

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

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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
Center for Court Innovation

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. Once again, that's
8 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
4 COMMITTEE COUNSEL: Thank you Chair.

5 We'll begin with testimony from the Mayor's Office of
6 Criminal Justice. We'll hear from Nora Daniel who is
7 the Chief of Staff. Nora, can you please raise your
8 right hand and affirm the following. Do you affirm
9 to tell the truth, the whole truth and nothing but
10 the truth before this committee and to answer
11 honestly to Council Member questions?

12 CHIEF OF STAFF DANIEL: I do.

13 COMMITTEE COUNSEL: You may go ahead.

14 Thank you.

15 CHIEF OF STAFF DANIEL: Thank you. Good
16 morning Chair Hanks and members of the Committee on
17 Public Safety. My name is Nora Daniel. I am the
18 Chief of Staff for the Mayor's Office of Criminal
19 Justice. Thank you for the opportunity to testify
20 about some of the safety interventions that help to
21 make our city safer. Our city's public safety
22 continuum is broad and includes a number of programs
23 and interventions that are specifically designed to
24 promote public safety by providing the particular
25 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
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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
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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

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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 BOTTCHEER: 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.

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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

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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

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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
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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

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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
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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.
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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

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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
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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

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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

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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

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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

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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.

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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

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

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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

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

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,

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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?

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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.

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COUNCIL MEMBER BOTTCHEER: Thank you.

COMMITTEE COUNSEL: Council Member
Holden?

COUNCIL MEMBER HOLDEN: Thank you, Chair,
and thank you, DA, for your excellent work and, you
know, helping with certainly keep our neighborhoods
safe in New York City. I have questions on Kendra's
Law. What are some of the obstacles that we're
seeing? Whether it's in the referral area-- we're
hearing that we're not getting enough referrals,
especially from, you know, hospitals let's say. Do
you find that's true?

DISTRICT ATTORNEY MCMAHON: Yeah, you
know, the problem-- I mean, I'm not an expert, right?
But under Kendra's Law someone has to be deemed a
threat to themselves or to others, and that's a very
difficult burden to meet. So I don't know if the
language of that law has to be revisited. You have--
you know, the situation in our emergency rooms, our
psychiatric emergency rooms, I know here on Staten
Island. We have limited resources. It exists-- it
coexists next to a general health emergency room.
It's a safety concern. There are not enough beds. I
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.

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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

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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

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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.

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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
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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
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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

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

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

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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 54th Street.

AMANDA BERMAN: Right.

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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

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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?

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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 available-- 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

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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.

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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

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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

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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
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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

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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

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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
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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

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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

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

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

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

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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?

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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

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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