



WRITTEN TESTIMONY OF

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DISORDERS**

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My name is Helen “Skip” Skipper, and I am Executive Director of the NYC Justice Peer Initiative. I am also a proud member of the Treatment Not Jail Coalition and an even prouder proponent of the “**Treatment Court Expansion Act**”. Thank you for giving me the opportunity to speak today about the need for New York State to build additional off-ramps from the criminal legal system so that we prioritize peer support and community-based treatment over incarceration.

Last year, Governor Hochul included \$24 million in her Executive Budget to expand treatment courts across the state. The Treatment Not Jail coalition commends the inclusion of this funding in her budget but we urge the legislature to go further and pass the Treatment Court Expansion Act S.4547 (RAMOS) /A.4869 (FORREST), along with the funding, to ensure that such courts are expanded equitably across the state, and are modernized to embody proven-effective best practices. The Treatment Court Expansion Act will bring fairness and clarity to the admissions process, codify due process protections, curb abusive practices, encourage the integration of peers, and adopt evidence-based treatment that is driven by medical professionals and participants themselves.

I. My Story

Let me be clear and intentional about where I am coming from: I spent 25 years, starting at 17 years old, cycling through the criminal justice, mental health, homelessness and substance abuse systems. I am heavily impacted by these many systems of oppression.

All along, it should have been obvious to anyone who took one look at me that I was in desperate need of help. I was suffering from untreated serious mental illness that I was self-medicating for through illicit substances. I was arrested on dozens of occasions for drug and theft offenses. And yet, at no time in this extensive period was I ever offered a meaningful chance to get connected to the treatment and services I needed to safely exit from the criminal legal system, to treat these root causes, and to recover from the decades of trauma that these systems had inflicted. Instead, for 25 years, I was shuffled off to the next, only to rinse and repeat the same cycle over and over again. It was as if I wasn't a person, just a "felon," a "defendant," an "addict," and my absolute favorite – just a plain "criminal", with no hope for redemption and rehabilitation – the president of the "never-woulda-coulda club" – I was never going to be anything, would never be anything, could never be anything but a drug-addicted, mentally ill non-violent felon.

Finally, in 2007 - at 43 years old - after being arrested once again on a misdemeanor with a parole violation, the court allowed me to go into a program. To be specific, it was a residential drug treatment program in Suffolk County.

For the first time in my adult life, I got the treatment and support I needed. It changed my life. I haven't been arrested or used any illicit substances since then - over 18 years. Eventually, I went back to school where I graduated with a B.S in Criminal Justice (with honors) and obtained my master's degree in criminology with distinction from John Jay College of Criminal Justice. I am also a published academic scholar, an adjunct professor at LaGuardia Community College, a nominated lifelong member of the Council on Criminal Justice and am pursuing a PhD. I became a Certified Peer Specialist with the Office of Mental Health and a Certified Recovery Peer Specialist with the Office of Addiction Services and Supports and began using my experience to help pull others out of these cruel, oppressive, and traumatizing systems that I experienced. Seeing the profound impact of my peer work, I founded the NYC Justice Peer Initiative to bring more individuals into this field and out of the fire. I am also the Vice Chair of the NYC Board of Correction. Let me pause here and be very clear and intentional – accolades aside – I would not be here – today – were it not for the support I was given yesterday!

II. NYC Justice Peer Initiative

A Justice Peer is an individual who uses their unique lived experience of recovery from behavioral health concerns and the criminal legal system, along with skills honed through training to support the recovery of people still ensnared in that system. Justice Peers work alongside other public sector staff to model what is possible, spread hope, and destigmatize criminal legal involvement.

The NYC Justice Peer Initiative (JPI) is a non-profit organization, fiscally sponsored by CASES, that launched in 2020. This broad coalition of Justice Peers, allies, friends and employers have developed a community focused on a peer-led effort to expand and leverage the power of Justice Peers to contribute to criminal legal system (CLS) transformation. Justice Peers are individuals who use their lived experience with the CLS to bring peer support to others who are ensnared within the system. Justice Peers use the power of storytelling and lead by example, instilling hope and determination in those they serve. Their experience and compassion are critical for helping individuals to successfully navigate complex systems to overcome trauma, maintain their recovery, and live their best lives. JPI is on a mission to create a vibrant NYC based peer-run Justice Peer Center to advance the Justice Peer workforce and promote peer support delivered by Justice Peers as a key solution for the transformation of the CLS.

The Justice Peer movement in New York centers peer support as the framework revolutionizing how impacted people provide evidence-based responses through mutual support. Justice Peers can be inserted at every stage of involvement in the criminal legal system and are people who use their professional training and lived experience to support others facing similar challenges and to infuse recovery and wellness. We lead by example, instilling hope and determination to promote connection and achieve transformation at the individual, social, and structural level.

III. The Systemic Failures That Perpetuate Criminal Involvement Due to Untreated Mental Health and Substance Use Issues.

Criminal legal involvement and public safety have a relationship that is connected but historically misunderstood. The current narrative on public safety is riddled with extremely damaging false narratives to the detriment of those who become entrenched in the criminal legal system, as well as communities who deserve and want to feel safe.

The common perception in our criminal legal system is that jail and prison make our communities safer. However, this is far from the truth. Studies show that jail and prison make someone *more likely* to reoffend.¹ The reason for this is obvious. Incarceration is an incredibly traumatizing and destabilizing experience, and those detained are left to cope without any therapy, proper medical care, or guidance. Moreover, once the period of incarceration ends, people are released from jail and prison without housing, medical care, therapy or rehabilitation systems in place, and then left

¹ Cullen, F. T., Jonson, C. L., & Nagin, D. S. (2011). Prisons Do Not Reduce Recidivism: The High Cost of Ignoring Science. *The Prison Journal*, 91(3_suppl), 48S-65S. <https://doi.org/10.1177/0032885511415224>; Stemon, D. (2017, July). "The Prison Paradox: More Incarceration Will Not Make Us Safer." Vera Institute. Retrieved January 2022, from https://www.vera.org/downloads/publications/for-the-record-prison-paradox_02.pdf; Emily Leslie & Nolan Pope, The Unintended Impact of Pretrial Detention on Case Outcomes: Evidence from New York City Arraignments 60 J. OF L. AND ECON. 3, 529-557 (2017), www.econweb.umd.edu/~pope/pretrial_paper.pdf; Will Dobbie et al., The Effects of Pre-Trial Detention on Conviction, Future Crime, and Employment: Evidence from Randomly Assigned Judges (Nat'l. Bureau of Econ. Research, Working Paper No. N22511, 2018), www.nber.org/papers/w22511.pdf.

to contend with the adverse collateral consequences that accompany a criminal record on their own.² This is a recipe for increased substance use, psychiatric hospitalizations, untreated mental health conditions, and inevitably, more involvement with the criminal legal system, all at the expense of public safety.

On the contrary, studies show that people who successfully complete mental health or drug diversion courts, should they be lucky enough to be eligible or accepted into one, have a significantly lower rate of recidivism.³ Moreover, these programs are drastically more cost-efficient than incarceration. While New York City spends \$556,539 per year to incarcerate just one person in its jail system, the New York State Office of Court Administration projects that for every \$1 invested in treatment courts yields \$2.21 in savings.⁴ When accounting for reduced future criminal legal system involvement and the impact on other systems, like healthcare and child welfare, the Center for Justice Innovation estimates the cost savings to be closer to \$10/1.⁵

So how is it that this false narrative has lasted for so long? Why do so many people believe that incarceration protects our communities? To start, many wrongly believe that people who struggle with mental illness or substance use disorders are more likely to commit violence against another person. The truth is that people with mental health or substance use concerns are no more likely than the general public to engage in acts of violence, and in fact, those with mental illness are in

² Christopher Lowenkamp et al., *The Hidden Costs of Pretrial Detention*, THE LAURA AND JOHN ARNOLD FOUND., https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/LJAF_Report_hidden-costs_FNL.pdf; Baer et al. *Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio*, Urban Institute Justice Policy Center (January 2006), <https://www.urban.org/sites/default/files/publication/42981/411289-Understanding-the-Challenges-of-Prisoner-Reentry.PDF>.

³ Michael Mueller-Smith & Kevin T. Schnepel, *Diversion in the Criminal Justice System*, 8 THE REV. OF ECON. STUD. 2, 883–936 (2021), <https://doi.org/10.1093/restud/rdaa030> (finding that diversion cuts reoffending rates in half and grows quarterly employment rates by nearly 50% over 10 years); Amanda Agan, Jennifer Doleac & Anna Harvey, *Misdemeanor Prosecution* (Nat'l Bureau of Econ. Res., Working Paper No. 28600, 2021), https://www.nber.org/system/files/working_papers/w28600/w28600.pdf (finding non-prosecution of a nonviolent misdemeanor offense leads to large reductions in the likelihood of a new criminal complaint over the next two years); David Huizinga & Kimberly L. Henry, *The Effect of Arrest and Justice System Sanctions on Subsequent Behavior: Findings from Longitudinal and Other Studies*, in, THE LONG VIEW ON CRIME: A SYNTHESIS OF LONGITUDINAL RESEARCH 244 (Akiva M. Liberman, ed., 2008); John Laub & Robert Sampson, *Life-Course and Developmental Criminology: Looking Back, Moving Forward*, J. OF DEV. AND LIFE-COURSE CRIMINOLOGY (2020); Shelli B. Rossman, Janeen Buck Willison, Kamala Mallik-Kane, KiDeuk Kim, Sara DebusSherrill, P. Mitchell Downey, *Criminal Justice Interventions for Offenders with Mental Illness: Evaluation of Mental Health Courts in Bronx and Brooklyn, New York*, Nat'l Inst. of Justice (April 2012), <https://www.ojp.gov/pdffiles1/nij/grants/238264.pdf>.

⁴ New York State Unified Court System, *The Future of Drug Courts in New York State: A Strategic Plan* (2017), https://www.nycourts.gov/legacyPDFS/courts/problem_solving/drugcourts/The-Future-of-Drug-Courts-in-NY-State-A-Strategic-Plan.pdf.

⁵ Waller, M., Carey, S., Farley, E., & Rempel, M. (2013). *Testing the Cost Savings of Judicial Diversion*. NCP Research and Center for Court Innovation. https://www.innovatingjustice.org/sites/default/files/documents/NY_Judicial%20Diversion_Cost%20Study.pdf

fact far more likely to be the victims rather than the perpetrators of violence.⁶ Unfortunately for the thousands of justice-involved New Yorkers seeking admission into a mental health court in New York State, this misperception leads to rejection from treatment and ultimately incarceration, which leads to a decrease in protecting the public.

Treatment courts throughout the state have also wrongly concluded that people charged with violent charges or have prior violent convictions are less likely to succeed with diversion. Yet studies consistently show that people charged with violent crimes are as likely to succeed and rehabilitate in a problem-solving court as those charged with non-violent crimes.⁷ The result is that many treatment courts do not accept motivated, willing and ready would-be participants who are otherwise eligible but for a prior violent conviction.

Public safety is something we all care about, no matter our race, ethnicity, socioeconomic status, geographic location or political persuasion. But if we are going to increase public safety, then we must provide more treatment opportunities for those in the criminal legal system who need it.

IV. Treatment Court Expansion Act S.4547 (RAMOS) /A.4869 (FORREST)

TCEA RECOGNIZES THAT HEALTHY COMMUNITIES ARE SAFE COMMUNITIES! TCEA gives courts the tools and resources to address root causes rather than relying solely on incarceration to address public safety concerns. TCEA reduces crime & makes our communities safer - mental health and drug treatment courts lower rearrest rates by 50%. TCEA creates opportunities for all New Yorkers by providing fair access to drug and mental health courts statewide, supporting community investments across NY, in every single county.

WHY NOW. New York faces intersecting challenges—rising behavioral-health needs, uneven access to diversion options across counties, and pressure to deliver public-safety gains without defaulting to incarceration. The Treatment Court Expansion Act meets this moment by scaling approaches that redirect people whose conduct is driven by health conditions into evidence-based care, building consistency statewide, and improving outcomes for participants, families, and communities.

PROBLEM. Diversion courts in New York remain a patchwork: eligibility is limited in many places, access varies by county, and people living with mental health conditions, substance use disorders, intellectual and developmental disabilities, or other functional impairments are too often

⁶ *Mental Health Facts and Myths*, MentalHealth.gov, <https://www.mentalhealth.gov/basics/mental-health-myths-facts>; Canadian Mental Health Association, Durham, *The Myth of Violence and Mental Illness*, <https://cmhadurham.ca/finding-help/the-myth-of-violence-and-mental-illness/>.

left with jail or prison instead of treatment. This inconsistency undermines equity, public health, and long-term public safety.

SOLUTION. The Treatment Court Expansion Act modernizes and standardizes judicial diversion statewide. It updates New York’s criminal procedure and judiciary laws to establish a consistent framework that prioritizes treatment and harm reduction over incarceration, aligning court practices with contemporary public-health and evidence-based standards.

HOW IT WORKS. The Act broadens eligibility beyond traditional drug cases by focusing on functional impairments—including mental illness, substance use disorders, developmental disabilities, traumatic brain injury, dementia, and serious physical impairments—so courts can address the underlying drivers of offending. It builds statewide capacity by establishing specialized diversion parts in every county and by authorizing mental health courts across New York, ending the ZIP-code lottery of access. Judges can transfer cases so participants receive care in their home counties, supporting continuity of services, family stability, and reentry success. Program design centers validated treatment and harm-reduction practices, while privacy protections, no-cost treatment, and pre-plea admission lower barriers to participation. Annual reporting requirements strengthen transparency and continuous improvement.

EXPECTED IMPACTS. By connecting people to the right care at the right time, the Act is designed to reduce reoffending, enhance community health and safety, and narrow regional disparities in access to services. Standardized operations, clear transfer authority, and modernized record-relief provisions support quicker case resolution, improved employment and housing prospects for completers, and better allocation of court resources toward the most serious cases.

V. Fiscal Impact of the Treatment Not Jail Act.

TCEA is fiscally attractive because it strategically shifts people from the most expensive public-safety option—incarceration—into reimbursable, evidence-based care. New York counties spend over ~\$225 per jail bed-day on average outside NYC (~\$82k annually), state prisons average ~\$315 per day (~\$115k annually), and NYC’s full jail cost has exceeded \$500k per person per year—so every diverted day yields outsized savings potential compared with treatment delivered in the community. ([Vera Institute of Justice](#))

Critically, TCEA’S treatment pathway can tap federal Medicaid financing rather than relying solely on state or county general funds. New York’s Federal Medical Assistance Percentage (FMAP) is the statutory 50%, and CMS’s January 9, 2024 approval of New York’s Section 1115 waiver amendment expands matchable behavioral-health and reentry-related services that stabilize high-need populations. In practice, that means a substantial share of service costs are federally matched, improving the state’s return on investment when people receive care instead of jail. ([Office of the New York State Comptroller](#))

TCEA also standardizes operations statewide—specialized parts, data reporting, and home-county participation—producing court-system efficiencies that reduce adjournments and unnecessary custody days. Streamlined case flow and continuity of care translate into fewer “dead time” bed-days and faster, better-coordinated resolutions, especially valuable in high-cost jurisdictions like NYC. ([NYC Comptroller](#))

Evidence from problem-solving courts points to long-run budget gains: mental-health and drug-court models reduce arrests and days incarcerated, and national guidance highlights their potential to save money through avoided jail and court costs. New York’s own problem-solving court strategy provides a strong template for scaling those efficiencies across counties under a unified framework. ([Washington DSHS](#))

Put together, the fiscal story is straightforward: TCEA replaces high, locally borne incarceration costs with Medicaid-financed treatment; it streamlines court operations to cut time-in-custody; and it leverages proven diversion models that reduce future justice involvement. The result is a policy designed to be budget-smart in the short term and net-positive over time. ([Vera Institute of Justice](#))

VI. Conclusion

The “Treatment Court Expansion Act understands that most people who enter into the criminal legal system are often victims of lifelong racial and economic injustice, including a lack of access to health care, stable housing, and education. Those admitted are given the chance to get well and thrive in the community, maintaining or re-building connections to family and friends. Ultimately, those who complete the court-mandated treatment program will emerge without a criminal conviction and without a sentence of incarceration, thus sparing participants from the inevitable stigma and trauma that would have otherwise thwarted the ability to procure housing and employment and proper mental health and medical care. As a result, both the participant and our communities benefit because the individual in need received treatment, not jail.

TCEA is exactly what I needed at 17 years old until my early 40’s.. If this had been the law back then, I would have saved 25 years of trauma and suffering and I would probably be a mundane AUSA.

If there are any questions about this testimony, I can be reached at NYCJPIExeDir@cases.org.