

Down Payment Toward a Caring & Compassionate New Deal for New York City

**CARING &
COMPASSIONATE
NEW DEAL**



On March 16th, VOCAL-NY released its [Caring & Compassionate New Deal for New York City](#), as a call to action to address poverty and public health concerns by providing people with the housing, services and care they actually need -- not by relying on policing and incarceration.

The Caring and Compassionate New Deal demands that we stop pushing aside the issues of people struggling with homelessness, substance use, unmet mental health needs and instead work towards permanent, bold solutions to eradicate these problems. It calls for city government to acknowledge the need to provide struggling New Yorkers with the tools they need to succeed – housing, social services, and care – in place of disinvestment, broken policies, and a continued commitment to criminalization and incarceration as demonstrated in past city budgets and policies.

This year New York City will pass a [\\$95 billion budget](#) that will finance the first six months of the next Mayor’s Administration. In addition to a massive city budget, billions of dollars in federal COVID relief will be delivered to New York City in the coming months. This year, New York City must begin a long-term reorientation of city government and major shifts in city spending to address homelessness, high-risk substance use, and mental health through care and compassion.

VOCAL-NY is releasing the following document to urge the New York City Council to adopt this set of proposals, and make a down payment toward a Caring & Compassionate New Deal for New York City during budget negotiations for the 2021/22 fiscal year.

Priority #1

Defund \$4 Billion from Police, Courts, and Jails

Over \$14 billion in New Yorkers' tax dollars continue to prop up the city's system of law enforcement, courts and corrections through policing, criminalization and incarceration -- funding that could be spent actually supporting the most marginalized members of our communities. **As a down payment towards the permanent removal of law enforcement, courts and jails, the City must defund and reinvest:**

- **\$3 billion from the NYPD** (50% of its budget): Immediately remove police from homelessness, substance use, and behavioral/mental health responses.
- **\$227 million from District Attorneys** (50% of its budget): Case intake has **fallen** by 45% since 2010, yet city funding for prosecutors has **risen** by 31% during this same time.
- **\$650 million from Correctional funding** (50% of its budget): The average daily jail population has **fallen** by more than 50% since 2010. In that same time period budget allocations for DOC have **risen**.
- **\$26 million from the total elimination of the Office of the Special Narcotics Prosecutor**: New York is the only city in the nation with such an office, which was created in 1972 following President Nixon's declaration of the "War on Drugs." Despite its goal of protecting the public from lethal drugs, it has done nothing to reduce drug use or preventable overdoses. In fact, drug war policies of prohibition and criminalization have only fueled these problems – our drug supply is more deadly now than ever and overdoses continue to rise.

Priority #2

Invest \$4 Billion in Housing, Social Services, and Care

The City must allocate a historic and permanent level of funding to ensure the health and safety of all New Yorkers. The most impactful intervention to improving every health and care outcome is providing housing that meets each New Yorker's needs. We must also ensure that anyone struggling with substance use, or mental health issues, has easy access to quality social services and care. The money we are divesting from police and incarceration must be reinvested. Here are our budget priorities:

Invest \$2 Billion Towards Guaranteeing Housing

Today 78,000 people are homeless in New York City. Over 4,000 people are sleeping on the streets and 20,000 single adults are living in congregate homeless shelters. The city has poured enormous sums of money into shelters and broken rental assistance programs, rather than creating adequate permanent housing for people experiencing homelessness. **As a down payment towards guaranteeing housing, New York City must guarantee low-barrier Safe Havens and stabilization beds for every New Yorker that needs one and house 24,000 single adults living in shelters or on the streets.** Here are the solutions the City must immediately invest in:

- **Guarantee access and remove barriers to supportive housing with a true "Housing First" model.** For the first time in NYC's history over [20,000](#) single adults are living in homeless shelters. [Coalition for the Homeless reports](#) that more than half of single adults in shelters are estimated to have a mental illness, and many of them would likely be eligible for supportive housing. However, for every five approved supportive housing applications, only one vacancy exists. Many people living on the streets and subways would

also qualify for supportive housing but have even fewer ways to access it. Homeless New Yorkers face bureaucratic barriers in the application process that keep them from ever applying in the first place or leading to denials by supportive housing providers. A true “Housing First” model meets people where they are at regardless of unmet needs, and recognizes that permanent housing ends homelessness and allows people to live healthy lives.

- **Guarantee access to low-barrier Safe Havens and stabilization beds for every New Yorker that needs one, through a true “Housing First” model to meet the needs of people who use drugs and/or alcohol.** As of February 2021, there were 20 Safe Havens with [1,232](#) beds in New York City. In January 2020, the annual HOPE count counted 3,857 unsheltered individuals. Despite rising homelessness among single adults—many who are struggling with drugs, alcohol, and mental health issues—New York City is unable to meet even half of the need for Safe Haven beds on any given night. Instead, people who feel shelters are unsafe are forced to sleep on subways or in the streets. In February 2021, the New York Times [found](#), “Just 29 percent of people who went from a subway station to a traditional shelter decided to spend the night. Of those taken to a stabilization bed, 66 percent remained for the night.” The City must add at least 3,000 beds to ensure people have a better option than sleeping on the streets or subways.
- **Pass and fully fund [Intro 146](#) to increase CityFHEPS voucher amounts to reflect average rents in New York City.** Currently, the primary tool that New York City provides to homeless people to help them exit shelter is the CityFHEPS voucher. Unfortunately, CityFHEPS fails to move most homeless households out of shelter or off of the streets because the voucher’s payment standards are impossibly low compared to New York City rents (on average falling \$400 below market rate based on household size). Currently, fewer than 5% of voucher holders are able to find housing in any given month. CityFHEPS levels must be immediately increased to reflect market rents in New York City. protecting the public from lethal drugs, it has done nothing to reduce drug use or preventable overdoses. In fact, drug war policies of prohibition and criminalization have only fueled these problems — our drug supply is more deadly now than ever and overdoses continue to rise.

Invest \$1 Billion Towards Guaranteed Access to Care

We must ensure that anyone struggling with substance use, or mental health issues, has easy and accessible access to quality care. This requires a public health and outreach workforce based in the community that actively works to engage people in need and is easily accessible and on demand. The need for guaranteed access to care is particularly vital to address the overdose crisis. Every six hours, a New Yorker dies from a preventable overdose. With preliminary data indicating that [2020 will be the deadliest on record for overdose deaths](#) in New York. And, if the City fails to invest in evidence-based solutions it is likely 2021 will have similar, devastating rates. **As a downpayment towards guaranteeing care, New York City must invest in the Department of Health and Mental Hygiene (DOHMH) to implement proven public health interventions known to turn the tide on the overdose crisis.** The interventions listed below are not exhaustive. They are examples of evidence-based solutions that the City must invest in:

- **Increase the capacity of harm reduction programs (including syringe service programs):** Harm reduction programs are uniquely positioned to conduct essential outreach and engagement to people at risk for overdose who are not connected to services. These programs provide education, counseling, referrals, and support to people at risk of overdose. These services are a critical pathway toward health and recovery for people who use drugs.
- **Overdose Prevention Centers:** Overdose Prevention Centers (OPCs), also known as Safer Consumption Spaces, are sites where people can engage in harm reduction services, receive public health services, get linkage to housing and treatment services, and use pre-obtained drugs under medical supervision to prevent a fatal overdose. [Research](#) shows that OPCs significantly increase people's engagement in treatment, reduce the transmission of HIV and hepatitis C, decrease public injection and improper syringe disposal, increase education and services for high risk people who use drugs, and in the over 100 sites throughout the world, there has never been a fatal overdose.

- **Fund NYC DOHMH's methadone delivery program:** The program helps ensure patients can access their life-saving medication without putting themselves or the community at risk for COVID-19. As of September 30, the methadone delivery program has made 1,755 deliveries, however DOHMH did not receive funding to implement the program, or to sustain it. Instead, DOHMH has had to cobble together funding.
- **Fund a robust infrastructure for street medicine and 'backpack' buprenorphine services:** As the pandemic laid bare, people who are street homeless lack critical medical services and struggle to access buprenorphine. Some providers adjusted their services to a model of street medicine, and others have been practicing street medicine prior to the pandemic. A well funded infrastructure to meet, care, and treat people where they are is critical for the health of people living on the street, and will be able to facilitate linkage to other services.
- **Increase the capacity of the Relay program:** Following a nonfatal overdose, the Relay program sends a peer advocate to emergency department sites to provide naloxone, overdose risk reduction support, and connections to other services and care.
- **Increase the capacity of Health Engagement and Assessment Teams (HEAT):** HEAT provides a public health-focused approach to serving New Yorkers presenting with substance use and mental health concerns to reduce their involvement in the criminal justice system.
- **Divest \$4 million from NYPD labs and invest funding to DOHMH to create a pilot for robust community-based drug checking program:** Currently the only system DOHMH has to identify trends and public health response to shifting drug supply is through NYPD buy-and-bust and drug seizure data, and data from the Coroner's office after someone has passed from an overdose. Our city must be able to have real-time data on shifting drug supply to be able to create a public health response and education to our communities that is outside of the criminal-legal system, and before someone passes away.

- **Divest \$9 million from NYPD Overdose Response Squads and invest in DOHMH to create a peer navigator program to respond to overdoses instead of police:** Currently the NYPD receives \$9 million to fund Overdose Response Squads which investigate fatal and non-fatal overdoses as crime scenes. Not only does this interfere with aftercare of an overdose, it also disrupts community responses and trust, facilitates drug induced homicide charges, and weakens community trust in calling 911.

Invest \$1 Billion in the Creation of a Non-Police Street Team Response

New York City must create a compassionate non-police response to assist people experiencing homelessness, substance use and behavioral/mental health crises. This program must be led by peer outreach workers who have lived experience with these issues, and include relevant agencies in the planning and rollout. The City launched a [pilot program](#) for mental health professionals to respond to emergency calls in two neighborhoods late last year; however, the critical need for a seismic shift in how the City responds to homelessness, substance use, and mental health needs is urgently needed through a city-wide program that does not include the police. There are blueprints for models, like [Eugene, Oregon's CAHOOTS program with a 30-year track record of success](#).

