

City Council Hearing General Welfare Committee "Oversight: Conditions and Operations in DHS Family Shelters" Thursday, February 27, 2014

Good morning Chair Levin and members of the General Welfare Committee. I am Gilbert Taylor, the Commissioner of the Department of Homeless Services (DHS). Joining me is Julia Davis Moten, Deputy Commissioner for Family Services, and Yianna Pavlakos, Deputy Commissioner for Facility Maintenance & Development (FMD). Today, we will provide an overview of our Family Services system, and discuss conditions and operations in facilities that serve homeless families with children.

Thank you for hosting this hearing and for highlighting the important issue of family homelessness. I did read the *New York Times* article, which the Committee referenced in scheduling this hearing, prior to my arrival at DHS and I, too, was struck by the need to improve the conditions in our shelter system for families. I began work in this position seven weeks ago and committed to the Mayor and to the clients that we serve that I would work with the dedicated staff at DHS to make a difference in this area.

I will begin my testimony this morning by sharing two examples which illustrate the complex and varied needs of the families we serve in the New York City shelter system.

Family A, entered shelter last November and was comprised of a single mother with two children, ages 22 and 15. Family A had left shelter several years ago with the assistance of an Advantage rental subsidy but returned after the building in which they lived fell into foreclosure. The family was placed in a shelter in Queens where the mother and the eldest child maintained their employment and routinely met with their case worker to plan for their return to independent living. After only three months of working closely with their case manager in shelter, Family A was able to secure an apartment. Last Friday, with the additional help of the Human Resource Administration's (HRA) enhanced one-shot deal, which provided the family with four months of rent in addition to the \$1,700 which they had saved, the family exited shelter for their new apartment.

The case of Family B is more complex. Family B is comprised of a two-parent household whose 10 children and 4 grandchildren have been part of their family composition during their shelter stays. After an eviction, the family first entered shelter 17 years ago. Over the course of that time, Family B exited twice with the assistance of a rental subsidy and both times returned to shelter after being evicted. The family is currently raising their grandchild in shelter, while some of their own adult children are now also shelter residents with families of their own. Family B has lived in nine different shelters operated by nine different social service providers. The parents have multiple barriers including a history of mental health issues, substance abuse, medical issues, and a limited benefits income. Family B has had difficulty engaging with case

workers who have tried to connect them to the financial benefits and other resources which they will need to live independently. At this time the family has begun working with shelter staff towards obtaining permanent housing.

The work that we do at DHS requires compassion, collaboration and transparency. As Commissioner of this agency it is my intention to learn more about our clients in shelter to better address their needs. I will also prioritize working closely with the communities in the City that host our shelters and strive to strengthen the relationship between our various nonprofit and government partners who assist us in this challenging work.

BACKGROUND AND THE CITY'S LEGAL MANDATES

As you may know, the City of New York is legally mandated to provide shelter to every homeless family and individual who is eligible for services. This obligation sets us apart from many other cities across the nation—many of whom turn families away or place them on waiting lists once shelters are full.

In New York, families seeking shelter must apply at the Prevention Assistance & Temporary Housing (PATH) intake center—a state-of-the-art, eco-friendly facility which opened in the spring of 2011. Located in the Bronx, PATH is designed to serve families more efficiently, and to make them feel secure in their surroundings from entry to departure. PATH brings several City agencies under one roof to coordinate care including HRA, the Administration for Children's Services (ACS) and the Department of Education (DOE), and has been physically structured and staffed to meet the complex needs of the families we serve. As I've discussed with Chair Levin, I'd be honored to host the General Welfare Committee on a tour of PATH in the coming months. We at DHS are extremely proud of PATH, and I plan to build on its successful function to improve every family's experience by providing them with the most appropriate, safe and well-run shelters that we can.

Under State and local law and court order, DHS must place families in shelter pending investigation of their application for temporary housing assistance. As a practical manner, this means that the agency must shelter homeless families the same day they apply – a feat that we achieve 24 hours a day, seven days a week, 365 days a year.

As part of the shelter placement process, the agency's Housing Emergency Referral Operations unit, also known as HERO, is responsible for placing families in shelter. HERO takes into account various factors unique to each family, such as the household size and composition. In cases of domestic violence, HERO also has to consider placing families in specific boroughs to ensure the safety of all family members. HERO strives to place families in the school district of their youngest child, and if medical conditions exist they consider proximity to a client's health care provider. Each and every day, HERO must, and does, balance each family's placement needs against the current availability of units that best meets those needs in making shelter placements.

PROFILE OF THE FAMILY HOMELESS SYSTEM

Currently, DHS oversees 151 shelters that serve more than 10,000 families with children throughout the five boroughs. In an effort to meet families' specific needs as outlined above, we utilize several shelter models. All shelters are required to provide services in a safe, decent and clean environment. These services include the development of an independent living plan setting forth specific steps the family will take to return to the community and assisting the family with completing each step such as applying for public assistance or other benefits, or helping families search for apartments.

The shelter system is currently comprised of 88 Tier II shelters, 48 non-Tier II shelters and 15 cluster programs.

- Tier IIs are contracted, standalone buildings operated by non-profit providers and four sites that DHS directly operates, which offer rigorous services including case management, recreational space and programming and services to link families to housing resources. Some Tier II shelters provide on-site medical services and on-site child care.
- Cluster programs provide services similar to Tier IIs; however, in most cases the apartment units are located in multiple buildings. Formerly known as "scatter-site apartments," families with children residing in contracted cluster units are provided with an array of social services including case management and housing referrals.
- Hotels refer to buildings that historically functioned as hotels prior to their use as shelter.
 Staff at these sites also provide services to assist families in exiting shelter for permanent housing.

The safety of our families in shelter is a top priority for DHS. We staff our directly-operated shelters with a combination of DHS Peace Officers and contracted security guards. Living by the motto, "policing with compassion," DHS Peace Officers regularly manage their enforcement duties, while understanding that clients in shelter are often households in crisis. Revolutionizing the methods of policing within a social services framework, Peace Officers pledge to maintain the public peace, value human life, respect each individual and render services with courtesy, pride and civility, while displaying the highest standard of integrity. All of our nonprofit provider partners are also required to take measures at the shelters they operate to ensure client and staff safety.

DHS maintains 24 City-owned buildings that serve as shelters for families with children. Of these, four are currently directly-operated sites (Auburn, Catherine Street, Jamaica and Flatlands), while the remaining 20 are operated by non-profit service providers. While DHS is responsible for the management and execution of capital projects at all two-dozen facilities, we also oversee the day-to-day maintenance of the four shelters we directly operate.

SHELTER INSPECTIONS

Prior to the opening of any new family shelter or cluster site, the agency's FMD Division inspects all the units to ensure that they are in good and safe physical condition. If not, families will not be placed there until remedial action is taken. Thereafter, FMD conducts bi-annual inspections of all family shelters to ensure that they remain in good condition and free of

hazardous conditions. FMD utilizes a 350-item instrument in conducting these inspections, known as Routine Site Review Inspections, or RSRIs, which entail a thorough review of the physical condition, including cleanliness of each unit, the common areas, and the building's integrity as a whole. All items requiring repair are noted and shelter operators are required to submit corrective action plans detailing what action will be taken to rectify each issue and a timeline for completion.

DHS also responds to repair requests by shelter families or community representatives acting on their behalf. We ensure that the repair is promptly made and if this cannot be done quickly, we take the unit off line and move the family to another unit.

DHS' Family Services Division also conducts bi-annual performance evaluations of each shelter, which includes a two-pronged assessment — an evaluation of the staff's programmatic efforts to assist families in returning to the community and an assessment of the physical condition of the shelter, including the cleanliness and overall condition of each unit. Here again, upon receipt of the performance evaluation, the provider is required to submit a corrective action plan for Family Services' review and approval.

In addition to FMD inspections and Family Services performance evaluations, each shelter is required to conduct bi-weekly health and safety inspections of each unit. Unit inspections are conducted on a weekly basis for families with newborns, those with active ACS cases and those who have been in shelter for more than two years. The shelter staff is responsible for ensuring that needed repairs are made and that families who require additional counseling on maintaining a safe and clean unit receive the service.

PLAN FOR AUBURN/ CATHERINE STREET

Last week, DHS announced a plan to convert the Auburn and Catherine Street shelters from family with children sites to facilities that will serve homeless adult families. The agency has been working vigorously with families at both sites—helping them to transition to permanent housing and transferring them to other shelters where they will continue to receive comprehensive case management and services. The transfer process is being structured to maintain educational stability and continuity of school enrollment, with special attention being paid to the youngest school aged children in each household.

Due to our significant and ongoing need for shelter capacity, we cannot close the Auburn and Catherine Street shelters entirely. Rather, we will invest substantial funds into the overhaul of both facilities. These upgrades will make both sites well-equipped to serve the adult family population, while also allowing families with children to move to private units that are more suitable for children. In addition, our planning also includes projects that will be of value to the communities that host these shelters.

The Mayor's preliminary budget directs \$1.3 million in Fiscal Year 2014 to improve security and programming at both shelters. Funds for facility renovations have already been included in DHS' capital plan for Auburn and Catherine Street. These include:

Increased Security: DHS has enhanced security at both sites. There has been in increase of more than 100 licensed security guards at Auburn and an additional 20 guards at Catherine Street who are assigned to monitor all operational client bathrooms at the site. DHS is also in the process of installing new Closed Circuit Television (CCTV) systems in both Auburn and Catherine Street to provide an additional level of monitoring.

Facility Improvements: Scheduled to commence shortly, physical plant improvements will begin this year and will include modifications to the existing units, and a complete gut-renovation of the bathrooms at each facility.

New Programming for Adult Families: At Auburn, DHS plans to work with the community to create a culinary arts training program on the ground floor of the shelter. This resource will be accessible for use by both Auburn clients and neighborhood residents. The Catherine Street plan includes a security training and job placement program in the facility's newly-renovated gymnasium, which will also be used for adult basketball leagues and be accessible to members of the surrounding community on the Lower East Side.

Since January of this year, DHS has successfully re-located a number of families who had been residing at Auburn either to non-congregate shelters or to permanent housing. The agency has utilized the resulting vacancies to shelter families during Code Blue Periods, which are triggered by inclement winter weather conditions. As one of Mayor de Blasio's first directives in office, he instructed DHS to suspend the discharge of ineligible families and automatically grant temporary shelter to all re-applicant families during Code Blue periods.

CONCLUSION

The transformation of the Auburn and Catherine Street facilities is the first step in the de Blasio Administration's efforts to reform and improve the families with children shelter system. I am acutely aware, and focused, on the agency's efforts to improve the quality of shelter for the City's homeless families. Together, with our non-profit providers, we can successfully assist many more New Yorkers to transition back to independent living. By conducting thorough inspections, holding ourselves to consistently high standards, and providing intensive case management and an abundance of support to our clients, we will be successful in these efforts.

I look forward to working with each of you to advocate for additional resources, and funding where necessary, to make our goal a reality. I will also keep you informed so that we can work together to enact the much needed policy solutions that will help our families and individuals through their crises and stabilize them in their own homes.

The Deputy Commissioners and I are now available to answer any questions you may have. Thank you.

GENERAL WELFARE COMMITTEE

Hearing T-2014-0347

February 27, 2014

Subject:

Conditions & Operations in the Department of Homeless Services

Family Shelters

Statement Submitted By:

Edwin C. Pearson

Former Administrative Law Judge Retired from Employment with the State Office of

Temporary & Disability Assistance

Based on the article in the New York Times last week it appears that the

real problem in the shelter system is caused by overcrowding. The cause of

overcrowding principally starts with the handling of clients by the Human

Resources Administration of the City (HRA) which at one time included the

Department of Homeless Services before it became an independent agency. It is

a mistake to consider the problems which arise in the latter agency without also

considering the problems which initially occur in the former agency (HRA.) This

requires a comprehensive and coordinated approach by both agencies, which I

believe is lacking based on my over 15 years of holding about 1000 yearly fair

hearings on behalf of the State Office of Temporary & Disability Assistance

(OTDA), which hearings are requested by either recipients of or applicants for all

types of public assistance, such as cash assistance, Food Stamp (SNAP) benefits

and/or medical assistance.

[1]

I began my career with OTDA in the early 1980's holding fair hearings but left after about 3 years. However, I resumed my career as an Administrative Law Judge (ALJ) in 1997 just after the passage of the Federal "back to work" legislation signed into law by then President Clinton. It has been clear to me that the employees of HRA, in an attempt to enforce the requirements of their Regulations as well as the Regulations promulgated by OTDA, fail to consider the ultimate effects of any negative actions on the shelter system necessary to care for the needs of the homeless. These negative actions by HRA are often caused by the punitive actions by HRA eligibility specialists who failed to view the problem in a more holistic and integrated manner.

When I began my career as an ALJ in 1983, usually there appeared to be a case worker at HRA handling the individual problems of any one client. However, by the time I returned in 1997, it was clear to me that the concept of a "case worker" had all but vanished in actuality. Rather, most of the HRA employees were labeled as eligibility specialists and handled whatever problem was assigned to them on any one particular day. There was a total lack of a comprehensive approach to any problem that a particular client was trying to resolve. Furthermore, the general philosophy by most HRA employees, based on my observations of the documents provided at most the fair hearings that I held, was

that the individual client or prospective client could not be believed and there was always an underlying assumption that the client or applicant was trying to obtain benefits to which she or he was not entitled. That was evident by the policies and procedures that were followed by HRA and often implicitly approved by OTDA due to OTDA's failure to examine closely what was occurring at HRA.

Perhaps my contentions could be best explored by looking at some of the specific practices that I observed during my holding of many thousands of fair hearings during the extent of my career as an ALJ. First one needs to explore the policies of HRA regarding persons of limited English speaking abilities, referred to as LEP persons. Despite the OTDA and HRA Regulations requiring the need for an interpreter for over 20 different languages in conversations with said persons and the need for documents to be printed in about six different languages, these requirements were often ignored. While HRA has made available many of their regularly used forms in about six different languages, such forms were rarely used except with regard to forms printed in Spanish. This problem did not diminish even after former Mayor Bloomberg signed Executive Order No. 120 on July 22, 2008, emphasizing the need to provide such persons with the necessary assistance to insure that they would obtain all the services and assistance to which they may be eligible. It is clear that OTDA did not consider "interpreter"

problems very seriously, since OTDA does not even print their fair hearing decisions in the Spanish language for Spanish-speaking LEP individuals.

Another area that certainly aggravates the problems of homelessness, hence the overcrowding of shelters, is the manner in which HRA handles the sanctioning of individuals when HRA decides to reduce and/or discontinue the cash and/or Food Stamp (SNAP) benefits caused by some perceived lapse by a recipient of or applicant for such benefits. The sanctioning of an individual or a household can occur if it is determined by HRA that said individual has "willfully and without good cause" failed to comply with some work requirement. If the individual is the only member of the household receiving assistance then all the benefits are discontinued. If the individual is the member of a household with other persons in said household, usually children, then the benefits are reduced proportionately depending on the total number of individuals in that household. Furthermore, at the end of the sanction period, if the sanctioned individual fails to keep a "call-in" appointment and fails to convince the HRA center that she or he had good cause for missing that "call-in" appointment or keeps the "call-in" appointment, but does not convince HRA that she or he is willing to comply with the work requirements, then all the benefits provided to the individual's household will be discontinued. Any of such actions by HRA can have a significant effect on the household staying current on its rental obligations which ultimately results in an eviction proceeding and a person or household with children becoming homeless.

I will now discuss even more specific examples of various sloppy procedures by HRA that I observed before I retired in December 2011. Some of these procedures may have changed since that time, but I doubt it, because I had been complaining about these procedures, in writing, to the then various Commissioners of OTDA since 2006, but to no avail. One of those Commissioners was Robert Doar when he was the OTDA Commissioner, who later became the HRA Commissioner until after the election of Mayor deBlasio.

1. At the end of a time durational sanction, HRA is very lax in scheduling an appointment to arrange for the lifting of the sanction, hence in restoring the grant to its prior full amount, thereby aggravating the housing problems of the household further. Usually once a household has one member who has been sanctioned, the entire case is transferred to an Intensive Services Center 71, located in the east 16th Street area of Manhattan for all the residents of New York City regardless of which borough is the client's place of residence. Whenever, I was assigned a Center 71 calendar there was a much higher rate of attendance that day by the clients and the documents provided to defend the actions and/or

inactions of that Center were very skimpy and inadequate. The Agency Representatives assigned to defend HRA's actions (Center 71) that day at the fair hearings often were not satisfied with the documents provided for them to defend Center 71's punitive actions. I strongly recommend that you read a 2012 report by the Federation of Protestant Welfare Agencies, (FPWA) entitled "Guilty Until Proven Innocent," which highlights the role of Center 71 in this charade of attempting to assist the poorest of New Yorkers. This report is available at the following URL address:

www.fpwa.org/binary-data/FPWA_BINARY/file/000/000/489-1.pdf

- 2. Whenever a sanction involved both a Food Stamp (SNAP) sanction and a cash assistance sanction, (often the time durations are of a different length) there was no established procedure to schedule an appointment regarding the lifting of the Food Stamp sanction (usually the shorter of the two) prior to the end of the cash assistance sanction. I brought this to the attention of my supervisors at OTDA, but nothing seemed to change by the time I retired in December 2011.
- 3. Prior to the issuance of a time durational sanction pursuant to an official Notice of Intent, a conciliation appointment needs to be scheduled. At the conciliation appointment, the recipient must be able to provide some very

specific written verification explaining what caused the recipient to miss the scheduled appointment.

- a. If one was sick, regardless of the reasons, the client must be able to verify in writing that a doctor's visit or hospital visit had occurred on the day of the scheduled appointment. The letter needed to be on official letterhead and contain the imprint of the rubber stamp of a doctor including the doctor's license number as well as his or her signature. Any deviations from those requirements were often viewed as suspect and good cause was not granted. I question how many employers require such documentation to excuse an employee for one days absence?
- b. It was not sufficient that a client had another appointment scheduled for the same day as the HRA appointment. The client needed proof that she/he actually kept that other appointment, such as a housing-related appointment, or a court appointment, or a child-school-related appointment.
- c. Often when an alternate appointment letter was provided to HRA, whether or not found acceptable, that letter was retained by the HRA employee without providing the client with a written receipt

as required by the HRA Regulations and recommended by OTDA

Regulations, which receipt could assist the client at any subsequent
fair hearing that may be requested by the client.

Other problems that need to be considered, if a holistic and integrated approach is to be taken by HRA and the Department of Homeless Services, are the manner in which both agencies keep track of the location of any specific household. Often I would find that the "address of record" for a household was erroneous. On average this would occur once or twice a day for any particular Center's fair hearing calendar to which I was assigned for that day. What was particularly surprising was when someone had moved to a new location and the HRA Center had provided a security deposit and the first month's rent to the new landlord; nevertheless the HRA Center continued to send subsequent notices for appointments to the prior address. At the hearing, the question often asked by the Agency's (HRA) Representative was "Did you notify your Center of your new address?" Sometimes the answer was in the affirmative, but sometimes the client stated that she/he assumed the Center had changed the address considering that the lump sum checks that had just been sent to the new landlord. In addition, even when a family is moved from one homeless shelter to another, the HRA Center often continues to send notices to the wrong shelter address.

The point of all these examples is to illustrate that the problems at the homeless shelters might be immediately caused by the overcrowding problems, but the more comprehensive cause of many persons becoming homeless is caused by the manner in which they have been treated by the HRA Centers administering the cash and Food Stamp assistance provided to such persons.

It needs to be noted that in the excellent five part series of articles published by the New York Times from December 9, 2013, to December 13, 2013, regarding Dasani and her family and their experiences at the Auburn Shelter in Brooklyn, there was only brief mention of the discontinuance of the household's cash assistance because the adult male in the household "failed to report to a job placement program, one of dozens of such lapses in the past decade." The reporter failed to remind the reader that both parents had been taking a synthetic opioid "as part of their drug treatment program," as reported in an earlier article in the series. What needs to be explored in considerably more detail was how did HRA and the fair hearing process handle that situation for the Dasani family? Had cash assistance with the necessary shelter allowances been continued in a more equitable, comprehensive and compassionate manner, the

Dasani family might never have had to be placed in the shelter system which cost the City an excessively greater amount of money than had HRA continued to provide cash assistance with its usual semi-monthly shelter allowance usually provided a family's landlord. Besides cost to the City additional unnecessary costs using the shelter system clearly placed a much greater detrimental humanitarian cost on the Dasani family, as illustrated by the detailed descriptions in the series of articles in the New York Times. Even the shelter personnel are reported as being "disrespectful to its residents," as stated in the second article, which is exactly the same kind of treatment accorded low income persons by HRA personnel based on my extensive experiences and observations as an ALI.

If you really want to solve, in a thorough and holistic manner, the problems which occur at homeless shelters, you must also address the lack of compassion and holistic understanding which occurs at the HRA Centers well before a family is relocated to a shelter.

Thank you for your patience in listening to my testimony.

Respectfully submitted,

Edwin C. Pearson

Retired Administrative Law Judge

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Testimony of the Fort Greene Strategic Neighborhood Action Partnership (SNAP)

On

Conditions and Operations in Department of Homeless Services' Family Shelters

Presented Before

The New York City Council Committee on General Welfare

Georgianna Glose OP, DSW Executive Director Fort Greene SNAP

February 27th, 2014

Thank you Councilman Levin and members of the General Welfare Committee for the opportunity to present this testimony today.

About Fort Greene SNAP

I am Dr. Georgianna Glose, OP, Executive Director of Fort Greene Strategic Neighborhood Action Partnership. We are a small community based organization that serves over 600 Brooklyn residents each year. SNAP provides basic computer literacy and entrepreneurship classes, assistance in resume writing and job searching, grandparent caregiver support, parenting classes and enrollment for the Affordable Care Act.

For more than ten years we have been involved in advocating for residents at the Auburn Family shelter in Fort Greene. Our storefront location is just blocks away from the shelter, and many Auburn residents use our computer lab and other services. Over the past decade we have organized with residents, advocated on their behalf with elected officials, helped link Fort Greene community members into efforts to assist residents at the facility, conducted ongoing research into conditions at Auburn, and worked with the local community board on Auburn related matters. Much of our work over the past decade has focused on bettering the pervasively deplorable conditions at Auburn, most recently highlighted in the *New York Times* series "Invisible Child."

It is an unfortunate reality that for many years' advocates, residents, and others had been calling on city officials to substantively reform conditions at Auburn with, regrettably, very limited success. We welcome what seems to be the turning of a new leaf on the part of city officials under a new administration and a new opportunity for change. In particular, we are extremely heartened by the quick action taken to remove children from the Auburn facility, which has not been appropriate for children at any point that we are aware of since it opened its doors to the homeless in 1985.

We still have significant concerns, especially as the city transitions the facility to housing "Adult Families" – those who are not pregnant or with children – and who, unfortunately, may garner less public sympathy than families with children. We will continue our efforts to ensure that Adult Families, just like families with children and all other people experiencing homelessness, are treated with respect by the city they live in.

This brief presentation will largely address changes being planned by DHS at the facility. Unfortunately, a limited amount is known about these plans at the time of writing, so at points these comments are more general than specific. Our main concern is that, so far as Auburn remains a sheltering facility, all residents are treated with dignity and respect and reside in respectful and supportive conditions.

Brief Background/Context

Since the election of Mayor de Blasio there has been a noticeable and positive shift in attitude by city officials in regard to homelessness. The Mayor has discussed reprioritizing homeless people for federal housing resources, and, in regards to Auburn in particular, he has his stated an intent to end the systematic abuses that have plagued the facility. These moves are undoubtedly in the right direction.

Under Mayor Bloomberg, Auburn functioned – intentionally or not – as a sort of punishment facility for homeless families, and for a short period of time, for single women as well. In 2009, the New York Times - The Local blog quoted Steve Banks of Legal Aid in 2009 as stating that "families are frequently threatened with placement there as punishment, even for the most minor infractions." SNAP staff has often worked with families who have experienced Auburn as a punishment. The facility has, in the past, housed so-called "Next Step" residents - those DHS has determined difficult to work with and in need of "intensive" services, who often experience the "Next Step" process as punitive and one of harassment. But well beyond those having to experience the Next Step process, a sense of punishment has simply pervaded the facility. Under Mayor Bloomberg, DHS did all it could to avoid almost any accountability for conditions at the facility. When it came to addressing conditions, officials - some still on DHS staff - were, often contentious, unresponsive, blaming or unwilling to acknowledge the deplorable circumstances that "Invisible Child" series so clearly documented. This approach meant that advocates, like SNAP, were left to issuing ongoing Freedom of Information Law (FOIL) requests to provide proof to community members, the community board, and at points, the press, in order to publicize a glimpse of just how bad things were inside Auburn.

DHS steadily blocked substantive change at the facility. When the community board held meetings with officials in 2011, DHS officials tended to feign ignorance about matters of serious importance. They went on to organize a Community Advisory Board, though, as we've learned, this was done with the intentional and explicit exclusion of SNAP, because we were seen as troublemakers. We were seen as troublemakers, as best we can tell, because we relied on the Freedom of Information Law (FOIL) to obtain data DHS otherwise made impossible to access, because we persistently spoke with residents and organized and advocated based on the needs they expressed, and because we didn't rollover as soon as DHS threw us and Auburn residents a token meeting with officials. Such meetings never led to serious changes in the facility, though they did sometimes lead to Auburn residents feeling intimidated by the behavior and attitude of DHS officials. This city's unfortunate response to advocate efforts to change the city's treatment of homeless people at Auburn was part and parcel of the culture of impunity that has consistently pervaded Auburn.

¹ See: http://fort-greene.thelocal.nytimes.com/2009/03/05/heat-problems-plague-auburn-shelter/

Under Mayor de Blasio, DHS has reached out to meet with us, which is heartening. The Community Board has requested to the Deputy Mayor of Health and Human Services that a new Community Advisory Board be put in place, and that SNAP be allowed to participate. We are yet to hear anything back, though given the gestures of DHS and Ms. Barrios-Paoli, we suspect that this request will be granted, and from our brief conversations with DHS, we suspect a new Community Advisory Board will be formed. The planned changes at Auburn and the administration's seeming willingness to work with the community represent a change of significance, and we are very hopeful.

With this, as hopeful as we are, we continue to have some reservations about the city's approach to how it will run the facility, as follows.

Concerns with changing populations

DHS has stated plans to shift Auburn to an "Adult Family" facility. We applaud the administration in removing children, who are inherently very vulnerable, from the shelter. With this, unfortunately childless families are often a marginal population within an already marginalized population. They enter through the Adult Family Intake Center (AFIC) at the 30th Street Mens Shelter, where advocacy can be very difficult, and they often receive little sympathy for their hardships when receiving services. We have some concerns that shifting this facility to one for Adult Families could, over the long-term and when the press dies down, lead to less accountability for conditions that could again substantively decline in context of budgets and DHS priorities. We hope that the city will treat these residents with the utmost respect and dignity in environment and service provision for as long as they are housed in this facility.

Immediate Conditions

In response to DHS's plan to switch the facility to house "Adult Families" and remove all children and conduct renovations.

Social Service Staff: The city's stated plan is, at best, vague about social services will be offered at the facility after the transition to its serving Adult Families. The city has mentioned that there will be additional staffing for the "transition of client populations at the sites," but is not clear about long-term social services at the facility. We are concerned that there be sufficiently resourced and trained case management staff. DHS should provide substantial case management assistance, and we are unclear what this will look like after the change in populations.

DHS must hire Housing Specialists for the families who currently reside and will reside in the many units inside the shelter. Given that homeless people want out of shelters, there must be trained Housing Specialists on staff to assist clients with accessing resources that may be open to them – for example domestic violence priority for NYCHA units for those who qualify, or

² "Auburn and Catherine St. Shelter Transition Plan – Summary 02/18/14"

support in completing applications for supportive housing units when this housing is available.³ In addition, there must be sufficient Housing Specialists on staff to assist when the new locally-based subsidy, which has been alluded to by the de Blasio administration, comes online. This also means that this new subsidy must include eligibility for childless families who must be able to access a sustainable exit out of shelter. Undoubtedly, many residents will need support finding open apartment units and navigating the often-sketchy and complicated process of dealing with NYC's landlords. There are currently no known plans to hire Housing Specialists at the facility, and from our conversations with DHS staff, it is unlikely there are plans in the works to do so.

There must be social service staff trained in solid advocacy to assist clients in finding sustainable employment, maintaining public benefits, and obtaining harder-to-reach benefits that they may be eligible for – including, for those who may qualify, Supplemental Security Income (SSI). For the latter, it is worth noting that DHS has had some involvement with the evidence-based, federally-funded SSI Outreach, Access and Recovery (SOAR) initiative. The SOAR approach has dramatically increased initial approval for applications for SSI and it would be of strong benefit to place a SOAR-trained case manager on-site to assist potentially eligible clients.⁴

Building Conditions: Specific details of DHS's renovations plans are not yet clear, but renovations to the bathrooms and residential units in the facility are sorely needed. However, DHS has not mentioned other issues that are of significant concern and have been for years.

For many years DHS has been called to task on insufficient heating of the building and overbearing heat in the summer. As the *New York Times –The Local* blog reported in 2011, as a result of documents FOIL'd by SNAP, DHS's contracted-engineers in 2007 told the agency the facility required its own heating system, independent from the adjacent old Cumberland Hospital. DHS initially planned to install an independent system but then scrapped the plan, eventually publicly – and erroneously – stating, "Auburn Shelter is adequately heated for all residents." This is simply false. When we have recently spoken with DHS about plans to remedy the chronic heating problems at the facility the response has been, at best, vague. At this stage DHS does not have a plan to deal with the heating problems at the facility. DHS should devise a plan to ensure appropriate heating of all units it plans to house families in prior to placing them in those units.

Similarly, overheating issues have been serious in the warmest months, where residents have experienced extremely hot temperatures, sometimes more than 95 degrees.

³ For example, under the NY/NYIII agreements, the State has recently announced 70 planned family supportive housing units for those with substance use disorders. See: http://www.governor.ny.gov/press/02112014-award-to-fight-chronic-homelessness

⁴ On SOAR, see: www.prainc.com/soar

⁵ http://fort-greene.thelocal.nytimes.com/2011/08/24/untangling-the-heating-problems-at-a-homeless-shelter/ ⁶ *ibid*.

Additionally, the ventilation system within Auburn system is notoriously bad. DHS has stated it plans to remedy the ventilation system.⁷ DHS's plans to renovate the individual units and bathrooms are laudable.

Approach to services: In general, DHS's approach to homelessness under Mayor Giuliani and Mayor Bloomberg was, at best, blaming, paternalistic and counterproductive. This has certainly been the case at Auburn. Mayor de Blasio has a major opportunity to change this. This includes supportive case management that does not rely on hostile and blaming interactions with homeless individuals as a way to get them out of facilities. This also means genuine assistance in finding stable housing situations. DHS's long-running policy of making clients take virtually any available housing option, even if it is unsuitable and unsustainable, ensures a revolving door back to the shelters.

Ongoing Involvement with the Community

Auburn shelter sits in the middle one of the most economically impoverished parts of New York City. Residents of the public housing units surrounding Auburn have been persistently sympathetic and caring in regards to the hardships that Auburn residents face. Offering a "culinary arts" program open to the community at the facility, as Mayor de Blasio plans to do, is an important gesture to this community. However, in general, the community has not been welcomed by DHS over the years. We hold high hopes for the de Blasio administration moving forward. To ensure that Auburn's conditions become and maintain appropriate for those who must live in the facility's walls, we hope that, as an initial step, DHS will re-engage a Community Advisory Board that includes the Community Board, community members, Fort Greene SNAP, and Auburn residents themselves.

I look forward to working with you and DHS to implement the policies that will transform the living experience at the Auburn Shelter into a place where the residents feel safe, respected and supported to take the next step in their lives.

Thank you.

⁷ See for example OTDA inspection dated 11/15/2013 and subsequent DHS response, dated December 4, 2013.

Social Service Employees Union Local 371



DC37, AFCME, AFL-CIO 817 BROADWAY, 14TH FLOOR, NEW YORK, NY 10003 • (212) 677-3900 FAX (212) 477-9161

CITY COUNCIL TESTIMONY February 27, 2014

We thank Chair Levin for allowing us to participate in this meaningful and welcomed discussion.

I am Rose Lovaglio-Miller, Vice President of Negotiations & Research of the Social Services Employees Union Local 371 (SSEU Local 371).

This union has a long standing history of interaction with HRA / DHS in the delivery of services to the homeless people of this city. This involvement has kept us very true to our mission, which is representation of our members and advocacy for the people we serve.

SSEU Local 371was very involved in the growth and expansion of the Homeless Shelter system which began in the late seventies and lasted through the eighties. We understood the conditions that created this mandatory expansion. Our union conducted a work stoppage at the 8 East 3rd Street facility and was subjected to the Taylor Law penalty. In defense of our members we legally enjoined as Amicus Curiae the Callahan Court Case filed by the Coalition for the Homeless on behalf of Robert Callahan, a resident at the 8 East 3rd Street Shelter. The decision from this case deemed the facility unsafe and compelled the city to provide shelter to anyone who declared themselves homeless.

The Callahan decision still holds all shelters to these safety standards to date.

Other factors, including, the lack of affordable housing, high unemployment, changes in governmental policy i.e. The Welfare Reform Act, generated the sudden emergence of a very large diverse homeless population.

The system expanded from no family shelters and 5 singles to approximately 35 facilities in less than five years.

Over the years SSEU Local 371 was supportive of the agency's comprehensive and sincere efforts to identify, assess and find solutions to the problem of homelessness in our city. As a result of these efforts, the homeless population stabilized and numbers actually began to decline.

In the mid-nineties, The Department of Homeless Services was established as an independent agency, and the process of privatization was initiated. Despite our objections the process continued and the number of city operated facilities was reduced from approximately 35 to the following:

Single Women					
None					

Family (4)	<u>Other</u>			
Auburn	PATH (family intake)			
Catherine St.	Homeless Division			
Flatlands	Vacancy Central			
Jamaica	AFIC			

Staffing levels at the remaining facilities are critically low and most programs designed to bring about self-sufficiency or independent living have been discontinued.

The inadequate staffing advanced the "do more with less" policy to its inevitable absurdity, "Do Everything with Nothing."

The largest staff component is a "contracted program called <u>Wild Cat</u>, which in our judgment, is a violation of the law. It has resulted in the employment of more Wildcat workers, than committed municipal workers.

Meanwhile our workers are expected to accomplish unrealistic goals and are blamed, harassed and disciplined because these goals are not met. It is our contention that it is the <u>home less</u> <u>policy</u> that has failed and not workers who are doing their best under the circumstances.

The administrative policies over the last 15 years have created many problems and have effectuated very few solutions.

We would welcome and support a policy that will first and foremost seek solutions to the lack of available / affordable housing, provide services and treats and resolves social economic issues.

There has to be more staff, mental health and social assessments. We also advocate the creation of social work units to deal with long term and chronic problems.

We applaud and support the agency's current efforts on behalf of homeless families. It represents a giant step in the direction of finding solutions to homeless problems. We look forward to future mutual efforts. Thank you for this time.



Organizing For Justice and Respect:

Don't Talk About Us: Talk With Us!

PICTURE THE HOMELESS

Good morning,

My name is Danielle Stelluto. I want to start by thanking the Committee on General Welfare for having this hearing. I also want to thank, on behalf of Picture The Homeless, General Welfare Committee Chair Stephen Levin, who supported us in a recent action to ensure homeless people on the subways were not pushed out into the cold or harassed by the New York City Police Department.

I am a single mother of two toddlers residing at Jackson Family Residence which is a shelter I've been in since March of 2012. I am 26 years ol. My son is 6 and my daughter is 3. I am going to first start off describing the living conditions. I reside in a unit that is probably half the size of a studio apartment. I also live on the third floor where there is no elevator, so it is no walk in the park when I have to do laundry or grocery shopping especially during the summer time. Heat rises, so during the summer the people living on the third floor are suffering the worst. We are not allowed to have air conditioners, not even the portable ones, so during both summers living there I had to constantly wet cloth rags to keep us cool, carry spray bottles, wet my babies' sheets so they can be cool when they lay down, and constantly giving us cool showers just not to go insane. The windows in the stair case are sealed shut so every step up gets hotter, as if you're journeying up the levels of hell. The shelter does have a park with sprinklers, and you would think we would have access all the time, but the director constantly closes the only relief we have away from the treacherous heat. But when DHS comes to visit they open up the park just to look good on their part.

The place is also highly infested with mice, roaches, nats and bed bugs. An exterminator comes once a week, but this place is so infested that whatever they are spraying does not do anything. I even bought combats, roach spray and mice traps, but no matter, it's a never ending cycle of battling within this infested place. All the windows are barred and so small you could barely catch a breeze, so it sometimes feels like one is living in a prison. The paint is chipping all over, mold growing on the ceilings, walls, shower and all over the building. In the facility I do have a stove and personal bathroom, but there is only a small showerhead without a bathtub. About 8 months ago I had mold on my bathroom wall. There was also mold in the room we sleep in. I put a work order in

to get it fixed and removed, but when I returned home I noticed that they painted over it. This is a safety hazard because I have my kids and they could get sick. In fact, my kids have never been so sick or so frequently since I've been in here. Another concern of mine is there are no fire escapes in the facility which knowing my laws that is illegal and a safety hazard. It bothers me so much not only as a mother but also simply as a human being. It's just so nasty to be in such a place. Nobody deserves to be living within these circumstances, especially the innocent children who never did anything to deserve such treatment.

Secondly, I would like to discuss the staff and how we are treated (or mistreated) as residents. Not even 3 months into this shelter experience, they were breathing down my neck to demand that I find an apartment and find a full time job and move out as quickly as possible. Mind you, I was working before I even entered the shelter, and I had a 3 bedroom house that was covered by the Child Advantage Voucher. But due to the vouchers being terminated, and having a low paying job as a cashier, I was evicted because I could not afford to pay the rent, and I spiraled right back down into the shelter system.

I also had to let go of my job in Far Rockaway because the commute was almost impossible to get to from there to the shelter all the way in the Bronx. The staff had no remorse, no compassion and no heart to truly care or sympathize with my situation or even care to help. I was also pressured to do my own job searches, my own apartment searches and basically climb my way out alone by my own bootstraps. My "Housing Specialist" was not providing me with low income housing, nor applications to submit to be put on a waiting list for housing, and essentially no support whatsoever. All I was given every week we met was unnecessary lectures on "how important it is I find a place", and threats that if I don't find a place "I can be homeless again," and a list of brokers that charge fees that I could not even afford to pay in the first place.

In conclusion, the two years that I have been here has been nothing less than a journey of blood, sweat and tears. I am a witness to what it's like to live in a shelter as a single mother with children; nobody truly will truly understand what it feels like or what it really means to live this way, until they have trooped in a homeless persons shoes like myself. It's been a tremendous struggle trying to raise two kids on my own with no help, making it my full time job to try to secure a full time job to hope to even afford rent in New York City, searching for housing in every crevice of this city and going through multiple losses, including my 3 bedroom house I had prior to being recycled back into the shelter system. I am also a writer and an advocate for the homeless, so the little "free" time I do have goes into trying to pursue my small dreams and passions. If I could be granted one simple wish it would be truly affordable housing and decent paying jobs for all, because housing is a human right and jobs are desperately needed by many simply to survive. None of these things should even be something we have to battle for, but since

it's not, I am here writing my testimony on behalf of all those going through this same struggle, and together, as one, we shall rise above this and reach a higher ground!

By: Danielle Stelluto Member of Picture The Homeless REPORT DATE 10/22/13 [P] CASE NUMBER 008856833C BUDGET NUMBER 00000 (BASIS)

BUDGET EFFECTIVE DATE 11/A/13 - //

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM WMS REPORT WINROD27

BUDGET ENTRY SUPERVISOR SUMMARY

PAGE 1 OF 1 PA OFFICE 037 WORKER 00061 SNAP OFFICE 037 WORKER 00061

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Testimony to the General Welfare Committee

Hearing on Conditions and Operations in Department of Homeless Services' Family Shelters

February, 27th 2014

Bobby Watts

Executive Director of Care for the Homeless

Good morning. Thank you for the opportunity to speak to you today.

I am the Executive Director of Care for the Homeless, a health care, shelter, and human service agency that has as part of our mission fighting to end homelessness. We operate more than 30 outreach sites and federally qualified health clinics serving homeless people in four boroughs of New York City. Last year we served more than 8,000 homeless men, women, and children.

More than at any time in the last 25 years, I sit before you with a great deal of hope. As a long-time service provider to, and advocate for, people experiencing homelessness in New York City, I often say we can fight, prevent and end modern day homelessness if only we had the will and focus to do it, because bad public policy choices created this modern-day homelessness crisis and better policy can end it.

Today I can say this Committee, this Council and this City Administration have clearly shown the will and the desire to adopt better policy, and use techniques that we know are effective.

In December, New Yorkers were captivated by a series of articles in the <u>NY Times</u> chronicling a year in the life of Dasani, an amazing 11-year old girl and her family that had been homeless for years. The articles were written brilliantly by Andrea Elliott and presented an objective but compassionate view of the family's strengths, weaknesses, success, and struggles, foibles, and dreams—which each of our own families also have. But what captured much of the public's attention was the deplorable condition of the City-run shelter where her family was housed, and the bureaucracy that seemed to hinder their progress.

I rejoice and thank this Committee, this Council and the de Blasio administration for the recent decision to remove children from the Auburn Family Shelter and the Catherine Street Family Shelter. It was a decision that made sense and was long overdue. Upon hearing of the decision, Dasani's mom asked, "It takes all of this for something to happen? Why was it so hard to do this three years ago?" The answer was simply a matter of will. No additional information was needed to take this step – just imagination and determination.

Seeing the commitment this Committee has shown over the years to fighting, preventing and ending homelessness and knowing that is a shared commitment by our new Mayor, new Homeless Services Commissioner and this city administration creates a lot of hope.

In launching your effort to fight, prevent and subsequently end homelessness, I urge you to keep in mind the following:

1. Providing adequately and appropriately for people experiencing homelessness is a legal and moral requirement on the City of New York; it is also the most beneficial thing to do, and over time it is the least expensive thing for taxpayers.

Study after study shows that providing appropriate health care, proper nutrition, good, clean and safe shelter, and needed human services are the road to better outcomes for families and individuals experiencing homelessness, for our communities and for our taxpayers. Much of the research backs what we know intuitively – that experiencing homelessness is harmful for children and can have long-term effects. Reducing and shortening episodes of homelessness is a public health necessity that improves the lives of families and children.

2. The link between poor health and homelessness is strong and undeniable. Providing adequate medical services to people experiencing homelessness, where they are – that is where the services are most convenient for them and most accessible – makes the most sense and produces the best outcomes.

Untreated medical problems are not only one of the causes of homelessness, but often are a barrier for a family leaving homelessness and staying housed. Care for the Homeless provided services to more than 800 homeless children and youth in 2013, and addressed untreated asthma, delayed immunization, and ear infections — each of which could have led to long-term damage if not treated. We have found that providing co-located medical services regardless of the individuals' need to pay removes the barriers to care for harried homeless families. We urge the Administration to promote the colocation of clinics in shelters, where appropriate. The good news is that these resources are provided without City funding. Each of the eight clinics in family shelters are funded through our federal grant as a Health Care for the Homeless provider and through billing Medicaid when the individual is covered.

3. Providing needed services and especially housing to our clients actually saves public dollars. In the case of appropriate medical services, the avoided emergency room costs, unnecessary hospitalization and re-hospitalizations more than pay for the medical services many times over.

This has been the conclusion of researchers throughout the country and is a focus of the New York State Department of Health's Medicaid Redesign Team's Affordable Housing Workgroup, on which I sit. The more that is done to meet the health needs of families while they are experiencing homelessness, the more they and society benefit. Our mental health program in family shelters addresses both short-term and long-term implications of mental illness and makes it possible for families to accept — and retain — housing in the community. We link them to ongoing community care when needed.

4. Even with great commitment by policymakers and elected officials joined by agency leaders determined to affect better outcomes, we will never achieve those outcomes without coordination and non-siloed thinking that requires something like the federal Interagency Council on Homelessness. This overarching coordinating organization should bring together the many disparate city agencies, perhaps with input from state agencies, to coordinate efforts to maximize shelter and services as we step up efforts to move those experiencing homelessness to real housing and prevent added homelessness, and it should be established with authority close to the Mayor and report to him.

Managing distinct services like providing shelter, providing more affordable housing, and creating a large scale workable rent subsidy while coordinating service systems—criminal justice, health care, and foster care — whose breakdown contributes to homelessness — won't work without that kind of coordination.

25 85

Ideally, this coordinating effort should be a governmental and non-governmental partnership with representation from consumers and advocates along with policymakers and administrators. But the imperative is to get it up and running, do it soon and move quickly on the long needed policies to meaningfully fight homelessness.

I also want to acknowledge that the Care for the Homeless Agenda to End Homelessness, the policies for which we advocate, are the policies of most members of this Committee and the new Administration. Obviously there remain huge details to iron out, funding to find and projects to manage. But to end homelessness we must:

- 5. Accept the need for a "Housing First" model that recognizes generally all outcomes are better, all treatments and services more effective, when a family or individual has stable and appropriate housing.
- 6. We must have appropriate housing alternatives including affordable housing for extremely-low income people and supportive housing for those who need it.

 In addition to creating or preserving 200,000 affordable housing units, we must make sure that we have a net INCREASE in affordable housing stock. A recent report by the Community Service Society indicated that the affordable housing stock decreased in the last few years.
- 7. We must have a working rent subsidy program that moves people from homelessness and shelter to permanent housing, and this will be more effective if we restore some portion of federal resources such as Section 8 housing vouchers and NYCHA housing as a targeted priority for New Yorkers experiencing homelessness.
 - We must be careful to not adopt a one-size-fits-all approach to a subsidy program. Research can inform our programs as to which subpopulations need which levels and types of support.

Thank you for your vigilance, diligence, and commitment to fight and end homelessness in New York City. Care for the Homeless stands ready to help the Council and New York in this effort in any way we can.



Testimony of

Stephanie Gendell, Esq.
Associate Executive Director
For Policy and Government Relations
Citizens' Committee for Children

Before the

New York City Council General Welfare Committee

Oversight Hearing:

Conditions and Operations in the Department of Homeless Services Family Shelters

Good morning. My name is Stephanie Gendell and I am the Associate Executive Director for Policy and Government Relations at Citizens' Committee for Children of New York (CCC). CCC is a 70-year-old independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe.

I would first like to congratulate Stephen Levin on becoming the new Chair of the General Welfare Committee. CCC has worked with the Council Member on many issues to date and knows that his ability to resolve matters expeditiously and practically, as well as his commitment to children and families, will make him an extremely effective Chair for this important committee. We also welcome all of the new members of the General Welfare Committee—we look forward to working with all of you to make New York City a better place to be a child.

In addition, CCC would like to congratulate Gilbert Taylor on being named the new Commissioner of the Department of Homeless Services (DHS). We believe Mr. Taylor's management style and passion for helping children, families and vulnerable New Yorkers make him an excellent choice for the position. In fact, in just the few short weeks that he has been the Commissioner, he has already made several critical improvements and personally assisted in a case that came to CCC's attention.

We believe that this is an exciting time for New York City and for addressing the City's affordable housing and homelessness crisis. We appreciate the City Council holding this hearing today and for the opportunity to testify.

I. Record Number of Children Living in Shelter

Today's hearing comes at a time when homelessness has reached unprecedented levels in New York City, with more children living in shelters than ever before. As of February 20, 2014, there were 10,743 families living in the DHS shelter system, including 22,509 children. This is compared to February 2013 when there were 20,803² children living in shelter and 16,620³ in February 2012. This is a 35% increase in just 2 years.

Additionally, families with children are living in shelters for increasingly longer periods of time: the average length of stay for families was 337 days in Fiscal Year 2012, compared to 375 days in Fiscal Year 2013.⁴ As of December 2013, the average length of stay for families with children in DHS shelters was 429 days.⁵

The expansion of cluster site shelters is an unfortunate result of New York City's record homelessness. Cluster sites provide less access to the services that help families move out of shelter faster. Unlike conventional, Tier II shelters, which generally provide services such as

¹ New York City Department of Homeless Services, Daily Report, Feb. 20, 2014. Available at: http://www.nyc.gov/html/dhs/downloads/pdf/dailyreport.pdf

² New York City Department of Homeless Services Local Law 37 Report. Available at: http://www.nyc.gov/html/ops/nycstat/downloads/pdf/ll37_report_02_2014.pdf ³ *Id.*

⁴ New York City Mayor's Management Report, Department of Homeless Services. Available at: http://www.nyc.gov/html/ops/downloads/pdf/mmr2013/dhs.pdf.

⁵ New York City Department of Homeless Services, Local Law 37 Report, *supra*, note 2.

case management and housing search assistance onsite, families in cluster site shelters often must obtain services offsite. This can pose additional obstacles for homeless families, especially for those who work long or irregular hours, or who must accompany their children on long commutes to their schools.

In addition, creating new cluster sites is an inefficient response to the City's increase in homelessness because it does not confront the underlying reasons behind the crisis, which is the high cost of housing in New York City relative to what low-income families can afford, and the lack of programs to assist homeless families in their moves out of the shelter system. Furthermore, Tier 2 shelters and cluster sites are inefficient to taxpayers as they cost approximately \$3,000 per month while it typically costs \$1,000 per month to provide a housing subsidy to a homeless family.

II. The Impact of Homelessness on Children

Data on the experiences of homeless children paint a disturbing picture regarding the well-being of the record numbers of children who sleep in DHS shelters. Homelessness creates risks to the physical and emotional well-being and educational success of children.

For example, children experiencing homelessness have an increased risk of illness compared to children who are not homeless: they suffer from four times as many respiratory infections, five times as many gastrointestinal infections, and twice as many ear infections. Additionally, they are four times as likely to suffer from asthma and have high rates of asthma-related hospitalizations. Homeless children also suffer disproportionately from food insecurity, as they are twice as likely to go hungry as non-homeless children, and, due to these nutritional deficiencies they are at an increased risk of obesity.

Being homeless has also been demonstrated to be harmful to children's emotional well-being. Homelessness causes traumatic disruptions in the lives of children, who, in addition to losing their homes, experience loss of their friends and community, sense of security, routines, possessions, and privacy. Homelessness also makes families more vulnerable to other forms of trauma, such as witnessing violence, physical or sexual assault, and abrupt separation from family members. As a result, homelessness increases a child's risk of experiencing mental illness. For example, half of school-age homeless children experience anxiety, depression, or withdrawal, compared to 18 percent of children who are not homeless, and one in three homeless children ages eight and under suffers from a major mental disorder. 11

⁶ The National Center on Family Homeless, The Characteristics and Needs of Families Experiencing Homelessness, Dec. 2011. Available at: http://www.familyhomelessness.org/media/306.pdf.

^{&#}x27; Id.

⁸ Id.

⁹ The National Child Traumatic Stress Network, Facts on Trauma and Homeless Children, 2005, at page 2. Available at:

¹¹ Id.

Finally, the impact of homelessness on a child's education can be devastating, because it often causes disruptions affecting their attendance and academic performance. Nationally, only 77 percent of homeless children attend school regularly. While the attendance rate for children in New York City shelters is higher, at 83.6 percent, this is still insufficient to meet the Department of Education's 90 percent attendance requirement for promotion. Additionally, homeless children are twice as likely to repeat a grade compared to non-homeless children. Homeless children also have low rates of preschool enrollment, with fewer than 16 percent of eligible preschool-aged homeless children enrolled in preschool nationally.

III. Family Shelter Conditions

As was well documented in Andrea Elliot's recent New York Times article, "Invisible Child," the deplorable conditions at the Auburn Family Shelter make it an inappropriate place for a child to live. For example, the article explains in great detail the mold, vermin and sexual predators roaming the hallways within the Auburn Family Shelter, which housed 280 children at the time he article was written in late 2013.

CCC is grateful that the de Blasio administration has taken action within weeks of coming into office to address conditions at the Auburn Family Shelter in Fort Greene, as well as the Catherine Street Family Shelter in lower Manhattan, which has also been plagued by violations making the facility unsafe for children.

CCC supports the Mayor's announcement to close both Auburn and Catherine Street, transfer the 400 children and their families to other shelters and/or assist them in obtaining permanent housing, and increase funding for security and programming at the two shelters during the transition period.

The Preliminary Budget for Fiscal Year 2015 directs \$1.3 million to improve security and programming at the Auburn Family Shelter and the Catherine Street Shelter.

CCC is pleased that the Mayor and his Administration agree that these shelters are not safe or appropriate for children and we commend him not only for recognizing this problem, but also for acting on it in order to protect and improve the lives of New York City's homeless children. While these two shelters are likely the most egregious, we hope that this is the beginning of DHS's review of conditions at all of its Tier 2 shelters, as well as the cluster sites, and that additional closures, renovations and resources will be sought for other facilities unsafe for children.

¹² National Coalition for the Homeless, Education of Homeless Children and Youth, Sept. 2009, at page 1. Available at: http://www.nationalhomeless.org/factsheets/education.pdf

¹³ New York City Mayor's Management Report, Department of Homeless Services, supra, note 4.

¹⁴ New York City Department of Education, Regulation of the Chancellor. Available at: http://schools.nyc.gov/NR/rdonlyres/DB08E4BD-DE50-4D96-87FF-9260B3C1AB4D/0/A501.pdf

¹⁵ The National Child Traumatic Stress Network, Facts on Trauma and Homeless Children, *supra*, note 9.

¹⁶ National Coalition for the Homeless, Education of Homeless Children and Youth, supra, note 12.

IV. Recommendations

While CCC is pleased with the initial changes we have seen for homeless children and their families under the current Administration, we believe that there is more that needs to be done. We believe there are three key elements to addressing family homelessness: 1) Prevent family homelessness; 2) Provide safe and appropriate shelter for homeless families; and 3) Help homeless families access permanent housing.

1. Prevent Family Homelessness

The best way to reduce the number of families in the shelter system, and eliminate the trauma homelessness causes children, is to prevent families from becoming homeless in the first place.

Current preventive services in New York City include the Department of Homeless Services' HomeBase program, the FEPS rent subsidy for public assistance recipients, HRA One-Shot deals, civil legal services and other innovative program at nonprofits working with residents of some of the most at-risk neighborhoods in the City.

CCC believes funding for these current homelessness prevention programs, as well as new ones developed by the de Blasio administration, will help reduce the homeless population.

Preventing family homelessness will require the City to address the affordable housing crisis, ensure wages are sufficient, increase anti-eviction assistance, increase the supply of supportive housing, and provide after-care services to families leaving the shelter system.

We hope to see these essential, cost-effective programs supported with sufficient funding through City, State and Federal funding streams.

2. Review Shelters and Address Concerns

While we are grateful that the Administration has recognized the poor conditions in two of the City's shelters for children and families, more needs to be done to ensure that all homeless children are provided safe, decent shelter accommodations and that their basic needs are met. In order to get a better understanding of shelter conditions throughout the City, CCC recommends that DHS do a full review of all shelters for children and their families—both Tier 2 and cluster sites and then make the findings publicly available.

CCC respectfully requests that the City consider a new policy prohibiting children from being placed in family shelter facilities with shared bathrooms.

Finally, CCC urges the Administration to include additional resources to not only examine current conditions in shelters, but also to address additional concerns if they exist in the Executive Budget for Fiscal Year 2015.

3. Help homeless families access permanent housing

We were very excited to hear the Mayor speak at his Preliminary Budget Address about working with Governor Cuomo to create a new homelessness prevention pilot, which would include eviction-prevention services and rental assistance. We are looking forward to hearing more details about the plan.

We strongly believe that addressing family homelessness requires the creation of a new housing subsidy program for New York City. Since the elimination of Advantage, the length of stay in shelter has continued to grow because families have been unable to find housing without the assistance of a subsidy.

Not every family in the shelter system or at risk of becoming homeless will need a subsidy, however. Given the number of families living in DHS shelters, we feel it is critical for the City to use all resources available to provide permanent, affordable housing for homeless families. This includes granting homeless families prioritized access to NYCHA public housing units and Section 8 Housing Choice Vouchers, prioritizing homeless families for access to new affordable housing units, and increasing the supply of supportive housing.

Finally, increasing the supply of affordable housing and supportive housing, deepening tax credits, and ensuring working families earn a living wage, will go a low way towards helping families access permanent housing.

In conclusion, CCC looks forward to working with the new Administration and the City Council on addressing family homelessness in New York City. Thank you for this opportunity to testify. CCC appreciates the City Council's interest in this very critical issue.

I WANT TO THANK THE COMMITTEE FOR INVITING ME HERE TODAY.

ALONG WITH COPIES OF MY TESTIMONY,
I'VE ALSO PROVIDED YOU WITH A PIECE I'VE WRITTEN
ENTITLED *PROMISES BROKEN*WHICH DISCUSSES HOW THE BLOOMBERG ADMINISTRATION FAILED
OVER THE LAST 12 YEARS
TO CONFRONT THE ROOT ISSUES
THAT ARE DRIVING HOMELESSNESS HERE IN OUR CITY.

WHILE IT'S FAIR TO LOOK AT THE LAST 12 YEARS AND LEARN FROM THOSE FAILURES WE CAN GO BACK DECADES AS WELL TO EXPLAIN WHY WE'RE HERE TODAY

HOW WE HAVE SIMPLY FAILED TO INVEST IN THE INFRASTRUCTURE TO SUPPORT LONG-TERM SOLUTIONS INSTEAD RELYING ON SHELTER TO SIMPLY MANAGE THE PROBLEM TO KEEP A LID ON A GROWING CRISIS

AND WE ARE INDEED EXPERIENCING A CRISIS

AS YOU KNOW TODAY WE HAVE MORE THAN 52,000 PEOPLE LIVING IN SHELTERS NEARLY 75% ARE FAMILIES AND CHILDREN

IN THE LAST FOUR YEARS THERE'S BEEN A 50% INCREASE IN THE NUMBER OF CHILDREN LIVING IN SHELTERS FROM 14,000 TO NOW OVER 22,000

EVERYDAY 100 OR MORE FAMILIES ARE SEEKING A BED IN A NEW YORK CITY SHELTER

AND THESE STATISTICS DO NOT EVEN TAKE INTO ACCOUNT THE COUNTLESS NUMBER OF PEOPLE WHO ARE HOMELSS BUT SLEEPING ON THE LIVING ROOM COUCH OF A FAMILY MEMBER OR FRIEND

OR THOSE WHO ARE OUT STRUGGLING ON OUR CITY'S STREETS AND PARKS

OR THOSE WHO ARE ON THE PRECIPICE AND AT-RISK, PAYING MORE THAN 50% OF THEIR INCOME TOWARD RENT

AND PERHAPS MORE IMPORTANTLY BEHIND THSES STATISTICS ARE THE FACES OF THE PEOPLE I SEE EVERYDAY

PEOPLE EXPERIENCING THE TRAUMA OF HOMELESSNESS HOW IT INFLICTS ITSELF ON FAMILIES AND CHILDREN AND SINGLE ADULTS

AND THE DISPLACEMENT THEY EXPERIENCE THE LOSS OF HOME OF COMMUNITY OF SCHOOL

I RECALL THE BRAVE WOMAN WHO TOOK A GIANT LEAP FORWARD TO SAVE HERSELF AND HER CHILDREN FROM AN ABUSIVE RELATIONSHIP, ONLY TO BE WITHOUT A PLACE TO CALL HOME ...

THE SENIOR WHO LOST HIS LIFE PARTNER AND THEN, WITH NO SAFETY NET OF SUPPORT, SPIRALED DOWNWARD INTO POVERTY AND HOMELESSNESS

AND THE CHILD WHO WENT TO SCHOOL HUNGRY, TIRED AND UNSURE WHERE SHE'LL GO WHEN THE SCHOOL BELL RINGS AT THE END OF THE DAY.

I'VE SEEN IN THEIR FACES THE DESPAIR THAT COMES WITH DAILY LIFE IN CROWDED SHELTERS AND ON COLD CITY STREETS.

SO IT IS INDEED PAST TIME TO MOVE FORWARD AND CHART A NEW COURSE

THOUGH WE NONETHELESS CAN CERTAINLY LOOK BACK AND LEARN A LOT FROM THE FAILURES OF THE LAST ADMINISTRATION

THOSE FAILURES CAN PROVIDE US WITH A BROAD BLUEPRINT FOR MOVING FORWARD

I'VE SET THAT OUT IN DETAIL IN *PROMISES BROKEN*AND OTHERS ARE SPEAKING ON THOSE ISSUES AS WELL.

TWO AREAS CLEARLY NEGLECTED WERE:

1) THE CREATION OF AFFORDABLE HOUSING OPPORTUNITIES FOR FAMILIES AND INDIVIDUALS WHO ARE HOMELESS AND AT-RISK,

AND

2) THE DEVELOPMENT OF ROBUST COMMUNITY-BASED SERVICES THAT ARE TRULY DESIGNED TO PROVIDE TARGETED SUPPORT NEEDED TO PREVENT HOMELESSNESS AT THE OUTSET

AND WHILE SOME IN THE PRIOR ADMINISTRATION BELIEVED THAT TACKLING HOMELESSNESS WAS NOTHING MORE THAN A SYSIPHEAN EFFORT

THAT HOMELESSNESS IS JUST AN INEVITABLE PART OF OUR URBAN LANDSCAPE

WE'RE HOPEFUL WITH THE NEW ADMINISTRATION

IT WAS HEARTENING TO SEE THAT MAYOR DE BLASIO
HAS ALREADY TAKEN A POSITION
NEGLECTED BY SO MANY IN THE PAST
THAT CHILDREN AND FAMILIES CAN NO LONGER BE HOUSED AT THE
AUBURN FAMILY SHELTER OR THE CATHERINE STREET SHELTER

THESE TWO SHELTERS ARE TRULY A SAD SYMBOL OF OUR CITY'S FAILED STRATEGY TO DEAL WITH THE SYSTEMIC PROBLEMS OF FAMILY HOMELESSNESS.

AND WHILE RECOGNIZING THAT THESE TWO SHELTERS ARE NOT FIT FOR CHILDREN AND THEIR FAMILIES
WE'RE HOPEFUL THAT
THESE TWO SHELTERS WILL SOON BE CLOSED
SO THAT NO ONE EXPERIENCES LIFE THERE

AND WITH THAT
WE'RE ESPECIALLY HOPEFUL
THAT THE MAYOR'S POSITION ON THESE SHELTERS
SIGNALS A PARADIGM SHIFT IN OUR HOMELESS POLICY

THAT THE FRAME IN WHICH WE HAVE HISTORICALLY VIEWD HOMELESSNSS WILL CHANGE SO THAT WE PLACE HOMELESSNESS WITHIN THE CONTEXT OF THE LARGER ANTI-POVERTY STRUGGLE THAT WE USE A SOCIAL JUSTICE LENS WHERE HOUSING AND NOT SHELTER IS SEEN AS A FUNDAMENTAL RIGHT.

AND THIS MAY JUST BE ONE OF THE MOST IMPORTANT EFFORTS THIS COMMITTEE UNDERTAKES

OVERSEEING AND BEING A PARTNER IN SUPPORTING THE MAYOR'S EFFORT TO CHANGE COURSE.

FOR TOO LONG EMERGENCY SHELTER HAS BEEN OUR PRIMARY APPROACH

AND WHILE SHELTER REMAINS A CRITICAL SAFETY NET, IT'S CERTAINLY NO SUBSTITUTE FOR A LONG-TERM INVESTMENT STRATEGY IN HOUSING.

INDEED, AS WE SEE TODAY, THERE ARE RECORD NUMBERS OF INDIVIDUALS AND FAMILIES CONSIGNED TO SHELTER WITH VIRTUALLY NO WAY OUT.

IT'S ALSO FISCALLY UNTENABLE FOR US TO CONTINUE DOWN THIS PATH.

JUST LAST YEAR ALONE, THE BLOOMBERG ADMINISTRATION SPENT OVER \$500 MILLION TO SHELTER THOUSANDS UPON THOUSANDS OF FAMILIES AND THEIR CHILDREN DURING THE COURSE OF THE YEAR.

THAT NUMBER DOUBLES TO \$1 BILLION WHEN WE ACCOUNT FOR SHELTERING SINGLE ADULTS.

AND MORE IMPORTANTLY, OUR OWN ON THE GROUND EXPERIENCE SHOWS – AND RESEARCH IN THE FIELD CONFIRMS – THAT HOUSING RATHER THAN SHELTER IS THE LOCUS FROM WHICH ALL OTHER POSITIVE OUTCOMES CAN FLOW.

AND THIS IS SO WHETHER WE'RE WORKING WITH A MOM AND HER CHILD LANGUISHING IN SHELTER

OR THAT FELLOW ON OUR STREET CORNER STRUGGLING WITH MENTAL HEALTH ISSUES.

SO WITH THIS AS OUR BACKDROP,

I THINK IT'S IMPORTANT FOR THIS COMMITTEE
TO FOCUS ON SOME ESSENTIAL
ON-THE-GROUND QUESTIONS
THAT IT SHOULD BE ASKING
THE MAYOR AND OFFICIALS IN HIS ADMINISTRATION.

THE FIRST AND FOREMOST

TO WHAT EXTENT IS THE MAYOR'S AFFORDABLE HOUSING PLAN GOING TO ADDRESS THE NEEDS OF THE PEOPLE WHO ARE HOMELESS OR AT-RISK.

HOUSING IS THE ONLY WAY WE'RE GOING TO GET OUT FROM UNDER OUR RELIANCE ON THIS COSTLY SHELTER SYSTEM.

ANOTHER QUESTION, WHICH IS RELATED TO HOUSING AFFORDABILITY, MUST BE ABOUT THE USE OF A RENT SUBSIDY

I KNOW THE ADMINISTRATION IS IN THE MIDST OF DEVELOPING A NEW RENT SUBSIDY TO FIND SOME IMMEDIATE RELIEF TO THE DRAMATIC SHELTER INCREASES.

AND WHILE A SUBSIDY WILL SURELY EASE THE PATHWAY OUT OF SHELTER, THE QUESTION REMAINS – AND IS AN IMPORTANT ONE FOR THIS COMMITTEE - IS HOW DO WE AVOID THE PROBLEMS OF THE PAST SUBSIDY PROGRAM?

WE HAVE TO MAKE CERTAIN THAT A RENT SUBSIDY THAT WILL SURELY BE TIME LIMITED IS NOT JUST A MEANS OF DELAYING AN INEVITABLE RETURN TO HOMELESSNESS.

AND THAT MEANS THIS COMMITTEE NEEDS TO ASK
HOW THE RENT SUBSIDY IS CONNECTED TO SIGNIFICANT COMMUNITY
SUPPORTS, SO THAT AT THE END OF THE SUBSIDY PERIOD WE CAN
ENSURE THAT THOSE RECEIVING THE SUBSIDY HAVE ACHIEVED A
DEGREE OF ECONOMIC INDEPENDENCE – AND ARE NOT TEETERING
BACK ON THE BRINK.

IN THE END IT MAY MEAN THAT WE NEED TO HAVE A MORE FLEXIBLE SUBSIDY PROGRAM THAT ACCOUNTS FOR THE CHALLENGES PEOPLE FACE

A SUBSIDY THAT IS NOT A ONE-SIZE FITS ALL APPROACH

FINALLY, IN DEVELOPING A SUBSIDY PROGRAM, WE HAVE TO BE CAREFUL THAT WE'RE ALSO NOT CREATING A HOUSING ENVIRONMENT AS WE DID BEFORE

THERE WERE TWO CRITICAL ISSUES WITH THE PRIOR SUBSIDY-

FIRST WE SAW FAMILIES IN SHELTER BEING PUSHED OUT INTO HOUSING THAT OFTEN HAD SERIOUS CODE VIOLATIONS.

WITH THAT SUBSIDY, WE IN ESSENCE CREATED A PUBLIC MARKET FOR UNINHABITABLE HOUSING WHERE THERE WOULD NOT OTHERWISE HAVE BEEN A PRIVATE MARKET.

IT WAS A BOON FOR UNSCRUPULOUS LANDLORDS WHO TOOK ADVANTAGE OF THE CITY'S SUBSIDY,

THOUGH THE CITY UNFORTUNATELY WAS A WILLING PARTY BECAUSE OF THEIR INTEREST IN MOVING PEOPLE OUT OF SHELTERS AT ANY COST

AND SECONDLY, THERE WERE THE SIDE DEALS OF INCREASED RENT FAMILIES WERE FORCED TO ENTER INTO

BECAUSE THE SUBSIDY WAS BELOW MARKET RENTS FAMILIES WERE FORCED TO ENTER INTO AGREEMENTS TO PAY ADDITIONAL RENT, NOT CONTEMPLATED BY THE LEASE AGREEMENT

AND THOSE SIDE-DEALS STRETCHED THE BUDGET LIMITS OF FAMILIES, WHICH ARE ALREADY SO THIN, USUALLY PUTTING THEM ON THE BRINK OF FALLING BACK IN TO SHELTER.

LASTLY, I KNOW THIS COMMITTEE OFTEN HAS FOCUSED ITS ATTENTION ON HEARINGS TO DETERMINE WHETHER THE SHELTER DOOR IS OPEN WIDE ENOUGH

ARE WE MAKING SURE THAT INDIVIDUALS AND FAMILIES IN NEED ARE TRULY BEING SHELTERED AND NOT TURNED AWAY?

THAT'S ALWAYS A SIGNIFICANT AREA OF INQUIRY.

BUT ANOTHER AREA WHERE THIS COMMITTEE CAN HAVE A SUBSTANTIAL IMPACT IS TO FOCUS ON WHAT HAPPENS ONCE FAMILIES AND INDIVIDUALS ARE IN SHELTER

WHAT ARE THE SERVICES BEING OFFERED?
HOW EFFECTIVE ARE THEY?
DO WE KNOW WHY THEY'RE EFFECTIVE?
OR WHY NOT?
WHAT DATA ARE THE SHELTERS COLLECTING?
WHAT OUTCOMES ARE THEY USING TO MEASURE SUCCESS?
IS THERE A CONSISTENCY IN HOW SHELTERS ARE MEASURING AND COLLECTING DATA?

AND WHILE ALL THESE QUESTIONS ARE IMPORTANT I AM, QUITE FRANKLY, SKEPTICAL THAT SERVICES IN SHELTER HAVE MUCH EFFICACY.

OUR OWN EXPERIENCE AND RESEARCH IN THE FIELD MORE THAN SUGGESTS THAT PEOPLE NEED TO BE HOME AS A FIRST STEP

AND THAT'S WHY IT'S IMPORTANT FOR THIS COMMITTEE TO LOOK BEYOND SHELTER AT COMMUNITY-BASED SERVICES AND MONITOR THEIR EFFECTIVENESS IN PROVIDING HOMELESS PREVENTION SERVICES.

OR POSSIBLY EVEN SERVICES TO PEOPLE IN SHELTER.

FIRST, IT'S VERY CRITICAL TO ASSESS AND EVALUATE THE CITY'S HOMEBASE PROGRAMS

UNFORTUNATELY, DESPITE THE RHETORIC
OF THOSE IN THE BLOOMBERG ADMINISTRATION
THESE PROGRAMS WERE NEVER DESIGNED TO PROVIDE ROBUST
COMMUNITY SUPPORT SYSTEMS OF CARE

RATHER, THEY WERE PUT IN COMMUNITIES OF HIGH NEED SIMPLY TO DIVERT FAMILIES AND INDIVIDUALS FROM SHELTER GIVING THEM, AT THE TIME, A SHORT-TERM RENT SUBSIDY

THERE WAS NEVER A COMMITMENT TO PROVIDE THE LONG-TERM SUPPORT NEEDED.
IT WAS SIMPLY CRISIS INTERVENTION
WHICH IS IMPORTANT
BUT CAN'T BE AN END IN ITSELF.

AND THAT'S WHY
EVEN WITH THESE HOMEBASE PROGRAMS
IT'S IMPORTANT FOR THIS COMMITTEE
AS PART OF YOUR HOMELESS SERVICES PORTFOLIO
TO MONITOR THE OTHER AGENCIES THAT TOUCH THE LIVES OF NEW
YORKERS WHO ARE HOMELESS OR AT RISK

I'VE SPENT SOME TIME DISCUSSING THAT ISSUE IN **PROMISES BROKEN** WHICH I'LL REFER FOR YOUR READING PLEASURE

NEEDLESS TO SAY, DESPITE ALL THE CITY AGENCIES AND NONPROFIT ORGANIZATIONS IN COMMUNITIES OF NEED

WE STILL HAVE A TRULY FRAGMENTED SERVICE SYSTEM THAT DOESN'T SHARE DATA OR COMMON METRICS.

CAN THE DHS COMPUTER SYSTEM SHARE DATA WITH DOE'S SYSTEM? WHAT HAPPENS WHEN A FAMILY AT-RISK OR IN A SHELTER CONNECTS TO A CITY HOSPITAL IN ITS EMERGENCY ROOM?

AT THE VERY LEAST, WE MUST MAKE SURE THAT CITY AGENCIES AND NON PROFIT ORGANIZATIONS ARE SHARING DATA AND AND COLLABORATIVELY DEVELOPING COMPREHENSIVE PLANS THAT ARE BASED ON THE UNIQUE NEEDS IN EACH COMMUNITY TO CREAT AN EFFECTIVE SYSTEM OF CARE TO PREVENT HOMELESSNESS.

THERE'S OF COURSE MUCH MORE TO TALK ABOUT
I'VE JUST TOUCHED BRIEFLY UPON SOME OF THE ISSUES
AND AM CERTAINLY AVAILABLE AND INTERESTED IN WORKING WITH
YOU ALL

THERE'S A LOT AT STAKE.
HUGE COLLECTIVE ISSUES FOR NEW YORK CITY
THAT ALSO REQUIRE US TO
DEVELOP IMPORTANT PUBLIC/PRIVATE PARTNERSHIPS
IF WE'RE SERIOUS ABOUT SOLVING THIS PROBLEM

WE SURELY KNOW THE FISCAL COST BUT THE HUMAN COST IS SIMPLY INCALCULABLE.

THANK YOU.



Children's Health Fund

New York City Council
Committee on General Welfare
Oversight – Conditions and Operations in the
Department of Homeless Services Family Shelters
Thursday, February 27th, 2014
Council Chambers
New York City Hall
City Hall Park, New York
New York, NY

The Challenges of Keeping Kids Healthy in the NYC Family Shelter System

Dr. Adrian Khaw M.D., Medical Director, New York Children's Health Project Children's Health Fund

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Good morning, I am Dr. Adrian Khaw, a pediatrician and medical director of Children's Health Fund's New York City based, mobile health care program for homeless families. I welcome and appreciate this opportunity to testify before the New York City Council's Committee on General Welfare on the well-being of children in Department of Homeless Services' family shelters, and to offer our insight and recommendations on planning and program development as the new city administration moves forward.

Our goal for all children is that they grow up able to fulfill their potential. They need a healthy, nurturing environment from the moment of conception; they need a good start by age 4 in a quality pre-Kindergarten program followed by an opportunity to attend a good school and, for children growing up in poverty, they need basic support for nutrition supplementation and the availability of relevant social services.

And for children who spend time in the City's homeless shelter system, the trauma of displacement and disruption adds risk, increases vulnerability and requires special attention from a host of special services.

The Children's Health Fund was founded in 1987 by singer-songwriter Paul Simon and pediatrician/child advocate Dr. Irwin Redlener, to address the health care needs of children living in city shelters. Today, the New York Children's Health Project's fleet of mobile medical and dental units serves nine family shelters in the boroughs of the Bronx, Queens, Brooklyn, and Manhattan.

It is our mission to provide a medical home to children and family members in transition, helping them stabilize their health and mental health, so that they have one less thing to worry about as they seek stable housing. Good pediatric care requires the capacity to diagnose and treat acute and chronic illness, provide preventive services and health education, referral to specialists as needed and 24/7 availability for triage or care. This cluster of services is referred to as a "medical home". It is the model of care needed by every child and is particularly critical for poor and homeless children. Not only is the medical home capable of delivering better and more reliable care to children, there are a number of benefits that have also been demonstrated:

- 1. Care in a medical home is coordinated and accessible, not fragmented as is the case for many poor and underserved children in our city.
- 2. Children with a medical home are less likely than those without one to use an emergency room as a regular source of care;
- 3. Children with a medical home are less likely than those without one to be hospitalized for chronic illnesses such as asthma; and
- 4. If hospitalized, children with a medical home will have a decreased length of stay compared to those lacking a medical home.

Both our community health center and mobile medical program function as a medical home model for the domiciled and homeless patients we serve.

The new city administration is facing an unprecedented challenge as it inherits a rising and record level of family homelessness in NYC. As of November, 2013, 53,270 people slept each night in NYC shelter system, a rise of 41% from the beginning of the previous administration. This includes 12,701 homeless families and 22,625 homeless children. In fact, of all the homeless families in shelter in the United States, 1 in 6 reside in NYC. Nearly twice the number of children stay in homeless shelters every night than was the case when we started our programs in 1987. Here are some of the challenges we face:

- According to a 2007 chart review, 30% of CHF's homeless pediatric patients had at some point in their lives - suffered from asthma or symptoms consistent with asthma.
- 38% of our 10-19 year old patients are overweight or obese.
- Of our pediatric patients with a mental health diagnosis, an overwhelming 43% are diagnosed with an adjustment disorder and nearly 30% with developmental delay/disorders.
- Annually we refer hundreds of our children to subspecialty care for numerous medical conditions, providing support to families to address and overcome possible barriers to getting that care.

Asthma is among the most profound examples of disparities affecting homeless children. CHF's own peer-reviewed research found that only 15% of asthmatic children entering the NYC shelter system were actually taking the medication needed to control their asthma. And 63% of children with an asthma diagnosis entering the New York City shelter system had visited the emergency room at least once in the past year for asthma treatment.

I am deeply concerned about the challenges faced by the family shelters in dealing with homeless children and families who have tremendous needs, complex lives, and major health conditions.

I would like to share with you the story of one of the families we serve. Their home in Queens was destroyed by Super Storm Sandy over a year ago. This mother and her three children have been recently moved to an unfamiliar environment in the Bronx. Two of the children have persistent asthma and when we saw them, had not had their prescriptions refilled since they last saw their primary care provider in Queens. The youngest child, 18 months old, while being cared for by a family friend fell off the bed and fractured both legs. Mom, without medical insurance, had been struggling to find a subspecialist to see her infant. The two older children do not have a safe place to play and are gradually becoming overweight due to a lack of physical activity.

Another family at one of the Bronx shelters we serve had moved to New York from another state in order to flee domestic violence. The family's SNAP and WIC benefits had not yet been transferred, so their food supply had been inadequate. Meanwhile, the children were having trouble adjusting to their new school. Their immunization records were lost in their flight and mom thought the children weren't fully vaccinated. Mice and cockroaches were crawling around the apartment and terrifying the children who were consequently unable to sleep well at night. When they came into our care, lack of sleep and persistent hunger were contributing to underachievement at school.

Having maintained a firm commitment for over a quarter century to improving the health and well-being of homeless children and families, Children's Health Fund strongly supports efforts to respond to the critical shortcomings of the shelter system. We urge consideration of the following recommendations:

First and foremost, the Department of Homeless Services approach to program planning, development and delivery of services should reflect an understanding that the significant challenges facing homeless children and families can best be addressed by providing access to a service-rich environment to enhance stability and help boost the homeless to self-sufficiency.

1. We must ensure that all homeless children have access to the best possible health and mental health services to meet their needs. We recommend that shelters continue to facilitate access to a medical home for all homeless children. A medical home is essential in providing optimal coordination of care to meet the complex health, psychosocial and emotional needs of homeless children. Where appropriate, family shelters should provide on-site access to health services.

- 2. We recommend that child care facilities in family shelters be considered for re-structuring and upgrading to participate in providing high quality, pre-kindergarten education.
- 3. We recommend that shelters provide healthy food choices to curb nutritional deficits and stem increasing rates of overweight/obesity seen in homeless children.
- 4. We must ensure a secure shelter environment that promotes and protects children's health and safety. Every child deserves an environment that is safe, clean and free of garbage, human waste, and vermin.
- 5. We must increase efforts to make community resources available and accessible to homeless families. Shelters should provide increased offerings for afterschool programs and recreational activities—children need to be physically active and their minds engaged for their overall health and wellness.
- 6. We encourage the system to improve wages and working hours for shelter staff in order to increase the quality of service and dignity in the shelter environment.
 Our health care teams report that a significant contributor to homeless families' stress is the negative outlook of shelter staff. Sheltered families are often denied basic needs and rights when case workers, security guards, and other shelter staff experience "burn out" related to low wages, long hours, and lack of training and support. Funding should be directed at improving working conditions for those employed by the shelter system.
- 7. We recommend that the management of city-run family shelters be transferred to qualified non-profit organizations with experience in serving families with complex social service needs. Homeless families juggle an inordinate number of issues: everything from new educational and job search requirements imposed by the system to coping with the effects of domestic violence to engaging in legal battles over child custody to their medical appointments

The real prescription is preventing and ending homelessness, period. We applaud Mayor de Blasio's preliminary New York City budget for FY2015. In addition to increasing resources to add shelter beds for homeless and runaway youth, as well as other services, the preliminary budget "restores \$9.3 million in FY 2014 and \$19.1 million FY 2015 that was cut in the previous administration's November modification plan." Any measure directed at rectifying cuts made by previous administrations as well as new funding streaming to support the state of homeless services for kids in New York City is a step in the right direction

Thank you for the opportunity to share this testimony. As always, we look forward to continuing to work with the City Council, the Mayor's Office, and other City leaders to help protect the safety, meet the needs, and enhance the wellbeing of New York's most vulnerable residents.

TESTIMONY FROM BONNIE STONE OF WIN TO THE NYC COUNCIL GENERAL WELFARE COMMITTEE

February 27, 2014

My name is Bonnie Stone and I am the President/CEO of Win (formerly Women In Need). I would like to thank the NYC Council's Committee on General Welfare for convening this hearing on family homeless shelters. Win has a 31-year history of working with the City to house New York's homeless families.

As you know, every night more than 52,000 homeless men, women, and children reside in city-funded shelters. Children, the most vulnerable of those residents, account for over 40% of homeless individuals – more than 22,000 children city-wide.

The City of New York has been a responsive and prolific provider of transitional shelter housing for families, with the best record in the nation. For that, we are all grateful.

Win has been proud to partner with the City in providing more than 1,000 families – over 3,400 individuals, including more than 2,100 children – with high quality housing and services each night. Win operates over 800 units of transitional shelter housing serving homeless families. Win is also one of the largest providers of permanent supportive housing for families in the city; we offer housing with services to almost 260 special needs families exiting the shelter system, including families headed by single mothers who are in recovery or who have aged out of foster care.

The experience of the past two years has posed more challenges than usual for the City. To meet the challenges, I believe that we need to make adjustments in policy, particularly in two key areas: more individually focused care and services for children in shelter and additional supportive housing for vulnerable families.

1. Care and services for children in shelters

Care and services for children begin with a recognition of the number of infants, elementary schoolage children, and teenagers that are in shelter and then of the unique needs of each age group.

At Win, we have raised considerable amounts of private funding to supplement and enhance our children's services. That has allowed us to reach these vulnerable children, at a critical time in their lives, and provide them with age-appropriate services tailored to their individual educational, developmental, and social needs.

Children 0-5 years: Win staff members identify issues early on and work with families to help them access services.

- Developmental and needs assessments at intake and throughout each child's stay;
- Referrals and follow-up to appropriate medical and social agencies;
- Therapeutic Childcare designed to meet each child's needs;
- Day care placements and monitoring.

Children 6-12 years: Win promotes educational opportunities that help children keep up in school and that also stimulate their imagination.

- Educational recreation tied to what children are studying in school;
- Homework help and targeted tutoring to address any difficulties students are having;
- Extracurricular opportunities to create art, music, essays, and poetry;
- Field trips to explore our City's cultural heritage;
- Camp Win, an extended recreation program for Summer vacation, Winter and Spring breaks, and all school holidays that minimizes the learning loss that occurs when children are not in school.

Children 13-17: Win offers teens programs to help them make positive choices, particularly as they face more adult situations.

- The same age-appropriate opportunities offered our younger students (see above);
- Group programs and mentoring that address issues unique to teens, including:
 - o Health and wellness, healthy eating and lifestyle discussions:
 - o Understanding the impact of domestic violence on families;
 - o Bullying and violence in youth culture and how to avoid it;
 - o Empowering girls to control their relationships, including sexual relationships:
 - o Helping boys understand their relationships with women and girls;
 - o Substance abuse prevention; and
 - o HIV and other sexually transmitted disease prevention.

Increased investment in services for children in shelter is essential to ensuring these programs will continue uninterrupted while additional investment will pave the way for similar programs designed to help break generational cycles of poverty and homelessness.

2. Additional supportive housing for vulnerable families.

For many families, employment is a path out of shelter and Win has had significant success helping these families secure employment and move to independence. For some vulnerable families, supportive housing is the answer to achieving independence and I am calling for an expansion both in supportive housing funding for families and in the types of families targeted for supportive housing.

The recent New York/New York III Supportive Housing Evaluation released by the City and State documented the success of supportive housing for singles and families. Despite the success, the amount of housing for families lags far behind the need. Ninety percent of New York/New York III funding has been for singles, only ten percent has been to assist families. Additional funding is necessary to help more families achieve housing and family stability.

In addition, some families face particular challenges — caring for a special needs child or having a parent with special needs — that can place financial stress on the family and may lead to lengthy and/or repeated shelter stays. These challenges may make it difficult for an adult to maintain employment or may create outsize expenses that overburden a family's budget. These are not families that are currently eligible for supportive housing; however, supportive services and a rental subsidy, like those available with supportive housing, could help them achieve a significant level of independence.

I would like to thank the Council for this opportunity to speak today. If you have any questions, please feel free to contact me via phone (212-695-4758) or e-mail (BStone@winnyc.org).

Testimony of Coalition for the Homeless and The Legal Aid Society

on

Conditions in Shelters for Homeless Families in New York City

Presented before

The New York City Council Committee on General Welfare

Patrick Markee Senior Policy Analyst Gabriela Sandoval Requena Policy Analyst Coalition for the Homeless

Joshua Goldfein Staff Attorney, Homeless Rights Project The Legal Aid Society

February 27, 2014

Coalition for the Homeless and The Legal Aid Society welcome this opportunity to testify before the New York City Council about conditions in shelters for the record-high number of homeless families and children in New York City. As this testimony demonstrates, the prior Administration permitted conditions in family shelters to deteriorate, leaving substantial problems that need to be addressed.

About the Coalition and The Legal Aid Society

Coalition for the Homeless: Coalition for the Homeless, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to the crisis of modern homelessness, which now continues past its third decade. The Coalition also protects the rights of homeless people through litigation around the right to emergency shelter, the right to vote, and life-saving housing and services for homeless people living with mental illness and HIV/AIDS.

The Coalition operates twelve direct-services programs that offer vital services to homeless, atrisk, and low-income New Yorkers, and demonstrate effective, long-term solutions. These programs include supportive housing for families and individuals living with AIDS, job-training for homeless and formerly-homeless women, rental assistance which provides rent subsidies and support services to help working homeless individuals rent private-market apartments, and permanent housing for formerly-homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition's mobile soup kitchen distributes 900 nutritious meals each night to street homeless and hungry New Yorkers. Finally, our Crisis Intervention Department assists more than 1,000 homeless and at-risk households each month with eviction prevention assistance, client advocacy, referrals for shelter and emergency food programs, and assistance with public benefits.

The Coalition also represents homeless men and women as plaintiffs in <u>Callahan v. Carey</u> and <u>Eldredge v. Koch</u>. In 1981 the City and State entered into a consent decree in <u>Callahan</u> in which it was agreed that, "The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter." The <u>Eldredge</u> case extended this legal requirement to homeless single women. The <u>Callahan</u> consent decree and the <u>Eldredge</u> case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed monitor of municipal shelters for homeless adults.

<u>The Legal Aid Society</u>: The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal and juvenile rights matters, while also fighting for legal reform.

The Legal Aid Society has performed this role in City, State and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of 1,100 of the brightest legal minds. These 1,100 Legal Aid Society lawyers work with some 700 social workers, investigators, paralegals and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, the Society

provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

The Society's legal program operates three major practices — Civil, Criminal and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by the Society's Pro Bono program. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. In addition to the annual caseload of 300,000 individual cases and legal matters, the Society's law reform representation for clients benefits some two million low-income families and individuals in New York City and the landmark rulings in many of these cases have a Statewide and national impact.

The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the <u>Callahan</u> and <u>Eldredge</u> cases. The Legal Aid Society is also counsel in the <u>McCain/Boston</u> litigation in which a final judgment requires the provision of lawful shelter to homeless families.

Shelter Conditions for Homeless Families in New York City

The <u>New York Times</u>' landmark five-part investigative series about Dasani and her family, who resided for more than three years in the notorious Auburn Family Residence, brought long-overdue public attention to the deplorable conditions at that facility. As <u>Times</u> reporter Andrea Elliott wrote:

Among the city's 152 family shelters, Auburn became known as a place of last resort, a dreaded destination for the chronically homeless.

City and state inspectors have repeatedly cited the shelter for deplorable conditions, including sexual misconduct by staff members, spoiled food, asbestos exposure, lead paint and vermin. Auburn has no certificate of occupancy, as required by law, and lacks an operational plan that meets state regulations. Most of the shelter's smoke detectors and alarms have been found to be inoperable. ("Invisible Child," New York Times, December 9, 2013)

In November 2013, prior to the publication of the <u>New York Times</u> series, the State's Office of Temporary and Disability Assistance issued a blistering report finding violations at Auburn including (among others) the lack of a functioning fire safety system, terrible air quality and mold conditions, a dangerous lack of security, no child care, and inadequate case management services. Following the issuance of this report, The Legal Aid Society and Shearman & Sterling LLP threatened litigation and the prior Administration entered into negotiations to correct these problems. While DHS did make efforts to address the violations, it became clear that the structural issues at Auburn could not be resolved in a way that would make the building safe and suitable for families with children.

Last week Mayor de Blasio and his administration took the historic step of announcing plans to relocate more than 400 homeless children from the Auburn shelter and another notorious City-

run shelter for homeless families, the Catherine Street shelter, which shares many of the structural issues that made Auburn unsuitable for families with children.

We applaud Mayor de Blasio and his Administration for taking this swift action to protect vulnerable children. The Catherine Street and Auburn facilities, first opened back in 1985, are utterly unsuitable for families with children, and have been cited with hundreds of violations by City and State inspectors in recent years. Coalition for the Homeless, The Legal Aid Society, and many community-based organizations and elected officials have struggled for years to get City officials to address health and safety hazards at those facilities. But prior mayoral administrations have allowed those hazardous conditions to persist.

It is therefore welcome news that the de Blasio administration has broken that cycle of neglect and pledged to relocate children and their families from the Auburn and Catherine Street shelters – and again, we applaud Mayor de Blasio, Deputy Mayor Barrios-Paoli, and NYC Department of Homeless Services Commissioner Taylor for taking this step.

Unfortunately because of years of neglect during the prior Administration, Dasani and her siblings are only some of the record-high 22,500 homeless children who will bed down tonight in the municipal shelter system. Likewise, due to the failures of the prior Administration, there are significant problems with substandard conditions in many buildings that the City utilizes to shelter families, in particular in for-profit shelters.

Background: New York City's Unprecedented Family Homelessness Crisis

The current City Administration has inherited an unprecedented homelessness crisis. There are currently more than 53,000 homeless New Yorkers sleeping in the municipal homeless shelter system each night, including more than 12,600 families and well over 22,500 children. (Please see charts attached to this testimony.) These are the highest numbers since the City began keeping records of the homeless population three decades ago and the highest since the Great Depression of the 1930s.

Homeless families are the fastest growing segment of the homeless population. While the overall homeless shelter population has increased by more than 71 percent since 2002, the number of homeless families has risen by 83 percent. Families now constitute nearly four-fifths (79 percent) of the NYC homeless shelter population, compared to two-thirds in the 1980s.

There are two major causes of the current family homelessness crisis. First, the housing affordability gap in New York City has widened significantly in recent years. This is in part due to the lingering effects of the economic downturn and high unemployment, and in part due to soaring rental housing costs. According to U.S. Census Bureau data, between 2007 and 2011 the median monthly apartment gross rent citywide increased by 8.5 percent while median household income decreased by 6.8 percent.

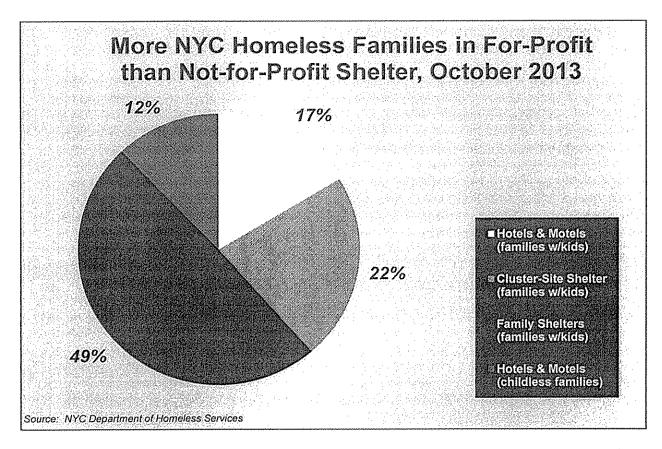
The second major factor responsible for the all-time record NYC homelessness is the previous Administration's series of failed policies. In 2005 the Bloomberg administration eliminated priority use of Federal housing programs (public housing and Section 8 vouchers) for homeless children and families, followed by the replacement of those proven and successful Federal programs with wasteful and ineffective time-limited rent subsidy programs (Housing Stability Plus and Advantage), and ultimately the termination of all housing assistance for homeless families in March 2011.

By doing this, the previous Administration eliminated all housing-based policies that helped stabilized homeless families in permanent housing. This triggered longer shelter stays — average shelter stays for homeless families with children have soared to 419 days (more than 14 months) and for homeless childless families to 506 days (more than 16 months). Failed Bloomberg Administration policies also forced more and more families to make repeated trips through the costly shelter system.

The Expanding Use of For-Profit Shelter for Homeless Families

Instead of embracing proven, cost-effective policies to reduce homelessness, the Bloomberg Administration chose to expand the shelter system by increasing shelter capacity. And the primary mechanism the Administration used was a dramatic expansion of for-profit shelter for homeless families, in particular the misguided "cluster-site" shelter model.

NYC FAMILY SHELTER POPULATION BY SHELTE	R TYPE, OCT	DBER 2013
(Source: NYC Department of Homeless Services)		
Avg.	nightly census	Share of total
The second state of the special parameters and the second	·	
Total families	12,395	100%
Hotels/motels	2,028	16%
Cluster-site shelter	2,751	22%
"Tier II" shelter facilities	6,113	49%
"Adult residences" (includes hotels/motels)	1,502	12%
Total families with children	10,540	100%
Hotels/motels	1,676	16%
Cluster-site shelter	2,751	26%
"Tier II" shelter facilities	6,113	58%



Over the past three years, as the previous Administration eliminated all housing assistance for homeless families, the number of families sleeping each night in so-called" cluster-site" shelter units increased by a remarkable 90 percent – from 1,444 families in October 2010 to 2,751 families in October 2013. As a result of these Bloomberg Administration policies, more than one in four homeless families with children (26 percent) resides in cluster-site units. The use of commercial, for-profit hotels and motels also expanded in the prior Administration – resulting in one in six homeless families with children (16 percent) now residing in commercial hotels/motels.

Due to these policies of the prior Administration, a majority of all homeless families in New York City, 51 percent of the total, currently resides in for-profit shelters (hotels/motels and cluster-sites).

Major Problems with the Cluster-Site Shelter Model

The City's controversial use of apartment buildings as temporary shelter began in the last year of the Giuliani Administration, but was dramatically expanded during Bloomberg's tenure. What was initially called the scatter-site shelter program -- and was renamed the "cluster-site" shelter program after then-DHS Commissioner Linda Gibbs promised this Committee she would end the use of "scatter site" placements -- places homeless families, primarily families with children, into mostly rent-stabilized apartments in residential buildings. The City has paid an exorbitant rate for this model of shelter – more than \$3,000/month or \$37,000/year – which is far more than the rent on these apartments for lease-holding tenants. Thus the program has provided

enormous financial incentives for owners of the apartment buildings to displace these tenants in order to engage in lucrative deals with the City and its intermediary contractors.

Following are some of the most significant problems involved in the Bloomberg cluster-site shelter model:

- 1. It favors costly temporary shelter over cheaper permanent housing: As noted above, the fundamental flaw of the cluster-site model is that it pays exorbitant rates more than \$3,000/month for apartments that would rent for a fraction of that cost. In other words, the annual cost of sheltering a homeless family in New York City is well over three times the annual cost of a federal Section 8 voucher for the same family.
- 2. It removes scarce affordable rental housing from New York City's shrinking stock of affordable units: As noted above, New York City's housing affordability problems have worsened significantly in recent years, one of the major causes of all-time record homelessness. Nonetheless, the previous Administration expanded a program that literally removes low- and modest-rent apartments from the already-diminishing stock of available, affordable rental units. Indeed, currently the City is using nearly 3,000 low- and moderate-rent apartments as temporary shelter instead of using them as permanent, affordable housing.
- 3. It creates perverse yet powerful incentives for building owners to displace lease-holding tenants in favor of lucrative shelter deals with the City: Since the inception of the scatter-site/cluster-site program more than a decade ago, there have been widespread reports of tenant harassment and displacement. The owners of some apartment buildings used by the City as temporary shelter are systematically displacing and forcing out long-term, lease-holding tenants.
- 4. In many cases, it uses apartment buildings with worse conditions than the not-for-profit shelters: There have been widespread reports of shoddy conditions and multiple housing code violations in many cluster-site buildings. As these units were largely unmonitored, many families have been unable to get needed repairs due to non-responsive owners, who were paid by the City rather than by the tenants. The complaints of those tenant-shelter residents were typically ignored by the prior Administration.
- 5. Previous Administration officials promised to end the program and repeatedly broke that promise: At a May 19, 2003, hearing before this Committee, Linda Gibbs, then the City's homeless services commissioner, promised to phase out the scatter-site shelter program within three years. Later that year, in response to the City Comptroller audit, Gibbs again stated that her goal was to phase out the program. Then the City did begin to reduce the number of scatter-site units, from more than 2,000 units in 2003 to only a few hundred in 2005. However, as noted above, that year the Administration also cut off homeless families from access to federal housing programs like public housing, and soon afterward the homeless family shelter population began to rise dramatically and so did the number of scatter-site units. In a remarkably cynical move, in 2009 the previous administration simply re-named the program the "cluster-site" program, making virtually no changes whatsoever to it. And, as noted above, since 2011 the number of families in "cluster-site" units has increased by a remarkable 90 percent.

One cost-effective solution to the ever-increasing size and expense of the family shelter system that are the legacies the prior Administration would be to convert those cluster-site shelter units that are in habitable buildings back to permanent housing, which would save higher taxpayer

expenditures for shelter in favor of lower permanent housing rent subsidies for stable, ongoing permanent housing.

Major Problems with the Use of Commercial Hotels and Motels as Shelter

Like so-called cluster-site buildings, commercial hotels and motels utilized by the City as shelters are privately owned. Currently, as a result of the prior Administration's actions, some 3,500 homeless families – including nearly all childless families in the municipal shelter system – reside in commercial hotels and motels. Many of these buildings also have a long list of housing code violations. The City would not need to use these facilities if the prior Administration had implemented an effective re-housing plan.

Because of these buildings were designed to function as hotels, the units are often very small, and lack proper ventilation and cooking facilities. Households must use their limited resources to purchase prepared meals three times a day or more. This burden creates multiple problems for these families' limited budgets and health. Also, many of these buildings do not have proper infrastructure to accommodate family members living with mobility impairments and other disabilities, and families are stuck in them because the prior Administration had no plan to move them out.

Moving Forward Reinstate Housing-Based Solutions

Following are highlights of the steps that can be taken to reverse the counter-productive Bloomberg Administration policies and implement housing-based policies to reduce record-high family homelessness:

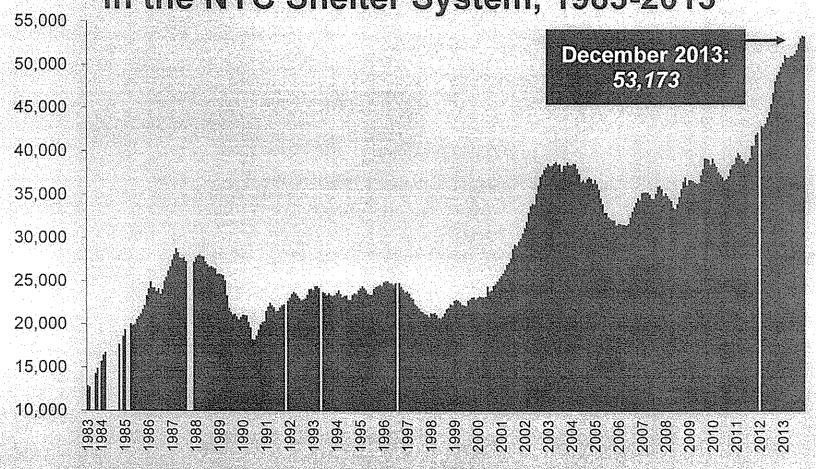
- 1. Utilize existing Federal and City housing resources to move a designated number of homeless families and individuals from the shelter system into permanent housing:
- Resume priority referrals of eligible homeless households to the New York City Housing Authority (NYCHA) public housing waiting list.
- Resume referrals of eligible homeless households to Section 8 voucher waiting lists.
- Reinstate the NYCHA waiting list priority status previously granted to homeless applicants for both the public housing and Section 8 voucher programs.
- Resume priority referrals of homeless families and individuals to a designated number of vacancies in existing housing units assisted by the NYC Department of Housing Preservation and Development.
- 2. Work with the State to create an effective City-State rental assistance program for homeless New Yorkers to supplement existing Federal and City housing resources. The program should:
- Assist at least 5,000 households annually,
- Offer at least five years of rent subsidy per eligible household,
- Be otherwise modeled on the proven Federal Section 8 voucher program (this includes
 provisions that rent subsidies are not linked to welfare benefits, program participants pay
 no more than 30% of their income towards rent, apartments must meet Section 8-style
 housing quality standards, and rent levels are in line with Section 8 "Fair Market Rents"),
- Provide a mechanism to ensure ongoing housing stability for those homeless households with members with disabilities or the barriers to employment, who cannot otherwise afford to retain housing after the five-year subsidy has expired, and
- Be administered by the New York City Housing Authority (NYCHA).

- 3. Ensure that a significant share of new City-subsidized housing is targeted to homeless households and to the lowest income New Yorkers.
- 4. Work to convert so-called "cluster-site" shelter units back to permanent housing, and enforce applicable housing and building codes to ensure the safety of residents.

And in the meantime, while families and children reside in the shelter system, we stand ready to work with the City to address health and safety hazards affecting homeless children and adults, in particular in for-profit shelter facilities.

Thank you for the opportunity to share this testimony. And, as always, we look forward to working with the committee and the City Council in the coming months and years on efforts to reduce New York City's homeless population.

Number of Homeless People Each Night in the NYC Shelter System, 1983-2013



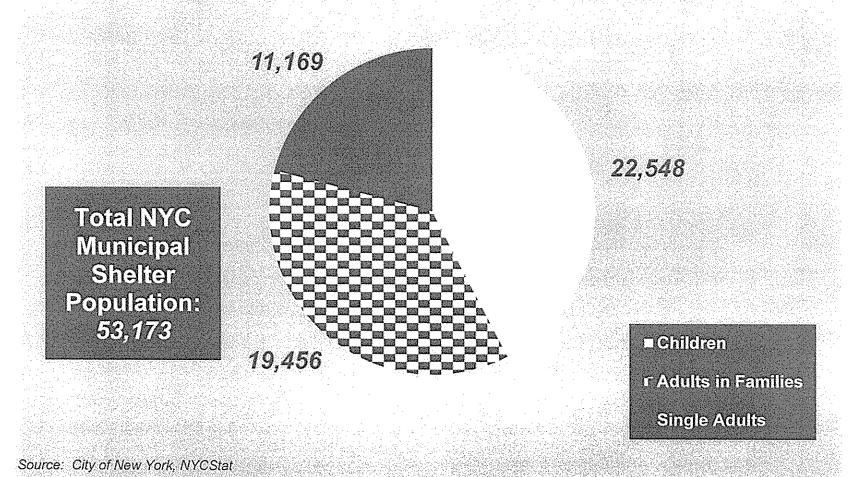
Source: NYC Department of Homeless Services and Human Resources Administration and NYCStat, shelter census reports



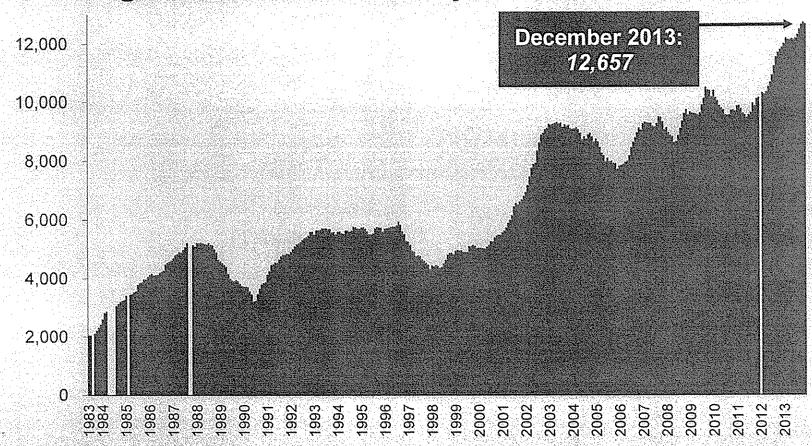
Homelessness in New York City

Updated February 2014 Chart 2

Number of Homeless People Each Night in the NYC Shelter System, December 2013



Number of Homeless Families Each Night in NYC Shelter System, 1983-2013

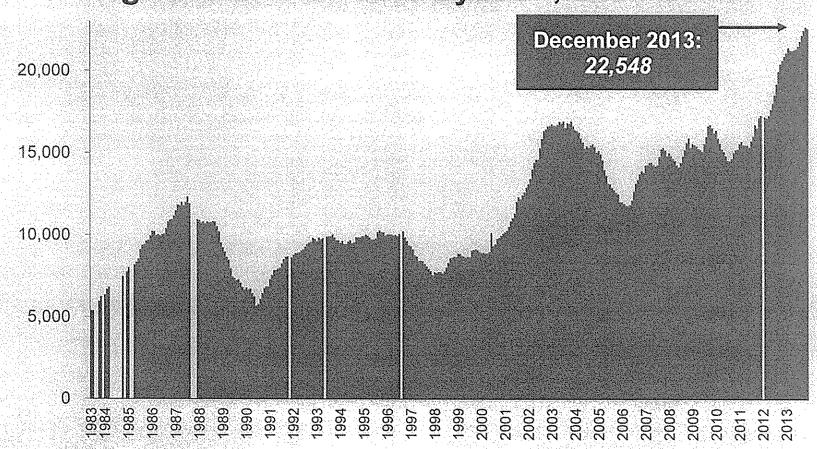


Source: NYC Department of Homeless Services and Human Resources Administration and NYC Stat, shelter census reports

Homelessness in New York City Undated February 2014

Updated February 2014 Chart 4

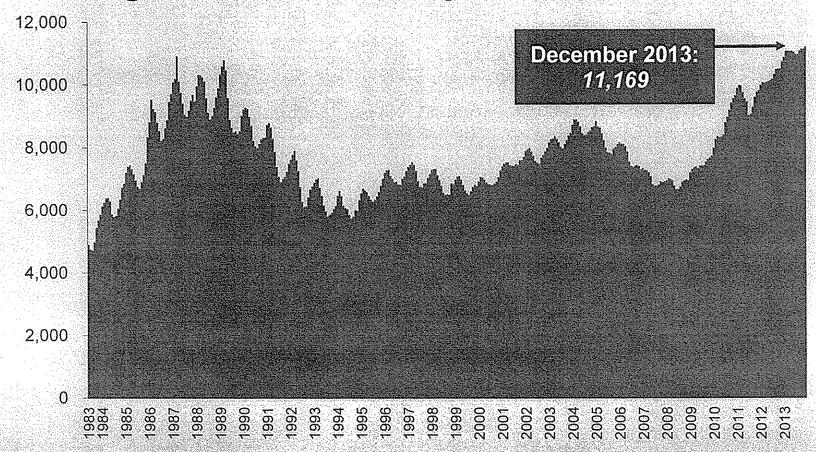
Number of Homeless Children Each Night in NYC Shelter System, 1983-2013



Source: NYC Department of Homeless Services and Human Resources Administration and NYCStat, shelter census reports

Homelessness in New York City Updated February 2014 Chart 5

Number of Homeless Single Adults Each Night in NYC Shelter System, 1983-2013



Source: NYC Department of Homeless Services and Human Resources Administration and NYCStat, shelter census reports

Testimony by Urban Justice Center's Safety Net Project, before the General Welfare Committee on New York City Department of Homeless Services Oversight: Conditions and Operations in Family Shelters February 27th, 2014

My name is Libby Mathewson and I am an advocate at the Urban Justice Center's Safety Net Project. The Urban Justice Center's Safety Net Project (SNP) is New York City's advocate for economic justice, combining direct legal services, affirmative litigation, research, and policymaking to achieve economic justice for all New Yorkers. We strengthen the safety net by ensuring access to public benefits, nutritional assistance programs, eviction prevention services, public housing, and emergency shelter to ensure that no New Yorker is without food, housing, or other basic human rights.

SNP's shelter advocacy program represents homeless families who have been denied shelter by the NYC Department of Homeless Services (DHS). We accompany clients to the intake centers, Prevention Assistance and Temporary Housing (PATH) and the Adult Family Intake Center (AFIC), and assist with all aspects of the application, including issues with their placement.

We appreciate the opportunity to testify before the General Welfare Committee on DHS conditions and operations in family shelters. We are concerned about DHS' routine failure to address unsafe conditions in family shelters, forcing families and young children to live in units plagued by black mold, severe infestation, and lack of heat. We are also concerned about issues of shelter staff creating dangerous and hostile environments for residents, ignoring maintenance reports, and taking liberties with their authority. I will be providing testimony on behalf of three SNP clients who are currently residents in DHS family shelters.

Conditions

Many of SNP's clients live in shelters with harmful and dangerous conditions. These conditions include: lack of heat, mold, infestation, holes, leaks, faulty locks, electrical fires, and other issues. These conditions were highlighted in the recent New York Times series on homelessness. However, the conditions mentioned are not just a problem at the Auburn Family Residence; rather in our view this is a systemic issue that must be dealt with immediately. New York's most vulnerable families are being forced to choose between sleeping on subway trains, church steps, or in units that pose a very real danger to their immediate health and safety.

SNP has worked with clients who have ended up in the hospital due to conditions in their shelter. The dangerous and unfortunately common conditions of family shelters can and do lead to serious

medical conditions. Homeless families should not be subjugated to living in shelters that are unsafe, unsanitary, and dangerous.

Just recently SNP worked with a client that I will refer to as Ms. C. Ms. C is a single mother of three minor children. They resided at the Flatlands Family Shelter in Brooklyn. They were living in a room that had black mold, holes in the floor, and cockroaches and mice running rampant. When she reported these conditions to her case worker and a supervisor, the case worker agreed to take a look, but upon opening the door and seeing the extent of the infestation, the case worker ran out of the room and did not return. Ms. C. again reported these conditions and maintenance personnel were sent to her room. They put a piece of wood over the mold and her room was exterminated. Unfortunately, these minimal efforts did nothing to remedy the conditions in the unit.

After learning of these horrific conditions I spoke with the director of Flatlands Family Shelter in December and he assured me that he would address the repair issues in her room and if possible, try to move her to a different unit. Ms. C reached out to me again in late January and provided photos of the conditions. It was clear that nothing had been resolved.

Eventually, Ms. C was transferred to Bushwick Family Shelter. Sadly, she faces similar conditions in her new shelter.

Another SNP client, Ms. W, is a single mother of two and has lived in the Lydia E. Hoffman Family Residence in the Bronx since December 2012 with her children. Ms. W has been forced to suffer through two winters with no heat. She heats her apartment with her oven to keep her two children warm. This is a major concern for us, especially during one of the bitterest winters New York has experienced.

Another client, Ms. B, lives in the Freedom House shelter at 95th Street. She and her sister were placed there near the end of 2013 and their unit was without heat until February 2014. During the coldest weeks, when the city was barraged with snow and ice, Ms. B and her sister did not have any heat in their room. After I spoke with Ms. B's case worker about my concerns over their lack of heat, the heat was working the next day.

A shelter unit lacking heat poses a large threat to the health and safety of residents. As seen in the case with Ms. B, addressing heat issues is often a simple problem with a quick solution. It is highly important that family shelter units have working heat, especially during such an exceptionally cold winter. It is unacceptable that residents have lived in units for years and never had heat.

This is indicative of conditions in family shelters throughout the city. I have spoken with countless residents who complain repair and conditions issues in their shelter. These conditions threaten the wellbeing of families and children.

Suggestions

The Urban Justice Center's Safety Net Project has compiled a list of suggestions in response to the concerns raised by our clients.

Suggestions:

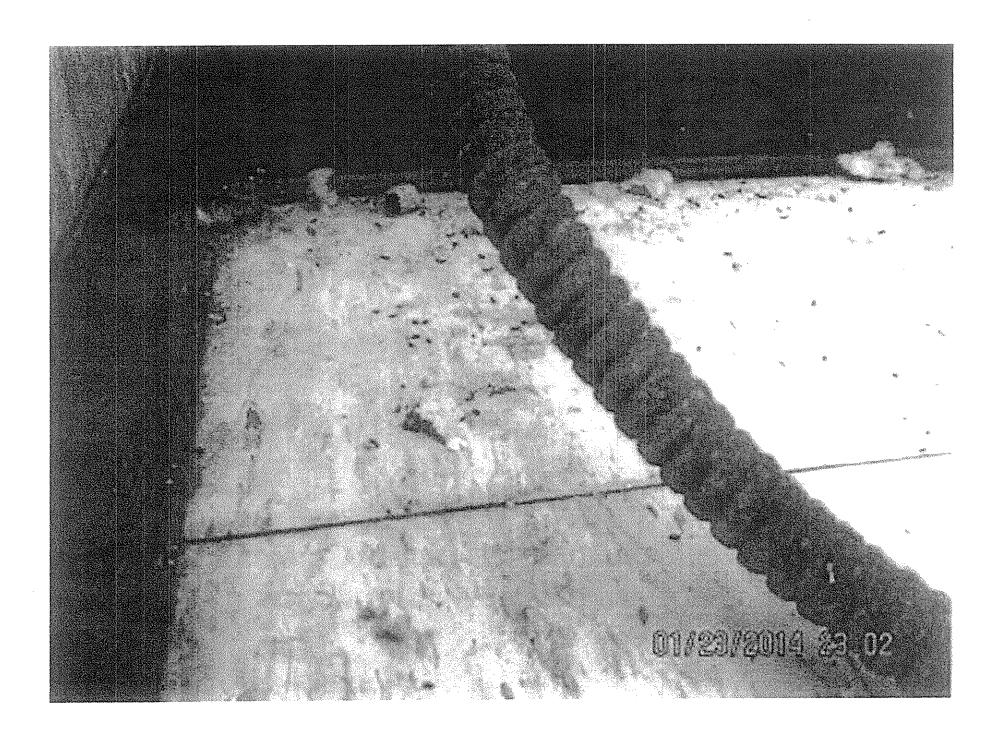
- 1. Do rigid assessments of family shelter units before moving families in.
- 2. Provide information to all residents about the procedure for addressing issues with conditions and repairs in the rooms. Post this information in facility common areas and provide written information to each family.
- Provide copies of reports filed about conditions issues to the shelter facility, DHS, and an
 additional city agency, such as the office of the Public Advocate, to ensure transparency and
 oversight.

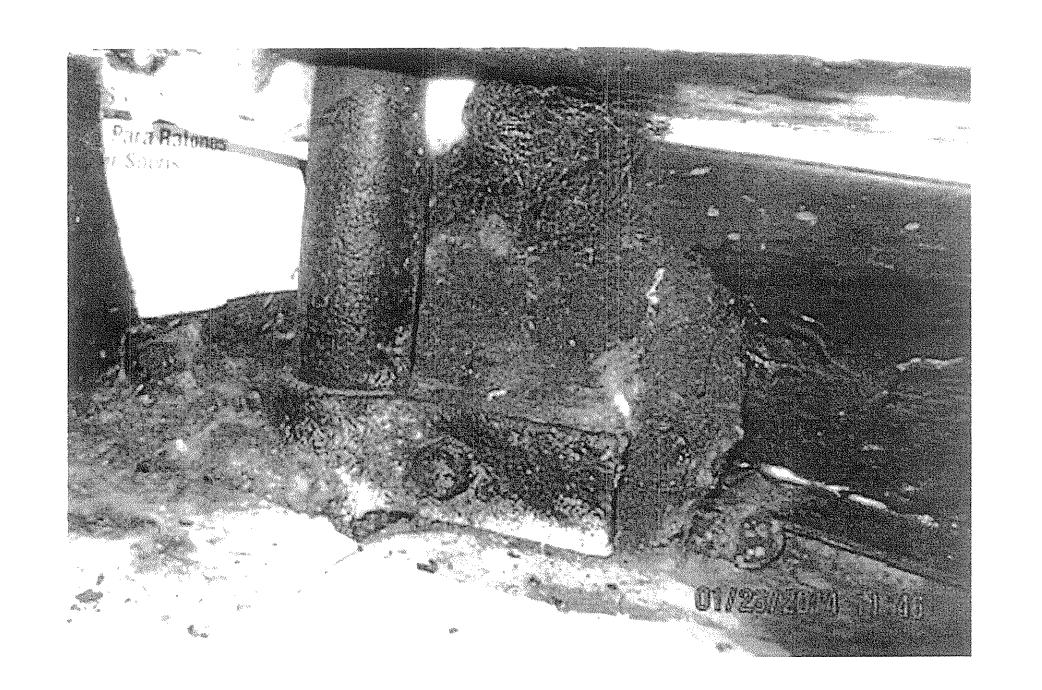
Conclusion

Thank you again for the opportunity to testify before the General Welfare Committee on conditions and operations in DHS Family Shelters. We welcome the opportunity to speak further with the city council and members of DHS about our suggested solutions.

Libby Mathewson
Advocate
Urban Justice Center
123 William Street, 16th Floor
New York, NY 10038







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