To: Tompkins County Planning and Economic Development Committee  
From: Rich John  
Re: County Home Together Tompkins Report  
Date: October 4, 2023  

Thank you for the chance to comment on the Continuum of Care report entitled “Home Together Tompkins” (the “Report”) which is coming to the County for consideration. I have reviewed the detailed and helpful comments prepared by our Homeless Services Coordinator. I do not disagree with her substantive comments regarding County and State action that would be necessary to implement the plan. However, beyond the logistic legal and regulatory hurdles, the Report calls for the County to adopt significant policy positions related to the unsheltered homeless population. I believe the highest compliment we, as Legislators, can pay to the authors is to take their Report seriously. Therefore, I wish to share several thoughts in response. Further, because of the length of the Report and the complexity of the policy recommendations made, I have elected to provide my comments in writing.

The Home Together Tompkins Report presents a focus on the unsheltered homeless population that is an important supplement to both the 2017 Tompkins County Housing Strategy, the 2016 Tompkins County Housing Needs Assessment, and the 2022 Tompkins County Homeless and Housing Needs Assessment. While constituting relatively few individuals (the Report estimates 20 – 60 unsheltered homeless), the encampments have been a persistent segment of the homeless in our community with outsize impacts. We have seen decades of people living in the encampments who are unsafe, unhealthy, and disruptive to the environment, other residents and businesses. These people are living in misery and, as a caring community, call for our help. What we have been doing does not appear to be improving the circumstances for these homeless people or the community in general. So, the Report emphasis on the need to change course and do some things differently regarding our unsheltered homeless population is a welcome message.

To the extent that the Report echoes the 2022 Tompkins County Homeless and Housing Needs Assessment call for more shelter capacity, transitional beds, specialized shelter and supportive housing, as well as permanent housing, there is a valuable message here. We do need to develop and open more shelter and housing. And we are making efforts in this direction.

However, the Report goes further than identifying housing needs and recommends that the City and County provide very specific and substantial policy changes, assistance, and financial commitments regarding the encampments. Implementation of the recommendations would have significant impacts on the residents and businesses located in the West End, as well as on various County Departments. In making these recommendations, the Report builds upon a United States Interagency Council on Homelessness Report entitled: “‘Home, Together’ Federal Strategic Plan to Prevent and End Homelessness.” Yet, it is important to understand that the Continuum of Care proposals go much further in making specific local recommendations. The Report would commit the City and County to policy decisions that both expand upon and diverge from the Federal plan.
Finally, before addressing some of the policy issues raised, I note that the Report does not have an Acknowledgements section. As a result, it is unclear whether the Report represents the views of the two authors, a consensus among the relevant Human Services Coalition agencies, or something in between. The Legislature should know whether this is a full HSC proposal. Similarly, it is important to determine whether the Department of Social Services participated in the development of this Report. As the recommendations propose substantive changes to DSS procedures, establishing consensus along this vector is critical. Given the comments from our Homeless Services Coordinator regarding legal and regulatory issues, it appears that the DSS did not participate. For these procedural reasons, the Legislature should move forward with caution before considering whether to accept or adopt the Home Together Tompkins Report.

Some further substantive and specific concerns regarding elements of the Report are outlined below.

**More Housing**

The first two recommendations related to more supportive housing and shelter capacity would fill a present recognized need. Frankly, these two recommendations do not present much controversy. The County has already agreed to proceed in this direction and has seen several new affordable housing projects built in the community. Additionally, there are construction projects underway that will add more units to the affordable housing stock. Through the IDA, there are significant investments coming to the Community Housing Development Fund that are being applied towards the housing component. Adding supportive services to this housing is an obvious gap to address. Adding shelter, and particularly shelter capacity that can respond to the State Code Blue requirements, is a more complicated financial undertaking, but also necessary.

Additionally, the City and County are currently investing money to support the people living in the encampments, and to address the impacts related to them doing so. No comprehensive assessment of current services and cost has been performed. Doing so would be a difficult but helpful exercise. The project would be difficult because of the many City and County Departments that are involved in providing services, including all of the money channeled through the Human Services Coalition Agencies. Because many of these Departments and Agencies serve multiple populations, separating out the actual cost attributed to the unsheltered homeless would be complex. But these are real dollars.

While the Report does not directly state, it is likely that the recommendation would be to continue the current initiatives at current funding levels. If there was a significant reduction in the population of the encampments, there would likely be some cost savings in existing spending focused on that issue, but without analysis, those savings are unknown. And the Report is clear in proposing that no change in the population of unsheltered homeless should occur until housing is built. Therefore, there is likely little cost savings intended for the next several years. If these policy proposals would make it easier to camp, local governmental cost for services would, instead, likely go up.

If the Report is recommending continuation of existing programming, then clarification as to the interface with these new programs is called for. However, the Report does not endeavor to
engage in either an assessment of current services or any analysis of present effectiveness. For this reason, consideration of adoption of these proposals is at best premature.

Substance Use as the Essential Issue

Most people who are homeless or housing insecure want to reach permanent housing. And, in fact, the efforts to find permanent safe housing is often successful for these people, through the efforts of a broad array of local service providers. In these cases, finding and maintaining housing, while sometimes still challenging, is relatively easier because of the desire this homeless population has to make the journey, and to accept that doing so requires working within a system that is often imperfect and bureaucratic. Certainly, the same desire exists for some in the encampments, but there are also individuals who are not interested in obtaining either shelter or housing if doing so entails submitting to rules or conditions. This dynamic raises issues for helping the unsheltered homeless that are different in nature, complexity, and difficulty, and at least in part explains the persistent nature of the problem within this population. As the 2022 Tompkins County Homeless and Housing Needs Assessment developed, there are a variety of reasons for resistance to entering the shelter and housing system for those in the encampments:

<table>
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<th>Barriers to Housing: Encampment Dwellers</th>
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<tr>
<td>• Sex offender status precludes access to housing supports</td>
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<tr>
<td>• Difficulty navigating DSS requirements which results in being sanctioned/losing access to shelter</td>
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<tr>
<td>• Unwillingness to engage in addiction services or to refrain from using substances</td>
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<tr>
<td>• Having dogs that are not welcome in the shelter or housing</td>
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<td>• Housing is unaffordable even with Section 8 vouchers</td>
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<td>• Unwillingness to give up autonomy</td>
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The Report is on solid ground in advocating for steps to address these issues. The local shelter management would perhaps argue that they do work through these barriers and accommodate special needs. But the conversation is a good one.

However, a key difference between the larger homeless population and many in the unsheltered homeless population is substance use disorder. Attempting to consider and make recommendations would seem to call for directly addressing the specific dynamics of addiction influencing this segment of the homeless population. Instead, the Report relies upon a HUD definition of Severe Service Needs “SSNs” (Page 13) to frame the discussion of this population.
The HUD definition is quite broad, but does not specifically state as factors either drug addiction or mental illness.

- facing significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type)
- high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities
- experiencing a vulnerability to illness or death
- having a risk of continued or repeated homelessness
- having a vulnerability to victimization, including physical assault, trafficking, or sex work
- currently living in an unsheltered situation or having a history of living in an unsheltered situation

This definition avoids directly stating that drug use and mental illness are perhaps the dominant factors in becoming an SSN individual. Further, because of the last bullet point, the SSN designation applies to anyone who is in an encampment. As the Report recommends enhanced services for SSNs, it is important to be clear that this means the entire population that is living in the encampments would be included within this category.

As a housing advocacy organization, it makes some sense that the Continuum of Care focuses only on housing. Unfortunately, using the SSN designation allows the Report to discuss the population without any real analysis of substance use disorder and mental illness as key factors in why they are homeless. Presumably, the thinking behind this HUD definition is to avoid stigma and instead focus on the struggles that this population undergoes. Indeed, the Report is careful to make no judgments (i.e., legal, moral, medical, psychological, economic) regarding drug addiction and, in practice, advocates that we should be trying to facilitate safe drug use. Avoiding this topic is consistent with the philosophy of harm reduction. However, it is not clear that from the standpoint of the County being charged with addressing the whole issue, this approach leads to a useful understanding of the challenges the community faces or how to successfully house this population. Our charge entails the larger picture.

Housing First

The Report advocates a housing first strategy that is, in principle, in accord with the federal plan. Bringing people into shelter or housing is a key element in stabilizing their lives. If the person is struggling with substance use disorder that prevents entry into shelter or housing, then there is a chicken and egg problem that a housing first approach attempts to solve. The federal plan is clear in stating that a housing strategy “not turn people away or make access contingent on sobriety, minimum income requirements, or lack of a criminal history.” (Page 17.) So, the Report and the federal plan are aligned in advocating this housing first model.

However, what is frustrating in reviewing both the federal plan as well as this Report is what comes next. Frankly, support for the housing first concept appears noncontroversial if the
alternative is unsheltered homelessness in unsupervised encampments spread throughout the
community. However, saying “housing first” begs the question of what comes “Second.” In
fact, what comes “Second” is vitally important to the County in making any difference at all. As
the citations make clear, the larger country is in the midst of a giant experiment of trying to
address what comes “Second.” There are models of “Second” that appear to show some success
in addressing the complex SUD and mental health issues, together with a lot of models leading to
failure as well.

In fact, we do have a local instance of putting people into housing without adequate supportive
services being in place. For those unable to adapt to apartment living, the experience was
unfortunate and ultimately short term. For the other residents of the building, bringing the
behaviors of the campsites into close contact has been awful. While that environment appears to
have improved somewhat, we should take the lesson.

While the Report and the HUD plans are both frustratingly vague, the Federal plan does go on to
focus on strategies that “increase access to permanent housing models for people with substance
use disorders, including opioid use disorders, by aligning housing and services and scaling
evidence-based approaches, like medication assisted treatment.” (Page 22, underline added)
There does not appear to be any support in the federal plan to allow substance use disorder to just
remain untreated within their housing first model.

As the Report does not speak to this issue, it remains unclear what efforts or conditions might be
applied to address the substance use disorder of those who are invited in as part of a housing first
approach. There is language to indicate that treatment services should be made available, but
only on a voluntary basis whenever the individual might become ready. Implicit in this approach
is a policy where no affirmative steps would be taken to move someone experiencing addiction
to get into treatment, beyond perhaps suggestion and availability.

It is important to fully acknowledge that the science around addiction is in many fundamental
ways unresolved. The reasons why people change addictive behaviors are still not well
understood. We know that one size does not fit all. For those dependent on drugs and alcohol,
the process of change may include relapse and, for some, chronic failure. As a statement of the
obvious, as with other difficult life situations, personal change related to substance use disorder
is really hard. With all of that said, if the approach is to wait for voluntary treatment decisions
by individuals struggling with addiction, there will be low uptake.

With this understanding, the County should take a clear position on what it deems appropriate for
“Second.” Particularly, the County needs to determine whether it will condition the delivery of
any governmental benefits on attempting to control, reduce, limit, or stop, drug use. The Report
is clear in stating that the County should not include any such requirements.

The Report also raises the issue of what is intended by low barrier, and what restrictions might
be appropriate before being allowed to enter shelter, making the following statement:
Many low-barrier shelters, while not requiring sobriety, prohibit possessing and using drugs, alcohol, and weapons in their facilities. They also set an expectation that people obey the law and behave respectfully towards other people using the shelter. Any behaviors that risk other residents' safety are typically not tolerated. (Page 22)

It is not clear whether the Report is suggesting these restrictions are inappropriate. While acknowledging that federal rules require these types of restrictions, the Report cites to a bullet point in a PowerPoint prepared by the U.S. Interagency Council on Homelessness entitled “ALL IN: The Federal Strategic Plan to Prevent and End Homelessness”, that states: “Remove and reduce programmatic, regulatory, and other barriers that systematically delay or deny access to housing for households with the highest needs.” To the extent that the Report then proposes seeking non-governmental funding sources so that federal rules could be avoided, it is critically important to understand what is intended. Certainly, if use of non-governmental funding sources are necessary for implementation of the Report recommendations, then it is not clear how the County can proceed in the absence of such money. But further, it appears that the alternative funding is also proposed so that different rules could be applied for access.

Criminalization of Homelessness

The Report provides the advice that we should not criminalize homelessness and suggests that this is currently happening in our community. We should not. The question remains whether this is actually occurring here. For those segments of the homeless population that are engaged with services and actively trying to obtain shelter, transitional, or permanent housing, this is not really an issue. The claims raised in the Report mainly apply to the people residing in the encampments. If the District Attorney were asked, he might disagree that criminalization of homelessness is happening at all in our community. The divergence of view would likely arise from a distinction between the status of being homeless and the behaviors engaged in.

However, in reading the Report, it is not clear that a distinction is being made between status and behavior. The Report recognizes that at least some anti-social behaviors occur (such as theft, vandalism, panhandling, damage to public property, outdoor defecation and urination, creating bio-hazards, garbage creation, etc.) while just not discussing more severe anti-social and even criminal conduct. In acknowledging these problems related to the encampments, the Report does not indicate that they should be stopped. Instead, the recommendations are to direct programming (and public funds) to reduce the impacts of these behaviors. The recommendations to reimburse businesses for theft and damage, paying individuals for their garbage, or supplying special carts to reduce grocery cart theft, besides raising questions of government gifting, indicate a position taken in the Report that SSNs should be allowed to avoid criminal law repercussions for actions that are defined as criminal behavior.

It is important to recognize that, to a great extent, Ithaca and Tompkins County have already decriminalized drug use. The District Attorney has made public statements to this effect for a long time. Police agencies in the County have followed this lead, and are not making arrests for drug possession in small amounts. The instances where arrests occur involve other criminal conduct. Even there, with bail reform, few are actually held after an arrest. So, it seems a fair statement that following the Report’s recommendation as to decriminalization would not be far
different from the conditions that exist today. With that said, the conditions that exist today are alarming. The conditions in the West End of the City have deteriorated and encampments have now appeared elsewhere in the County, with all of the same ancillary issues arising.

While the Report supports attempts to generally diffuse and mitigate the impacts on the community, the Report is clear in finding that law enforcement should not have a role to play in any response to homelessness. The Report goes beyond the issue of arrest, to suggest that any interaction at all is damaging.

While some policy-makers may understand criminalization as actually arresting people for sleeping in certain areas, in actuality any policy that increases interactions between people experiencing unsheltered homelessness and law enforcement will lead to increased court involvement and ultimately a longer length of time living in a homeless situation as people work to make appointments and pay fines related to that court involvement. These discriminatory laws are not effective. They put governments at risk of expensive civil-rights lawsuits and distract from implementing programs and strategies that are both effective and cost-effective. Programs like Permanent Supportive Housing and Housing First, treat homelessness as a housing and health crisis—not a problem for the criminal justice system to solve. (Page 8-9)

It is unclear how there could be court involvement absent an arrest. There are no citations in support of this proposition in the Report. The citation given (Olivet, Jeff. “Collaborate, Don't Criminalize: How Communities Can Effectively and Humanely Address Homelessness.” United States Interagency Council on Homelessness (USICH), 26 October 2022), is not focused on general police interaction with the homeless. Instead, the Study criticizes policies of arrest followed by fines and incarceration. As there has not been a policy here of arresting or fining people for homelessness, it is questionable how much meaning can be drawn from this citation. Its use in this Report seems intended to bolster an argument later made entitled “Meeting Basic Needs with Dignity” regarding removing law enforcement entirely from the homeless population.

In alignment with our goal of providing safe alternatives to the existing encampment as a health measure, Home, Together: Tompkins would support the creation of a site that allows people to meet their basic needs with dignity without requiring engagement with services or clearance of other spaces. The Continuum of Care believes that a site with trash services, safe needle disposal, groundskeeping, bathrooms, safe heating elements, benches, and access to clean water without security measures or policing would be the most effective health intervention for people who do continue to live outside, without increasing their interactions with law enforcement. (page 36, underline added)

This idea of a safe space is consistent with the argument that the war on drugs has failed; a straight criminal justice approach to substance use disorder has been attempted for decades and has been proven a failure. As indicated previously, in our community, the ineffectiveness of a law enforcement only approach has not really been in dispute for many years. However, the Report is advocating something further and quite radical, the complete separation of security and law enforcement from the encampment population. At present, the unsheltered population
includes some of the most victimized people in our community, particularly women and young people trying to live outside. The Report is silent as to how these unsheltered homeless could feel any sense of safety or security.

Fully comprehending the radical nature of this proposal requires some discussion of emergency services staging. Fire fighters and ambulance workers will not enter or engage in an environment that poses personal safety risks without the presence of law enforcement. Historically, the encampments have posed exactly these risks for emergency service workers. As presented, the Report would not only remove law enforcement, but implicitly also other emergency services. If the idea that the unsheltered homeless would protect each other in this unpoliced environment, including providing emergency services, it would be useful to have some evidence-based support for this particular social sciences experiment.

It seems entirely appropriate to examine our law enforcement approaches to people living in unsheltered housing. As with the Reimagining Public Safety initiative, building policing that is effective for the particular environment makes good sense. But entirely removing law enforcement from the encampments is a large step that the County should take with real caution.

A further issue exists in segregating SSNs as a special category of people where general law enforcement would not apply. The Constitutional principles related to equal protection of the laws also includes the corollary that no one is above the law. The Report appears to be saying some exception should apply to SSNs, that would not attach to the rest of the community. While “do not criminalize homelessness” is often stated by supporters of the approaches advocated in the Report, a corollary point is that “we should not decriminalize crime.”

The system we have developed of violations, misdemeanors, and felonies is intended to serve as a graduated series of community responses to inappropriate and dangerous behavior. There should be no need to argue that if we want our community to thrive, we must acknowledge and support a system where there is a response and accountability for bad behavior. Society does not work otherwise. Over the past couple years, many residents and business owners in the West End would argue that we are already experiencing a breakdown.

The concept that SSNs, because of their particular condition in life, should be exempt from complying with societal norms is just plain odd. And while the Report correctly notes that SSNs deserve dignity and respect, there is an unusual lack of concern for the people who live in the community and endure the bicycle thefts, break-ins, defecation, vandalism, fires, garbage, harassment, etcetera. And does it really follow that the community should withhold consequences for bad behavior, including crimes, precisely because of the lack of responsibility associated with addiction? As a government, we need to be exceedingly careful that the protections and rules of society apply to everyone.

Further, as a matter of good government practice, we should know that the whole community, including those who would be impacted, are aware of the commitments the County would be making in adopting the recommendations in this Report. Because it is not at all clear that this public input process has occurred, the County should invite this conversation before considering implementation of these Report recommendations.
The War on Drugs and the Public Health Models

The war on drugs has always been a metaphor. As with the declared wars on poverty and terror, it was initially used to denote seriousness of purpose and the need for an all-out effort. Putting aside what might be occurring on our borders, the problem of drugs in our communities has never been fought with tanks and planes. There have never been battles in the traditional sense. As we know, the “war” on drugs is used to describe a law enforcement approach to define certain substances as illegal and then interdict supply. And, as indicated previously, there seems general agreement that use of the metaphor is not descriptive of what the consensus in our community wants to see happen. But saying that the war on drugs has failed does not naturally suggest a better answer. With that said, we have reached some consensus to describe the problems of substance use disorder as a public health crisis using a disease model. It is important to recognize this definition as a frame or metaphor as well.

If substance use disorder is a disease like any other medical condition, then principles of health care should apply to our response. And there is some truth in this metaphor. People suffering from substance use disorder exhibit symptoms that are consistent with a disease model. In the case of a disease, blaming and shaming a sick person for their illness is counter-productive at best, and in many cases downright cruel. In the context of substance use disorder, we have found that simply arresting the individuals does not work. The Report cites to studies that indicate the ineffective nature of arrest and serves as the basis for the warnings not to criminalize homelessness. Agreed. But the public health metaphor as used in this Report only takes us so far.

In advocating that a strict law enforcement approach to substance use disorder has failed, the Report does not provide a cogent argument on why no restrictions as to drug use is the only other alternative. Indeed, if the better framework is a public health model, then substance use disorder should actually be treated as a disease. As an example, if a patient was experiencing a raging infection, no responsible medical provider would just try to treat the fever. Attacking the infection itself with anti-biotics would be the anticipated treatment. However, a direct approach of treating the illness is not what is proposed here.

Simply, substance use disorder involves the inability to stop using alcohol or drugs, even when there is self-harm. If we are called upon to apply a disease model to SUDs, then the sickness itself should be treated. Whether abstinence, counseling, or medically assisted treatment, there are therapies that work for many people. Even accounting for relapse, these treatments are far more effective than waiting. The harm reduction approach described in the Report recognizes that relying upon will power is not enough. The harm reduction admonition is that we should withhold moral judgments about the correlated behaviors specifically because of the power of addiction over will power. But the individual’s lack of agency is precisely where they need help. Does it really follow that there cannot be any requirement for treatment.

If we accept and apply this public health framework, then the obvious next steps involve taking actions that address the “illness.” Within this context of helping the “patient,” the need for some intervention is obvious. That intervention is getting the person into treatment; getting them into treatment without moral judgment and with the recognition that relapse will occur in many cases.
Doing so is consistent with a disease model of addiction. Both the federal reports and this Report are carefully vague in confronting this central issue of addiction. By framing the issue as almost entirely an issue of housing, neither the federal citations nor the Continuum of Care Report directly state any prescription for getting people into treatment. As stated above, housing first begs the question of what comes “Second?”

In fact, in advocating for a Housing First approach, the Report cites to a study, “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis”, Sam Tsemberis, Leyla Gulcur, Maria Nakae, American Journal of Public Health 94, no. 4 (April 1, 2004b): pp. 651-656,” where participants maintained stable housing in comparison to a control group that required sobriety and progress in treatment. However, this study also reported that under the Housing First model, there was lower participation in drug treatment programs and no real difference in drug use as compared with the control group. While the above study indicated it relied upon self-reports from the participants for its data, and acknowledged problems with doing so, one take away from this analysis is that Housing First may address housing issues, but perhaps will do nothing at all, or less, about substance use disorders. If in fact, a Housing First public policy does not impact drug usage, and may actually reduce participation in treatment, then the indifference to substance use disorders in the Report makes some sense. However, if there is no real impact, then the City and County governments should understand these disappointing outcomes in evaluating how to proceed.

That drug usage should not be judged is a clear belief in the Report. Indeed, allowing addiction to continue untreated seems to be implicitly encompassed within the “don’t criminalize homelessness” warning. It is unclear from the Report whether this hands-off approach stems from a libertarian protection of personal freedom, a belief that drug treatment just does not work, that only voluntary entry into treatment can be effective, or some other reason left unsaid. Whatever the rationale, the Report is frustrating in leaving the current unacceptable circumstances in place and not articulating the reason(s) why. It seems that some midway path should exist between arrests for drug usage and this libertarian vision.

We are seeing an unacceptable steady, if not rising, rate of overdoses. The new types and increasing strength of the street drugs available to users would indicate that the overdose numbers will get worse, not better. Because the Report decouples homelessness from drug addiction, it just does not consider this aspect of the public health emergency the community faces. It logically follows from using a ‘wait and be ready to assist’ approach for individuals with substance use disorder, that there will be a continuing exposure to the risk. Each instance of taking a drug increases the likelihood of harm. The Report does not address this issue of time creating multiple exposures as a factor that raises the danger of overdose and death for the people that need help. In the name of harm reduction, we may actually be facilitating these people to remain in jeopardy far longer. Frankly, I am not sure harm reduction is the appropriate term for these actions.

Unfortunately, carefully avoiding the central issue of drug addiction in this homeless population segment is being replicated in city after city across the country. The result is that homeless populations living on the streets reliant on street drugs remain a permanent fixture. For the 20 – 60 real people in our community that are living in misery, the question remains of why we are
willing to tolerate waiting for the disease to follow its own course, housed or unhoused. And harm reduction as used in this context does not take into account the harms within the broader community. Implementing the approach advocated in the Report entails tolerating a broad swath of community harms. The question of why no affirmative steps are appropriate to address the harms, individual or community based, is a good one.

In fact, there is an alternative model in operation in our community. Tompkins County has the benefit of drug courts and the Ithaca Wellness and Recovery Court. These Courts are, by definition, within the criminal justice system. In that sense, these Courts are coercive in theory. As a part of a plea to a criminal charge, the defendant agrees to enter this alternative Court and is subject to the jurisdiction of the court. The Judge does use certain sanctions, including in some instances short stays in our Jail, in response to inappropriate behaviors. The Courts also provide rewards and are wholly supportive of the people engaged.

The Report is silent as to the efficacy of the drug court model. Other than the general statement of avoiding criminalization of homelessness, there is no consideration of the drug or mental health treatment courts. In practice, removing law enforcement from the equation, as the Report suggests, would almost certainly reduce the pathway to the treatment courts. If reducing the involvement of the mental health and drug treatment courts is the preferred public policy direction, the City and County governments should be clear in making those decisions.

In considering this issue, one element bears mention. New York State participates in funding the treatment courts. Reducing reliance on the treatment courts for those suffering with addiction issues would move more of this cost to the County.

Finally, removing law enforcement from this segment of the population implies acceptance of drug dealing as an unavoidable consequence of harm reduction. Perhaps unintentionally, from an economics standpoint, the Report is advocating further externalizing the downside costs of not only drug usage, but also participating in drug trafficking. Unfortunately, drug dealing is not mentioned in the Report. Perhaps as a country we should be having a conversation about our national drug laws and policies, but at the local level, the drug dealers are bringing poison into our community every day, facilitating overdoses and deaths (exactly what the harm reduction model declares it hopes to avoid). Is it unreasonable to have the City and County use law enforcement to try to stop this activity?

There are certainly humanitarian reasons to help people suffering from addiction, and the City and County have already invested in doing so. While it makes sense to withhold moral judgment from those who are suffering from addiction, it is a different question whether drug dealers should receive favorable public policy treatment from the City and County. We should be cognizant that there are untaxed financial benefits for drug dealers stemming from supporting and protecting this market. These are the same people who are damaging our community. And with the trends towards more dangerous drugs appearing on the street, it is likely that this damage will increase. Again, if the public policy is to allow the street drug market to continue, and in fact subsidize the customer base, the City and County governments should make those decisions explicitly.
Inclusive Public Space Management

The Report takes the position that no action should be taken to prevent individuals from camping where they may choose to do so. The Report advocates continuation of the City’s “tacit acceptance approach” until completion of building the rental units and shelter for this population as recommended.

The Continuum of Care believes that increasing the stock of available rental units and shelter for this population must happen before the City of Ithaca attempts to close any existing camps. Page 9

Even with adequate funding and successful site selection, getting these housing solutions built and open could take several years. The Report advocates that until such housing and shelter are completed, the community should continue the status quo.

The Report does not entirely object to the TIDES concept, at least in part. The Report agrees it would be useful to have an area where services could be concentrated (“a site with trash services, safe needle disposal, groundskeeping, bathrooms, safe heating elements, benches and access to clean water” Page 36), but only if there is no requirement for “engagement with services or clearance of other spaces.” As described above, the central location could have no security or law enforcement. It is difficult to see how a central encampment could function at all within this construct. Further, there is little hope that whatever “Second” looks like, it could happen within this environment.

While unstated, the resistance to a supervised camping area appears to be twofold. There is perhaps a fear that with a designated encampment area, the incentive on the City and County to build the necessary shelter and housing would lessen. The other driver for resisting a supervised campsite seems to be grounded in a philosophical position that these individuals should not be constrained by any governmental rules.

In support of this policy decision, the Report cites to the concept of Inclusive Public Space Management in a 2020 report from the Urban Institute. That Urban Institute study does support the idea that an approach of clearing encampments without reasonable alternatives will be ineffective. However, the Urban Institute advocates providing exactly the type of amenities (bathrooms, showers, storage, etc.) that TIDES proposed to improve the public spaces for all involved. Categorically, the Urban Institute does not state that the best approach is to allow camping wherever the individuals may select and without the imposition of any rules. In fact, the study (and other citations within the Report) specifically mentions instances where camp sites were moved. The point is that there must be reasonable alternatives that both support the individuals, and are better for the community. The idea that the City and County should not move any campers appears to be a local policy position in this Report, rather than a broader evidence-based approach.

It is possible for the City and County governments to make and act upon a commitment to build additional housing and shelter, while at the same time addressing the immediate negative impacts
resulting from the present “tacit acceptance approach.” Delaying any attempts to address the current unsustainable situation because of a lack of trust in the level of commitment at the City and/or County is not the right path. Certainly, the City and County must get serious about their obligations, but maintaining the misery level until they do so is not the right approach.

Further, if the “tacit acceptance approach” is the policy choice, with the governments providing portable bathroom facilities and other supports to accommodate the locations that individuals select to camp in, it remains unclear why this policy should only apply in the West End of the City. The residents of Nate’s Floral Estates should not bear a burden any greater than those who live elsewhere in our community. To be clear, expanding the camping opportunities to other neighborhoods is a terrible idea, but demanding continued “tacit acceptance” in one specific area where the campers elect to live raises significant equity questions.

Treatment of Minors with Housing Instability

The Report states that “Our county requires young adults ages 18-21 and minors to pursue child support from their caregivers before accessing shelter.” This is a requirement under New York State Law. However, the Report states that the County should not undertake to do so. The rationale for leaving parents out of the process is based on the bureaucratic delay entailed and the “complex power dynamics” involved in the parent – child relationship. The Report goes on to state that “emotional/physical abuse at the hands of parents does not qualify minors for domestic violence services or shelter,” leading to the suggestion that the government does not act to protect youths at risk. This is, in fact, not the case. The Department of Social Services and the New York State Court system deal with this exact issue every day, and the protection of the involved minors is the reason. As one responsibility of Child Protective Services, children are placed and housed within the foster care system.

Perhaps there is room to criticize the foster care system here in Tompkins County or elsewhere in the State. And some children are subject to abuse within their homes. However, suggesting that there are not systems in place to assess cases and protect children in need is simply untrue. And the solution proposed here, giving youths access to shelter and housing without parental involvement, and making it possible without parental knowledge, would be a large legal, financial, ethical, and social policy step. It is quite possible that providing an alternative housing choice for teenagers who do not wish to comply with parental control might encourage youths to enter the system. Particularly, if the structure is one that would provide a youth with housing, financial support, and the ability to engage in drug use without consequence, then the consequences of this policy choice might be worse and not better. Further, the assumption of legal responsibility in supplanting the parental role with a governmental one is a step that should be considered very carefully.

Recommendations

As indicated at the beginning of this memorandum, there is useful information in this Report. Together with the TCHHNA, it should serve as a prompt to action. It is important that, in providing a critique to the Home Together Tompkins Report, that the discussion not stop there.
Absolutely, we should not accept the Report and put it on a shelf. Towards that end, the following recommendations are presented:

- The Report should be delivered to the County Homeless Services Coordinator ("CHSC") for further policy development.
- The CHSC should perform an inventory of current services for the unsheltered homeless provided through the various City and County Departments, together with the various local agencies, to determine present cost of services.
- The CHSC should seek additional input from: the involved County Departments, but particularly the County Homeless Services Coordinator, the DSS, District Attorney, and Sheriff; City government; the CoC; the broader membership of the Human Services Coalition Agencies; Fire and EMS; the various outreach workers; residents and businesses; and those residing in the encampments.
- The CHSC should attempt to achieve a consensus on: the supportive services that come “Second,” with a clear locally developed protocol on how to address people suffering with Substance Use Disorder and mental illness; the place and purpose of law enforcement in relation to the encampments; whether any specific supervision or control of the encampments should be implemented; and bring those recommendations to the Legislature.