



Written Testimony of
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Peace and Blessings. I am, Chaplain Dr. Victoria A. Phillips, founder of Visionary V Ministries, and serves as the Director of Community, Health, and Justice Advocacy at the Women's Community Justice Association. With decades of experience in corrections, mental health, nursing, and social services, I testify today.

I have held several correctional leadership roles, including an eight-year tenure on the New York City Department of Corrections advisory board. I am currently the co-chair of the NYC Department of Correction Young Adult Taskforce and hold a position on the Brooklyn Borough Maternal Health Taskforce and Mental Health Committee.

Over the past 20 years, I have served in numerous nonuniform correctional positions. Such as cognitive behavioral therapy, nursing and overseen individuals with serious mental illnesses, including those diagnosed with conditions like Brad H, within various local and statewide facilities. My work extends to community health, highlighting women's health, where I have been a steadfast advocate for the needs of individuals/women with serious mental illnesses, particularly those who are incarcerated. Let's heal our city/state. Additionally, as a proud Army brat, I am involved with several coalitions, such as Treatment Not Jail, which I represent today, advocating for criminal justice reform and basic human rights through initiatives like the Treatment Court Expansion Act. Through my various capacities, I am here to advocate for the passage of the Treatment Court Expansion Act (S.4547-Ramos/A.4869-Forrest) in New York. This legislation aims to broaden access to treatment courts, offering individuals who I find are often entangled in the criminal legal

system due to underlying mental health and substance use concerns an opportunity to address their cases through community-based services and treatment.

Thank you for the opportunity to speak today.

1. How Jailing Mental Health And Substance Use Issues Undermines Community Safety

It is important to clarify that incarcerating individuals from our community does not enhance public safety. Research and data over the years, both in New York and across the nation, indicate that jail and prison can actually increase the likelihood of re-offending.

Research indicates that incarceration amplifies existing problems, leaving those involved- even briefly leaves them more destabilized and traumatized than before. During confinement, individuals are separated from their families and regularly face substandard conditions, insufficient medical care, and widespread drug use. Information is not impartial. Many who enter the correctional system without a diagnosis often exit with mental health issues. The population with mental health concerns remains unchanged as the jail and prison experience worsens symptoms and experiences.

Treatment courts play a crucial role in enhancing individuals long-term well-being and ensuring community safety, a testament to their growing popularity. Observations reveal that upon release from jails and prisons, many individuals face a lack of stable housing and mental health services. This leaves them in a vulnerable state, devoid of housing, employment, educational opportunities, and disconnected from essential healthcare and social services. It prompts the question: What is the value of a life in New York? These individuals are then expected to secure employment, housing, and benefits while grappling with the stigma and repercussions of their criminal records. Notably, New York City allocates \$507,000 annually to incarcerate one person at Rikers Island. The Center for Justice Innovation suggests potential cost savings could reach as much as \$10 for every \$1 spent when considering healthcare and child welfare expenses.

In addition to being more successful at lowering rearrest rates, diversion is materially more cost efficient than incarceration. While every \$1 invested in treatment courts yields \$2.21 in savings,⁸ New York City alone expends \$507,000 per person, per year on incarceration. Moreover, diversion would reduce court backlogs, made even worse by the pandemic; courts would then be free to deal with the most serious cases.

2. Rethinking Justice: Addressing Mental Health Beyond Arrest And Incarceration

The media and even testimony at this hearing often spread fear and misinformation about individuals with mental illness. It is important to clarify that only 3% to 5% of violent crimes are committed by those with mental health issues.²

More than 80% of women incarcerated at Rikers Island have mental health concerns. Additionally, one in four women enters incarceration as a survivor of sexual assault. Trauma resides within every area of healing. Individuals with mental health diagnoses are 10 to 11 times

more likely to be victims of violence compared to the general population. They are apart of the most vulnerable within our communities.³

Due to a lack of coordinated resources and the state's heavy reliance on law enforcement to address any crisis, even those without criminal activity or threats of harm, many individuals with mental health issues are unjustly drawn into the criminal justice system. It is crucial to promote the use of the 988 mental health crisis line instead of 911. Correction and Police officers, despite their best intentions, are not trained medical professionals and should not be placed in roles they did not train for. In New York, individuals with mental illness are disproportionately represented in jails and prisons, with one in five affected. If 75% of women on rikers are primary caregivers what families and communities are directly impacted? Approximately half of those detained in jails and nearly as many in prisons have mental health concerns. We are in a mental health crisis! Consequently, New York's jails and prisons have effectively become larger mental health providers than psychiatric hospitals.⁴ There are more individuals with serious mental illness residing in Rikers Island than in psychiatric facilities.⁵

Although they claim to be centers of "rehabilitation," incarceration facilities fundamentally fall short in delivering sufficient mental health or psychiatric care, or peer support, particularly in New York City jails, which in recent years have descended into a full-blown humanitarian crisis.⁶ When or women needs are ignored the community suffers.

3. Rethinking Justice: Addressing Mental Health Beyond Arrest And Incarceration

Treatment courts and diversion programs enjoy widespread, bipartisan support from both the general public and crime survivors. Despite their popularity, success in reducing crime, and cost-effectiveness, these programs remain significantly underutilized due to restrictive eligibility criteria set by current Criminal Procedure Law.

The Treatment Court Expansion Act proposes amendments to Criminal Procedure Law Article 216, which established drug courts across all New York State counties in 2009. This legislation aims to significantly broaden access to these programs and mandates adherence to evidence-based best practices, thereby enhancing participants prospects for success.

Article 216, introduced with the repeal of the Rockefeller Drug Laws, has provided a vital support system for many New Yorkers dealing with substance use disorders. Yet, over the past fourteen years, our understanding of addiction and mental health has advanced, and research has offered fresh perspectives on effective intervention and treatment methods. Furthermore, the statute's eligibility criteria are excessively restrictive, leaving out thousands annually who could

benefit from these programs. Therefore, it is imperative to significantly broaden the eligibility of Article 216 and integrate the latest best practices in treatment courts.

The 2009 statute is specifically designed for individuals with substance use or alcoholism disorders. Drug courts frequently turn away applicants suffering from severe mental health issues or intellectual and developmental disabilities when substance use is not the primary diagnosis, as mandated by CPL 216. Consequently, despite a high prevalence of co-occurring mental health disorders among substance users, many of those with these underlying conditions are denied access to treatment court opportunities. Instead, they often face incarceration, which perpetuates the cycle of recidivism that the statute aims to eliminate.

The 2009 legislation restricts eligibility to a limited range of offenses, all of which are minor, non-violent, and related to drugs or theft. Additionally, many individuals who would otherwise meet the criteria are disqualified due to their criminal records. Consequently, only a small fraction of those within the criminal justice system who require drug treatment gain access to drug treatment courts. Consider how many mothers have faced charges and what circumstances led to those charges. When considering substance abusers, do we ever think they might be veterans compelled to self-medicate due to inadequate debriefing after deployments? Who are we incarcerating?

Notably, New York State lacks a comparable diversion court statute for individuals with mental health issues, despite statistics highlighting their significant presence in the criminal justice system and society at large, where one in five people face mental health challenges. In response to this legislative gap, District Attorney offices and courts across 42 counties in New York have joined forces to establish initiatives. Ad hoc Mental health courts, despite their intent, often fall short in addressing the needs of all individuals requiring assistance, which can negatively impact public safety. These specialized courts are limited by strict annual case caps; for instance, the Erie County admits roughly -50 individuals each year. Furthermore, the absence of a statutory mandate means that prosecutors hold significant gatekeeping authority, making access to these courts infrequent.

The absence of a clear process, explanation, or recourse for those denied is a frequent issue. Additionally, many potential beneficiaries are deterred from applying due to the burdensome, intrusive, and time-consuming application process. This process often involves several meetings and interrogations by prosecutors who typically lack training in mental health issues, resulting in further trauma for the applicant and the forfeiture of significant due process and privacy rights. Participation rates in mental health courts remain notably low. In New York State, despite the existence of 36 such courts, only 570 individuals participated in 2021. This is a small fraction of the

274,592 adults arrested that year.⁸ By 2024, NY had 42 mental health courts; Brooklyn Mental Health alone had -199 active participants in 2023.⁹

4. New York Urged To Enhance Treatment Courts For Mental Health And Substance Use Recovery New York State Proposes Bill (S.4547-Ramos/A.4869-Forrest) For Legislative Review

The Treatment Court Expansion Act (S.4547 - Ramos/A.4869 - Forrest) seeks to unlock the full potential of New York's treatment courts by significantly broadening access and enhancing the treatment model detailed in CPL Article 216.

The Treatment Court Expansion Act proposes to broaden access to treatment courts for individuals with mental health diagnoses, intellectual disabilities, and other disorders that have disrupted their societal functioning and led to involvement in the criminal justice system. Under this model, judges would have the authority to order diversion irrespective of the initial charge, provided the court finds that the individual's mental health or substance use issues have contributed to their legal troubles, that these issues are treatable, and that community-based treatment serves the public interest. This decision would rely on scientific assessments from mental health professionals, alongside evidence and arguments from both the prosecution and the applicant. Successful completion of a court-mandated treatment plan could result in the judge dismissing or reducing the individual's criminal charges.

The Treatment Court Expansion Act aims to broaden access to these courts while enhancing the treatment court model by adhering to established evidence-based practices. Notably, participants in treatment courts with non-violent felonies or misdemeanors will not be compelled to plead guilty to receive treatment. This approach is already implemented in upstate opioid courts, the Manhattan Misdemeanor Mental Health Court, and all mental health treatment courts in California. The Act acknowledges that entering a guilty plea can lead to numerous collateral consequences and foster harmful treatment court practices. It often excludes eligible participants, especially noncitizens, who risk severe immigration repercussions from any admission of guilt, even if charges are later dropped. It also affects those not guilty of all charges against them. Requiring a plea upfront can result in punitive and coercive treatment methods, which are less effective and generally disapproved by the treatment science community. Pre-plea models used in many of New York's problem-solving courts have already demonstrated success. The passage of this law would ensure the fair and consistent application of proven methods across New York State.

The Treatment Court Expansion Act ensures individuals receive due process protections, prohibiting summary punishments without proper procedures. It incorporates effective harm reduction strategies and procedural justice principles; allowing loved ones to receive medical treatment rather than destroy personal lives and family homes. Participants who complete the treatment plan will not face convictions that could hinder their access to stable housing, employment, and essential medical and mental health services. As a result, society benefits overall, and public safety is enhanced because individuals receive treatment rather than incarceration.

5. Final Thoughts

New York's path to genuine public safety lies in addressing the untreated mental health and substance abuse issues that often lead to criminal behavior. Treatment courts offer an effective, cost-efficient, humane, and widely supported approach to providing necessary care and connecting individuals with essential services. As a brain surgery survivor living with invisible disabilities, I strongly advocate for the inclusion of the Treatment Court Expansion Act in our next budget, ensuring that more New Yorkers, more mothers, sisters, aunts, women who are often forgotten and in need receive the treatment they deserve.

Peace and Blessings Everyone.

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