



## **2023 Roadmap to a Caring and Compassionate City: Ending Homelessness, the Drug War, the HIV/AIDS Epidemic, and Mass Incarceration in NYC**

### **Ending Criminalization of Homelessness:**

**Ending Encampment Sweeps:** Mayor Adams' administration has continued a long history of encampment-busting in NYC that systematically invisibilizes and criminalizes street homelessness. The Council and the Mayor must end this decades-long practice and fully commit to prioritizing permanent housing placements for all New Yorkers. Encampment sweeps and criminalization will not move people off the streets, only housing will.

**Provide access to public, taxpayer-funded bathrooms in subways & in streets:** Restricting access to public restrooms is a quality of life issue that is often used to criminalize individuals experiencing homelessness resulting in upwards of \$350 in fines. Homeless people experience urinary tract issues and related health problems at a rate 300% higher than the general population. The Mayor & the Council must open all public restrooms throughout the city to address this public health crisis fully because everyone should be #FreetoPee.

### **Removing Barriers to Permanent Housing:**

**Use all available vacant housing stock, NYCHA units, and vouchers to rehouse homeless New Yorkers:** During a housing shortage and a global pandemic, there are currently tens of thousands of rent-stabilized apartments that are purposely sitting vacant. The Mayor & the Council must develop an immediate plan to rapidly rehouse all homeless New Yorkers by: utilizing all vacant apartments and set-aside HPD & NYCHA to house homeless residents, utilizing federal and local vouchers, and increasing the number of supportive housing units available.

**Fair Chance for Housing Act: [Int. No. 632 \(Powers\)](#):** The act would prohibit housing discrimination on the basis of arrest or conviction records in NYC and would make criminal background checks or inquiries about arrest or conviction records at any stage in the application process, an unlawful discriminatory practice.

**Expanding and Improving CityFHEPS Program:** To accelerate housing placements and reduce bureaucratic delays the City must eliminate the 90-day shelter stay requirement, rent reasonableness, the utility allowance, improve oversight and inspections of CityFHEPS apartments, and streamline the application process to limit delays and application denials. To guarantee housing placements for voucher holders the City must rebuild the Source of Income Unit at the NYC Human Rights Commission (CCHR) to combat landlords whom are illegally denying housing to voucher holders. Lastly, New York City has the power to expand and offer CityFHEPS voucher to undocumented families and individuals but chooses not to. The Council in its authority can expand eligibility and allow homeless undocumented New Yorkers the chance to exit the shelter system and secure permanent housing.

### **Access to Services & Care:**

**Care Not Cops: [Int. No. 856 \(Caban/Osse\)](#):** Mandates that any homeless outreach initiated by the city be conducted by non-violent service workers trained in trauma-informed care and provides tangible support items, such as a pair of socks. The bill would prohibit the city from issuing tickets or summonses to homeless New Yorkers using materials or parts to create bedding or temporary shelter.



**Municipal Broadband:** Internet is an essential need for all, especially for low-income and homeless New Yorkers who lack basic internet access or are forced to pay high prices for slow service. The City must provide publicly owned- high-quality, universal internet for free for those in need, and low cost for everyone else by 2026 (starting with shelters, public housing, elderly residences, and households with students).

## **Defund the Police, Corrections and Prosecutors:**

We are calling for the immediate removal of police from homelessness, substance use, and behavioral/mental health responses by cutting the NYPD's budget through the elimination of abusive units like Anti-Crime Plain Clothes Units rebranded as "Neighborhood Safety Teams," SRG and VICE and eliminating abusive policies and practices like homeless encampment sweeps. The city's system of law enforcement, courts, and corrections have not just proven to be ineffective – they further marginalize an already vulnerable group of people and expose them to additional violence and harm. Additionally we are demanding transparency in the NYPD budget to identify additional cuts.

**Hiring freeze for DOC:** The Department of Corrections has failed time and again to keep our incarcerated community members safe. Instead, they have played a direct role in the harm that detainees are facing, up to and including death. It is critical that we don't reward the torture carried out in DOC facilities with more money.

**Eliminate the special narcotics prosecutor:** The Office of the Special Narcotics Prosecutor should be immediately and completely defunded. 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.

The combined operating budget of the District Attorneys from the five boroughs, and the Special Narcotics Prosecutor, is over \$445 million in city funds. When New York State passed bail and discovery reform in 2019, VOCAL-NY argued that the City should immediately fund housing and healthcare initiatives to support people who were previously incarcerated, rather than increase funding for law enforcement. Instead the City gave \$27 million dollars, annually, to District Attorney offices – which don't address housing and healthcare needs, but instead actively prosecute homeless people for so-called quality of life violations. We must think about prosecutions in general as a failure of other social policies, because these prosecutions create instability that lead to trauma and more social ills.

## **Police Transparency**

**Consent Search Reporting: Intro 538** will explicitly codify a requirement for the NYPD to report data on all requests for consent to search, all requests for consent that are refused, and all consent searches that actually take place.

**Level 1 and 2 Reporting: Intro 586** requires the NYPD to report on all levels of police stops and encounters, including where they happen, demographic information on the person stopped, the reason for the encounter, and whether the encounter leads to any use of force or enforcement action.



**Abolish the Gang Database: Intro 360** abolishes what is called “the criminal group database” and prohibits the creation of any further databases. We know policing is rooted in terrorizing and capturing freed Black people who were formerly enslaved and this database is a tool that continues this racist legacy.

**End Solitary Confinement: Intro 549:** Solitary confinement is torture. We fought and won on the state level to limit the use of solitary confinement but we know that implementation has been terrible. And so we are looking to the city to do what the state has failed to do and completely end the use of solitary. Intro 0549 is the bill to end solitary confinement and now has a supermajority in the council. But we haven't won yet and we will be on City Hall steps tomorrow at 10am to demand that this bill be passed. Please join us if you can and if you have questions please reach out to Keli.

## **Make HASA Client-Centered and More Effective**

**Hiring Clients as Caseworkers:** More often than not, HASA clients interact with caseworkers who don't fully understand the challenges and specifics of care that clients need, leading to tensions and conflicts between clients and caseworkers. To improve HASA recipients overall experience with the agency and organizations they interact with, the City must develop a program that'll create pathways for HASA clients to become caseworkers.

## **Ensuring Access to Healthy, Safe & Stable Homes for HASA recipients:**

**Supporting HASA recipients** in getting into permanent housing by removing the following major barriers they face: Combatting Source of Income discrimination, Increasing support from HASA and/or non-profit staff in helping clients find housing, Increasing the amount of affordable private market apartments and supportive housing

**Ensuring the ongoing quality and health of housing placements:** HASA must work alongside HPD in proactively addressing code violations in private market apartments, and addressing code violations in transitional/supportive housing.

**Guaranteed Access to Wifi and Technology for telehealth services:** A growing amount of medical care is provided via online services and tools. Given this new reality, all HASA recipients need to have access to Wifi and basic technology needs to ensure quality medical care.

## **Invest \$1 Billion Towards Guaranteed Access to Care:**

We must ensure that anyone struggling with substance use 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 surging overdose crisis. Every four hours, a New Yorker dies from a preventable overdose. With preliminary data indicating that [2021 will be even worse than 2020 - the deadliest year on record for overdose deaths](#) in New York. And, if the City fails to invest in evidence-based solutions it is likely 2022 will have similar, or even higher devastating overdose 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.

**Expand & Fund 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. The two OPC run by OnPoint have intervened in over 700 overdoses since opening.

**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. 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 expand 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.