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

### **Priority #1**

### Defund \$4B 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 downpayment 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.

- 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.
- 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.
- 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.



