

**NYS 2022-23 Joint Legislative Budget Hearing on Mental Hygiene**  
**Housing Works Testimony**  
**February 14, 2022**

Thank you for the opportunity to present testimony to the Joint Budget Hearing on Mental Hygiene. My name is Charles King, and I am the Chief Executive Officer of Housing Works, a healing community of people living with and affected by HIV/AIDS. Founded in 1990, Housing Works now provides a range of integrated services for over 25,000 low-income New Yorkers annually, with a focus on the most vulnerable and underserved—those facing the challenges of homelessness, HIV/AIDS, mental health issues, substance use disorder, other chronic conditions, and incarceration. In 2019, Housing Works and Bailey House merged, creating one of the largest HIV service organizations in the country. Our comprehensive prevention and care services range from medical and behavioral health care, to housing, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial businesses that sustain our efforts.

Housing Works is a founding member, and I sit on the Board of Directors, of the **New York State Harm Reduction Association** (NYSHRA), an association of drug treatment providers, prevention programs, people who use drugs and their family members, committed to addressing racism in systems addressing substance use, and to incorporating validated harm reduction approaches within prevention and treatment. We have come together to leverage our voices of advocacy, public policy, and clinical expertise in order to promote harm reduction in New York State as a scientifically based treatment appropriate for substance use disorder, as well as a lifestyle approach to people who use substances. Housing Works and NYSHRA are on the front lines of the overdose epidemic, providing a wide array of direct harm reduction services including syringe exchange programs, medication for opioid use disorder (MOUD), and naloxone distribution.

Housing Works is a founding member of three other important community coalitions formed to advance public health priorities and address health inequities: the **End AIDS NY Community Coalition**, a group of over 90 health care centers, hospitals, and community-based organizations across the State committed to realizing the goals of our historic New York State *Blueprint for Ending the Epidemic* (EtE), a set of evidence-based recommendations for ending AIDS as an epidemic in all New York communities and populations; the **COVID-19 Working Group – New York**,<sup>1</sup> a coalition of doctors, healthcare professionals, scientists, social workers, community workers, activists, and epidemiologists committed to a rapid and community-oriented response to the SARS-CoV-2 pandemic; and **Save New York's Safety Net**,<sup>2</sup> a statewide coalition of community health clinics, community-based organizations and specialized HIV health plans committed to serving vulnerable New Yorkers across the State, ending the epidemic, and saving the 340B Federal drug discount program in order to achieve those goals. I am also proud to serve as a member of the **New York State Hepatitis C Elimination Task Force**.

Housing Works operates the first substance use treatment program licensed by the NYS Office of Addiction Services and Supports (OASAS) to use a harm reduction approach, and we are pleased that several other providers have adopted our policies and procedures to implement harm reduction in their own licensed programs. Our OASAS-licensed program includes short-term, goal-oriented

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<sup>1</sup> For more information, see <https://www.covid-19workinggroupnyc.org>

<sup>2</sup> For more information, see <https://www.savenysafetynet.com>

treatment using evidence-based cognitive behavioral treatment models, as well as individual and group treatment strategies, and is fully integrated with all our other programs, including services funded by the NYS Office of Mental Health (OMH), facilitating referrals to and from primary care, case management, and other behavioral health services. This approach enables our providers to meet clients where they are and support clients in developing truly personalized recovery plans, allowing us to work with the most hard-to-reach and underserved populations.

For years, Housing Works has advocated for NYS to adopt treatment modalities for substance use disorder that are not rooted in abstinence, and we have applauded the increasingly progressive direction taken by OASAS in recent years. The agency has become a champion of harm-reduction approaches and patient-centered definitions of recovery, including adoption of regulations that allow for unprecedented expansion of treatment under a harm reduction modality. Through these regulations, service providers from clinicians to peers can offer appropriate care that is increasingly free of the harmful barriers contained in abstinence-only approaches. Equally important, the regulations require that all licensed treatment programs provide access to medication for opioid use disorder (MOUD), the gold standard of care for opioid use disorder. OASAS has also worked to facilitate co-location of substance use and health care services as well as the provision of mobile and other services without walls and has significantly increased the number of Certified Peer Recovery Advocates who work in treatment settings to motivate individuals to seek treatment and help those individuals navigate the service delivery system.

### **Support Significant Proposed Investments in Evidence-based Substance Use Services**

Housing Works, NYSHRA, and the EtE Coalition welcome and urge the Legislature to fully support the substantial commitment of funding in the Executive Budget to address substance use disorder and the opioid crisis by increasing access to services, removing barriers to care, and embracing best practices including harm reduction approaches. We applaud the Administration for appropriating over \$200million in Opioid Stewardship Tax proceeds for investments in new initiatives to combat the opioid crisis, as well as additional monies realized through settlement of NYS litigation against opioid manufacturers and distributors. We urge the legislature to support the full range of new OASAS investments and initiatives such as expansion of mobile treatment services to increase access to MOUD, as well as the new funding allocated to the NYSDOH AIDS Institute for additional harm reduction services (\$9million recurring) and Naloxone distribution (\$8million in FY 2023 and \$10million thereafter).

We are particularly pleased by the Hochul Administration's commitment to a public health approach to enhance harm reduction services, health monitoring, and evidence-based community interventions by means of collaboration between the NYSDOH and OASAS, including the creation of a Division of Harm Reduction within OASAS. Harm Reduction programs provide essential, evidence-based services for people who use drugs including medical care, education, counseling, referrals, medication for opioid use disorder, and syringe access. Harm reduction strategies to improve drug user health, including syringe exchange programs, and peer support, are in urgent need of reinvestment. The dedicated AIDS Institute funding for naloxone will increase access to this highly effective medication for reversing an opioid overdose. We urge DOHMH and OASAS to establish and fund additional Drug User Health Hubs across the State, which offer a unique opportunity to provide on-demand care to people who use drugs, as well as Second-Tier Syringe Exchange Programs to serve hard to reach areas and individuals. Funding point-of-care testing for HIV, STIs and HCV in Syringe Services Programs and Drug User Health Hubs would substantially

increase the capacity of the health system to screen for these infections in order to more rapidly engage people with use drugs in treatment and prevention. We look forward to working with OASAS and the NYSDOH on scale up of the proven harm reduction strategies funded in the Executive Budget.

Housing Works and NYSHRA applaud Governor Hochul's appointment of Dr. Chinazo Cunningham to move this work forward as Commissioner of OASAS. Throughout her career, Dr. Cunningham has employed a judgment-free approach to work on behalf of New Yorkers who too often face stigma and discrimination, implementing innovative, equity-driven, evidence-based initiatives to improve the lives of people with mental health and substance use issues. We also applaud the Governor's appointment of Dr. Mary Bassett as Commissioner of Health. Dr. Bassett has precisely the expertise necessary to confront New York's unprecedented public health challenges and effectively address persistent disparities.

We also acknowledge and support Governor Hochul's recent announcement authorizing more than \$100 million in NYS funding over the next five years for 12 new Intensive Crisis Stabilization Centers across the State, coupled with the rapid release of a request for proposals issued jointly by the NYS Office of Mental Health (OMH) and OASAS. We also appreciate other the steps taken by the new Governor, including signing legislation declaring racism a public health crisis, making substantial investments in the healthcare system to help address health disparities and access issues, and continuing core Ending the Epidemic funding through 2024.

### **Employ the Full Range of Evidence-Based Strategies to Address the State's Opioid Crisis**

Governor Hochul has recently signed a package of bills that Housing Works, NYSHRA members and many other harm reductionists worked to advance for years as evidence-based strategies to reduce harms associated with substance use, including decriminalizing syringe possession, removing the Expanded Syringe Access Program (ESAP) limit, decriminalizing the possession of life-saving opioid antagonists, like naloxone, and expanding access to MOUD for Medicaid participants by removing prior authorization. We also applaud the Governor's allocation of additional funds to support County jails to implement the important recent legislation mandating the establishment of programs to provide MOUD for incarcerated individuals in state and local correctional facilities.

There are, however, significant additional steps and funding required to address the State's heightened opioid crisis, reduce related health inequities, and promote drug user health.

### ***Authorize and Fund Pilot Overdose Prevention Centers (OPCs)***

In addition to the harm reduction interventions and strategies outlined in the Executive Budget, it is time for New York to implement another proven strategy for preventing avoidable drug overdose deaths—Overdose Prevention Centers (OPCs).

Impacts from COVID-19, from physical distancing to wide-ranging unemployment, have led to isolation, stress, and despair among many people, including people who use drugs. These factors increase the risk of overdose, infectious disease, and other poor health outcomes, and have been compounded by COVID-related barriers to accessing and implementing harm reduction strategies. The most tragic outcome of increased opioid use is the dramatic and unprecedented acceleration in overdose deaths. The national increase in drug-related mortality has hit New York hard. The most recent available CDC data show that in the 12-month period ending June 30, 2021, 2,475 people in

NYC died from drug overdose, up from 1,830 deaths in the 12-month period ended June 30, 2020 – an increase of over 35%. In the rest of the State outside NYC, 3,073 New Yorkers died of overdose in the same 12-month period, up from 2,756 deaths the previous year.

The COVID crisis simply accelerated the upward trend in overdose deaths. The NYC Department of Health and Mental Hygiene (DOHMH) reports an almost four-fold increase in the age-adjusted rate of drug poisoning deaths in the City over the ten-year period from 2010 (8.2 deaths per 100,000 persons) to 2020 (30.5 deaths per 100,000), with the most dramatic increase between 2019 and 2020. During 2020, someone died of a drug overdose in NYC every five hours, with the largest increases in the rate of overdose deaths between 2019 and 2020 among Black New Yorkers, Latinos of Puerto Rican heritage, and residents of very high poverty neighborhoods.<sup>3</sup>

Housing Works, NYSHRA, and the EtE Community Coalition urgently call upon the Hochul Administration to authorize, and the Governor and Legislature to fund, establishment and evaluation of five planned pilot Overdose Prevention Centers (OPCs) across the State to operate over at least two years. Originally proposed in 2016, the two-year pilot project would authorize five existing community-based Syringe Services Programs (four in NYC and one in Ithaca) to expand their services to include supervised consumption services—hygienic spaces in which persons can safely inject their pre-obtained drugs with sterile equipment while also gaining access, onsite or by referral, to routine health, mental health, drug treatment and other social services. The Governor has the power to direct the Commissioner of Health to authorize OPCs to protect the public health, and Biden Administration officials have indicated that the Justice Department would not take action to challenge that authority or the operation of OPCs.<sup>4</sup>

Over 120 Overdose Prevention Centers operate effectively worldwide, and numerous studies have shown that they are highly effective in both reducing drug-related overdose deaths and increasing access to health care and substance use treatment. OPCs are endorsed by many local and national medical and public health organizations, including the American Medical Association and the American Public Health Association. Significantly, two OPCs that opened with NYC approval in November 2021 report that as of February 3<sup>rd</sup> they have already reversed 124 overdoses. Yet, despite the overwhelming evidence and a 2018 promise from Governor Cuomo to authorize the pilots, the State has failed to act. We call on Governor Hochul and the Legislation to authorize and fund the pilots this year. Supporting these efforts with \$3million in funding from the Opioid Settlement Fund will save countless lives and continue New York State’s longstanding leadership in the opioid response.

### ***Decriminalize lifesaving buprenorphine***

Remove this essential MOUD medication from the list of substances it is illegal to have in one’s possession.

### ***Ensure access to medication for opioid use disorder (MOUD) in prisons and jails***

MOUD is the accepted standard of care for opioid use disorder, demonstrated to decrease opioid use, opioid-related overdose deaths, drug-related criminal activity, and infectious disease

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<sup>3</sup> *Drug overdose deaths in New York City during 2020*. Briefing by the NYC DOHMH Bureau of Alcohol and Drug Use Prevention, Care and Treatment, February 2022.

<sup>4</sup> Associated Press, February 9, 2022. *Justice Dept. signals it may allow safe injection sites and harm reduction programs to protect against overdoses*. <https://www.marketwatch.com/story/justice-dept-signals-it-may-allow-safe-injection-sites-and-harm-reduction-programs-to-protect-against-overdoses-01644435249>

transmission. We fully support funding allocated in the Executive Budget to support substance use services in carceral settings and urge the Governor and Attorney General to enforce the mandate to provide MOUD to ensure immediate implementation of MOUD programs consistently in all New York state prisons and county jails. Community Supervision (DOCCS) is the single largest treatment provider in the State, and county jails routinely detain people who experience substance use disorder. People who are incarcerated and are opioid dependent are often forced to inhumanely withdraw without appropriate medical care, and following this detox, are offered limited, if any, treatment or recovery services. It is time for the correctional system to provide healthcare commensurate with modern medical standards and of a quality acceptable within prudent professional standards.

### ***Fund and implement the New York State Hepatitis C Elimination Plan***

The EtE Community Coalition is extremely pleased that on November 17, 2021, Governor Hochul authorized the release of the [New York State Hepatitis C Elimination Plan](#), a set of concrete recommendations developed with broad community and expert input under the direction of a [Statewide HCV Elimination Task Force](#) (HCV TF) led by the NYSDOH and a community co-chair. The 28 individuals appointed to serve on the HCV TF represent diverse backgrounds and expertise such as HCV prevention, clinical care and treatment, research and public health policy, as well as lived experience. Although the Task Force completed its work in June 2019 on a comprehensive set of draft recommendations to eliminate hepatitis C across NYS, the former Governor chose not to release or fund the *HCV Elimination Plan*. Now that the Plan is released, it is imperative to begin implementation of its recommendations without further delay, so are deeply concerned that the FY23 Executive Budget does not include any new funding to support HCV elimination. We call on Governor Hochul to formally adopt the *NYS HCV Elimination Plan*, and urge the Governor and the Legislature to provide at least \$10M in new funding to enable the NYSDOH to begin implementation of this critical and lifesaving initiative.

### **Improve Coordination of OMH Services to Support Integrated Models of Care**

In contrast to OASAS, OMH has often been the least cooperative partner in efforts to coordinate and co-locate services in order to integrate care and has taken a more restrictive approach to certifying peers, including denying eligibility for people with histories of criminal justice involvement and requiring a New York State High School Equivalency diploma (formerly GED).

One area of particular concern is the lack of coordination between the OMH system and HIV prevention and health care. Unaddressed behavioral health needs negatively affect access to HIV prevention and care, and there is a significant need for integrated, affordable, high-quality and culturally sensitive medical and behavioral health care in New York.<sup>5</sup> People living with or at heightened vulnerability to HIV are more likely than the U.S. population as a whole to have mental health challenges, and these mental health issues can have a significant impact on an individual's ability to access and benefit from HIV prevention and care services—delaying diagnosis and linkage to HIV care, and/or resulting in interruption of treatment as people with HIV move in and out of mental health service settings.<sup>6</sup> A 2019 NYC DOHMH analysis found that, when compared to the overall group of people with HIV in NYC, 1,326 individuals with serious mental illness and

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<sup>5</sup> Remien RH, et al. Mental health and HIV/AIDS: The need for an integrated response. *AIDS*, 2019; 33(9):1411-1420.

<sup>6</sup> See: Feldman MB, et al. Utilization of Ryan White-funded mental health services and mental health functioning among people living with HIV in New York City, *Journal of HIV/AIDS & Social Services*, 2018; 17(3): 195-207.

diagnosed HIV identified through a data match were less likely to be receiving HIV care (82% vs. 93% overall), less likely to be prescribed antiretroviral therapy (79% vs. 90% overall), and far less likely to be virally suppressed (68% vs. 83% overall).<sup>7</sup> For many reasons—including restrictive policies and funding streams—identifying and treating behavioral health needs among people affected by HIV have not been prioritized and/or have been difficult to implement at the required scale. Likewise, while mental health care settings can be a venue for reaching people most impacted by HIV, such settings often lack the staff or training to provide HIV testing, access to PrEP and a space to discuss sexual health.

## **Transform New York’s Homelessness Response**

We founded Housing Works early in the AIDS crisis, to meet the needs of New Yorkers with HIV whose lack of safe housing left them at risk of TB and other infections unavoidable in crowded congregate shelters or living on the street. In 2020, we found ourselves in the midst of another deadly pandemic that, like HIV, poses a particular threat to persons experiencing homelessness, who have no safe place to shelter from exposure to the virus, or to recover from COVID-19 disease. Since April 2020, Housing Works has thrown our organization into the COVID response, operating a NYC Department of Homeless Services (DHS) funded hotel to provide people experiencing homelessness a place to recover from COVID-19, expanding to provide medical and behavioral health services to residents of other quarantine and Mayor’s Office of Criminal Justice (MOCJ) hotels, and delivering COVID tests and vaccines to our consumers, our neighbors, and NYC Human Resources Administration-funded supportive housing staff and residents.

We have served over 2,500 guests to date at our DHS isolation hotel, applying lessons learned from years of providing harm reduction housing for people with HIV. We have learned a great deal from this experience, including the critical importance of a true harm-reduction approach, that private rooms are both humane and necessary – especially for people with mental health issues who cannot manage a shared space with a stranger, and that onsite medical and behavioral health services are also key. Most of our isolation residents show up with multiple untreated or undertreated chronic medical and behavioral health conditions that present health issues as serious or more serious than COVID-19 infection. Finally, we’ve learned that good case management, even during a short (14+ day) stay, can be life-altering if we take the opportunity to identify needs and explore options. Sometimes this means refusing to transfer a resident until an appropriate discharge plan is in place.

Most significantly for Housing Works, once we became involved for the first time in the City’s homeless response, what we came to deeply appreciate is how awful, inadequate, and dehumanizing the City shelter system is, and we increasingly came to believe that the Coronavirus provides an opportunity to transform the way homeless people are treated in New York City and State.

Of course, we cannot end homelessness in New York unless we address the gross lack of housing that is affordable and accessible to low-income households, as well as the lack of supportive housing units with comprehensive behavioral health services for people experiencing or threatened with homelessness who are living with serious and persistent mental illness. Housing Works is pleased to see the introduction of a five-year affordable housing plan in the Executive Budget, including \$25 billion for the creation and preservation of 100,000 affordable homes, including 10,000

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<sup>7</sup> Khosa P. *Persons with Serious Mental Illness Referred to Select Bureau of Mental Health Services and Matched to the NYC HIV Registry*. NYC HD, Bureau of HIV, 2019.

supportive housing units. We also support continued support and funding for the conversion of hotels and commercial spaces for residential use and urge the Legislature and the Hochul Administration to take action to facilitate use of this funding, prioritizing this resource for creation of permanent housing with deep affordability, as well as permanent supportive housing units.

We note that the Executive Budget also calls for steps to increase the availability and quality of “recovery residences” following substance use treatment, but strongly oppose this or any policy that limits housing for people with substance use disorder to only those who have achieved abstinence. We strongly agree that there is an urgent unmet need for quality housing and services for people with substance use disorder who lack stable housing, but many require stable housing in order to even attempt substance use treatment. Treating safe housing as a prize for abstinence rather than the fundamental baseline for addressing behavioral health issues is not an evidence-based approach and is directly at odds with the Governor’s embrace of a public health, harm-reduction approach to substance use.

A strong body of evidence supports “housing first” approaches that do not condition access to safe housing and behavioral health care on abstinence from substances or acceptance and compliance with a course of treatment. Stable housing without preconditions, combined with the availability of a robust range of behavioral health services, has been shown to result in clinical and social stabilization that occurs faster and is more enduring when compared to abstinence-based models of care. In fact, it is critically important that all transitional facilities that serve people with behavioral health problems must offer a full array of patient-centered behavioral health services, including medication therapy and supports for treatment adherence. We have too often seen the tragic results, as in the recent case of Martial Simon in NYC, when individuals with serious behavioral health issues are unable to find an entry point into care and instead repeatedly bounce off a system not designed nor equipped to meet the complex and persistent needs of our most vulnerable citizens.<sup>8</sup>

At Housing Works, we have formed an internal visioning committee to research and explore innovative models of housing support for New Yorkers experiencing homelessness, as well as potential resources. Let me share some of our ideas, including the stabilization model we hope to open soon to serve unsheltered New Yorkers.

***Add to the current 1115 waiver application new Medicaid investments in housing as health care***

Seeing the COVID crisis as a pivotal opportunity for new Medicaid investments to improve health outcomes and reduce costs among people with chronic medical and behavioral health issues who are experiencing homelessness, Housing Works has proposed to the NYS DOH three potential Medicaid 1115 waiver applications:

- 1) **Comprehensive Care for the Street Homeless: From Street to Home** – A Medicaid match to existing City and State homeless service dollars to support the development and operation of programs that would combine key elements of existing street-based medicine, drop-in centers, and Safe Haven programs operating in NYC to create a single, holistic model that supports individuals experiencing homelessness on the streets, subways or other

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<sup>8</sup> *Decades Adrift in a Broken System, Then Charged in a Death on the Tracks: Martial Simon, mentally ill and homeless, spent years in and out of hospitals before being accused of shoving Michelle Go in front of a subway train.* New York Times, published February 5, 2022 and updated February 9, 2022. Available at: <https://www.nytimes.com/2022/02/05/nyregion/martial-simon-michelle-go.html>

place not intended for sleeping to receive community-based medical and behavioral care and stabilization services needed to move them along the housing continuum from the street to permanent housing.

- 2) **Medical Respite** – A Medicaid match to existing City and State homeless dollars to support program costs for room and board, to advance creation of DOH licensed medical respite programs to provide a safe place for homeless individuals to recuperate following an acute inpatient stay or to recover from a medical or behavioral health condition that cannot be effectively managed in a shelter or on the street but does not require inpatient hospitalization.
- 3) **Medically Enriched Supportive Housing** – Authorize the State to employ Medicaid funding to create and operate Medically Enriched Supportive Housing (MESH) programs to comprehensively meet the needs of individuals experiencing homelessness who have complex chronic medical and/or behavioral health conditions and histories of repeated hospitalizations or stays in a medical respite, by placing them in supportive housing staffed by a team of integrated health care professionals. MESH programs address the needs of individuals who need more intensive services than those available in supportive housing but who do not qualify for far more costly assisted living programs or skilled nursing facilities.

Even short of such a Medicaid waiver, we at Housing Works are excited by the prospect of moving towards value-based Medicaid reimbursement models that will allow greater flexibility to provide the care, including housing, required to improve health outcomes among people with chronic conditions who are experiencing homelessness.

#### ***Pilot models that re-envision our response to the experience of homelessness***

Housing Works is working now to combine funding sources to operate an exciting new pilot “street to home” program with support from the NYC Department of Homeless Services. We will shortly open our Comprehensive Stabilization Services Pilot Program in an underutilized hotel that will combine stabilization hotel beds and a drop-in center with onsite health and supportive services. Our harm reduction stabilization hotel will operate 24/7/365 and offer residents private rooms, intensive case management services, access to onsite medical and behavioral health services, peer supports at the co-located drop-in center, case management support, housing placement assistance, and navigation and referral services.

The overarching goal of the Stabilization Center – like all Housing Works services – is to improve the health and well-being of people experiencing street homelessness by providing low-threshold services delivered in a respectful manner using a harm reduction approach. We plan to evaluate the pilot rigorously, both to continue to build our own competence to offer effective services, and to provide the evidence necessary to support advocacy for system-wide change. We are actively exploring opportunities presented to repurpose other underutilized hotels and commercial spaces to create deeply affordable housing, including supportive housing programs.

We cannot end homelessness in New York without addressing its drivers, which include the gross lack of affordable housing, but also the insistence on treating mental illness and substance use disorder among low-income New Yorkers of color as criminal justice rather than public health issues. We certainly do nothing to help homeless people by warehousing them in mass congregate shelters designed to strip them of their autonomy and even of their dignity. We look forward to



working with all of you towards this vision of a transformed New York homelessness response, and in particular to significantly increase the supply and adequacy of supportive housing with comprehensive behavioral health services that are delivered in a manner that supports every person's basic human rights.

### **Address Years of NYS Under-Investment in Non-Profit Service Providers**

Effectively addressing behavioral health needs, ending the AIDS epidemic, and addressing persistent medical and behavioral health inequities also requires action to address years of severe under-investment in the workforce and infrastructure of nonprofit providers. Inadequate State contract reimbursement rates have resulted in poverty-level wages for human services workers, who are predominantly women and people of color, and limit the ability of nonprofits to invest in critical technology, fiscal management, and other systems. We welcome Executive Budget provisions that provide a 5.4% Cost of Living Adjustment (COLA) for human services workers, including those funded by OMH and OASAS, as allocate funding to support minimum wage increases for staff of licensed facilities – but while critical, these steps will not address the fundamental issue of inadequate compensation. We call for a \$21/hour minimum wage for all New York State funded health and human service workers, and for the same 5.4% COLA for workers in the Health Home Care Coordination program, which is flat-funded in the Executive Budget. We also urge the Governor and Legislature to invest in the infrastructure needs of nonprofits providing critical services for the most vulnerable New Yorkers—at a minimum by taking action in this year's budget to increase the indirect rate on NYS contracts from the current 10% to a nonprofit's established federally-approved indirect rate.

### **Justice for Nushawn Williams**

In 1999, Nushawn Williams, a young, HIV+ Black man, pled guilty to reckless endangerment and statutory rape, arising from allegations that he had sex with several young women while knowing that he was HIV positive. On April 9, 2010, four days before the end of Mr. Williams' 12-year prison sentence, then-New York State Attorney General Andrew Cuomo filed an application to have him indefinitely civilly committed at Central New York Psychiatric Center in Marcy, New York, as a "dangerous sex offender" based almost entirely on the fact that he was sexually active while HIV- positive. Mr. Williams' first review since being involuntarily and indefinitely civilly confined was January 14-15, 2021, eleven years after his original release date, and he was denied, despite a pledge by Housing Works to provide appropriate housing, health services, and behavioral health care upon his release. Nushawn Williams has now been confined for 24 years – twice the length of his prison sentence. This case marks the first and only time in New York State, and possibly the country, that a person has been civilly confined based largely on HIV status.

In the recently released National HIV/AIDS Strategy, the Biden administration acknowledges that HIV criminalization impedes our progress in ending the epidemic and calls for an end to all HIV criminalization laws across the country. New York State has no HIV criminalization laws, but the State is effectively criminalizing Nushawn Williams indefinitely for being HIV-positive. As part of the Free Nushawn Coalition, Housing Works calls upon New York State Attorney General Letitia James to use her authority to end the state's endless prosecution of Nushawn Williams and to support his release from confinement. We seek the support of the Legislature to ensure justice for Nushawn Williams.

## Conclusion

In the harm reduction field, we talk of the continuum of prevention, harm reduction drug treatment, and recovery services. Currently all providers of services within the substance use disorder continuum are adopting harm reduction principles (i.e., “person-centered approaches) in engaging problematic drug use. Housing Works knows from the experience, struggle, and wisdom of its client members that treatment rooted in harm reduction offers the best possibility for compassionate care. It is a movement for social justice that respects the rights of people with behavioral health issues and strives to overcome the barriers faced by communities most impacted by poverty, marginalization, stigma, and other social determinants. We urge our State’s leadership to take the lessons learned from harm reduction policy, practice, and research to advance the transformative potential of self-directed individual change.

Sincerely,

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