁN: How many do you plan to develop?

DIRECTOR LOGAN: At least two in the short term and then we will be looking to see what we can do going forward. We welcome the partnership to be able to find sites in order to be able to expand the next--

COUNCIL MEMBER CABÁN: [interposing] Two facilities with the-- what is that? How many beds does that translate?

DIRECTOR LOGAN: Approximately another 200 beds.

COUNCIL MEMBER CABÁN: Okay. Now, in January, Pics [sic] 11, they air the story about a new transitional housing residence for women and families in the Bronx, and at the time of that report they said that there were 20 residents there and there was space for 63 residents. Have-- my understanding is that no more residents have been moved into that particular housing development. Is that true?

DIRECTOR LOGAN: That is correct.

COUNCIL MEMBER CABÁN: Okay. So, there's a facility, only 20 of 63 beds are filled, but the

Rikers census is ballooning, and we have heard also that over three-quarters of women on Rikers are survivors of domestic and gender-based violence, and then you add into the mix the percentage of a population with mental health issues, and we can't get those beds filled?

DIRECTOR LOGAN: That facility is being transitioned for closure as of May?

COUNCIL MEMBER CABÁN: Why?

DIRECTOR LOGAN: the decision was made based on feedback from elected constituents that that facility needed to close.

COUNCIL MEMBER CABÁN: I just-- I don't know we take this testimony seriously about, like, you guys doing the work and understanding that there's only three really important things, and it's, you know, supporting reentry and eliminating unnecessary incarceration, because what I'm what I'm hearing flies in the face of that. Chair, I'll pass it back to you, but I obviously have-- I have other questions, but I'll--

CHAIRPERSON NURSE: [interposing] Okay, I'll bring you back.

COUNCIL MEMBER CABÁN: Whenever you're ready.

CHAIRPERSON NURSE: I wanted to touch on the supervised release recommendation in the Commission report. Can you tell us what is the current amount budgeted for the two supervised released intensive case management pilots?

DIRECTOR LOGAN: The ICM pilots that are operating in Manhattan and Queens?

CHAIRPERSON NURSE: The two supervised release intensive case management pilots, yes.

DIRECTOR LOGAN: One second I'll get that for you. It's approximately \$9.1 million.

CHAIRPERSON NURSE: Okay. One of the recommendations is to expand this to about \$46 million. Can you tell us what are the-- tell us about some of the preliminary results of the treatment study group? What can you tell us about the findings of this pilot so far?

DIRECTOR LOGAN: During the pilot we experimented with the number of individuals that could be serviced by different clinicians. Specifically, we looked at clinicians who had experience and education to deal with individuals of

1 high needs. We started out with a case load of 11
2 individuals and we slowly started to move the
3 caseload up. As we move the case load up for each one
4 of the clinicians, reaching a point of 16 individuals
5 per case manager, we realized that individuals were
6 not getting the necessary dedicated services, and we
7 started to lose individuals. So what we know is that
8 providing a very dedicated, resourced, case manager
9 who is significantly experienced with dealing with
10 high-risk populations at a level of somewhere between
11 11 and 15 is the way that we are much more successful
12 in managing populations of individuals that had
13 heretofore been cycling in the system and
14 recidivating at higher rates than their counterparts.

15 CHAIRPERSON NURSE: So, do you support
16 the investment needed for expansion?

17 DIRECTOR LOGAN: We look forward to being
18 able to move this into other boroughs. Right now,
19 it's in Manhattan and Queens, and believe that it
20 would be beneficial for other boroughs to receive
21 that same type of service.

22 CHAIRPERSON NURSE: And just one more
23 time, so between the two pilots you're saying about
24
25

30 people, or that's about-- yeah, 30 people across the two--

DIRECTOR LOGAN: [interposing] And so there's 1,100 spots.

CHAIRPERSON NURSE: [interposing] The preferred--

DIRECTOR LOGAN: There's 1,100 spots, but the amount be case manager should be like 11.

CHAIRPERSON NURSE: Okay. When the Council met with MOCJ and then Deputy Mayor's Joshi and Parker in February, you all agreed to send us a list of new commitments to reduce the jail population. Besides sort of what's updated here, has there been any movement on this, and is there anything you'd like to share with us today on that?

DIRECTOR LOGAN: Currently we are meeting weekly as the agencies, and what we have labeled Every Jail bed Counts, and that specifically looks at every single avenue of reducing jail population from 6A, CRC, case processing, all of the various avenues that are within city control at the moment are being explored in order to ensure that we can work with the stakeholder's cases reviewed so that both defense and prosecutors can agree on dispositions that are non-

1 incarceratory [sic] dispositions. We regularly talk
2 with stakeholders. Teams at MOCJ talk to defense bar
3 who have raised that they are cases that they
4 highlight for us where they are ready for disposition
5 so that we can go back and work with our partners at
6 OCA and have those cases advances so that
7 individual's cases can be moving through the system
8 much more expeditiously. We're working in a macro
9 level of what are the policy changes that we can make
10 in order to reduce population, and we're working in
11 the micro level as to is there an individual here
12 whose case is ready that we know that the partners
13 have talked, but the date is set for two months out?
14 Hi, OCA, let's highlight this one for you. Please
15 advance this case.

17 CHAIRPERSON NURSE: And so you all are
18 doing that on a weekly basis with OCA?

19 DIRECTOR LOGAN: Correct.

20 CHAIRPERSON NURSE: And then as you're
21 kind of assessing and exploring what actions you want
22 to take, do you expect to have like a roadmap, and
23 action plan that you all will agree upon and be able
24 to produce?

DIRECTOR LOGAN: We are looking forward to working with our new First Deputy Mayor to have that for everyone to know the way that the administration is concretely moving forward on this.

CHAIRPERSON NURSE: Okay. Any other questions for MOCJ? Okay.

COUNCIL MEMBER CABÁN: Thank you. I want to shift a little bit now to reentry services. So, we know that approximately 74 percent of the people at Rikers return to our communities. Comprehensive reentry planning obviously is really essential along with housing to prevent recidivism. In 2017, it was announced that every person who enters a jail would meet with counselors to assess their needs, to identify vocational, educational, therapeutic community program to support their long-term stability. Is that still a goal of the Department?

DIRECTOR LOGAN: It is the goal of the administration to have everybody meet with partners, and MOCJ along with Department of Correction work together to ensure that we are trying to get assessed who needs reentry services and coming back into community along with making sure that our partners a

ready in community to accept those individuals who have been getting that level of assessment.

COUNCIL MEMBER CABÁN: So, with that as the goal, what proportion of people who are returning from Rikers to our communities are receiving reentry planning.

DIRECTOR LOGAN: I have to see how many. I need to get the number of those individuals that we're servicing in terms of who is being seen by partners in terms of reentry services.

COUNCIL MEMBER CABÁN: Okay. Again, I just-- your testimony says you're doing the hard work. You named reentry strategies as critical to this work, and you don't have the information that we're asking for that's directly related to that. This continues to be a reoccurring problem. What-- I mean, I want to be able to ask what's your plan to ensure that everyone who needs the services actually receives them, but we don't have a number on what your gap is, and I'm assuming if you don't have the number on what the gap is, then you don't have a time frame to fill that gap and achieve those goals. And having those answer seems pretty critical also to the hard work you're doing. I--

DIRECTOR LOGAN: [interposing] So, Council Member, just so that we're clear, in terms of reentry services, those are voluntary. We know that our partners are servicing about 1,500 people in discharges each year. Again, it is a voluntary service. It's not mandated that individuals in custody take that service

COUNCIL MEMBER CABÁN: But I'm saying that is it-- is it being readily-- is it being offered and readily available to every single person that is Rikers?

DIRECTOR LOGAN: It is offered to all of the people in custody, and about 4,000 people overall take those services.

COUNCIL MEMBER CABÁN: And of-- if it's offered to every single person, when they say yes, our vocational, educational therapeutic community programming. Are those-- all of those things being given to those individuals?

DIRECTOR LOGAN: If they are accepting reentry services, all of that including substance misuse and mental health treatment--

COUNCIL MEMBER CABÁN: So, you're saying no gaps. Everybody who wants it is getting it.

DIRECTOR LOGAN: Everybody who is coming into reentry services, those services are offered. The question of do they actually follow through and get them is a different question.

COUNCIL MEMBER CABÁN: But that's not the question I'm asking.

DIRECTOR LOGAN: Okay.

COUNCIL MEMBER CABÁN: I'm saying everybody who is going out the door and says yes, I want services, is every single one of those persons getting services?

DIRECTOR LOGAN: Again, it is a voluntary service. When--

COUNCIL MEMBER CABÁN: [interposing] I know, and they're voluntarily opting in. So when they voluntarily opt in-- are 100 percent of those people who voluntary opt in, are they getting the services?

DIRECTOR LOGAN: And I couldn't tell you yes or no specifically because you voluntarily opted in, and you walked out the door. You picked up your belongings, and then you went back into community, and then I don't know. And it would be untruthful for me to look at you and say, and then you actually

1 did the next step of coming into the office to get
2 the services that were offered to you. So, I can
3 tell you how many people our partners have been able
4 to give services to. What I cannot tell you is
5 whether or not during the time that they're in DOC's
6 custody and the time that they actually come back
7 into community, they followed through on making sure
8 that they went to get the services that they said
9 that they wanted.

11 COUNCIL MEMBER CABÁN: And if they-- if
12 they say yes that they want the services, the current
13 availability of those services could support every
14 single person who has opted in?

15 DIRECTOR LOGAN: To my knowledge we have
16 not had a partner come back to us to say we have
17 people that we turned away because we just don't have
18 the capacity to serve them right now. That's where I
19 am.

20 COUNCIL MEMBER CABÁN: I look forward to
21 hearing testimony from these services providers. Can
22 I ask another follow-up on this, Chair?

23 CHAIRPERSON NURSE: Thirty seconds.

24 COUNCIL MEMBER CABÁN: Thank you. DOC
25 has recently released and RFP for reentry services.

SENIOR ADVISOR CHARD: So, I can give some high-level information. This isn't work I'm involved with closely on a day-to-day basis, but I do know that we are anticipating making those awards in the coming weeks. We can follow up with the numbers. I know that we do have some projections for how many people we do hope to serve, but ultimately part of this particular process with the challenge based procurement, the providers are coming to us with their solutions. So how the programs take shape will ultimately be up to those folks, but I can follow up with some of those numbers as to what we were anticipating and hoping for.

CHAIRPERSON NURSE: Okay. I have some

questions for DOC. Obviously, we've talked a little bit about the deaths this year on Rikers. Wanted to

SENIOR ADVISOR CHARD: Thank you for the question. I'm sure as you anticipate, those incidents are under investigation currently, so there's really not much that we can say in relation to the questions that you asked.

CHAIRPERSON NURSE: Okay. I want to talk about ICE on Rikers which I know we're in court proceedings, and I'd really like to hear from you all. I know before we've had on record that you all have said you conversations about this. So as it relates to operationalizing that, where would you anticipate them to be set up? How many people do you imagine would be staffed on that Island? You know, what kind of communication system and structure would you have with a supervising agent? You know, what is the protocol that you all have been talking about if

1 you've been talking about it in relationship to
2 mobility of ICE agents? I have a bunch of questions.
3 So, you know, as honestly as obligated by the Charter
4 as you can, about the conversations you've had and
5 any plans that you know of should this move forward?
6

7 SENIOR ADVISOR CHARD: So, at this point
8 this matter is currently under litigation, so there's
9 really not much that I can speak to.

10 CHAIRPERSON NURSE: Right, but you have
11 had-- you have testified in the past that you have
12 had conversations. So what were those conversations
13 prior to this litigation that only happened this
14 week?

15 SENIOR ADVISOR CHARD: I can't personally
16 speak to that. I wasn't part of those conversations.

17 CHAIRPERSON NURSE: Okay. So you're-- you
18 have no knowledge at all-- you're under oath-- you
19 have no knowledge at all about what any operational
20 plans would have looked like in your capacity?

21 SENIOR ADVISOR CHARD: I have not been a
22 part of any of those conversations, and again,--

23 CHAIRPERSON NURSE: [interposing] Okay. I
24 hope that's accurate. For H+H, talk about the
25 Bellevue out posted unit. Do we have a temporary

certificate or occupancy or no? Where are we at on this?

ASSISTANT VICE PRESIDENT MERRILL: We do have a temporary certificate of occupancy.

CHAIRPERSON NURSE: Okay, great.

ASSISTANT VICE PRESIDENT MERRILL: The Department of Buildings issued that to New York City Health + Hospitals in February of this year.

CHAIRPERSON NURSE: Okay, and has DOC received approval from the state?

ASSISTANT VICE PRESIDENT MERRILL: That stage, no, we have not reached that milestone yet. There's still some punch list items and then a final approval from SCOC, Commission of Corrections.

CHAIRPERSON NURSE: Okay, so what are some of the punch list items that aren't ready yet? Have you submitted a staffing plan?

ASSISTANT VICE PRESIDENT MERRILL: I'll actually turn to Alex.

ASSISTANT COMMISSIONER MALDONADO: Good afternoon, ma'am. So we are working with our state partners to finalize our staffing plan for the Bellevue facility. It's something that we are working towards actively along with our partners at

1 CHS. In terms of punch list items, there's security
2 technology, emergency generator work that is still
3 ongoing. The temporary certificate of occupancy
4 allows us to be on site and do transition planning,
5 but until the State Commission of Correction approves
6 this site for individuals in custody, we cannot house
7 individuals there.
8

9 CHAIRPERSON NURSE: When do you all think
10 you'll get through all those items so that they can
11 grant you permission?

12 ASSISTANT COMMISSIONER MALDONADO: We're
13 working, again, with CHS and H+H to develop an active
14 punch list that incorporates everything and feedback
15 from SCOC as well as some of the security items that
16 we're concerned about to make sure that again this is
17 a safe and secure facility. So, we're actively
18 working. We actually have a site meeting tomorrow
19 afternoon to really hone in on how we can
20 operationalize this.

21 CHAIRPERSON NURSE: Okay. How many
22 uniformed staff do you expect to be assigned there?

23 ASSISTANT COMMISSIONER MALDONADO: So,
24 our initial analysis had well over 200 staff members
25 that we would need, but based on feedback from the

1 state, we are re-evaluating that analysis and again,
2 staffing is a huge concern for the Department. We've
3 testified on that before. So what I would say is
4 that we're really trying to maximize staffing
5 efficiencies. So I don't have a number for you at
6 this moment, but it is something that we are working
7 towards because this is a priority for us.

9 CHAIRPERSON NURSE: I think you all have
10 testified before around 300 people which we also
11 thought was kind of a lot, excessive, given that we
12 know you have another facility that has less than
13 that that's comparable. So, we'd really love to see--
14 - or if you could provide and follow up any detail of
15 your staffing plan that you already have sketched
16 out-- given that we've talked about this quite a
17 while. Like, I can't imagine there's nothing on
18 paper. If you have something on paper written down,
19 we'd love to have that in the follow-up this week.

20 ASSISTANT COMMISSIONER MALDONADO:

21 Absolutely. One thing I will share, you know, the
22 staffing is really-- is largely driven by the design,
23 and the fact that this a jail facility that has to
24 have-- meet all standards by the state and local
25 regulations. So, you know, again, we're mandating

1 obviously to provide a minimum standards, but obvi--
2 we try to exceed those where we can. And so staffing
3 is really driven by that as well as the nature of the
4 need for active supervision [inaudible].

5
6 CHAIRPERSON NURSE: Do you not have a
7 site plan?

8 ASSISTANT COMMISSIONER MALDONADO: I'm
9 not sure what you mean, ma'am.

10 CHAIRPERSON NURSE: Well, you're saying
11 that your staffing plan is driven by what the
12 facility needs to look like. So, do you have most of
13 that--

14 ASSISTANT COMMISSIONER MALDONADO:
15 [interposing] Well, that's why we had an estimate
16 that was close to 300, right, is thinking about that
17 site plan, because we're always on-site. In fact, I
18 was there yesterday.

19 CHAIRPERSON NURSE: Okay.

20 ASSISTANT COMMISSIONER MALDONADO: To
21 make sure that we can properly supervise the
22 individuals in care.

23 CHAIRPERSON NURSE: Okay. I'm going to
24 ask-- I do want to ask a question for Council Member
25 Rivera who couldn't stay for the whole hearing. I

1 know that you testified that in current form of the
2 bill that was proposed you couldn't support it. Can
3 you give us specifics on what you would need to
4 support it?

5
6 DEPUTY COMMISSIONER RETCHLESS: So, we
7 did already amend our RFP on-- to include the
8 criminal justice and hospital population, and we feel
9 like that is a good plan and we'd like to give that a
10 try, and continue to work with our partners around
11 are there refinements, further refinements needed.
12 So we are focusing on those that have had criminal
13 justice involvement and hospitalization. And really
14 what we're trying to do is kind of break the cycle of
15 people going in and out of hospital, in and out of
16 jail to the shelter system, and we feel like our
17 eligibility is a good target on breaking that cycle.
18 So that is what we would like to stick with, and then
19 also work with our partners if there's any other
20 additional work like what I mentioned in my testimony
21 on referral and placement challenges.

22 CHAIRPERSON NURSE: Okay. Sorry, I
23 misplaced Council Member Rivera's question she gave
24 me here. But what is-- what is-- we have a number of
25 about 460 people, I believe, who would be eligible

for supportive housing. What is your estimate number of people who pass through Rikers each year who need supportive housing?

DEPUTY COMMISSIONER RETCHLESS: Are you talking about how the law-- the proposed law?

CHAIRPERSON NURSE: No, I'm just kind of-- what exists as is right now?

DEPUTY COMMISSIONER RETCHLESS: Oh, okay.

CHAIRPERSON NURSE: We have estimate I believe from the 2022-- Corporation for Supportive Housing estimated there were 2,589 people in custody. It was a couple years ago, actually a few years ago, who needed supportive housing but they didn't meet the currently eligibility criteria. So, looking at just understanding what your numbers are--

DEPUTY COMMISSIONER RETCHLESS:
[interposing] Yeah.

CHAIRPERSON NURSE: and how you're kind of moving through that [inaudible].

DEPUTY COMMISSIONER RETCHLESS: I have numbers here.

CHAIRPERSON NURSE: Okay.

DEPUTY COMMISSIONER RETCHLESS: So, these numbers are based on calendar year for Correctional

Health Services approved applications, and so I think that's kind of the best indicator. So, in calendar year 2023 there were 1,173 approvals for supportive housing, and then for calendar year 2024, there were 1,042 approvals for supportive housing.

CHAIRPERSON NURSE: And how many people are working on that? How many people specifically screen and work through those applications?

DEPUTY COMMISSIONER RETCHLESS: I'd have to defer to Correctional Health Services for that question. All I could say is that they do a very good job in submitting applications and getting approvals from HRA.

ASSISTANT VICE PRESIDENT MERRILL: Yeah, that is a core part of our reentry work. We have about 50 social work staff who contribute to those efforts.

CHAIRPERSON NURSE: And they all are doing the screening application, or is there like a smaller number that work just on that piece?

ASSISTANT VICE PRESIDENT MERRILL: We can try to find something more specific, but yeah, the applications that were referenced [inaudible] 2010E applications.

CHAIRPERSON NURSE: Yeah, no, just because-- that 2010E is a beast. So I imagine having more people on it would be helpful. Okay, I don't know what her questions are. So, sorry, Council Member Rivera. I'm going to turn it over to Council Member Stevens for any questions to DOC.

COUNCIL MEMBER STEVENS: Sorry, give me a second. So, this question is for DOC. What steps are you taking to incentivize and reward positive behavior by staff and incarcerated people alike? Is there a process by which staff are recognized and rewarded for helpful initiatives to de-escalate and leadership, and are such efforts taken into account in promoting and specializing in post-decision? And what about the incentives for incarcerated people?

SENIOR ADVISOR CHARD: So, you may hear me say this a few times. I'm not super closely involved in like the staffing work, but I do know that just generally speaking we of course have staff recognition programs for our staff, both uniform and non-uniform, and I'm not intimately familiar with the awarded post process. So, I can certainly take that back to folks and follow up with more information on that. but I do know that in terms of, you know, when

we're looking to promote staff, when we're looking to develop leaders within our organization, of course we're taking into account their performance and how they're performing on the job and how they've taken in the training that they already have and working with the facilities. As for people in custody, certainly we structure our programs to be incentive based, particularly for our young adults. But again, I don't want to misspeak for my colleagues, but that is always part of what we are thinking about when we're developing programs, when we're developing-- you know, we have certain housing structures that are for particular individuals that may want to take part in specific programs. So, if someone wants to go to school, for example, we have school housing areas and there are incentives built into that inclusive of just being around your peers to help encourage you to participate in those programs. Those housing structures have been really successful, and we're always looking to expand those and other programs we know are successful, but it is part of foundationally what we consider when we're thinking of any of our programs to support people in successful reentry once they do reenter our communities.

COUNCIL MEMBER STEVENS: This question is for Department of Social Services. In a report released in 2022, the Corporation for Supportive Housing estimated that there was about 2,589 people in custody in Rikers in a given year who needed supportive housing, but more than half did not meet the current eligibility criteria for justice-involved supportive housing because city regulation on longer considering them chronically homeless. Once they were in Rikers for more than 90 days. Do you support the introduction of 1100 sponsored by Member Rivera who will require DSS to expand the eligibility permanently to ensure more people justly [sic] involved could be placed in supportive housing and would not be barred due to the 90-day rule?

DEPUTY COMMISSIONER RETCHLESS: So, we did address the criminal justice and hospital population that were impacted by the HUD chronic definition that they would not be eligible otherwise. So, that definition allows for both-- for individuals that have either a hospital and/or a jail stay within the last four years and 180 days in homeless time. and so that's a much, much lower threshold than the HUD chronic definition which states that somebody has

1 to have either a continuous homeless period of 365
2 days or four episodes of homelessness with-- that add
3 up to 365 days. So, we feel that the amendment to
4 the RFP is a good solution and target for those that
5 are cycling in and out of hospital and in and out of
6 jails.

7
8 COUNCIL MEMBER STEVENS: SO, that was a
9 lot of words. So do you support the bill? Because I
10 know you're saying according to the RFP it addresses
11 some of it, but it doesn't address all of it, and so--
12 -

13 DEPUTY COMMISSIONER RETCHLESS:
14 [interposing] So, I don't-- we don't-- DSS does not
15 support the bill as its written now, but we are happy
16 to, you know, further discuss the bill with the
17 Council Members, but we also wanted to put it out
18 there that we have addressed to a certain extent the
19 criminal justice and hospital populations that, you
20 know, are not meeting the HUD chronic criteria for
21 New York City 15/15.

22 COUNCIL MEMBER STEVENS: I guess the
23 other question, and I guess this might be in general
24 for everyone-- and I'm sorry I'll take like 30 more
25 seconds. But just even while we're talking about as

1 we're thinking about-- and like you said, even in the
2 RFP around expanding what that looks like and so
3 obviously needing supportive housing. How is
4 everyone working together that this is going to be
5 equitably distributed throughout the City? Because
6 my district, as we all know, and the South Bronx and
7 the West Bronx, we see a lot of these and we carry
8 the burden. And so I know there was a question
9 around like a site being closed in the Bronx and
10 someone's like, "Well, why did that happen?" Because
11 we have so many. And so what is the plan about
12 making sure this is being equitably distributed
13 across the city and that everyone is welcome to be a
14 part of the community, and what does that look like?
15 Because we obviously need to be expanding this and we
16 need more supportive housing, but we can't keep
17 putting them in the same five locations and in
18 walking distance of each other, because we need to
19 think about the burden. So, my community we're doing
20 our part and we are taking our brothers and sisters
21 in. So, how are you guys working to make sure that
22 this is being equitably distributed across the City
23 and understanding that this is a city issue and not
24 just a Bronx issue or specific districts?
25

DEPUTY COMMISSIONER RETCHLESS: So, I'll take that one. HRA does coordination with DOHMH and HPD around the New York City 15/15 implementation. And so HRA does the procurement. So, what we do is we evaluate the proposals that come in under the RFP. And then our colleagues at HPD, they're more-- they're more involved in the actual siting of programs and the capital that's needed for projects like congregate projects that are being developed in different boroughs, different neighborhoods. And DOHMH is the ag--

COUNCIL MEMBER STEVENS: So, I think I understand the process--

DEPUTY COMMISSIONER RETCHLESS:
[interposing] Sure.

COUNCIL MEMBER STEVENS: but that's not answering the question that I'm asking, because even in that process it's still not evenly distributed because often the Administration comes back and say well this is where it was available and this is where we had space, and I'm almost positive other people have space in their districts. So I'd just love to hear how all of you are working together to make sure this is equally being distributed across the City and

not continue to oversaturate boroughs like mine who already have high numbers of shelters and reentry programs and all the thing. Like I said, these are all my brothers and sisters, but we can't do everything.

DEPUTY COMMISSIONER RETCHLESS: I think that what I would say is that we would need, you know, our partner agency HPD to weigh in on that in terms of the siting of, you know, congregate programs. But you know, we are working with them on developing 15/15 congregate programs, making sure that they have the service award, which is the services that go to the supportive housing population that will ultimately live in those programs.

DIRECTOR LOGAN: Council Member Stevens, thank you for that. I hear you. I hear you're basically saying I know how you do the process and how you identify spaces and how you do it, but at the end of the day, everything ends up in the Bronx, and that's kind of the same thing that DA Clark says in terms of things in the Bronx. That is partly why two of our programs are not coming on, because we understand that the Bronx has a lot. And--

COUNCIL MEMBER STEVENS: [interposing] And again, I want to even shout out to Fortune Society, and I was pushing back on you guys, but they pulled it because they understood I have way too many.

DIRECTOR LOGAN: And so part of what we did in terms of that was to go now and start having one-on-one conversations with your partners, right, and your constituents to say hi, we need to be able to house people. We need to be able to deliver these services. Let's work together to find places that can actually accommodate and where we-- you will see that we are good neighbors. So, we are in the process of literally going around talking to find places that are not in the locations where we have had an oversaturation of services.

COUNCIL MEMBER STEVENS: Yeah, and I just want to also point out, like, because I think we get pushback. One, it's not about being good neighbors. It is about even me as a Council Member, I get the same amount of services that everyone gets and sometimes less, but I am getting a lot more work to do, and it's too much. And where, you know, we sit here and a lot of times my colleagues will say we want more, we want more, but then when it's time to

1 have sitings, they're pushing back. And so I'm being
2 clear that we cannot do this alone, that everyone
3 needs to be looking in their districts to make sure
4 that if there's space or if there's projects coming
5 in that they're saying, hey, I've identified a space.
6 Because they are good partners, but I just cannot do
7 it all. And myself, and Salamanca, and Pierina who
8 we have oversaturation of not just these programs,
9 but all the shelters that come in, we cannot do it
10 all. So in the same way everyone is pushing back
11 saying we want to loosen things up. We want to see
12 supportive housing. I need members to also do the
13 same work to make sure that they're finding sites in
14 their district to house these folks, because they're
15 part of our communities. Thank you.

17 DIRECTOR LOGAN: Thank you. And we
18 welcome your sending members our way who are the ones
19 that are ready to do that work. I do want to just
20 clarify, because my team did send me the answer to
21 your question in terms of specific numbers. On the
22 re-entry program to eliminate the gap, the team is
23 anticipating as of talking to partners that it will
24 eliminate 1,105 discharge planning slots and 1,569
25 community intake slots if that goes forward.

COUNCIL MEMBER CABÁN: Thank you. I mean, that's obviously not good. Thank you.

CHAIRPERSON NURSE: Thanks for chasing down that info while we're here. I wanted to ask one more question about the jails and then I don't know if you have any final questions. You've got a few? Okay. So, my question-- Lippman says you guys could do it a year faster to build these jails. You guys say no. who's right? Who's wrong? What's in the way? Tell us in detail and simple terms why you can't or why you can?

DEPUTY COMMISSIONER DEL VALLE: So, the BBJ program is the nation's most ambitious, complex, and challenging design-build capital program of its kind, period. There's none other like it, and what we-- we have achieved to-date in the public sector is truly remarkable. Deployment of design-build enable us to deliver in record time, for example, the Queens Community Center and the 600+ parking garage, and so that was our first City of New York design-build project. And so it was delivered in less than two years, which by any measure, public sector, private sector is outstanding. We completed design development for the Brooklyn facility within 10

1 months, 10 months design development completed. It
2 would have taken us three years under the traditional
3 design-build delivery method, and even as
4 construction documentation was still being completed
5 for the Brooklyn facility, we fast-tracked and
6 started foundation work 16 months after the order to
7 proceed was issued, 16 months after the NTP was
8 issued. Again, unheard of. Had this project been
9 delivered under the traditional design-build method,
10 we would still be in the design phase. Now, we're
11 doing foundations. So we are doing--

13 CHAIRPERSON NURSE: [interposing] Are you
14 saying that you already-- the timeline you've got
15 right now, that's already built-in design-build?

16 DEPUTY COMMISSIONER DEL VALLE: That's
17 the point that I'm making. We are doing--

18 CHAIRPERSON NURSE: [interposing] that's
19 the savings you've already accounted for?

20 DEPUTY COMMISSIONER DEL VALLE: We are
21 doing design as we do construction. We're fast-
22 tracking. Now, I would also point out that, of
23 course, we have a responsibility to be stewards of
24 the capital projects and minimize the risk exposure
25 to the City. Rushing a design-build process will

expose the City tremendously, and these multi-billion-dollar projects, so we must be prudent.

CHAIRPERSON NURSE: Can you outline some of those risks? Like, give us a high-level risk that you're worried about in terms of exposure.

DEPUTY COMMISSIONER DEL VALLE: For example, if we were to start foundation work before we got all of our SCOC permits, that's-- SCOC is an entity, the State Commission of Correction, that not the Port Authority, not other publications that was doing design-build in this country needs to deal with. We must secure approvals for met SCOC under construction documents--

CHAIRPERSON NURSE: [interposing] Securing approval, that's one of them. What's another risk?

DEPUTY COMMISSIONER DEL VALLE: That's huge, because if we are-- if we proceed with construction without SCOC approvals, and SCOC comes back and says you need to change X, Y and Z, that's the exposure to the City. Changes are money. Change orders are expenses.

CHAIRPERSON NURSE: I understand the magnitude of that approval and jumping the gun on that, is that the main risk or are there--

DEPUTY COMMISSIONER DEL VALLE:

[interposing] No.

CHAIRPERSON NURSE: Okay.

DEPUTY COMMISSIONER DEL VALLE: There are others, right?

CHAIRPERSON NURSE: Okay.

DEPUTY COMMISSIONER DEL VALLE: If we, for example, fast-track the construction of foundations before we reach-- come to terms on the GMP, the guaranteed maximum price, and we cannot for some reason reach that GMP with the design-build-- we have already started construction of foundations too early, too prematurely, we are exposing the City now to the cost associated with those delays. If we don't come to terms with the design builder, we have to go out to bid again and solicit a proposal. That will simply delay even more. So, those are the kinds of risks that, again, with all due respect to my colleagues and the Commission, have not been properly assessed.

CHAIRPERSON NURSE: Thank you for that information. Council Member Cabán.

COUNCIL MEMBER CABÁN: Thank you. These questions are for DOC. I want to go back to sort of

the commitment to reduce the census on Rikers. There's currently-- one of many issues-- but there's an issue with non-movement of individuals that have been given state sentences, right? And so like, as the example, you might have a client who's about to hit their minimum 1.5 to whatever it is and they have served the majority of that time as a city sentence, and then they're not meeting with parole, because they're not being taken upstate. Understand the situation with the upstate officers and that the state is saying we don't have the capacity to handle these transfers. State sentence clients can't be processed for their state sentences while they're in city custody. So we have this dilemma here. How are y'all addressing that?

DIRECTOR LOGAN: Hi, Council Member. That actually falls in MOCJ--

COUNCIL MEMBER CABÁN: [interposing] Oh, then great. How are y'all handling that?

DIRECTOR LOGAN: in terms of coordinating. Once we have-- once we identified that this was going to create a log-jam on the city side, MOCJ reached out to our state partners to start explaining to them what was going on. So, DOC

1 custody management as well as defense providers would
2 identify the people for us, and state has been
3 working with us to take those people. so, as much as
4 everything has been shut down where there are
5 individuals that are within DOC custody that are
6 meeting that criteria of essentially being ready to
7 go, they are taking those people who are going to be
8 essentially released by that--

10 COUNCIL MEMBER CABÁN: [interposing] Now,
11 there's definitely still a significant backlog, and I
12 understand that you're saying that you're sending
13 names, but have you thought about the state sending
14 down somebody or some bodies to set up an office on
15 Rikers to cut that off? I mean, you can give-- you
16 can give them the space that is being offered to ICE.

17 DIRECTOR LOGAN: Well, I think not
18 wanting to speak for our state partners, I do
19 appreciate that there was a very public termination
20 of 2,000 personnel, and that they are reorganizing
21 themselves, and so they are coming to pick up
22 individuals that are identified that are ready to do
23 that processing from correction custody to move them
24 through.

COUNCIL MEMBER CABÁN: But in the scenario where there is a staffing crisis, you cut out the need for a lot of staff to transport, to take them to the-- by having the state set up shop within Rikers. Would you guys pitch that? Would you be good with doing that?

DIRECTOR LOGAN: I appreciate it, and it's one of the things that we have not discussed, but I don't know why we couldn't discuss it with the state.

COUNCIL MEMBER CABÁN: So, will you discuss it?

DIRECTOR LOGAN: I will definitely raise it with the state.

COUNCIL MEMBER CABÁN: Great. Thank you. Now I want to shift over and ask about-- get an update, an update on something that we've talked about at several different hearings. So, obviously, last fall we heard these terrible reports about deadlocking, where officers were locking seriously mentally-ill people into their cells for days, weeks straight without access to medical care. We heard that already that people who were already very ill were deteriorating further. Some people were-- I mean, awful things. Some people were smearing

1 themselves with feces. They included some people who
2 were stuck at Rikers waiting for state hospital beds
3 to open up. There were reports and reasons given by
4 DOC that range from like assault on staff, to
5 somebody-- involving somebody with a serious mental
6 illness or simply to being looked at strangely by an
7 individual. So my question is, is dead-locking still
8 occurring, and what steps have you taken to make sure
9 it doesn't happen? Are staff receiving any
10 additional training or support, and has there been
11 changes in staffing ratio or supervision levels in
12 the mental health units where the dead-locking took
13 place?
14

15 SENIOR ADVISOR CHARD: Thank you for the
16 question. So, I would start by saying that as the
17 Commissioner noted, we refer this immediately to DOI
18 for investigation, and it is still under
19 investigation with DOI. Shortly following that there
20 was issuances just to reinforce that it is not our
21 policy, that's nothing within our policy. Staff are
22 not supposed to be doing that, and written directives
23 were issued to reinforce that policy. Certainly the
24 Commissioner made it a point to ensure that all
25 leadership are informed in that and reinforcing it

all the way down, as it's never something that-- that's not something that should be occurring under policy regardless of whatever situation may arise.

COUNCIL MEMBER CABÁN: And what's the status of the investigation currently?

SENIOR ADVISOR CHARD: I know-- so it's DOI. I don't-- I can follow up. I don't know anything more than that.

COUNCIL MEMBER CABÁN: Okay. And you've made it clear that the Commissioner has said, hey, this shouldn't be happening. Beyond that, are there specific steps that you can articulate around, like, preventing a recurrence of these practices, beyond just hey, we're saying don't do this? Like, are there additional trainings occurring? Are there different kinds of monitoring? Are there cat-- like, what else is being done?

SENIOR ADVISOR CHARD: So, I haven't been involved closely with that work, but I do know that part of the messaging going down to leadership, right, is so that everyone is reinforcing that message. The Commissioner has also testified that leadership at all levels are supposed to be touring the facilities on a regular basis, looking for those

things, reinforcing any issues that are coming up.

And so when I say leadership, I don't just mean

executive staff, I mean supervisors who are within

the jails. That message was reinforced very

strongly, so they should be monitoring for that and

correcting or reporting any instances that they see.

I don't know if partners at CHS have anything else to

add.

ASSISTANT VICE PRESIDENT MERRILL: Sure.

Just yeah, anytime there's an access to care issue,

you know, our staff are instructed to communicate

that to their supervisors, and generally CHS and DOC

work at the facility level, and then if they need to

escalate the issue they can go to leadership

including our CHS operations team which works closely

with DOC.

COUNCIL MEMBER CABÁN: And my last

follow-up on this, Chairs, just that-- hear that

you're saying we've made it clear this can't happen,

it shouldn't be happening. We're also acknowledging

that this is involving people with SMI, and so

there's a number of people who have experienced this

that really should be in hospitals. And so like what

is the status of the work being done to allow any 730

clients to go to any hospital that has beds because it is very, very clear that leaving people who have SMI on Rikers is just a complete and utter disaster?

SENIOR ADVISOR CHARD: So, I don't want to suggest the practices described reflect the care that's provided on a PACE unit. You know, the PACE unit is the highest level of care that we provide on Rikers. We have psychiatrists on unit. We have nursing staff, social work staff come on. So I don't want to suggest that was described is in any way indicative of how we--

COUNCIL MEMBER CABÁN: [interposing] I wasn't making that particular connection, but just the fact that like we've seen on multiple different fronts from multiple different people testify here today that jail is not the place for somebody with an SMI, nor is any correctional officer ever going to be equipped to take care of a person with SMI. And so like, what are we doing-- and this is specific to 730 clients, but even others that haven't been 730'd or haven't finished that process that have an SMI, what are we doing to get these folks off of the island quickly and into hospitals instead?

1 SENIOR ADVISOR CHARD: So, I think to
2
3 start with the SMI populations, I thought you made a
4 good point earlier when you said that, you know,
5 there's sort of a spectrum of need and function among
6 people who have serious mental illness. That's
7 certainly true of people in the community and that's
8 true of people in jail. So we really provide a
9 spectrum of care on Rikers that can be more like an
10 outpatient basis where people can be housed in
11 general population, receive their medication at the
12 clinic and also meet with counselors all the way to
13 these PACE unit which are more intensive. But
14 certainly not everyone who has serious mental illness
15 needs to be hospitalized.

16 COUNCIL MEMBER CABÁN: I absolutely agree
17 with that.

18 SENIOR ADVISOR CHARD: Yeah, so I think
19 that--

20 COUNCIL MEMBER CABÁN: [interposing] But
21 they don't need to be in jail either is my point.
22 And so like I understand very, very well what the
23 PACE unit is, what the requirements are, what the
24 care that's provided there is, and this is a hearing
25 about the closure of Rikers, and it just seems like

anybody diagnosed with an SMI is in a really, really good position to actually be getting mental healthcare rather than punitive incarceration that is actually proven to be deleterious to mental health. And so my specific question is, like, what are you doing to get people with SMI off the island quickly, way more quickly?

SENIOR ADVISOR CHARD: Sure. So, I'll go back to start with the 730 population that you mentioned earlier. So, there is a wait for State Office of Mental Health beds. So, I think we currently have 186 people who have been found unfit to proceed with trial who are waiting on Rikers. So I understand that the state has recently opened up additional psychiatric beds. We also, you know, have a state proposal actually to provide jail-based restoration services in PACE units or potentially in out-posted units, but that requires a state change. in terms of patients who have mental health needs, serious mental illness, we do have a clinical court advocacy team that serves as a resource to defense bar, and we also provide information to attorneys about our patients with patient consent, patients who have serious mental illness, but of course, it's up

to the courts. Court needs to be amenable to release people and so ultimately, you know, that it's for defense and prosecution.

COUNCIL MEMBER CABÁN: Thank you.

CHAIRPERSON NURSE: Okay. Those are our questions. Thank you all for being here. I think this is our first time with MOCJ. Would really have loved to have that information earlier. In the future if we do this again, we just appreciate it for that consideration so that we can have a productive conversation and not one that, you know, we're coming from a space of being a little pissed off. Sorry, just to be honest. You know, and the same with DOC, we're going to ask every single time the same questions. We've been doing it for a year and a half. We ask the same about the same topics. So please send someone who can speak to all the topics next time. We really appreciate that, and thank you all for your time.

DIRECTOR LOGAN: Thank you, Council Member. And if you could actually just tell me some of the criteria that you talked about offline that you--

CHAIRPERSON NURSE: [interposing] Yes.

DIRECTOR LOGAN: want us to add in, we'll make sure--

CHAIRPERSON NURSE: [interposing] We'll send that over today.

DIRECTOR LOGAN: that we add it in so that we can then get it to you.

CHAIRPERSON NURSE: Thank you so much.

DIRECTOR LOGAN: Thank you.

CHAIRPERSON NURSE: Okay, so we're going to open up for public testimony, and while folks are transitioning, I'm going to 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 time. 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 record. 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 just because there's an event later here today, and they're going to try to push us out of here soon. You'll 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. Okay, so first up in person we have Helen Taylor, Lily Shapiro, Tierra Labrada, and Lauren Velez. Alright, you want to start from left to right? Okay. Yep. I'll give some consideration. No problem.

HELEN TAYLOR: Good afternoon everyone. I just want to say how much supportive housing means to me. Again, good afternoon. I'm grateful to be here. I left my apartment, my supportive housing apartment to be here with you this afternoon, and I wanted to share why this apartment is so very important to me. I want to share why other people who have been incarcerated like myself need to have access to supportive housing. Having my apartment,

the very first apartment I have ever had in my life, has made a difference in my life today because this is a step closer to fulfilling my mission to live a better life. It's not just a place to live. I have a tremendous amount of supportive, and my existence, my humanity is acknowledged. I am a part of a community. There are people that check on me. My birthdays are celebrated. When I had the COVID, people went out and bought me groceries plus so much more. Getting my apartment and working such wonderful people at the Fortune Society allow me to from hanging out and sleeping in the park to performing in Shakespeare in the Park. Yes, that's right, the Creative Art Department at the Fortune Society connected me with the wonderful people of the public theater, and the next thing I know, I'm acting on stage at the Delcor [sic] Theater in Central Park in front of thousands of people watching me every night. When not too long before that, I had to sleep and seek refuge in a public park. My apartment allows me now to only be in the park when I want to, to perform, to practice and to sit on a bench and listen to the birds. I am grateful for this apartment and the people at the Fortune Society. You really saved my life and I am

grateful that I am able to reach out and give back to those who are in the situation that I was in. By advocating for more people to have access to supportive housing, I hope the City Council will pass Intro 1100, make sure that this becomes a reality. My story should not be unique. I'm certain multiple-- everyone, everyone should have access to supportive housing, access to the life they want and deserve to live, a life of dignity. Thank you. Love is love.

CHAIRPERSON NURSE: Thank you for coming to testify. That was lovely. Thank you.

LILY SHAPIRO: Tough act to follow. But good afternoon, Chair Nurse and members of the Committee. My name is Lily Shapiro and I'm Policy Counsel in the Fortune Society's David Rothenberg Center for Public Policy. Thank you for the opportunity to testify about the urgent need to pass Intro 1100 to expand access to supportive housing for some of the most vulnerable people in New York City, some of the most stigmatized people in New York City who deserve access to supportive housing. We serve over 13,000 individuals annually, and every night we house over 800 people in our emergency, transitional, and permanent supportive housing. Yet upon intake in

fiscal year 24, 22 percent of our new participants reported being homeless. We all know that supportive housing is approving solution to homelessness, mental health challenges, and justice-system involvement, but there are thousands of New Yorkers who are in Rikers for lack of housing, leaving Rikers and returning home from prison each year. We're blocked from accessing the city's largest supportive housing program due to restrictive eligibility requirements, because it unnecessarily follows the federal definition of chronic homelessness, and this is a big problem because the average length of stay on Rikers, the overall average length of stay for people detained pretrial is now 269 days. Anyone serving a state prison sentence has been incarcerated for at least one year. We must do better because 33 percent of people entering our jails are unhoused at the time of admission, 21 percent have a serious mental health diagnosis, and it's very important to note that this is worse for the women on Rikers, 35 percent of whom have a serious mental illness. Every year since 2015, 41 to 54 percent of people coming back to New York City from our state prisons are discharged directly into our shelter system, 41 to 54 percent.

Intro 1100 offers a clear solution, and housing developers including Fortune who want to provide housing to these people cannot rely on NYC 15/15 as a primary or even secondary funding source. Passing Intro 1100 is not about overwhelming the system. It is about building a fairer one. I'm almost done. The problem is not too many people in need. The problem is too few resources, and we can and must fix that without continuing to exclude some of our most vulnerable fellow New Yorkers from a potentially life-saving resource. Thank you so much.

TIERRA LABRADA: Wow, Lily. I don't know if I can follow that either. You and Ms. Helen? I don't know what to do. What I am even doing here? Hi, Chair Nurse and members of the Committee. My name is Tierra Labrada. I'm the Policy Director for the Supportive Housing Network of New York. We are a membership organization representing the nonprofits that develop and operate supportive housing across the City. Sometimes I like to go off script, but I am going to actually like really read my testimony here. One, we'd like to thank you and the committee for your commitment to addressing injustices that current and formerly incarcerated New Yorkers through

your JISH investments, closing Rikers, and the legislation being heard today. I am also here in strong support of Intro 1100. New York City has the power to redefine what counts as chronic homelessness in our own programs, and we are choosing not to. That choice has real human consequences. As Lily just spouted off all of the data, every year thousands of New Yorkers leave incarceration with nowhere to go and many are homeless before they are jailed, but because they were held for over 90 days, their homelessness status resets disqualifying them from supportive housing. That is an arbitrary number, by the way, 90 days, set by the federal government. That's not just a technicality. That's an act of exclusion, and we're paying for it twice, first in the cost of incarceration and again when people are forced into shelters to prove their homelessness. And let's be clear, jail is not home. As you've heard all day, the cost for incarcerating someone on Rikers is about \$400,000. That's a costly and traumatic institution, and you've also heard firsthand from Ms. Helen how stabilizing supportive housing is, stabilizing and cost-effective. Under NYC 15/15 the investment, because it is an

investment, in a single adult is \$17,500 for services and somewhere about \$2,000 a month for rent. That's just about \$41,500 or, you know, up to \$55,000 as you also heard. And I know I'm running out of time. And let's also be clear, I just want to mention that the proposal and RFP addendum that was introduced by our HRA today is still very exclusionary and will force people into homelessness instead of capturing their vulnerability pre-release. Supportive housing currently has 46 different eligibility criteria, now 47 according to HRA, across 19 different programs overseen by eight different government agencies. It's already too hard to access, and instead of pretzeling [sic] ourselves into all of those different eligibility criteria, we need to actually be flattening eligibility and making it easier to access. So, and we also cannot use scarcity as a justification for not allowing people into supportive housing. We need to invest. Okay, thank you.

LAUREN VELEZ: Alright, my turn.

Alright. Madam Chair Nurse and Council Members, thank you for the opportunity to provide testimony in support of passing Intro 1100. My name is Lauren Velez, and I'm the Director of the Metro Region for

the Corporation for Supportive Housing. We're a national nonprofit that works to reduce homelessness in communities across the country by helping to provide deeply permanently affordable housing with wraparound services. My testimony today is focused on people in New York City who have significant behavioral health needs and are often cycling between jails, prisons, shelters, and street homelessness. We're asking the city to expand access to supportive housing for justice-involved populations by passing Intro 1100. You've heard a lot this afternoon about how critical it is for us to identify and invest in pathways to stability for people leaving jail. 15/15 is the City's primary supportive housing program and it has aimed to create 15,000 units over 15 years for individuals with serious mental illness and/or substance use disorders. Despite being wholly city-funded, we are following an outdated and frankly ineffective federal criteria requiring over a year of homelessness, over 12 months of homelessness, and categorically disqualifying those who are incarcerated for 90 days or longer due to a clause that counts institutional days of 90-- stays of 90 days or longer as breaks in homelessness. Jail is

not a home. That is not a break in homelessness. It's not a place meant for ongoing habitation, and these barriers exclude thousands of individuals exiting Rikers, prisons and other carceral settings preventing access to stable housing and undermining the program's mission. We know that length of time of homelessness is not the only or even best predictor of vulnerability and expanding eligibility is crucial to ensuring that 15/15 will serve those who need it most. Instead of promoting access to housing upon release from carceral settings, 15/15 current eligibility criteria forces folks leaving jail and prison into shelters to generate time as homeless just to meet chronicity criteria, perpetuating the cycle of homelessness and overstretching already, you know,-- alright. I'll skip forward. The resolution put forth by HRA will barely make a dent in the need for housing for those leaving jail and incarceration. It also lumps together those in jail with folks that are in medical and psychiatric settings. While we know that their respective experiences are incomparable. It should also be noted that based on the most recent LL3 report which captures entry into supportive housing,

only 24 people referred from jail were accepted into supportive housing. New York City's leadership commitment to closing the jail on Rikers Island by 2027 takes steadfast and consistent investment in community-based organizations. More than 50 percent of the people that are currently detained in Rikers have a mental health diagnoses, and hundreds of people languish on Rikers every day simply because they are homeless. Investments in adequate housing and services will allow our city to have proactive resources before people interact with the criminal legal system. Thank you.

CHAIRPERSON NURSE: Thank you. Thank you for your testimony. For those folks coming up, the reason why we're holding to two minutes is because they're going to kick us out of here at 4:30. So we want to hear from everybody. So I'll try to hold it. So, if you're coming up here, maybe just take a quick review of the written word, see what you can submit in written form. Okay. Joshua Varner, Brianna Seid, Joseph Soto, Barbara Bierd. I said Barbara Bierd, Joseph Soto, Brianna Seid, and Joshua Varner. Okay. And whichever one of you wants to begin, you can

begin when you're ready. Just make sure to turn on the mic.

JOSHUA VARNER: Good afternoon, Chair Nurse and members of the Committee. My name is Joshua Varner and I'm justice-impacted. My interaction with the Department of Correction and community supervision started in 2005 when I made a bad decision. I had to pay my debt to society by serving three and a half years. Upon release I was given \$40 which wasn't enough money for food, hygiene products, and train fare. I felt lost. I had no plan, no place to go and no idea how I would survive the upcoming days. I immediately started thinking with the same mindset that caused me to make the mistake in the first place. However, if I had received financial support, I could have focused on rebuilding my life rather than just surviving. I was sent to Ward's Island men's shelter and fortunately over time made amends with the mother of my children and moved in with her. At first, things were okay until the burden of another mouth to feed took its toll on her, placing me in the situation where a decision needed to be made. I expressed lack of income to my parole officer and she gave me a referral to the Center for

Employment Opportunities, also known as CEO, which is an organization that helps lighten the weight of some of the barriers justice-impacted people face upon reentry by providing employment support. I enrolled in CEO and started working at transitional job sites, and although the daily pay has helped, it wasn't enough considering my children's needs, household needs, and my personal needs. While I am responsible for my actions, I know the path may have been different if I were given adequate financial support upon release. The financial support that this bill provides will allow returning citizens to secure their basic needs like those I've mentioned above such as transportation, job attire, food, and overall necessities. In closing, to change the current system, New York must innovate beyond the outdated concept of gate money and create a legitimate reentry support program. I ask this committee to pass the resolution to call on the state legislature to pass the reentry assistance bill. By addressing income insecurity directly, we can diminish recidivism and enhance public safety. Thank you for your time and consideration.

BARBARA BIERD: Hello, madam Chair Nurse and members of the committee. Thank you for an opportunity to speak today. My name is Barbara Bierd and I'm the Policy and Organizing Associate at Center for Employment Opportunities, the largest provider of reentry employment services in New York State. We serve people on parole and probation supervision in Albany, Buffalo, Rochester, and New York City with a focus on those facing the greatest barriers of [inaudible] stability. CEO strongly supports Resolution 371 and we thank Council Member Hudson for introducing it. The resolution urges the passage of the reentry assistance bill, a smart evidence-based policy that would provide \$425 per month for six months for people under DOCCS which is New York State Department of Corrections Community Supervision after their release for a total of \$2,600. The number, \$2,600, comes directly from CEO's returning citizen stimulus launched in April 2020 in response to COVID. It remains the largest conditional transfer for formerly incarcerated individuals in US history with \$24 million distributed nationally, including \$4.3 million to more than 1,700 New Yorkers. independent evaluation of the program found that the modest

investment has outsized impacts like increased fulltime employment, faster access to stable housing, lower food insecurity, more payments to victims through restitution, greater spending in local economies such as food, transit, and utilities, and most importantly, reduced rates of re-incarceration which means significant tax payer savings. This is real in New York City. Nearly 2,000 people in shelters this year alone were recently released from incarceration. Yet, less than one percent of the DOCCS' \$3 billion budget is spent on reentry services. For the cost of incarcerating persons in Rikers Island a year, we could provide re-entry to 218 people, and unlike current gate money, the bill adjusts to inflation-- sorry, I'm almost done-- ensuring the support keeps pace with rising costs. These are proven results and they are achievable at a fraction of the cost of continued incarceration. We urge this committee to pass Resolution 371 and call on the state legislature to support the reentry assistance bill. Thank you.

JOSEPH SOTO: Good afternoon, Chair Nurse and members of the Committee on Criminal Justice. Thank you for the opportunity to testify in support

of Resolution 371, urging passage of the reentry assistance bill. My name is Joseph Soto. I am currently serving as a community engagement specialist for the Fortune Society Behavioral Health Unit. I also bring my lived experiences of having spent 25 years incarcerated and returning home in 2019. When I came home, I had no access to the kind of support this bill would provide. The purpose of the legislation is simple and urgent, to provide people returning home from prison with the basic financial resources necessary to survive and start and stabilize themselves. Portions of this bill becomes clearer when we consider what is required for someone coming home today. Without metro cards, without working phones, people can miss critical appointments, jeopardize their release conditions and their wellbeing. Modest investment in reentry support such as this proposal stipend can significantly reduce incarceration rates and help prevent homelessness. The consequences of inadequate reentry support falls hardest on our communities. For people like me, the bill would have made up a difference between desperation and direction. This is not just about money, it's about dignity. We

cannot say we care about public safety and then send people home without adequate support. We cannot say we care about public safety-- I said that already. I am proud of where I am today, but I also know that my story could have ended differently. Passage of Resolution 371 will send a powerful message to New York City, stands behind its returning citizens. New York coming home need more than \$200 and a bus ticket. They deserve to return with a real chance. We urge the Council to adopt this resolution and join the many advocates, service providers and direct impact individuals would become-- thank you for your time. My eyes is playing tricks on me.

BRIANNA SEID: Good afternoon, Chair Nurse and members of the Committee. My name is Brianna Seid. I'm a Counsel in the Justice Program at the Brennan Center for Justice. The Brennan Center is a law and public policy organization and the Justice Program produces reports and analysis based on research and data advocating for policy solutions to reduce the size and scope of mass incarceration and its related harms. We are asking the New York City Council to pass Resolution 371 urging lawmakers in Albany and the Governor to sign the reentry

assistance bill. This is a bill backed by research and data. Fifty years ago, researchers concluded that New York's gate money was inadequate to meet the needs of New Yorkers returning to their community, and today it is woefully inefficient. New Yorkers returning to their community after being incarcerated face a difficult and arduous task, typically returning home without savings or other financial resources. The collateral consequences of a criminal conviction also prevent people from accessing essential resources that help with reentry. Folks not only struggle to secure employment, housing, and access to education, but also basic necessities like clothing and personal hygiene products, essentials when you're trying to secure a job. We live in a country that perpetually punishes people after they've returned from incarceration. Research by the Brennan Center has found that formerly incarcerated Americans will lose around half of their earning potential, amounting to over \$55 billion with a 'B' in lost earning annually with persistent racial disparities. By directly alleviating the income scarcity that all too often creates a no-win situation for returning New Yorkers, this bill can

1 help avoid the risk of re-incarceration which is
2 costly for all New Yorkers. The reentry assistance
3 bill would address the struggle faced by people
4 returning from prison head-on. New York State spends
5 \$115,000 to incarcerate one person in their state
6 facilities each year. For one-fortieth of the cost,
7 New York State can invest in folks returning to their
8 communities. I want to thank Council Member Hudson
9 for authoring this resolution which makes clear to
10 Albany that New York City wants to prioritize the
11 criminal legal system that improves outcomes and
12 makes communities safer. Thank you.

14 CHAIRPERSON NURSE: Thank you all.
15 Thanks for your testimony. Appreciate you making
16 your time to be here today. I have the next four,
17 Shlomit Levy, Jennifer Hose, Christopher Boyle, and
18 Dorothy Weldon. And when you're ready, you can
19 begin.

20 SHLOMIT LEVY: Good afternoon, Chair
21 Nurse and esteemed members of the Committee on
22 Criminal Justice. My name is Shlomit Levy and I
23 serve as the Project Director of the Center for
24 Justice Innovation's Brooklyn Felony Diversion
25 Programs which include Brooklyn Mental Health Court

and Brooklyn Felony Alternatives to Incarceration.

Thank you for the opportunity to testify today. The

Center supports the Commission in advocating for

meeting the treatment needs of people incarcerated

and by connecting individuals with the resources

necessary to live successfully in the community. Our

teams work throughout all stages of involvement

within the legal system with court stakeholders and

community-based service providers to address needs

including mental health, substance use, employment,

and housing. In 2024, 82 percent of our felony ATI

participants, including Manhattan Justice

Opportunity, successfully completed their

programming. Our misdemeanor ATIs feature the same

rigorous monitoring and case management in addition

to tailored referrals to services. With Brooklyn

Mental Health Court specifically serve youth-- we

serve youth and adults with serious mental illness.

Over 1,400 participants have received treatment and

satisfied their program requirements. For the past

10 years, Project Reset has helped more than 10,000

cases avoid court and a criminal record which

includes the pre-arraignment model as well as our

same-day at arraignment Rapid Reset programming. This

Rapid Reset model has become increasingly popular as clients are not always able to be reached prior to their court appearance. The Center runs supervised release, an alternative to detention program in Brooklyn and Staten Island. Decreasing pre-trial detention is an important step in shrinking the number of incarcerated people. The center also supports the Commission's recommendation to expand the 6A work release program and provide reentry supervision for people serving sentences of less than a year. The Center co-ran the 6A program during the COVID pandemic, releasing nearly 300 people who had been sentenced to jail and to a supervised release program. We recommend that Council utilize these programs to reduce the burden of the current jail population, facilitating the transition to the borough-based jail system. These programs hold people accountable while promoting healing and strengthening public trust in the justice system. We urge Council to remain steadfast in their commitment to closing Rikers and welcome the opportunity to be a partner on this mission. Thank you.

JENNIFER HOSE: Good afternoon. My name is Jennifer Hose and I am a Supervising Attorney of

the Decarceration Project at the Legal Aid Society.

Our project works with community partners and

coalitions recognizing that the safest communities

are not the ones with the highest jail populations

but the ones with the most resources. The Rikers

Commission Report reaffirms what our incarcerated

clients have reported for decades, that Rikers Island

jail complex is unfit for any form of human

habitation and has led to the death of at least 62

New Yorkers since 2020. While the Commission's

report makes several recommendations, it falls short

of grappling with the true driver of jail

incarceration in New York City. The number of people

confined pretrial on unaffordable bail, what--

determines whether the jail population increases or

decreases. The vast majority of people on Rikers are

held pretrial. 84 percent as of February and remain

jailed solely because they cannot afford to buy their

freedom. The reality is that the jail population in

New York City will continue to rise as long as

prosecutors are requesting and judges are setting

excessive bail and failing to utilize non-monetary

conditions of release that allow people to safely

remain in their communities and ensure their return

to court. This city's failure to close Rikers on time is a direct result of its continued over-reliance on pre-trial detention, its failure to invest at-scale and community-based programming, and its systemic refusal to treat housing and healthcare as core components of public safety. If the City Council is serious about closing Rikers, it must at least pass legislation and allocate funding to dramatically expand the availability of transitional and supportive housing. Fully implement and expand alternatives to incarceration and alternatives to detention, establish a coordinator for Rikers Island closure, and a coordinator for the borough-based jail transition, especially given that the Mayor has appointed the Deputy Mayor to head the return of ICE to Rikers, but has failed to appoint anyone to be in charge of closing Rikers. If these investments are made today, the Commission's own projections indicate that the city could safely reduce the jail population by 2,300 people. But without confronting pre-trial incarceration, without investing in housing, and without real accountability, the new jails will simply become a borough-based version of the same

crisis. We will have replicated the architecture of Rikers Island with just newer walls. Thank you.

CHRISTOPHER BOYLE: Good afternoon all.

Thank you for having this hearing today. My name is Christopher Boyle. I'm the Director of Data Research and Policy at New York County Defender Services. I'm really here to talk about what's been happening with the state sentence, prisoners on Rikers Island right now. A few months ago, the Department of Corrections came into a Board of DOC hearing, and this was all prior to anything happening upstate, and asked for variance so they could house more clients, inmates, prisoners in the dormitories that would go above and beyond what they were able to sustain, and this was all because obviously there's a staffing crisis on Rikers Island that's never really been dealt with. And now what we have now is a staffing crisis in upstate prisons, 2,000 less or so officers that are up there, and we don't have a queue. The idea that we have somebody to call at Rikers and say, you know, we have John Doe, we need him moved immediately. That's not happening. There isn't a process to move anybody from Rikers Island that's been a state sentenced prisoner to begin to serve his prison sentence

upstate, but more importantly you have people that are serving more jail time than their sentences. So, you have to understand that there are certain time periods that click in prior to a person being able to even be seen by a parole board. It might be 90 days. It might be four months. So the idea that I can call MOCJ and say, you know, we have a client here who's just about to hit his minimum. I'm already four months past that time date. There isn't a process for this, and this is just going to balloon the population that's already there, and there isn't anybody that's handling this. There's no point person. There's nobody to call. There's no phone number. And this is just a major problem for all of us, all of the institutional providers, in terms of getting clients who are getting very, very close to their release dates and getting them out, and there's no ability to do that because they do not process state prisoners while they're in state custody. There isn't an office that we can call for that. And I just ask all of you to kind of have these discussions and ask MOCJ, ask the State Department of Corrections, ask the City Department of Corrections. What are they going to do about this? Thank you.

DOROTHY WELDON: Good afternoon, all. My name is Dorothy Weldon and I'm the Special Litigation Attorney at New York County Defender Services. So, in conjunction with our submitted written testimony and my colleague's testimony. I'm here today to speak on our office's support for legislation authorizing a study into the effectiveness, and in our view, more importantly, into the inefficiencies of these 6A early release program. I don't think anybody's touched on that yet today. If we are ever going to reduce the jail population and successfully close Rikers, early release programs like 6A and like local conditional release, they need to be a more serious part of this conversation. And thee NYCDS and other public defender offices in New York are uniquely situated to help these programs work. We can identify eligibility clients. We can support them through the application process, whatever that may be. We can assist them with other needs like housing and medical issues, and we are also [inaudible] very tuned to any abuses in that system. we are best suited, I would argue, to identify and advocate for individuals who are wrongly rejected from opportunities for early release, but when there is no

transparency around this system, there's simply no meaningful way for our offices to collaborate with city efforts to institute early release, to get these programs to work, and that's the state of affairs right now. When individuals and their families and their loved ones come to our offices, come to their advocates and say wanting desperately to get off Rikers Island and find out whether they're eligible for these programs. We often have nowhere to direct them, and we don't have any answers. The eligibility criteria isn't clear. We don't know why certain clients are considered and granted release. We don't know why certain clients are considered a not-granted release, and we don't know why others are never considered at all. So the result is a process that seems entirely arbitrary and to our clients and their loved ones certainly feels random and unfair. We can't allow these programs to operate in the dark, and we should not be letting the Department of Correction-- I'm almost done, I'm promise-- be the only ones privy to the rules, the decision making, and the data on who gets out, why, and when in their sentence they're released. So while we support this legislation we urge the Council to go further in

increasing transparency on early release programs.

Please bring public defenders into the fold. We want to advocate for these clients we've represented. We want them to survive Rikers Island and we want them to thrive in the community. Thank you.

CHAIRPERSON NURSE: Thank you all for your testimony and for the call to action to go further. Tasha Burnett, come on down. I saw you waving us down earlier. Jennifer Parish, Sarita Daftary, and Nadia-- oh my gosh, I can't speak-- Nadia Chait. Breaking down-- alright. You can begin when you're ready. Put your mic on. Press the little button so it's red.

TASHA BURNETT: How you doing, Chair Nurse? I don't know if you recognize my face, but I always see you in my community working. You work with Bishop Hezekiah Walker [sp?]. We did the groundbreaking. Then we did the I Will Graduate. I love you. I appreciate you, and seeing you here today-- I'm a formerly incarcerated individual. I'm just representing myself, and knowing that I have five felonies. I just got out of the Feg [sic] during-- I was in the Feg during COVID. Twelve Years of Holiness Bishop taught me how to get on my feet

1 through programs like CCF, Fortune Society-- that's
2 all I could think of-- that really helped me go to
3 college. I made it through college. Y'all told me
4 to get my CDL in 2006 when I did the formerly-- what
5 is that, internative [sic] incarceration--
6

7 CHAIRPERSON NURSE: [interposing]

8 Alternative to incarceration.

9 : Yes, did that. It was beautiful. I
10 got my CDL. Worked that since 2017. Started my own
11 bus company, but then it's like the City failed me
12 when I'm filling out applications to get a place to
13 live. I lost my mom because I couldn't find no place
14 to live. So I relapsed. I backslid. Backsliding--
15 I'm a minister, so that means I converted back into
16 the streets and doing what I wanted to do, and God
17 wasn't pleased, and I went back to the feds [sic].
18 But the thing is housing is the most important thing
19 for anybody. Because I started in juvie, getting
20 kicked out of my house, being a runaway. Covenant
21 House helped me, taught me how to cook. You know, I
22 just always landed on my feet no matter what, but the
23 thing is, I always stayed in the street because I
24 didn't have a place to live. So this is very
25 important. I know Chair Nurse and whatever the

committee, I see her doing the work. So I'm not even here begging for bills to be passed. I know she's going to do the right thing whatever that is.

CHAIRPERSON NURSE: Thank you so much. Thanks for coming today.

NADIA CHAIT: Good afternoon, Chair Nurse and members of the Committee. I'm Nadia Chait. I'm the Senior Director of Policy and Advocacy at CASES, and I'm here today on behalf of the ATI Coalition which CASES is proud to be a member of. We are an ecosystem of 12 providers that provide alternatives to incarceration and detention in New York City, and we are facing existential cuts as you noted in your opening remarks and discussing questions-- \$8.9 million in cuts to ATI programs, \$8 million in cuts to reentry services. We cannot close Rikers as a city while also cutting the things that keep people from going to Rikers. If these cuts go through, we will see the Rikers population increase as it has for the past several years. We have met with MOCJ. I know many of the other Coalition members have had their meetings with MOCJ. I don't think we have data back from each member, but based on what we know, we think that at least 2,300 people will lose access to

ATI and reentry services if these cuts go through, and we will have to lay off staff. there is no way as a provider that we can maintain the staffing levels that we have with the kind of funding cuts that are being discussed, and it is my understanding that at least one provider will actually have to fully close one of their ATI programs because the cut is so significant that they simply will not be able to sustain that program if these cuts go through. So I know that the Council understands the value of these programs, but I will just, you know, say for us, one of our ATIs that would face cuts is for young people. I know Chair Stevens talked about how we're, you know, not serving young people the way that we need to. This is a program that connects young people to mental healthcare employment services, arts therapy, boxing, just a range of supports to help our young people actually succeed, to take their skills and talents and transform their lives instead of rotting away in a jail cell, and so I urge the Council to fight for full restoration.

CHAIRPERSON NURSE: Can you repeat the number again? Because you came with a number, but like the agency couldn't come up with a number, so--

NADIA CHAIT: So, we anticipate at least 2,300 people would lose access.

CHAIRPERSON NURSE: And one group potentially fully closing shop.

NADIA CHAIT: I mean, as you know, we have to make the math work. So, you know, they can say oh, it's a 40 percent cut or a 50 percent cut.

CHAIRPERSON NURSE: Have you communicated those numbers to MOCJ?

NADIA CHAIT: So, they give us the number.

CHAIRPERSON NURSE: Okay. No, but I'm saying the loss, the impact.

NADIA CHAIT: So, they tell us what our-- like, on the ATI side, MOCJ sets our intake goals for the year. It's part of like our contracting process. So,--

CHAIRPERSON NURSE: [interposing] So, the fact that they came here not knowing anything is absolutely bullshit? Yeah.

NADIA CHAIT: I will let you say that. I will say--

CHAIRPERSON NURSE: [interposing] I'll say it.

NADIA CHAIT: I'm perplexed. Yeah.

CHAIRPERSON NURSE: I'm the Chair. I'll take that. Yeah, okay. I mean, that's really helpful to know and it's disappointing and hopefully we can fight to restore those, but thank you.

NADIA CHAIT: Thank you.

UNIDENTIFIED: [inaudible]

CHAIRPERSON NURSE: Alright, thank you. I was going to follow up with you after, but yes, awesome. Okay.

SARITA DAFTARY: Good afternoon, Chair Nurse, Council Member Cabán. I am Co-director of Freedom Agenda. We coordinate the Campaign to Close Rikers, and we're grateful to the Council for your commitment to closing Rikers including through your budget priorities and holding this hearing. The defenders of mass incarceration have always tried to convince us that Rikers makes us safer, but our members know that "Torture Island" fuels cycles of violence instead of interrupting them while sucking resources away from the things that actually work, and their experience is affirmed by the Independent Rikers Commission Report. We urge the Council to think about our efforts to close Rikers along a

spectrum. We should first aim to prevent harm before it occurs and prevent people from reaching a point of crisis. This includes fully-funding supportive housing, IMT and ACT teams, crisis respite centers, clubhouses, mentoring, economic opportunity. It is stunningly cruel that our city has the resources and proven models to do this, but chooses instead to let thousands of our neighbors spiral into crisis and then sends them to suffer and potentially die in crumbling jails built on decomposing trash. That is the reality. We need to both open more supportive housing units and make it possible for more people to access them returning from jail and prison as Intro 1100 would do. Thinking again about the spectrum, when harm has occurred and an arrest has been made, we need diversion opportunities that protect the presumption of innocence and focus on root causes like the Treatment Court Expansion Act at the state level and supervised release. We also need multiple forms of accountability including alternatives to incarceration which show much better rates of success than Rikers. for example, the Commission report shows that only one of 115 people released under the 6A program from 2022 to 2024 was readmitted to

1 Rikers, compared to 30-- and average 33 percent of
2 people released from Rikers overall. But instead of
3 using this tool right now to de-carcerate, DOC is
4 letting the jail population and death in custody
5 soar. That is unconscionable. While electronic
6 monitoring and forensic psychiatric treatment beds
7 that are mentioned in the Commission report may be
8 part of the strategy for closing Rikers, they sit on
9 the end of the spectrum that is closest to
10 incarceration, and should not be pursued at the
11 expense of the solutions that I previously described.
12 In the memo I attached to our testimony, we outlined
13 important guardrails for the Council to keep in mind
14 when considering expansion of electronic monitoring
15 and forensic treatment beds. Importantly, the
16 Department of Correction should not have any role in
17 the new forensic treatment beds being contemplated.
18 Our written testimony includes more about the bills,
19 but if I can get 10 more seconds I want to follow up
20 on two things from earlier. In terms of right-
21 sizing, DOC, you know, agency transition, workforce
22 transition, an important place to start is cutting
23 the vacancies they have now. They are not going to
24 fill 1100 new roles. They are barely going to keep
25

1 their headcount constant, and so we cannot allow the
2 City to live in a reality where they think they're
3 going to have 7,000 staff, because they're going to
4 plan on incarcerating 8,000 people. Like, we have to
5 start grappling with reality including cutting those
6 vacancies, and in terms of DOC accountability and
7 really changing the culture of how the jails operate.
8 BOC, strengthening BOC oversight is going to be
9 crucial to that, and we're going to be following up
10 with our council allies about the charter revision
11 process a venue for that-- vehicle. Thank you.

13 JENNIFER PARISH: Good afternoon. My
14 name's Jennifer Parish and I'm the Director of
15 Criminal Justice Advocacy at the Urban Justice
16 Center. Thank you for the opportunity to testify.
17 Generally, we support the Commission's
18 recommendations and their thoughtfulness around this
19 and their emphasis on the urgency to close Rikers.
20 But in my limited time today, I have to voice our
21 strong opposition to the Commission's recommendation
22 to add 500 secure psychiatric treatment beds for
23 people with serious mental health concerns. We
24 completely agree that this population needs to be
25 diverted from incarceration, and it's unconscionable

1 that the City holds more than 1,400 people with
2 significant mental health needs in inhumane
3 conditions at Rikers. We also agree that the Office
4 of Mental Health is responsible for moving people who
5 lack the capacity to stand trial out of Rikers, and
6 that should be a priority for the Commissioner of
7 OMH, and they can do that. They can do that without
8 creating 500 new beds. They could use the fact that
9 they have outpatient restoration of competency to
10 reduce the number. And while there may need to be an
11 increase beyond the 100 beds they have planned, it's
12 certainly not 500 people. We can also see how
13 competent-- how taking people out of Rikers who are
14 in that process of being evaluated or coming back
15 could speed up their trials, but let's make no
16 mistake about it, the state law does not allow that
17 right now. So we should not be building those beds
18 without that change in the law, because whatever is
19 built is going to be a jail. We just have to come to
20 terms with that. Look at what they've done with
21 outpatient therapeutic housing units. That
22 originally was designed by CHS to be a medical,
23 mental health model where they would be running how
24 treatments provided, but look what DOC has done with
25

1 it. They want to put 282 officers in Bellevue where
2 they'll have 103 people. That's not acceptable, and
3 that's a jail, and we should not create more
4 psychiatric treatment beds which would be the same
5 thing. But even more importantly than that, the idea
6 of creating these beds-- if I can just have a couple
7 more minutes-- is so short-sided, because what we're
8 doing is creating another institution, not creating
9 services in the community and all of these people
10 will be released eventually. So what we should be
11 investing in is all the other things that the
12 Commission includes, including what Intro 1100 will
13 allow, more supportive housing, and one crucial
14 pieces of this is the legislation that you have,
15 Intro 1242, because we need somebody who's
16 coordinating all of that. A lot of the barriers to
17 getting people with mental health issues out is
18 combining what DOHMH is doing, Correctional Health
19 Services, and what's going on in mental health
20 treatment court. So if we pass the Treatment Court
21 Expansion Act more people would be able to have
22 alternatives to incarceration, and if we fund those,
23 then we can actually reduce the population in a way
24 25

that will create safety for the community and stability for those individuals.

CHAIRPERSON NURSE: Thank you all. Appreciate your time. Thank you for testifying today. We're at our last batch of in-person and I see event people-- are they-- they're in the hallway. I thought I saw some folks. Okay. Rita Zimmer? Tanesha Grant, Rebecca Henry, Gordon Lee, former Nixon protestor-- okay. Alright, Sharon Brown? Okay, when you're ready you can start. You got to turn the mic on.

GORDON LEE: Goodnight everyone. I'm Gordon Lee from Brooklyn. Looks like I don't really have to introduce myself, because you heard I am Gordon Lee. I was one of the newborns under the Nixon presidency and I'm with all groups including Vocal New York and Shut Down Rikers because I want to fight for quality-- no one can live without. I also take issue with the crisis with the jail system, the crisis at Rikers Island. I want to start by-- I also suggest closing of Rikers and build more smaller versions of our jails, you know, like they suggested, borough-based so that they're more easier to manage. I also want to suggest smaller township-based,

1 village-based, district-based, and even neighborhood-
2 based, you know, jails so they're more easier to
3 manage. And you know, convicted felons do their time
4 close to home, have access to their lawyers and their
5 families and healthcare providers rather than to be
6 sent upstate or out of state or overseas. I also
7 want to-- I also take issue with the ICE program at
8 Rikers Island and the new policy where immigrants are
9 held at Rikers for ICE come and take and then deport
10 them without due process and sent somewhere to never
11 be heard from again. They go overseas to another
12 prison similar to Rikers, like that in El Salvador.
13 And I've been following the news, and I heard all
14 about the crisis Rikers Island and with ICE, and Ms.
15 Nurse, I heard that you-- I was at the budget hearing
16 right here and I heard you visited Rikers and you are
17 a victim of Rikers. They mentioned that you were
18 raped and they tried to cover it up, and I'm sorry it
19 happened. I hope that you will somehow get justice.
20 And--

21
22 CHAIRPERSON NURSE: [interposing] Thank
23 you so much. Really appreciate it.

24 GORDON LEE: You're very welcome. And
25 I'm afraid I'm going to have to continue.

CHAIRPERSON NURSE: Well, we're running short on time, because we have to be out of here in exactly 15 more minutes.

GORDON LEE: Time almost up.

CHAIRPERSON NURSE: So I have another four-- yes. Yeah.

GORDON LEE: Four minutes left?

CHAIRPERSON NURSE: No, no, no, we-- your time is up.

GORDON LEE: Okay.

CHAIRPERSON NURSE: we have to run. We have to finish in 15 minutes. So if you have anything you want to submit in written testimony, you can, but thank you for testifying.

GORDON LEE: Thanks.

CHAIRPERSON NURSE: Thank you.

GORDON LEE: [inaudible]

CHAIRPERSON NURSE: Great job.

SHARON BROWN: Hello, my name is Sharon Brown. Before I begin, remember Israel. Release the hostages. Let Yahweh's people go. Defend Israel. Okay, for criminal justice, we definitely need to close Rikers Island now. So the City Council sued ICE immigration so that they will not be at Rikers.

I believe you should also sue so that Rikers Island should close now. So, I believe that the City Council since you can sue for things that happen at Rikers, you can sue for the delay in the closing it should close well before 2027. People cannot be institutionalized in order to close Rikers Island. For many people, the legal aids haven't done their jobs to dismiss cases, and they wind up warehoused in Rikers, then in mental institutions. So they're just, again, as I've said previously, they're warehousing people, and warehousing bodies, because it's very dangerous there. People are actually dying. Many people are innocent, and as someone mentioned, they don't have the bail monies and things like that to get out or get a proper lawyer, so they're in the system and they're caught up in there in the mental health system, the jail system and then they get into all the other stuff, homelessness and things like that. And the mental health system debilitates people. It's not helping people. Over all the years that Rikers Island has had this turmoil they have had the mental health system there and it's still the way that it is, and people are dying there, and there is a mental health staff system there. The

1 same mental health system that's there would be where
2 the 500 beds or where they build other mental health
3 communities, all the same things that they know and
4 that they teach in the mental health system would
5 still be there. It's ineffective.

6
7 CHAIRPERSON NURSE: Thank you so much.
8 Appreciate you testifying today. Just got to press
9 the button there.

10 UNIDENTIFIED: [inaudible] new neighbor.
11 She's going to live at 365 Shepherd [sp?] in your
12 district, and she's one of the women who's in our
13 traditional-- our Justice Works Program for women
14 coming off Rikers Island, and so I thought you'd like
15 to meet your new neighbor. And she-- her name is
16 Sophia, and she had four children. She never thought
17 she'd be able to see them ever again. Her husband
18 told his older children that his mother that she had
19 died. She was in a mental hospital. She was in
20 shelter. She ended up at Rikers Island, and she
21 ended up at Justice Works, and she's now going to
22 move into permanent housing with her four children.
23 She's got-- regained custody in the last year and a
24 half. And so it's a great story. There's so many
25 wonderful stories you've been hearing here all day,

1 and I think it's just really important to hear all
2 the stories. I'm also the Co-Chair of the Women's
3 Community Justice Association, and I'm on behalf of
4 Sharon White-Harrigan going to submit this testimony
5 as well. But you know, I was here probably 2019
6 October 17th. You voted to close Rikers, the City
7 Council did. Adrienne Adams who was the City Council
8 Member at the time, she ran the Land Use Committee
9 and we were-- this place was just filled with people
10 clapping and cheering that we were going to close
11 Rikers, and it is really time to do it. And we know
12 there are many community-based programs that work,
13 and we have-- I think you've heard about them today,
14 and I hope we can just keep talking about it and
15 really make it happen. So I'll give my time to
16 somebody else if they'd like it.

18 CHAIRPERSON NURSE: Thank you so much,
19 and I'd love to meet-- what was her name again?

20 UNIDENTIFIED: Pardon me?

21 CHAIRPERSON NURSE: The individuals that
22 you mentioned?

23 UNIDENTIFIED: The la-- the woman?

24 CHAIRPERSON NURSE: Yes.

25 UNIDENTIFIED: Sophia.

CHAIRPERSON NURSE: Sophia.

UNIDENTIFIED: She's going to live at 365
Shepherd--

CHAIRPERSON NURSE: [interposing] Just
down the street from our office.

UNIDENTIFIED: [inaudible] where the
nonprofit developer with the project. It'll be 30
units for women from Rikers Island will be living in
permanent housing.

CHAIRPERSON NURSE: That sounds great.
I'd love to come visit.

UNIDENTIFIED: There's a good program.

CHAIRPERSON NURSE: Thank you for
testifying.

REBECCA HENRY: Good afternoon, I'll be
quick. My name is Rebecca Henry. I am the Housing
Specialist and a case manager for a women's mental
health shelter here in Manhattan. I'm here
specifically about Intro 1100 and expanding
supportive housing to include the justice system
impacted individuals, and part of that is also
looking at the nuance of supportive housing, because
as it stands right now we don't have enough for the
people who are already qualifying. It takes an

1 exceptionally long time to qualify and then for
2 everything to be submitted. I'm having to escort
3 people to their interviews. I'm also talking-- a lot
4 of my clients have come through Rikers as well as off
5 of the street, and once we get them into supportive
6 housing, then what? They're not-- the supportive
7 housing places are not staffed enough. There's not
8 enough of anything. There's not enough units. I
9 have multiple clients that I placed, and they ended
10 up back on the street because they did not get the
11 help that they needed in supportive housing which is
12 kind of the whole point, right? Throughout this
13 whole meeting we've talked about supportive housing
14 being this end goal, but it isn't. we-- the initial
15 testimony when they talked about the Commission for
16 closing Rikers, they brought up that it's a cultural
17 issues, and I believe that applies across the board,
18 because without changing how we are doing everything,
19 like literally everything that has been discussed in
20 this committee, we're not making a difference.
21 People are going to end up back on the street, and
22 the clients that we're receiving in my shelter are
23 worse. Every day, every client that comes in, there

are more actively psychotic. Their psychosis is severe. It is overwhelming. Thank you.

CHAIRPERSON NURSE: Thank you. And we definitely acknowledge the challenges within the ability to have people working and properly staffed and enough services. Again, this speaks to the budget. So I really appreciate you being here and giving that firsthand testimony. Thank you all. Thank you. We're going to turn to some virtual testifiers. We have Daniele Gerard.

SERGEANT AT ARMS: Starting time.

DANIELE GERARD: Hi, can you hear me okay?

CHAIRPERSON NURSE: We can.

DANIELE GERARD: Excellent. Thank you, Chair Nurse and Committee Members. My name's Daniele Gerard. I'm a Senior Staff Attorney at Children's Rights, a member of the New York City Jails Action Coalition. We advocate for young adults on Rikers. We support closing Rikers as soon as possible, Intro 1100 to expand access to supportive housing, and Resolution 371 in support of the-- in support of the state reentry assistance bill. Thank you for your efforts to right-size the Administration's lopsided

budget. Please continue to focus on budget priorities that improve the lives of our incarcerated neighbors and other desperate New Yorkers. We urge you to continue to put social services at the forefront of any budget expenditures. We stand with you in your efforts to restore and increase funding for alternatives to incarceration and justice-involved supportive housing, community mental health services, a better education for our children, and other priorities for keeping our young people out of the carceral system in the first place. We stand with you to make our jails as humane as possible with meaningful programming, educational opportunities, recreation, and enough food so that people incarcerated on Rikers don't go to bed hungry. We urge you to consider the testimony that we submitted on March 7th for your Preliminary Budget hearing and that we resubmitted a few days ago. It explains in detail how Children's Rights believes the city's criminal legal budget priorities should be realigned too fulfil the objectives we just outlined. In the meantime, thank you very much for your work.

CHAIRPERSON NURSE: Thank you so much.
Thank you for testifying and for highlighting your
testimony. Next up we have Allison Wilkey [sp?].

SERGEANT AT ARMS: Starting time.

CHRISTOPHER LEON JOHNSON: [inaudible] My
name's Christopher Leon Johnson [inaudible].

CHAIRPERSON NURSE: Okay, sorry. It was
the wrong person who dropped. The next person we'll
go to is Kelly Grace-Price.

SERGEANT AT ARMS: Starting time.

KELLY GRACE PRICE: Hi, I'll turn in my
written testimony. Chair Nurse, thank you,
[inaudible] Council Member Cabán. I just want to
remind you that over 70 percent of women that go to
Rosie's are not charged, and so we do not qualify for
a lot of the supportive housing programs because we
just walk free from incarceration without taking a
deal or a plea, and we're just kind of lost in the
system. If you look at the number of people on
Rosie's today, the 440 people, only about maybe 160
of them should be on Rosie's. It's time to prioritize
closing Rosie's and not to co-join closing Rosie's
with closing Rikers altogether. Again, Kelly Grace
Price for Close Rosie's. I'll turn in my written

statement since it's the end of the day, and I'm tired of the sound of my own voice. Thank you so much.

CHAIRPERSON NURSE: Thank you, Kelly. Really appreciate it. Next up we have Eileen Maher [sp?].

SERGEANT AT ARMS: Starting time.

CHAIRPERSON NURSE: Oh, sorry, she dropped. So, Christopher Leon Johnson.

SERGEANT AT ARMS: Starting time.

CHRISTOPHER LEON JOHNSON: Hello, can you hear me? Hello, can you hear me?

CHAIRPERSON NURSE: Yes, we can.

CHRISTOPHER LEON JOHNSON: Yeah, hello, Sandy. My name is Christopher Leon Johnson. Thank you for having this hearing. I know you got to go. I'm pouring on support for Intro 1238 that will give people that's currently incarcerated the right to look at evidence while they're in prison. At the same time, the City Council needs to issue another bill to make sure that the corrections officers and anybody that's a part of New York City Corrections does not-- is not able to see what they're seeing. They should be able to-- I understand [inaudible]

1 security would come-- go in the computers and look at
2 that stuff, but they should not be on top of the
3 accused while they look at the evidence. At the same
4 time, they should not be trying to be micromanaging
5 and tell the defendant how-- what they should be
6 looking at and what they should not be looking at. I
7 think that the evidence should be sent by the
8 lawyers, sent by their public defenders or their
9 public defender, legal aid, or [inaudible] or 18B
10 [sic] people, not just by corrections, because just
11 like that man from Vocal New York said earlier about
12 your situation Ms. Nurse about how you was-- got in
13 that situation which I brought up last-- the budget
14 hearing was in there for. If they refuse to really
15 dive in of what happened to you, Sandy, what do
16 anybody think that they'll do the right thing and try
17 to really be fair for the people that are currently
18 incarcerated and that-- they're currently
19 incarcerated. Everybody know that corrections
20 officers and NYPD officers work together and
21 corrections officers and the District Attorney work
22 together. so you can never trust COs who could ever
23 be fair when it come to help-- delivering evidence,
24 delivering evidence and delivering discovery and
25

being part of the discovery process to the defendants. Because like I said, if they cover-- I know they covered up when you got in that situation last year at Rikers. You can't trust the COs. Like I said, it should be done by the lawyers, only by the lawyers and not by the corrections officers. Any time-- like I said, any time that the defendants are able to see this with this introduction, the lawyer should be with them, the public defender should be with them or Legal Aid or a paralegal should be with them. Not the CO, because they--

SERGEANT AT ARMS: [interposing] Your time's expired. Thank you.

CHRISTOPHER LEON JOHNSON: Thank you. And Sandy, I hope that you get justice for what you went through last year. I hope you get justice. Like I said before--

CHAIRPERSON NURSE: [interposing] Thank you so much. Thank you so much. Time expired. Okay, that is it for everyone online. Thank you everyone who stayed. Thank you Natalie and Jeremy for all your work. Thank you Sergeants. Thank you, Council Member Cabán, for hanging out, and thank you, Casey. We did it. Thank you all. Have a good one.

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COMMITTEE ON CRIMINAL JUSTICE

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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 May 14, 2025