

**Testimony before the  
New York City Council  
Committee on Criminal Justice  
Chair Carlina Rivera**

**By  
Louis A. Molina, Commissioner  
NYC Department of Correction**

**October 25, 2022**

Good morning, Chair Rivera and members of the Committee on Criminal Justice. As you know, I am Louis Molina, Commissioner of the Department of Correction. I am joined today by the Department's General Counsel Paul Shechtman. I want to thank you for giving me the opportunity to testify today on a topic that has impacted jails and prisons across the nation as the opioid epidemic continues to ravage the country.

**The Opioid Crisis in Jails and Prisons**

Nationally, the number of drug overdose deaths has quintupled since 1999, and nearly 75 percent of those deaths involved an opioid. In recent years, there have been significant changes in opioid related deaths. Fentanyl and other synthetic opioids are now the most common drugs involved in such deaths. Fentanyl is up to 50 times stronger than heroin and 100 times stronger than morphine. It can be found mixed in nasal sprays and eye drops, and soaked onto paper or small candies. It is often physically indistinguishable from other drugs so that it is nearly impossible to tell if drugs or other items have been laced with fentanyl unless they have been tested with fentanyl strips. It cannot be identified by sight or smell. And unlike many other drugs, dogs cannot be safely used to detect its presence. Many users believe they are consuming heroin and do

not realize that it is laced, or replaced, with fentanyl until it is too late, which often results in overdose deaths.

New York City jails, like jails everywhere, are a reflection of the larger community. National trends in substance use, crime, and mental health will inherently, and likely disproportionately, be reflected in our jails. Everyday, individuals are admitted into our custody with pre-existing conditions, including substance use issues. These issues do not simply resolve upon intake. In fact, substance use issues often become exacerbated as individuals experience symptoms of withdrawal during arrest and arraignment – issues which may not be addressed until an individual has completed the intake process, and which can be exacerbated by unduly long pre-trial detention. Even if individuals do choose to seek treatment while in custody, drug seeking behaviors may continue.

Similar to communities outside the jails, there are individuals who exploit substance abuse and addiction for profit by introducing and distributing drugs, including fentanyl, within our facilities. So far this year, we have three confirmed fentanyl-related deaths. This is not a problem unique to New York City. Between 2001 and 2018, overdose deaths rose by more than 200 percent in county jails, and by over 600 percent in state prisons.

How does fentanyl get into our jails? The short answer is that most of it enters in letters and packages laced with fentanyl, literally soaked in the drug, and mailed to people in custody. A Sheriff in a Georgia county jail describes it well: “They soak the paper in fentanyl,” he reports, and “they take it out and dry it and then they write a letter on it and send it into the jail and then the inmates take and sell it, and people get it and get high on it. They smoke it or chew it or snort it off the paper.”

Here are four photographs of fentanyl discovered in letters and packages in our mail room:

- Image 1
- Image 2
- Image 3
- Image 4

As is often the case, the mail room was tipped off to the presence of fentanyl because the envelopes were wet.

Drugs and other contraband are also brought in by visitors. This year, there have been 56 discoveries of drugs from searches of visitors. Each discovery can account for large quantities of various drugs. Here are photos of contraband discovered on a visitor:

- Image 5
- Image 6

Following these discoveries, these visitors were arrested.

### **Drug Contraband Prevention Measures**

Suffice it to say, we are exploring all available measures to keep fentanyl and other drugs out of our facilities. In July of this year, we issued a Narcan policy to allow uniform staff to administer Narcan in the case of a suspected overdose. Narcan, otherwise known as Naloxone, is a live-saving medication that can reverse the effects of an overdose on opioids. We have recently conducted a facility-wide audit to ensure that Narcan is available in every housing area. And we have prepared a training video so that staff know how to identify symptoms of an opioid overdose and administer Narcan. In addition, we have posted information about the dangers of using illegal substances, including fentanyl, in all housing areas, corridors, and support areas.

We have also reinstated tactical search operations to recover contraband that has already made its way to people in custody. On the screen, you will see an image of contraband that has been found from these searches:

- Image 7

But Narcan and search operations are after-the-fact measures. What we must do is stop drugs before they enter our jails. These are some of the measures we are undertaking or considering.

First, we will be making substantial changes to the way incoming correspondence is processed and delivered to people in our custody. Our intention is to move towards a practice currently employed by the New York State Department of Corrections and Community Supervision (“DOCCS”) and some 140 jails across the country, from counties in Massachusetts to Oregon. Incoming non-privileged correspondence will be mailed to an offsite facility and scanned by a vendor, and then made accessible to the incarcerated recipient digitally via tablets. We are also exploring restrictions on incoming packages, such as requiring packages to come from approved vendors. That, too, is done at DOCCS and throughout the country. Books are for reading, not for lacing with fentanyl. These changes should help prevent drugs and other contraband from entering our facilities and should save lives.

Second, we have also taken steps to ensure that those who work in our jails do not aid and abet the introduction of drugs into our facilities. We have zero tolerance for anyone who brings contraband into our jails, whether staff, a contractor who provides programming and post-release employment opportunities for people in custody, or a volunteer. We have cooperated, and will continue to cooperate, with the Department of Investigation as well as our local law enforcement agencies – the U.S. Attorney Offices and the Bronx and Queens District Attorney Offices – in the

investigation and prosecution of such individuals. Such selfish and shameful behavior is utterly unacceptable.

Earlier this month, I wrote to the judges presiding over the cases of Krystle Burrell and Katrina Paterson, two former New York City Department of Correction staff members who have pled guilty to accepting bribes in exchange for smuggling drugs. I wrote this:

As Commissioner of the New York City Department of Correction, I write to ask that the Court impose a sentence that reflects the seriousness of [these staff members'] conduct...Our facilities can be dangerous places – 35 percent of detainees are there on homicide charges, and many are members of violent gangs...Drugs fuel violence in our facilities and can result in tragic deaths. That [these staff members] chose to enrich [themselves] and endanger [their] co-workers and those in their custody deserves the strongest condemnation. Just as importantly, the actions [of these staff members] tarnish the reputation of the Department and its employees. A corrupt staff member brings all of us down in the eyes of the public. "They're all corrupt" is the ready cry, when the truth is that [these were] rogue staff members who put [their] self-interest ahead of everything else.

I ask you to consider writing similar letters.

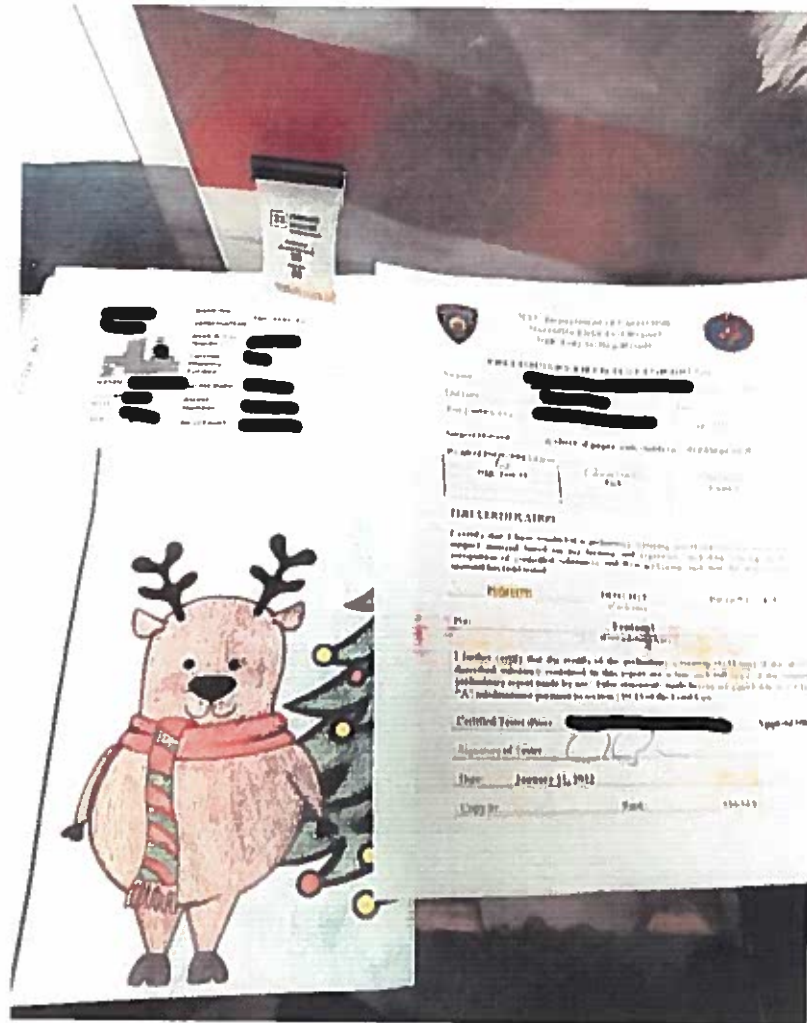
### **Conclusion**

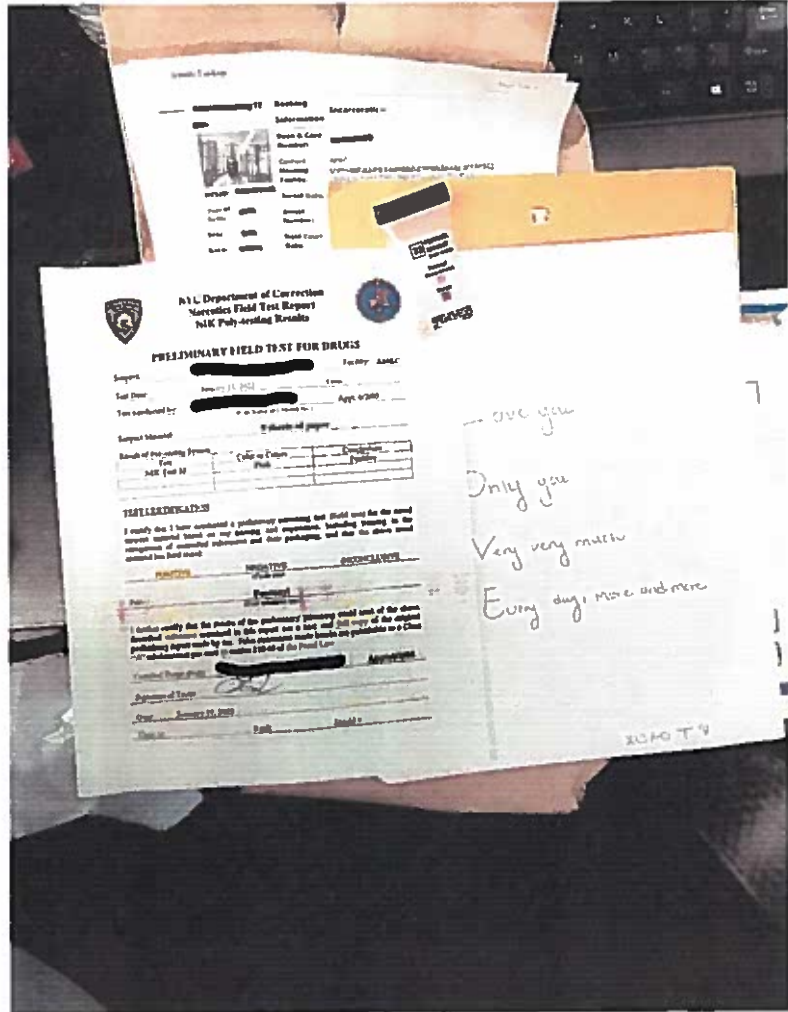
Drugs have no place in our jails. They fuel violence, extortion, and exploitation. Fentanyl kills. Keeping drugs out, especially fentanyl, is essential to the safety of everyone who lives and works in our facilities. I thank you for the opportunity to meet with you today.



# DOC Testimony

## Commissioner Louis A. Molina









NYC Department of Correction  
Narcotics Field Test Report  
NIK Poly-testing Results

**PRELIMINARY FIELD TEST FOR DRUGS**

Officer: Linko  
 on Date: 1-22-17 Time: \_\_\_\_\_  
 at conducted by: \_\_\_\_\_  
 (Please Print and Sign this)

Subject Material: Op. Pills & Paper of unknown red

Amount of Poly-testing System: \_\_\_\_\_  
 also no Colors: \_\_\_\_\_  
 Conclusions: POSITIVE

**TEST CERTIFICATION**

I certify that I have conducted a preliminary screening test (field test) for the above described material based on my training and experience, including training in the recognition of controlled substances and their packaging, and that the above noted material has been tested.

**POSITIVE**       **NEGATIVE**       **INCONCLUSIVE**  
 (Circle one)

For: Keirger  
 (Print name of officer)

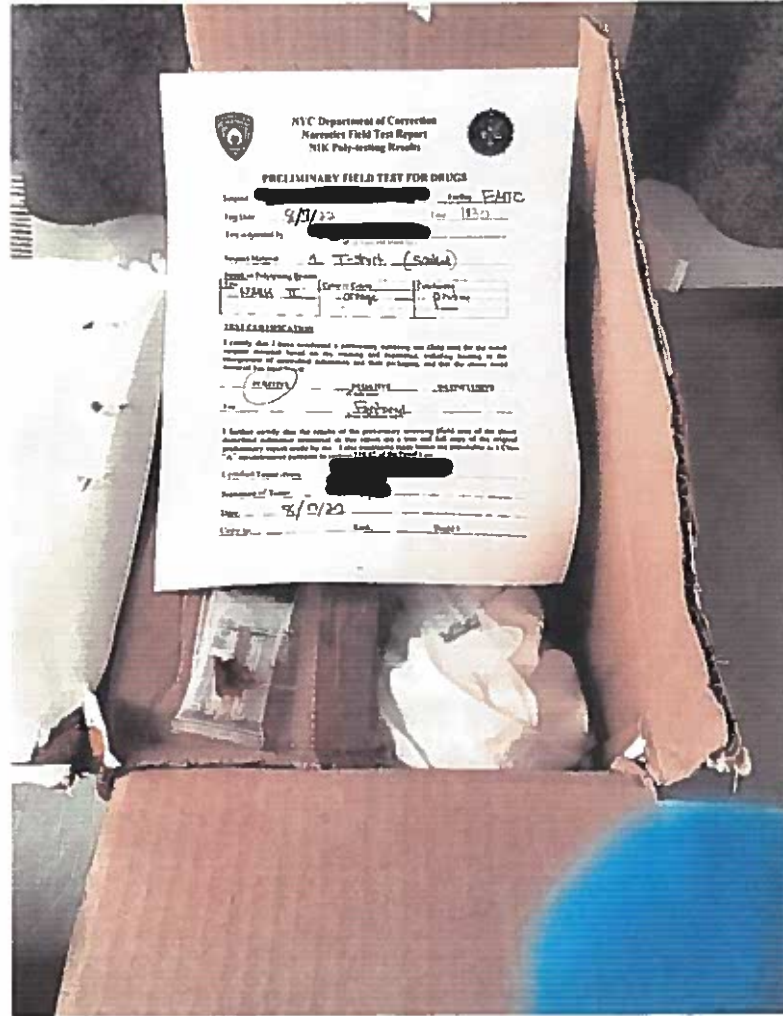
I further certify that the results of the preliminary screening (field test) of the above described substance contained in this report are a true and full copy of the original preliminary report made by me. False statements made herein are punishable as a Class "A" misdemeanor pursuant to section 710.45 of the Penal Law.

Certified Tester Officer: \_\_\_\_\_  
 Signature of Tester: \_\_\_\_\_  
 Date: \_\_\_\_\_

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Monthly Prayer Times in New York City (NYC)

Month	Prayer	Day	Time	Location	Organizer
January 2017	01	24	06:00 AM	112th St	01-21-17
	02	25	06:00 AM	112th St	01-22-17
	03	26	06:00 AM	112th St	01-23-17
February	04	27	06:00 AM	112th St	01-24-17
	05	28	06:00 AM	112th St	01-25-17
	06	29	06:00 AM	112th St	01-26-17





**CITY OF NEW YORK  
DEPARTMENT OF CORRECTION  
CHAIN OF CUSTODY**  
THE EVIDENCE / WEAPON (S) NARCOTICS, TOBACCO, DESCRIBED BELOW:

Inventory: [REDACTED] BAC # [REDACTED]

Was recovered as follows:  
10 in Ziploc bag

Was discovered by: [REDACTED] Shield # 4589  
At approximately 0945 hours, on Feb 7 2009

THE ABOVE DESCRIBED ITEM (S) WAS SURRENDERED TO:

NAME	RANK	SHIELD	DATE	TO
[REDACTED]	LT	[REDACTED]	10/2/02	0984
[REDACTED]	PLT	[REDACTED]	10/11/02	1107
[REDACTED]	PO	[REDACTED]	10/7/02	1123
[REDACTED]	[REDACTED]	[REDACTED]	10/7/02	1125

On [REDACTED] surrendered by: [REDACTED] to: [REDACTED]

[REDACTED] EVIDENCE UNIT AND WILL BE VOUCHERED AS ARREST EVIDENCE

NYC Department of Correction  
Narcotics Field Test Report  
NIK Poly-testing Results

**PRELIMINARY FIELD TEST FOR DRUGS**

Sample: [REDACTED] Facility: P.D.C.  
Test Date: 2/7/09 Time: 1124  
Test conducted by: [REDACTED]  
(Print Name and Shield No.)  
Suspect Material: Small squared yellowish discolored pieces of paper

Result of Preliminary Screen	Color of Colors	Conclusions
<u>White</u>	<u>White</u>	<u>Positive</u>

**TEST CERTIFICATION**  
I certify that I have conducted a preliminary screening test (field test) for the need suspect material based on my training and experience, including training in the recognition of controlled substances and their packaging, and that the above noted material has field-tested:

POSITIVE       NEGATIVE       INCONCLUSIVE  
(Circle one)

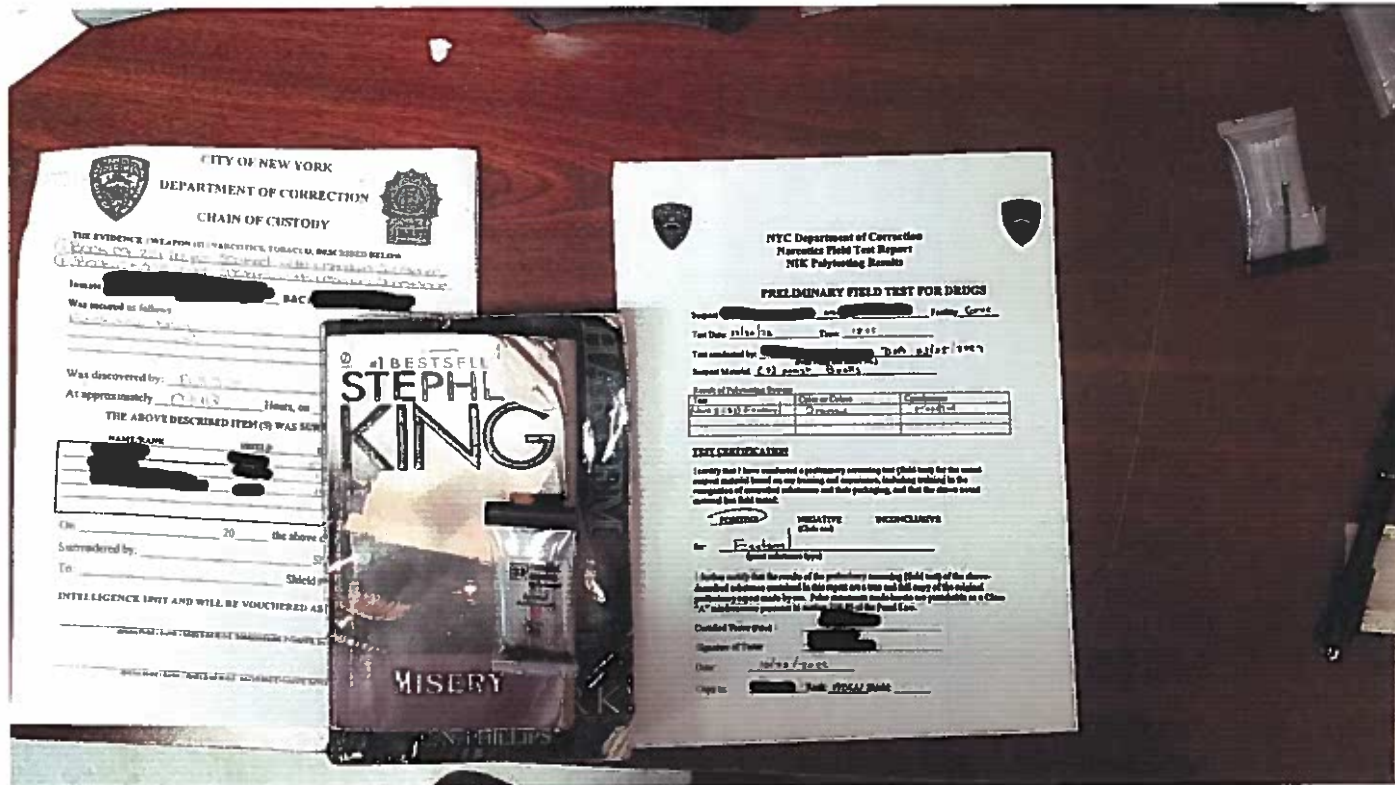
For: Pentonyl  
(Print substance type)

I certify that the results of the preliminary screening (field test) of the above material contained in this report are a true and full copy of the original report made by me. Police statements made herein are punishable as a Class B misdemeanor pursuant to section 210.45 of the Penal Law.

Certified True (true): [REDACTED]  
Signature of Tester: [REDACTED]  
Date: [REDACTED]  
Rank: [REDACTED] Shield #: [REDACTED]









PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

# Jumaane D. Williams

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**STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS  
TO THE NEW YORK CITY COUNCIL COMMITTEE ON CRIMINAL JUSTICE  
OCTOBER 25, 2022**

Good afternoon,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I would like to thank Chair Rivera and the members of the Committee on Criminal Justice for holding this important hearing.

According to data obtained from Correctional Health Services by NY1, there were at least 431 overdoses or suspected overdoses in city jails between January 2021 and June 2022. Between April of 2020 and May of 2021, Department of Correction authorities seized banned drugs inside city jails more than 2,600 times. While the overall number of overdoses has since declined, they are again on the rise in recent months, and even one overdose in what should be a drug-free environment is extremely concerning.

Even more alarming is the fact that the number of drugs seized in city jails spiked when visits and social programs were suspended due to the COVID-19 pandemic. Less than one third of total drug seizures between April 2020 and May 2021 were from mail. Just last month, two Department of Correction officers pleaded guilty to bribery, admitting that they had accepted money in exchange for smuggling contraband into the jail on Rikers Island.

The presence of drugs in the jail on Rikers Island is not unrelated to the staffing shortage, driven in part by officers' abuse of unlimited sick time. In August 2021, an average of 2,672 DOC workers were out sick, AWOL, or on medically modified duty and unable to work with incarcerated people. Drugs can give officers some power over those incarcerated when they lack the physical presence needed to maintain control. Also, when there are not enough officers to escort medical staff to distribute pain and psychiatric medication, incarcerated people may turn to illegal drugs to self-medicate. Further, a lack of staff to provide drug treatment programming leaves incarcerated people struggling with addiction without support.

The amount of drugs, particularly fentanyl, entering the jail through the mail is also concerning. Still, I want to emphasize the importance of receiving physical mail, as opposed to electronic scans. Digital scans of letters and photos can distort words and images, making it hard to reach. More importantly, research and personal testimonies show how crucial regular correspondence with the outside world is to an incarcerated person's mental health, both while incarcerated and their ability to successfully reintegrate upon release. Receiving a physical letter that was written and held by loved ones serves an emotional need that we should not be denying people just because they are incarcerated. There are also privacy concerns that come with digitizing and storing mail, particularly through programs and software owned by for-profit companies.

I look forward to working with the Committee on Criminal Justice and the City Council on ways to ensure that our jails are safe and drug-free, without compromising the rights and privacy of incarcerated people.

Thank you.

# Correctional Health Services

## Testimony to the New York City Council Committee on Criminal Justice

by Dr. Bipin Subedi, Chief Medical Officer, NYC Health + Hospitals/Correctional Health Services

### October 25, 2022 Oversight: Examining Drugs in City Jails

Good afternoon Chair Rivera and members of the Committee on Criminal Justice. I am Dr. Bipin Subedi, Chief Medical Officer for NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I am joined by my colleague, Jeanette Merrill, CHS’ Director of Communications and Intergovernmental Affairs. We appreciate the opportunity to testify today on the topic of drugs in New York City jails. My testimony will focus on CHS’ opioid treatment services and harm-reduction efforts – including our training and distribution of naloxone, also known as Narcan, a life-saving medication that can reverse the effects of an opioid overdose.

I’ll start by providing greater context around substance use and drug overdoses in communities more broadly and correctional settings specifically – including in New York City. We have seen an increase in fatal drug overdoses in communities across the country, with the Centers for Disease Control reporting a 21 percent increase in such deaths in 2021 compared to the year prior.<sup>1</sup> Nationally, we have also seen the rate of deaths in local jails due to drug or alcohol intoxication more than tripled between 2010 and 2019<sup>2</sup>.

In 2020, New York City reported the highest number of overdose deaths since 2000, and the Health Department expects 2021 numbers to exceed the 2020 total.<sup>3</sup> On Rikers, in 2021, there were 321 suspected and confirmed overdoses among people in custody – our patients, and from January through September of this year, there were 163 suspected and confirmed overdoses. Since 2020, there have been 7 confirmed and 2 suspected deaths from drug overdoses in the New York City jail system.

The recent increases in overdose deaths – nationally and locally, in jails and in communities – has been driven largely by fentanyl, a synthetic opioid that can be anywhere from 15 to 10,000 times more potent than morphine. Illicitly manufactured fentanyl is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous – especially in a jail setting.

To help mitigate these harms and to address substance use issues among our patients, CHS has developed a robust treatment program centered around early identification of substance use

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<sup>1</sup> [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)

<sup>2</sup> <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>

<sup>3</sup> <https://www1.nyc.gov/site/doh/about/press/pr2022/overdose-increases-as-harm-reduction-program-scales-up.page>



disorders and interventions to mitigate the morbidity and mortality associated with drug use. This includes a comprehensive screening by both nursing and medical staff for every individual who enters the jail, as well as protocols to address withdrawal. This work is in addition to individual mental health treatment CHS provides to patients with both mental health and substance use needs, which can include medications, individual therapy, and group interventions.

As you may know, CHS also operates the nation's oldest and largest jail-based opioid treatment program, called the Key Extended Entry Program, or "KEEP." Through KEEP, CHS provides methadone and buprenorphine maintenance to patients while they are in jail and provides linkages to community-based treatment and harm-reduction services to patients reentering their communities.

In 2016, before CHS became the direct, independent provider of health care in the City's jails as a new division of NYC Health + Hospitals, about 11 percent of patients who were eligible for medication treatment through KEEP were enrolled in the program. In 2017, CHS expanded eligibility criteria for KEEP enrollment, and today, KEEP engages with about 94 percent of eligible patients; about 88 percent of these individuals choose to enroll in the program. In addition to treating patients who have opioid use disorders, KEEP clinicians identify and counsel patients for whom an apparent overdose was reversed.

It is important to remember, however, that drug overdoses are not exclusively, or even predominantly, among people who have clear opioid or other drug use disorders. Environmental stressors associated with jail incarceration and contaminated drug supplies can increase the risk of overdose in those without a history of drug dependence, particularly among people who are not physiologically tolerant and especially when people are knowingly or unknowingly using fentanyl. Accordingly, CHS has been enhancing its already robust treatment program with broader harm-reduction efforts.

In December 2021, CHS launched an initiative to distribute naloxone to all housing units and to train patients in the use of this life-saving medication, making the New York City jails one of the first correctional systems in the country to provide incarcerated individuals with direct access to this antidote. CHS initially trained individuals in every housing area in every jail and has continued to train patients as they enter and leave custody, reaching more than 1,400 patients to date. CHS now educates every individual at intake about the availability of naloxone in the housing areas and on how to be trained in naloxone use. In addition, KEEP has made naloxone training and distribution a core part of its work, especially in housing areas associated with fatal and non-fatal overdoses. In addition, CHS has worked with the Department of Correction to disseminate educational information to patients on the risks associated with illicit drugs, such as synthetic cannabinoids and fentanyl.

While CHS staff can administer naloxone, and CHS emergency teams carry naloxone, every second counts when responding to an overdose. More than a dozen people in custody who have received naloxone training from CHS have retrieved naloxone kits from their housing bubble and administered it to individuals who appeared to be overdosing. CHS also continues to provide naloxone kits and training to patients' family and friends at the Rikers Island visitor center – distributing more than 46,000 naloxone kits since 2016.

Before closing, I will share an update to our jail-based therapeutic housing model. To better meet the needs of patients who have substance use needs and mental health needs, CHS, in partnership with the Department, opened a new therapeutic housing unit in AMKC last month in order to expand substance treatment services to our patients. This unit, named the Groups for Addictions Treatment Enhancement, or "GATE," targets individuals who have both substance and mental health needs who would otherwise be in general population housing. Through GATE, we have created a stable therapeutic milieu for individuals who are at risk of negative clinical outcomes, leveraging the therapeutic community model and fostering peer-support opportunities.

Through GATE, CHS and DOC staff have developed a robust group-based relapse prevention program, in addition to the psychiatric provider and mental health clinician visits that the patients receive in accordance to their clinical needs. In addition, a psychology-level supervisor oversees the unit, meets with patients regularly, and ensures care coordination between the multidisciplinary staff, including KEEP; and medications are dispensed onsite.

I would like to thank the CHS staff for the innovation and compassion they bring to this work. As CHS has stated in the past, since and in part due to the pandemic, there has been a significant increase in environmental and systemic stressors throughout the entire criminal-legal system that have negatively affected the people we treat. Health care staff will continue to utilize all the tools we have to mitigate these risks; to explore ways to empower our patients; and to expand and enhance our substance use services and harm reduction work.

Testimony of

Rachel Sznajderman  
Corrections Specialist

New York County Defender Services

Before the  
Committee on Criminal Justice

Oversight Hearing on Examining Drugs in City Jails

October 25, 2022

My name is Rachel Sznajderman and I am a Corrections Specialist at New York County Defender Services, a public defender office in Manhattan that every year represents thousands of indigent New Yorkers accused of crimes. Thank you to Chair Rivera and the Criminal Justice Committee for holding this hearing and allowing me the opportunity to testify today.

## I. Introduction

As a Corrections Specialist my primary responsibility is to communicate with our incarcerated clients and advocate on their behalf when possible. I want to share with you the story of one of our clients, who for the purposes of this testimony I will refer to as E. I believe that his story underscores the crux of the issue as it pertains to the prevalence, normalcy, and lack of intervention around drug usage on Rikers Island.

## II. Client Story

I started meeting with E six months ago, after his attorney said he needed a little extra support and asked if I would be willing to check in on him periodically. I agreed. I quickly learned that E is a thoughtful and emotionally intelligent person. He's incredibly shy, and hates opening up about his personal life. He said that in jail, he just tries to keep to himself, and finds it overwhelming to constantly be surrounded with so many people that he doesn't know.

E is 23 years old, and ended up in jail due to what many of us would refer to as "crimes of poverty." After finding himself living on the street without any familial or other support, he began to steal in order to feed himself.

Upon arriving at Rikers Island, E's mental health deteriorated quickly. In the past he had struggled with depression, but his experience at Rikers brought him to new lows. As a neutral detainee, or someone without a gang affiliation, he was a target.

In E's first housing unit, he refused to give another detainee his phone time. Later that day, the person retaliated. He came back from a shower to find that the bed in his cell was gone. The person who stole it held a knife to his neck, until E agreed to give him all of his commissary, \$117, all while COs watched and did not intervene.

In his next housing unit he woke up in the middle of the night to find a group of people had broken into his cell, and were standing over him with weapons. He somehow managed to escape and was immediately moved to another house.

In his next unit he lived in a constant state of fear. He would call me and say things like, "I don't know if you'll see me again" or "you might as well give up on me." He attempted suicide several times, and thought about it constantly. He stayed in his room and slept through most days.

The last time I saw E he looked odd. His eyes were glazed over and he fell asleep repeatedly throughout our meeting. After some time I finally asked him directly: "are you using?" He confided that he began using fentanyl. After the stress of everything he had been through, the worsening of his depression, the suicidal thoughts, the lack of help, the endless waiting game, he could no longer cope. A young person, who went into Rikers Island never having struggled with substance use disorder, will leave with a life-threatening and debilitating addiction. And the worst part is, E should not even be on Rikers Island, he should be in the Alternative to Incarceration program that he was accepted into months ago. But instead he is stuck, waiting for a spot.

### III. Discussion - Drugs on Rikers

Every person who walks through the doors of Rikers Island leaves worse off. While many people in DOC custody come to Rikers with substance use disorders, and those substance use disorders are more often than not at the root of the crimes they are accused of, there are many others like E who turn to drugs because they have no other way of coping with the circumstances they have been forced into. Oftentimes, using drugs seems like the only way for people in Rikers to pass the time, given that they have little to no access to programming, education, or counseling services. They turn to drugs to cope with the trauma they suffer just by living on the island, by witnessing and being subjected to the unending flow of violence, by facing food insecurity, by lacking all personal autonomy, by being locked in their cells with minimal human interaction for days at a time.

So yes, the prevalence of drugs on Rikers Island is a major public health issue that should be addressed through policy interventions. But it is also a symptom of the larger crisis on Rikers Island. I want you all to take the time to think about how bad things would have to be going in your life, how unbearable your day-to-day existence would have to be, in order for you to begin using fentanyl for the first time.

In addition, to address the crisis of drugs on Rikers and in other city jails, the City Council must look at the role that corrections officers play in bringing drugs into the jails. George Joseph and Reuven Blau at [The City released data](#) showing that “between April of 2020 and May of 2021, correction department authorities seized banned drugs inside city jails more than 2,600 times. That’s more than double the number of such seizures made during the same time period from 2018 to 2019 when the jail population [was larger](#) and there were more people coming and going, Correction department records show.”

#### IV. Asks

In light of this, we are calling on the City Council to act in two ways:

1. Reporting - Since January 2021, nine people have died from suspected or confirmed overdoses. However, the question still remains of how many overdoses occurred that did not result in death? To my knowledge, CHS and DOC do not track this information. I would ask that the City Council use its authority to require CHS and DOC to report this information as it will shed light on the severity of the issue of drugs in the jails.
2. Publicly support receivership. We cannot address the issues on Rikers while DOC leadership actively contributes to, and manufactures its crisis. We cannot normalize the insurmountable loss of life by refusing to see it as a rallying cry. There is no more time left to wait.

If you have any questions about my testimony, please email me at [correctionsspecialists@nycds.org](mailto:correctionsspecialists@nycds.org).



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**TESTIMONY OF:**

**Natalie Hession, LMSW**

**BROOKLYN DEFENDER SERVICES**

**Presented before**

**New York City Council**

**Committee on Criminal Justice**

**Oversight Hearing Examining Drugs in the New York City Jails**

**October 25, 2022**

My name is Natalie Hession and I am a Social Worker in the Criminal Defense Practice at Brooklyn Defender Services (BDS). BDS is a public defense office, representing approximately 22,000 people each year who are accused of a crime, facing the removal of their children, or deportation. Thousands of the people we serve each year are detained or incarcerated in New York City's jail system either while fighting their cases in court or upon conviction of a misdemeanor and a sentence of a year or less. We thank the Committee on Criminal Justice and Chair Rivera for the opportunity to address the Council about drug use inside city jails.

For over 25 years, BDS has worked, in and out of court, to protect and uphold the rights of individuals and to change laws and systems that perpetuate injustice and inequality. Through our work in the jails, our staff addresses urgent needs related to basic civil rights and conditions of confinement for our clients who are incarcerated. We work to secure access to essential medical, mental health, safety and education needs through individual administrative advocacy, participation in Board of Correction (BOC) hearings and numerous working groups. We monitor and document the conditions inside New York City's jails and advocate for the rights, safety and protection of those inside these facilities.

For too long, New York City has relied on policing and jails to address issues of mental illness and substance use instead of providing care or treatment. Individuals experiencing a mental health crisis are more likely to have contact with the police rather than medical providers.<sup>1</sup>

Across the country, jails and prisons have become the largest provider of mental healthcare and detox. New York City is no exception.

Nearly 60 percent of people in jail in New York State have a substance use disorder.<sup>2</sup> City jails are not safe and are not a therapeutic environment to detox, stabilize, or receive treatment. We urge the City Council to work with Mayor Adams to begin to move funding away from criminalization and incarceration, toward community investment and community-based responses.

## **Treatment and diversion**

People with substance use disorders should not be facing legal involvement and jail time, legal system involvement can further complicate a person's addiction and ability to access treatment. The city should work to prevent system involvement, increase access to affordable substance use programs, and—if charges are brought—use problem solving courts to provide pathways to treatment and dismissal of charges. In 2009, as part of the Rockefeller Drug Law Reforms, New York State passed the Judicial Diversion Program legislation. Under Criminal Procedure Law Article 216 (CPL 216), this legislation created a pathway for a small subset of people with substance use disorders to avoid prison and potentially have their charges reduced or dismissed after engaging in a course of treatment. This treatment is monitored by specialized courts in every county in New York. Judicial diversion has successfully enabled thousands of individuals to minimize or avoid a criminal record while receiving the benefit of potentially lifesaving substance use treatment. Judicial diversion has also realized the saving of tax dollars, from both reductions in recidivism and the decreased costs per capita of treatment versus incarceration. However, more access is needed for these courts, and the city can help by increasing funding for more programs, more providers, and more inpatient treatment beds.

Many of the people we serve become eligible for support services only because of their interaction with the NYPD and the criminal legal system. With the support of the City Council, we are able to provide robust support services to people who may have avoided court involvement if they had access to services sooner, such as help navigating public assistance and affordable housing applications as well as access to quality long-term mental health care, substance use treatment, educational support, respite centers, and immigration assistance. We are

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<sup>1</sup> National Alliance on Mental Illness, Jailing people with mental illness, 2019, Available online: <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Jailing-People-with-Mental-Illness>

<sup>2</sup> Lauren Jones, Sandra van den Heuvel, and Amanda Lawson, The Cost of INcarceration in New York State: How Counties Outside New York City Can Reduce Jail Spending and Invest in Communities, January 2021, Available online at <https://www.vera.org/downloads/publications/the-cost-of-incarceration-in-new-york-state.pdf>

committed to providing client-centered services to the people who come through our doors but urge this administration and council to consider why it takes an arrest or criminal investigation for a New Yorker to access meaningful assistance and humane support.

The best way for the city to prevent drug use, overdose, and death in its jails is to stop sending people to Rikers Island and focus on diverting them from the criminal legal system altogether. The city jails are in a state of crisis and the Department of Correction (DOC) has continuously failed to protect the health and safety of people incarcerated in its custody.<sup>3</sup> Just this weekend, Erick Tavira became the seventeenth person to die in DOC custody—surpassing last year’s death toll of sixteen lives lost. An unprecedented 33 people have died in the city jails in just under two years—many from overdose and suicide. Acute drug intoxication—or overdose—has been identified as the suspected cause of death in at least four of the deaths this year and four last year. The Council must take immediate action to call for decarceration and push stakeholders—including the mayor, district attorneys, and judges—to work together to stop sending people into DOC custody, increase use of supervised release, alternatives to detention (ATD) programs, and release people currently in city jails. This is critical for the safety of all, particularly those living with substance use disorders or mental illness.

## **Accessing Treatment and Medical Care in City Jails**

For people in custody with a substance use disorder, access to treatment is critical. Due to DOC’s mismanagement—including its failure to ensure access to medical appointments and other critical services and provide emergency response—many people inside the jails are not getting access to the treatment they need. Despite policies and efforts by correctional health clinicians to provide intake services, medication, and schedule recurring appointments, the Department is a regular barrier for people in custody to access essential treatment and care.

New York City jails are managed by two primary agencies, DOC and Correctional Health Services (CHS). Both agencies operate with their own policies and procedures that often overlap, contradict, and cause dual loyalty concerns. Regardless of the condition, the Department maintains the ultimate veto power when it comes to a person in need of medical or mental health care. Correctional officers routinely serve as gatekeepers to medical and mental health care without the requisite knowledge or training. This system is rife with opportunities for abuse or human error. For instance, to access healthcare in a DOC facility, an individual must submit a “sick call” request to officers in their housing unit, who are responsible for forwarding requests to clinical staff. Far too often, correctional staff can—and do—fail to forward sick call requests to

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<sup>3</sup> Jonah Bromwich and Jen Ransom, 10 Deaths, Exhausted Guards, Rampant Violence: Why Rikers Is in Crisis, *New York Times*, Nov. 8, 2021, <https://www.nytimes.com/2021/09/15/nyregion/rikers-island-jail.html>.



CHS staff, or falsely claim that an individual “refused” to be brought to their appointment, as a tool of control or punishment.

Moreover, DOC is failing to both respond and protect the people in its custody. The Board of Correction recently released its report on 2021 suicides and drug-related deaths, showing chronic dysfunction, inhumanity, and indifference within DOC was at the root of deaths in city jails. The report detailed how correction officers’ failure to conduct rounds of housing units, provide emergency first aid, and bring people in custody to medical appointments played a role in at least six deaths by suicide and four drug-related deaths in 2021.<sup>4</sup> Not only is mismanagement of staff and insufficient rounding a contributing factor in many of the drug-related deaths in custody, but also even when staff were present they did not provide appropriate first aid or administer naloxone.<sup>5</sup> Tragically, DOC’s chronic dysfunction and indifference to the lives of the people in its custody is still evident, as people continue to overdose and die, including Michael Lopez, who missed 16 medical appointments from the end of May until mid-July 2022, including one on the day before his death.<sup>6</sup> People in crisis inside the jails do not receive preventative services and emergency responses are slow and mismanaged. Department staff are both blocking access to preventative services and failing to respond in emergency situations.

## **Scapegoating of Families**

Too often, the proliferation of drugs or other contraband materials in correctional facilities are blamed on family and community members visiting their loved ones in custody or sending mail or packages. Families and community members impacted by this carceral system must not be the scapegoats for systemic issues and failures. The State Department of Correction and Community Supervision recently restricted packages from loved ones in a purported effort to eliminate contraband.<sup>7</sup> DOC has indicated that they plan to work with a vendor to digitize all incoming mail and deliver scanned copies to people in custody via tablets. We know that this will not have an impact on drug use at Rikers. The Department’s own data indicates that contraband is not entering the facilities through loved ones. In fact, while in-person visits were canceled during the height of the COVID-19 pandemic, the rates of contraband drugs in the city doubled.<sup>8</sup> Instead, it

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<sup>4</sup> Melissa Cintrón Hernández, Rahzeem Gray and Imahnni Jeffries, Report and Recommendations on 2021 Suicides and Drug-Related Deaths in New York City Department of Correction Custody, Board of Correction, September 12, 2022, Available at <https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/2021-suicides-and-drug-related-deaths-report-and-chs-response.pdf>.

<sup>5</sup> *Id.*

<sup>6</sup> Courtney Gross, NY1 Investigation: Fatal overdoses rise on Rikers Island, *NY1*. October 6, 2022, Available online at <https://www.ny1.com/nyc/all-boroughs/public-safety/2022/10/06/ny1-investigation-fatal-drug-overdoses-rise-on-rikers-island>.

<sup>7</sup> Sara Rivest, Rallies Call for an end to Prison Package Restrictions in New York, *Spectrum News*, September 27, 2022, Available at <https://spectrumlocalnews.com/nys/central-ny/news/2022/09/27/rallies-call-for-an-end-to-prison-package-restrictions>

<sup>8</sup> *Id at 5.*

will serve to dehumanize people in custody and further isolate people from their children, parents, and loved ones on the outside.

Visits and mail from loved ones are critical for the emotional wellbeing of people in custody. The very nature of incarceration isolates people from their families, friends, and communities. The location of Rikers Island makes visiting the jails difficult for many, and DOC adds additional barriers to receiving support from the outside by limiting visits to specific days and times that are usually an obstacle to those who work and or are primary caregivers. It is critical that this Council works to ensure the continuation of contact visits with family and access to personal mail and packages. The solution to the crisis at Rikers is not further isolating people from their support systems.

## **Recommendations**

### **1. Decarcerate**

New York City's jail population continues to grow despite the current crisis inside the jails and the high rate overdose, suicide, and self-harm. The City Council should urge the courts to stop the pipeline of New Yorkers into jail, and increase the use of supervised release, alternatives to detention (ATD) programs, or—when medically appropriate—hospitalization.

Judges of the New York City Criminal Court are appointed by the mayor. The mayor and City Council must hold judges accountable for ensuring the proper implementation of the bail laws and the public safety of New Yorkers—including the safety of those who have been accused of a crime. Courts and district attorneys must remember that bail exists as a method of ensuring that litigants return to court, not a tool to detain as many people as possible. ATD programs are available but underutilized and the City Council should encourage courts to order these programs more regularly, and district attorneys to consent. Jail is not an appropriate environment for substance use treatment or mental health care.

### **2. Increase access to community-based substance use treatment**

During the height of the COVID-19 pandemic, inpatient detox and substance use treatment beds were eliminated and outpatient programs were forced to move to remote formats. People who are living with substance use disorders who previously struggled to access or remain connected to care were left with even fewer resources. Prior to the pandemic, available treatment was already limited. As programs resume in-person programming, people continue to languish on wait lists and struggle to access or reconnect to treatment. We encourage this Council to work to restore and expand access to comprehensive substance use treatment for New Yorkers in need.

Many of the people we represent have tried for years to access substance use treatment, but faced barriers to accessing treatment in the community. When people are arrested and incarcerated, they face additional barriers to getting connected to treatment. In our experience, most community-based treatment programs are not equipped to work with court-mandated patients or to complete intake with people who are incarcerated. The process for obtaining medical records, treatment history, and medications from DOC and CHS is often complicated.

### **3. Require DOC to report on non-fatal overdoses and use of naloxone**

The Board of Correction made a formal recommendation to DOC and CHS to “implement immediate measures to actively track suspected non-fatal overdoses in all housing areas,” including DOC and CHS response, and use of naloxone. We ask that this data be made available to the Council and the public.

### **4. Continue to fund and expand access to successful programs**

While we do not believe jails can or should be used as a substitute for community-based treatment, we ask that the Council continue to fund Correctional Health Services’ Key Extended Entry Program (KEEP). KEEP, one of the first jailed-based opioid use disorder treatment programs in the country, provides critical access to methadone and buprenorphine maintenance to people in custody.<sup>9</sup> The KEEP model centers reentry planning from the beginning of incarceration, assisting people in maintaining connections to their outside providers, communicating with defense counsel, and setting people up for success when they reenter their communities. This program saves lives. People are able to remain on methadone or buprenorphine while incarcerated, which greatly lowers the risk of fatal overdose upon return to the community.<sup>10</sup> Others are able to access medicated assisted treatment (MAT) for the first time.

Additionally, expanded access to all programming in the jails—including mental health groups, trauma informed programming, school, and employment training programs is essential to help keep people positively engaged during their incarceration and build the skills necessary to reintegrate into the community and stay engaged in treatment upon release.

### **5. Fully fund MOCJ’s reentry hotel program and increase access to permanent, affordable housing**

People with criminal legal system involvement face additional barriers to accessing housing. For people who are living with substance use disorder, mental illness or court mandates to receive

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<sup>9</sup> Jonathan Giftos, *Sustenance Use & Incarceration: Presentatio nto the NYC Board of Correction*, July 12, 2018, Available online at <https://www1.nyc.gov/assets/boc/downloads/pdf/Meetings/2018/July-10-2018/POST/BOC%20SUT%20Service%20Overview%20-%20July%202018%20-%20FINAL.pdf>.

<sup>10</sup> *Id.*

services, homeless or housing insecurity creates additional barriers to access treatment. People experiencing homelessness may have difficulties connecting to providers, affording treatment or medication, or accessing transportation to appointments. The mayor has instructed NYPD to remove people experiencing homelessness from the subway, while simultaneously divesting from the Department of Homeless Services.<sup>11</sup>

In the midst of the COVID-19 pandemic, as the city worked to decarcerate and we fought to get clients out of jail, MOCJ opened several hotels to provide emergency transitional housing to people leaving jail. This safe, stable housing addressed an unmet need that began far before the pandemic. Today, these hotels are closing and may be discontinued as of 2023. However, jail populations have risen back to pre-pandemic levels. They are overcrowded and the conditions deadly. Releasing people from jail is critical and the MOCJ hotels are a necessary component to decarceration.

The reentry hotel program has proven to be life-changing for many of the people we serve. In lieu of loud, chaotic and often violent congregate shelters, people have private rooms in clean, comfortable buildings where they are treated with dignity and respect. People are able to access direct transportation to the hotels, receive immediate connection to case management, drug and mental health treatment, and support finding employment and permanent housing on site.

It has recently been reported that the MOCJ reentry hotels will close by the end of the year. We urge the Council to baseline funding in the city budget for permanent emergency reentry housing. This critical resource must be maintained as a part of a continuum of housing options for New Yorkers. We urge the city to concurrently work to expand access to supportive housing for people with serious mental illness or substance use disorders, as well as ensure access to affordable housing for all.

## **6. Pass a resolution in support of the Treatment Not Jail Act**

The City Council should call on the legislature to pass and Governor Hochul to sign the Treatment Not Jail Act, S.2881B (Ramos)/A.8524 (Forrest).

As mentioned above, Criminal Procedure Law Article 216 (CPL 216) created a pathway for some people with substance use disorders to avoid prison and potentially have their charges reduced or dismissed after engaging in a course of treatment. Unfortunately, CPL 216 diversion is limited to people with substance use disorders charged with a short list of crimes related to substance use. The current law leaves behind people who do not live with substance use disorders, but experience other mental illnesses, developmental disabilities, or cognitive

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<sup>11</sup> David Brand, Mayor's Budget Plan Cuts \$615M from Homeless Services, as Subway Crackdowns Intensified, *City Limits*, (February 18, 2022),

impairments that can be effectively addressed through treatment. People living with mental health issues deserve treatment, not jail. Mental health intervention through courts can decrease the jail population and provide people with access to treatment they would not otherwise receive if incarcerated. This has been shown to increase mental health program enrollment and completion of these programs reduces homelessness, psychiatric hospitalizations, and rates of recidivism.<sup>12</sup> New York can become a leader in diverting people with mental health issues out of the criminal legal system and into treatment by passing the Treatment Not Jails Act.

## Conclusion

Our city currently relies on jails to provide services for our community members *after* they have been arrested, but we know jails are not medical facilities and New Yorkers are not able to access the care they need even from inside the jails. In the last two years, 33 people have lost their lives in DOC's custody and control. We ask the Council to work to address the problems in our communities that create the risk of criminal legal system involvement in the first place, such as lack of stable housing, access to gainful employment and access to substance use and mental health care.

Thank you again for inviting us to testify today. If you have any questions, please reach out to Kathleen McKenna, Senior Policy Social Worker, at [kmckenna@bds.org](mailto:kmckenna@bds.org).

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<sup>12</sup> Nazisha Dholakia and Daniela Gilbert, What Happens When We Send Mental Health Providers Instead of Police, Vera Institute of Justice: Think Justice Blog, 2021, Available online at <https://www.vera.org/blog/whathappenswhen-we-send-mental-health-providers-instead-of-police>.



**Committee on Criminal Justice  
Oversight – Examining Drugs in City Jails  
October 25, 2022**

**Testimony submitted to the New York City Council by the Drug Policy Alliance**

The Drug Policy Alliance (DPA) appreciates the opportunity to submit testimony to the New York City Council on the issue of drugs in City jails. DPA is the leading organization in the U.S. promoting alternatives to the war on drugs. We envision a just society in which the use and regulation of drugs are grounded in science, compassion, health, and human rights; in which people are no longer punished for what they put into their own bodies; and in which the fears, prejudices, and punitive prohibitions of today are no more.

As an organization that works to uproot the war on drugs, DPA is concerned with the full impact of drug policies on people's lives. While the tragic and preventable deaths of people in the Department of Corrections' (DOC) custody created urgency for a hearing, the harms of prohibitionist drug policies impact every person in custody.

Reports show that 75 percent of people who enter Rikers Island Correctional Facility experience substance use disorder (SUD).<sup>1</sup> Many of these people have a diagnosed SUD at the time of arrest and many are in the Department of Correction's custody as a consequence of their SUD. Others experience the onset of substance use or SUD while incarcerated.

There is growing agreement among the public and policymakers that substance use is a matter of public health. However, there remains a lesser appreciation that substance use is intertwined with, and impacted by, other social determinants of health.<sup>2</sup> By failing to appreciate substance use as just one component of an individual's health, policies and practices continue to prioritize punishment over care.

This logic has contributed to the current and ongoing humanitarian crisis on Rikers Island, in which the people in custody – the majority of whom use drugs or experience SUD – are being confined in deplorable conditions, receiving inadequate care for pre-existing and incarceration-onset health needs and at heightened risk for serious physical illness, including drug overdose and death.

In his October 25, 2022, testimony before the Council, Chief Medical Officer for Correctional Health Services, Bipin Subedi, MD, addressed the ongoing issues related to drugs in DOC facilities, acknowledging that an unstable drug supply carries heightened risks to people in the jail setting. He further testified that drug overdoses are not exclusively or even mostly among people who have an

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<sup>1</sup> "Medication Assisted Treatment for Opioid Use Disorder in the Correctional Setting," Drug Policy Alliance, November 2017

<sup>2</sup> Aliza Cohen, Sheila P. Vakharia, Julie Netherland & Cassandra Frederique (2022) How the war on drugs impacts social determinants of health beyond the criminal legal system, *Annals of Medicine*, 54:1, 2024-2038, DOI: [10.1080/07853890.2022.2100926](https://doi.org/10.1080/07853890.2022.2100926)

SUD and that environmental stressors associated with jail incarceration and contaminated drug supplies can increase the risk of overdose in those without a history of drug dependence.

Dr. Subedi's testimony underscores that incarcerated settings are not the right places to treat people for health needs related to substance use because incarceration itself is a significant determinant in the health trajectory of people who use drugs or experience SUD. In this regard, despite treatment for SUD for people in custody and despite the expanded availability of Narcan throughout Rikers Island facilities, the jail setting fails to decrease drug use and improve overall individual recovery efforts and health outcomes.

Compounding the inherent harms of incarceration is the crisis of DOC failing to meet minimum standards of care – including the excessive use of lockdowns and missed medical appointments – which creates more risks and harms for people in their custody.

Included in these risks and harms are those related to the consequences of inadequate treatment for drug dependency in incarcerated settings. At OnPoint NYC, which for the past 11 months has been operating the first two overdose prevention centers in the country, staff routinely explain to community members, policymakers and service providers, how physically painful it is to experience withdrawal and forced detox. So painful that people will risk the consequences of punishment and potential harms of an unknown and increasingly contaminated drug supply to avoid the vomiting, diarrhea, chills, severe dehydration, and other physical pain resulting from withdrawal. Experiencing this degree of illness in a place where your movement is restricted, programming and care are sporadic and minimal, if at all, connection with loved ones is cut off, and where you are witnessing the suffering and death of people around you, is inhumane and unacceptable.

Rather than using the criminal legal system – which creates harm and increases rates of substance use – as the container in which to provide treatment to people experiencing SUD, we must shift toward models of community care that are person-centered, humane, and support improved overall health outcomes and participation in society.

At OnPoint, people are welcomed into a building where they converse with others, enjoy meals, do laundry and shower, receive aromatherapy and acupuncture, counseling, and medical care. In addition, their overdose prevention model includes a supportive space to safely use drugs on-site, in the presence of people who call them by their name and in the event of an overdose, immediately intervene to save their life. Different from overdose reversals done in incarcerated settings, at OnPoint, overdoses are identified so quickly that the vast majority are reversed by giving just oxygen. Through this gentler and more effective intervention, the person experiencing an overdose is spared the painful, disorienting and, often, upsetting aftermath of receiving the standard 4mg dose of Narcan nasal spray, which also reduces the risk of a subsequent overdose in the hours after a reversal.

Supporting the research that substance use is impacted by other social determinants of health – such as health care, connection with others, housing, income, etc. – participants at OnPoint and other harm reduction programs talk about how through humane care and holistic services, their substance use decreases or stabilizes, their capacity to take on new goals for their lives increases, and their involvement in the criminal legal system plummets.

We need more of these harm reduction and community-based models of supporting people who use drugs or who experience SUD without the punitive layer of incarceration exacerbating risk factors for overdose and death.

We aren't going to surveil and punish our way out of the overdose crisis and other issues related substance use. Incarceration increases harmful health and life outcomes. We have decades of evidence to show incarceration as a response to substance use doesn't work and in fact it's gotten worse. The number and rate of nonfatal overdoses on Rikers Island increased between 2020 (203 nonfatal overdoses) and 2021 (329 nonfatal overdoses). Devastatingly, between 2020 and 2022, seven people lost their lives due to confirmed overdoses and two additional people died from suspected overdoses.

While it is a step in the right direction that we've seen a significant drop in drug arrests and incarceration over the past decade in New York, we haven't seen the commensurate reinvestment of these resources into community-based low-threshold harm reduction and health programs, such as low-threshold housing, medication assisted treatment, follow up care for people who end up in the emergency room related to an overdose, and wrap around services for mind and body care.

We must continue reducing the jail population and shifting resources to human-centered, community-based care models. This isn't just the most effective way to address chaotic substance use, it's how we achieve collective care and wellness for our communities and the City.

For questions or more information, please contact Toni Smith-Thompson, New York State Director, at [tsmith@drugpolicy.org](mailto:tsmith@drugpolicy.org), 212.613.8060.

Thank you.



# A MORE JUST NYC

## **Independent Commission on NYC Criminal Justice and Incarceration Reform**

Testimony of Zachary Katznelson, Executive Director

New York City Council Criminal Justice Committee

October 25, 2022

Good afternoon. I am Zachary Katznelson, Executive Director of the Independent Commission on New York City Criminal Justice and Incarceration Reform, often known as the Lippman Commission after our chair, former Chief Judge of the State of New York Jonathan Lippman. Thank you for holding this hearing and for the opportunity to submit testimony.

To help alleviate the crisis at Rikers, the City should be seeking every reasonable opportunity to safely lower the jail population. Rikers incubates violence and most people held there return straight to our communities worse off than when they went to jail. The fewer people subjected to Rikers, the safer and better off we will all be.

Safely lowering the jail population would also allow the Department of Correction to close housing units and jails, and consolidate operations. Fewer staff would be required to work double shifts. Steady staffing could increase, ensuring staff build working relationships with each other and incarcerated people on their watch. Service delivery could improve. More frequent searches for drugs and weapons could take place. Enough officers might be available to escort people to court dates, medical appointments, recreation, and more. All of this would support a drop in violence.

Safe lowering of the jail population could start with diverting people who need drug treatment out of Rikers to effective, community-based programs.

To help identify people who might be appropriate candidates, non-profits could be contracted to provide early holistic assessments of people upon arrest or entry into Rikers. This is different than the CHS screening that takes place. CHS screening is focused on treatment while people in jail. What we need are assessments that can be used by defense lawyers, prosecutors, and judges who could work to divert people from Rikers entirely. Today, any assessments like that are ad hoc, and often done only months into someone's incarceration. If they were done much earlier and more routinely, people could be placed into appropriate programs within days or weeks, rather than languishing for month or years in the chaos and violence of Rikers before heading to the very same programs.

To help identify appropriate programs, the Mayor's Office of Criminal Justice has laudably contracted with [Unite Us](#) to provide a centralized database with comprehensive, up-to-date information regarding community-based programs, their eligibility criteria, and available slots. To maximize the impact of the database, courtroom-based resource liaisons should be hired to advise criminal justice actors on and provide referrals to the programs.

For people who remain incarcerated, Correctional Health Services has a history of strong drug treatment programs. The City should examine the feasibility of moving those programs out of the jails and into other secure settings, similar to the outposted therapeutic units being developed as part of the plan to close Rikers. That could permit smaller borough-based jails, with reduced height and square footage.

Finally, to ensure the continued success of treatment and other diversion programs, the City must continue to tackle contract processing and payment delays. Many non-profits cannot afford to provide services while waiting for months for City reimbursement.

Thank you for the chance to submit this testimony.

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Louis Molina

Address: \_\_\_\_\_

I represent: NYC DOC

Address: \_\_\_\_\_

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 in favor  in opposition

Date: \_\_\_\_\_

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Name: BIPIN SUBEDI

Address: \_\_\_\_\_

I represent: CHS (Correctional Health Services)

Address: \_\_\_\_\_

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 in favor  in opposition

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(PLEASE PRINT)

Name: Jeanette Merrill

Address: \_\_\_\_\_

I represent: Correctional Health Services

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

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Name: Toni Smith

Address: \_\_\_\_\_

I represent: Drug Policy Alliance

Address: \_\_\_\_\_

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Date: \_\_\_\_\_

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Name: Chaplain Dr. Victoria A. Phillips

Address: 40 Rector St.

I represent: Saids Action Coalition, Half Soly Visionary U

Address: 40 Rectors 9th floor 81 ministers

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Eileen Maher

Address: Brooklyn NY

I represent: Vocal - NY

Address: St Johns Pt BK 11233

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in favor  in opposition

Date: 10/25/22

(PLEASE PRINT)

Name: Rachel Sznajderman

Address: \_\_\_\_\_

I represent: New York County Defender Services

Address: \_\_\_\_\_

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in favor  in opposition

Date: 10/25/22

(PLEASE PRINT)

Name: Paul Shtuchman

Address: \_\_\_\_\_

I represent: NYC Dept. of Correction

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 10/25/22

(PLEASE PRINT)

Name: Natalie Hession

Address: \_\_\_\_\_

I represent: Brooklyn Defenders Services

Address: \_\_\_\_\_

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