Thank you for the opportunity to testify today. I'm Nadia Chait, the Senior Director of Policy & Advocacy at CASES, where we treat mental illness as a condition, not a crime. We know that New York City's most deeply rooted problems can be solved by supporting, not jailing, people. Across our programs, we give participants opportunities to heal, grow and succeed in their communities.

CASES served about 13,000 people last year, with comprehensive care that helps people stay out of jail and treat their mental illness. Our Alternative to Incarceration (ATI) programs show, every day, that we can achieve true public safety by diverting people from prison and jail into treatment and community.

CASES strongly supports the Treatment Court Expansion Act (S.4547/A.4869), which will ensure that all New Yorkers have access to judicial diversion. We have partnered with diversion courts for decades. We know that when community providers, judges, prosecutors and district attorneys come together in the treatment court model, we achieve something much greater than just a conviction: we achieve the healing and change that helps someone exit the criminal legal system, improves public safety, and strengthens our communities.

Our Nathaniel Assertive Community Treatment ATI serves people with serious mental illness and felony charges. This program provides intensive mental health support that meets people in the community, with a team that includes psychiatry, nursing, substance use specialists, peer support, employment specialists, family & wellness services, housing support and criminal justice specialists. This comprehensive model wraps clients with the support to successfully treat their mental health conditions and stabilize their lives. Among clients who entered the program on a violent felony charge, none had a new violent felony conviction two years after the completion of court monitoring, and 94% had no new felony convictions. Clients see a 70% decrease in homelessness, a 50% decrease in psychiatric hospitalizations, and significant increases in employment and education.

One recent client, Mr. A joined this program after being incarcerated on Rikers Island for three years. He was diagnosed with schizophrenia, depression and alcohol use disorder. This client had attempted suicide multiple times, which led to a serious injury. After entering our program through a diversion process, the client's life has changed. Mr. A was connected to benefits, provided with mobility supports so he can navigate his community, and received the substance use treatment he needed. He completed court successfully and is has not been hospitalized recently.

When Mr. B came to our program, he was not able to attend treatment appointments or engage in mental health care. Mr. B has an extensive arrest history, lead poisoning, schizophrenia and cannabis use disorder. Under our care, Mr. B is now in substance use recovery, attending mental health and medical appointments, and has not missed a court date.

A third client, Mr. C, shows how our services can succeed where previous efforts have failed. Mr. C had received various, changing psychiatric diagnoses over time. This confused him and made him distrust treatment, including medication. He also had untreated diabetes. Our team connected with Mr. C around his personal interests, building a trusting relationship grounded in who Mr. C is as an individual, not as a case number or diagnosis. With this foundation established, the team found creative ways to provide psychoeducation for Mr. C, helping him to attend appointments, begin adhering to both his medical and psychiatric treatment, and reduce his substance use. Mr. C has now successfully completed his court mandate, but remains committed to taking his medication and engaging with the team. He has reunited with his family, including his adult child. He is engaging in regular physical activity and healthy nutrition.

These are the kinds of individuals who the Treatment Court Expansion Act would help. Right now, it is luck of the draw that these clients had access to diversion. These clients had access because of where they were arrested – they were 'lucky' enough to be arrested in Brooklyn and Manhattan, where existing treatment courts were able to successfully divert these cases. But if these clients had been arrested in other parts of the state, their lives would be very different. They would likely be in prison, not in their community.

The Treatment Court Expansion Act diversion criteria would also help ensure that individuals are not excluded because of their complexity. As these client stories show, many of our clients have mental health and substance use disorders. Some have an intellectual or developmental disability. Many also have physical health challenges. When systems are based solely on a specific diagnosis, or whether someone fits just right in the defined bucket, lots of people in need of help get left out. The broad eligibility of the Treatment Court Expansion Act will ensure that people are evaluated as individuals, not based on what system they supposedly belong to.

We also strongly support the ending of automatic exclusions that the Treatment Court Expansion Act includes. We have successfully served clients with some of the most serious charges. With an individualized approach and case-by-case analysis, we can ensure our courts provide justice and accountability.

We urge the Senate and Assembly to pass the Treatment Court Expansion Act. I am available to answer any questions – nchait@cases.org or 229-550-6287.