

Improving Misdemeanor Enforcement

Strategies for Building Public Safety and
Addressing Racial Disparities in New York City

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Low-level offenses, especially misdemeanors, constitute a majority of the nation's criminal dockets, including in New York City.¹ A Brennan Center report examining minor offense enforcement trends finds that the city's minor offense system has shrunk since 2010. But enforcement still falls hardest on communities that have high proportions of people of color and experience elevated levels of poverty. Minor offense criminal justice reform has so far not made a dent in the troubling racial disparities in cases across the city.²

Brennan Center researchers interviewed police, prosecutors, court officials, city government officials, criminal justice advocacy organizations, community-based service providers, and community leaders — people who contribute to public safety efforts in neighborhoods most impacted by minor offense enforcement — to better understand what may be driving interactions with the city's minor offense criminal justice system and perpetuating racial disparities. Study participants, as well as previous research, point to particular drivers often referred to as social determinants of justice: social disadvantages such as poverty, housing instability, poor mental health,

and substance use; poor conditions and a lack of resources in the most impacted communities; and the criminal justice system's persistent inability to address social problems and community needs.³

While recent increases in public disorder in New York City may invite simplified punitive responses that expand enforcement, such responses are unlikely to fundamentally change the conditions under which minor offenses — including those related to nuisance and disorder — grow. No strong empirical evidence exists demonstrating the effectiveness of punitive enforcement in either changing disorderly behavior or reducing crime. In particular, one 2019 meta-analysis contradicts the assumed causal connection between disorder and crime; another finds that aggressive order-maintenance enforcement that targets individual disorderly behaviors does not significantly reduce crime, whereas community and problem-solving approaches do.⁴ Such approaches involve people in the community to help identify problems and solutions — and can include non-criminal justice responses, such as referrals to community-based service providers. In any event, a punitive-only approach

also comes at too high a financial and human cost. Minor criminal offenses, most of which do not result in a jail sentence, can cause people to lose their jobs and homes, become unemployable, or be burdened with unpayable fines and fees. These compounding burdens make it even harder for people already struggling to exit the revolving door of the criminal justice system.⁵

Promising strategies already exist in New York City to address root causes of crime and disorder via programs with targeted interventions and resources within communities with high numbers of minor offense cases. These mostly small-scale experiments provide examples of the choices the city can make to help prevent crime while also reducing the cycle of criminal justice system involvement that helps fuel racial disparities. New York City can build on these strategies and programs to both shrink overly punitive responses and address some of the drivers of criminalized behavior in precincts with high caseloads.

Although the programs and practices discussed below are based in New York City, many will be relevant to policymakers across the country. Some cities, counties, and states have adopted similar practices that divert people charged with minor offenses — many of whom face substance use, trauma, and mental health problems — from the justice system. Like New York City, other jurisdictions are looking to community-based strategies for solutions outside the criminal justice system. However, these innovations remain limited in scale and scope. Rules governing eligibility shut too many people out, often focusing on only a narrow slice of the population charged with minor offenses — typically a small subset of youth, people with mental illness, people who use drugs, people arrested and charged for the first time, or people arrested and charged with nonviolent offenses.⁶ There also may be structural limitations based on geography, funding, or capacity.

To achieve a smaller, more responsive system that better addresses underlying needs and racial disparities, state and local policymakers, with support from nonprofit organizations and private philanthropy, should consider a range of effective strategies that target communities with elevated minor offense enforcement — neighborhoods in New York City that are home to predominantly Black and Latino populations. These starting steps include:

- scaling up successful diversion programs;
- building crisis response systems to address mental health and substance use;
- expanding supportive housing programs; and
- investing in crime-prevention models in which law enforcement, residents, city agencies, and others work together to build public safety and address community needs.

Expand Diversion

Diversion strategies help people avoid the negative consequences of a conviction, an open warrant, or incarceration.⁷ They are often used to screen out minimal-risk cases, such as those involving people charged for the first time, but also to treat people whose struggles and circumstances might be better addressed through targeted services, such as treatment for a substance use disorder or mental illness. Generally speaking, if an eligible person complies with certain conditions — for example, avoiding arrest during a set period or completing a community-based program that offers treatment or job or education training — formal charges are dismissed and the record of arrest is sealed. In some jurisdictions, the case may be expunged from the record entirely.⁸

Such strategies can come into play at different phases in the criminal justice process and may be used in lieu of formal arrest, prosecution, and sentencing.⁹ They include both informal programs, such as office policies, and formal programs.¹⁰ The diversion strategies that most reduce the inherent harms related to arrest and prosecution typically prevent criminal justice system involvement altogether.¹¹

New York City's extensive history of diversion dates back to the 1960s.¹² While diversion programs have reduced the likelihood of conviction, incarceration, or rearrest, most programs remain limited in scale, often due to their narrow eligibility rules and limited geographic range.¹³ For example, between February 2018 and January 2021, Project Reset — a program recommended by most interviewees and discussed below — served 2,149 people, less than 1 percent of the minor offense cases filed in New York City in that period.¹⁴

Early-Intervention Diversion

People should be diverted from the criminal justice system as early as possible.¹⁵ New York State has several pre-arrest or pre-arrest programs, diversion strategies that do not require formal custodial arrest or the filing of formal charges.¹⁶ These programs mitigate the lasting consequences of the preliminary stages of criminal prosecution — and reduce the number of cases, which the criminal justice system strains to process — while still holding people accountable through immediate interventions that are strictly enforced.

Project Reset in New York City is a promising pre-arrest diversion program for low-level and nonviolent offenses that offers community-based programming instead of traditional prosecution. Once participants complete services (e.g., group workshops on social

resilience or restorative justice, community service, art making, Narcan training, or counseling), they receive a decline-to-prosecute letter indicating that their records will be sealed.¹⁷ An evaluation of Project Reset, examining the time from the program's 2018 launch until September 2020, found that 98 percent of eligible participants who were successfully contacted agreed to undertake the program, and 96 percent completed services.¹⁸

Another program, Brooklyn's Project CLEAR (Collaborative Legal Engagement Assistance Response), targets misdemeanor possession of any controlled substance and offers participants clinical and community services after arrest but before their first court appearance. In 2018, 65 percent of eligible people opted in; of these, 85 percent successfully completed the program and did not have to appear in court as a result.¹⁹

In Queens, the district attorney's office collaborates with the Queens Defenders, one of the borough's public defense offices, and the Rockaway Community Justice Center on an alternative court model for young adults (ages 18 to 24) in Far Rockaway, a community that is geographically isolated and far from the borough's courthouse.²⁰ With training from the Queens Defenders, community members guide diversion participants through an alternative "trial" process in which their cases are considered before peer- and community-led panels, which promotes accountability and restoration. The process also offers mediation, internships, community service opportunities, and job training, in addition to housing, immigration, and food support. Other partners invested in this program are the Queens Public Library and the Rockaway Development and Revitalization Corporation.

As mentioned earlier, while many diversion programs are promising, eligibility criteria — related to age, type of offense, etc. — can limit their impact. Policymakers should make early-intervention diversion strategies more inclusive and accessible to a wider set of people. For example, limiting diversion to individuals with no conviction history fails to recognize that people with a history of charges may benefit far more from the services offered.²¹ Relief should be available to people after a case-by-case analysis, rather than withheld through overly broad exclusionary factors. In addition, selection criteria can propagate racial disparities in the criminal justice system.²² Policymakers must assess any racial disparities in individual programs, as well as the drivers of those disparities, when crafting and adjusting eligibility requirements. They can also reduce inequities by making programs financially accessible and minimizing process costs.

Community Courts

The Center for Justice Innovation, an organization that provides technical assistance and research support to

New York's court system, has helped the city set up several problem-solving courts over the last few decades.²³ Problem-solving courts look to the underlying issues that bring people into the court system, often focusing on people with distinct needs — those experiencing substance use disorders, mental illness, homelessness, or post-traumatic stress disorder, young people, and survivors of domestic violence.²⁴ These courts offer effective community-based interventions, treatment, or services.²⁵ Critically, they can be a way for people to gain a second chance and avoid the negative consequences of a criminal conviction, since successfully completing a prescribed course of action typically guarantees that charges (if filed) will be vacated or dismissed.

One type of problem-solving court is the community court, exemplified by the Midtown Community Justice Center (MCJC) in Manhattan and the Red Hook Community Justice Center (RHCJC) in Brooklyn. Each serves as a one-stop shop that aims to address underlying issues related to low-level offenses, such as poverty, poor mental health, and substance use, through social service programming and community engagement at the neighborhood level.²⁶

Since 1993, the MCJC has encouraged residents to collaborate on developing community service and social service projects in lieu of punitive sentencing for low-level offenses.²⁷ It offers clinical assessments, counseling, case management services, and referrals to other providers for additional support. A study of the MCJC's first 18 months concluded that it had achieved its key objectives to provide justice that was both more expeditious than traditional courts and to encourage enforcement of low-level crime while also encouraging local community members to collaborate on developing community service and social service projects.²⁸ The MCJC also houses multiple other diversion options, including formal alternative-to-incarceration initiatives, and specialized programs that deal with low-level offenses by targeting different types of needs, including Project Reset, the Misdemeanor Mental Health Court, and the Emerging Youth Court.²⁹

RHCJC was established in 2000 as a partnership between New York's court system and community entities including the Center for Court Innovation. A 2013 evaluation found that the RHCJC's procedural justice model reduced recidivism and served as a cost-effective alternative to traditional courts.³⁰ Procedural justice exists when people feel that authorities — here, a judge and prosecutor — treat them with respect, are neutral, and offer them an opportunity to participate in court proceedings and decisions that affect them.³¹ This model increases trust and legitimacy, resulting in greater voluntary compliance in social service mandates. RHCJC handles many types of legal cases, including juvenile and adult low-level criminal offenses, family court conflicts, and housing-related proceedings.³² In addition, the court extends a range of

services to the Red Hook neighborhood, including community service projects (e.g., painting over graffiti, maintaining local parks, and planting trees), conflict resolution alternatives to jail and fines, and substance-use treatment and victim assistance programs.

Only three standalone community courts operate in New York City, and all are limited to cases referred from a confined geographic area.³³ In areas where community courts do exist, the city should expand their remit, especially in precincts with significant low-level enforcement, such as Upper Manhattan and the South Bronx. For example, the RHCJC handles roughly 3,000 misdemeanor cases a year — about 10 percent of the approximately 27,100 misdemeanor arrests in Brooklyn in 2022.³⁴ Given its success, its geographic coverage should be expanded beyond just three of Brooklyn’s 23 police precincts. The community court model should also be significantly enlarged in Queens and developed in Staten Island, where none exists. An expansion of the community court model should also focus on increasing the availability of mental health resources for those charged with low-level offenses and relying more heavily on specialized domestic violence court models.³⁵ Taken fully to scale, every neighborhood in the city would be within the catchment of one community court or another.

Increase Behavioral Health Responses

Participants in the Brennan Center study on minor offense trends pointed to increasingly visible behavioral health problems — mental illness and drug addiction — as critical factors that can heighten the probability of contact with the minor offense system.³⁶ Mental illness and substance use disorders are highly correlated with criminal justice system involvement.³⁷ In a national survey of incarcerated people, 44 percent reported being told that they had a serious mental illness such as schizophrenia, major depression, or bipolar disorder (compared with approximately 5 percent in the general public who reported serious mental illness in a 2021 population survey).³⁸ Nationwide, an estimated 65 percent of people in jail have an active substance use disorder.³⁹ With community-based care for mental health and substance use severely underfunded, the criminal justice system has become the default response for behavioral health issues. Today, jails in New York City, Los Angeles, and Chicago are the largest providers of mental health services nationwide.⁴⁰

A 2023 study in New York State found that most arrests involving people with serious mental illnesses between 2010 and 2013 were for misdemeanors, and that people with these conditions made up a larger

proportion of arrests than did those without them.⁴¹ Further research, likely through a more in-depth study of case files, is necessary to measure whether this finding holds for more recent years — and if so, how such cases are distributed across the city’s boroughs and precincts. However, the Brennan Center report on minor offense enforcement trends found that reported mental health in New York City in 2021 was worst in neighborhoods with predominantly Black and Latino populations that also had high concentrations of minor offense cases. These neighborhoods included Mott Haven, Crotona, and Morrisania in the Bronx, East Harlem in Manhattan, and Brownsville and Bushwick in Brooklyn.⁴²

Jurisdictions around the country, including New York City, have begun to invest in approaches to address behavioral health outside the criminal justice system — including the 988 suicide and crisis hotline, launched in July 2022.⁴³ However, efforts remain piecemeal and limited in scale. New York City programs experienced delays in scaling up during the pandemic, and public awareness of available resources for behavioral health responses is not widespread.⁴⁴ In 2022, the New York Police Department (NYPD) responded to 84 percent of behavioral health crisis calls.⁴⁵

System-Based Crisis Response

As mentioned earlier, law enforcement is often the only source of immediate service to people in urgent need.⁴⁶ According to one national survey, responding to and transporting people experiencing mental health crises occupies 21 percent of law enforcement staff time.⁴⁷ Crisis response systems need to be expanded to provide people suffering from behavioral health emergencies with immediate response by trained mental health teams within minutes (instead of hours, days, or weeks), and access to stabilization, trained mental health professionals, and community-based alternatives within hours (instead of weeks or months).⁴⁸ In addition, systems should divert as many calls as possible from 911 to 988 for behavioral health crises.⁴⁹ The following programs offer ways to improve behavioral health emergency response:

- **Crisis intervention training (CIT):** In 2015, the NYPD launched CIT, a four-day course teaching police officers to “recognize the signs of mental illness and substance misuse, and better assist people in crisis.”⁵⁰ In addition, CIT-trained officers offer suicide prevention and brief engagement to facilitate connections to care and referrals to support services. More than 16,000 officers have participated in the program.⁵¹ However, the New York City Office of the Inspector General 2017 report found

that the NYPD has not implemented training beyond the classroom, and information on training is not consistently reported.⁵² In addition, according to a 2022 Public Advocate report, 911 dispatchers should be trained in CIT, and 911 technology should be updated so that it can identify cases involving behavioral health crises that require CIT-trained officers and dispatch them to these calls more consistently. To improve this program, all police officers must be regularly trained in crisis response.⁵³

- **Co-response teams (CRTs):** CRTs in New York include two police officers and one behavioral health professional — a social worker, counselor, emergency medical technician, or paramedic — and are available 14 hours a day, seven days a week. Because they include police, CRTs can respond to 911 calls, making them relatively easy to integrate into existing response models. New York City’s first CRTs were launched in 2016 as a partnership between the NYPD, the Department of Health, and the Mayor’s Office of Community Mental Health. In 2022, the program consisted of 20 police officers and 10 Department of Health and Mental Hygiene professionals who provide pre- and post-crisis services.⁵⁴ The CRT model has shown promise in de-escalating crises, increasing connections to community-based services, and reducing the pressures on both the health-care and the criminal justice systems in other jurisdictions.⁵⁵ However, according to a 2019 report, the program remains limited in reach in New York City.⁵⁶ Only about 2,000 people have been helped by CRTs since the program was launched.
- **Alternative response teams:** Alternative response programs deploy teams of unarmed, non-law enforcement responders, unaccompanied by police, to specified types of crises or calls for service. Responders include trained behavioral health professionals — including social workers, counselors, emergency medical technicians, and paramedics — and peer counselors with direct personal experience with mental health, substance use, or criminal justice system involvement. These teams aim to de-escalate crises and assist in providing access to services for people with behavioral health needs, while avoiding unnecessary arrest or hospitalization.⁵⁷ A similar alternative model in Eugene, Oregon, called Crisis Assistance Helping Out on the Streets, diverts crisis calls from police to care providers. In 2019, the program had a budget of \$2.1 million and diverted 17 percent of all 911 calls. It saved an estimated \$8.5 million per year between 2014 and 2017.⁵⁸

In 2020, New York City launched the Behavioral Health Emergency Assistance Response Division (B-HEARD), a behavioral health crisis response team consisting of emergency medical technicians and paramedics from the Fire

Department of New York, along with social workers from NYC Health and Hospitals.⁵⁹ B-HEARD currently operates seven days a week, 16 hours a day, in an expanding number of neighborhoods.⁶⁰ From January to June 2023, B-HEARD responded to 5,095 mental health calls in the pilot area. The program handled about 25 percent of all eligible 911 mental health calls in this period. To meet demand, the alternative response model should be scaled up to operate 24 hours a day.⁶¹

Mobile crisis teams (MCTs) are another type of alternative response team that consist of trained mental health staff, including clinicians and peer support specialists, who engage clients without police involvement. MCTs are dispatched for behavioral health emergencies experienced by people who are unwilling or unable to accept treatment. New York City MCTs respond to the 988 emergency number from 8 a.m. to 8 p.m., seven days a week, usually within hours. Once on the scene, they de-escalate crises and connect individuals to services. MCTs also conduct follow-ups with individuals to provide ongoing support and referrals.⁶² In 2022, there were 19 MCTs citywide, placed in communities with higher behavioral health issues like Harlem and the South Bronx.⁶³ However, the program suffers from limited deployment, given its nonoperating hours, and slow response times.⁶⁴

Community-Based Behavioral Health Services

As seen in some small but growing efforts, people with behavioral health needs who frequently cycle through the criminal justice system are less likely to be rearrested when their needs are met by treatment, housing, and related services in the community.⁶⁵ By expanding behavioral health services, including both drop-off and outreach treatment models, New York City can preserve scarce criminal justice resources while prioritizing the health and safety of all New Yorkers, including those returning from incarceration and those who struggle with mental or other behavioral health problems. To help prevent people from cycling in and out of the courts and Rikers Island jails, the Manhattan District Attorney’s Office launched a \$9 million initiative in 2022 to pilot community outreach models that will coordinate with local service providers and aim to build trust and relationships with people who are unhoused and may be struggling with behavioral health and related needs.⁶⁶ State and local officials should follow suit by also funding and expanding community partnerships to launch more drop-off centers — places that can provide shelter and clinical and other social services or appropriate referrals for people in crisis, — giving law enforcement or other responders an alternative to arrest or incarceration.⁶⁷

New York City has a number of such programs. Street outreach and drop-in center Community First is a partnership between the MCJC, the Times Square Alliance (a business improvement district organization), Breaking Ground (a housing organization), and Fountain House (a national mental health nonprofit).⁶⁸ Community First collaborates with individuals and service provider partners to address clients' immediate needs such as food, showers, and laundry and longer-term needs like housing and treatment. In one example, an outdoor drop-in station in Times Square provides necessities, peer support, and referrals. MCJC and Times Square Alliance partners pointed out the program's strengths in engaging tough-to-reach populations, including repeat contacts with people who have been living on the street for years.⁶⁹ From 2021 to 2022, Community First staff engaged 466 individuals and had more than 1,045 interactions with them via street outreach.⁷⁰

First responders, including police, can also divert eligible people in need to support and connection centers (SCCs) instead of funneling them into the criminal justice system. SCCs are stabilization centers that offer 24/7 housing for up to 10 days, medical and mental health treatment, substance use programs, peer support, and referrals.⁷¹ As of 2022, two SCCs run by social service nonprofits were operating in New York City: an East Harlem facility run by Project Renewal and another in the Bronx run by Samaritan Village. Between April 2021 and September 2022, the East Harlem SCC served 404 people. More than half of them returned to the SCC for continued help with their self-identified goals and needs.⁷² In 2022, more than 90 percent of the people served in East Harlem received substance-related services, more than 80 percent received services from trained peer counselors with lived experience, and more than 65 percent received mental health services.⁷³ The SCCs were recommended by participants in the Brennan Center's data study as a program that should be expanded citywide.

Another model is one developed by Fountain House. Since 1948, Fountain House has run clubhouses — longer-term community centers for people with severe mental illness — in nearly 40 states. Participants (called *members*) have access to medical and psychiatric services, education, employment, some temporary supportive housing, and a community of fellow clubhouse members to support them. With 14 clubhouses in New York City, Fountain House and a coalition of nonprofits serve an estimated 5,000 people with severe mental illness (including schizophrenia and major depression).⁷⁴ Limited research has shown that clubhouse members experience significantly lower rates of hospitalization and incarceration than do others with serious mental illness.⁷⁵ In early 2023, city officials aimed to triple clubhouse membership to 15,000, but they later modified the goal to an increase of 3,750, supported by

approximately \$30 million in state and local funding.⁷⁶ In addition, the New York State Senate committed \$9 million to expand Fountain House in the Bronx with a new clubhouse, which will allow it to reach an additional 1,000 people with serious mental illness.⁷⁷ State and local officials, along with private donors, should continue to fund and facilitate the creation of more clubhouse locations.

Improve Supportive Housing

The criminal justice system and homelessness reinforce each other.⁷⁸ A 2018 Prison Policy Initiative analysis reported that people who have been incarcerated once are seven times more likely than the general public to experience homelessness, and that people who have been incarcerated more than once are 13 times more likely.⁷⁹ Further, Black and Latino people are disproportionately likely to experience housing instability, criminal justice system involvement, and behavioral health issues.⁸⁰ People experiencing homelessness are disproportionately cited or arrested for minor offenses like loitering and sleeping in parks.⁸¹ They are also more likely to experience and be criminally penalized for mental health and substance use disorders as a consequence of living in public.⁸²

In 2022, more than 72,000 people slept in New York City's main shelter system each night. By June 2023, that number had risen to more than 84,000. Factors include the lack of affordable housing, the influx of people seeking asylum, and ongoing economic consequences from the pandemic, including lost jobs, back rent owed, and the end of Covid-19 eviction protections in 2022.⁸³ In the Brennan Center report on minor offense enforcement trends, interviewees described frustrations with rising visible homelessness and with "solutions" that over-rely on police and shelters. Multiple Harlem experts in that study said that unhoused people in their community refuse to go to shelters because they consider them dangerous and know when and where to avoid police patrols. A wide range of people Brennan Center researchers spoke to — including law enforcement — affirmed that housing is an effective way to decrease criminal justice system involvement.⁸⁴ Housing promotes overall stability (financial, mental, physical), improves connections to services, reduces recidivism, and ends institutional cycling among jails, hospitals, and shelters.⁸⁵

Supportive housing offers an affordable place to live with on-site mental health, substance use, and related services.⁸⁶ Growing research shows that it decreases criminal justice system involvement and jail time and reduces homelessness.⁸⁷ Yet too few people benefit. In New York City, not enough supportive housing placements exist to

meet demand, and there are high administrative and policy barriers and restrictive requirements, particularly for people experiencing housing instability and especially those with criminal justice system involvement.⁸⁸

New York City should increase the number of supportive housing placements for this population.⁸⁹ For example, the city can improve and expand its Justice-Impacted Supportive Housing (JISH) and Just Home programs, which provide housing for individuals cycling through the criminal justice system who are experiencing homelessness, behavioral health issues, and serious physical health conditions.⁹⁰ The city can also help prioritize permanent housing placements for people with behavioral health needs by implementing Housing First, a practice adopted in multiple jurisdictions and championed by the federal government to address housing insecurity nationwide. This harm-reduction approach prioritizes stable housing and meeting treatment and basic needs without requiring people to enter a shelter or participate in other programs or services to qualify for support.⁹¹ Once stably housed, people are better able to take advantage of supportive services like mental and behavioral health care and job training, and goals like recovery from substance use disorders and obtaining education or employment become much more attainable. In New York City, the Street to Housing pilot program, launched in 2022, follows many of these principles (although it does require people to meet certain prerequisites for aid), but it is designed to reach only 80 people.⁹² Access to housing can also be improved by simplifying the application process and requirements. Overall, these growing but small-scale approaches will need to be tested, adapted, and scaled up dramatically to respond to the growing housing crisis in New York City and nationwide.

Invest in Crime Prevention

Shrinking the minor offense system requires significant, sustained investments in community-based crime-prevention programs and infrastructure at the neighborhood level — investments that increase support for health, education, economic opportunities, and community engagement. Effective prevention initiatives help reduce the number of people who must navigate the minor offense system while allowing law enforcement, courts, and other agencies to focus resources on real risks to public safety.⁹³

One obvious objective for collaborative community safety efforts is decreasing gun violence and other types of conflict through conflict mediation, mental health services, and resources connecting youth to jobs, education, and social supports.⁹⁴ In New York City, the majority of gun violence offenses occur in the same communities

that have higher levels of minor offense enforcement and struggle with concentrated poverty, racial residential segregation, and poorer reported mental health. These neighborhoods include East Harlem in Manhattan, Brownsville and East New York in Brooklyn, and Mott Haven and Grand Concourse in the Bronx.⁹⁵

Coproduction Models of Public Safety

Coproduction models of public safety, in which residents, law enforcement and government stakeholders, and local nonprofits work together on crime reduction strategies, have gained attention in recent years.⁹⁶ They give community members an active role in identifying ways to achieve safety, which can include community-led responses to gun violence (e.g., through supportive services, direct mediation, and conflict resolution) and revitalization of local neighborhoods (e.g., creating urban gardens, cleaning vacant lots and public spaces). The Center for Policing Equity and the Newark Public Safety Collaborative, for example, bring together police and resident leaders to examine disparities in enforcement and find ways to address violence via transparency and accessible data-sharing to drive coordinated solutions across stakeholders.⁹⁷

New York City has launched several initiatives that follow this model.⁹⁸ The Mayor's Office to Prevent Gun Violence, which coordinates the city's various gun safety initiatives, has invested \$35 million to promote preventive services across the city.⁹⁹ Its Crisis Management System (CMS) is led and staffed by individuals from impacted communities, including formerly incarcerated people. New York City's CMS is the largest network of violence intervention providers in the nation. It adopts a Cure Violence approach, deploying credible messengers — trained peers and community members, including formerly incarcerated people — who mediate conflicts before they escalate.¹⁰⁰ Staff also connect impacted youth to a year-round employment program; school conflict resolution; and legal, educational, and mental health services. A 2017 evaluation of two Cure Violence programs in New York City found that gun violence rates, shooting injuries, and victimizations decreased in participating areas.¹⁰¹ Gun-related injuries declined by 50 percent in East New York, and victimizations in the South Bronx fell by 63 percent after the programs were implemented.¹⁰²

Participants in the Brennan Center's study on minor offense enforcement trends affirmed the effectiveness of one program that follows this approach: Save Our Streets (S.O.S.) in the South Bronx, which coordinates with law enforcement to reduce arrests.¹⁰³ S.O.S. offers mentorship and therapy, youth groups, and community leadership opportunities to people under age 24. The small, intensive

wraparound program helps participants fulfill court mandates, complete mental health or substance-related treatment, and engage in community service, including building gardens and hosting local events that foster connections across generations (e.g., block parties and cookouts).¹⁰⁴ Brennan Center interviewees recommended that S.O.S. raise its age cap to 29, consistent with research about emerging adulthood, and reiterated the need for more such programs across the city.¹⁰⁵ State and local officials should consider expanding and tailoring this approach to other communities.

Improved Infrastructure

New York City should also improve the built environment and physical spaces of neighborhoods with concentrated minor offense enforcement.¹⁰⁶ Building and maintaining urban gardens, cleaning up vacant lots, and repairing old and abandoned buildings, for example, have been shown to reduce crime, particularly low-level offenses like drug use and possession, especially in low-income communities.¹⁰⁷

Along these lines, the Mayor’s Action Plan for Neighborhood Safety (MAP) works in 15 public housing developments, bringing together residents and government

agencies to improve safety and well-being.¹⁰⁸ Launched in 2014, MAP helps maintain spaces, fosters trust among neighbors, and coordinates youth leadership councils.¹⁰⁹

MAP’s NeighborhoodStat program connects residents; nonprofits including the Center for Justice Innovation, Jacob A. Riis Settlement, and Southside United HDFC–Los Sures; and city agency representatives, including the NYPD, the Parks Department, the Department of Aging, the New York City Housing Authority (NYCHA), and the Department of Sanitation, to identify and address public safety and quality-of-life issues.¹¹⁰ Public housing residents determine how to use small participatory grants. Community infrastructure improvements like urban gardens have enhanced shared physical spaces and residents’ sense of safety. In East Harlem’s Wagner Houses, residents voted to upgrade a nearby basketball court and to redesign an underused space in the development. The area is now called the “Green Space” and hosts events like health fairs and local celebrations.¹¹¹

A 2020 study found that MAP yielded a 15.4 percent decline in misdemeanors involving physical harm to persons (such as misdemeanor assault) from 2010 to 2019 in the 17 participating public housing developments, compared to a 2.2 percent decline in NYCHA housing without MAP.¹¹² City and state officials should promote and expand this initiative.

Endnotes

- 1 Low-level offenses, also called minor offenses, consist of misdemeanors, violations, and infractions. In most jurisdictions, *misdemeanor* refers to offenses that are less serious than felonies; generally, any crime with a maximum penalty of a year or less of incarceration is considered a misdemeanor. In New York, a misdemeanor is defined as any crime with a possible jail sentence of 364 days or less. New York has two classes of misdemeanors, class A and B, and a category of unclassified misdemeanors. See, e.g., Brian Ostrom, *Criminal Case Management Basics: Data Elements, Performance Measures, and Data Presentation Strategies*, National Center for State Courts, August 2020, 23, https://www.ncsc.org/_data/assets/pdf_file/0012/53220/Criminal-Case-Management-Basics.pdf; and N.Y. Penal Law § 70.15. *Violation* is defined differently across jurisdictions. In New York, a violation means a noncriminal offense, other than a traffic infraction, for which the maximum term of imprisonment cannot exceed 15 days. See N.Y. Penal Law § 70.15. In New York, an infraction refers to a traffic infraction as defined in the vehicle and traffic law. See N.Y. Veh. & Traf. Law § 155.
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