Testimony of

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My name is Katherine Bajuk. I have been a public defender in Manhattan for almost 30 years, and currently serve as the Mental Health Attorney Specialist for New York County Defender Services.

I am also a member of the Treatment Not Jail Coalition, a collective of statewide mental health care professionals, attorneys, formerly incarcerated individuals, community organizers, treatment providers, psychiatrists, psychologists, nurses, social workers, law enforcement, faith-based leaders, and, importantly, people with lived experience who advocate for human rights and systemic reform at the intersection of mental health, substance use, and criminal justice. I was born and raised in New York City, currently reside here, and am a survivor of violent crime.

I am here in all these capacities to discuss the moral imperative for discontinuing mass incarceration and involuntary commitment to solve our public health crisis. Not only are these ineffective and costly, but they lead to revolving door recidivism, and are relics of the legacy of slavery and racial and gender-identity discrimination that must be jettisoned.

Expanding and improving access to treatment courts in New York State will effectively and humanely address New York State's mental health crisis and your constituents' concerns about public safety. This can be done by passing the Treatment Not Jail Act (S.1976-Ramos/A.1263-Forrest), which will amend Criminal Procedure Law Article 216, the existing Judicial Drug Diversion statute, to afford 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. Discrimination and Misinformation Thwart Enacting Effective Policy for People Living with Mental Health Challenges in Favor of Incarceration.

As a public defender in New York City, the clients I have served for the last 29 years are almost always lesser-incomed people from marginalized communities. Poverty exacerbates poor health outcomes and correlates to greater rates of mental health and subtance use issues.[1] Children born into poverty are found to have more behavioral and cognitive issues and greater rates of depression, anxiety and other psychiatric diagnoses in adulthood. Adults experiencing poverty similarly reflect greater rates of psychiatric diagnoses and higher rates of death by suicide.[2]

Moreover, due to the shameful legacy of racism and discrimination, Black and Brown communities are more impacted by poverty and less likely to receive adequate treatment for underlying mental health issues. Mental health diagnoses such as major depression go undiagnosed and untreated at disproportionally greater rates in majority Black and Latinx communities.[3] The same systemic failures that propagate generational poverty and mental illness also make it more likely for impacted people to be unable to access therapeutic services.[4] Indeed, hundreds of thousands of New Yorkers in need go without treatment every day.[5]

The communities I serve reflect the statistical reality throughout the state: one in five New Yorkers has a mental health diagnosis.[6] To be clear, psychiatric diagnoses are medical diagnoses. Yet too often, our state relies on law enforcement and the criminal legal system - rather than our healthcare system - to address individuals in mental health crisis. Thus, those with mental health conditions are over-policed and their mental health issues are often criminalized.

Indeed, people with mental health conditions are overrepresented in New York State's carceral system. More than half (52%) of the people in New York's Department of Correction custody are recommended for mental health services, and in 2020, an average of 17% of incarcerated people were diagnosed with a debilitating "serious mental illness" such as schizophrenia, schizoaffective disorder and bipolar disorder.[7] In some facilities, the number of people with mental health

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[1] McLoyd VC. Socioeconomic disadvantage and child development. Am Psychol. 1998;53:185-204.
[2] **https://www.psychiatrictimes.com/view/addressing-poverty-and-mental-illness**
[3] Racial Disparities In Diagnosis and Treatment of Major Depression, Blue Cross Blue Shield, May 31, 2022, Racial Disparities in Diagnosis and Treatment of Major Depression (bcbs.com)
[4] For example, among children experiencing poverty who need mental health care, less than 15% receive services, and even fewer complete treatment. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5192088/#:~:text=Barriers%20to%20Accessing%20and%20Using%20Mental%20Health%20Services&text=It%20is%20estimated%20that%20among,and%20even%20fewer%20complete%20treatment.
[5] https://mentalhealth.cityofnewyork.us/dashboard/
[6] https://www.health.ny.gov/prevention/prevention_agenda/mental_health_and_substance_abuse/mental_health.htm

[7] New York City Comptroller. (March 2021). FY 2022 Agency Watch List: Department of Correction. Available at: https:// comptroller.nyc.gov/wp-content/uploads/documents/Watch_ List_DOC_FY2022.pdf

diagnoses exceed those without.[8] New York State's jails and prisons have become larger mental health providers than psychiatric hospitals.[9] In fact, Rikers Island in New York City houses more people with mental illness than any psychiatric hospital in the entire country.[10] Importantly, New York's carceral system is inadequately equipped to provide mental health or psychiatric treatment leading to a rise of avoidable deaths and systemic failures to protect incarcerated people with mental illness. The unprecedented number of deaths at Rikers Island in recent years is an ugly reminder of this.[11]

Much of the criminalization of people with mental illness is driven by pervasive misinformation. In fact, only three to five percent of violent crimes are attributed to people with mental illness,[12] and people living with mental health diagnoses are in actuality 10-11 times more likely to be *victims* of violence than the general public.[13]

Unfortunately, as discussed below in Section III, thousands of justice-involved New Yorkers who become entangled in the criminal legal system due to their mental health or substance dependence health condition have few opportunities to exit the revolving door of incarceration and criminalization. Our criminal legal system's failure to afford treatment as opposed to incarceration continues the vicious cycle of destabilization and trauma, increase the chance of recidivism, and ultimately fails to protect our communities.

II. Increasing Incarceration Leads to More Recidivism And Decreased Public Safety

In my three decades of practice, I have seen too many human beings sent to jail or prison when all they really needed was treatment. After their sentences, they emerge from jail or prison far less stable than when they entered. It is not surprising to find these same clients rearrested after serving their sentences, often for more serious charges. This kind of revolving door recidivism - which often includes continual, ineffective, and costly inpatient psychiatric admissions - harms not only these individuals, but our society as a whole.

Meanwhile, our reliance on incarceration has made our communities less safe. A robust body of research analyzing the impact of incarceration in New York and nationwide indicates that imprisoning those entangled in the criminal legal system makes people *more likely* to re-offend.[14]

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[8]Source**:** Vera Institute of Justice.

[9] **https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness.**

[10] Serious Mental Illness Prevalence in Jails and Prisons - Treatment Advocacy Center

[11] Jonah E. Bromwich, The New York Times, *Medical Care at Rikers is Delayed for Thousands, Records Show* (February 1, 2022), https://nytimes.com/2022/02/01/nyregion/rikers-island-medical-care.html .

[12] *Mental Health Facts and Myths*, Mentalhealth.gov

[13] Durham, The Myth Of Violence and Mental Illness, http://cmhadurham.ca/finding-help/the-myth-of-violence-and-mental-illness/.

[14]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-

Jail and prison are inherently traumatizing and destabilizing environments. Disconnected from any community supports, individuals in jails and prisons are left to languish with inadequate mental health treatment, and surrounded by chaos, violence, and widespread drug use. Moreover, once their period of incarceration ends, these newly traumatized and further destabilized individuals leave prison and jail with new mental health conditions due to their experiences. They are then expected to secure stable housing, employment, health insurance, medical and mental health care on their own while navigating the myriad adverse collateral consequences of having a criminal conviction. [15] Unsurprisingly, the risks for substance use, untreated mental health conditions, and ultimately, re-arrest – often for more serious charges – result. This fails individuals and all of us both: neither public health nor public safety is served by this.

III. Judicial Diversion Makes Individuals and Communities Safer

The prevailing data and research demonstrate that judicial diversion (AKA "treatment court") is effective, less costly, and improves both public health and safety.

Individuals who apply to participate in treatment courts are rigorously assessed by clinical teams that delve into the person's psychosocial and psychiatric history. The team of mental health practitioners then produces a written report informing the presiding judge whether there is a treatable condition that played a role in the applicant's criminal charges. The judge must then decide whether it is in the interest of public safety for this individual to receive a treatment-based disposition. If the judge agrees, clinicians devise a multi-phase treatment plan. Participants in treatment courts must return to court frequently (often more than criminal defendants in non-diversion courtrooms) to discuss their progress. The court provides continuous monitoring of each participant, with ongoing input from the clinical team and ample opportunities for the defense and prosecuting attorneys to be heard off-calendar and at court appearances. If a participant is struggling, then they will not be advanced to the next phase, and can be sanctioned. People mandated into one of the state's 39 *ad hoc* mental courts can resolve the criminal case without incarceration, and often without sustaining a criminal conviction. On average, participants spend between 1-2 years in treatment courts before completing their mandate. They graduate to applause with supportive housing and long-term treatment in place. They often rekindle fractured relationships with family members and friends. Many graduates who

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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.

[15] 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;

once feared entering courthouses come back to visit the judge and treatment court team who changed their lives. It is no surprise that treatment court graduates are proven to have a significantly lower rate of recidivism.[16]

Diversion is also proven to be significantly 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 reports that every $1 invested in treatment courts yields $2.21 in savings.[17] Investing in mental health courts, community treatment and housing is a far more cost-effective use of state resources than incarceration.[18]

Moreover, the use of treatment courts are popular. They receive support from both Democrats and Republicans[19]. They are favored by members of the public[20] and importantly, by the overwhelming majority of crime victim survivors.[21]

Indeed, as a survivor of crime myself, I can share from personal experience why treatment courts are so favored among those harmed by violence. In 2015, I was assaulted by a stranger who was clearly in need of mental health and substance use recovery services. Months later, I learned that the person died by suicide after spending time in jail, at Riker's Island. I also learned that prior to being arrested, the person, who had a documented mental illness diagnosis, could not afford the psychotropic medication he was prescribed. This information was deeply saddening to me.

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[16] 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 Debus Sherrill, 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.

[17] 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.

[18] What Caused the Crime Decline? | Brennan Center for Justice (2015)

[19] United States Republican Party Committee, Bipartisan Safer Communities Act, Sept. 2022, https://www.rpc.senate.gov/policy-papers/the-bipartisan-communities-acts-treatment-court-funding .

[20] National Center for State Courts, State of the State Courts: 2022 Poll, The Bipartisan Safer Communities Act's Treatment Court Funding (senate.gov).

[21] Alliance for Safety and Justice, Crime Survivors Speak: National Survey of Victim's Views on Safety and Justice, 2022, Crime Survivors Speak Report.pdf (allianceforsafetyandjustice.org).

For many individuals like myself who have been harmed by violence, the most significant consideration is: *if I meet this person again, will they be more or less likely to hurt me?* Like me, 75% of survivors know that we are far safer if the person who harmed us undergoes rigorous treatment and healing, rather than simply being warehoused in chaotic and violent carceral environments until their sentence has expired, at which time they are no more improved and no less likely to reoffend. Treatment, not jail, will ensure that the individual continues to heal and grow. Ultimately, treatment will reduce the likelihood of their reoffending.

We all care about public safety, no matter our race, ethnicity, gender-identity, socioeconomic status, geographic location, or political persuasion. However, if we are going to improve public safety with respect to those who become entrenched in the criminal legal system, then we must amend the existing Judicial Diversion statute to expand access to treatment courts for those with underlying mental health challenges, and improve the existing diversion court model to accord with proven-effective best practices.

IV. Judicial Diversion Programs Protect Public Safety and Increase Public Health, But They Are Underutilized and Need Expansion and Improvement

Despite the widespread support of treatment courts, their cost-effectiveness and their efficacy at reducing crime, they are woefully underutilized in New York State. On February 7, 2023, Acting State Chief Administrative Judge Tamika Amaker testified at this body's Public Safety hearing that there has been a decline in the usage of problem-solving courts. The reasons for this are clear to those of us who practice in this field: there is presently no statute delineating judicial diversion for people with mental health disorders, or with cognitive or intellectual disabilities. Indeed, mental health treatment courts are not available in every county in New York and many of the *ad hoc* mental health courts that do exist rely on outdated approaches to treatment and eligibility.

The Treatment Not Jail Act will open access to treatment courts and improve success rates by building out and significantly expanding our existing Judicial Diversion statute. Criminal Procedure Law 216, originally passed in 2009, is currently the only law that permits judges, independent of the prosecutor, to offer court-mandated treatment to people with substance use disorders as an alternative to incarceration. In the fourteen years since its enactment, there have been very few amendments to reflect the evolution of treatment modalities or updates in diversion court best practices, and it has become evident that the current law requires modernization.

First and most obviously, currently Criminal Procured Law 216 limits eligibility to people with underlying substance use or alcoholism disorders. Our statutory drug courts often reject people with serious mental health conditions or intellectual or developmental disabilities because "substance use" is not the primary diagnosis.

Despite our current mental health crisis, the vast majority of justice-involved people with underlying serious mental health issues are often excluded from any treatment court opportunities, and instead are sent to jail or prison, where upon their release, they are without supports, without health care, and without a home – again, all of which can lead to drug use, psychiatric decompensation and ultimately, re-offending.

In the absence of statutory authority permitting treatment courts for those with underlying mental health issues, some District Attorney offices and Courts throughout the state created *ad hoc* mental health courts. However, access to these courts remains unevenly and minimally applied. In some instances, this is because prosecutors have gatekeeping power to exclude whomever they wish, and in counties where there is a lack of extensive mental health training for their district attorney offices, this results in routine denial of treatment in favor of incarceration. In addition to rejecting mental health court applicants due to the person's criminal history or underlying charges, people diagnosed only with intellectual disabilities, developmental disabilities, traumatic brain injuries, neurological disorders and personality disorders - even when the criminal charges are directly related to their disability or impairment – are also not generally accepted.

Without legislation specifically authorizing mental health courts, our politically appointed or lawfully elected judges have no power or discretion to decide whether to admit a person in need of treatment into these courts. In smaller counties without institutional defenders or larger District Attorney offices, it often falls to non-clinically trained defense attorneys who must bring a case to the attention of the Court, and line prosecutors without clinical experience or training are ultimately empowered to allow or disallow someone's participation.

Even in New York County where I practice, and where there are institutional defenders with Mental Health Attorney Specialists such as myself, and highly trained Mental Health and Alternatives To Incarceration Assistant District Attorneys working in the Pathways to Justice Unit eager to divert clients with psychiatric and substance use diagnoses from prison and jail, our mental health courts cannot reach everyone in-need due to the strict cap on the number of cases admitted per year (currently 50).

As a result, the participation rates in such makeshift courts are abysmal. In 2021, there were only 36 mental health courts across the state serving only 570 participants. In other words: out of the 274,592 adults arrested in 2021, only 570 people were able to participate in mental health courts.

Moreover, as there is no statewide statutory authority ensuring uniform (or even any) due process, whether or not a person is considered, accepted or maintained in these ad hoc mental health courts in New York is too often a matter of being lucky enough to be in a county that chooses to follow treatment court best practices and scientific developments, or unlucky to have mental illness and be charged with a crime in a county that does not.

The result is that many of our fellow New Yorkers are sent to jail or prison and eventually released back into their communities without a home, without supports and without health care. This does not protect public safety.

V. The Treatment Not Jail Act (S.1976A-Ramos/A.1263A-Forrest) Would Expand Access to Treatment Courts for Those with Underlying Mental Health Challenges

The Treatment Not Jail Act (S.1976A-Ramos/A.1263A-Forrest) creates meaningful off-ramps from the carceral system, while increasing opportunities for robust community-based substance use and mental health care services for those who need them, and for strong communities that keep everyone safe.

The Treatment Not Jail Act would expand existing Criminal Procedure Law 216 to permit treatment courts to accept people with mental health diagnoses, intellectual disabilities and other disorders that impair their functioning in society and leads to criminal legal system involvement - not only people with a substance or alcohol dependence.

The bill also evolves Article 216 to empower Judges with the discretion to order court ordered diversion for any criminal charge after clinical assessment, and when there are medical bases for doing so. Expanding diversion opportunities will ensure that people who most in need receive treatment, and will also streamline the assessment process.

The Treatment Not Jail Act would further remedy inequitable outcomes[22] by allowing a judge, informed by clinical assessments, to subsequently dismiss or reduce a participant's charges without the requirement of an up-front plea. This would protect people from the collateral consequences of a conviction that would have been vacated anyway upon completion of the treatment mandate. These dire consequences include barriers to employment, licensing, housing, education and immigration—all of which foster instability and ultimately recidivism[23]. A pre-plea model also removes the coercive aspects of our legal system and addresses the reality that poor people, particularly those who are Black and Brown, too often plead guilty to crimes they did not commit in order to get out

[22] For example, Syracuse County Treatment Court, a court that serves a majority white population, allows some individuals to participate pre-plea. Since participants must live in Onondaga County, the population of which is 80% white (as compared to the population of NYC, which is 42.7% white) we see a more open and accepting model benefitting the majority white residents in Onondaga County, whereas but a similar model has been rejected in other courts serving a majority of Black and Brown populations.

[23] https://niccc.nationalreentryresourcecenter.org/#:~:text=What%20are%20collateral%20consequences%3F,rights%2C%20benefits%2C%20and%20opportunities. For example, a conviction can affect employment requiring licensure in New York. The Department of State reviews criminal convictions and open cases when an individual applies for licensure. https://justiceandopportunity.org/wp-content/uploads/2020/05/License-Guides_Final.pdf

of jail, access treatment, protect their jobs, keep their housing, maintain their schooling, return to their loved ones, and avoid the disruption to their lives of having to return to court repeatedly. It also avoids exclusion of those who are not guilty of all of the charges against them. This amendment to Criminal Procedure Law 216 would also presume treatment rather than incarceration - mitigating racial and gendered disparities in carceral policies.[24] In addressing inequity, The Treatment Not Jail Act would ensure the even application throughout the state of what is already in use in New York.[25]

The Treatment Not Jail Act further evolves Article 216 by incorporating modern best practices of diversion courts and evidence-based scientific approaches to treatment. The bill guarantees due process protections for participants so they cannot be remanded summarily to jail without evidentiary findings. It follows social science best practices in adopting proven and effective harm reduction principles[26], rather than outdated punitive models which are demonstrated to disparately exacerbate harm to people with mental illness and substance use diagnoses.[27]

In essence, both the individual participants and our communities as a whole will be healthier and safer if we amend Article 216 of the Criminal Procedure Law and enact this legislation.

VI. Conclusion

The Treatment Not Jail Act recognizes that public health and public safety are intertwined and that healthy people make for strong communities that keep everyone safe. Treatment Not Jail could not come at a more opportune time as our state faces an unprecedented mental health crisis. The bill understands that most people who enter the criminal legal system are often victims of lifelong racial,

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[24] In New York, per 100,000 people incarcerated: 1,655 are Black, 709 are American Indian/Alaska Native, 607 are Hispanic, 219 are white.https://www.prisonpolicy.org/profiles/NY.html**; and** 1,882 per 100,000 lesbian, gay, and bisexual people are incarcerated, compared with 612 per 100,000 U.S. residents aged 18 and older. https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/. In both prisons and jails, lesbian or bisexual women are sentenced to longer periods of incarceration than straight women. Gay and bisexual men are more likely than straight men to have sentences longer than 10 years in prison. https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/.

[25] The more recent Manhattan Misdemeanor Mental Health Court is structured with a pre-plea model.

[26] This will reduce dangerous overdose and death related to substance use as "cold turkey" approaches to treating substance use are widely viewed as dangerous and counterproductive to meaningful, autonomous, and safe recovery. Bourgon G., Guiterrez L. (2013) The Importance of Building Good Relationships in Community Corrections: Evidence, Theory and Practice of the Therapeutic Alliance. In: Ugwudike P., Raynor P. (eds) What Works in Offender Compliance. Palgrave Macmillan, London. Available at https://doi.org/10.1057/9781137019523_15; Horvath, A. (2015). Therapeutic/Working Alliance, available at https://doi.org/10.1002/9781118625392.wbecp262.; Blasko, B, Serran, G., Abracen, J. (2018), The Role of the Therapeutic Alliance in Offender Therapy: The Translation of Evidence-Based Practices to Correctional Settings. In New Frontiers in Offender Treatment.

[27] https://www.researchgate.net/publication/329010560_The_Role_of_the_Therapeutic_Alliance_in_Offender_Therapy_The_Translation_of_Evidence-Based_Practices_to_Correctional_Settings; Cournoyer, L., Brochu, S., Bergeron, J. (2007). Therapeutic alliance, patient behaviour and dropout in a drug rehabilitation programme: the moderating effect of clinical subpopulations. Available at https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1360-0443.2007.02027.

gender-identity discrimination and economic injustice, including systemic failures resulting in a lack of access to health care, stable housing, and education. In the treatment court model proposed here, there is no "othering" but rather recognition of a participant's humanity and status as a community member. They are given the chance to get well and thrive in our shared community. Graduates of court-mandated treatment programs will emerge from the legal system without a criminal conviction or sentence of incarceration. They will be spared from the inevitable stigma and trauma that would otherwise have thwarted their ability to obtain stable housing, employment, and proper mental health and medical care. As a result, our communities will benefit and flourish and be healthier and safer.

We have a moral obligation and a practical imperative to reimagine our diversion court practices in the face of a changing public health, legal and scientific landscape. I urge the New York State Legislature to pass the Treatment Not Jail Act.

If there are any questions about this testimony, I may be reached at kbajuk@nycds.org.