



Testimony of

Stephanie Bazell

Senior Policy Attorney, New York County Defender Services

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My name is Stephanie Bazell. I am a Senior Policy Attorney at New York County Defender Services ("NYCDS"). NYCDS is a public defender office based in Manhattan that serves more than 10,000 clients in criminal cases every year and over half a million people since we opened our doors over 25 years ago.

Our office plays a leading role in a statewide coalition that recognizes that our state is in the midst of a public health crisis, and advocates for systemic reform at the intersection of mental health, substance use, and the criminal legal system. We are in partnership with other public defenders across the state, as well as health care professionals, law enforcement, faith-based leaders, community organizers, and, most importantly, people with personal experience navigating the fraught intersection of the criminal legal system and the behavioral health system.

I am here to urge the legislature to address these crises by including in this year's budget the Treatment Court Expansion Act (S.4547-Ramos/A.4869-Forrest). This Act seeks to amend the Criminal Procedure Law Article 216, the Judicial Drug Diversion statute, to provide legislative authority to establish treatment opportunities for both substance use *and* mental health, ensuring equitable infrastructure, funding, and a streamlined application throughout New York state, in accordance with clinically proven best practices and regulatory guidance by the country and state's leading treatment providers. Expanding and improving access to treatment courts in New York State will address New York State's mental health crisis, as well as public safety concerns, by offering a healthy and stable path to rehabilitation for individuals who became entangled in the criminal legal system because of a mental health or substance use condition.

Thank you for the opportunity to testify here today.

I. THE CRISIS: JAILS AS PSYCHIATRIC FACILITIES

Our criminal justice system has become our de facto mental health system, and the consequences are devastating. Rikers Island has effectively become one of the largest psychiatric facilities in the United States¹, though it was never designed, staffed, or resourced to serve that purpose. Our correctional facilities are now the biggest treatment providers for people with serious mental health needs, a role they are fundamentally incapable of fulfilling.

This reality represents one of the great unfulfilled promises of American mental health policy: deinstitutionalization. When psychiatric hospitals were shuttered, many justifiably due to abuse, the stated goal was to replace them with a robust, community-based continuum of care.² That continuum was never built.³ Instead of receiving treatment in their communities, people with mental illness were simply transferred from one institution to another. Today, they are placed in jails and prisons that are even less equipped to manage complex mental health conditions than the facilities we closed.

The scope of need is staggering. One in five New Yorkers has a diagnosed mental health condition.⁴ More than 800,000 New Yorkers report that they are unable to access treatment, with cost cited as the primary barrier.⁵ Poverty, housing instability, and unemployment are major drivers of mental distress, and unfavorable social conditions consistently worsen mental health outcomes.⁶ It is therefore our most vulnerable communities, those with the least access to care and stability, who are suffering the most and who are most likely to be funneled into the criminal legal system.

II. THE HUMAN COST: SUFFERING ON ALL SIDES

The consequences for people with mental illness in custody have been catastrophic. According to the most recent deaths-in-custody report from the NYC Board of Correction, five of the seven individuals who died in NYC's jail system between June and September 2025 had known mental health challenges.⁷ The Board identified systemic failures, including insufficient staffing on

¹ Ransom, J., & Harris, A. (2023, December 29). *How Rikers Island became New York's largest mental institution*. *The New York Times*. <https://www.nytimes.com/2023/12/29/nyregion/nyc-rikers-homeless-mental-illness.html>

² Talbott, J. A. (2004). *Deinstitutionalization: Avoiding the disasters of the past*. *Psychiatric Services*, 55(10), 1112. <https://doi.org/10.1176/appi.ps.55.10.1112>

³ *Id.*

⁴ New York State Department of Health. (n.d.). *Priority Area: Mental Health/Substance Abuse*. Prevention Agenda: Toward the Healthiest State.

https://www.health.ny.gov/prevention/prevention_agenda/mental_health_and_substance_abuse/mental_health.htm

⁵ National Alliance on Mental Illness. (2025). *New York GRPA data sheet* [PDF]. NAMI.

<https://www.nami.org/wp-content/uploads/2025/05/NewYork-GRPA-Data-Sheet-8.5-x-11-wide.pdf>

⁶ Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Soneson, E., Steare, T., Wright, T., & Griffiths, S. L. (2024). *The social determinants of mental health and disorder: Evidence, prevention and recommendations*. *World Psychiatry*, 23(1), 58–90. <https://doi.org/10.1002/wps.21160>

⁷ New York City Board of Correction. (2026, January 21). *Second report and recommendations on 2025 deaths in New York City Department of Correction custody* (R. Gray, Director of Special Investigations). City of New York.

<https://www.nyc.gov/assets/boc/downloads/pdf/second-report-and-recommendations-on-2025-deaths-in-doc-custody.pdf>

mental health units, failure to provide aid to people in visible distress, and staff abandoning assigned posts.⁸

In 2024, a mental health care worker exposed the widespread practice of "deadlocking," in which people experiencing acute psychiatric crises were locked in their Rikers cells for days, weeks, and even months.⁹ During this time, they were denied showers, meaningful human contact, and in some cases necessary medications.¹⁰ These conditions inevitably led to severe psychological decompensation.

The data confirms that this crisis is intensifying. The 2025 Mayor's Management Report shows that the percentage of individuals in the Department of Correction custody eligible for specialized mental health discharge planning rose from 54 percent in FY24 to 57 percent in FY25.¹¹ Watchdog organizations report that suicides in state prisons have doubled.¹² The Office of Mental Health (OMH) caseload continues to increase.¹³ The proportion of people with Serious Mental Illness on Rikers Island has increased from 17% in 2020 to 22% in 2025.¹⁴

This crisis also devastates those charged with managing it. Correctional officers themselves have repeatedly stated that they are not trained to provide the level of mental health care required.¹⁵ The toll of this environment is overwhelming: corrections officers experience suicide rates approximately seven times higher than the general population, reflecting the severe psychological pressures of working in such conditions.¹⁶

People are released from jail traumatized, destabilized, and significantly decompensated, all but ensuring their imminent return to the criminal legal system. Without intervention to address the

⁸ *Id.*

⁹ Rzewinski, J. (2025, June 27). *Why I blew the whistle on extreme confinement on Rikers Island*. The Marshall Project. <https://www.themarshallproject.org/2025/06/27/rikers-whistleblower-deadlocking-mental-health-units>

¹⁰ Gross, C. (2024, October 11). *Detainees locked in cells for weeks: Whistleblower*. NY1. <https://ny1.com/nyc/all-boroughs/politics/2024/10/11/rikers-detainees-whistleblower-mental-health-care-pdf>

¹¹ New York City Board of Correction. (2026, January 21). *Second report and recommendations on 2025 deaths in New York City Department of Correction custody* (R. Gray, Director of Special Investigations). City of New York. <https://www.nyc.gov/assets/boc/downloads/pdf/second-report-and-recommendations-on-2025-deaths-in-doc-custody.pdf>

¹² Correctional Association of New York. (2025, August 5). *Suicides in prison more than doubled from 2023 to 2024* [Press release]. Correctional Association of New York. <https://www.correctionalassociation.org/press-releases-archive/suicides-in-prison-more-than-doubled-from-2023-to-2024>

¹³ Correctional Association of New York. (n.d.). *Suicide and self-harm dashboard*. Correctional Association of New York. <https://www.correctionalassociation.org/data/dashboard-self-harm-data>

¹⁴ Rempel, M., Rodriguez, K., Bock, K., Zeitz, Y., Sayegh, G., & Dominguez, M. (2025). *Rikers Island and mental health: Pathways toward community-based diversion and jail population reduction* (Data Collaborative for Justice & Katal Center report). Data Collaborative for Justice at John Jay College; Katal Center for Equity, Health, & Justice. https://datacollaborativeforjustice.org/wp-content/uploads/2025/11/Katal_DCJ_Report.pdf

¹⁵ Burhanullah, M. H., Rollings-Mazza, P., Galecki, J., Van Wert, M., Weber, T., & Malik, M. (2022). *Mental health of staff at correctional facilities in the United States during the COVID-19 pandemic*. *Frontiers in Psychiatry*, 12, 767385. <https://doi.org/10.3389/fpsyg.2021.767385>

¹⁶ Vera Institute of Justice. (2018). *The prison experience for corrections staff*. In *Reimagining Prison*. <https://www.vera.org/reimagining-prison-web-report/examining-prisons-today/the-prison-experience-for-corrections-staff>

root cause of criminal legal involvement and connect people with community-based treatment, there is no pathway to healing, only repeated incarceration.

III. THE SYSTEMIC FAILURE: A COLLAPSING CORRECTIONAL SYSTEM

These challenges exist against the backdrop of a collapsing correctional system. In February 2025, DOCCS officers engaged in an illegal strike that lasted 22 days.¹⁷ When approximately 2,000 officers did not comply with the Governor's order to return to work, they were terminated.¹⁸ An already understaffed prison system was forced to continue operating under extreme strain. The burden placed on remaining staff and on incarcerated people has been overwhelming.

This crisis has exposed a fundamental truth: a system built on punishment is incompatible with the delivery of effective mental health care. There is an inherent tension between the mission of jails and prisons and the mission of mental health facilities. That tension makes humane and effective care for people with serious mental illness in custody nearly impossible. More people than ever are suffering behind bars and there simply isn't the capability or capacity to take care of these individuals.

IV. THE INEQUITY: GEOGRAPHY DETERMINES JUSTICE

Ad hoc mental health courts have begun to spring up across New York State out of necessity. These offer offramps out of the traditional criminal legal system into community-based treatment. However, because they are not subject to one authorizing statute, they vary widely based on geographic region. Just by virtue of the county you live in, the trajectory of your life can change because you may or may not be offered the opportunity to complete treatment court. There is a fundamental lack of fairness and equity when jurisdiction determines whether your mental illness will be criminalized or treated.

This geographic lottery also reflects troubling racial disparities. Some of the courts that have had the best outcomes are in Buffalo, serving a predominantly White population, and offer a forward-thinking, barrier-free, characteristically forgiving model. Meanwhile, courts serving racially diverse populations often adhere to far more punitive, traditional approaches to treatment.

We need to reorient ourselves to how we serve all New Yorkers with mental health conditions. The diverging ethos of understanding mental health as a public health crisis versus an issue of law and order has roots in racial equity that we must address.

V. THE SOLUTION: THE TREATMENT COURT EXPANSION ACT

¹⁷ Lewis, R. C. (2025, March 10). *DOCCS commissioner: Prison strike is over*. City & State New York. <https://www.cityandstateny.com/policy/2025/03/docts-commissioner-prison-strike-over/403634/>

¹⁸ Id.

In 2009, this legislature passed Drug Reform Laws that established a drug court in every county.¹⁹ This followed recognition that substance use was a public health crisis, not a purely penological one, and needed to be treated accordingly. The same reckoning has happened over time in mental health. It is time to act with the same conviction.

The Treatment Court Expansion Act would establish mental health treatment courts statewide, ensuring every New Yorker has access regardless of geography. It would establish consistent standards and best practices grounded in evidence and equity. It would interrupt the cycle of incarceration by addressing the root causes of criminal legal involvement. It would connect our most vulnerable citizens to services they are unlikely to otherwise access. And it would provide a pathway to stabilization, compliance, and successful community reintegration.

Connecting people to service has downstream benefits for the whole mental health system and for the State. Treatment court participants achieve stabilization and medication compliance, leading to reduced reliance on costly emergency rooms and crisis services. This also creates a pathway to employment and successful community reintegration.

VI. THE FISCAL CASE: INVESTMENT AND RETURN

The Office of Court Administration projects it will need \$51.4 million to accommodate a tripling of current participants. Based on the 2009 drug court model, which allocated \$15 million to the courts and \$50 million to treatment providers, we believe we need roughly \$75 million for treatment providers when accounting for inflation.

This is a substantial upfront investment. However, we have done this before under similar circumstances. In 2009, drug law reform was enacted during the financial crisis when the state was facing a \$16 billion budget deficit.²⁰ The state was examining how to operate a more efficient criminal legal system. Just 18 months after Drug Law Reform was enacted, OASAS reported that diversion policies were saving the state \$1 million each month and noted that, given deficits in the millions and billions, the state was both saving money and doing what was right for the people of New York.²¹

These savings are unsurprising when we examine the data. New York City spends approximately \$507,317 per year to incarcerate a single individual in its jail system.²² The New York State Office of Court Administration projects that for every \$1 invested in treatment courts, the state

¹⁹ New York State Assembly. (2009, November 20). *Notice of public hearing: Implementation of Rockefeller drug law reform by the courts and community-based programs* [Public hearing notice]. New York State Assembly.

https://nyassembly.gov/write/upload/comm/postings/2009/20091120_0034384/

²⁰ *Albany Reaches Deal to Repeal '70s Drug Laws*, "The New York Times, March 26, 2009, <https://www.nytimes.com/2009/03/26/nyregion/26rockefeller.html>

²¹ Public Hearing Transcript, "Implementation and Funding of the Rockefeller Drug Law Reform Legislation," 20 December 2010, p. 20, <https://nyassembly.gov/av/hearings/>

²² Office of the New York City Comptroller. (2024, July). *Ensuring timely trials* (Report). New York City Comptroller. <https://comptroller.nyc.gov/wp-content/uploads/documents/Ensuring-Timely-Trials.pdf>

realizes \$2.21 in savings.²³ When accounting for reduced future involvement in the criminal legal system and impacts on other public systems, including healthcare and child welfare, the Center for Justice Innovation estimates that the return on investment may be closer to \$10 for every \$1 spent.²⁴

This is not only the right thing to do. It is the fiscally responsible thing to do.

VII. CONCLUSION: A MORAL AND FISCAL IMPERATIVE

We stand at a critical juncture. Our jails and prisons have become psychiatric facilities by default, with devastating consequences for people with mental illness, correctional staff, and communities. The current system is collapsing under the weight of a crisis it was never designed to address. Geographic and racial disparities mean that justice depends on your zip code and the color of your skin.

The Treatment Court Expansion Act represents a comprehensive solution grounded in evidence, equity, and fiscal responsibility. It offers a pathway to interrupt cyclical incarceration, connect our most vulnerable citizens to needed mental health treatment, and build the community-based continuum of care that was promised decades ago but never delivered.

This is a tinderbox. We need to act now, before more lives are lost, before more families are destroyed, before the system collapses entirely. The Treatment Court Expansion Act is not just good policy. It is a moral and fiscal imperative.

I urge the Senate and Assembly to fully fund the Treatment Court Expansion Act.

Thank you.

²³ 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

²⁴ Waller, M., Carey, S., Farley, E., & Rempel, M. (2013). Testing the Cost Savings of Judicial Diversion. NCP Research and Centeer for Court Innovation.
https://www.innovatingjustice.org/sites/default/files/documents/NYJudicial%20Diversion__Cost%20Study.pdf