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**TESTIMONY OF:**

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**Presented before**

**The New York City Council**

**Committee on Mental Health and Substance Use**

**Oversight Hearing on the From Crisis to Care:**

**How New York City Connects New Yorkers to Mental Health Services.**

**March 4, 2026**

My name is Danielle Regis, and I am a Senior Supervising Attorney in the Mental Health Representation Team of the Criminal Defense Practice at Brooklyn Defender Services (BDS). BDS is a public defense office whose mission is to provide outstanding representation and advocacy free of cost to people facing loss of freedom, family separation and other serious legal harms by the government. We want to thank the Committee on Mental Health and Substance Use and Chair Caban for the opportunity to testify today about how New York City connects people experiencing mental health crises to care.

For 30 years, BDS has worked, in and out of court, to protect and uphold the rights of individuals and to change laws and systems that perpetuate injustice and inequality. After 29 years of serving Brooklyn, we expanded our criminal defense services to Queens. We represent over 40,000 people each year who are accused of a crime, facing the removal of their children, or deportation. Our staff consists of attorneys, social workers, investigators, paralegals and administrative staff who are experts in their individual fields. BDS also provides a wide range of additional services for our clients, including civil legal advocacy, assistance with the educational needs of our clients or their children, housing and benefits advocacy, as well as immigration advice and representation.

BDS' Mental Health Representation Team consists of specially trained attorneys and social workers who are experts in working with and for people who have been accused of a crime and who are living with serious mental illness or a developmental disability. We are proud of having played an important role in the creation of the Brooklyn Mental Health Court in 2002. The Brooklyn Mental Health Court works with people accused of crimes who have serious and

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persistent mental illnesses, linking them to long-term treatment as an alternative to incarceration. BDS continues to collaborate with this court to advocate for its expansion to meet the needs of more people, including people with intellectual disabilities and people who have previous criminal legal system involvement.

## **Background**

This month marks my fifteenth year as a public defender, and I have represented people in Brooklyn's Mental Health Court for approximately eight years. Over the course of my career, many of the people I have represented encountered police when they were in crisis and seeking care or when the absence of available care led to the decompensation of their mental health. Too often, untreated mental illness becomes criminalized simply because the appropriate systems of care were not accessible when they were needed most. In many cases, we see NYPD responding to calls for emergency mental health care. When police respond instead of mental health providers, EMTs, or peer advocates, situations often escalate quickly. Often, people we represent are charged with resisting arrest and assaulting a police officer when they decline transportation to a hospital. In other instances, people in crisis face harassment and violence at the hands of the NYPD.

Multiple people I represent were arrested in the hospital emergency room when they were attempting to access critically needed care. In more than one instance, a person I represent was turned away from multiple psychiatric emergency rooms and became frustrated when a second, third, or fourth hospital was unable to provide treatment. Even when presenting to the emergency department to request crisis treatment, police are called. It is critical that people who seek emergency mental health care in a crisis are met with compassionate and immediate care.

BDS' wraparound model seeks to address the complex circumstances that have brought the people we represent into our office. Our interdisciplinary team provides support to people who may have avoided court involvement if they had access to services sooner; we help people apply for public benefits and supportive housing, refer them to mental health and substance use treatment, and locate beds in respite centers and safe havens. We are committed to providing these critical services to the people who come through our doors but wish our clients had more opportunities to access these important and lifesaving support services *before* they have legal system involvement. We urge the City Council to consider why it most often takes an arrest, criminal investigation, or court involvement for New Yorkers to access the most basic level of mental health assistance.

We are encouraged by the Council's and the Mayor's commitment to ensuring that people in crisis are met with care, not criminalization, including the creation of the Mayor's Office of Community Safety. It has become nearly impossible to divorce conversations about mental health from discussions on public safety and the criminal legal system. The media and public discourse have conflated the two—creating a false narrative which links mental illness to



increased rates of violence. This messaging exacerbates social stigma and reduces public support for policies that create alternatives to incarceration. The previous administration relied upon policing and forced hospitalization to address chronic mental health concerns. Forcibly removing people perceived to be mentally ill to the most restrictive setting is not only inhumane, it is also ineffective in facilitating the goal of engaging people in mental health treatment. Mental health crises must be treated as health issues, not law enforcement matters. People seeking emergency mental health care must be met with compassionate and immediate care to avoid escalation and possibly arrest.

## **Recommendations**

As the Council and the new administration begin to explore new ways to connect New Yorkers in crisis to care, we respectfully offer the following recommendations:

### **Increase Healthcare Response to Mental Health Emergencies**

Calls for emergency care for mental health concerns should be met by healthcare workers, not police. The city has attempted to change the response to serious mental illness (SMI) through piecemeal legislation and pilot programs. In the neighborhoods where B-HEARD teams are being piloted, NYPD officers are still responding to mental health emergencies in most cases. We are encouraged by your acute crisis intervention plan, including the overhaul and expansion of B-HEARD, the creation of a 24/7 Mobile Crisis Team Program, and increased respite capacity. It is critical that the city invests in public health responses to mental health crises and fully staff emergency response teams.

### **Expand Access to Low-Cost Mental Health and Substance Use Treatment**

Many of the people we represent have tried for years to access mental health and substance use treatment, but struggle to find providers who accept their insurance, speak their language, or have the skills needed to treat complex conditions. These clients are often discharged from hospitals without proper follow-up care and lack appropriate resources in their communities. People seeking care remain on waitlists for months or years for Assertive Community Treatment (ACT) teams, supportive housing, psychiatric visits or other care they require. Individuals are routinely discharged from psychiatric hospitalization with nothing more than a referral to first-come-first-serve walk-in mental health care and a list of congregate shelters or are outright denied services for requiring a “higher level of care” or having a co-occurring substance use disorder. Left without viable treatment options, they are funneled into the criminal legal system—policed, arrested, and incarcerated when they should be receiving health care.

For people with co-occurring mental health and substance use treatment needs, there is only one long-term, inpatient treatment facility in New York City that accepts Medicaid. This means many people we represent spend months waiting for an opening—often while incarcerated on Rikers Island—or, if they have “failed” programming in the past, do not qualify for treatment. To



address the real treatment needs of New Yorkers and address the jail population, it is critical that the city incentivize other dual-diagnosis providers to provide care to accept Medicaid or offer expanded low- or no-cost treatment options.

### **NYC must increase access to safe, permanent, and affordable housing**

When unhoused people are trying to survive on the subway or in the shelter system, accessing consistent physical or mental health care is often impossible. For many of the people I represent, connection to stable housing has been lifesaving. Basic stability allows meaningful engagement in care, but access to supportive housing should not depend on criminal legal system involvement. The city has invested in a vast network of social services to meet the needs of New Yorkers. Too often, people do not know about these programs, struggle to complete opaque application processes, or are denied benefits they are entitled to. The Council should work to expand access to housing programs and address the pervasive administration hurdles that make programs like CityFHEPS or supportive housing difficult to access and use.

### **Fund culturally competent mental health programs to meet the unique needs of New Yorkers**

Cultural competency is a major barrier to services for many people we represent. The existing outpatient mental health programs in the city are often not equipped to address the trauma and unique challenges of people who have experienced arrest, incarceration, chronic housing instability, or migration.

We urge the city to invest in mental health services that are designed for people who have experienced hardship, trauma, or detention. These programs must be equipped to meet the needs of people who are newly introduced to mental health care, to create a familiar, nonthreatening therapeutic environment for those who may be hesitant to engage in treatment. Such programs must employ trained clinicians who are fluent in multiple languages, including Spanish, French, Haitian Creole, and commonly spoken indigenous languages of Northern Triangle and South American nations.

### **Pass a New York City Council Resolution in Support of the NYS Treatment Court Expansion Act**

New York City should commit to creating more off ramps from the criminal legal system. The City Council should call on the state legislature to pass and the Governor to sign the Treatment Court Expansion Act (S.4547-Ramos)/A.4869-Forrest).

In 2009, as part of the Rockefeller Drug Law Reforms, New York State passed the Judicial Diversion Program legislation. Under Criminal Procedure Law Article 216 (CPL §216), this legislation created a pathway for a small subset of people with substance use disorders to avoid



prison and potentially have their charges reduced or dismissed after engaging in a course of treatment. This treatment is monitored by specialized court parts in every county in New York. Judicial diversion has successfully enabled thousands of individuals to minimize or avoid a criminal record while receiving the benefit of potentially lifesaving substance use treatment.

Judicial diversion has also realized the saving of tax dollars, from both reductions in reoffending and the decreased costs per capita of treatment versus incarceration. Unfortunately, CPL §216 diversion is limited to people with substance use disorders charged with a short list of crimes related to substance use. The current law leaves behind people who do not live with substance use disorders, but experience other mental illnesses, developmental disabilities, or cognitive impairments that can be effectively addressed through treatment.

People living with mental health issues deserve treatment, not jail. Mental health intervention through courts can decrease the jail population and provide people with access to treatment they would not otherwise receive if incarcerated. This has been shown to increase mental health program enrollment and completion of these programs reduces homelessness, psychiatric hospitalizations, and rates of recidivism.<sup>1</sup> New York can become a leader in diverting people with mental health issues out of the criminal legal system and into treatment by passing the Treatment Court Expansion Act.

## Conclusion

We are grateful to the Committee on Mental Health and Substance Use for holding this hearing on ways New York City connects New Yorkers to mental health services. The number of people living with or having experienced mental health issues remains alarmingly high, and jails and prisons have become the de facto mental health facilities across New York State. We welcome any opportunity to work with this committee to ensure people living with mental illness receive timely, quality treatment and services.

If you have any questions, please feel free to contact Kathleen McKenna, Senior Policy Social Worker, at [kmckenna@bds.org](mailto:kmckenna@bds.org).

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<sup>1</sup> Nazisha Dholakia and Daniela Gilbert, What Happens When We Send Mental Health Providers Instead of Police, *Vera Institute of Justice: Think Justice Blog*, 2021, Available online at <https://www.vera.org/blog/what-happenswhen-we-send-mental-health-providers-instead-of-police>.