

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES  
Of the  
COMMITTEE ON PUBLIC SAFETY

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September 30, 2022  
Start: 9:30 a.m.  
Recess: 1:03 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Kamillah Hanks  
Chairperson

COUNCIL MEMBERS:

Joann Ariola  
Erik D. Bottcher  
Justin L. Brannan  
Tiffany Cabán  
Carmen N. De La Rosa  
Robert F. Holden  
Rita C. Joseph  
Darlene Mealy  
Althea V. Stevens

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

Nora Daniel  
Mayor's Office of Criminal Justice Chief of  
Staff

Michael McMahon  
Richmond County District Attorney

Amanda Berman  
Center for Court Innovation

Shane Correia  
Center for Court Innovation

Lenore Lebron  
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Marva Brown  
Legal Aid Society

Raji Edayathumangalam  
New York County Defenders

Kimberly Blair  
NAMI NYC

Ayanna Bates  
NAMI NYC

Jeanette Beck Harrell  
NAMI NYC

Yung Mi Lee  
Brooklyn Defender Services



1  
2 SERGEANT AT ARMS: Good morning,  
3 everyone. Welcome to today's New York City Council  
4 hearing Committee on Public Safety. Use this time to  
5 silence all cell phone and electronic devices. If  
6 you wish to submit testimony, you may send it to  
7 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Once again, that's  
8 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Chair, we may begin.

9 CHAIRPERSON HANKS: Good morning. I am  
10 Council Member Kamillah Hanks, Chair of the Committee  
11 on Public Safety, and I am joined by my committee  
12 member Council Member Bottcher. Before we begin  
13 today's hearing, I want to take this opportunity to  
14 pay my respects to the family of FDNY EMS Lieutenant  
15 Alison Russo-Elling who was fatally stabbed in Queens  
16 yesterday. Alison Russo exemplified the best of all  
17 New Yorkers, having dedicated her life to the service  
18 of others. She was an inspiration to our city, and I  
19 want to offer my deepest condolences to her family  
20 and the entire FDNY community for their loss. Today,  
21 the Committee will be examining a topic that I am  
22 very familiar with and which is very important to me  
23 and should be to all New Yorkers, Community and  
24 Problem-Solving Courts. Problem-Solving Courts  
25 provide a non-punitive alternative to conventional

1 Criminal Court adjudication offering criminal  
2 defendants with services that aim to address the  
3 underlying causes of criminal behavior. Important  
4 services such as job skills training placement, drug  
5 and mental health treatment, housing assistance, and  
6 community mediation. Community Courts are often  
7 located in underserved neighborhoods, geographically  
8 distant from a centralized courthouse and provide a  
9 combination of conventional criminal adjudication  
10 with alternative programming using a problem-solving  
11 model to provide neighborhood focus approach to  
12 addressing localized issues to breaking cycle of  
13 criminal conduct. Under the supervision of a judge  
14 and clinical staff, these courts provide  
15 individualized treatment plans and court monitoring  
16 to help address specific needs of participating  
17 defendants in an effort to reduce recidivism and to  
18 promote positive social outcomes. Through  
19 collaborative effort of the New York State Unified  
20 Court System and the Center of Court Innovation and  
21 other partners, New York is the home to an array of  
22 Problem-Solving Courts including Mental Health  
23 Courts, Domestic Violence Courts, Drug Treatment  
24 Courts, and Youth Courts, community courts such as  
25

1 the Midtown Community Court and Red Hook Community  
2 Justice Center. I have visited many of these courts  
3 and have been impressed by what I have seen, welcome  
4 court room, supportive judges and staff that fostered  
5 and accessible, inviting, and easy to navigate  
6 environment. I am encouraged by this approach to  
7 providing holistic services to criminal defendants  
8 and aims at reducing recidivism and improving the  
9 quality of life for our communities while holding  
10 people accountable for their actions. I am eager to  
11 examine the success and limitation of this  
12 alternative approach to criminal adjudication,  
13 evaluate concerns and criticisms regarding the  
14 effectiveness in Problem-Solving Courts, and explore  
15 needed changes to improve court functioning and case  
16 outcomes. I hope we can assess the potential for  
17 expansion of these courts through growing capacity at  
18 existing locations or opening new facilities to  
19 underserved communities citywide. And finally, I  
20 believe we must continue our oversight in the various  
21 components of the criminal justice system with a  
22 commitment to evaluating what policies and approaches  
23 are effective at helping individuals break cycles of  
24 criminal conduct. With that, I look forward to  
25

1 hearing the Administration and the public testimony.

2 Thank you.

3 COMMITTEE COUNSEL: Thank you Chair.

4 We'll begin with testimony from the Mayor's Office of

5 Criminal Justice. We'll hear from Nora Daniel who is

6 the Chief of Staff. Nora, can you please raise your

7 right hand and affirm the following. Do you affirm

8 to tell the truth, the whole truth and nothing but

9 the truth before this committee and to answer

10 honestly to Council Member questions?

11 CHIEF OF STAFF DANIEL: I do.

12 COMMITTEE COUNSEL: You may go ahead.

13 Thank you.

14 CHIEF OF STAFF DANIEL: Thank you. Good

15 morning Chair Hanks and members of the Committee on

16 Public Safety. My name is Nora Daniel. I am the

17 Chief of Staff for the Mayor's Office of Criminal

18 Justice. Thank you for the opportunity to testify

19 about some of the safety interventions that help to

20 make our city safer. Our city's public safety

21 continuum is broad and includes a number of programs

22 and interventions that are specifically designed to

23 promote public safety by providing the particular

24 programs and services that help to keep people from

1 entering or returning to jail or prison. The  
2 programs include alternatives to incarceration, re-  
3 entry services and transitional housing, as well as  
4 Community Courts. The Mayor's Office of Criminal  
5 Justice advises Mayor Adams on criminal justice and  
6 public safety policy as the Mayor's representative to  
7 courts, District Attorneys, defenders, state criminal  
8 justice agencies, and other system actors. MOCJ  
9 moves our city forward by implementing Mayor Adams'  
10 vision for a safer city for all New Yorkers. MOCJ's  
11 programs and services reinforce enhanced public  
12 safety while maintaining fairness. In order to  
13 provide judges with meaningful options for  
14 accountability, alternatives to incarceration, also  
15 known as ATIs, promote public safety without  
16 requiring an individual to spend time in custody.  
17 ATI programs are funded by MOCJ which allow nonprofit  
18 organizations to deliver much-needed services and  
19 support to participants while deterring them from  
20 serving a jail or prison sentence. These programs  
21 also lower the jail population and allow people to  
22 remain in their communities while increasing  
23 stability and wellbeing. Currently, MOCJ has 32  
24 million in contracts in FY23 with 14 nonprofit  
25



1 organizations that run 24 ATI programs throughout New  
2 York City. ATI programs have the capacity to serve  
3 approximately 5,500 cases, as well as to provide  
4 additional behavioral health services to ATI  
5 participants and housing resources for women enrolled  
6 in ATI programs. Recently, the city has strengthened  
7 its ATI programs even further to provide additional  
8 supportive services to address participants' needs  
9 more fully. Today, these ATI programs provide a  
10 multitude of wraparound services such as counseling,  
11 job readiness training, mental health services, basic  
12 needs, housing assistance and more. In addition to  
13 ATIs, we also have re-entry services. We  
14 strengthened our re-entry programming to improve  
15 transition and release planning and services. The  
16 City has invested 20 million into this program which  
17 builds upon the success of the Jail to Jobs Re-entry  
18 Services Program that was launched in 2018. During  
19 incarceration, jail, or prison, individuals work with  
20 transition coordinators to create discharge plans for  
21 when they are released, and also work with a re-entry  
22 mentor to help facilitate their re-entry process on  
23 an individualized basis. The re-entry mentors  
24 develop relationships with released individuals to  
25

1  
2 encourage participation of relevant services and  
3 programs. The supports provided by this time of  
4 services providers include assistance locating  
5 temporary or permanent stable housing, mental  
6 healthcare, substance use treatment, counseling, paid  
7 transitional employment, job training, career  
8 certifications and education assistance among other  
9 services depending on the specific needs of each  
10 returning individual. MOCJ is also contracting with  
11 Unite Us, a web-based referral management platform  
12 and service directory that streamline service  
13 referrals among providers to ensure that individuals  
14 are quickly connected with the right services to meet  
15 their needs. We anticipate that the case planning  
16 and coordination combined with expanded services and  
17 stronger service offerings and stronger relationships  
18 will help ease the path to a stable life outside of  
19 DOC and DOC custody and helps hopefully reduce the  
20 likelihood of return. Additionally, in order to  
21 maximize safety during the public health emergency,  
22 MOCJ worked with agency and nonprofit partners to  
23 stand up an entirely new set of service in under-  
24 enrolled hotels in New York City. Beginning in late  
25 March 2020, MOCJ with the New York City Office of

1  
2 Emergency Management and nonprofit partners to  
3 provide emergency re-entry housing to clients leaving  
4 jail and prisons. These hotels have been vital to  
5 maintaining safety as we transition out of the  
6 pandemic, and we are incredibly proud of the work  
7 done by MOCJ staff and our providers to ensure that  
8 those leaving custody had a safe, secure place to go.  
9 The Emergency Hotels Program has provided a much-  
10 needed bridge to the full implementation of MOCJ's  
11 Transitional Housing Program. Transitional housing  
12 provides housing resources to individuals impacted by  
13 the criminal justice system. MOCJ is currently  
14 implementing and expanding its Transitional Housing  
15 Program to 1,000 beds by the end of FY 23. These  
16 programs provide participants a safe supportive  
17 environment to live as they participate in services  
18 to reduce their likelihood of re-arrest and/or re-  
19 incarceration, and stabilize their reintegration into  
20 their community. The Transitional Housing Program  
21 will be administered by five providers who will offer  
22 necessary supports and services to a wide range of  
23 individuals with different needs. Their services--  
24 the services available to Transitional Housing client  
25 include public benefits enrollment, education, family

1 services, individual group counseling, metro cards,  
2 assistance with identifying appropriate permanent  
3 housing opportunities, and childcare services. In  
4 addition to these, we also have and we also work with  
5 the Community Courts. Center for Court Innovation  
6 operates Community Courts and Community Justice  
7 Centers with city funding. MOCJ works in  
8 coordination with the Center for Innovation-- the  
9 Center for Court Innovation and the Office of Court  
10 Administration and Community Courts in efforts to  
11 provide quality services to individuals who are  
12 impacted by the criminal justice system as a way to  
13 reduce recidivism and the likeliness of future  
14 involvement in the criminal justice system. MOCJ  
15 funds the following through a contract with OTA, the  
16 Midtown Community Court, Red Hook Community Justice  
17 Center, Brownsville Community Justice Center, Bronx  
18 Youth Court, and Queens Community Justice at the  
19 Rockaways which provides services including ATIs,  
20 individual and group counseling, mentoring, education  
21 and employment support and mental health and  
22 substance use treatment to individuals who encounter  
23 the Criminal Justice Center. While MOCJ's role is  
24 primarily of a coordinating partner, we deeply value  
25

1  
2 CCI's work and believe that programs provide a vital  
3 community-based avenue for the justice-involved.

4 Thank you for allowing me to discuss alternatives to  
5 incarceration, re-entry services and traditional  
6 housing as well as Community Court. I'm happy to  
7 answer any questions the Committee has.

8 CHAIRPERSON HANKS: Thank you so much. I  
9 appreciate it, Ms. Daniel. So I have a few questions  
10 based on your testimony. What is the City's total  
11 investment in Problem-Solving and Community Courts,  
12 and how has that amount changed in recent fiscal  
13 years?

14 CHIEF OF STAFF DANIEL: so, the current  
15 investment is about four million across the Community  
16 Court span, for the ones that we're talking about  
17 right now. And I am not sure of the full history of  
18 that-- of that investment, but that's what the  
19 current investment is for FY 23.

20 CHAIRPERSON HANKS: Are there any  
21 specific geographic areas or target populations you  
22 believe that MOCJ should be in and be better served  
23 by non-traditional court adjudication. So where else  
24 could you-- you think that you could be?

1  
2 CHIEF OF STAFF DANIEL: So, that kind  
3 of-- like, the kind of analysis that we would do for  
4 that would be pretty detailed, and I think that it  
5 would involve looking at which communities have a  
6 harder time coming into the more centralized court  
7 system and where we're seeing the most need for that  
8 based on what's happening in the court system that  
9 we're seeing. Currently, I don't have any specific  
10 locations identified, but definitely something we can  
11 continue to look at.

12 CHAIRPERSON HANKS: Yeah, I think that's  
13 something that we would like to look into more. We  
14 would identify spaces where we need community courts.

15 CHIEF OF STAFF DANIEL: Right.

16 CHAIRPERSON HANKS: That's a loaded  
17 question because I'm from Staten Island. So,  
18 describe, you know, MOCJ's involvement with the  
19 establishment, you know, funding, operations of  
20 problem-solving in community courts. Like, kind of  
21 just talk about that, you know.

22 CHIEF OF STAFF DANIEL: Sure. So the  
23 Community Court started as an initiative of this  
24 body, and we have taken over the-- MOCJ has taken  
25 over the contract and we work with the-- through OCA

1 and through CCI, the provider of this contract  
2 through both those entities to implement the courts.  
3 And we primarily serve as, you know, as the  
4 contracting body and with a certain amount of program  
5 management as well, mostly related to managing the  
6 contract.  
7

8 CHAIRPERSON HANKS: How would MOCJ  
9 evaluate program success with contracted partners?  
10 And how would you--

11 CHIEF OF STAFF DANIEL: Largely through  
12 services rendered and participants, like is the space  
13 we'll use, that kind of thing. Is the contract going  
14 the way the way that it's supposed to?

15 CHAIRPERSON HANKS: So what would be some  
16 of the outcomes that MOCJ would be measuring to find  
17 out of these programs are effective?

18 CHIEF OF STAFF DANIEL: So, I don't think  
19 we looked at the Community Courts as like a singular  
20 entity to themselves. I think we primarily look at  
21 the kind of interventions that we fund and that we  
22 track. So like ATIs' re-entry services, that kind of  
23 thing. The broader aspect of the Community Courts is  
24 definitely something that we should-- that we are  
25 interested in taking a look at and we'd be happy to

1  
2 discuss further how we might want to evaluate the use  
3 of the courts.

4 CHAIRPERSON HANKS: so, to build on that,  
5 to what extent does MOCJ monitor case outcomes and  
6 empirically study effectiveness as programming?  
7 Like, how do we know when we're winning?

8 CHIEF OF STAFF DANIEL: For our ATI  
9 programs, we look at re-arrest or recidivism, and  
10 there's a pretty low re-arrest rate for folks who are  
11 in ATIs, and I can get you those numbers. So that's  
12 the kind of thing that we would look at.

13 CHAIRPERSON HANKS: thank you. And  
14 finally, before I pass it on to my colleagues, how  
15 does the Administration plan on improving early  
16 interventions, including in the school system to  
17 ensure that at-risk youth receive the necessary  
18 services before becoming involved in the criminal  
19 justice system?

20 CHIEF OF STAFF DANIEL: So, we have a  
21 few programs. One, I think that the Administration  
22 made a significant-- or the Administration has made  
23 an enormous investment in jobs for youth, and I think  
24 that continuing that investment as well as looking  
25 into other ways to ensure that students don't



1  
2 continue or don't go down the wrong path and are  
3 interrupted before they get to that point are vitally  
4 important. So we have programs also like school  
5 mediation services that we have through our crisis  
6 management system as well as youth interventions and  
7 through the MAP program as well.

8 CHAIRPERSON HANKS: Thank you. Finally.  
9 Do you think that anything else needs to be done to  
10 strengthen the preventative side and how interface  
11 with Community Courts and the Mayor's Office of  
12 Criminal Justice?

13 CHIEF OF STAFF DANIEL: I think there's  
14 always form for improvement, and that's something  
15 that we are consistently looking at to try to see  
16 places where we can improve.

17 CHAIRPERSON HANKS: Okay. Thank you very  
18 much. Thank you so much. So I would like to  
19 recognize my colleagues, Council Member Holden,  
20 Council Member Ariola, and Council Member De Le Rosa,  
21 and Council Member Rita Joseph is joining us online.  
22 And with that, if any of my colleagues have any  
23 questions that they would like to ask of Ms. Daniel.

24 COUNCIL MEMBER BOTTCHEER: Moring.  
25 Council District Three, the district I represent is

1  
2 home to Midtown Community Court. Are you very  
3 familiar with this court?

4 CHIEF OF STAFF DANIEL: I am somewhat  
5 familiar with this court. I would not say very, but  
6 somewhat, yes.

7 COUNCIL MEMBER BOTTCHE: Great. So, the  
8 Midtown Community Court recently opened a Misdemeanor  
9 Behavioral Health Court. The Midtown Community  
10 Court's been open for many years but they recently  
11 launched this Behavioral Health Court, but it's only  
12 open one day a week. And recently my colleague,  
13 Senator Brad Hoylman and I and other colleagues wrote  
14 the State Office of Court Administration asking why  
15 that Misdemeanor Health Court was only open one day a  
16 week, given everything that's going on in the City.  
17 And the answer we got back was that they don't have  
18 the caseloads to warrant it being opened more than  
19 one day a week. They said that few defendants have  
20 opted to take advantage of this Behavioral Health  
21 Court, and to quote the State Office of Court  
22 Administration in their reply to us, they said that  
23 mental-- they said that, "In an effort to increase  
24 volume we opened this misdemeanor health court. Few  
25 defendants offered to take advantage of this

1  
2 opportunity." Most defendants who fall into-- most  
3 individuals who fall under either of these categories  
4 receive very advantageous plea offers, including  
5 adjournment and contemplation of dismissal at 100  
6 Center Street and prefer to have their cases heard  
7 there. So, people suffering from serious mental  
8 illness who are being accused of misdemeanor crimes  
9 are having their cases dismissed down at 100 Center  
10 Street. They're not going to the Misdemeanor Health  
11 Court which is designed to help get them treatment.  
12 What is the Mayor's Office of Criminal Justice doing  
13 to address this? Do you think that's an issue? Are  
14 people with misdemeanor charges with serious mental  
15 illness, are they getting help at 100 Center Street  
16 or not?

17 CHIEF OF STAFF DANIEL: So, it's my  
18 understanding that there are services available  
19 throughout the court system for people who have  
20 serious mental illnesses. Whether or not like the  
21 specific data on who's obtaining mental health  
22 services at 100 Center, I don't have currently, but I  
23 can look into it.

24 COUNCIL MEMBER BOTTCHEER: Have you had  
25 any conversations with Midtown Community Court about

1  
2 the fact that few people are apparently taking  
3 advantage of their mental health court?

4 CHIEF OF STAFF DANIEL: I'm not familiar  
5 with conversations that have been had, but there  
6 could have been some conversations had about that. I  
7 know we are aware that the caseloads-- that OCA did  
8 not feel that the caseloads were high enough to  
9 warrant it. I definitely think it's something that  
10 we could continue looking into.

11 COUNCIL MEMBER BOTTCHER: What services  
12 does someone with serious mental illness get when  
13 they get charged with a misdemeanor crime and their  
14 case is processed at 100 Center Street? What kind of  
15 services are they getting? So, we're talking about  
16 someone with serious mental illness.

17 CHIEF OF STAFF DANIEL: So, it depends on  
18 how their case moves through and what is happening  
19 with that case, and also, you know, we work with  
20 defense attorneys as well, and so they're often the--  
21 you know, the voice of the client. They are the  
22 voice of their client. And so that kind of depends  
23 on how that works through. But if-- I think that  
24 it's definitely something that we can talk through in  
25 detail about.

1  
2 COUNCIL MEMBER BOTTCHEER: Can you give me  
3 an example of case that's a success story? A person  
4 with serious mental illness gets charged with let's  
5 say shoplifting. They're someone who is in need of  
6 mental health treatment. They go to 100 Center  
7 Street. What specifically is happening? Can you  
8 give me an example of an instance where a person got  
9 help?

10 CHIEF OF STAFF DANIEL: So, we have many  
11 where people have gotten help because there is help  
12 available through the ATI programs, through-- like,  
13 if they are on supervised release, or if they are put  
14 into another program, or if they are put into another  
15 program through their defense attorney. But a  
16 specific individual, I would not know, but I am happy  
17 to look into that and get back to you on it.

18 COUNCIL MEMBER BOTTCHEER: What are some  
19 of the nonprofits that are part of the ATI programs,  
20 the Alternatives to Incarceration down at 100 Center  
21 Street?

22 CHIEF OF STAFF DANIEL: Our ATI providers  
23 include Fortune Society, CCI, Cases [sic]. There's  
24 14 of them, so those are a few.

1  
2 COUNCIL MEMBER BOTTCHEER: Those are all  
3 great nonprofits. I would love to talk to you more  
4 about making better use of the Mental Health Court at  
5 Midtown Community Court. Midtown Community Court as  
6 a program is opened five days a week, but the court  
7 is only hearing cases one day a week, and the fact  
8 that we have a specialized mental health court in  
9 2022, in the midst of this crisis, that's not getting  
10 the volume of people to help that it is, I would-- I  
11 think that's something that the Mayor's Office of  
12 Criminal Justice should focus on.

13 CHIEF OF STAFF DANIEL: Okay. We can  
14 definitely discuss it some more.

15 COUNCIL MEMBER BOTTCHEER: Thank you.

16 COMMITTEE COUNSEL: Thank you. Council  
17 Member De La Rosa?

18 COUNCIL MEMBER DE LA ROSA: Thank you so  
19 much for being here today. My question kind of  
20 piggybacks on Council Member Bottcher's question  
21 which is, is there any intersectional services? So  
22 we have a young person, a youth, that would normally  
23 go through a youth court, is exhibiting a mental  
24 health crisis. Is there any cross work that is done  
25 or management in order to provide the services or

1  
2 make sure that the person is in the right type of  
3 program?

4 CHIEF OF STAFF DANIEL: So, yes, the  
5 programs have services for people as young as 13.  
6 The ATI programs do. And there is a lot of cross  
7 work that's done across different organizations to  
8 make sure that young people have the right services.  
9 There's also often ACS involvement, and I know that  
10 our providers do work closely with ACS and with the--  
11 they often have different lines of service that folks  
12 can access.

13 COUNCIL MEMBER DE LA ROSA: So, if a  
14 young person is put through Youth Court, and it is  
15 determined that the person has a severe mental  
16 illness, does that person then get transferred to the  
17 Mental Health Court or the Drug Treatment Court  
18 depending on the need, or just simply by the fact  
19 that the person is under 18, they go through the  
20 Youth Court?

21 CHIEF OF STAFF DANIEL: I think it very  
22 much depends on the case, and I would have to get a  
23 little bit more information about what we're seeing  
24 in order to, you know, provide you a little bit of a  
25 more detailed answer.

1  
2 COUNCIL MEMBER DE LA ROSA: And does the  
3 Mayor's Office of Criminal Justice track sort of the  
4 types of cases that are coming in and where they're  
5 coming in from? Is that information that you all  
6 have?

7 CHIEF OF STAFF DANIEL: That is  
8 information that we have through-- yes, that is  
9 information we have.

10 COUNCIL MEMBER DE LA ROSA: Okay. And  
11 then my last--

12 CHIEF OF STAFF DANIEL: [interposing] It's  
13 primarily tracked through the Office of Court  
14 Administration, but we are able to work with them to  
15 provide [inaudible]

16 COUNCIL MEMBER DE LA ROSA: Okay. And  
17 then my last question is language access. I always  
18 ask about this. What is the situation if the person  
19 does not speak English?

20 CHIEF OF STAFF DANIEL: I believe that  
21 there are-- that there is language access at the  
22 court, but I will get more information on that for  
23 you.

24

25



1  
2 COUNCIL MEMBER DE LA ROSA: Okay. I look  
3 forward to hearing from you. Thank you. Thank you,  
4 Chair.

5 COMMITTEE COUNSEL: Council Member  
6 Ariola?

7 COUNCIL MEMBER ARIOLA: Hi, thank you for  
8 coming. So, I agree with both my colleagues and the  
9 questions that they've asked, and they're very  
10 serious questions, because we have services that are  
11 there, yet, they're being underutilized. So, at the  
12 point where the person is-- the determination on  
13 their case is resolved, is going to these programs  
14 part in parcel of that adjudication, or is it just  
15 left to them, you know, on their own to go and there  
16 is no type of oversight from there?

17 CHIEF OF STAFF DANIEL: So, if services  
18 are part of their adjudication, then yes, they are--  
19 people are working with them to make sure that they  
20 are-- they're required to go if that's part--

21 COUNCIL MEMBER ARIOLA: [interposing] And  
22 there's oversight for that to make sure that they're  
23 going?

24 CHIEF OF STAFF DANIEL: There is  
25 oversight for that to make sure that they're going.

1  
2 COUNCIL MEMBER ARIOLA: Is there  
3 consequence if they don't go?

4 CHIEF OF STAFF DANIEL: There can be  
5 consequences if they don't go, yes.

6 COUNCIL MEMBER ARIOLA: Council Member De  
7 La Rosa brings up a good point because there are  
8 other courts that have people who are arrested come  
9 before them that have mental illness, and they're--  
10 if there is no intersectional kind of program, then a  
11 lot of people are falling through the cracks, and  
12 that's why we're having such an issue with, you know,  
13 mental health and people with mental health issues on  
14 our streets. So, there is a program in Rockaway, and  
15 I represent a portion of the Rockaway. Our Majority  
16 Whip Selena Brooks-Powers represents the other end,  
17 the Queens Center, it's in Rockaway. So, that  
18 particular center, do you know how many cases they  
19 see?

20 CHIEF OF STAFF DANIEL: So, that  
21 particular center is not doing services at this time,  
22 because they're ramping up to their full  
23 implementation. When they are fully implemented,  
24 they expect to have about a thousand participants  
25 come through the center.

1  
2 COUNCIL MEMBER ARIOLA: So they're not  
3 operational?

4 CHIEF OF STAFF DANIEL: They are  
5 operational, but there aren't very many. There's  
6 maybe 100 right now, I think. There's fewer than 100  
7 participants at this time, but we anticipate that  
8 will grow over the next year or so.

9 COUNCIL MEMBER ARIOLA: Okay, is that  
10 because they're a new program?

11 CHIEF OF STAFF DANIEL: It's background  
12 check they're brand new, yes.

13 COUNCIL MEMBER ARIOLA: It's because  
14 we're a new program. Okay, okay. Alright, thank  
15 you.

16 CHIEF OF STAFF DANIEL: And I did want  
17 to just express the fact that we-- e take this issue  
18 of mental health very, very seriously, and we're very  
19 much interested in improving what we're-- how we're  
20 handling people with severe mental illnesses.

21 COUNCIL MEMBER ARIOLA: Thank you.

22 CHAIRPERSON HANKS: Is there any further  
23 questions from my colleagues? I would encourage my  
24 colleagues to re-ask those questions with-- for the  
25 DA and the Center for Court Innovation where they

1  
2 have like the first touch on a lot of these issues.  
3 So, and I thank you very much, Ms. Daniel for your  
4 testimony and coming in today. Thank you.

5 CHIEF OF STAFF DANIEL: Thank you very  
6 much, Chair.

7 COMMITTEE COUNSEL: Thank you so much.  
8 Next we'll turn to DA Michael McMahon from Richmond  
9 County. DA McMahon will be joining us via Zoom, so  
10 just make sure he's unmuted and ready to go.

11 DISTRICT ATTORNEY MCMAHON: Can you hear  
12 me, Madam Chairwoman?

13 COMMITTEE COUNSEL: Yes, we can hear you.

14 DISTRICT ATTORNEY MCMAHON: Okay, thank  
15 you, Counsel. Good morning Chair Hanks and members  
16 of the Public Safety committee of the New York City  
17 Council. My name is Michael McMahon. I'm privileged  
18 and honored to serve the people of Staten Island as  
19 their District Attorney, and it's an honor and  
20 pleasure to speak before the City Council on this  
21 very important topic this morning. I hope you and  
22 your staffers and families are all well during these  
23 difficult times, and I look forward to continuing our  
24 work to improve public safety, and I thank the  
25 Chairwoman for giving a special shout-out to the EMT

1 Lieutenant who lost her life yesterday. Just another  
2 point that underscores how important the work of this  
3 committee is. We thank you for the opportunity to  
4 appear this morning and to submit testimony regarding  
5 our borough's Problem-Solving Courts, and we will  
6 submit a lengthier testimony with this. We hope that  
7 you come to realize that we need to have a community  
8 justice center here on Staten Island. And before I  
9 got into this critical need, I'd just like to speak  
10 about our approaches to the alternatives to  
11 incarceration efforts that we now have underway on  
12 Staten Island. We call in the broader headings,  
13 Staten Island Problem-Solving Courts, and for us  
14 these include the HOPE Program, which is Heroin  
15 Overdose Prevention and Education Program, the  
16 Overdose Avoidance and Recovery Court, the Drug  
17 Treatment Court, Veterans Court, and Mental Health  
18 Courts. And in their dedicated mission, these  
19 specialized court parts offer individuals meaningful  
20 opportunities to avoid a path through conventional  
21 prosecutions in favor of a more person-centered  
22 approach to addressing the root causes of crimes, and  
23 they offer engagement with professionals to get at  
24 those root causes. So let me just explain these  
25

1  
2 different initiatives and how they work together in  
3 our Problem-Solving Court approaches. So, the HOPE  
4 program, as we call it HOPE 1.0, began in 2017 when  
5 we realized in Staten Island that we were in the  
6 throes of a raging opioid overdose epidemic, which  
7 unfortunately still continues to this day, and indeed  
8 the epidemic from COVID has exacerbated, but  
9 unfortunately overshadowed this crisis. We see that  
10 overdose deaths are the highest in New York City and  
11 the highest in our country than ever before during  
12 the past year. That being said, the way the HOPE  
13 program works is that someone is arrested for  
14 misdemeanor possession charges of controlled  
15 substances. They are met at the precinct by a peer  
16 mentor who offers to them this program, explains it  
17 to them and tells them within seven days if you get  
18 an assessment and for 30-day-- assessment and  
19 recommendation as for a very individualized treatment  
20 program, whatever that individual needs, and if they  
21 undertake that for 30 days, then at the end of those  
22 30 days, that case will be dismissed and sealed. In  
23 fact, it's never actually arraigned. This is a pre-  
24 arraignment approach. I mention that because it's not  
25 exactly court driven, although the courts are our

1  
2 partners and the Police Department are our partners,  
3 but we learned certain elements of that program are  
4 very effective in other programs, and those include  
5 immediate connection to a peer mentor and offer that  
6 tailored exactly to that individual, a program that  
7 is meaningful but not arduous. It doesn't last an  
8 extensive period of time. And then finally at the  
9 end, dismissal and sealing of cases as if the arrest  
10 never existed, and that has led to over 1,000 Staten  
11 Islanders getting that offer and following through on  
12 it, and having their cases dismissed and sealed. It's  
13 a program that has been duplicated throughout the  
14 other boroughs in the City of New York. And recently  
15 in 2022, the White House and its Office of the  
16 National Drug Council Control policy cited the  
17 groundbreaking program as a model for the nation in  
18 combatting the opioid epidemic. The other component  
19 of that is HOPE 2.0, and that is where the court  
20 becomes involved because the offer of diversion is  
21 made either at arraignment or post-arraignment, and  
22 that is for cases where the HOPE 1.0 isn't available  
23 because maybe the individual's record, maybe the  
24 charges are more severe, but we still want to have  
25 that problem-solving approach. And so we make it at

1 that time, and then we-- the period of time that they  
2 have to engage is a little bit longer, but at the  
3 end, if they do then again, the case is dismissed and  
4 sealed. And between the two programs, we've had  
5 close to 1,500 individuals from Staten Island who  
6 have found a better path. We also have on Staten  
7 Island what is called the Overdose Avoidance and  
8 Recovery Court, or OAR Court, which was begun  
9 throughout the city by Judge George Crosso [sp?] and  
10 OCA, and this is a more traditional model of Drug  
11 Treatment Court where the judges are very much  
12 involved, and this is for individuals who have more  
13 serious histories, the charge is more serious, but  
14 it's quite clear to everyone that the individuals are  
15 one usage away from overdosing and perhaps dying.  
16 And I'm sure as everyone on this panel knows, with  
17 the advent of fentanyl and now Xylazine which is  
18 actually an animal tranquilizer-- one more usage  
19 because these narcotics are so deadly could mean an  
20 overdose that leads to death, and that's why these  
21 courts are all programmed, if you will, or calculated  
22 to have immediate impact to try to get intervention.  
23 We also have in Staten Island the traditional Staten  
24 Island Drug Treatment Court, and again, this is one  
25



1 where the courts, the defense attorney, the providers  
2 are all involved. The involve a guilty plea being  
3 taken, and then as part of the sentencing there is a  
4 course of what is prescribed for that individual, and  
5 upon completion of that then the case will either be  
6 dismissed or the charge will be reduced, and that's  
7 the traditional model. It's a little-- it's not as  
8 nimble as the other programs, but in certain  
9 instances still very effective. We also have in  
10 Staten Island, the Richmond County Veterans Treatment  
11 Court, which is again an alternative to jail and is  
12 designed to provide supportive services for  
13 individuals identified as veterans. The key to that  
14 is that we have the Veterans Administration as our  
15 partner. They are in the court room with us, as well  
16 as we have OCA resource council there as well, and  
17 then again, that usually involves a guilty plea being  
18 taken, and then the curative for alternative steps,  
19 if you will, that follow it are taken after the plea,  
20 but pre-final sentencing, and that's again a more  
21 traditional model. Staten Island also has a Mental  
22 Health Treatment Court. We began in 2010 under my  
23 predecessor for felony cases only. Again, a model  
24 similar to the Drug Treatment Court and the Veterans  
25

1 Treatment Court where a plea is taken. We advocated  
2 for years to get one for misdemeanors and with  
3 earlier intervention, and we were able to begin that  
4 this year. So we finally have Mental Health  
5 Treatment Court for both felonies and misdemeanors.  
6 And we're proud of the fact that we continue to  
7 advocate within the courts to expand these programs.  
8 We continue to advocate to have resources in the  
9 court room, and that's the key to success that you  
10 could have a court operating in a-- under this model  
11 in a holistic approach, but if you don't have the  
12 resources immediately present and the follow-up and  
13 the ability to provide what these individuals need  
14 whether it's mental health, addiction counseling,  
15 vocational training, education, family counseling,  
16 then you-- this would fail. And that leads me to the  
17 second part of my testimony which is-- and as Chief  
18 of Staff from MOCJ said how important the Community  
19 Justice Centers are-- we would like a Community  
20 Justice Center on Staten Island. We deserve it, and  
21 I know the Chairwoman is strongly behind this, and I  
22 hope that everyone understands that it's unfair for  
23 nearly 500,000 Staten Islanders not to have their  
24 access to this type of resource when it's available  
25

1  
2 to individuals in the same circumstances in the rest  
3 of the City of New York. And as this panel has  
4 heard, a successful Community Justice Center model  
5 provides opportunity and access to vital services not  
6 only in response to the crime, but also as a  
7 preventative opportunity to work through conflict,  
8 educate our youth and communities, as well as  
9 [inaudible] sustainable network of support to  
10 minimize recidivism and cultivating lasting positive  
11 change, and that's really the key that the Justice  
12 Center-- Community Justice Center is a gateway to  
13 services even without an arrest being made, and  
14 that's something that the people of Staten Island  
15 don't have. Now, I want to just report briefly to  
16 the Committee that the work that we've been doing to  
17 try to get the center here, and it's been an ongoing  
18 road. COVID obviously set us back a little bit, but  
19 we are determined with the Chairwoman's partnership  
20 and leadership to get this done, and we've really  
21 been advocating for a Community Justice Center since  
22 I first ran for office in 2015. And then when  
23 selected, we were joined with former Borough  
24 President James Oddo, created a taskforce of Staten  
25 Island community leaders, brought them to visit the

1  
2 Community Justice Court in Red Hook as well as the  
3 center in Brownsville. We had numerous meetings.  
4 We've talked with CCI and MOCJ, and we've worked on  
5 this resolutely throughout. And January 2018 with  
6 funding provided by our office, CCI would be our  
7 partner, and just as you heard [inaudible] too. We  
8 took the next crucial step and conducted a  
9 feasibility study, a concept agreement with Community  
10 Justice Center to Staten Island, and the results to  
11 put it simply were positive, and we'd be glad to  
12 share that study with anyone here. Over nine months  
13 CCI studied the issue and came back with a positive  
14 report. Part of this study was interviewing  
15 community leaders. I just want to share with you one  
16 of the quotes from a Northshore resident of Staten  
17 Island as part of that report. She said, "You don't  
18 feel as if you're going to be treated fairly,  
19 especially if you're a person of color going through  
20 the court system on Staten Island. Stakeholders and  
21 community members consistently argue that there is a  
22 pressing need to reimagine the justice system on  
23 Staten Island." And as one profit leader argued, "A  
24 community court would be great here on Staten Island.  
25 It would address some of the disparities in treatment

1 and disparities in adjudication of cases. It will  
2 give people who don't have the resources the ability  
3 to have these kinds of alternatives in ways that they  
4 don't have now when they go through the traditional  
5 Criminal Court system." I think it's obvious that we  
6 all agree that the Community Justice approach works,  
7 and it's one that we don't have fully here on Staten  
8 Island, and it's one that we deserve. So, yeah, so  
9 CCI produced a report saying that this could  
10 function, and they identified a suitable location for  
11 the Community Justice Center here on Staten Island.  
12 That would be the former Criminal Court in Staten  
13 Island which is located in the Stapleton area of the  
14 borough. In 2015, that court closed when our courts  
15 consolidated in St. George in the new Supreme Court  
16 Criminal Court building, and that building has  
17 remained empty. It's a perfect size, more than  
18 25,000 square feet, will need some renovation, but it  
19 could be an amazing space for justice and for the  
20 communities of Stapleton, Park Hill, and the rest of  
21 the Northshore, which in deed has the vital need, are  
22 most diverse, but also through the crime waves that  
23 we see now in the City, one that is the most  
24 challenged because of so many conditions that this  
25

1 court would address. I should also say that we've  
2 not sat idly by and said, well, if we don't have a  
3 location we're not going to provide the services to  
4 Staten Island. And so the community solutions pilot  
5 has been a programmatic foundation for a fully  
6 realized Staten Island Community Justice Center, and  
7 those community's solutions are things that we're  
8 working on with CCI who's really upped their presence  
9 on Staten Island and has provided some great services  
10 to the islander, and provides some of the services  
11 that exist-- that would exist through a Community  
12 Justice Center. They have a Staten Island Justice  
13 Center here now that provides certain services that  
14 we talk about, and I won't list them all. The  
15 problem is, is that it's scattered. It's not  
16 centrally located. It's not directed-- connected  
17 directly to the court, and it doesn't provide us the  
18 full holistic approach that we need. But we've been  
19 successful in those efforts, and we will continue to  
20 work with CCI to create the Community Justice Center  
21 almost virtually, if you will, but we don't have the  
22 physical space. Some of the programs that we would  
23 enhance and fully realize if we had-- and I know this  
24 goes to some of the Council Member's questions, what  
25

1 happens in a community Justice Court setting where we  
2 would be able to establish neighborhood base  
3 mentoring programs, place-keeping, and place-making,  
4 neighborhood safety initiatives, commercial corridor  
5 re-invigoration which is really palpable if you go  
6 visit the Brownsville Community Justice Center,  
7 violence prevention through youth organizing,  
8 restorative justice programs, and re-entry programs  
9 which Staten Island we are part of a Staten Island  
10 Re-entry Taskforce, but we really don't have  
11 significant re-entry programs here in our borough,  
12 increased access to justice and having a housing  
13 resource center, and also having training-- one of  
14 the sort of bigger areas of concern we have here is  
15 vehicular crimes. Staten Island perhaps has more than  
16 our brothers and sisters in the other boroughs. I  
17 know you have some, but given our nature of not  
18 having much public transportation and relying more on  
19 cars, we could have good driver training programs  
20 there as well. So, what's next? The roadmap to  
21 Staten Island having a-- establishing a Community  
22 Justice Center relies on you, my friends from the  
23 City Council. Former member, I know the budget power  
24 that you have. We need the budget resources, and I  
25

1 know that the Chairwoman has given us money this year  
2 to continue the process, to continue the studying  
3 process, and we have-- as I've said, we've taken  
4 several steps. What we need to do is to pilot and  
5 expand CCI's Community Solutions Program at the  
6 Staten Island Justice Center which exists now by  
7 providing additional funding for CCI's work. So, I'm  
8 asking for funding for them so they can do more.  
9 Engage in the community in the project's  
10 participatory planning process through a needs  
11 survey, and this is what the chairwoman has funded in  
12 this year's budget, and then we need an architectural  
13 vision and planning to deal with-- with the building,  
14 and that work has been partially funded in 23, and  
15 then doing a cost assessment and projection for  
16 renovation to secure the necessary capital funding  
17 for this project. So, in conclusion, we  
18 wholeheartedly endorse the benefits of alternatives  
19 to incarceration. We wholeheartedly thank this  
20 committee for looking into-- granularly with these  
21 initiatives and see which ones work and where they  
22 are needed in our city, in our borough, in particular  
23 Staten Island-- if I haven't mentioned that yet. And  
24 we look forward to working with you in this regard.  
25



1  
2 And again, the bottom line is this, we can speak to  
3 the need to address the mental health crisis in the  
4 City of New York. We can speak to the need to  
5 address the addiction crisis in the City of New York.  
6 We can speak to the need of addressing the crisis.  
7 we see an increase in criminal behavior because of  
8 those underlying causes, add to that poverty, lack of  
9 education, breakdown of the family structure, but if  
10 we don't put in-- build out that safety net around  
11 our court and round our criminal justice system,  
12 we'll never get the results that we so, so, so  
13 obviously need in our city right now. So, I thank  
14 you for your service to our city, and for your  
15 attention to the needs if the borough of Staten  
16 Island. Thank you.

17 CHAIRPERSON HANKS: Thank you, DA  
18 McMahon. You know my commitment to making sure that  
19 there is a Community Court on Staten Island, and we  
20 have equity as we do in all the other borough, and  
21 the importance of non-punitive alternatives to  
22 conventional criminal justice is exactly what we need  
23 in Staten Island. So having said that, I just have a  
24 few questions. I mean, you really covered a lot,  
25 but-- so, you understand the importance of having

1  
2 community courts, but in light of the tragic killing  
3 of the EMS Lieutenant Alison Russo, how are we  
4 ensuring that people who perform violent crimes are  
5 not being let back out onto the street and placing  
6 our fellow New Yorkers in danger, notwithstanding  
7 that the gentleman never had a prior arrest record,  
8 but how do the courts distinguish whether someone  
9 who's been arrested should be eligible for these  
10 community courts, and when are other alternatives  
11 used?

12 DISTRICT ATTORNEY MCMAHON: Yeah, so  
13 listen, the earlier the intervention when someone is  
14 in-- has mental health illness or is in crisis, the  
15 better, right? We all know that. And quite often  
16 the criminal justice system is a pathway into  
17 services for someone who is in need, but if we're not  
18 doing an assessment right at the inception of the  
19 case, so at arrest or arraignment-- which in Staten  
20 Island we're not doing because we're not in the court  
21 room doing the assessments. People have to be  
22 referred to another location. Quite often they can  
23 be, I would say lost, but lost in the shuffle,  
24 perhaps [inaudible] say it, we're not doing what we  
25 are promising to do. I'll also say that when people

1 in [inaudible] the individual who brutally slayed  
2 Lieutenant Alison Russo may not have had a brush with  
3 the law, maybe didn't have an arrest record, but if  
4 the mental health diversion centers that were  
5 promised by the prior Administration were really up  
6 and running, perhaps he would have been diverted  
7 there. I don't know, but certainly when people reach  
8 that level of crisis, there are usually indicators  
9 along the way, and quite often they are in contact  
10 with the criminal justice system. So maybe in that  
11 case, he wouldn't have succeeded. Sadly, and again  
12 my heart goes out to her family and her colleagues  
13 who risk their lives for us every day, but we can  
14 certainly have a more positive impact if we have more  
15 immediate assessment if we have a place for them to  
16 go for treatment, and if necessary for diversion, and  
17 we have not fully realized the usage of the centers.  
18 There are some in the other boroughs, not here in  
19 Staten Island yet, mental health diversion centers--  
20 they need to be better implemented and utilized, and  
21 a way to do that is through the criminal justice  
22 system. Going back to the principles that I spoke to  
23 before that we learned from our HOPE program,  
24 intervention from a peer mentor immediately. That  
25

1  
2 has to happen at the precinct. You know, we do ment-  
3 - we do health screenings of individuals at the  
4 precinct when they're arrested. Why aren't we doing  
5 mental health screenings right then are there? And  
6 then we would know. But we're not and then we see  
7 what happens.

8 CHAIRPERSON HANKS: Thank you so much.  
9 Before I continue with my questioning, I would like  
10 to recognize my colleague Council Member Cabán has  
11 joined us. So, how would a prosecutor evaluate a  
12 defendant eligibility for participating in  
13 programming offered through a Problem-Solving and  
14 Community Court?

15 DISTRICT ATTORNEY MCMAHON: So, there are  
16 a myriad of pathways into the ATI court system.  
17 Certainly, sometimes we create the program charge-  
18 specific. That was how I described the HOPE 1.0  
19 program. Now we've expanded that more. There is-- I  
20 have-- on my team, I have the individuals in the ATI  
21 program that screen every arrest, and those  
22 individuals include a prosecutor, but also social  
23 workers and people who are specialists in treatment,  
24 and they're always looking to see if there are cases  
25 that are eligible. We look at an individuals'

1 history as we know it. We also receive request from  
2 the Defense Bar and sometimes from the court, and  
3 then courts also have a resource person who also does  
4 some evaluations. So, there are a few different  
5 ways. It's not a perfect system. It would be better  
6 if an assessment, again, was done at arrest, as I  
7 said. And if we-- you know, in every precinct now we  
8 have someone doing health screening. We have a  
9 victim advocate through Safe Horizons. Why don't we  
10 have somebody doing a mental health screening as  
11 well. That, to me, would be-- then you would know  
12 immediately that this is an individual that if we  
13 can, we'll find a way to steer them to alternatives  
14 to incarceration.

16 CHAIRPERSON HANKS: Thank you. So what  
17 would you say we need in order to be prepared in  
18 order to make these assessments right then and there?  
19 Is there budgetary implications? Is it staffing  
20 implications?

21 DISTRICT ATTORNEY MCMAHON: I would look  
22 at the program that puts-- it's a nurse doing  
23 screenings in most precincts, or at least in most  
24 APOs where, you know, where arraignments are done.  
25 I'm sorry, where bookings are done before they go for

1  
2 arraignment to the courthouse. So, I would have  
3 somebody there, so you don't need it in every  
4 precinct. In Staten Island we have one precinct  
5 where the individuals are brought for their booking.  
6 It's called the APO, and then they go up for  
7 arraignment. In the other boroughs, maybe-- I'm not  
8 sure how it's structured, but I would look at that.  
9 And so at least there's a point where someone gets a  
10 mental health screening early on, and if there-- if  
11 there's an issue, there's mental health illness or  
12 crisis, then someone should be able to get some sort  
13 of treatment along the way. And if we're not--  
14 because we do that for health. We certainly do that  
15 for our victims in the precinct by victim advocates  
16 in my office as well-- do an incredible job. So  
17 we're doing that, but we're not dealing with mental  
18 health. And listen, whether it's a brutal beating in  
19 the subway, whether it's a stabbing of this-- of the  
20 lieutenant, we know that a lot of this activity is  
21 driven by the mental health crisis that this nation  
22 finds itself in right now, and it's not being  
23 treating. And we need a national policy. We need a  
24 state policy, but certainly what the City can do at  
25 least incrementally is at least look at those

1  
2 individuals who are touched by criminal justice  
3 system and see that they are connected to some kind  
4 of service to help maybe get them the treatment,  
5 perhaps the medication, that they need to avoid  
6 tragedies that we are seeing now more and more.

7 CHAIRPERSON HANKS: Thank you. What are--  
8 what's the process of-- to identify candidates for  
9 the alternative courts and Problem-Solving Courts?

10 DISTRICT ATTORNEY MCMAHON: Yeah, as I  
11 said, so sometime it's almost automatic if their case  
12 is charge-specific. So that would be a 220-03 charge  
13 for the HOPE programs pre-arraignment. Then it's  
14 other charge specific for HOPE 2.0 and the OAR court,  
15 and then the other cases it's a little bit of, you  
16 know, the evaluation on the circumstances around the  
17 case. It's a little harder with mental health,  
18 obviously than it is with drug cases, because it is  
19 charge-specific. If someone is arrested for  
20 possessing a low-level sale, history of using drugs,  
21 we know. With mental health it's a little bit harder  
22 for civilians to assess. That's why we need  
23 professionals on the front line doing that assessment  
24 to tell us, okay, you've got an individual in your  
25 system now who has mental health illness who are

1  
2 conditioned and needs to be part of their outcome, if  
3 you will, dealing with that, and that's something  
4 that we need to work on. We work with our partners  
5 at CCI, EAC, TAS [sic], and a myriad of others to do  
6 that.

7 CHAIRPERSON HANKS: Thank you. Lastly,  
8 before I pass it on to my colleagues who may have  
9 questions-- I also want to recognize Council Member  
10 Mealy has joined us. What ongoing monitoring does  
11 the DA undertake to ensure defendants compliance with  
12 the terms of the program participation, and how could  
13 this process be improved?

14 DISTRICT ATTORNEY MCMAHON: Sure. So,  
15 compliance is really important, right, because there  
16 still has to-- you know, in most cases someone is  
17 charged with a crime that we believe they committed.  
18 Sometimes they are taking a plea to it. So they're  
19 admitting guilt and then they're getting treatment.  
20 So, accountability is really important. Sometimes  
21 courts are involved directly. That's the traditional  
22 model. Up front with the HOPE program we're doing  
23 it, and in between there are partners who do it who  
24 report back to the court and to us and to the defense  
25 bar as to how the individual is proceeding. I have



1  
2 analysts in my office who do a lot of the tracking in  
3 this, in the ATI Unit that we built. It was part of  
4 my promise to the people of Staten Island to bring  
5 this approach to Staten Island, but it something that  
6 needs to be looked at as well. And it's not just  
7 accountability, to hold them accountable for maybe  
8 the actions that they committed that society says,  
9 okay, you have a debt to society, but let's see if we  
10 can work this out in a meaningful way, but also to  
11 them themselves, because if we say well, we're  
12 putting someone in mental health treatment and  
13 they're not cooperating, they're not following  
14 through, then it doesn't help them either. Perhaps  
15 they can end up in crisis again and commit a worse  
16 act that leads to more serious victims as well as  
17 more serious charges.

18 CHAIRPERSON HANKS: Thank you very much.  
19 Pass it along to my colleagues.

20 COMMITTEE COUNSEL: We're going to  
21 Council Member Cabán. If any other Council Members  
22 have questions.

23 COUNCIL MEMBER CABÁN: Thank you. Good  
24 morning. I thank you for your testimony.

25 DISTRICT ATTORNEY MCMAHON: Yep.

1  
2 COUNCIL MEMBER CABÁN: I want to hit two  
3 areas. Wanted to start with the mental-- the acute  
4 mental health crisis our city is struggling with that  
5 you talked a lot about, and obviously we see  
6 unaddressed and unsupported mental health needs  
7 leading to different outcomes, both violent  
8 unfortunately, and non-violent, but recognizing this  
9 common core of untreated mental health conditions. I  
10 actually represent the district where the horrific  
11 event occurred yesterday and we lost a Lieutenant,  
12 and my condolences to her family and the entire FDNY  
13 family. But you know, to your point, the information  
14 we have now is this is an individual with known  
15 serious mental health issues, not criminal legal  
16 system history, but known in the neighborhood to be  
17 somebody who struggled. And so, you know, when we  
18 talk about these alternatives and the programming,  
19 the assessments and the eligibility, you know,  
20 question I have for you and honestly for the rest of  
21 our District Attorneys is the positioning on  
22 eligibility for programming if the person has some  
23 sort of a history for violence. And I know in my  
24 experience as a public defender, it was at the front  
25 end, you know, a complete a non-starter if there was

1  
2 any of that kind of history, and the question we  
3 would often ask is-- you know, we talk about return  
4 on investment and treating that root cause, it  
5 almost feels like it makes more sense to double down  
6 on, you know, mandating and providing services for  
7 folks who struggle, and it manifests in violent  
8 behavior toward themselves or others because that  
9 treatment can literally be life-saving. So I'd love  
10 to hear you talk a little bit about what  
11 recommendations your office makes in terms of  
12 participation in these Problem-Solving or Therapeutic  
13 Courts. And then the other piece has to do with the  
14 opioid and drug use/drug treatment parts, and you  
15 know, whether your office requires or-- I'm not  
16 familiar with the courts in your borough, but whether  
17 the entry into the Drug Court requires pre-pleading.  
18 You know, that is something that gets required in a  
19 lot of different places with some not great results,  
20 and whether there is an openness or what are the  
21 options in terms of harm reduction. You know, a lot  
22 of these programs, they require abstinence. If the  
23 person struggles, if they relapse, which is part of  
24 recovery, then you can be expelled from a program and  
25 sentenced and sometimes penalized, you know, more

1  
2 than what was being recommended initially. I'll give  
3 you a quick example. I had a client who was charged  
4 with multiple counts of grand larceny. He would  
5 break into cell phone stores and steal the cell  
6 phones to support his opioid use. Did pre-plead drug  
7 treatment diversion, because it was the best option  
8 we could get. Had to sign a contract where if he  
9 failed in treatment would have to serve consecutive  
10 instead of concurrent sentences. He went to this  
11 program on that first day. Another participant was  
12 using in a bathroom. It freaked him out. He left.  
13 We was missing for 24 hours, and because of that  
14 contract he signed was sentenced to a-- a sentence of  
15 seven to 14, right, consecutive. It was, you know,  
16 really a terrible outcome. My question to you-- I  
17 know that was a long-winded way, but are there-- is  
18 there support for harm reduction approaches to these  
19 drug treatment courts and working with participants  
20 who may be on MAT who may be on Suboxone, who may use  
21 marijuana, and kind of follow the health and science  
22 behind some of those harm reduction services. I know  
23 that was a lot. It was long-winded way to ask to  
24 big-- also very big questions. So I appreciate your  
25 patience with me.

1  
2 DISTRICT ATTORNEY MCMAHON: No, and I  
3 appreciate your questions, Councilwoman, and as I  
4 said in my opening remarks, all of us in the City,  
5 our hearts were broken at the loss of the EMT  
6 Lieutenant and our heart goes out to her family, her  
7 colleagues, and all of your constituents as well from  
8 that lovely neighborhood she was killed in. But let  
9 me talk-- let me kind of go backwards on your  
10 questions and talk first about the questions about  
11 Drug Court and how we screen cases and how we deal  
12 with them here. I don't use-- you'll hear from the  
13 beginning of my testimony when I described our HOPE  
14 1.0 and 2.0, and those programs, those offers of  
15 diversion or ATI are made pre-play [sic] and they are  
16 the-- it's a undertaking that the individuals has to  
17 do to be successful is described directly for them.  
18 I do not have-- I don't want to say that I'm agnostic  
19 about it, but I am-- I set it up exactly so that  
20 professionals could say that this individual needs  
21 inpatient treatment. This individual needs  
22 outpatient treatment. This individual needs  
23 vocational training. This individual needs  
24 employment training. This individual needs family  
25 counseling, mental health intervention, and that

1  
2 could well include Suboxone or other MAT. We don't  
3 engage in that, and I can tell you that one of the  
4 leaders of our ATI initiative comes from the harm  
5 reduction world. She spent a prior career doing  
6 counseling at the YMCA and dealing with individuals.  
7 So there's advocacy within my office for that, and we  
8 try to tailor the past individual for that person so  
9 that they're guaranteed success. So we definitely  
10 take that approach and that is in all of our  
11 instances. One of the reasons we devise that program  
12 is because we saw it in traditional Drug Treatment  
13 Court. It was post-plea. Sometimes the individuals  
14 were almost doomed to failure because the  
15 prescriptions were so arduous, and we wanted to build  
16 a program that would be successful, and so that's  
17 what we have done, and we'd be glad-- I'd be glad to  
18 have my staff meet with your staff and describe that  
19 more, and that's why the program has been followed in  
20 other jurisdictions, including un Queens, and it's  
21 also why the White House endorsed it as a national  
22 model. So we're very proud of that. In terms of the  
23 mental health, the question is if someone commits a  
24 violent act can still be-- have mental health  
25 treatment, you know, or Mental Health Treatment Court

1  
2 has an alternative, it's part of the balance that we  
3 have to make and we decide every single case, because  
4 if someone commits a really heinous act and you have  
5 a victim, you have to have justice for the victim and  
6 the individuals who committed the crime, and so we  
7 have to find that balance and try to find a way to  
8 make sure that that just doesn't happen. I am sure  
9 that in most instances where someone commits a  
10 violent act and they have an underlying Mental Health  
11 Treatment Court, there were signals along the way,  
12 right? Now, I know in this particular case that  
13 happened yesterday, he did not have a brush with the  
14 criminal justice system. But we also need to look at  
15 our civil side of this and whether civil confinement  
16 [inaudible] and how we as society say to individuals  
17 who do have mental health conditions, you need to  
18 take your medication. That's how we prevent-- or  
19 whatever the doctors say. I don't pretend to be a  
20 doctor, but in most instances we know that medication  
21 can at least abed [sic] the condition and avoid a  
22 violent crisis, and that is where we need to have  
23 more resources on the criminal justice side, on the  
24 civil justice side, in treatment. Make it more  
25 readily available. I don't know this individual's

1  
2 history, but I'm sure there were times in his life  
3 that maybe if more treatment were available we  
4 wouldn't be talking about the tragedy of that fallen  
5 [sic] our Lieutenant yesterday. So we need to have  
6 that approach, and we try every day in our office to  
7 have an approach that protects the rights of the  
8 victim and we care for the victim, but also to find  
9 an approach to the punitive side of what we do if  
10 necessary is also much more meaningful. I hope I  
11 answered most of the parts of your question.

12 CHAIRPERSON HANKS: Thank you very much.

13 COUNCIL MEMBER CABÁN: I just wanted to  
14 briefly kind of respond and thank you for the  
15 thoughtfulness of your response, and just pose a  
16 question that certainly I think myself and others  
17 have been struggling with, as to your point there is  
18 a complete gap in infrastructure to meet people's  
19 mental health needs. And what we're seeing is like  
20 at what point is the intervention occurring, and  
21 unfortunately, we're seeing a late intervention at  
22 the point where it reaches down the road to the  
23 criminal legal system. And I hear what you're saying  
24 about violence, but the thing that I struggle with is  
25 whatever point of that intervention ends up being,



1  
2 how do we ensure the best outcomes possible? How do  
3 we change behavior? And so, you know, just urge us  
4 all to grapple with the hard question of like does  
5 that mean really, really doing the hard work of  
6 engaging with folks who commit acts of violence,  
7 clearly struggling and not cutting off avenues for  
8 treatment and support because [inaudible] obviously  
9 just carceral consequences. You know, we're throwing  
10 people back-- 97 percent of people who go to a jail  
11 or prison reenter our communities, and you know, no  
12 better for the where. So I just-- we'll close with  
13 that and hope it's something that collectively our  
14 body, all of your offices and the city at large can  
15 grapple with. Thank you.

16 COMMITTEE COUNSEL: Thank you, Council  
17 Member. Next, we'll go to Council Member Bottcher  
18 followed by Council Member Holden.

19 COUNCIL MEMBER BOTTCHEER: Good morning.  
20 In Manhattan we have Mental Health Court in my  
21 district in Hell's Kitchen. At Midtown Community  
22 Court we have a Mental Health Court. That Mental  
23 Health Court is only open one day a week. How many  
24 days a week is Staten Island's Mental Health Court  
25 open?

1  
2 DISTRICT ATTORNEY MCMAHON: So, they  
3 actually-- the court itself only meets once a month  
4 to go through the cases, new and old. You know, so  
5 whether new cases qualify and to update. But the  
6 supportive work that it lays out continues ongoing,  
7 but in my opinion-- I think for Staten Island it  
8 should be once a week, and I would think for a place  
9 like Manhattan, it should really be almost every day,  
10 because you have the-- you know, you have the intake  
11 of new cases coming, and they have-- those cases have  
12 to wait until the court convenes. So, certainly at  
13 least a few days a week in Manhattan would be my  
14 recommendation, and we need more on Staten Island.  
15 But we-- again, resources are an issue.

16 COUNCIL MEMBER BOTTCHEER: The New York  
17 State Office of Court Administration responded to a  
18 letter that State Senator Brad Hoylman and my  
19 colleagues and I sent asking for that Mental Health  
20 Court to be open more days a week, and in their  
21 response they said that they didn't have the number  
22 of cases that would necessitate the court being open  
23 more days a week, because most defendants are opting  
24 to have their case considered down at 100 Center  
25 Street, because they're getting more favorable terms.

1  
2 These are people with serious mental illness who  
3 aren't being heard in the Mental Health Court. What  
4 do you think is going on there? What's your opinion  
5 of that?

6 DISTRICT ATTORNEY MCMAHON: Listen, the--  
7 you know, the part of the criminal justice reform was  
8 to-- you know, it used to-- I'll give you a perfect  
9 example. The Community Justice Center in Red Hook  
10 Brooklyn [inaudible] which was [inaudible] Judge  
11 Calabrese's leadership there, partnership with the  
12 CCI, they did amazing work because he was [inaudible]  
13 within you know, a few hours at the time of arrest,  
14 so at arraignment. When the criminal justice reform  
15 came and took, you know, all misdemeanors and put  
16 them into a DAT system where people are coming in  
17 almost three weeks later after their arrest to a see  
18 a judge, that takes away some of the effectiveness of  
19 that approach, and so new approaches have to be  
20 found. So what has to happen is that even if the  
21 individual is not appearing before a judge on the  
22 DAT, that the outreach-- so the screening if it took  
23 place, you're still in the precinct. You're still at  
24 the APO being booked. At that time, the screening  
25 has to take place and maybe earlier intervention is

1  
2 the way to deal with the fact that the individual is  
3 not seeing a judge for almost three weeks.

4 COUNCIL MEMBER BOTTCHEER: So in other  
5 words, the Mental Health Court is really when  
6 someone's being charged with a crime and they're not  
7 just getting a desk appearance ticket. What we've  
8 got to do is really front load those mental health  
9 services early on, as early as at the precinct, at  
10 the time of arrest at the 100 Center Street Court.  
11 We're going to hear today from a lot of advocates  
12 that really like to dig into what services  
13 specifically are being provided throughout the  
14 process with nonprofits, and what I'd like to hear is  
15 some specific examples of the services that are in  
16 place working. The stories of how they've actually  
17 worked. Thank you.

18 DISTRICT ATTORNEY MCMAHON: Councilman,  
19 I'm going to adopt your word. It was a great one,  
20 frontload-- the services now, because the court  
21 appearance is somewhat back-loaded. The inter-- the  
22 assessment and intervention and offer services has to  
23 be frontloaded. It's still a great opportunity when  
24 someone is, you know, in custody in the precinct,  
25 it's a great time to have that conversation.

1

2 COUNCIL MEMBER BOTTCHEER: Thank you.

2

3

COMMITTEE COUNSEL: Council Member

4

Holden?

5

COUNCIL MEMBER HOLDEN: Thank you, Chair,

6

and thank you, DA, for your excellent work and, you

7

know, helping with certainly keep our neighborhoods

8

safe in New York City. I have questions on Kendra's

9

Law. What are some of the obstacles that we're

10

seeing? Whether it's in the referral area-- we're

11

hearing that we're not getting enough referrals,

12

especially from, you know, hospitals let's say. Do

13

you find that's true?

14

DISTRICT ATTORNEY MCMAHON: Yeah, you

15

know, the problem-- I mean, I'm not an expert, right?

16

But under Kendra's Law someone has to be deemed a

17

threat to themselves or to others, and that's a very

18

difficult burden to meet. So I don't know if the

19

language of that law has to be revisited. You have--

20

you know, the situation in our emergency rooms, our

21

psychiatric emergency rooms, I know here on Staten

22

Island. We have limited resources. It exists-- it

23

coexists next to a general health emergency room.

24

It's a safety concern. There are not enough beds. I

25

think they have 20 beds for a community of 500,000

1  
2 people. So there's a burden on them to make that  
3 determination, and then if that determination is  
4 made, they have to get into court and have a court  
5 make that determination. It is very difficult right  
6 now, and I think that that whole idea of civil-- you  
7 know, the word is civil confinement, but I think  
8 that's the wrong-- it should be civil intervention,  
9 right? It has to be revisited, and that's really  
10 something that we should urge our state legislature  
11 to go back and really look at so that families, loved  
12 ones, medical professionals, even the police officers  
13 may be able to say I've got someone here who's in  
14 mental health crisis. They're not dealing with--  
15 they're not getting admitted into the CPAP [sic], the  
16 psychiatric emergency room beds, and how-- we built  
17 out these diversion, these mental health diversion  
18 centers in the City of New York. They, as I  
19 understand-- we don't have one in Staten Island, but  
20 I am going to visit one in the next week or two in  
21 Manhattan. I understand that they're being  
22 underutilized totally. So, how do we fix that system?  
23 Because we have to intervene before the crime is  
24 committed, right? That's our-- that's our  
25 obligation as leaders of the city or the communities

1  
2 that we reside in, and we're not meeting that  
3 challenge right now.

4 COUNCIL MEMBER HOLDEN: We have a long  
5 way to go on that. Thank you. Just one other  
6 question on-- from Queens, we have a community  
7 service program, you know, alternatives to  
8 incarceration, and they were doing-- before the  
9 pandemic, they were doing let's say working in Parks  
10 or working for Sanitation. Has your borough started  
11 that up, community service? Because they--

12 DISTRICT ATTORNEY MCMAHON: [interposing]  
13 Yeah.

14 COUNCIL MEMBER HOLDEN: used the pandemic  
15 to stop it, at least in Queens.

16 DISTRICT ATTORNEY MCMAHON: Yeah, we are  
17 seeing that just picking up again, and we're just  
18 getting to that point, but it has been a real  
19 challenge for us, and I'm hopeful that we will get  
20 more individuals into what I think is a very  
21 meaningful outcome and what's good for the community  
22 as well, the cleaning of parks, the removal of  
23 graffiti, working with-- you know, depending on the  
24 case, working with individuals. So, I see that as a  
25 positive. We had the same problem that our providers

1  
2 were unable to do programs because of COVID, but I'm  
3 hoping that we get back soon.

4 COUNCIL MEMBER HOLDEN: So it's not back  
5 yet in your borough?

6 DISTRICT ATTORNEY MCMAHON: It's starting  
7 up. It's not fully back.

8 COUNCIL MEMBER HOLDEN: Starting up, but  
9 it's not-- see, and that's a problem, because we're  
10 hearing it from the agencies that really rely on  
11 that-- you know, again that program.

12 DISTRICT ATTORNEY MCMAHON: Yep.

13 COUNCIL MEMBER HOLDEN: And I don't see  
14 why, you know, many of our courts are not reopening  
15 like they should. I don't see why our programs are  
16 not reopening, especially the community service  
17 program, which is again, a win/win. Everybody wins  
18 on that one. So, I don't understand why we're not  
19 starting up and it's-- and that's why I've been--  
20 every time I speak to a DA we get that, yeah, it's  
21 coming, but we should get right back to that. Thank  
22 you for your testimony, though. Thank you.

23 DISTRICT ATTORNEY MCMAHON: And I will--  
24 we will be supportive of that. We think it's time to  
25



1  
2 get it going. We don't run those programs. We refer  
3 people to them.

4 COUNCIL MEMBER HOLDEN: Right, right.

5 DISTRICT ATTORNEY MCMAHON: So we have to  
6 have people who are doing them.

7 COUNCIL MEMBER HOLDEN: Thank you. But  
8 Thank you then. Thank you.

9 DISTRICT ATTORNEY MCMAHON: Yeah.

10 CHAIRPERSON HANKS: Any other Council  
11 Member have a questions?

12 DISTRICT ATTORNEY MCMAHON: Thank you  
13 very much.

14 CHAIRPERSON HANKS: So, I have one final  
15 question. You can't leave yet, DA McMahon.

16 DISTRICT ATTORNEY MCMAHON: Okay, yes  
17 ma'am. So I guess the last question is how can we  
18 strengthen the lines of communication to Journey Map,  
19 folks who are criminally justice-involved, so that  
20 community groups have capacity to have the  
21 conversation between schools, law enforcement,  
22 courts, DAs. How could we best strengthen that  
23 process to make sure that no one slips through the  
24 cracks? You know, and speak to it in a budgetary way  
25 and/or capacity building way if you can.

1  
2 DISTRICT ATTORNEY MCMAHON: I-- for us, I  
3 mean, what you speak it what I saw as a need and was  
4 one of the reasons that I ran for District Attorney  
5 because I thought that the District Attorney's  
6 office, in particular, was sort of this monolithic  
7 [inaudible] up on a hill and nobody knew how to get  
8 to. Nobody understood what the office did, and so we  
9 came in and we created the Community Partnership Unit  
10 that goes to the schools, that goes to the community  
11 meetings, Community Board, that is out tabling at  
12 events and is explaining what it is we do, what it is  
13 where we can help, and where we are a resource for  
14 people who are in crisis. We do the same with our  
15 Family Justice Center which we brought to Staten  
16 Island, the last borough. Believe it or not, the  
17 last borough to get one. And again, we are-- as a  
18 perfect example where they out in the community  
19 somewhat truncated because of COVID, but now  
20 hopefully coming back to explain that these resources  
21 are there for people who are in some sort of crisis  
22 that could lead to entanglement with the criminal  
23 justice system, which is what we want to avoid at all  
24 costs, and at the same time get people the help that  
25 they need, and that's what we work on. But I think

1  
2 communication-- we do breakfast with our educators to  
3 explain what we do and to hear what their problems  
4 are. School safety obviously is a big issue, and the  
5 list goes on, but it's about communication. It's  
6 giving-- having that partnership approach to the work  
7 that you do and to go from there. But any resources  
8 that you can allocate in that regard would be  
9 helpful. It kind of-- I always go back to the mental  
10 health opioid addiction on this crisis that we have,  
11 that more people need to know that resources are  
12 available. Since we started our HOPE-- before I  
13 started the HOPE program, so many people would say to  
14 me, hey what I do? My son's not been arrested but  
15 he's got an addiction crisis. Well, I hired peer  
16 mentors who I can now say call this individual. I'll  
17 have this individual call you so that they can speak  
18 to them and deal with the issue. But across the  
19 different agencies, there has to be more  
20 communication, more openness, more transparency so  
21 people know where they can go when they have these  
22 crises. Most people who are involved in mental  
23 health-driven violence have a history of difficulty  
24 with their families, that the family could not deal  
25 with it, and then went down a bad path. And that's

1 something-- that's anecdotal. I'm not an expert, but  
2 I see that in many of the cases that we deal with.

3  
4 CHAIRPERSON HANKS: I agree with that 100  
5 percent. I think that that last piece is something  
6 that, you know, especially this body and particularly  
7 this committee will be talking about it in earnest.  
8 So thank you.

9 DISTRICT ATTORNEY MCMAHON: Thank you  
10 very much. Thank you.

11 CHAIRPERSON HANKS: One question I have--

12 COUNCIL MEMBER MEALY: Hi, again. I'm  
13 sorry about that. Hi again. You just said  
14 something. How many programed do you get that if a  
15 child-- you just said if the family member wanted the  
16 individual instead of going to jail to go into a  
17 program or get a peer person to speak to them. How  
18 many organizations you can send individuals in that  
19 predicament to.

20 DISTRICT ATTORNEY MCMAHON: so, you're  
21 talking about pre-arrest. I was talking about pre-  
22 involvement with the criminal justice system. So we  
23 have a menu of private agencies on Staten Island,  
24 community health action, the YMCA, the Silver Lake  
25 Organization, Building Bridges. So I've got a few

1  
2 that I deal with. We also, you know, depending on  
3 the issue have some city agencies that we deal with  
4 that my people will make connections to. If we're  
5 talking about post-arrest and it's part of an  
6 alternative to incarceration, then most of the  
7 programs are connected through the courts so that  
8 they are recognized. But many of the same  
9 organizations and then there are a few others that we  
10 work with like TASC [sic] and EAC. [inaudible]

11 COUNCIL MEMBER MEALY: Yeah, I was just  
12 thinking that someone just asked me--

13 DISTRICT ATTORNEY MCMAHON: [interposing]  
14 We need more. We need more.

15 COUNCIL MEMBER MEALY: Okay. If that's--  
16 if you're wondering do we have enough, no  
17 Councilwoman Mealy. It's nice to see you again, my  
18 old col--

19 COUNCIL MEMBER MEALY: Thank you. Yeah,  
20 I was just thinking of that. Someone said they  
21 wanted-- their son got in trouble, and they asked  
22 could they come work in my office. Not work-- or get  
23 time off or some hours, and I said, yeah, come, but  
24 then I said I better find out what was the reason  
25 they got in trouble. And I said wait a minute. I

1  
2 put it on hold. So instead of me just opening up my  
3 office to that. I said I do have programs in my  
4 district in which does that, but I was wondering how  
5 many programs the City has that we can send these  
6 individuals to instead of incarceration, because now  
7 that everything is open, is those programs open now?

8 DISTRICT ATTORNEY MCMAHON: Yeah, so I  
9 think for you the Community Justice Center that's  
10 near-- in your district or near your district would  
11 be the perfect place to talk to, because they are--  
12 they understand the mandates from the justice system,  
13 and they also are connected to those providers that  
14 could give you the pathway that that young individual  
15 needed with perhaps the supervision that I think I'm  
16 hearing you say might be needed in certain cases,  
17 right? So, that's why it goes back to our original  
18 point, that Community Justice Centers are such a  
19 great model, and that's why we need one in Staten  
20 Island.

21 COUNCIL MEMBER MEALY: Okay now.

22 CHAIRPERSON HANKS: I'm working on it.

23 COUNCIL MEMBER MEALY: You got that one.

24 DISTRICT ATTORNEY MCMAHON: Thank you  
25 very much everybody.

1  
2 CHAIRPERSON HANKS: thank you so much,  
3 DA--

4 DISTRICT ATTORNEY MCMAHON: [interposing]  
5 Thank you for your time.

6 CHAIRPERSON HANKS: McMahon, pleasure.

7 DISTRICT ATTORNEY MCMAHON: Thank you.  
8 Thanks everybody.

9 COMMITTEE COUNSEL: Alright, thank you.  
10 So next we'll hear from the Center for Court  
11 Innovation. We have three individuals from there.  
12 We'll hear from Lenore Lebron, Amanda Berman, and  
13 Shane Correia.

14 AMANDA BERMAN: Do I have to turn this  
15 on? Okay, is that better?

16 CHAIRPERSON HANKS: Morning.

17 AMANDA BERMAN: Try that again. Good  
18 morning everyone, and good morning to you Chair Hanks  
19 and to the esteemed members of this committee. My  
20 name is Amanda Berman. I'm the Deputy Director of  
21 Regional Programs at the Center for Court Innovation.  
22 We are grateful for the opportunity to speak today  
23 about our diverse range of programs. You've heard a  
24 little bit about them in the testimony already, and  
25 these programs address public safety issues through

1 the lens of equity, fairness and humanity. Our work  
2 at the Center for Court Innovation spans the entire  
3 justice continuum, from community-based violence  
4 prevention to pre-arraignment diversion and post-  
5 conviction alternatives to incarceration. Over the  
6 past 25+ years we have designed and developed dozens  
7 of programs in courts and in communities with  
8 documented results. In the brief time that I have  
9 here, I'd like to provide an overview of how these  
10 programs operate and how they've played a critical  
11 role in making our city safer. In partnership with  
12 the New York State Unified Court System, the Center  
13 operates several Problem-Solving Courts in New York  
14 City. You've heard about some of those today. A few  
15 examples include our Brooklyn Mental Health Court or  
16 the Manhattan Felony ATI Court which are located in  
17 Supreme Court in Brooklyn and Manhattan respectively.  
18 We also operate three community courts that you've  
19 heard about, including Midtown, Red Hook and the  
20 Harlem Community Justice Center. All of these  
21 Problem-Solving Courts are defined by a common set of  
22 goals and common set of features at their core.  
23 First, these courts seek to go beyond just processing  
24 cases to address the underlying issues that  
25



1  
2 contribute to the person's justice system  
3 involvement. Some have a specialized focus to address  
4 a particular case or population such as mental  
5 health, substance use, domestic violence, or human  
6 trafficking. Or in the context of our community  
7 courts, they focus on serving a defined geographical  
8 area rather than a specific problem or type of case.  
9 Regardless of the area of focus, a defining feature--  
10 oh, okay. I was going to say that went by really  
11 fast. Okay, I'll keep going with your indulgence.

12 CHAIRPERSON HANKS: [inaudible] timed on  
13 your testimony, so. That's an error.

14 AMANDA BERMAN: Okay, thank you. I don't  
15 have too much longer but a little bit more. So  
16 regardless of the area of focus, a defining feature  
17 of these courts is that they provide meaningful and  
18 proportionate alternatives to traditional system  
19 responses such as jail or fines with the goal of  
20 breaking the cycle of recidivism and reducing the  
21 harms that our legal system has historically  
22 inflicted upon many communities, particularly as we  
23 know black, indigenous, and people of color. Problem-  
24 Solving Courts have dedicated staff who play an  
25 integral role in supporting the participants each

1 step of the way. And I know there were some  
2 questions earlier about how we screen participants  
3 and decide who is brought into some of these Problem-  
4 Solving Courts, and that is an important role that  
5 the Center for Court Innovation staff plays. Our  
6 clinical staff conduct assessments of each  
7 participant. They identify their history and their  
8 needs, and they develop treatment plans accordingly,  
9 connecting the participant directly with needed  
10 resources including community-based providers and  
11 other wraparound services as needed. And then  
12 finally, the staff monitor the participant's progress  
13 and report back to the court and all of the court  
14 parties on the participant's compliance.

15 Dispositions are negotiated up front between the  
16 parties. So, the participant is aware of what  
17 benefit they should receive from successfully  
18 completing the program, whether that be a dismissal  
19 or a reduced charge or something else. Another core  
20 feature of our Problem-Solving Court model is that we  
21 utilize a collaborative framework that requires  
22 partnership with judges, prosecutors, defense  
23 attorneys, community-based providers, and others.

24 And the Center plays an important role in convening  
25

1 and cultivating those collaborations as well. We are  
2 careful to ensure that we hold systems accountable  
3 just as we do the individual participant that come  
4 through our courts. So lastly, we provide ourselves--  
5 - we pride ourselves in using these courts to model  
6 innovation, evaluate our impact and respond  
7 accordingly. To share just a few highlights of what  
8 we found over the years. In Brooklyn Mental Health  
9 Court we found that active participants boast a 74  
10 percent compliance rate, and should note that the  
11 cases that come to Brooklyn Mental Health Court are  
12 primarily felonies, often violent felonies, and the  
13 participants who come to us are living with serious  
14 mental illness. And so with a 74 compliant-- 74  
15 percent compliance rate and they are 46 percent less  
16 likely to be arrested while they're in Brooklyn  
17 Mental Health Court than a comparison group. In  
18 addition, participants in Brooklyn Mental Health  
19 Court saw a 29 percent reduction in the likelihood of  
20 reconviction versus a comparison group. In another  
21 evaluation-- and you can find more about all of these  
22 data points in the written testimony that you have.  
23 The Red Hook Community Justice Center was found to  
24 have reduce the use of jail by 35 percent as compared  
25

1 to the downtown court at the time. It also found  
2 that the Justice Center reduced recidivism for adults  
3 by 10 percent and for juveniles by 20 percent. These  
4 outcomes also reflected notable cost savings that  
5 were associated with the Justice Center. After  
6 factoring in the upfront cost of operating the  
7 Justice Center, the savings outweighed program costs  
8 by a factor of nearly two to one. Some other data  
9 points I wanted to highlight: in our Brooklyn Young  
10 Adult Court, 95 percent of the misdemeanor  
11 participants completed their mandate successfully. In  
12 our felony ATI part in Manhattan which handles some  
13 of the most serious felonies in the borough,  
14 including violent felonies. Last year, three-quarters  
15 of our participants successfully completed their  
16 mandate, and this was with mandates that averaged 18  
17 months or even longer. In short, these specialized  
18 courts have produced substantial reductions in the  
19 use of incarceration. They're produced high  
20 compliance rates, lower recidivism rates, and  
21 significant cost savings. We are grateful for the  
22 partnership of Council throughout these years in  
23 supporting so many of these programs, and we look  
24 forward to your continued partnership in the years to  
25

1  
2 come. Thank you for the opportunity to testify, and  
3 I'm happy to address any questions along with my  
4 colleagues who are here today.

5 CHAIRPERSON HANKS: Thank you so much.  
6 Appreciate you coming out today. you know my  
7 commitment and dedication to the great work that  
8 you're doing, having been-- started Staten Island's  
9 first Youth Build program in dealing with young  
10 people who are adjudicated, and when the community  
11 wraps their arms around them the outcome are always  
12 better. So to that point, and I ask this of  
13 everyone. You know, what would you say is your  
14 biggest challenge, and what do you think needs to be  
15 done to strengthen and improve your outcomes as far  
16 as on a budgetary or partnership perspective? Just  
17 let us-- let me know.

18 AMANDA BERN: You know, we're fortunate  
19 to have tremendous support for a lot of our programs,  
20 but a lot of programs also rely on services in the  
21 community that we know are often lacking. So, I'll  
22 say, you know, one area that comes up all the time is  
23 lack of housing. We do provide as much as we can  
24 case management sand support around identifying  
25 housing options for our participants, but the reality

1  
2 is that it's difficult for a lot of our clients to  
3 participate in long-term meaningful engagement and  
4 maintain stability without housing. So I'll say big  
5 picture that is one of the best needs. We have a  
6 robust network of partnerships that we rely on when  
7 it comes to mental health treatment. We oftentimes  
8 are the-- we are the staff that are doing the  
9 assessments. We are doing the case management, the  
10 monitoring, and sometimes there are not mental health  
11 services that are community-based in the  
12 neighborhoods where our participants are living.  
13 Sometimes they are forced to wait on wait lists.  
14 Sometimes those services re not as readily available  
15 as we would like them to be. So I would say within  
16 the community, housing and mental health services are  
17 issues that we're constantly seeing come up. I'm  
18 going to pass it my colleague to add a little bit  
19 more texture to some of the other needs that were  
20 seeing.

21 SHANE CORREIA: Absolutely. Actually,  
22 just to expand a little bit, and good afternoon or  
23 good morning, Council Members. To expand on some of  
24 the issues in coordinating with other parts of city  
25 government, you know, doing this work for 25 years

1  
2 and developing a more robust understanding of the  
3 specialized needs of clients who are hitting [sic]  
4 the justice system. the approach right now is very  
5 much viewed through almost one lens of public safety  
6 where only up until a couple of years ago have we  
7 started working more closely with agencies like the  
8 Department of Health and Mental Hygiene, as well as  
9 approaching different committees for City Council to  
10 brief on, you know, how to best serve this population  
11 as they're coming in route to the court system as  
12 well as before they ever get to that point. So some  
13 of the things that we're hoping to see more  
14 investment in re those upstream services before an  
15 individual is getting arrested or making contact with  
16 the police.

17 AMANDA BERMAN: And the last thing I just  
18 wanted to add is that, you know, we-- what we see  
19 often is our staff are juggling caseloads that are  
20 higher than they should be, and--

21 CHAIRPERSON HANKS: [interposing] Explain  
22 that a little bit.

23 AMANDA BERMAN: Absolutely. You know, we  
24 have social workers, case managers, peer advocates,  
25 peer navigators, a number of different staff that are

1 doing, you know, direct client services, and this is  
2 across our program. So it may be working with folks  
3 who have serious mental illness and may be working  
4 with folks who have a variety of issues that are  
5 bringing them to the Justice System, and in many  
6 cases they can't provide the level of individualized  
7 attention that we would like them. you know,  
8 obviously we stand behind the work and we know that  
9 they're doing great work, but we know the challenges  
10 that come when we can't hire as many staff as we  
11 would like if there are budget constraints, and that  
12 unfortunately means that caseloads can be higher than  
13 we would ideally set them at. And so when resources  
14 are devoted to these programs that allow us to hire  
15 more staff so that they can provide more  
16 individualized attention to each client, and it may  
17 also be the difference of a staff member being able  
18 to accompany someone to an appointment. For example,  
19 an intake appointment at a treatment provider, or  
20 attending a fair hearing and advocating on their  
21 behalf. Those are important services that can often  
22 make a tremendous difference in the life of one of  
23 our clients, but if we don't have adequate staffing  
24 taking someone out of the office to do something like  
25



1  
2 that may not always be realistic. So to the extent  
3 that we can always try to focus on investment and the  
4 staff that are on the front lines doing the work both  
5 in the community and in these court-based programs.  
6 I think that's always beneficial.

7 CHAIRPERSON HANKS: Thank you. I think  
8 that, you know, possibly a joint hearing with Mental  
9 Health is something that we want to do. In recent  
10 years there have been provisions added, raise the age  
11 for criminal responsibility, a desire for increased  
12 bail reform. Based on the current reforms, is there  
13 something we can do to make these community courts  
14 stronger, improve their outcomes and making sure that  
15 the state legislation is working on the ground, and  
16 anything that we can do to help improve those  
17 outcomes?

18 AMANDA BERMAN: So, when it comes to  
19 working with young people, we know that meeting them  
20 where they're at is critical. Young people don't  
21 necessarily want to be served in a centralized court  
22 house, and so that's where the community court model,  
23 our Community Justice Centers we know are so  
24 critical, and the types of services that they're  
25 interested in engaging in look very different. So

1  
2 we've learned, for example, through our Brownsville  
3 Community Justice Center that, you know, interspace  
4 programming is key. You know, they're able to reach a  
5 lot of the young people who would have otherwise  
6 never been interested in engaging in these kinds of  
7 services or would have never been interested in being  
8 connected with, you know, a justice center, but they  
9 come because their needs are being met. So really  
10 focusing on what it is-- and you know this, Chair,  
11 from your own background in youth development work,  
12 really focusing on what are the youth's interests,  
13 what are the youth's needs. And we know that  
14 whether, you know, they're going through the juvenile  
15 system or the Criminal Court system or hopefully if  
16 we're getting there beforehand, you know, through the  
17 upstream prevention work we're doing, we have to  
18 just-- we have to speak to, you know, where they're  
19 at, at that time in their life.

20 CHAIRPERSON HANKS: Thank you. I'm--  
21 just one more question and then I'm going to pass it  
22 off to my colleagues. How regularly of programming  
23 evaluated for the effectiveness of reducing  
24 recidivism for your participants, and role does CCI

25

1 play in quality assurance and program evaluation?

2 She's smiling because [inaudible] shine.

3  
4 AMANDA BERMAN: I'm passing it to my very  
5 capable colleague, Lenore, who can speak to all  
6 things data and research.

7 LENORE LEBRON: Good morning.

8 CHAIRPERSON HANKS: Yeah, it's all about  
9 the data for me.

10 LENORE LEBRON: I'm the Director of Data  
11 Analytics and Applied Research at the Center for  
12 Court Innovation. So one of the pillars that the  
13 center holds near and dear is to be evaluating and  
14 critically assessing the work that they're doing. So  
15 we make sure that we're tracking data on all of the  
16 clients that we're serving, cases and their outcomes,  
17 as well as surveying the community and stakeholders  
18 that these programs are working with and in. So we  
19 do through our own-- either our own budgets or we go  
20 out and look for other grants such as federal grants,  
21 to be able to do some of these evaluations, as well  
22 as partner with independent research organizations.  
23 So some of the statistics that Amanda had previously  
24 shared were research projects that we've done in  
25 connection with the National Center for Safe Courts,

1  
2 as well as the Rand Corporation or Urban, and so  
3 there's other-- we take research very seriously. So  
4 on our side whenever we are starting a project, we  
5 make sure that we're tracking the data and tracking  
6 what we're doing with the clients and what outcomes  
7 we'd like to see and think about the theory of change  
8 for that project, and then we like to partner with an  
9 outside agency to be able to conduct the full scale  
10 evaluation of said project.

11 CHAIRPERSON HANKS: Talk to me a little  
12 bit about the-- being in youth development, the  
13 follow-up and the measurable after they've completed  
14 whatever program or they're no longer. what do you  
15 think of what needs to be done to improve the off-  
16 ramp and how we can continually support the  
17 criminally justice-involved-- criminal justice-  
18 involved folks and what we can do to expand on that  
19 off-ramp where the community continues to be involved  
20 and that they're-- the progress doesn't end with when  
21 they walk out the door.

22 SHANE CORREIA: So, I can speak partially  
23 to this through anecdote of my own experience. I  
24 came to the Center as a program participant when I  
25 was 14 years old, and two of my siblings were

1  
2 actually arrested for violent felonies before they  
3 were subsequently deported. When I came to the  
4 Center I was as truant missing about half of the  
5 school days that there were, and I was not very  
6 engaged at all. It was because of Center  
7 programming, similar to what operates as Youth Impact  
8 in Brownsville where I was able to learn a little bit  
9 about something that was engaging with adults who  
10 were able to meet me where I was at. And you know,  
11 it wasn't in a community justice center, which would  
12 have been fantastic, but I was lucky enough to sort  
13 of stumble onto an application process. So, just in  
14 terms of increasing supports and access to programs  
15 like this, wherever the youth actually are, whether  
16 it be when they come into contact with the justice  
17 system and putting them directly in a community  
18 justice center with pro-social voluntary programming  
19 or increasing the applications of services through  
20 the schools. Those off-ramps have a tremendous  
21 difference. And now I'm back at the Center as one of  
22 their employees. So I can speak to it at least  
23 anecdotally.

24 CHAIRPERSON HANKS: Thank you for that  
25 powerful testimony. Thank you so much. So I'm going

1  
2 to pass it on to my colleagues who may have  
3 questions.

4 AMANDA BERMAN: Chair, if I may, I just  
5 wanted to add one point to my colleague's answer on  
6 that question, which is that we can't underestimate  
7 the importance of trust building, and from the moment  
8 that somebody walks through our doors or we meet them  
9 on the street outside of our building, we know that  
10 whether they're young or whether they're an adult, we  
11 know that the role of trust is critical in initially  
12 engaging them, but also maintaining that engagement.  
13 And so what we found is that because we're able to  
14 start forming relationship from that moment of  
15 meeting them for the first time, they know that they  
16 can continue to come back no matter what the issue is  
17 and how long after the case has been closed that we  
18 never see our engagement as confined by the  
19 boundaries of a timeline of their case, but it is  
20 really we're here for you however you need us  
21 whenever you need us.

22 CHAIRPERSON HANKS: Thank you so much.  
23 We look forward to having a Community Court in Staten  
24 Island. I know we've been working. So thank you for  
25 all of your insight, hard work, and look forward to

1  
2 it. So I'd like to pass it along to Council Member  
3 Brewer. She has questions.

4 COUNCIL MEMBER BREWER: Thank you very  
5 much. I'm obviously a big supporter of the Center.  
6 [inaudible] Lauren [sic] I know she escaped.  
7 [inaudible] giving you money from the DA's Office.  
8 So, I do know-- I think I've had 25 press conference  
9 at least. Where are the judges? So, you have a  
10 wonderful judge on Fridays, but he doesn't have the  
11 authority to do as much as we like. So I just got a  
12 letter from the court system saying, "Sorry, Gale,  
13 not enough clients." What are you out of your mind?  
14 I'm so-- I'm going to do another 25 press  
15 conferences, and so is Brad Hoylman. To have this  
16 amazing resource, and everybody complains about  
17 quality of life. So when you get one in Staten  
18 Island, if there's no judge, don't do it. You got to  
19 have a judge. So are you-- am I-- are we the only  
20 ones screaming and yelling about this? Are you  
21 saying something?

22 AMANDA BERMAN: So, I--

23 COUNCIL MEMBER BREWER: [interposing] It  
24 makes no sense. The entire city would be better if  
25 these courts operated with a good judge. I mean, I

1  
2 think-- I was there when it started, literally in the  
3 room, the whole thing. So what's going on?

4 AMANDA BERMAN: So our community courts,  
5 as you know, are operated as a partnership with the  
6 New York State Unified Court System.

7 COUNCIL MEMBER BREWER: I know.

8 AMANDA BERMAN: And so when it comes to  
9 staffing on the programmatic side, we are fully  
10 staffed at Red Hook Justice Center, at the Midtown  
11 Community Court. Just making sure everybody else in  
12 the room is also aware. Council Member, I know you  
13 are very much aware. And so we're on site five days  
14 a week doing the programming. What-- we are in  
15 active discussions, daily discussions with the Court  
16 Administration since the pandemic. There was a  
17 period of time where our buildings were closed  
18 entirely, as you know.

19 COUNCIL MEMBER BREWER: That's over.

20 AMANDA BERMAN: And since we've reopened,  
21 you know, we-- we're under the understanding that  
22 there are shortages with court officers and clerks,  
23 staffing at the Office--

24 COUNCIL MEMBER BREWER: [interposing] We  
25 know.



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AMANDA BERMAN: of Court Administration.

COUNCIL MEMBER BREWER: That's not a good enough excuse.

AMANDA BERMAN: And so-- so what we have tried to do is to ensure that to the extent that we have control over reaching as many people as we can, we're determined to do that. So we are out in the community, both in Red Hook and in Midtown, all the time, every day doing events, doing outreach, making sure that if we're missing anyone who isn't making it through our doors because we're not fully operational, that we're hopefully reaching them in some other capacity.

COUNCIL MEMBER BREWER: I guess my question is, it would help-- I mean, I'm listening to Lauren every minute and talking to her every day, just so you know.

AMANDA BERMAN: Yeah.

COUNCIL MEMBER BREWER: So the question is when you're downtown, you're 100 Center, wherever you are, you're not going to go uptown. You're just not going to go to 54<sup>th</sup> Street.

AMANDA BERMAN: Right.

1  
2 COUNCIL MEMBER BREWER: So, stupid court  
3 system. Have a judge where you are and then the young  
4 people or anybody gets the services. How much  
5 discussions are you really having? Because my letter  
6 said, "Sorry, Gale, Brad Hoylman and everyone else,  
7 we don't have enough staff, blah, blah, blah." You  
8 know what you don't have enough staff for, people who  
9 need help, who need support, and go out on the  
10 street, that is where you will come in and you will  
11 solve all their problems as you have for many, many  
12 years. I really was so angry about this. This is the  
13 solution. You are the solution. Go ahead.

14 SHANE CORREIA: One, we appreciate the  
15 vigorous support. As someone who works--

16 COUNCIL MEMBER BREWER: [interposing] I'm  
17 livid.

18 SHANE CORREIA: As someone who works as  
19 the Deputy Director for Government Partnerships, I  
20 can attest that on a daily basis, weekends included.  
21 We exchange emails on trying to figure out how to  
22 work with the situation that we're in. I do want to  
23 state, in addition to operating our community courts,  
24 the problem-solving approach is something that we've  
25 seen to also be effective without a judge or a court

1 part present within the Community Justice Center.

2 One of the models that we've seen effective in a  
3 community that didn't want a courthouse was actually  
4 in Brownsville in Council Member Mealy's district.

5 Using the problem-solving approach, while it doesn't  
6 necessarily rely on the sanction that come with the  
7 court or the court location services where an  
8 individual can immediately access them right after  
9 arraignment, there are still things that we've seen  
10 to be effective without having that judge present.

11  
12 COUNCIL MEMBER BREWER: I know, but if  
13 you're downtown with a judge, you get X-- you're  
14 supposed to go to 50-- you're not going to go.

15 SHANE CORREIA: 100 percent.

16 COUNCIL MEMBER BREWER: Okay? I mean, I  
17 had 35 foster care kids. I know they're not going to  
18 go. So you need to have a compassionate, intelligent  
19 judge at your location. Then the person goes there.  
20 They get the services. I hope you're advocating, not  
21 saying you don't need a judge.

22 SHANE CORREIA: We are absolutely  
23 advocating for having a judge, and stating that with  
24 or without one we will continue to do the best that

1  
2 we can to serve the community. But of course, we  
3 would hope for that co-location services as well.

4 COUNCIL MEMBER BREWER: Alright. I'm  
5 just-- just so you know, I think your voice would be  
6 louder-- could be louder, that would be appreciated.  
7 And to say that, you know, this whole city is under  
8 siege, perception, and people need support. So I  
9 don't under-- this is beyond anybody's understanding  
10 with the best solution right in front of people and  
11 not using it. And I know you have a very good judge  
12 who's been assigned, so why can't he be there five  
13 days a week? Does he want to be there five days a  
14 week, do you know? Or you can't say?

15 AMANDA BERMAN: I mean, I don't-- I would  
16 imagine that he does. I can't really speak to that--

17 COUNCIL MEMBER BREWER: [interposing]  
18 Fabulous.

19 AMANDA BERMAN: because I don't know. He  
20 is a fantastic judge, but my-- our understanding is  
21 that the staffing issue is on the court officer and  
22 clerk, and I know that that's been an ongoing issue  
23 since the onset of the pandemic.

24 COUNCIL MEMBER BREWER: Probably should  
25 start off with them. Okay. Thank you.

1  
2 COMMITTEE COUNSEL: Thank you. Council  
3 Member Cabán?

4 COUNCIL MEMBER CABÁN: Yeah. Before I  
5 start my questions I just want to kind of add and  
6 piggyback on Council Member Brewer's points. You  
7 know, I think-- I think also it's like a yes/and,  
8 because as somebody who practiced in that court who  
9 represented clients in that town community court, you  
10 know, I can say that there is certainly-- the staff  
11 has always been wonderful. You know, the  
12 programming, people are deeply, deeply invested, but  
13 there are limitations. So yes, there are folks that  
14 come through that really benefit, but I'll be honest,  
15 there are folks that were known by the staff. They  
16 were by us the attorneys who had rap sheets that, you  
17 know, consisted 100+ convictions, and that doesn't  
18 make them a horrible monster. It's actually the most  
19 explicit example of a failure of, you know, city and  
20 government infrastructure that there is, and so you  
21 know, the-- I just also want us to thinking about yes  
22 and the limitations of these courts and actively  
23 being untied on this front to advocate for  
24 alternative infrastructure because the person with  
25 that many convictions dealing with these things comes

1  
2 into community court, gets their free McDonald's  
3 lunch, you know, that day, goes upstairs for their  
4 session, is sent on their way, and there's no real  
5 continuity of care or significant changes in  
6 circumstances and support to adequately like be able  
7 to change the trajectory of that person's, you know,  
8 living situation or on a day-to-day basis. So that  
9 is just something I wanted to add. But I wanted to  
10 talk a little bit about the court parts. You talked  
11 about the special courts, the higher compliance, the  
12 lower recidivism, and all these different benefits.  
13 And some of these questions admittedly might be more  
14 appropriate for MOCJ to answer, and I wasn't able to  
15 be here for their testimony, but the degree that you  
16 can offer some answers. Just wondering like the  
17 training and appointing more judges for these  
18 specialized courts-- again, going to give a small  
19 example. But in the Bronx, it's currently one judge  
20 that handles like multiple, you know, special court  
21 parts, and she is clearly very overwhelmed and  
22 overbooked, and so what is-- you know, what is the  
23 plan for training and appointing more judges for the  
24 specialized court parts?

1  
2 AMANDA BERMAN: I'm looking to my  
3 colleagues because I don't have any direct  
4 information regarding plans for additional judges.  
5 Is your question, Council Member, just to make sure I  
6 understand, is the question whether there are plans  
7 for additional judges to be added to these  
8 specialized parts so that there is more capacity?

9 COUNCIL MEMBER CABÁN: Yeah, is there--  
10 is there training, you know, program in place? Is  
11 there a timeline for the scaling of more judges being  
12 trained to sit on the bench in these parts? And  
13 then, again, like appointing more judges to these  
14 parts.

15 SHANE CORREIA: So, I can actually answer  
16 it and shed some light on that. So, the Center for  
17 Court Innovation has three distinct divisions, one of  
18 which begin the direct services part, one being the  
19 research part, and then the other also being our  
20 technical assistance part. So utilizing that  
21 research, partnering with other jurisdictions, we do  
22 take some of the best learned lessons in things like  
23 human trafficking and domestic violence and Drug  
24 Court issues and Community Courts, and we partner  
25 with the Judicial Training Institute based out of

1  
2 PACE to provide those trainings on an annual basis to  
3 the judges of New York State. In terms of specialized  
4 training, you know, through continuing legal  
5 education credits and things like that, those are  
6 more in a voluntary sign-up basis, but we do offer  
7 them through the Center on a variety of topics that  
8 we teach.

9 COUNCIL MEMBER CABÁN: Okay, thank you.

10 And you spoke a bit about participants who have been  
11 accused of violent offenses, and again, getting those  
12 good out-- programmatic outcomes, and I won't take  
13 them all off, but I think it's worth starting by  
14 saying, you know, for the change that we're all  
15 wanting to see in terms of safer, healthier  
16 communities we cannot be afraid and cannot shy away  
17 from leaning into addressing violent offenses and  
18 violent occurrences, and you know, I think it's not  
19 just clear anecdotally, but clear through research  
20 and data that when you ask survivors what their top  
21 priorities are, even when there is a very [sic] human  
22 in a lot of cases, the desire for, you know,  
23 punishment for example, consistently we'll always,  
24 always prioritize a couple of different things, and  
25 it's one, having the opportunity to health



1  
2 themselves. Two, making sure that they are never  
3 hurt in the same, again, and then three, making sure  
4 that nobody else was hurt in the way that they were  
5 hurt. And so what becomes clear to me is like a very  
6 deep desire to change-- that boils down to changing  
7 behavior, changing someone who has harmed's [sic]  
8 behavior and asking what needs to be present, what  
9 healing has to take place, what tools do those people  
10 need to change behavior. And so there are programs,  
11 like for example, Common Justice, who I know that  
12 you're familiar with, do really good work. They're  
13 not getting as many participants as they could or  
14 would like or having trouble, you know, being  
15 welcomed by certain District Attorneys in certain  
16 boroughs to expanding it to other boroughs. We're  
17 seeing good results, because obviously it's a program  
18 that deals directly with violent offenses. You know,  
19 there are only two very small gun programs in the  
20 Bronx. Those are two examples of like, how-- is  
21 there a plan to expand those? Why aren't we  
22 especially, you know, considering the outcomes that  
23 we're talking about? And then my last question  
24 related to this is you also mentioned housing as  
25 being like super critical. My understanding is that

1  
2 the re-entry hotels managed by Exodus are going to be  
3 closed out by the end of the year, starting with the  
4 Wilcott [sp?] hotel this Saturday. And so is there a  
5 plan that y'all are involved in or are you involved  
6 in any of the conversations to continue to provide  
7 emergency housing to people leaving Rikers?

8 AMANDA BERMAN: Okay, my colleague is  
9 going to start. Thank you, Council Member. My  
10 colleagues going to start to respond on the first  
11 question, and then I'll jump in.

12 COUNCIL MEMBER CABÁN: Thank you.

13 SHANE CORREIA: So, in terms of plans to  
14 start, we have seen a lot of movement, since the push  
15 to close Rikers, in wanting to invest in a lot of  
16 these other successful practices to address those  
17 harder-to-reach cases. specifically, with our  
18 experience in piloting the Brooklyn Mental Health  
19 Court, which has been operating for over 20 years,  
20 we've seen that we've been able to take some of those  
21 practices which have been so effective working with  
22 individuals with severe mental health issues and  
23 violent felonies while they're successfully being  
24 served in community, and operate them out of  
25 centralized courthouses. Where we've seen part of

1 the issue is actually getting the funding, and you  
2 know, to expand it and touch as many cases as are  
3 qualified. Currently, you know, it's been an issue  
4 where the state has viewed anyone who had a felony  
5 that was going into the prison system as something  
6 for their parole services to touch and handle.  
7 Whereas, at the City level, it was mostly just  
8 misdemeanors that were targeted and supported by our  
9 city government's budget. What we have seen over the  
10 past year with the Schedule C funds from City  
11 Council, actually, was taking and expanding services  
12 in Brooklyn in partnership with the Brooklyn DA to  
13 serve a much larger amount of felony cases with  
14 alternatives to incarceration services in multiple  
15 court parts. Similarly, we are currently partnering  
16 in Manhattan with DA funding, but that's set to  
17 sunset at a certain point, and due to a lack of  
18 funding we're not currently able to expand into other  
19 boroughs, but we're very eager to partner with folks  
20 as those availables-- investments become available.

22 COUNCIL MEMBER CABÁN: and I want to just  
23 interject to kind of lean into the common justice  
24 example. Like, I understand what you're saying, but  
25 like here's a program that's saying that they have

1  
2 more capacity, that they want to take on, you know,  
3 more cases. What does the work look like to kind of  
4 like bridge that gap, get more buy-in for District  
5 Attorneys to join in Defense Attorney's applications  
6 for participation in these programs because the  
7 acceptance rates are like very, very low at this  
8 point. Knowing that, you know, quite often judges  
9 will defer to whether or not DA's are joining in the  
10 application. How do we get, again, more judges to be  
11 admitting folks into these things? Like, there is the  
12 question of growth, yes, and then there's the  
13 question of like there are alternatives that deal  
14 with-- explicitly deal with violence, that are not  
15 hitting their capacity, because there's not-- they--  
16 people are-- not enough people are consenting to it  
17 or buying into it, despite the clearly laid out  
18 outcome benefits from the programs.

19 AMANDA BERMAN: So, I'm glad you asked  
20 the question and with respect to, you know, the  
21 desire of people who have been harmed, you know,  
22 people who've experienced harm, whether they identify  
23 as victims or survivors, that it is absolutely the  
24 case that what we have heard directly and also  
25 through so many research studies that have been done

1 is that, you know, they want as you've just  
2 expressed. They want to make sure that they are not  
3 harmed again. They want to see behavior change, and  
4 in some situations they want answers and they want to  
5 actually sit down with the person and get those  
6 answers. We have a Restorative Practices Department  
7 at the Center for Court Innovation. We incorporate  
8 restorative justice into many of our programs,  
9 programs in schools, programs in courts, and a lot of  
10 our community-based programming. So I just want to  
11 first of all point out we're doing-- we're actively,  
12 you know, we're actively operating these programs.  
13 In Manhattan we have a Restorative Justice Program at  
14 our Manhattan Justice Opportunities site where they  
15 get referrals for non-violent felonies, currently  
16 misdemeanors. We have a Restorative Justice Program  
17 in Red Hook called Peacemaking, and that has been  
18 extremely successful and been operating for almost 10  
19 years now. And we've seen great results. So, we are  
20 very much in favor of trying to expand the use. I  
21 think what we have found to be effective is when we  
22 have District Attorney's offices who are willing to  
23 engage in training around, you know, what is  
24 restorative justice or, you know, what are-- what is  
25

1 trauma? What are the programs that we are trying to  
2 implement and hoping to get more referrals for? How  
3 do they operate? What is the science behind trauma?  
4 What is the science, if we're focusing on a youth  
5 population, behind brain development, adolescent  
6 brain development? We have found that some of the  
7 District Attorney's offices are very open to  
8 participating in those training. Sometimes we bring  
9 in guest trainers. Sometimes our staff are the  
10 experts and we're the ones who are conducting  
11 training. We've seen-- so we have seen that that  
12 helps, and we also know that, you know, there is  
13 resistance over the years, because this is still  
14 considered something new, and so we're changing  
15 culture within the offices and trying to change minds  
16 and get them to understand the benefits of these  
17 kinds of programs.

19 COUNCIL MEMBER CABÁN: I thank you. I  
20 thank you for your efforts, especially the  
21 educational outreach, and I think like, you know,  
22 scaling that is really important. again, just as an  
23 example, at like a caucus weekend event where there  
24 was a panel and it was very clear that critical  
25 people making these decisions, you know, Department

1  
2 of-- like the DA's Department of Probation's role and  
3 some other folks that were there, it was very clear  
4 that there was no distinction between restorative  
5 justice and alternatives to incarceration, and they  
6 are not the same thing, and they don't necessarily  
7 produce the same outcomes depending on what they are,  
8 and I think that is really key, because at least what  
9 I am seeing is that there is-- there's real  
10 conflation happening there.

11           AMANDA BERMAN: Right. No, absolutely,  
12 and I think that to the extent that we can continue,  
13 you know, to engage with all of the court parties,  
14 you know, but particularly prosecutors and judges  
15 since, you know, they may-- they have exhibited more  
16 concerns or just have more questions about the  
17 efficacy and whether, you know, we can produce the  
18 same results in terms of safe communities and  
19 compliance, and we believe that these are-- if we are  
20 going to continue on the path toward trying and we  
21 hope we are continuing on the path toward trying to  
22 close Rikers and reduce the jail population. We have  
23 to be willing to explore the release and treatment  
24 and engagement of people who are sitting in on the  
25 violent felonies. We know that we'll never get to

1  
2 that target population that will allow us to close  
3 Rikers if we're not engaging with folks outside of  
4 jail. They need to be willing-- you know, we need to  
5 be able to get those people out of jail.

6 COUNCIL MEMBER CABÁN: Right, and more  
7 importantly the whole goal around all of it is to  
8 reduce the harm that's occurring, like tying the de-  
9 carceration piece to actually reducing harm in our  
10 communities. Thank you very much.

11 AMANDA BERMAN: Thank you.

12 COUNCIL MEMBER CABÁN: Thank you for  
13 indulging me, Chair.

14 COMMITTEE COUNSEL: Thank you so much,  
15 Council Member.

16 CHAIRPERSON HANKS: Just one quick  
17 question. So what do you think we need to do better  
18 as far as getting culturally competent judge? What  
19 are the requirements of getting judges who are  
20 willing to do this kind of work? Because I think  
21 that that's a piece that, you know, we're just not  
22 really talking about. And what does that training  
23 look like? And I think it's the beginning of a  
24 conversation, but I just would like to hear your  
25 thoughts on culturally competent judges, judges of



1  
2 color who understand, and if they're not what could  
3 we be doing to get more of those kinds of judges  
4 involved to really-- because this is a labor of love,  
5 and there really needs to be a certain mindset on how  
6 they can look at, you know, this criminal justice and  
7 being a community court judge, Problem-Solving Court  
8 Judge?

9           AMANDA BERMAN:    sure, I mean, so as a  
10 first step, right, I think we need more judges from  
11 the communities that are most impacted by the justice  
12 system. And so I think if there's a judge who has  
13 lived experience who can relate to the folks that are  
14 coming before them and who have lived in communities  
15 that are similar to the community where maybe the  
16 court is located, or that have been impacted by the  
17 justice system. That way, I think that's one really  
18 important step. Another important step is for judges  
19 to be-- to have an opportunity to sit down and hear  
20 from people who have been through the system so that  
21 they know if they have not had that personal  
22 experience, hearing from people who have. And I  
23 think that one thing we've seen that Judge Calebrese  
24 for example, and Red Hook has done so effectively, is  
25 that he's just made himself so accessible both on the

1 bench and off the bench. And so spending time in the  
2 community, going to the events, going to meetings,  
3 hearing from people about their concerns directly,  
4 being able to respond to them, and for people to feel  
5 that they can connect with them because he is a  
6 person and he sees them as a whole person as well.

7 It sounds very basic and perhaps obvious, but I don't  
8 think that that's necessarily in every judicial  
9 training curriculum. And as my colleague Shane said  
10 earlier, the Center does utilize our expertise by  
11 conducting judicial trainings. That's something that  
12 we do both locally, statewide and nationally, and  
13 those trainings I think are critical for them to  
14 understand especially trauma, and almost everyone who  
15 is coming before a judge, has likely experienced some  
16 kind of trauma, and we know that because the data and  
17 the research tell us that. And how that trauma plays  
18 out, whether that trauma is part of what drove the  
19 person into the system to begin with or how it's  
20 playing out when the person exhibits certain  
21 behaviors while they're standing before the court in  
22 that moment, It's critical that everyone in the  
23 courtroom understand that so that we know how to  
24 respond effectively.  
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CHAIRPERSON HANKS: Thank you.

COMMITTEE COUNSEL: Thank you so much  
everyone.

CHAIRPERSON HANKS: Thank you so much for  
your time.

COMMITTEE COUNSEL: Yes. Next we'll hear  
from Marva Brown from the Legal Aid Society, and  
we'll also hear from Raji Edayathumangalam from the  
New York Counter Defenders. Raji as well. Marva,  
you may go ahead. We got New York County Defenders  
as well. Great, thank you so much.

MARVA BROWN: Good morning. My name is  
Marva Brown. I'm a lawyer with the Legal Aid  
Society. I've been a public defender for 16 years. I  
have many opportunities over the years to represent  
clients in the Problem-Solving Courts and I  
appreciate the Council taking the opportunity to  
review these courts and allowing me to speak today.  
The Legal Aid Society is the oldest, largest public  
defender organization in the country. We represent  
clients in Criminal Courts located in all five  
boroughs. Our representation within the Problem-  
Solving Courts is unique in that we have full-time  
staff attorneys dedicated to representing clients in

1 those courts every day. These include the  
2 misdemeanor and felony Drug Treatment Courts, the  
3 Youth Courts, Mental Health Courts, as well as the  
4 Midtown Community Court and the Red Hook Community  
5 Justice Center. The Legal Aid Society has been the  
6 primary provider for public defender services in the  
7 Midtown Community Court for more than 20 years. We  
8 know the community, the clients and the overall  
9 structure of MCC best, and we know from our  
10 experience that Problem-Solving Courts are a crucial  
11 part of ending our over-reliance on jailings and  
12 warehousing our community members. The Community  
13 Courts work to address the drivers of involvement in  
14 the criminal legal system. they understand that  
15 overcoming substance use disorders and understanding  
16 mental health diagnosis are not always simple,  
17 straightforward process, and that a little grace goes  
18 a long way to eventual and lasting success, and  
19 because they seek to treat people in our community  
20 and city jails. In a year when 16 people have  
21 recently died in New York City DOC custody, we must  
22 push to de-carcerate by directing resources away from  
23 ungovernable jail and to the individuals in  
24 communities who need it most. While Midtown  
25

1  
2 Community Court has continued a hybrid in-person  
3 virtual schedule throughout the pandemic, we know  
4 there is a call to return to a five day a week in-  
5 person operation. However, just as the OCA and the  
6 DA's offices are dealing with attrition and staffing  
7 shortages, the Legal Aid Society must be funded  
8 fairly and fully to meet staffing needs should the  
9 court reopen fully. These courts and the lawyers who  
10 work in them have been crucial to ending the  
11 revolving door of mass incarceration by finding new  
12 ways of addressing and repairing harm to community  
13 and community members. Problem-Solving Courts cannot  
14 be the only tool to build a sense of public safety.  
15 Their model of using alternatives to incarceration is  
16 crucial to ending the moral crisis of mass  
17 incarceration, but until we also fully fund emergency  
18 reentry housing, transitional housing, and permanent  
19 housing, public healthcare, schools, childcare, and  
20 job training programs, we will not address the root  
21 causes of inequality or disproportionate policing and  
22 incarceration. We must fully invest in the  
23 communities in which we have too long intentionally  
24 underinvested. Courts alone, no matter how  
25 innovative cannot make communities feel safe. The

1  
2 safest communities are those with the most resources.  
3 I currently have a client who I'll refer to as Mr. G.  
4 When I first met him he was in throes of psychosis  
5 and undergoing withdrawals from opioids. He didn't  
6 remember the conversation that we had and meeting  
7 him. His physical appearance was underweights, skin  
8 ashened [sic], black circles and circles-- sunken-in  
9 eyes. He was unfocused, unresponsive, and unable to  
10 assist in his defense. He was held at the jail in  
11 mental observation, and he was given proper treatment  
12 for his diagnosis. We were then able to discuss his  
13 case, the benefits of going to Mental Health Court,  
14 and he agreed to treatment. The transition was  
15 remarkable. I'm able to now converse with Mr. G, and  
16 I'm able to see a difference. He appears taller,  
17 stronger, healthier, and he has begun to set goals  
18 for his life, the first of which is being a steady  
19 presence in his son's life. He wants to be  
20 motivational speaker to young people so that they  
21 don't make the same mistakes he did. Problem-Solving  
22 Courts like Mental Health Court give people like Mr.  
23 G the resources they so desperately need to be able  
24 to connect again with themselves, their family and  
25 their communities, all of which ultimately reduces

1  
2 recidivism, creates opportunity for involvement in  
3 the community, and strengthens our mutual sense of  
4 safety. In closing, I must mention that this council  
5 has a Resolution pending, 156-2022, calling on the  
6 New York State Legislature to pass and the Governor  
7 to sign the Treatment Not Jails Act. The Act would  
8 extend treatment court opportunities across the state  
9 to those who have underlying mental health  
10 challenges. This is particularly relevant because  
11 the Mental Health Court where Mr. G's case is pending  
12 is ad-hock. The District Attorney's office had the  
13 final say as to whether or not Mr. G would receive  
14 treatment. There is currently no diversion court  
15 statute for mental health issues, even though mental  
16 health issues are prominent in the criminal legal  
17 system and are indeed widely prevalent in our  
18 society. One in five New Yorkers have a mental  
19 health diagnosis, and roughly half of the New York  
20 City jail population is recommended to mental health  
21 treatment, though few receive it. As it now stands,  
22 many clients are rejected from drug Treatment Courts,  
23 because substance use is not their primary diagnosis.  
24 The consequence is that those with mental health  
25 issues are often excluded from any treatment court

1  
2 opportunities, and instead are sent to jail or  
3 prison, where upon their release they are without  
4 supports, without care, and without a home, all of  
5 which can lead to drug use, psychiatric  
6 decompensation and hospitalization, and ultimately  
7 reoffending. Problem-Solving Courts work. They must  
8 be expanded and access must be uniform across this  
9 city and across this state. I strongly urge this  
10 council to vote to pass Resolution 156-2022 and to  
11 robustly fund Problem-Solving Courts and the lawyers  
12 and staff needed to make them run. Thank you.

13 CHAIRPERSON HANKS: Thank you very much  
14 for your testimony.

15 RAJI EDAYATHUMANGALAM: Good afternoon  
16 and thank you to the committee and thank you for this  
17 opportunity to speak. My name is Raji  
18 Edayathumangalam, and I'm a social worker at New York  
19 County Defender Services. I am-- prior to my role as  
20 a forensic social worker, I was a community mental  
21 health practitioner fulltime and I still practice in  
22 a community clinic part-time. I'm a licensed  
23 clinical social worker and so the topic of mental  
24 health and mental illness is very pertinent and near  
25 and close to my work. You know, what we're talking



1 about is an un-remedying pandemic of a different kind  
2 that our city has been facing long before the  
3 pandemic of COVID-19, and that pandemic is called  
4 disenfranchisement, and we're all talking about a  
5 complex web of public issues here, the need for fair  
6 access to resources and opportunities for everyone  
7 and especially those communities that are impacted in  
8 various ways. We're also talking about that issue  
9 being closely linked to concerns for public safety  
10 for everyone, as well as issues in the criminal legal  
11 system, and not to mention the melt-down that is  
12 Rikers. It's been a hell hole for a while now. So in  
13 that regard, I'm a social worker, like I said, with  
14 one foot in a public defender setting and another in  
15 community mental health. And over the years I've  
16 served in the Brooklyn neighborhood of Brownsville,  
17 in East Harlem and elsewhere in the City, and my best  
18 teachers are clients, and when we ask them what it is  
19 that they need, they can very clearly tell us again  
20 and again. One of the things they tell us is they  
21 need stable housing, they need education, and they're  
22 asking for vocation. They're asking for a fair shot  
23 at family life and at civic participation and for  
24 humane treatment and for procedural justice. And  
25

1  
2 more importantly, they're asking for the illusive  
3 dream of-- the American dream of opportunity, and  
4 they're also asking to--

5 CHAIRPERSON HANKS: [interposing]

6 Continue.

7 RAJI EDAYATHUMANGALAM: Yeah, sorry,  
8 yeah. And they're al-- they also do not want to be  
9 relegated to the margins. They don't want to fail.  
10 They don't want to suffer. And like all of us here,  
11 they want to contribute to our society. So I want to  
12 be a little bit specific about what it is all of us  
13 are-- I don't want to purport to know anyone here,  
14 but at least some of us have had something called a  
15 vaccine of opportunities, and that's exactly what  
16 clients are asking for, and I also support the ask  
17 about treatment, not jail, because some of the things  
18 that I will specifically allude to that's been  
19 brought up here. So I have worked with a couple of  
20 hundred clients, and approximately 10 percent of  
21 clients have had the opportunity to engage in some  
22 kind of treatment and programming through the  
23 Problem-Solving Courts. Seven to eight percent of  
24 that ten percent are in Problem-Solving Courts, and  
25 others have had other opportunities that are not

1 through the Mental Health Court, the Drug Court or  
2 the ATI Court part. Currently, I would say in terms  
3 of number give or take, I try to quickly count that  
4 last night, but 19 clients of mine are engaged in  
5 treatment and programming through Problem-Solving  
6 Courts and not all of them are currently, but a few  
7 of them are being actively considered. Now many of  
8 my clients are doing exceeding well-- exceedingly  
9 well, and including most importantly, clients with  
10 violent felony charges. That's very important part  
11 that we've been talking about here. I'm going to  
12 use-- I'm going to just highlight one example, and  
13 that's Mr. T. I'm going to call Mr. T. Mr. T was  
14 charged with a felony, violent felony charge, and he  
15 was-- he had to undergo a competency exam, the 730  
16 exam, and he was in a state psychiatric center for  
17 some months. He came back to Rikers. He was-- you  
18 know, because he's very sensitive to medications, at  
19 some point he decompensated because of medication  
20 change. At which point, we worked the defender  
21 office. Our staff worked closely with Correctional  
22 Health Services, and then we were-- over time, he was  
23 able to stabilize. At which point he met with the  
24 prosecutor's office. The prosecutor's office denied  
25

1  
2 him Mental Health Court. However,-- and then also  
3 objected to his treatment. Now, over his-- over the  
4 objection of the prosecutor, Mr. T. was allowed a  
5 plea to treatment and he went to his program in the  
6 community where he is still an outstanding member of  
7 his program. He has-- and he's not an exception in  
8 the sense that there other clients, but I highlight  
9 him for a specific reason today because of the  
10 discussion of violent felony. He has psychotic  
11 illness diagnosis. He's on anti-psychotic  
12 psychotropic medication. Now, the issue for him was  
13 he did go to the program and he decompensated again,  
14 but we all corralled together, Correctional Health  
15 Services staff, defense, prosecutor, and the  
16 treatment staff at the program who wanted to  
17 discharge him, but we stood firmly to give him a  
18 second chance, because we knew how sensitive his  
19 mental illness was. At which point they gave us one  
20 more chance. They gave Mr. T one more chance. It's  
21 been over a year since he has been doing splendidly  
22 well. Now, I could say all I want about Mr. T, but  
23 I'm going to say when I thanked the program director,  
24 the clinical director for giving Mr. T this chance,  
25 he wrote back to say that the program is truly

1  
2 grateful to have Mr. T as a participant, that he  
3 himself, the director, has had many of pleasant and  
4 meaningful interactions with him and that in fact  
5 right now they are considering him for a,  
6 potentially-- they're offering him or considering him  
7 for a position in their clinical team. So what I  
8 want to say about him, he's escorting others to  
9 programs. He's a thought leader, and he's a peer  
10 leader in that program. Now, without this  
11 opportunity, someone like him-- we need treatment not  
12 jail because in this situation he was allowed the  
13 plea about the objection of the prosecution. Now,  
14 there's two other things I want to bring up that came  
15 in these discussions this morning is the need through  
16 Treatment Not Jail Act will make available expand  
17 services during arraignment, pre-arraignment. And  
18 the other thing that I would also say is, someone  
19 here, I think it was DA McMahon, who asked for the  
20 need for professionals on the front line, and from my  
21 own experience, what I can say is I remember staff  
22 from CCI speaking. They talked about having adequate  
23 staffing. I would second that, but I will also add  
24 that in my personal and professional experience  
25 coming from community mental health to public

1  
2 defender office, I do not see the presence of  
3 experienced mental health staff. I'm a licensed  
4 clinical social worker with several years of mental  
5 health experience. Working-- having worked in that  
6 mental health setting, you can see what crisis looks  
7 like. You can see what long-term work looks like, but  
8 often there is a graduate school to private practice  
9 pipeline, and there's nothing wrong with that, but we  
10 also need a robust pipeline of senior psychologists,  
11 senior mental health professionals, senior social  
12 workers and mental health counselors and others in  
13 public defender offices, in courts, and in other  
14 places, because those are the people with the  
15 experience to work with people with serious mental  
16 illness, alongside newer clinicians. So that would  
17 be one more thing that I would say. And then I  
18 appreciate-- the last thing I would say is the  
19 certain mindset that you had asked about, and that's  
20 about cultural competency. The idea of a person  
21 being a whole person, and we do not have to look to  
22 too many new thesis and hypothesis and scientific  
23 evidence. What we need for solutions is to look at  
24 what parents do every day for their children through  
25 the vaccine of opportunities. We use every

1  
2 preventable measure of education. We send our  
3 children to the best schools, the best healthcare,  
4 and that's exactly what clients asking. If they're  
5 provided with substandard, inadequate treatment and  
6 care, they're not going to be able to succeed. Thank  
7 you very much for this opportunity.

8 CHAIRPERSON HANKS: Thank you both so  
9 much for these powerful testimonies. I really don't  
10 have questions, because your testimonies were so  
11 thoughtful and in-depth, but what I would say when we  
12 talk about solutions and as this committee moves  
13 forward, and again, this is first of many  
14 conversations, but let's talk about workforce  
15 development. We want to talk about pay parity and we  
16 want to talk about access, right? And I think that  
17 as part of, you know, even when you look at the  
18 Mayor's blueprint on, you know, criminal justice and  
19 blueprint on gun violence, I mean, we're really not  
20 going back, back, back to the intervention and the  
21 prevention pieces, which is what we really want this  
22 committee to be focused on. And so, you know, you're  
23 talking about social workers and competency  
24 throughout every industry we are seeing-- this is  
25 what I would call a COVID coma, which is people are

1 not looking to be in these roles, and we are sorely  
2 needed. It's not just social work. It's not just  
3 anyone who does this kind of work. It's everywhere,  
4 whether it's ferry workers, whether it's laborers and  
5 medical. We're seeing this everywhere. So what  
6 could we do as far as outreach to get people  
7 interested, taking it down even to the education  
8 piece? I don't know if you were here when I  
9 originally did my statement and we talked about  
10 journey mapping and knowing when to intervene,  
11 knowing when to prevent, and having the relay races  
12 of folks, whether it's community, whether it's  
13 education, law enforcement, that we're all speaking  
14 together in order to keep people out of the criminal  
15 justice system, and this is what I've heard  
16 resounding and so let's try to-- like, speak to me a  
17 little bit about how do we make this workforce-- how  
18 do we make people interested in doing this work? How  
19 do we retain them? What is the pay parity? You  
20 know, I know that public defenders have the biggest  
21 argument in pay parity. You can't pay them enough to  
22 stay, but the DA's have that exact same argument.  
23 And what's happening as a result? People are  
24 languishing in Rikers much longer because we just  
25



1 don't have the capacity to continue to, you know,  
2 work these cases in a timely manner. So just talk to  
3 me little bit about the idea of being a social  
4 worker, how we can do some outreach, and how we can  
5 really build an under-- and build capacity so we have  
6 future folks like Mr. T, and I have those stories too  
7 and they're extremely powerful, you know, where  
8 someone is in a program is now being and doing the  
9 work, and that's the best we can ask for. How do we  
10 create more Mr. T's, I guess is what I'm saying?

12 MARVA BROWN: Well, I'll start to address  
13 your comments about pay parity in that, you know, we  
14 were talking about Midtown Community Court, and the  
15 Legal Aid Society in Manhattan. Our criminal defense  
16 practice had 125 attorneys prior to the pandemic  
17 starting. They're now down to 85 attorneys. And  
18 we're talking about opening the court five days a  
19 week. We need attorneys to staff that part fully,  
20 and the previous Administration promised us pay  
21 parity and it started in the first phase where  
22 attorneys who were year one through four were put on  
23 an even level with the District Attorney's Office.  
24 And now we're talking about senior attorneys and mid-  
25 level attorneys who are not on par with our

1  
2 counterparts in the District Attorney's Office. So,  
3 you know, when you're young and in the City it's fun  
4 and all, you know, representing your clients, yes,  
5 but having a great time in the City, but when you get  
6 older and you're talking about starting a family,  
7 buying a home, being able to plan for retirement,  
8 year senior attorneys are left behind, and that's on  
9 the defense bar. The difference between being a  
10 public defender and a District Attorney is that we  
11 don't have a pension. We don't have the same pay  
12 scale. So, we're talking about pay parity, but also  
13 organizational funding fairness, because we have to  
14 pay our own healthcare. We have to pay rent. We have  
15 to contribute to our own retirement funds. And so  
16 when we're talking about having attorneys who have  
17 the experience to represent clients on these violent  
18 felony cases, we need people who have seven, 10, 15  
19 years or more of experience, and when they leave the  
20 Legal Aid Society, the system, our clients suffer.  
21 So we are asking for organizational funding fairness  
22 in that regard. We also have social workers at the  
23 Legal Aid Society on staff. It's the same thing for  
24 them, right? Social work is very important. We need  
25 them on our team. They're integral to our

1  
2 representation of our clients, doing evaluations,  
3 referrals, and supporting our clients through the  
4 programs and the Problem-Solving Courts. And they  
5 have to pay back student loans just like the lawyers  
6 do. And so when we're talking about the Council  
7 creating loan repayment assistance, social workers  
8 should be included in that as well. Attorneys get a  
9 little bit of it. There's bills pending in the State  
10 Legislature to give us more. The City Council could  
11 offer benefits to attorneys, to social workers who  
12 are working in the public interest, because you want  
13 people to stay working in the public sector and  
14 contributing to our society in that way, and often  
15 times it is the finances that's the problem.

16 CHAIRPERSON HANKS: Thank you very much.

17 RAJI EDAYATHUMANGALAM: Thank you. I just  
18 wanted to add and stren-- also support some of what  
19 you shared right now. And one of the things that--  
20 you know, pay parity is critical because everybody--  
21 this is New York City and I think that says it. And  
22 then in terms of supports, other supports that are  
23 not as tangible or not as countable in terms of just  
24 what has been said. These are challenging complex  
25 cases and situations and lives, and we need

1  
2 experienced people to be able to stay in their role  
3 so that we can all learn from and we can grow with  
4 each other. So I think there have to be incentives  
5 again to support people to stay in the public sector.  
6 There's attrition. And I think those incentives have  
7 to look like certain kinds of supports, because  
8 people come in with dreams and aspirations to work in  
9 the public sector. And the other-- another thought is  
10 to have consultants, so I have, you know, experienced  
11 colleagues from other places contributing part of  
12 their time in-- say in the courts. So we need--  
13 let's say we need a mental health professional in  
14 court to evaluate people, and if you're not able to  
15 hire full-time staff, but some kind of call in the  
16 city full of experienced attorneys and social workers  
17 and other mental health professionals to invite them  
18 back so that they feel a sense of contribution to the  
19 community in some kind of, you know, incentivization  
20 [sic] program to call them back, not entirely but at  
21 least part of the item to serve. Some kind of-- some  
22 parallel of City Corps, Ameri Corps, something that  
23 is created in the longer term. Also education in the  
24 community has been brought up because we sort of live  
25 in silos, as in this happens in this community, and

1 that doesn't happen there, and that's parallel again  
2 to the vaccine thing where certain countries have  
3 access to certain vaccines for COVID and other's  
4 don't, and it's not as if the person without the  
5 vaccine doesn't get on the plane and others don't get  
6 sick as a result. If you see it as oh, this problem  
7 stays here and doesn't touch my neighborhood. That  
8 is not-- that's the collective mentality that we  
9 need, and I think that education through  
10 understanding of trauma through understanding of this  
11 person is a person with a community and a history and  
12 aspirations, as opposed to just through the illness  
13 and criminal legal model is something that will go.  
14 Yes, it's something that can be counted in the same  
15 way, but it will go a long way. And I think to your  
16 part, I am-- you know, I am keen and I can speak to  
17 my colleagues at NYCDS. We are keen to work with all  
18 stakeholders because the us versus them isn't helping  
19 anyone. So, we all have to come together. These re  
20 very, very entrenched and complex problems and we  
21 need to work together, which I'm doing in some ways.

22  
23 CHAIRPERSON HANKS: Thank you very much.  
24 I will be calling on you. This is the first of many  
25 conversations. We're trying to have a community

1  
2 court in Staten Island, and so having these  
3 conversations, I would love to continue it, and doing  
4 more site-specific. So I'll just pass along to my  
5 colleagues to see if they have anything to ask.

6 COMMITTEE COUNSEL: Council Member Cabán  
7 followed by Council Member Brewer.

8 COUNCIL MEMBER CABÁN: Thank you. I just  
9 want to use my time to respond to your testimony and  
10 thank you. Thank you both for the work that you do.  
11 I-- it is an honor to be able to say that I worked  
12 for both of the same organizations that y'all are at  
13 now. And I just want to like emphasize a couple of  
14 the pieces that you talked about. The staffing  
15 shortages for public defenders is real. I think  
16 we've heard throughout this entire hearing how  
17 critical these alternative treatment courts are, but  
18 we need to say that they don't work or run or get the  
19 outcomes that they-- that we want them to have  
20 without public defenders. You know, currently DA  
21 resources dwarf what public defenders get access to.  
22 Y'all are the first line of defense, but also when we  
23 talk about getting to those root causes and needing  
24 individual needs to change behavior, to change long-  
25 term trajectories, y'all I know very well are also

1  
2 the people with the most insight into the root causes  
3 of those behaviors, because you have out of that  
4 entire system the most intimate relationships with  
5 the folks that are affected here, with the folks that  
6 we're trying to see the change in, and that is like  
7 really, really critical. Y'all know what those  
8 people's family members and loved ones know, that  
9 they are human beings with value who have a lot to  
10 offer, who deserve an opportunity to heal, that while  
11 they may have hurt one individual, have been a life-  
12 saver to another, how they can go on to be peers to  
13 then, like you know, have those outcomes be  
14 exponential. I think of Mr. T's story that you  
15 shared. But it's not just pay parity, right? It's  
16 really expanding across the board the number of  
17 attorneys and the resources that y'all have in your  
18 offices. You know, caseloads and things like that  
19 lead to burnout. Our clients deserve every effort to  
20 get the best outcomes possible, and what we're seeing  
21 is that necessarily, folks in your offices are  
22 rationing resources. We are not doing 100 percent of  
23 the things we can for one client because we're just  
24 trying to make the pieces fit and doing what we can  
25 for every client, and that is-- those are like really

1  
2 terrible and difficult places to be in terms of  
3 decision-making, and I want to acknowledge that and  
4 say, that five to 12 year period is really, really  
5 important. I know that when I left New York County  
6 Defender Services after my seventh year of service, I  
7 was on the younger end of what we call fully  
8 certified attorneys, and there weren't a lot of us  
9 left. The majority of our attorneys were only  
10 qualified to carry misdemeanor caseloads, which meant  
11 that myself and my colleagues had full entire  
12 caseloads of just very complex violent felonies, and  
13 it is really unsustainable to deliver the  
14 constitutional services that these people, but also  
15 entirely unsustainable for us as human beings taking  
16 in vicarious trauma and trying to represent folks to  
17 not burn out and leave. We need these fully  
18 certified experienced folks, and critically that year  
19 five to 12, 13, 14 area, and so I can't stress that  
20 enough. And continue to urge my colleagues to join  
21 in advocating to get y'all the money and resources  
22 that you deserve. So I just want to thank you for  
23 the work that you do.

24 COMMITTEE COUNSEL: Thank you, Council  
25 Member. Council Member Brewer?



1  
2 COUNCIL MEMBER BREWER: Well, I certainly  
3 echo all of that. We had a hearing recently and the  
4 whole City has no hiring because nobody wants to work  
5 for less money, no hybrid, and challenging  
6 circumstances in terms of whether it's public health,  
7 affordable housing, whatever. So, we certainly will  
8 advocate for legal aid, social workers, every single  
9 level. So that number of 85 versus 125 is  
10 frightening. So I'm going to be supportive of the  
11 courts. You heard me earlier. I've been doing this  
12 for a long time. I guess my specific question in  
13 addition to the amazing work that you do. Would it  
14 help to have a judge at Midtown, and how-- I mean, I  
15 know I how the DA money works to a certain extent,  
16 not just for salary, but even just for programs.  
17 Because what the DA in Manhattan tells me, and I meet  
18 with them often, is two things. He tells me that  
19 the-- I think the Mental Health Court in particular  
20 is not open enough days. So how do we get it open  
21 more days? If you think that's appropriate. And you  
22 know, if you don't have it open, then you don't bring  
23 clients here because it's not open. So I'd like to  
24 hear a little bit more about that, because obvious  
25 the mental health issues is what's on the streets.

1  
2 So little bit about the judge, mental health, and  
3 then what from your perspective where do the DA's put  
4 their money? I know they put them in basketball. I  
5 know they put them in some programs. They have  
6 money. The DAs have so much money, particularly in  
7 Manhattan. It's a little bit more on the program  
8 side, and are there programs that they should be  
9 putting-- I don't know that they going to salaries,  
10 which is a little bit of a conflict, maybe I don't  
11 know. But the government should pay you more,  
12 period, but the issue is Judge, DA money, and Mental  
13 Health Court.

14 MARVA BROWN: Yes. Yes, there should be  
15 a judge at the Midtown Community Court every day. I  
16 think that also opening the parameters of the types  
17 of clients that can get into the Mental Health Court  
18 is very important and that's why we both brought up  
19 Treatment Not Jails, right? Because right now, the  
20 way the law is, they're no mandate for Mental Health  
21 Court in the state of New York. If it's not  
22 substance use, alcoholism, it's no guarantee that a  
23 judge can say you're accepted into this court. It's  
24 all based on referrals from the District Attorney's  
25 Office and ultimately whether or not they consent to

1 a client going into Mental Health Court. So we have  
2 to change that law so that more people can get into  
3 Mental Health Court, and then you'll have the  
4 referral based on a competent judge sitting on the  
5 bench who understand mental illness and what is  
6 required to have someone be successful in Mental  
7 Health Court. I can't speak to the District  
8 Attorney's Office in terms of funding, but we know  
9 they just got about 40 million dollars from the state  
10 in terms of electronic discovery, right? The  
11 defense bar gets that electronic discovery from the  
12 District Attorney's Office. We are constitutionally  
13 mandated providers of legal services, so why are we  
14 not getting that 40 million dollars to cover the  
15 resources and information that we're receiving from  
16 the District Attorney's office? And so in that  
17 sense, their money is used however they see fit, but  
18 we're just not getting that same money and those  
19 resources to provide legal representation that the  
20 constitution requires.

22 COUNCIL MEMBER BREWER: Thank you.  
23 That's very helpful.

24 RAJI EDAYATHUMANGALAM: I will add that,  
25 you know,-- I will also say some of the same things,

1  
2 which is both of us are talking about Treatment Not  
3 Jail Act will actually expand that because the  
4 Treatment Not Jail will expand the Drug Court statute  
5 passed several years ago, and right now the Mental  
6 Health Court is on an ad-hock basis.

7 COUNCIL MEMBER BREWER: [interposing] I  
8 know.

9 RAJI EDAYATHUMANGALAM: And the problem  
10 with that is like I said in the example that I gave  
11 for Mr. T, he was excluded, and yet, if someone with  
12 psychotic illness doesn't get mental health  
13 treatment, I do not know then who else will. And  
14 also there are charges then that are not considered  
15 right now. There is no treatment for persons with  
16 sex offense charges. There's no treatment for  
17 persons with arson-related charges, and yet there are  
18 many people who desperately need help. And in fact,  
19 there are many red flags that, again, if there's  
20 partnership with professionals, mental health  
21 professionals, those red flags are treatable. For  
22 example, you know, we need to expand the scope of  
23 Mental Health Court as it exists right now, because a  
24 lot of persons with violent felony charges, it's  
25 automatically-- it's a grave concern when to bring

1  
2 that case, or people with paranoia, or people with  
3 issues of "medication compliance" or medication  
4 adherence, or even diagnosis. So I think that those  
5 need to be expanded, and so that I will say. And  
6 yes, having a judge in the Midtown Court would be  
7 helpful if it then parallels increase and access to  
8 services and resources for clients who are in need of  
9 mental health, but also non-treatment based services  
10 that have to go hand-in-hand with mental health  
11 treatment such as vocation, education, and housing.  
12 And then as far as the DA's office goes in terms of  
13 programming, I'm not familiar-- I can't speak to the  
14 funding piece, but what I can say is I'm in  
15 partnership working with prosecutors on a working  
16 group trying to actually speak from the place that I  
17 know about programming in services.

18 COUNCIL MEMBER BREWER: [inaudible] tells  
19 me today that there aren't the programs that fit the  
20 need of the client, or in his case. So I don't know.  
21 I mean, I'm down-- I go down sometimes to night court  
22 and just listen, but I do think either they're not  
23 putting the two together or the program isn't there.  
24 Of course, I think the alternative courts would take  
25 care of all that, but right now, we have a disconnect

1  
2 I think. I don't know. You know better than I. Go  
3 ahead.

4 COMMITTEE COUNSEL: Guys, we have another  
5 hearing here at one, so we're going to kind of move  
6 on to the next panel.

7 COUNCIL MEMBER BREWER: Okay, alright.  
8 Can I just get that answer quickly to see if you--

9 RAJI EDAYATHUMANGALAM: Yes. Yes. There  
10 are challenges. I will say that there are challenges  
11 in terms of-- because I come from a community-based  
12 provider perspective, and it has-- the civil needs  
13 have been spoken to before, so I think that is why  
14 the coming together of all stakeholders, even the  
15 community-based providers have to part of that  
16 conversation, because there are real challenges as  
17 well.

18 MARVA BROWN: And there are many  
19 community-based organizations that are working on  
20 implementing court-mandated programs and services.  
21 They just need the approval and the funding from the  
22 District Attorney's Office to do that.

23 COUNCIL MEMBER BREWER: Alright thank you.  
24  
25

1  
2 RAJI EDAYATHUMANGALAM: And many are also  
3 open to innovative solutions to expand the services.  
4 Thank you.

5 COUNCIL MEMBER BREWER: Thank you.

6 COMMITTEE COUNSEL: Okay, thanks  
7 everyone. Next we're going to hear from Kimberly  
8 Blair who is on the Zoom call. Kimberly, are you  
9 available? She represents the National Alliance of  
10 Mental Illness for New York City. Kimberly? I will  
11 move on to the next person. You could hop on when  
12 you're ready. Next, we'll hear from Ay-- oh, there's  
13 Kimberly. Go ahead, Kimberly. We got you.

14 KIMBERLY BLAIR: Can you hear me now?

15 COMMITTEE COUNSEL: Yes, go ahead.

16 KIMBERLY BLAIR: I'm so sorry. Okay. Hi  
17 everyone. Good morning Chair. Good morning members  
18 of the Committee. So, I'm Kimberly Blair. I'm the  
19 Director of Public Policy at NAMI NYC. however,  
20 you're going to receive my organization's testimony  
21 via written, because there's somebody who really  
22 wanted to be there with you today and she got into--  
23 she's recovering from an accident, and she really  
24 wants this written-- I mean, stated on the record.  
25 So, I will be reading some of her testimony, and she

1 submitted it as written as well. "Hello, my name is  
2 Tanisha Smith, and I live in the Bronx. I'm speaking  
3 to you today as the cousin of 31-year-old Elijah  
4 Muhammad who lived with bipolar and schizophrenia  
5 disorder. My cousin died on Rikers Island under DOC  
6 custody in July. I'm submitting testimony today in  
7 support of this committee signing on to modifications  
8 to Mental Health and Drug Courts proposed in state  
9 legislation through the Treatment Not Jails Act. The  
10 state bill would expand treatment eligibility for  
11 court-involved individuals and divert people like my  
12 cousin who would be benefited by treatment away from  
13 incarceration and toward community support.  
14 Currently, Resolution 156 is sitting in the Committee  
15 on Criminal Justice, and once it's passed it would  
16 call upon the New York State Legislature and Governor  
17 to pass and enact Treatment Not Jail Act. I urge  
18 every member of this committee to cosponsor the  
19 resolution and commit to working with your colleagues  
20 to get it passed. I'm speaking with the hope that  
21 changes are made so people in the future do not end  
22 up with the same fate, but my family and I cannot get  
23 my cousin Elijah back. I believe that a timely  
24 diversion to Mental Health Court treatment could have  
25



1 saved his life, but currently there's no uniform  
2 process to ensure that people who need critical off-  
3 ramps from the criminal legal system receive them.  
4 When my cousin Elijah was 16 years old, his mother  
5 passed away--

7 SERGEANT AT ARMS: [interposing] Time's  
8 expired.

9 KIMBERLY BLAIR: which was a-- would you  
10 like me to continue or stop?

11 COMMITTEE COUNSEL: In the interest of  
12 time, could you please try to kind of summarize here.

13 KIMBERLY BLAIR: Wrap up? Yep.

14 COMMITTEE COUNSEL: Thank you so much.

15 KIMBERLY BLAIR: So, I'm just going to go  
16 through. "His mother passed away. It was a tough  
17 transition for him and he ended up incarcerated.  
18 While being incarcerated several incidents occurred  
19 to him, and it shifted his overall personality, and  
20 we don't know what could have helped, but it led to  
21 his untimely death and he's no longer here today.  
22 It's difficult to look at the failings of the system  
23 and see what could have been, but I hope no one else  
24 has to struggle the way Elijah did. Please consider  
25 supporting the Treatment Not Jail Act to expand

1  
2 eligibility and make sure people are not sitting at  
3 Rikers for psych eval." Thank you.

4 COMMITTEE COUNSEL: Thank you so much,  
5 Kimberly.

6 CHAIRPERSON HANKS: Thank you.

7 COMMITTEE COUNSEL: And you can submit  
8 the written testimony and we'll submit it to the  
9 record as well. Thank you so much.

10 KIMBERLY BLAIR: Thank you.

11 COMMITTEE COUNSEL: Next we'll hear from  
12 Ayanna Bates followed by Hussein Rami [sp?].

13 AYANNA BATES: Hello, thank you so much  
14 for having me. I'll try to be as brief as possible.  
15 But, hello my name is Ayanna Bates and I'm a  
16 constituent of Council Member James Gennaro in  
17 District 24. I also serve as an Advocacy Ambassador  
18 with the National Alliance of Mental Illness of NYC,  
19 a grassroots mental health advocacy organization and  
20 one of the largest affiliates of NAMI, serving peers,  
21 family members, friends and caregivers in New York  
22 City for 40 years. I am submitting testimony today  
23 in support of this Committee signing on to the  
24 changes proposed in state legislation through the  
25 Treatment Not Jail Act. This state bill would expand

1 treatment eligibility for court-involved individuals  
2 and divert people who would be benefitted from  
3 treatment away from incarceration and towards  
4 community support. Currently read, 0156-2022 is  
5 sitting in the Committee on Criminal Justice. Once  
6 passed by City Council, it would call on the New York  
7 State legislature and governor to pass and enact the  
8 Treatment Not Jail Act. I'm coming to you as an  
9 older sister to my 21-year-old brother who lives a  
10 borderline personality disorder and has struggled  
11 with suicidal thoughts. When my brother was a  
12 teenager, a close friend was nervous of my brother's  
13 safety, and due to this suicidal ideation they called  
14 the police. As a young black man, encountering the  
15 police for the first time during a mental health  
16 crisis. This sparked the fear that rippled across  
17 our entire family. What my brother needed at that  
18 time was a counselor or a social worker, or peer to  
19 intervene. Luckily that interaction did not end u  
20 with my brother getting arrested or worse. These  
21 kinds of situations where police respond to the  
22 mental health crisis often escalate the situation. I  
23 still think about how-- how had he been arrested that  
24 day despite not doing anything wrong, what would  
25

1  
2 there have been an option to divert him towards  
3 mental health treatment if he received a charge.

4 SERGEANT AT ARMS: Time Expired.

5 AYANNA BATES: Yes, thank you so much.

6 SERGEANT AT ARMS: Appreciate it. Thank  
7 you so much for your testimony. Next we'll from  
8 Jeanette Beck Harrell, followed by Yung Mi Lee.  
9 Jeanette, you may go ahead once we unmute you.

10 JEANETTE BECK HARRELL: Hello. Good  
11 morning. Good afternoon, Chair Hanks and members of  
12 the Committee on Public Safety. Thank you for  
13 holding this hearing today focused on community  
14 Problem-Solving Courts. My name is Jeanette Beck  
15 Harrell and I'm from Brooklyn. I'm providing  
16 testimony today because my nephew Elijah Muhammad who  
17 struggled with mental illness died this year while in  
18 custody of the New York City Department of Correction  
19 of a drug overdose. I'm also and Advocacy Ambassador  
20 for NAMI NYC, grassroots mental health advocacy  
21 organization, and one of the largest affiliates of  
22 NAMI serving peers, family members, friends and  
23 caregivers in New York City for 40 years. I would  
24 like to emphasize my support of this committee  
25 signing on to the modifications to Mental Health and

1 Drug Courts proposed in state legislation through the  
2 Treatment Not Jail Act. The bill will expand  
3 treatment eligibility for people who would be  
4 benefitted by treatment that brings them away from  
5 incarceration and toward community support.

6  
7 Resolution 0156-2022 is currently laid over in the  
8 Committee on Criminal Justice. Every day that bill  
9 sits there without passing, someone with a known  
10 mental health condition is caged on Rikers Island  
11 waiting months for psychological evaluation that can  
12 help prove the eligibility for mental health or drug  
13 court diversion programs and get the life-saving  
14 treatment they need. My nephew Elijah was one of  
15 those people. Elijah was kind, loving, and smart.  
16 His mother died when he was in his teens and  
17 afterwards he faced difficulties that ultimately  
18 ended up with him in jail. Excuse me. I will never  
19 see Eli again in this life. It's very difficult to  
20 talk about, but I cannot remain silent any longer, as  
21 we have all seen too many lives lost on Rikers. I  
22 believe that property treatment instead of  
23 incarceration would have saved Eli's life. Too many  
24 people like Eli cannot get the help that is needed in

1  
2 New York City. Without treatment, people with mental  
3 health conditions on drugs--

4 SERGEANT AT ARMS: [interposing] Time  
5 expired.

6 JEANETTE BECK HARRELL: or drug use  
7 challenges sometimes have issues that leave them  
8 contact with law enforcement and the carceral system.  
9 Mental Health and Drug Courts are in place to help  
10 those who couldn't get the help needed beforehand.  
11 But I believe that the Mental Health Court system in  
12 place is not being utilized equitably or adequately,  
13 creating barriers to entry. A properly functioning  
14 and expanded Mental Health and Drug Court system and  
15 funding for community-based mental health support  
16 will ensure that people get the treatment and not  
17 just thrown in jail. And I want to prevent another  
18 family from receiving the worst notification  
19 possible. I am asking for adequate funding,  
20 staffing, and comprehensive reform of the Mental  
21 Health and Drug Treatment Courts through the  
22 Treatment Not Jail Act. Excuse me. Changes would  
23 include expanding New York's judicial diversion law  
24 by including people with mental health challenges,  
25 intellectual, neurological, physical and other

1 disabilities who can benefit from treatment, ensuring  
2 that Treatment Court participants are not in jail  
3 without due process, and eliminating coercive and  
4 ineffective mandated treatment by [inaudible]  
5 participation in Treatment Court without requiring a  
6 guilty plea. Expand the eligibility by eliminating  
7 charge-based exclusion, encouraging judges to  
8 strongly consider the best clinical options for each  
9 participant, and prioritize behavioral health needs  
10 over punitive responses. New York over-relies on  
11 jails and prisons as a primary treatment provider for  
12 people with mental health needs. By supporting  
13 Resolution 0156-2022 and the statewide Treatment Not  
14 Jail Act, we can provide opportunities to access  
15 mental health resources to those who need them most,  
16 allowing a greater number of people that benefit of  
17 an off-ramp to incarceration. I can't get my nephew  
18 back, but I hope this committee truly hears my  
19 testimony in support of increasing access and  
20 improvements to systemic barriers to mental health  
21 and Drug Court treatment programs. Thank you for  
22 listening to my testimony, respectfully.

24 CHAIRPERSON HANKS: Thank you, Ms.  
25 Harrell. I'm so sorry for you loss, and I really

1  
2 appreciate your powerful testimony. Thank you for  
3 testifying today.

4 COMMITTEE COUNSEL: Thank you so much.  
5 Next, we'll hear from Yung Mi Lee.

6 YUNG MI LEE: Good afternoon. Thank you  
7 Chair and the Public Committee for holding this  
8 incredibly vital and important hearing. I do want to  
9 extend my condolences to the family of Eli Muhammad.  
10 I am so sorry for your loss. With the support of the  
11 City Council, we at BDS are able to provide robust  
12 support services to people who may have avoided court  
13 involvement in the first place. If they had had  
14 access to services sooner, such as assistance  
15 navigating benefits applications, affordable housing  
16 processes, quality mental health care, substance use  
17 treatment, educational support, respite centers, or  
18 immigration assistance. So, I thank the City Council  
19 for that. BDS is also proud to have played an  
20 important role in the creation of the Brooklyn Mental  
21 Health Court, otherwise known as MD1 in 2002. So we  
22 have over 20 years of experience with how the  
23 Brooklyn Mental Health Court works, and I have to say  
24 it works. MD1 is open to all sorts of felonies,  
25 including violent felonies, and it is very clinically



1 based. And I want to talk about-- obviously we have  
2 Step [sic] the Brooklyn Treatment Court, Misdemeanor  
3 Brooklyn Treatment Court, the Veterans Court, the Red  
4 Hook Community Justice Center, but I also want to  
5 talk about what makes treatment work and how to  
6 incentivize more people to utilize themselves of the  
7 treatment options. Obviously, funding and resources  
8 is an important issue. I can tell you that doing  
9 years and years of work trying to get people into a  
10 program in the first place, there is a clear need for  
11 supportive housing, especially for those who are  
12 mentally ill. But what is that makes people not  
13 necessarily want to avail themselves of a court-  
14 mandated treatment? First of all, this--

16 SERGEANT AT ARMS: [interposing] Time  
17 expired.

18 YUNG MI LEE: again, has to do with  
19 resources. There's a long wait time and not enough  
20 beds, and so many people give up after waiting  
21 sometimes weeks and weeks at Rikers Island as they're  
22 waiting for a treatment program to open up for them.  
23 We want to ensure that confidentiality is kept  
24 because that is what allows people to speak freely  
25 about their mental health issues and to obtain the

1  
2 proper and appropriate treatment. We also are very  
3 concerned that at times people have heard about the  
4 jail sanctions that may be imposed as they go through  
5 the treatment process. We all know that clinically  
6 relapses occur and compliance is not 100 percent.  
7 People oftentimes find themselves that when they are  
8 not 100 percent compliant they end up in jail for  
9 jail sanctions, which again is incredibly disruptive  
10 to their lives, even benefits, and of course the risk  
11 of losing vital housing. So, I say this because I've  
12 been working with the Treatment Not Jails Coalition.  
13 I urge you as have others before me to pass the  
14 Resolution to support, to urge the state legislature  
15 and the Governor to pass TNJ. I know I'm very  
16 limited in time, but we do have longer testimony, and  
17 that will be-- written testimony, and that will be  
18 submitted. Thank you.

19 CHAIRPERSON HANKS: Okay, thank you  
20 everyone who came out today to-- on this very  
21 important hearing. I'd like to thank my public  
22 Safety Committee staff Josh Kingsley and Chad  
23 Benjamin for all their hard work in pulling this  
24 together, and thank you so much. This meeting is  
25 adjourned.

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COMMITTEE ON PUBLIC SAFETY

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COMMITTEE ON PUBLIC SAFETY

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 October 18, 2022