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For over 25 years, the Center for Court Innovation (the Center) has supported the vision embraced by New York State to reduce unnecessary and harmful involvement in the justice system wherever possible and to build public safety through sustainable solutions. Our firsthand experience and research uniquely positions us to offer insights that the State can look to as it considers policies and the development of initiatives that respond to the needs of New Yorkers.

The Center's longstanding partnership with the State has helped bring this vision to life through evidence-based, equitable programming that spans the entire justice continuum. Specifically, transforming our justice system and how society perceives public safety will require reducing unnecessary incarceration, proactively pursuing anti-gun violence preventions and interventions, prioritizing treatment over punishment to combat the overdose crisis, and elevating housing instability as a justice issue to prevent evictions. The Center offers expertise, knowledge, programming, and research in each of these priority areas.

Reducing Unnecessary Incarceration

Since the founding of the Midtown Community Court twenty-five years ago to address public safety in the then infamous Times Square neighborhood, the Center has worked to give stakeholders effective tools to balance fairness with safety. Continuing on that mission, in 2017, the Center played a central role in crafting the plan to shutter the jail complex on Rikers Island by coordinating the Independent Commission on New York City Criminal Justice and Incarceration Reform, otherwise known as the Lippman Commission. In addition to identifying practical paths to safely shrink the jail system, the Commission called for the closure of Rikers Island, and the creation of more accessible borough-based jails. This was a step forward in the mission to reduce unnecessary incarceration in New York.

In reducing unnecessary incarceration, New York City's courts have long struggled to resolve felony cases—those involving more serious charges—in a timely fashion. Despite the constitutional guarantee of a speedy trial, in 2019, for indicted felonies, New York City only met the state's standard for a six-month resolution in about a third of cases.¹ The principal stakes of protracted case delays are not court inefficiency, but the wellbeing of the people whose futures are awaiting resolution by the system. A prolonged stay in jail before trial increases people's exposure to long-term trauma and disrupts their family and work lives (including their long-term earning potential) along with access to housing and any treatment they might be receiving. A

Center pilot project implemented in Brooklyn was found to significantly reduced felony case delay in Center report, [Felony Case Delay: Lessons from a Pilot Project in Brooklyn](#). The pilot generated an 11 percentage-point increase in the number of cases disposed within the six-month standard.¹ The pilot project issued formal timelines, target adjournment lengths, and additional case conferencing to reduce case delays. The pilot was completed prior to the COVID-19 pandemic and the transition to remote court operations. Given the added backlog of unresolved cases and—absent new reforms—the persistence of case delay when the pandemic abates, the project has taken on new urgency.

The Center has measurable experience in implementing data-driven programs that meaningfully reduce incarceration without decreasing public safety. Alternatives to incarceration can prevent unnecessary disruption to individual lives, while providing linkages to additional services to decrease criminogenic factors that would otherwise grow in confinement. These models are studied to be safe, effective, and cost efficient, and avoid unnecessary incarceration that reduces the long-term adverse impacts it has on individuals, families, and communities:

- felony alternatives to incarceration programs for more serious charges to pave the way for diversion at all levels of the justice system;
- supervised release programming, which connects individuals arrested for low-level offenses with effective programming while serving them in community, while also holding them accountable;
- and centralized arraignment parts, such as those operated by the Center in New York City.

The Center’s **Felony Alternatives-to-Incarceration** courts in Manhattan and Brooklyn offer the opportunity to resolve a case without a jail or prison sentence for people who don’t qualify for other specialized courts like drug diversion or mental health courts. They offer a reliable and systemic way for people to access alternative sentences, providing rapid assessment, tailored plans to address individual needs, and access to culturally responsive community-based programs. individualized cognitive-behavioral therapy, drug treatment, or mental health treatment.

Our research shows the mental health need of the incarcerated population to be changing. With more than half of incarcerated New Yorkers flagging for a mental health concerns, there is an opportunity for policymakers to apply new manners to coordinate and provide treatment and offramps for individuals before they suffer an extended jail stay while battling mental illness.² Alternatives to incarceration have been used to effectively maintain public safety, stakeholder engagement, fairness, and effective accountability. By developing—and supporting the creation of similar alternatives across New York State—we can safely provide communities with more options to adjudicate harm, maintain community safety, and produce better outcomes for the individual and community at large.

Pre-trial detention reform has included **supervised release programs** (SRP) in New York City, which are an alternative to jail, providing pretrial supervision and voluntary social

services to people charged with a crime. Defendants are placed on a level of monitoring that can include weekly check-ins, programming, or a combination, to ensure appearance at their court dates. Additionally, they receive referrals to community-based programming such as job training, drug treatment, and mental health counseling. The Center operates SRP in the Bronx, Kings, and Richmond counties.

Pre-trial detention diversion can stabilize pro-social factors. For Center clients served, 44% reported being employed at the time of arrest.³ Additionally, participants are administered a needs assessment, which refers defendants to services that they likely would not have had access to in jail. One critical component of SRP is the ability to connect defendants to voluntary services relevant to their assessed service needs. Case managers, including clinically trained social workers, provide support that specifically mitigates criminogenic needs and barriers to returning to court. Using assessment results to inform available programming and relying on additional community-based service providers to assist participants (voluntarily) with these identified needs undoubtedly contributes to the program's overall effectiveness by reducing the barriers to returning to court.

Evidence shows the link between the spike in violent crime and bail reform is likely specious.⁴ Evidence also supports SRP in lieu of bail does not negatively contribute to safety. An evaluation comparing similar defendants who did and did not participate in supervised release in New York City, found supervised release had no effect on the rates of re-arrest.⁵

On low-level offenses, **County Centralized Arraignment Parts (CAP)** process arrested individuals through a centralized courthouse. Individuals are administered a needs assessment and are linked to appropriate specialized parts, or, if diverted from the criminal justice process, receive mandates to community-based organizations that can administer supportive programming. CAPs report compliance and provide right-sized accountability. The Center has created CAPs across New York City, starting in the Bronx (Bronx Community Solutions), and then in Brooklyn (Brooklyn Justice Initiatives), and most recently Manhattan (Manhattan Justice Opportunities).

The Center's Upstate New York Office, located in Onondaga County, is primed to launch an Onondaga Justice Initiatives (OJI) program, a CAP, to focus on the roughly 12,000 individuals arrested on low-level misdemeanor charges. Stakeholders have indicated support. Onondaga County spans rural, suburban, and urban jurisdictions, is served by 17 law enforcement agencies, and has 28 uncoordinated town and village courts outside of Syracuse. Upstate counties are unique in their CAP planning and potential and the Center stands ready to scale and implement this work.

Anti-Gun Violence

The Center works to increase public safety through both community and court-based strategies that focus on the people and the places most impacted by gun violence. Understanding the drivers of gun violence is the first step in supporting evidence-based solutions. Criminologists have yet to isolate the causes of this historic surge in gun violence, although it is believed to stem in large part from the severe socioeconomic dislocations generated by the

COVID-19 pandemic.² Additionally, in groundbreaking research on the drivers of gun violence, the Center surveyed over 300 young people in neighborhoods with historically high rates of gun violence to determine their reasons for seeking out firearms. The findings demonstrated widespread feelings of diminished safety and pervasive experiences of violence and trauma that motivated the ‘security’ of carrying a gun.⁶

To appropriately respond to the complex drivers of gun violence, we have scaled, and are piloting intervention models such as:

- Community-based interventions aimed at the intersection of intimate partner violence and gun violence and staffed by violence interrupters, credible messenger, and outreach workers; and,
- Supporting best practices amongst local anti-gun violence community-based organizations and lending the Center’s expertise to expand and strengthen their role within this system.

Responsibly reducing gun-violence incidents in New York State requires investments in community-based programming and creating insulative programming for individuals in communities experiencing high rates of violence. This multi-faceted approach, focusing on neighborhoods that are most impacted by gun violence and upstream solutions like economic development and place-keeping to support neighborhood vitality. The resulting trust, respect, and empowerment of residents are especially crucial to the success of these programs.⁶

Prioritizing Treatment Over Punishment

There is no one solution to reducing overdose in New York State. It is critically important that justice system’s responses to the overdose crisis mitigate overdose risk, and not increase it. Solutions need to extend beyond the courtroom and traditional models into community-based initiatives that take an immediate and nuanced approach to the crisis at hand. The Center operates in direct services, research, and expert assistance at the intersection of criminal justice and the overdose crisis to provide solutions that match local needs and resources, fostering buy-in among relevant stakeholders, and ensuring the directly-impacted have a voice in decision-making.

The Center’s **technical assistance** department works with upwards of 25 counties throughout New York on a variety of court implementation projects. This work is collaborative with the Office of Courts Administration’s Department of Policy and Planning. Through this partnership, the Center provides technical assistance to urban, rural, and suburban jurisdictions (e.g. Dunkirk, Erie, Chemung, Albany, Oneida, Kings, Nassau, etc.) to support opioid court operations through strategic planning, training, and implementation support. Under grants from the National Institute of Health and the Bureau of Justice Assistance, the Center uses its expertise to build relationships with state and local stakeholders to achieve the goal of better serving justice-involved individuals whom are at risk for overdose from opioids. This has included education about overdose prevention and medications for opioid use disorder to local practitioners, the development of linkages to community providers, the creation of program

materials, and facilitating collaboration across counties, among other activities. The Center has worked to build trust and sustainable relationships with practitioners across the state, that positions us well to be drivers of this work.

The Center also works to provide direct services to individuals at risk of overdose. The Center's Bronx Community Solutions' **Bronx Heroin Overdose Prevention and Education (HOPE) program** utilizes a peer-led harm reduction model to address substance abuse at the precinct level. Bronx HOPE is a pre-arraignment diversion program that provides a harm-reduction intervention at the point of arrest to engage individuals charged with Criminal Possession of a Controlled Substance (220.03) and who suffer from substance dependency and misuse. HOPE's Peer Specialists are dispatched to the precinct to engage with individuals immediately at the time of their arrest. HOPE provides participants with an option to engage in treatment and other supportive community-based services as an alternative to arraignment and prosecution. It is the borough's first and only initiative providing 24/7 support and services at all 12 precincts, providing immediate, and compelling engagement through a credible messenger who can engage a recently arrested individual. Building off the impact of HOPE, the Center issued a set of recommendations for bringing peer work to scale to combat the overdose crisis (Appendix B).

The Center's technical assistance expertise and ability to pilot and scale operating programs across the State demonstrates there are proven alternatives to traditional responses to opioid use disorder, and a clear path forward for reducing the harmful impacts of the overdose epidemic in New York State.

Housing as a Justice Issue: Preventing Eviction

The COVID-19 pandemic laid bare the precarious economic plight facing people across the country. Access to quality, sustainable, and safe housing is a crucial element to the conversation around social justice and equity. In our Upstate New York office, staff confront the cycle of uninhabitable housing resulting in condemned housing that leaves renters removed from their homes, and landlords without the income to make repairs while simultaneously being fined. Our research shows that 18%-25% of our Felony Alternatives to Incarceration program participants are experiencing homelessness.⁷ By proactively addressing factors like access to housing and housing resources, we hope to reduce the likelihood of individuals intersecting with the justice system.

The Center conceives broadly of addressing the factors that lead to housing instability by providing tailored services through predictable series of stages at which a client facing the potential loss of housing can be helped so as to avoid that potentially devastating outcome.⁸ While New York City has made significant investments in attorneys for low-income residents, tenants are more likely to remain stably housed when they have assistance beyond legal representation in Housing Court. Such support prior to legal filings have in fact been noted to improve legal representation by having files, evidences, and written request evidence gathered and organized. We have found that a problem-solving approach in Housing Court helps both tenants and landlords connect to resources to address challenges like building repairs and back rent.

In New York City, the Center's neighborhood-based courts in Harlem and Red Hook provide living examples of how this works. Located within Housing Courts and leveraging the deep ties to the communities where we work, staff help residents navigate the legal process, get critical repairs, and most importantly, prevent evictions and homelessness. This includes onsite resources such as HRA, mental health supports, financial empowerment classes, and annual public housing recertification. Where a neighborhood court and resource center are not possible, remote access to resource centers and the court itself can be offered, which is what we do in Brownsville, in collaboration with the Office of Court Administration.

The Center also introduced the Eviction Intervention Stage Model, which identifies junctures at which supportive, problem-solving interventions can ensure the necessary community supports and legal representation (Appendix B).⁸ We believe that integrating these procedural protections and problem-solving interventions across the eviction process continuum, including but not limited to housing court, will support people with mental health conditions in retaining stable housing.

Conclusion

By focusing the State's public protection efforts on these four major policy areas, we can go beyond transforming the justice system to cultivating vibrant and prosperous communities that center public safety and security for all its members. We thank the joint State Legislature for its continued partnership and are available to answer any questions you may have.

Notes

¹Weill, J. & Rempel, M. & Rodriguez, K. & Raine, V. (2021). Felony Case Delay: Lessons from a Pilot Project in Brooklyn. New York, NY: Center for Court Innovation. Available at: <https://www.courtinnovation.org/publications/case-delay-brooklyn>

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⁶Swaner, R. & White, E. & Martinez, A. & Camacho, A. & Spate, B. & Alexander, J. & Webb, L. & Evans, K. (2020). Guns, Safety, and the Edge of Adulthood in New York City. New York, NY: Center for Court Innovation. Available at: <https://www.courtinnovation.org/publications/gun-violence-NYC>

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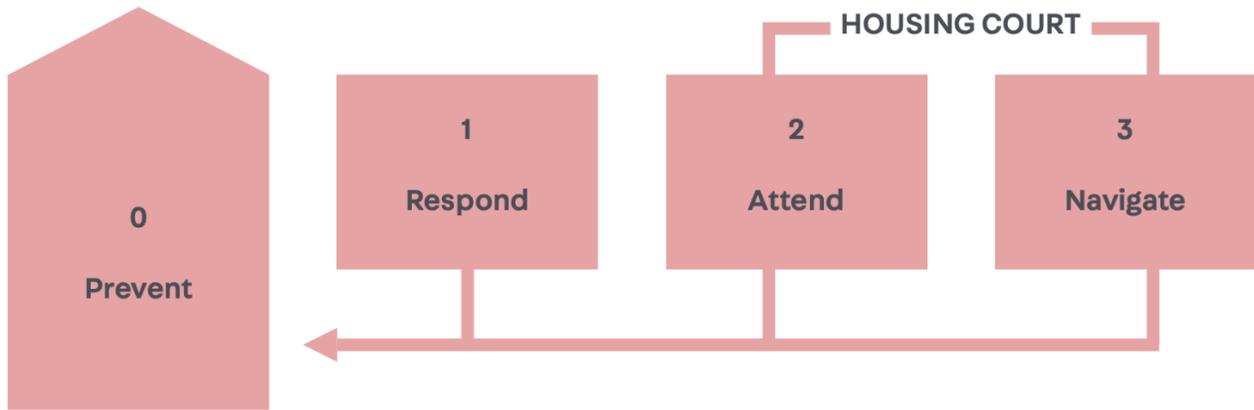
⁸Jaureguilorda, I. & Laurel, F. & Lopez, R. & Rotter, M. (2021). Eviction Prevention and Mental Health: A New Paradigm for Civil Justice Reform. New York, NY: Center for Court Innovation. Available at: <https://www.courtinnovation.org/publications/eviction-prevention-mental-health>

Ibid. at citation 8

Appendix

A.

The Eviction Intervention Stage Model and Representative Interventions



- **Stage 0: Prevent**, in which housing stability is maintained through housing affordability and access to support services as needed.
- **Stage 1: Respond**, in which the person receives the first notice of the housing problem, e.g., rent non-payment or nuisance complaint.
- **Stage 2: Attend**, in which the person has to navigate the Housing Court process.
- **Stage 3: Navigate**, in which the person has to navigate the tasks necessary to address the complaint in between Housing Court hearings.

B.

Combating the Overdose Crisis: Recommendations for Bringing Peer Work to Scale

Peer specialists provide solutions that match local needs and resources, foster trust and buy-in among program participants, and ensure the directly-impacted have a voice in decision-making. The scaling of peer-driven health and housing interventions at various intercept points, pre- and post-criminal justice system involvement, can prevent overdose, promote harm reduction practices, and divert people away from arrest and further involvement in the system.

Peer specialists **are a bridge to long-term care.**

Peer specialists engage in consistent, ongoing, and holistic support from initial point of contact to continued engagement with individuals throughout their recovery journeys. They continue to be a point of contact for individuals discharged from jail/prison and re-entering the community as a form of downstream prevention.

- **Expand access to a network of providers who are able to engage individuals in medication-assisted treatment immediately.** Peer specialists should have Memoranda

of Understanding (MOU) with providers to ensure warm hand-offs to providers with no significant gap in care, rather than having a lengthy and often harmful referral process.

- **Lift up medication-assisted treatments for sustaining recovery and preventing overdose.** Ensure all treatment providers accept medications for opioid use disorder (MOUD) and other psychoactive medications.

Peer specialists **prevent.**

Peer specialists are crucial to the success of pre-criminal justice system deflection models that focus on providing immediate access to evidence-based treatments and harm reduction supplies in communities and in place of law enforcement contact.

- **Funding for more peer specialists.** To address staffing shortages, burnout, and compensation gaps, and ensure peers are available 24/7 to conduct more meaningful and effective street outreach.
- **Expanding availability and accessibility of treatment 24/7.** Funding for round-the-clock treatment services (detoxification, rehabilitation, outpatient, and inpatient residential) and transportation via stipends or fully equipped mobile units to transport individuals voluntarily engaging with services.

Peer specialists **educate.**

Peer specialists distribute life-saving naloxone, test-strips, and care kits, using their lived experience and training to foster trust and meaningful connections to access the community-based health services that fit an individual's needs. They work to administer trainings, distribute materials, and reduce the stigma of substance use disorder.

- **Increase overdose education and free community-based trainings and distributions.** Expand community reach via online platforms, on-site in-person trainings, and community events. Expanded hours should include evening trainings.
- **Fund peer specialists to host and attend regular local provider forums.** These forums allow for discussion and collaboration around resources and long-term solutions.

Peer specialists **connect.**

Peer specialists provide on-site harm-reduction interventions and supports for individuals intersecting with the criminal system at the point of arrest.

- **Funding for more pre-arraignment diversion programs staffed by peer specialists.** Pre-arraignment diversion programs reduce the long-term negative consequences often associated with system involvement. Having peer specialists connect with individuals at the precinct offer treatment and other supportive community-based services increases the likelihood a person will say yes to services, and potentially avoid prosecution that interrupts treatment.

Peer specialists **reduce harm.**

Peer specialists understand the importance of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.

- **Fund a fully equipped mobile unit.** The mobile unit would allow peer specialists to test for HIV and Hepatitis, offer needle exchange/kits for safe injection use, provide a medical specialist to dispense Vivitrol/Suboxone, transport people to detox and/or medical appointments, offer water, tea, and coffee.