



**Restructuring of Services to the Street Homeless Population
Testimony of Homeless Services Commissioner Robert V. Hess
January 14, 2009**

INTRODUCTION

Chairman DeBlasio, members of the Committee, good afternoon. My name is Rob Hess and I am Commissioner of the Department of Homeless Services. I appreciate the opportunity to testify before you today on the City's efforts to develop critical solutions to street homelessness here in New York and our continued commitment to developing resources to best serve the most vulnerable New Yorkers on our streets.

HOPE COUNT

As I sit before you today, the City has seen a 25 percent reduction in the number of homeless individuals living on the streets of New York City. A quarter less individuals are forced to sleep in parks or on sidewalks each night because our solutions are working. Today, I am here to detail to you, the City's strategy that has led to this reduction, consisting of four key focuses: (1) Accurately identifying and measuring the number of street homeless individuals in New York City (2) Reorganizing a more effective street outreach program (3) Redesigning the intake process; and (4) Increasing access to beds citywide. Together, this plan is working to take care of the most vulnerable New Yorkers and actively make a difference in reducing the street population with innovative thinking and a comprehensive approach.

DHS is less than two weeks away from conducting its fifth annual citywide HOPE homeless street count. Last year, Council members Brewer and Garodnick volunteered their time to participate in the Hope count, and we were grateful to have their assistance. I invite and urge all Council members to take part this year as we walk the streets of New York on January 26th to count those living unsheltered throughout the City's five boroughs.

It is important to understand just how vital HOPE is to this agency's understanding of the street population and the success we have seen in reducing it. Before Mayor Bloomberg, there was no formal measurement of the number of homeless individuals living on the streets of New York City. Conflicting estimates provided poor data and we were unable to properly quantify the number of individuals on the street, making it difficult to customize and provide those services they needed most.

Street homelessness is the most visible kind of homelessness in urban life, intolerable to all those who encounter it for both humanitarian and quality of life reasons. Because of the critical nature of this problem, we reformed our approach and resolved to better understand the issue. From the HOPE count's implementation, remarkable data was mined and results achieved. The fourth annual citywide HOPE count in January of last year indicated an estimated 3,306 homeless individuals on the streets of New York City, which is a 12 percent reduction from the previous year and a 25 percent decrease of over 1,000 individuals since 2005. We were able to achieve this significant reduction through the streamlined process resulting from the street outreach reorganization. The intake redesign and increasing beds citywide will only lead to continued reductions in the street population as we move forward.

REORGANIZATION OF STREET OUTREACH

Often times, progress means stopping, listening and learning so that practices may be updated and adopted to better serve those in need. After ongoing conversations with New Yorkers living on the streets, we better understood what services they were most likely to accept. We educated ourselves based on their feedback and through innovative solutions we revised our approach to new levels of success.

DHS reorganized its street outreach program to a single point of accountability in each borough under one provider. We put in place performance based contracts where providers need to make housing placements in order to earn their full budget. Budget funding was allocated in correlation to percentage of street population by borough, and outreach teams reorganized to each provider overseeing a specific geographic area for which they are fully responsible. We streamlined 16 different providers to just four, with one for each borough, combining Queens and Brooklyn. Direct relationships between providers and DHS, along with key interagency partnerships, has allowed for collecting and sharing information to manage programs more effectively than ever before. On a monthly basis, DHS holds 'Street Stat' where providers and other agency partners such as Sanitation, NYPD, and Parks meet. Each month we focus on one provider and the progress they have made, as well as the challenges they have faced and what we can learn. It is a highly effective tool, and we continue to refine our processes from it. All of these aspects combined create a more efficient system that better serves our clients and works to more quickly place them into housing.

Outreach teams work in a number of ways to serve clients on the ground. Their two main responsibilities, however, are "canvass and casework." They canvass their assigned areas and

identify areas where street homeless individuals gather and work with them to move those individuals from the streets to housing. Then there are directly operated DHS scout teams, whose sole purpose is to look for areas of congregation and identify them, so that outreach teams may focus on them and develop relationships with the population to encourage them to accept housing options and move towards life in a home of their own rather than life on the street. Since the reorganization of DHS' street outreach services in fall of 2007, we have placed approximately 3,000 individuals- 1,100 chronic and 1,900 non-chronic- from the street into housing.

The City found a frequent roadblock to placing unsheltered individuals is their rejection of the traditional shelter system and their unwillingness to come in off the street to that system. We needed to develop an acceptable alternative to help them move to sleeping in beds rather than on park benches. Through the creation of Safe Havens, a form of low-threshold housing offering a customized approach with fewer rules, no curfews and no sobriety requirements for entrance, we were able to move clients who had spent an average of seven and a half years on the street into housing. Simply put, for those with difficulty navigating the rules, these Safe Havens are a tailored solution.

There are multiple doorways meeting the needs of non-chronic clients, as well. Each and every street homeless client receives our utmost attention. For those who may not be a candidate for Safe Havens, outreach teams explore the possibility of traditional shelter, faith based beds, drop-in center services and more. Once a client becomes known to our outreach teams, they continue to revisit that client on a regular basis to work to bring them in towards what consistently has been and will always be our ultimate goal--- permanent housing.

FUTURE INTAKE

Originally, decentralization of the shelter system was thought to be a possible new approach to intake; however, interaction with the street population demonstrated certain faults in the plan's roots. The plan primarily was based on the premise that street homeless clients were likely to come into an intake center in the first place or utilize a traditional shelter. Experience has taught us this is not the case.

By re-engineering street outreach, DHS has re-examined the intake process and how clients enter the shelter system. We have taken services curbside, bringing the door of intake to the client, rather than asking the client to find the door.

It is important to understand that many of the street homeless voted with their feet and actually are more likely to accept services through a customized approach like that offered by outreach teams where they are processed directly on the street to a bed than going through an intake process. However, with regard to homeless individuals who do utilize the traditional shelter system, we will be moving intake to the Bedford-Atlantic facility this spring, while in tandem opening a second intake center in Manhattan. This move will allow us to improve the intake process for those who undergo the traditional intake process, while continuing to evolve our system.

We will improve Bedford-Atlantic. Bed-Atlantic will be slimming down the number of beds from 350-230, while at the same time improving services. The ratio of staff to clients will improve, we will see the security to client ratio go up, and programs will be enriched to better serve those at the center. Increased prevention, diversion, family reunion, landlord mediation and financial assistance will all be provided. We are looking at a better, faster, and stronger facility.

Furthermore, I assure you that my team is working to ensure that permanent housing options or alternate shelter options are offered to all those currently sheltered at 30th street before the transition to the new intake centers takes place. It is of the utmost importance to DHS that those in shelter continue to receive important services they need.

INCREASING BED ACCESS

New York City will always work to implement programs that offer vulnerable New Yorkers what they most need at night- beds. In Fiscal Year 2010 we will increase the number of City beds dedicated to clients on the street by 60 percent to over 1,100 through Safe Havens, stabilization beds and faith based facilities. At the same time, the City's formal shelter system has beds available as the foundation of the city's comprehensive approach to addressing the needs of the homeless.

I am pleased to tell you that next year we will be expanding several of our bed systems. Our faith based beds will expand from approximately 285 to 495. Faith based beds are small, privately operated shelter beds, typically run by religious organizations and staffed by volunteers who are members of the congregation. They provide beds to homeless individuals who do not suffer from significant mental illness or substance abuse problems. Faith based beds are linked to clients through drop-in centers, which serve to connect clients to the beds. In an effort to create a larger, more efficient faith based bed and drop-in center network that is streamlined and effective, two new RFP's have been issued for both the faith based bed program and DHS' drop-in center program. It does not make sense for a client to come to a drop-in center in the Bronx to sleep in a faith based facility in Brooklyn. We want to make it work for the client. Therefore, these 495

beds will be restructured to be more efficiently linked to drop-in centers in the immediate vicinity for client convenience.

At the same time, we are looking to increase Safe Haven beds from their current capacity of 298 to approximately 500 by Fiscal Year 2010. Over the past year more than 600 chronically homeless individuals have been served throughout the City at Safe Haven facilities. We are truly putting control back in the hands of the client through this individualized approach, even giving them keys to their private living space, from outreach worker to client as they move from the street to housing.

Stabilization beds will increase from 150 to 180. Stabilization beds are modest housing options that accept clients directly from the street where clients can live safely in individualized space while housing applications are being processed. While Safe Havens provide services on site, at stabilization beds, outreach workers act as caseworkers, as well.

In sum, these total bed increases in multiple categories mean we will go from approximately 700 total beds today to 1,100 total beds in 2010-- a 60 percent increase! Our most vulnerable New Yorkers will find that a bed is the best option for them, and that beds are available to them.

CONCLUSION

In these difficult times, New York City has re-engineered its street solutions and is prepared to successfully meet demand and serve the needs of those New Yorkers who come to us no matter how many individuals that may be. We will continue to provide safe intake into shelter, we will continue our priority goal of permanent housing, and we will continue above all to ensure all efforts encompass decent and humane treatment of homeless individuals. Our mission to reduce

street homelessness is a top priority, and we will work to see a continued reduction of the street population across New York City. Thank you, I would be happy to answer any questions that you may have.

FOR THE RECORD



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New York City Council Hearings,
General Welfare Committee:

Oversight - DHS' Restructuring of Services to the Street Homeless
Population in New York City

January 14, 2009

Testimony respectfully submitted by

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I would like to thank Chairman DeBlasio and the City Council members present here today for this opportunity to testify on this important issue.

My name is Christy Parque and I am the Executive Director of Homeless Services United (HSU). HSU is a coalition of 60 non-profit agencies serving homeless and at-risk adults and families in New York City. HSU provides advocacy, information, and training to member agencies to expand their capacity to deliver high-quality services. HSU advocates for expansion of affordable housing and prevention services and for immediate access to safe, decent, emergency and transitional housing, outreach and drop-in services for homeless New Yorkers.

Homeless Service United's member agencies operate hundreds of programs including shelters, drop-in centers, food pantries, and outreach services. Each day HSU member programs work with thousands of homeless families and individuals preventing shelter entry whenever possible through counseling, legal services and public benefits assistance among many other supports. Our member agencies provide high quality and compassionate emergency shelter to over 16,000 homeless New Yorkers nightly. Homeless service providers toil at the cross section of many society's problems. Our clients confront high housing costs, difficulty finding work, mental and physical illness, substance abuse, and domestic violence and are particularly vulnerable during financially hard times such as these.

CREATIVE SOLUTIONS TO A COMPLEX PROBLEM

Solving New York City's homeless problem is complex and the solutions required need to be as diverse as the population it aims to serve. Homeless service providers toil at the cross section of many society's problems. Our clients suffer from mental and physical illness, substance abuse, domestic violence, racism, sexism, ageism, homophobia, and are the first one's impacted during financially hard times or recession. My members may run population specific shelters for young mothers and babies or single men with mental illness but in the end, each client is an individual with a unique set of problems requiring a unique solution.

ACCESS

We advocate for and support the concept of creating accessible, safe and easily navigate-able entry into the shelter system. HSU believes that the sooner a homeless individual or family enters the system and the immediate crisis can be addressed, the sooner services and support can be provided to help assist them onto the road to returning to the community and becoming stably housed.

HSU and Drop-In Center and Outreach member agencies are fully committed to the idea of a well-coordinated system of homeless services programs that is based on collaboration and maximization of services and resources. This includes a centrally located intake center and further building on existing linkages between Drop-In Centers, Outreach, faith/respite beds, Safe Havens, and shelters makes sound fiscal and social policy sense. To this end, concepts such as co-locating outreach and drop-in center service providers may make sense depending on the borough and the availability of sufficient space within a given drop-in center to provide programming and services to its existing clients.

Homeless Services United advocates for strategies to address areas for improvement to the current Drop-In system instead of re-making it. These include supporting and enhancing the vital civic services provided by faith providers by providing trained staff and resources to the faith/respite bed shelters to increase overnight bed capacity. This would serve the dual purpose of eliminating people sleeping in chairs overnight in Drop-In Centers and alleviate safety concerns of Faith/Respite bed providers for volunteer staff and other clients.

Of concern to providers in the new Drop-In RFP is the elimination of population specific Drop-In Centers such as women or seniors focused. These specialized centers have been a beacon for homeless clients who might not otherwise seek assistance and their elimination creates another barrier to access to these clients.

OVERNIGHT CAPACITY IN A DAY-ONLY DROP-IN CENTER SERVICE MODEL

According to the DHS Daily Report from January 12, 2009, 1,048 clients were served by the Drop-In centers in the DHS system. Of that 1,048 clients, there was a combined overnight Drop-In Center (501) and faith bed (345) census of 846 clients. The Drop-In Center and Respite Bed RFPs calls for an availability of 495 respite overnight beds, leaving at least 300-400 homeless without accommodations each night and leaving them to seek shelter on the street. This could have detrimental effect on DHS's efforts to reduce the street homeless population. It is unclear where the additional clients currently served by day only Drop-In Centers will be housed overnight.

Additionally there will be a significant impact on the how citywide outreach and emergency service providers, like the police and fire department, will serve clients after Drop-In Centers close in the evening?

HSU is concerned Faith/ Respite bed capacity may decline because current faith bed providers may opt out of this new system because of volunteer and staff safety concerns regarding appropriateness of placements due the absence of or abbreviated health, mental health and substance abuse screening before referring clients to overnight beds.

SUGGESTIONS

- Maintain a continuum of services for the street homeless. Preserve the current system of easily accessibility entry with a centrally located intake for those who are willing to enter the shelter system and maintain the other entry points like barrier free drop-in centers that have served to welcome and assist the homeless successfully in the past.
- Create clear and effective client guidelines for both eligibility for services and the appeal process for clients found ineligible.
- Ensure a fair distribution of housing placement and resources are allocated across the system. Currently housing and resources are targeted towards the chronically homeless who are the clients of Outreach. Permanent and transitional housing vacancies will need to also be allocated to Drop-In Center clients allowing Drop-In Centers and Outreach the ability to achieve their respective performance measures and averting competition for clients and resources between them.
- Create a transparent and regular evaluation process by a panel of stakeholders that includes providers, government partners and industry experts to measure program effectiveness on any new program or service delivery changes.
- Protect and expand the Department of Homeless Services budget in FY10 to ensure full expansion of programs that prevent homelessness and protect those New Yorkers that are unable to avoid it.

CONCLUSION

We recognize that New York is confronting tough economic times. It is precisely in times like these that we must carry on New York City's legacy of setting the standard for smart, effective and compassionate homeless policy that cares for all its citizens.

Thank you for your time and commitment to addressing the needs and concerns of homeless and at-risk New Yorkers and those who serve them. Homeless Services United looks forward to working with you to realize solutions that will allow our members' vital programs to continue to provide our neediest New Yorkers with services that support and motivate them to thrive in the future.

~~FOR THE RECORD~~

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TESTIMONY of Reverend Herbert Miller to the New York City Council, General Welfare Committee

Bill DiBlasio, Chairman

Hearing on "Restructuring of Services to the Street Homeless Population"
January 14, 2009.

Thank you for the opportunity to speak to you regarding proposed changes in the emergency shelter programs operated by New York City's Department of Homeless Services. I and many members of my congregation are very concerned about the effect of a proposed restructuring of the City's homeless services programs on clients of the faith-based Emergency Shelter Network.

In 2005, the Park Slope United Methodist Church, where I am the pastor, became involved in the Emergency Shelter Network, run by the Partnership for the Homeless, which enlists volunteers from the city's congregations to participate in a small but critical way in the city's social safety net. Until early October, members of our church were responsible each Tuesday evening for providing 10-12 homeless men with a hot meal, and for staying overnight with them in a temporary shelter. The temporary shelter operated out of the basement of the Hanson Place United Methodist Church in Fort Greene; members of the Hanson Place congregation volunteered on Monday nights, and a team of volunteers from our congregation was there every Tuesday.

Our guests on Tuesday nights were relatively high-functioning individuals, often employed full- or part-time, who were turning to emergency services as a result of difficulty or delay in finding affordable, permanent housing. We provided them with several things that helped them in their journey back to self-sufficiency – a warm, safe place to stay, healthy food, and informal human contact. The temporary shelter did not offer professional services – the clients were in case management at the drop-in center from which they had been referred. Our job was simply to welcome them and share a meal with them. For various reasons, they did not want to go into the City's shelter system, and the volunteer-run Emergency Network provided an alternative.

In early October, the Hanson Place shelter (along with 20 other faith-based shelters throughout the city) was discontinued by the Department of Homeless Services. As a result, options for the homeless have been reduced at a time of mounting need. Last winter, **The Gathering Place on Atlantic Avenue – the drop-in center from which clients were referred to Hanson and other faith-based shelters in Brooklyn – had 50 "faith beds," as they are called, to which they could refer their clients each night.**

"A Personal, Social Justice and Earth Ministry - We are a Reconciling Congregation celebrating the gifts of all people regardless of sexual orientation or gender identity"

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There are now just 30 such beds available, and as a result more people are staying overnight at the drop-in centers, sleeping on chairs, or on the street. It did not need to be this way – members of our congregation and others would willingly have continued to volunteer their time and to provide food.

The Gathering Place, once one of several drop-in centers in Brooklyn, is now the only one in the borough. At this time, it remains open 24 hours, but starting in the new fiscal year it is slated to close at 8:30 p.m. If this closure goes forward, along with the elimination of faith beds, it will be a huge loss for people who rely on drop-in centers and the emergency network to avoid living on the streets while they set their lives back in order after family disturbances, job losses or evictions. As volunteers who shared meals and fellowship with these people, we are concerned about them. We are also confused that the City might choose to forego the opportunity to work with congregations that offer their own space and thousands of hours of volunteer time to provide shelter beds.

We are aware that the Department of Homeless Services maintains that there will not be fewer places for people to stay after the restructuring. A recent paper by the Coalition for the Homeless (see http://www.coalitionforthehomeless.org/plans_to_reduce_shelter.html) suggests this is not the case. Under the city's proposed reorganization

- a) with the drop-in centers closed at night there will be fewer places for people to stay
- b) people will have to be "on the streets" for several months before being deemed eligible for respite beds.

We fear that the Administration's current proposal will have devastating consequences for the street homeless population. We also fear that it will lead to higher costs for the City, as those denied services through the faith-based shelter network end up sleeping on the streets and subways. This is of particular concern at a time when a growing number of people are likely to find themselves temporarily homeless due to the downturn in the economy. There are alternatives to the city's proposal that would answer the needs of this population while keeping costs low by drawing upon dedicated and motivated volunteers from congregations throughout the city. We urge DHS to meet as soon as possible with clergy and advocates to discuss strategies for moving forward cooperatively.

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January 14, 2008

I would like to thank the City Council Committee on General Welfare, Council Members Bill de Blasio and Gale Brewer for providing me with the opportunity to speak to you today. I am here today to represent the Congregation B'nai Jeshurun/Church of St. Paul and St. Andrew Homeless Shelter on the Upper West Side of Manhattan. Together through a true interfaith effort we operate a women's shelter all year round, providing beds, a meal and community support for 10 homeless adults, 5 nights a week. We have served the City of New York with the provision of overnight shelter beds and food to homeless individuals through the Emergency Shelter Network for the past twenty-two years. I will address a few of our primary concerns regarding proposed changes to the Emergency Shelter Network, in the RFPs for the Respite Bed Program and City Drop-In Centers, which we believe put the continued participation of many congregations in jeopardy. Our concerns include the potential exclusion of current shelter providers with new requirements for nights open, number of beds and weeks in operation – which will result in less people served, and shelters closing, at a time when more are vulnerable because of economic pressures. In addition, DHS' exclusive focus on street homeless, the need for direct transportation of guests, and the need for adequate screening of guests are paramount. The concerns I voice echo those of other shelter providers in the network around the city.

Our shelter is entirely volunteer run and staffed. It takes a cadre of 150 volunteers to keep our shelter running smoothly. We have two volunteers who set up the shelter nightly, two volunteers who sleep over at the shelter nightly, five offsite nightly coordinators who manage a monthly schedule for each night of the week, a supply coordinator, two volunteer program co-chairs and scores of food donors who provide meals each night of the week, plus a person to manage this schedule.

BJ and SPSA in partnership are fortunate enough to have the resources and space to stay open year round 5 nights a week; however, many small congregations in this city have more limitations. For the sake of 'efficiency' DHS has called for guidelines which mandate that a shelter provider be open at minimum 5 nights a week, with 10 beds a night year round. However, it has been the flexibility of the shelter network up until now, that has allowed so many faith-based organizations to open their doors to the homeless. Many congregations simply do not have the ability to meet these guidelines, and by excluding them, the city will lose out, and will ultimately have less not more beds available each night.

My understanding is that the volunteer Emergency Shelter Network accomplishes all of this work at less than half the cost per person of providing the same services in the general city shelter system. In addition, we ensure services are available for a vulnerable population that will not access the general shelter system. And we do it with warmth and added support absent from a large city shelter, and which contributes to the ability of our homeless to get back on their feet.

When guests come to our shelter they form a community with one another, and we encourage this atmosphere of personal and collective responsibility. In addition, guests feel a sense of dignity that might be absent in less intimate settings and which contributes to the self worth necessary for many people to

turn the corner to a brighter future.

The benefits of volunteer participation on a citywide level in addressing an acute social problem, such as homelessness should not be underestimated. Through the volunteer participation of the faith community the city maintains individual and community awareness of homelessness, helps your constituents better understand public policy to address problems first hand, and creates a bridge between our neediest citizens and those more fortunate.

These new DHS plans focus singularly on "street homeless individuals", which we believe is short sighted. Currently, most of our guests do not meet the city's criteria for a street homeless individual to receive services under the new plan. The city's criteria are that an individual have lived on the street for 9 months out of the last two years. DHS proposes shifting the focus to exclusively street homeless individuals but has not proposed an adequate alternative for our current guests, many of whom may have been on the street in the past, but are currently on a path towards independence. We worry that our current guests will not find adequate services elsewhere and maybe even end up on the street unnecessarily.

Our guests are generally homeless and in transition but not street homeless, some work, all participate in drop in center programs (where they receive a TB test, a psychosocial examination, showers and clean clothing when necessary), and are assigned a caseworker. This is the minimum that must be provided by a drop in center in order for them to send a homeless guest to a volunteer run shelter located in a multi-use community space. This is not stipulated in the new DHS plans.

The new DHS plans leave open the question of transportation for our guests. However, we believe that funding and mandating the direct transport of guests to safe warm beds in synagogues and churches from the drop in centers is essential for the safety and security of both homeless individuals and the volunteers who serve them. Direct transport prevents individuals from obtaining drugs, alcohol, or other illicit substances (or objects) that could endanger themselves, other overnight residents, and volunteers staffing the shelter. While we open up our spiritual homes to homeless individuals willingly, we also have a responsibility to our congregation. We use our facilities for a variety of programs and activities that serve youth, elderly and the community at large. Serving a street homeless population that is not adequately screened would threaten our ability to use our space simultaneously for our shelter and these other activities and to ensure the comfort and safety of our congregants. In addition, if we increase the threshold to volunteering by requiring advanced training and more time we will surely lose volunteers.

We offer these concerns out of a genuine desire to contribute to the formulation of the best possible program to serve the diverse needs of a vulnerable population. We have proudly served homeless individuals for many years through the tireless efforts of innumerable volunteers and congregation staff members. They have devoted themselves to responding to the needs of the homeless out of a belief that our faith traditions require that we place ourselves in service to those lacking shelter. Our religious traditions attest to the inherent dignity of the individual and the requirement that we honor, respect and protect that dignity. It is from the Jewish story of exodus that we learn to regard ourselves as though we had personally been liberated from slavery and that we must not rest until we have fulfilled our sacred obligation to ensure that the human dignity of all individuals, without discrimination, is protected. We, therefore, want to work with DHS to provide the best outcome for all of those whose dignity is most at risk – those who lack safe, decent, affordable housing.

City Council Hearing

Testimony

January 14, 2009

In 1991 a group of Volunteers from several religious organization in the Riverdale section of the Bronx formed the Northwest Bronx Support Committee for the Homeless. We wanted to help homeless individuals in New York City. We set two goals for ourselves:

- ❖ Open and emergency overnight shelter to provide food and beds;
- ❖ Find homeless individuals and provide them with food and clothing and referrals to get help.

We requested space to operate and after several meetings received approval in 1993 from the executive director of the Kingsbridge Heights Community Center (KHCC). We began serving six homeless guests two nights a week. After several years we were able to expand and serve ten guests three nights a week. Ten years later, we were able to expand to a fourth night at a different location, the Riverdale Yonkers Society for Ethical Culture (RYSEC). The space is smaller at RYSEC so we were only able to serve six guests. We have been serving our six guests at RYSEC since then while continuing serving the ten guests at KHCC. We have volunteers from two synagogues as well as RYSEC. The volunteers are rotated so that any one individual is not required to volunteers so often. In addition to the beds, we provide a full meal.

We believe that we provide a good service to our guests because we treat them like equals and they tell us that they enjoy coming to us. Because we are a small operation, we are able to provide a level of service that is unique and individual. When I have spoken to them about the possibility of us closing they tell me that they would rather sleep on the street than go somewhere else.

I would be very sad if we were not able to continue our operation. We would lose a large contingent of volunteers and our guests would possibly end up on the street.

Respectfully submitted

John Benfatti

Co-President

Emergency Overnight Shelter Coordinator

Riverdale Yonkers Society for Ethical Culture

City Council Presentation

My name is Joe Murphy and I am from the St. Andrew Avellino Roman Catholic Church in Flushing, Queens.

We have provided a Homeless Shelter for 10 men and this would have been our 26th year of providing a warm safe, haven with hot meals five nights a week for four months a year from the beginning of December to the end of March. I have been involved in this program for over 22 years, and have served as it Moderator for the last eight years.

I think it was a big mistake for the City to ignore the benefits of this faith based program for our homeless and to discontinue the program so abruptly without any input from the religious groups who have supported this effort for so many years.

Our program at St. Andrew's is supported by volunteers from our church who believe it is our religious responsibility to reach out to those less fortunate than ourselves. They believe it is important to offer these individuals a compassionate alternative to the warehousing of human beings in a potentially unsafe

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environment. This leads me to my first concern. The well being of the men who normally use our shelter facility. These men were well on the road to self determination. Usually, six or seven of them would become regulars with us. A number of these men had jobs, but could not afford to pay the rents being asked. They were ready to move into SRO's, usually at the Y and were on waiting lists. These men felt secure with us and would often leave their possessions with us during the day. When asked about where they would stay, if not at the faith based shelter, they said they would spend the night in chairs at the centers. When asked about alternatives, they indicated they would not go to the armories where they did not feel safe for themselves or their possessions. My question is where will these people go if not to the armories? to the streets, riding subways, etc.?

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Earlier, I mentioned that our program at St. Andrew's is supported by volunteers from our church. I would like to stress that we are all volunteers and no one is paid for their services.

This leads me to my second concern. There are approximately 200 volunteers in this program. Every year in October I speak at our four masses to recruit volunteers, current and new. After each service we hold a registration for the four activities that make our program successful.

The four activities are:

- Preparing a hot meal every night for ten men
- Welcome Committee to greet our guests (7:30 – 10PM)
- Overnight Team to provide support (10PM – 6AM)
- Food Shoppers

Usually, the meal preparation activity is completely filled on Day of registration by families who will prepare their favorite hot meal, one or more times during the shelter program. The same is true of the Food Shoppers.

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The 7:30 – 10PM shift is normally 80 to 85% filled on the day of registration. The 10PM – 6AM shift is the most difficult shift to fill. Usually only about 40% of the nights are filled by the end of registration. I spend the next several weeks calling people to fill in the open spots. Every year we experience a loss of volunteers through deaths, relocations, and age. (The average age of our volunteer population is early to mid sixties.)

I have found that consistency is important in maintain our volunteer base. This interruption in our Homeless Program gives me concern as to recruiting volunteers when this program is reinstated at St. Andrew Avellino. Many volunteers will have moved onto other activities and some will have lost interest. We might find it difficult to maintain the five nights a week that we have been doing for the last 25 years.

This leads me to my next concern. Since we are all volunteers, and an aging population, the safety of our people is of upmost importance. By working with the Partnership for the Homeless we have always felt secure in knowing the men we were

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Welcoming as guests had been adequately screened to insure they were not high on drugs or alcohol. Furthermore, these men were transported directly to our shelter from the screening center. This gave us the confidence to know that our guests would behave properly in the comfort of our shelter. I do not believe that the program as outlined by Department of Homeless Services would meet our security needs. Without this guarantee of safety for our volunteers, we would no longer participate in this program.

I also wonder, under this new proposal, who will provide us with the other things necessary for our shelter, beds, clean linens, and toiletries? These are items that the Partnership provided us.

Finally, I would like to make it clear that we at St. Andrew Avellino wish to continue our participation in the Homeless Shelter Program. However, we can only do so as long as the new program provides the same level of comfort and security as the existing program did.

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January 14, 2008

I would like to thank the City Council Committee on General Welfare, Council Members Bill de Blasio and Gale Brewer for providing me with the opportunity to speak to you today. I am here today to represent the Congregation B'nai Jeshurun/Church of St. Paul and St. Andrew Homeless Shelter on the Upper West Side of Manhattan. Together through a true interfaith effort we operate a women's shelter all year round, providing beds, a meal and community support for 10 homeless adults, 5 nights a week. We have served the City of New York with the provision of overnight shelter beds and food to homeless individuals through the Emergency Shelter Network for the past twenty-two years. I will address a few of our primary concerns regarding proposed changes to the Emergency Shelter Network, in the RFPs for the Respite Bed Program and City Drop-In Centers, which we believe put the continued participation of many congregations in jeopardy. Our concerns include the potential exclusion of current shelter providers with new requirements for nights open, number of beds and weeks in operation – which will result in less people served, and shelters closing, at a time when more are vulnerable because of economic pressures. In addition, DHS' exclusive focus on street homeless, the need for direct transportation of guests, and the need for adequate screening of guests are paramount. The concerns I voice echo those of other shelter providers in the network around the city.

Our shelter is entirely volunteer run and staffed. It takes a cadre of 150 volunteers to keep our shelter running smoothly. We have two volunteers who set up the shelter nightly, two volunteers who sleep over at the shelter nightly, five offsite nightly coordinators who manage a monthly schedule for each night of the week, a supply coordinator, two volunteer program co-chairs and scores of food donors who provide meals each night of the week, plus a person to manage this schedule.

BJ and SPSA in partnership are fortunate enough to have the resources and space to stay open year round 5 nights a week, however, many small congregations in this city have more limitations. For the sake of 'efficiency' DHS has called for guidelines which mandate that a shelter provider be open at minimum 5 nights a week, with 10 beds a night year round. However, it has been the flexibility of the shelter network up until now, that has allowed so many faith-based organizations to open their doors to the homeless. Many congregations simply do not have the ability to meet these guidelines, and by excluding them, the city will lose out, and will ultimately have less not more beds available each night.

My understanding is that the volunteer Emergency Shelter Network accomplishes all of this work at less than half the cost per person of providing the same services in the general city shelter system. In addition, we ensure services are available for a vulnerable population that will not access the general shelter system. And we do it with warmth and added support absent from a large city shelter, and which contributes to the ability of our homeless to get back on their feet.

When guests come to our shelter they form a community with one another, and we encourage this atmosphere of personal and collective responsibility. In addition, guests feel a sense of dignity that might be absent in less intimate settings and which contributes to the self worth necessary for many people to

turn the corner to a brighter future.

The benefits of volunteer participation on a citywide level in addressing an acute social problem, such as homelessness should not be underestimated. Through the volunteer participation of the faith community the city maintains individual and community awareness of homelessness, helps your constituents better understand public policy to address problems first hand, and creates a bridge between our neediest citizens and those more fortunate.

These new DHS plans focus singularly on "street homeless individuals", which we believe is short sighted. Currently, most of our guests do not meet the city's criteria for a street homeless individual to receive services under the new plan. The city's criteria are that an individual have lived on the street for 9 months out of the last two years. DHS proposes shifting the focus to exclusively street homeless individuals but has not proposed an adequate alternative for our current guests, many of whom may have been on the street in the past, but are currently on a path towards independence. We worry that our current guests will not find adequate services elsewhere and maybe even end up on the street unnecessarily.

Our guests are generally homeless and in transition but not street homeless, some work, all participate in drop in center programs (where they receive a TB test, a psychosocial examination, showers and clean clothing when necessary), and are assigned a caseworker. This is the minimum that must be provided by a drop in center in order for them to send a homeless guest to a volunteer run shelter located in a multi-use community space. This is not stipulated in the new DHS plans.

The new DHS plans leave open the question of transportation for our guests. However, we believe that funding and mandating the direct transport of guests to safe warm beds in synagogues and churches from the drop in centers is essential for the safety and security of both homeless individuals and the volunteers who serve them. Direct transport prevents individuals from obtaining drugs, alcohol, or other illicit substances (or objects) that could endanger themselves, other overnight residents, and volunteers staffing the shelter. While we open up our spiritual homes to homeless individuals willingly, we also have a responsibility to our congregation. We use our facilities for a variety of programs and activities that serve youth, elderly and the community at large. Serving a street homeless population that is not adequately screened would threaten our ability to use our space simultaneously for our shelter and these other activities and to ensure the comfort and safety of our congregants. In addition, if we increase the threshold to volunteering by requiring advanced training and more time we will surely lose volunteers.

We offer these concerns out of a genuine desire to contribute to the formulation of the best possible program to serve the diverse needs of a vulnerable population. We have proudly served homeless individuals for many years through the tireless efforts of innumerable volunteers and congregation staff members. They have devoted themselves to responding to the needs of the homeless out of a belief that our faith traditions require that we place ourselves in service to those lacking shelter. Our religious traditions attest to the inherent dignity of the individual and the requirement that we honor, respect and protect that dignity. It is from the Jewish story of exodus that we learn to regard ourselves as though we had personally been liberated from slavery and that we must not rest until we have fulfilled our sacred obligation to ensure that the human dignity of all individuals, without discrimination, is protected. We, therefore, want to work with DHS to provide the best outcome for all of those whose dignity is most at risk – those who lack safe, decent, affordable housing.

Testimony by the Partnership for the Homeless submitted to the
New York City Council Hearing on the Restructuring of Services
for Street Homeless People Convened by the Council Committee
on the General Welfare
January 14, 2009

Good Afternoon ladies and gentlemen, members of the New York City Council. The Partnership for the Homeless would like to extend our sincere appreciation to you, this committee, and particularly your Chairman, Councilmember Bill de Blasio, for bringing public attention to the plight of our street homeless people and what the city's Department of Homeless Services plans to do about it.

We at the Partnership have significant objections to the city plans to restructure services for street homeless people as contained in the Respite Bed and Drop-in Center Request For Proposals recently issued by DHS. Based on more than a quarter century of experience assisting homeless men and women, these proposals represent yet another attempt by the City to manage the crisis of homelessness, and not to solve it. As a result the Partnership has made the historic decision not to apply for either of the RFPs.

Our concerns center on both the process by which DHS generated these proposals and the service models they have chosen. Rather than honoring the expertise developed by the faith community and the Partnership over a 26-year period, DHS chose not to engage in a constructive dialogue with the community.

As an example, DHS held only one meeting with service providers and representatives of the faith community. At this meeting, held in June 2008, DHS managers informed the attendees of DHS' intended direction. The staff of DHS stated that the agency would issue Concept Papers in the fall and the RFPs in the winter. It turned out that, instead of a document of broad principles and programmatic framework, the Concept Papers read like the Executive Summary of what we knew would later become the RFP. No real input was sought from the religious community or advocates for the homeless; no real discussions were convened to assess whether their selected service model would truly address root causes of homelessness in our City.

It is our belief that, by implementing the program as outlined in the RFPs, the City will experience an overall reduction in the number of beds; particularly those that come with the same level of compassion, assistance and support as those found within the current faith-based shelter network.

Already we have seen the number of shelters dwindle from 109 shelters just a few years ago, to 56 shelters today. Twenty four of these were closed by DHS as recently as last September. If the shelter criteria in the current RFP prevail, we will have to close another 31 shelters leaving only 25 faith-based shelters in the system. Not only will this result in turning down the free services of thousands of volunteers, and rejecting thousands of square feet in free space, and the loss of years' worth of experience providing emergency shelter, but all of this is also being done without any sign of appreciation by DHS for the tireless efforts of caring; efforts that represent a true spirit of concern for our homeless neighbors. And please don't be fooled by DHS. Any new shelters that have recently opened were done so only at our insistence, not through the benevolence of DHS as they report to the press. The RFPs we speak of today are the fruits of sheer government arrogance.

Throughout this process, the Partnership and others offered to assist DHS. We agreed with DHS that some shelters should be replaced by other shelters located closer to the Drop-in Centers. This would have maintained our capacity to serve a growing need. We also agreed to help DHS reorganize transportation to the shelters. Through our efforts, bus routes became more efficient and fuel costs were reduced. In this same vein, we had some very concrete ideas about how to reduce cost in the provision of linen, laundry services, equipment, and supplies. DHS, however, opted to close shelters and prevent the opening of others as its main strategy to cutting cost, rather than truly identify operating efficiencies within the system.

The Council should also know that the current budget of the Emergency Shelter Network is \$1.7 million. This is the program that will be replaced by DHS' Respite Bed program, which has been allotted a \$2.1 million budget. We contend that a \$400,000 budget increase is not enough to subcontract the provision of linen, laundry services, equipment, supplies, and the transportation of these items to and from the shelters on a weekly basis without shutting shelters or keeping many from opening.

In addition to these concerns about process, there are significant issues with the service model; issues that will have considerable impact on the guests, the volunteers and the institutions housing the shelters. The structure of the Drop-In Center program creates concern about potential lapses in the screening process resulting from guests traveling via mass transit. The current screening ensures guests are free of contagious diseases, are self managed, and are generally appropriate to be placed under the care and supervision of lay volunteers. Too much can go wrong between departure from the Drop-in Center to arrival at a shelter that can place volunteers at risk, not to mention the scattered guests arrivals that can lead to guests be stranded in the streets of an unfamiliar community.

Moreover, we are particularly concerned that the RFP eliminates Drop-in Centers for special populations. If our experience has taught us anything, it is that those subpopulations that feel particularly vulnerable, like the elderly and in some cases women, will not access services from organizations with which they do not feel a sense of safety or whose services are perceived to be unaligned to their special needs. Simply

stated, older adults who are homeless have not gone to a "general population" Drop-In Center, and they won't do so now just because DHS says they will. More likely, these individuals, many of whom are among our frailest of neighbors, will return to the street and take their chances.

This proposal also makes no provision for those individuals who are currently sleeping on chairs in Drop-In Centers over night. We know that the City's eight Drop-in Centers see an average of 1000 men and women walk through their doors every day. Of these, some 600 stay over night sleeping in chairs. Another average of 260 is sent to faith beds. What will happen to the 600 homeless who sleep in chairs once the Drop-in Centers close for the night in accordance with the RFP requirements? Will these individuals be added to the roughly 240 men and women who do not stay at the Drop-in Centers but that somehow disappear into the night? For this population, the municipal shelters are much too chaotic and dangerous to be an alternative. DHS says the agency will find homes or shelter for everyone. Experience, to this point, tells us otherwise.

Finally, and most importantly, these models do not address the issues that push men, women and children into homelessness. They focus on linens, not housing; on bus routes, not jobs and education; on logistics, and not poverty.

Ladies and gentlemen of the Council: That we at the Partnership have decided not to apply to any of DHS' RFPs is not to say we have given up on solving the causes of homelessness. We have come to believe that we can best contribute to solving homeless through a robust advocacy program that will truly address fundamental issues of poverty. We believe that the resources exist in the City and country to end homelessness by 2020. What's lacking, however, is the political will. This is why this hearing is so important. We hope that it marks the beginning of a budget process that will make the elimination of homelessness a priority in our City.

Thank you

GENERAL WELFARE COMMITTEE OF THE CITY COUNCIL OF NEW YORK

PUBLIC HEARING

Wednesday, January 14, 2009 1:00pm

TESTIMONY

Good Afternoon.

My name is Terry Grace. I live at 530 E 76th Street, Manhattan. I am not a professional with an agency. I am the Housing Advocacy Coordinator on the Mission Committee of St. James' Episcopal Church at 71st St. and Madison Avenue. I am the Chair of the Affordable Housing Committee of the Social Concerns Commission of the Episcopal Diocese of New York. I am a Member of the Steering Committee of East Side Congregations for Housing Justice, and the recent Emergency Shelter Network Action Committee. I am an overnight shelter volunteer.

People are homeless because they are poor. Why? Illness, job loss, chronic addictions, disability, eviction, etc. I think we can all agree that whether in Calcutta or New York City, if you live in the street begging for money and food, you have hit rock bottom. You are the poorest of the poor in the world. It has been documented that if you are not already mentally ill when you begin living in the street, within a week or so you will become mentally ill from trauma, exposure and hardship. But human beings in a society with billion dollar stadiums, multimillion dollar penthouses, and yes, multi billion dollar scandals, can do better for its poorest citizens.

People in trouble come to our church doors every day. We welcome them and in talking try to find out what kind of help they need. Then refer them to services that are more professional than we are at solving their unique problems. And make no mistake about it, each person's problems are as unique as the inherent dignity of every human being. They cannot be funneled into a chute like sheep for a one-size fits-all treatment program.

In the early '80's, funding for housing plummeted and there were more homeless in our area. The East Side congregations began food programs, then shelters in our own and community buildings. Some of you are familiar with our 25 year history. To coordinate these programs and avoid duplication, we

founded the Neighborhood Coalition for Shelter, which founded the Neighborhood Center for Homeless People as our Drop-In Center on 77th Street. NCHP screened the homeless guests who came to our shelters so the guests, our volunteers, and other users of our buildings would be safe for the night.

For many years Madison Avenue Presbyterian Church, a founding member of NCS, has operated a shelter for men in their basement; St. James' joined them in 2005. Together we have about 120 volunteer hosts enabling the 12-bed shelter to expand from 3 to 5 days a week. In 2006 with great commitment and expense, the space was specially re-designed for shelter purposes with an additional "advanced" 12-bed shelter next door.

Tragically, in June 2008, just as we were going to expand to 7 nights a week, DHS cut off its funding to our Drop-In Center. We had to shut down both shelters on very short notice, throwing our guests back out in the street, while we evaluated our future shelter operation. We had to interview the new drop-in center (Grand Central) 40 blocks away to see if their screening procedures would meet our safety needs, arrange timely transportation from the new center to our shelter, and reassure our volunteers that they would still be safe serving the new homeless guests. It was a very tense time for everyone. We lost volunteers as we intensified our training to account for emergencies we never worried about before when NCHP was nearby. Fortunately we reopened in 4 weeks.

What is more important however is that many of our guests never went down to Grand Central, or never showed up at their new assigned shelters. They were terrified of the change. They know each other and have a community. During the day they stayed near the old center on 77th Street and slept in Central Park at night, together. Now many of them get services from the homeless program at Jan Hus Presbyterian Church on E. 74th Street. Jan Hus is holding on by their fingernails with a 100% increase in people they help.

There is something very wrong with this picture!!!! More homeless on the street, not less?????

Now there are more homeless, or near homeless people, than every before because of our economy. We know. They come to us every day for our meal programs. They have no recourse, but are terrified

of the big unknown impersonal shelter system. Some are elderly and too frail to cope with these changes. Some are veterans home from our current wars.

It will be 8 degrees outside tonight. Many homeless people will come into Drop In Centers to sleep on chairs so they won't freeze to death! (I wish they were beach chairs, only \$10 at Duane Reade!)

Next year, under the new DHS plan, with shortened Drop-In Center hours, there will be no chairs.

Next year, there will be fewer respite faith beds for those who did not survive the street 9 months to qualify for attention from DHS.

Next year, faith shelters may not be able to operate because DHS has new unsafe requirements for those going to respite beds. *The volunteer faith community cannot serve the volatile chronic homeless people of our city.* We CAN and want to serve those who would be chronic if they have to go 9 months in the street to qualify. Nine months in the street is inhumane!!!!!! New York pets do better! We want to prevent more homelessness by helping those who need help now – so they can get their lives back together and enough money to pay rent in subsidized housing. The new system will ignore these people as *not homeless enough*.

All we need is (1) thorough screening, which will take more than the currently allotted one hour; (2) TB tests; (3) secure van transportation TO the shelter (public transit from the shelter is OK; (4) linen service for the beds; (5) minimal utility and food assistance for faith organizations that need it. We can do the rest FOR FREE. We are called to do this.

I was an Economics major in college. If you believe, as I do, that all budgets – personal and municipal – are moral documents, demonstrating where our priorities are, can our great city not find enough funding to create MORE BEDS for all our homeless and poor people, not just the ones who last 9 months on the street to qualify. A shelter or home will lead them to a real home and the dignity they deserve as children of God.

Thank you listening.

My name is Jim Melchiorre and I am one of the two chairs of the shelter operated in partnership by Congregation B'nai Jeshurun and the Church of St. Paul and St. Andrew UMC on the Upper West Side of Manhattan.

Our shelter began more than 20 years ago. We are open 52 weeks a year, five nights a week, for 10 guests, women who are temporarily without permanent housing.

Our guests over the past year or two have included a woman who had spent her college years as a philosophy major at American University, a woman who came to New York City to write a book and found the cost of housing to be overwhelming, and a woman who spent time in our shelter each evening preparing resumes and arranging her clothing for job interviews the next day.

Some of our guests have jobs, several of them have found permanent housing after a period of time with us, and have returned to visit us so that we could rejoice with them.

Our rabbis and pastors consider our shelter guests part of our congregations, our community. They join us for holiday parties at the home of our clergy, they helped us on Election Day with our hospitality effort that provided coffee and snacks to four-thousand voters. Some of our guests join us for our weekly exercise classes in Pilates and yoga.

I don't think anybody would characterize our guests as chronic street homeless. And, in fact, our volunteers who range in age from seven to at least 81, could NOT safely and effectively provide services to "chronic homeless" just off the streets without screening and without case workers assisting them in their return to traditional social customs and arrangements.

As people of faith, we know the call of God requires us to serve all people on the margins. But one size, one system does NOT fit all.

Our synagogue and church bed network is not the ONLY solution to the scourge of homelessness. But we are clearly part of the solution, already up and running, with volunteer staffing, for folks in a specific situation.

Our guests are our neighbors, our friends, indeed our brothers and sisters. In a time of recession, as the city rightly seek to expand its reach to include all who are without homes, I urge you not to overlook or abandon our guests, who are already receiving some measure of comfort.

James Melchiorre
Co-Chair of the Shelter
Congregation B'nai Jeshurun/Church of St. Paul and St. Andrew UMC



**neighborhood
coalition for shelter**
helping new yorkers find their way home

Testimony of ANNE R. TEICHER, CEO

NEIGHBORHOOD COALITION FOR SHELTER

Good afternoon, my name is Anne Teicher. I am CEO of Neighborhood Coalition for Shelter. We have been providing housing and services to homeless men and women for the past 27 years. Until last June, we had operated a drop-in center on the Upper East Side serving over 900 people annually when the City withdrew funding and forced its closing. Based on the impact of this closing, we believe the City's plan to close more centers in Manhattan will have devastating effects. Drastically reducing capacity and limiting hours, particularly for special populations, our most vulnerable, will result in even greater suffering for homeless people and the communities in which they live. Many of the people who would otherwise use drop-in centers are most likely to remain on the streets because of their difficulty in tolerating shelters, or even low-demand housing such as Safe Havens.

The religious community on the Upper East Side offered a network of food programs and limited services for homeless people, including volunteer-run overnight shelters for the clients of our drop-in center. Realizing that they did not have the staff, space, resources or expertise to help a population with many and complex needs, (including mental health and substance abuse problems,)

the religious organizations relied on NCS's drop-in center to serve these individuals. As a result of its closing:

- Within a week, the number of people seeking services at the Homeless Outreach Program at Jan Hus Church, three blocks away, tripled, from 15 a day to 60, and 77 new individuals within three days.**
- Within eight weeks, the Lenox Hill Neighborhood House Homeless Outreach Team, which serves our community and successfully housed 20 chronically homeless people in its first year, found an increase of 14 new people on the streets.**
- During our one week survey of neighborhood lunch and dinner programs sponsored by churches and synagogues in September, NCS found that 57% of almost 700 attending were homeless, and 67% of them had previously relied on NCS for services. Of those, 63% had been homeless for more than six months, and 50% for more than a year.**

NCS held several focus groups with the area's religious organizations to determine how we could work together to continue to meet the needs of homeless people in our community. We learned that:

- The number of homeless people at the daily food programs and sleeping on church steps had increased dramatically. One program doubled.**
- Only one church in the community has showers that they make available once a week to homeless people, which is not enough to meet the demand.**
- The religious community needs help coordinating their services and filling the gaps created by the loss of the NCS center.**

Our entire community is being affected by the closing of our drop-in center. Neighbors are noting the increasing numbers of people now sleeping in their doorways, parks and streets. Without a neighborhood-based center that is easily accessible, homeless people do not get the help they need. As other centers start to scale down and close, this situation will only worsen.

Reducing these services at a time of growing unemployment and homelessness is poor public policy. The city should retract their RFP and reconsider their plan to re-invent drop-in centers and faith-based beds.

2 of the record

Testimony before the General Welfare Committee Oversight Hearing Committee in opposition to the proposed DHS regulations

January 14, 2009

Thank you, Mr. Chairman.

My name is Barbara Deinhardt. I am appearing here as the past president of the Brooklyn Heights Synagogue and the current coordinator of the homeless shelter there. Our synagogue has operated a shelter for 26 years. For 26 years, we have welcomed ten guests into our synagogue four nights a week—Monday through Thursday—during the coldest months, November through March, and sometimes into April. For 26 years, we have provided a warm, safe place to sleep, a hot dinner and a hot breakfast, and, perhaps just as importantly, welcome, companionship and respect. Our guests have been known to say that the Brooklyn Heights Synagogue has the best "church beds."

Our entire community is committed to this effort. Families, children, teens as contribute as volunteers, each doing what they can. Children in the preschool bake cookies, high school students help organize the laundry, some local school children cook meals, others have made small holiday gifts for our guests. We have over 250 volunteers a year. And it is not just members of Brooklyn Heights Synagogue. We have a wide reach into Brownstone Brooklyn. Kane Street Synagogue, Park Slope Presbyterian Church, Congregation Beth Elohim, Hannah Senesh Community Day School, Packer Day School, and Plymouth Church have all been formally involved. Members of other churches, synagogues and schools have also volunteered.

But our volunteers are not professionals and just as we are committed to providing a warm, safe place to sleep along with a home-cooked evening meal and breakfast to our homeless guests, we are equally committed to the health, safety and well-being of our volunteers and our facilities. We need to be able to assure them that our guests have been screened for emotional or physical problems or addictions that could require special training that we are not equipped to handle. We need to be able to assure them to the extent possible that the guests will not arrive at our shelter under the influence of drugs or alcohol.

As committed as we are to this effort, we will not be able to stay open if the City does not provide transportation directly from the drop in center to our synagogue. We cannot afford to provide such direct transportation ourselves and we cannot accept guests who do not come directly from the drop in center. We will not accept guests who come to us on the subway, for instance.

I also don't believe that we could continue to operate if we were required to be open five nights a week. We cannot open our synagogue to a shelter on either Friday or Saturday night for religious reasons and I am concerned that we would have trouble finding a sufficient number of volunteers to stay over on Sunday nights.

So the simple fact is, if the proposed regulations are implemented, our shelter will close down. It is hard for me to understand the reasoning of those who propose or support the regulations. My information is that it is cheaper for the City to support the faith-based shelters than to house the same number of homeless in City shelters. I am sure that if the new regs are put into effect, a number of shelters such as ours would close. I know

many have already closed because they were only open a few nights a week. I was shocked and saddened at a meeting last night of the Faith-Based Emergency Shelter Network to hear one shelter after another report that they had been operating for many years but now have been closed down by the City. I do not see any reason to believe that faith-based institutions that heretofore have not operated a shelter would choose now to do so. So the number of beds will certainly go down significantly and in a perilous time when the number of homeless will certainly go up. To me, it makes no sense.

As Jewish text teaches us, we are not required to complete the task, but neither are we free to desist from it. We at the Brooklyn Heights Synagogue cannot eliminate homelessness in this city, but we must do something and providing temporary overnight shelter to 10 women through the winter months is what we can do.

We can: host, greet, respect, feed and shelter overnight guests.

We cannot: screen, diagnose, intervene, counsel or transport overnight guests.

I sincerely hope that we will be permitted to continue to do what we are able to do.

Thank you.

Barbara Deinhardt
718-855-2990



THE CITY OF NEW YORK
OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN

SCOTT M. STRINGER
BOROUGH PRESIDENT

**Manhattan Borough President Scott M. Stringer
Testimony before the New York City Council
General Welfare Committee**

January 14, 2009

Thank you Councilmember DeBlasio and members of the General Welfare committee for convening this important hearing. As everyone knows, 2009 will be a very difficult year for New York City's economy. Last week, the Independent Budget Office forecasted a loss of 243,000 New York City jobs and an expectation that tax revenues will fall by \$2.8 billion in fiscal year 2009. In addition, the State Labor Department recently announced that unemployment payments to roughly 50,000 New Yorkers will end this week. Clearly the economic pain will be widespread among all populations and government agencies.

It has become a common refrain among people that discuss our city's economic downturn that New York must be vigilant in maintaining crucial city services that ensure the safety of our citizens and the general quality of life. Police, Fire and Sanitation services are frequently connected to these types of statements; however homelessness services are often left out. While it is true that efficiencies can and should be found within the Department of Homeless Services to reflect economic realities, it is crucial we strike a balance to maintain essential homeless services that directly impact the safety and quality of life of all New Yorkers.

New York City's municipal shelter system has recently experienced its highest recorded levels of patronage since records were first kept in 1982, and the emergence of newly homeless populations will be a serious possibility in the near-term. With all of the aforementioned factors in mind, I'd like to briefly outline some concerns that I have with the restructuring of services to the street homeless population in New York City.

First, the December 12, 2008 request for proposals to operate drop-in centers outlines a shift in policy that would decrease drop-in center hours from what has been a 24/7 system to one that operates from 7:30 a.m. to 8:30 p.m., eliminating evening drop-in hours. On the eve of the city's annual Homeless Outreach Population Estimate (HOPE), it is impossible not to acknowledge the counter-intuitive nature of a policy change that limits nighttime access to drop-in centers.

Previous HOPE methodologies have alluded that street homelessness is best enumerated during evening hours, thus, the estimate takes place in the late-evening. Therefore, it is very difficult to understand why on the one hand the Department of Homeless Services accepts nighttime hours as the best time to measure street homelessness, while on the other hand it proposes to cut over 4,000 drop-in center hours annually – all during this critical time of day.

The Department of Homeless Services should urgently explore all reasonable avenues to keep drop-in centers open during evening hours before formally adopting a policy change that may compromise the safety of our citizens and put a strain on the general quality of life in New York City.

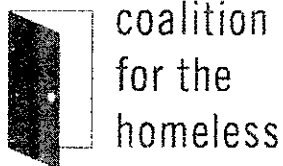
Second, it has been suggested by some faith-based service providers of respite beds that the changes outlined in the December 12, 2008 request for proposals to operate the respite bed program will be prohibitively difficult to implement solely with a volunteer staff. In addition, similar volunteer staffing concerns have been raised by some who believe the replacement of general health, mental health and substance abuse screening with a more general rapid assessment process prior to placement at respite bed sites may discourage volunteerism.

At a time when resources are tight, I am concerned that individuals or organizations that wish to serve their community for altruistic reasons may not have the limited opportunities to contribute as a result of the policy changes proposed in the two aforementioned RFP's. This represents a potential loss of services for our homeless population and a decrease in the city's capacity to provide shelter to those in need.

Third, the City must rethink the proposal of the Economic Development Corporation to build a luxury hotel and conference center on the site of the Bellevue shelter for homeless men. New York City's largest street homeless populations are in midtown Manhattan, and men comprise roughly 80% of this group. It makes little sense to move the single point of entry to the men's shelter system – one that serves thousands of men annually – from its accessible location in Manhattan at 30th Street and 1st Avenue to the Bedford-Atlantic Armory, nearly nine miles away.

New York City is on the brink of what may likely be a record breaking strain on the capacity of our homeless services. In an effort to implement the Ten Year Plan to End Homelessness it is crucial to work towards conscientious measures that reduce street homeless, not those that are likely to increase it. I share the desire articulated by the Department of Homeless Services in the drop-in center and respite bed RFP's to enhance services and better serve clients. However, decisions made now will have long-term impacts on the safety and general quality of life of all New Yorkers, especially if we witness a surge in newly homeless populations. Let's use this opportunity to find solutions where DHS, service providers, advocates, and elected officials can work together to truly enhance services offered to homeless individuals, without overburdening cash-strapped volunteer organizations or disrupting neighborhoods.

Thank you for the opportunity to testify on this important matter.



BRIEFING PAPER

The Bloomberg Administration Moves Forward to Reduce Emergency Shelter for Street Homeless New Yorkers

By Patrick Markee and Lindsey Davis, Coalition for the Homeless

December 15, 2008

After announcing a proposal this autumn to reduce emergency shelter and other vital services for street homeless individuals, the Bloomberg administration is moving forward with implementing its misguided policy. The final plan¹, released on December 12th, calls for fewer overnight shelter placements for street homeless people and fewer places where homeless New Yorkers can access emergency shelter and other services.

This misguided plan comes on the heels of the Bloomberg administration's earlier proposal to relocate the sole intake center for homeless men from Manhattan – where the majority of street homelessness is concentrated – to the Crown Heights neighborhood of Brooklyn.² Taken together, the two plans represent a dramatic shift in the City of New York's approach to street homelessness, and will sharply reduce access to emergency shelter and vital services for street homeless individuals.

Following are the highlights of the Bloomberg administration's misguided new plan to reduce emergency shelter for street homeless people:

Bloomberg Administration Plan to Reduce Shelter for Street Homeless Current vs. Planned Changes

	FY 2008 Average	Max. Capacity Bloomberg Plan (June 2009)	Change
Drop-in Centers (overnight)	644	0	
Faith-Based Beds	285	495	
"Safe Haven" Beds*	298	500	
"Stabilization" Beds*	150	150	
Total (all street homeless)	1,377	1,145	-16.8%
Total (homeless less than 9 mos.)	929	495	-46.7%

*Restricted to people homeless on streets for 9 months or more

Source: NYC Department of Homeless Services

- **A sharp reduction in overnight shelter placements for street homeless New Yorkers.** During the past fiscal year an average of 1,377 street homeless individuals were provided with overnight shelter in an array of different programs, including drop-in centers and faith-based shelters. Under the Bloomberg administration plan, the number of street homeless people provided with overnight placements will be reduced by 16.8 percent to a maximum of 1,145 people. In addition, the number of overnight placements available to homeless New Yorkers who've been on the streets for fewer than nine months will be reduced by 46.7 percent, from 929 people sheltered last year to a maximum of 495 people sheltered under the Bloomberg administration plan.

- **A reduction in the number drop-in centers serving street homeless New Yorkers.** Until this past summer there were 11 drop-in centers in New York City where street homeless people could access shelter 24 hours per day. But in June Mayor Bloomberg eliminated funding for two drop-in centers, leaving nine drop-in centers citywide still operating 24 hours per day. However, under the Bloomberg administration's new plan there will be only seven drop-in centers citywide. In Manhattan, where the majority of street homelessness is concentrated, the Bloomberg administration's plan reduces the number of drop-in centers from seven centers (before June) to a proposed three centers.
- **Eliminating overnight shelter and services at drop-in centers.** Currently drop-in centers operate seven days per week, 24 hours each day, reflecting the reality that many street homeless people seek help at all hours of the day and night. Indeed, street homeless individuals frequently seek shelter late at night when outdoor temperatures begin to fall sharply. The Bloomberg administration plan eliminates overnight hours and services at all drop-in centers, which will close at 8:30 pm. Under the new plan, at night there will be only one place in all five boroughs that street homeless men will be able to access shelter – the municipal shelter system's intake center, which the Bloomberg administration wants to move from midtown Manhattan to Crown Heights, Brooklyn.
- **Creating new bureaucratic barriers to entry for homeless individuals seeking help.** Currently homeless individuals can walk in to drop-in centers to seek help with few bureaucratic hurdles. Thus, drop-in centers provide vital "entry points" for shelter and other vital services. The Bloomberg administration plan abandons this successful approach and would impose a new requirement that clients must have a referral from outreach teams or other service providers in order to access services, or undergo a new "screening process." These new barriers would make it harder for homeless individuals get help. In particular, homeless individuals living with mental illness or physical disabilities will find it difficult to navigate these barriers and will be less likely to access vital services.

It is a fundamental and proven principle of assisting street homeless people that shelter and services must be easily accessible and have few barriers to entry. Most important, on cold winter nights, when securing shelter is literally a matter of life and death, emergency shelter must be located near to street homeless people.

In order to truly reduce the numbers of homeless individuals on our streets, Mayor Bloomberg and his administration should immediately halt plans to reduce and restrict shelter and services for street homeless New Yorkers and should halt plans to move the homeless men's intake center out of Manhattan.

*For more information, please visit
www.coalitionforthehomeless.org.*

¹ New York City Department of Homeless Services, Requests for Proposals to operate drop-in centers and respite beds for homeless adults (December 12, 2008), available at <http://www.nyc.gov/html/dhs/html/home/home.shtml>. Under the requests for proposals, bids are due to the City in January 2009, and contracts will be issued in the spring of 2009.

² The Bloomberg administration's plan to move the homeless men's intake center – currently located next to Bellevue Hospital in midtown Manhattan – to the Bedford-Atlantic Armory in Brooklyn, was first acknowledged by City officials in April 2008. Please see the Coalition's June 2008 briefing paper, "The Bloomberg Administration's Misguided Plan to Move the Homeless Men's Intake Center Out of Manhattan," available at www.coalitionforthehomeless.org.

BRIEFING PAPER

The Bloomberg Administration's Misguided Plan to Move the Homeless Men's Intake Center Out of Manhattan

Updated: June 24, 2008

Since modern homelessness began in the late 1970s, the City of New York has always maintained an intake center for homeless men in Manhattan. The reason for this is simple: Manhattan has the highest concentration of street homelessness of the five boroughs, particularly in the midtown business district. And the large majority of street homeless New Yorkers are single men.

However, the Bloomberg administration has announced a misguided plan to move the homeless men's intake center outside of Manhattan to an armory located in the Crown Heights neighborhood of Brooklyn. This dangerous plan will inevitably lead to more street homelessness and may lead to more death and injury among street homeless New Yorkers.

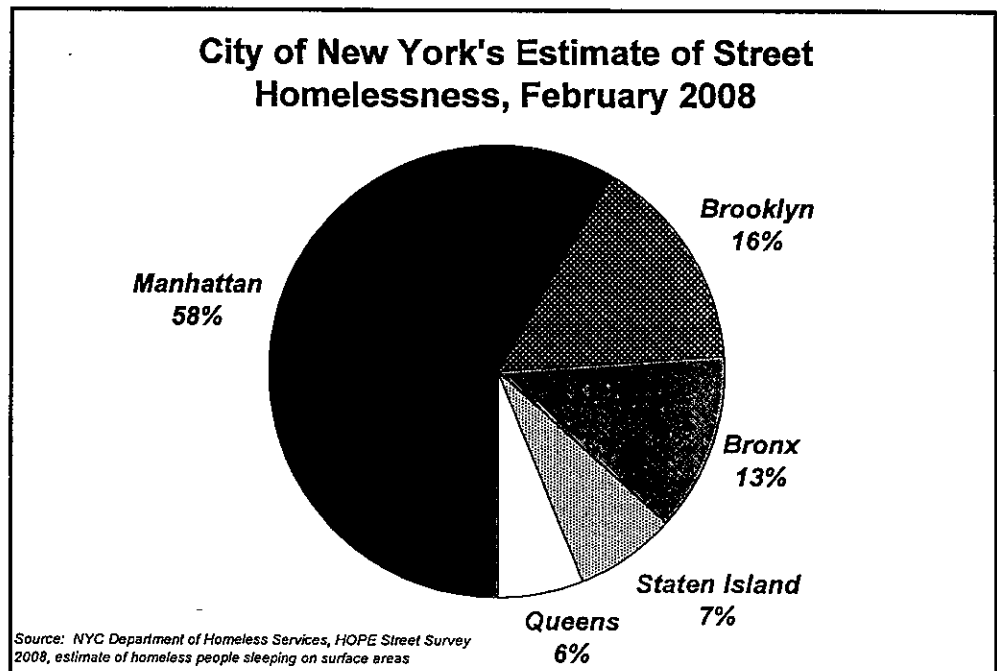
Coalition for the Homeless urges Mayor Bloomberg and City officials to withdraw this misguided plan, and to commit to locating a homeless men's intake shelter in or near midtown Manhattan. We also urge the Mayor to revive his 2004 pledge – which he abandoned late last year – to enhance access to shelter by creating multiple intake sites for homeless men in Manhattan, Brooklyn, and the Bronx.

Historical Background: The Front Door of the Shelter System

Since modern homelessness began in the late 1970s, the City of New York has always maintained an intake center for homeless men in Manhattan – first on East 3rd Street and the Bowery, and since 1984 at the Bellevue men's shelter on East 30th Street and First Avenue.

For the past decade, the men's intake center at the Bellevue shelter has been the only intake point for the municipal shelter system – it is, literally, the “front door” to the shelter system for homeless single men seeking shelter.

In FY 2007, 18,737 different homeless single men sought shelter, including 7,164 homeless single men who were new to the shelter system. Currently nearly 7,000 homeless single adults sleep each night in the municipal shelter system,



including more than 5,000 homeless single men. According to Mayor Bloomberg's 2004 homeless plan, around one of every three homeless single adults in municipal shelters was street homeless immediately before seeking shelter.

On March 31, 2008, the New York City Economic Development Corporation announced plans to convert the Bellevue men's shelter into a luxury hotel and conference center; the City is currently seeking bids from developers. On April 25th, the Bloomberg administration told news reporters and some Brooklyn elected officials that it plans to move the men's intake center to the Bedford-Atlantic armory, a 350-bed shelter located in the Crown Heights neighborhood of Brooklyn, as soon as September of this year.

City officials told news reporters that there was no longer a need for a Manhattan intake center, and that street homeless people in Manhattan would be assisted by outreach teams or could call 311, the City's general service line. City officials also claimed that the current residents of the Bellevue shelter – around 600 men per night in April – would be relocated to housing, but offered no details about this plan.

The City's Misguided Plan: Concerns and Questions

The Bloomberg administration's plan is misguided and dangerous for numerous reasons. Most alarming, it threatens to move the "front door" of the shelter system to a location far from where most street homeless people reside, effectively reducing access to emergency shelter for some of the most vulnerable New Yorkers.

Following are some of the major concerns and questions surrounding the City's plan:

- Each night thousands of New Yorkers sleep rough on our streets, in our subway system, and in other public spaces. Research shows that the large majority of street homeless New Yorkers are individuals living with mental illness or other severe health problems. Four out of five street homeless New Yorkers are men.
- Homeless service providers, researchers, outreach teams, and advocates have long known that, like in other American cities, street homelessness is concentrated in the central business district of New York City – that is, midtown Manhattan. Even the City's controversial annual survey of street homeless people confirms this:
 - The New York City Department of Homeless Services' 2008 HOPE survey of street homelessness estimated that 58 percent of homeless people found on the streets were located in Manhattan.
 - The 2008 HOPE survey also estimated that the number of homeless people sleeping on Manhattan streets increased by 21 percent from 2007.
 - In contrast, the 2008 HOPE survey estimated that the street homeless found in Brooklyn made up 16 percent of all street homeless people.
- The Bellevue shelter's homeless men's intake center currently serves an average of 93 homeless men who are seeking shelter each day. In the winter months, the intake center typically serves over 100 homeless men seeking shelter each day. On January 3, 2008, the coldest night of this calendar year, 241 homeless men sought shelter at the Bellevue intake center.
- The Bedford-Atlantic armory – which is located nearly nine miles from the current intake center – is a uniquely poor choice to become the new homeless men's intake center. The armory currently has a 350-bed men's shelter, directly operated by the Department of Homeless Services, which has perhaps the worst reputation of any men's shelter in the city. Many homeless men avoid the Bedford-Atlantic shelter because of its forbidding reputation and poor services.
- Mayor Bloomberg's 2004 homeless plan, "Uniting for Solutions Beyond Shelter," included a commitment to "decentralize men's intake" by creating "three smaller intake centers...throughout the city to ease entry into the shelter system for single adult men." The plan stated that one of the drawbacks of having only one intake

center located at the Bellevue shelter was that “its inaccessibility to men living on the streets in other boroughs discourages some homeless men from seeking shelter.”

- However, in late 2007 the Bloomberg administration abandoned plans to decentralize homeless men’s intake, and cancelled agreements with service providers to create intake sites in the Bronx, Brooklyn, and Manhattan.
- The City also currently operates 11 drop-in centers for street homeless people. These centers offer social services and limited access to overnight shelter in churches and synagogues.
- Nevertheless, Mayor Bloomberg’s FY 2009 executive budget includes a cut of \$16.9 million in funding for drop-in centers. The Department of Homeless Services has closed two of the 11 drop-in centers this year, one on the upper east side of Manhattan and one in downtown Brooklyn. And City officials have discussed plans eventually to close all of the drop-in centers.
- City officials have told service providers that “safe haven” shelters – which are low-demand shelters targeted to chronically street homeless adults living with mental illness – will take the place of drop-in centers. However, while drop-in centers and church and synagogues served an average of 1,316 people each night in FY 2007, the Department of Homeless Services plans to have only 500 “safe haven” beds by the end of this year, and not all street homeless people will be able to access those beds.
- All in all, the Bloomberg administration’s current plans threaten to severely diminish access to emergency shelter for homeless New Yorkers. And the Mayor’s FY 2009 budget does not include resources to significantly expand permanent supportive housing resources for street homeless adults (i.e., so-called “housing first” units) nor to expand outreach services.
- In addition, the City has not offered details about what will happen to the current residents of the Bellevue shelter. The shelter, which is the largest in Manhattan, has 850 beds with more than 130 beds designated for homeless men living with special needs (including mental illness or tuberculosis). Most of the residents are older men, and currently around 600 men reside in the shelter each night. The shelter system does not currently have excess capacity to serve these men.
- Finally, the Bellevue shelter is also the site of the Adult Family Intake Center, the sole intake facility for homeless couples and other homeless families without minor children. To date the City has offered no plans for re-locating this intake facility.

How Best to Serve Street Homeless New Yorkers

It is a fundamental principle of assisting street homeless people that shelter and services must be easily accessible and have few barriers to entry. Most important, on cold winter nights, when securing shelter is literally a matter of life and death, emergency shelter must be located near to street homeless people.

The Bloomberg administration’s plan to move the “front door” of the men’s shelter system far away from the area of the city with the highest concentration of street homelessness flies in the face of decades of experience and research about homelessness.

Coalition for the Homeless urges Mayor Bloomberg and City officials to withdraw this misguided plan, and to commit to locating the homeless men’s intake center in or near midtown Manhattan. We urge the Mayor return to the commitment in his 2004 homeless plan to create multiple intake shelters for homeless men, including intake shelters in Manhattan, Brooklyn, and the Bronx. Finally, we urge the Mayor to dramatically expand investments in proven approaches to reducing street homelessness, including permanent supportive housing targeted to the street homeless population (i.e., “housing first” units).

*Prepared by Patrick Markee, Senior Policy Analyst, Coalition for the Homeless.
For more information, please visit www.coalitionforthehomeless.org.*

Update:
**Fact-checking Bloomberg Administration Claims about its
Misguided Homeless Intake Plan**

Since the Bloomberg administration unveiled its misguided plan to move New York City's only intake center for homeless men out of midtown Manhattan (where most street homelessness is concentrated) to the Crown Heights neighborhood of Brooklyn, administration officials have made a series of inaccurate and misleading claims about the plan and about the City's approach to street homelessness.

This memo addresses the administration's inaccurate statements to the news media and to City and State officials, and cites City data and policies to contradict those claims.

1. Homeless intake centers are "outmoded" and unnecessary?

THE ADMINISTRATION'S CLAIMS: On May 8th, New York City Department of Homeless Services Commissioner Robert Hess told columnist Errol Louis of the *New York Daily News*, "We don't need the big, centralized intake centers of the past." City officials also told local elected officials that the intake center was "outmoded" and no longer necessary.

THE FACTS: City data absolutely contradicts these assertions.

As the attached spreadsheet shows, each night dozens of homeless men seek shelter at the current intake center, which is located at the Bellevue shelter in midtown Manhattan. Each month this year, there were more than 2,400 walk-ins by homeless men at the Bellevue intake center.

Here are some highlights from the City's homeless intake data for 2008:

- In the first four months of this year, there have been more than 11,000 walk-ins by homeless men at the Bellevue intake center, including nearly 3,000 homeless men who were new to the municipal shelter system.
- So far this year, an average of 93 homeless men sought shelter at the Bellevue intake center each night.
- In January, an average of 106 homeless men sought shelter each night at the Bellevue intake center, while there were a total of 2,873 walk-ins during the month.
- On the frigid night of January 3rd, 241 homeless men sought shelter at the Bellevue intake center, the highest number recorded this year. On that same night, according to the National Weather Service, the temperature in NYC dropped to 12 degrees Fahrenheit, the coldest night of this calendar year. Thus, on a night when temperatures were below freezing, the intake center was a vital lifeline to emergency shelter for more than 200 homeless men.

In addition, according to data included in Mayor Bloomberg's 2004 homeless plan, "Uniting for Solutions Beyond Shelter" (available on the Department of Homeless Services website), nearly one of every three homeless single adults in the municipal shelter system entered shelter directly from the streets – clearly contradicting Bloomberg administration officials' claims that street homeless people do not use the intake center.

The City's data clearly demonstrates that the intake center serves thousands of homeless men each year, and that many of them seek shelter directly from the streets. The intake center plays an especially vital role in the cold winter months by providing ready access to emergency shelter.

The City's data also proves what service providers and advocates have long known: A fundamental principle of assisting street homeless people is to make shelter accessible and readily available. The Bellevue intake center fulfills this purpose due to its central location in Manhattan where, City data show, 58 percent of street homeless people are located. The Bedford-Atlantic armory in Crown Heights, where the Bloomberg administration plans to move the intake center, is nearly nine miles away, is far less accessible, and has a well-deserved reputation for being unsafe and poorly managed.

2. "Safe havens" and outreach make homeless intake centers and drop-in centers obsolete?

THE ADMINISTRATION'S CLAIMS: On May 8th, Department of Homeless Services Commissioner Hess told NY1 news, "We've really transformed all of our outreach efforts. So that people living on the streets would not have to come into a central point, but would get access to housing directly from the street in safe havens and stabilization beds, without having to go through a lot of bureaucracy or having to go through a big central intake facility." On April 26th, the *New York Daily News* reported, "Homeless Commissioner Rob Hess said the Bellevue closing would be good news, made possible because outreach teams have moved 500 people off the streets since September..."

City officials also told elected officials and community groups that there was no need for an intake center in Manhattan because outreach teams and "safe havens" would address street homelessness in that borough. City officials also used that rationale to defend the planned closing this June of the Neighborhood Coalition for Shelter's acclaimed drop-in center on East 77th Street in Manhattan.

THE FACTS: The City's claims are entirely contradicted by the numbers and by its own policies.

With regards to "safe havens": "Safe havens" are shelter beds targeted to assist the hard-to-serve street homeless population. While they are certainly a positive addition to the City's homeless services system, they are in no way a substitute for intake centers and other accessible entry points to shelter – it is like saying a neighborhood health clinic is a substitute for a 24-hour hospital emergency room.

Currently there are approximately 200 "safe haven" shelter beds citywide, with an additional 300 more planned by the end of this calendar year. Given that "safe haven" beds have no limit on length of stay (meaning limited turnover), only a few hundred homeless adults (both men and women) will be served by "safe havens" each year. As noted above, the Bellevue intake center serves thousands of homeless men each year, with more than 11,000 walk-ins by homeless men in the first four months of this year alone.

Homeless people cannot walk in to "safe havens" to access shelter – they must be placed there by City-contracted outreach teams and must meet certain eligibility criteria. Therefore, "safe havens" serve a completely different function than intake centers, which are like emergency rooms open to all people in need.

In addition, "safe havens" are restricted by the Department of Homeless Services to serving only "chronically" homeless street adults – that is, adults who have spent more than a year sleeping on the streets. According to the Department of Homeless Services' request for proposals for "safe havens" (available on the City's website), fewer than 50 percent of all street homeless adults are "chronically" homeless, meaning that "safe havens" cannot assist more than half of the street homeless population. In contrast, intake centers are open to all homeless individuals.

With regards to drop-in centers: Drop-in centers are social-service centers assisting street homeless people. Drop-in centers work closely with local churches and synagogues to provide overnight shelter beds (sometimes called "stabilization beds") to street homeless adults. There are currently 11 drop-in centers citywide – seven in Manhattan, two in Brooklyn, one in Staten Island, and one in the Bronx.

Mayor Bloomberg's FY 2009 executive budget proposal includes a \$16.9 million cut in funding for drop-in centers. And the City plans to close two of the 11 drop-in centers by June 30th: the Neighborhood Coalition for Shelter's drop-in center on East 77th Street in Manhattan, and the center in downtown Brooklyn. This will further diminish access to emergency shelter by reducing the number of entry points.

City officials have also informed service providers that they plan eventually to close all of the drop-in centers. However, once again, the numbers don't add up. According to the Department of Homeless Services' "Critical Activities Reports," in FY 2007 the average daily census of drop-in centers was 1,316 homeless adults. During that same period, there were an average of 648 homeless adults sleeping each night in drop-in centers and 292 adults sleeping each night in church and synagogue shelter beds. (Those numbers were higher in the winter months when there is more demand for emergency shelter. In February 2007 there were an average of 676 homeless adults sleeping each night in drop-in centers, and 367 adults sleeping each night in church and synagogue beds.)

Thus, to close all drop-in centers, the City would have to address the nightly shelter needs of well over 1,000 homeless adults each night, far more than the number of "safe haven" beds planned. Moreover, the turnover in the population served by drop-in centers is much higher than that served by "safe havens." For instance, in FY 2007 the Neighborhood Coalition for Shelter drop-in center served more than 800 different homeless people. In contrast, the Department of Homeless Services' request for proposals for "safe havens" states that it expects a turnover goal of 40 percent of capacity for "safe haven" shelter beds – meaning that the planned 500 "safe haven" beds might serve a total of no more than 700 different homeless adults each year.

Finally, as noted above, "safe havens" are restricted to serving only "chronically" street homeless adults – drop-in centers, like intake centers, serve all street homeless adults.

With regards to outreach: A fundamental principle of homeless outreach is that it is only effective if outreach teams can place their homeless clients in accessible, safe shelter or other appropriate settings. Furthermore, particularly on cold winter nights, outreach teams are only effective if they can use their limited resources to find as many street homeless people as possible, and not waste time and effort trying to locate available beds or on long transports to distant intake centers and shelters. On winter nights, especially when temperatures are below freezing, this can be a matter of life and death for vulnerable homeless people on the streets.

There is simply no way that the City's limited outreach resources can replace the need for a centrally located homeless men's intake center. If (as the April 26th *Daily News* account above reports) the City moved 500 homeless people off the streets from September through April, this number is dwarfed by the thousands of homeless men who sought shelter at the Bellevue intake center. As noted above, in the first four months of 2008 alone more there were more than 11,000 walk-ins by homeless men at the Bellevue intake center.

And despite the City's recent re-organization of homeless outreach, Mayor Bloomberg's FY 2009 executive budget proposal includes no new resources for the contracted outreach teams. Therefore, these contracted outreach service providers will have essentially the same resources they had in recent years.

In FY 2007, according to the Department of Homeless Services' "Critical Activities Reports," each month City-contracted outreach teams placed an average of 384 homeless adults in shelters, drop-in centers, or treatment programs. In contrast, as noted above, each month this year the Bellevue intake center has had more than 2,400 walk-ins by homeless men. It is therefore impossible to see how outreach teams, with limited resources, can serve as a substitute for a centrally-located, accessible intake center.

Moreover, if the Bloomberg administration is successful in moving the homeless men's intake center out of midtown Manhattan to the Bedford-Atlantic armory in Crown Heights, nearly nine miles away, outreach teams will be forced to waste extra time and effort transporting or assisting street homeless men from Manhattan or other boroughs. And many homeless men, particularly in Manhattan where street homelessness is concentrated, will refuse to be transported to Brooklyn and will remain on the streets.

Finally, like the "safe havens," the City-contracted outreach teams are restricted in which homeless people they can serve. Service providers report that Department of Homeless Services contracts with outreach service providers force them primarily serve the "chronically" street homeless population – and, as noted above, City data shows that the "chronically" homeless make up less than half of the street homeless population.

3. Is the City of New York genuinely adopting the acclaimed “housing first” approach?

THE ADMINISTRATION’S CLAIMS: On May 8th, WNYC radio reported, “The Department of Homeless Services says moving homeless men directly into apartments will cut out the need for intake.” Bloomberg administration officials have told the news media and local elected officials that the City is adopting the acclaimed “housing first” approach to street homelessness.

THE FACTS: Once again, City data contradicts the claims of administration officials.

The acclaimed “housing first” approach to addressing street homelessness means moving street homeless individuals, primarily those living with mental illness and other health problems, into permanent supportive housing. The model, which was pioneered by local service providers, has a very high success rate and has been supported by homeless advocates nationwide.

However, while the City of New York has used the “housing first” approach in a limited way for many years, there is still no evidence that the City has significantly expanded permanent supportive housing resources beyond current commitments. Most of all, there is absolutely no evidence that there are sufficient “housing first” permanent supportive housing units to replace a centrally-located homeless intake center and/or drop-in centers.

The “New York/New York III Agreement,” which the City and State entered into in 2005, commits to providing 9,000 supportive housing units over 10 years, or an average of 900 units each year. But many of those “New York/New York III” units are targeted for needy populations other than street homeless adults – for instance, homeless families and youth aging out of foster care. And nearly 2,000 of the 9,000 units are targeted to people who are not currently homeless – for instance, people exiting State psychiatric hospitals. Finally, fewer than half of all “New York/New York III” units are set aside for homeless individuals living with serious and persistent mental illness, which comprises the large majority of the street homeless population.

Furthermore, like the “safe havens” and outreach efforts, all “New York/New York” supportive housing units are now restricted to the “chronically” homeless – meaning, again, that more than half of the street homeless population is ineligible for this vital housing assistance.

Finally, the City’s existing supply of permanent supportive housing is not allocated exclusively to street homeless people. Each year more than 20,000 different homeless single adults utilize the municipal shelter system, and many of them are in need of permanent supportive housing. Indeed, according to the Department of Homeless Services’ “Critical Activities Reports,” in FY 2007 the City placed 1,659 homeless single adults from the shelter system into permanent supportive housing.

To date City officials have failed to identify the number of “housing first” placements made in recent years or the number planned for the coming fiscal year. However, City officials have frequently confused the issue by referring to “safe haven” shelter beds as “housing first” placements. This is misleading, because the “housing first” approach specifically refers to permanent supportive housing, not to “safe haven” shelters which are temporary.

NYC Department of Homeless Services
Bellevue Homeless Men's Intake Center Activity, Jan-May 2008

(Source: NYC Department of Homeless Services, Intake and Vacancy Control Nightly Statistics)
 Prepared by Patrick Markee, Coalition for the Homeless, Tel 212-776-2004

CALENDAR YEAR 2008

	Total number of men seeking shelter and services	Number of homeless men new to shelter system	Number of homeless men out of system one year or more	Number of homeless men out of system less than one year
TOTAL (YTD)	11,575	2,909	2,634	6,032
JAN (TOTAL)	2,873	644	592	1,637
FEB (TOTAL)	2,845	684	632	1,529
MAR (TOTAL)	2,842	707	630	1,505
APR (TOTAL)	2,427	739	610	1,078
NIGHTLY AVERAGE (YTD)	93	23	21	49
JAN (AVG)	106	24	22	61
FEB (AVG)	98	24	22	53
MAR (AVG)	92	23	20	49
APR (AVG)	81	25	20	36
1-Jan	81	20	22	39
2-Jan	118	42	18	58
3-Jan	241	32	28	181
4-Jan	146	22	32	92
5-Jan	68	16	11	41
6-Jan	79	18	13	48
7-Jan	119	34	25	60
8-Jan	104	27	28	49
9-Jan	113	33	27	53
10-Jan	101	26	29	46
11-Jan	97	24	20	53
12-Jan	69	19	20	30
13-Jan	68	12	17	39
14-Jan	104	40	27	37
15-Jan	126	26	21	79
16-Jan	131	27	24	80
17-Jan	94	25	28	41
18-Jan	115	22	25	68
19-Jan	73	16	15	42
20-Jan	119	11	8	100
21-Jan	106	22	21	63

	Total number of men seeking shelter and services	Number of homeless men new to shelter system	Number of homeless men out of system one year or more	Number of homeless men out of system less than one year
22-Jan	130	30	32	68
23-Jan	116	32	20	64
24-Jan	93	24	29	40
25-Jan	119	24	23	72
26-Jan	81	13	17	51
27-Jan	62	7	12	43
28-Jan	n/a	n/a	n/a	n/a
29-Jan	n/a	n/a	n/a	n/a
30-Jan	n/a	n/a	n/a	n/a
31-Jan	n/a	n/a	n/a	n/a
1-Feb	92	24	22	46
2-Feb	93	20	16	57
3-Feb	61	13	13	35
4-Feb	124	34	27	63
5-Feb	105	29	16	60
6-Feb	101	23	28	50
7-Feb	100	31	25	44
8-Feb	109	34	20	55
9-Feb	61	15	22	24
10-Feb	71	15	11	45
11-Feb	107	29	22	56
12-Feb	106	29	33	44
13-Feb	107	20	25	62
14-Feb	70	20	21	29
15-Feb	117	17	27	73
16-Feb	61	23	19	19
17-Feb	60	15	8	37
18-Feb	73	19	14	40
19-Feb	118	29	25	64
20-Feb	90	29	32	29
21-Feb	144	26	33	85
22-Feb	124	25	18	81
23-Feb	65	12	12	41
24-Feb	86	13	10	63
25-Feb	102	29	24	49
26-Feb	123	34	30	59
27-Feb	122	28	23	71
28-Feb	138	13	33	92
29-Feb	115	36	23	56
1-Mar	56	10	18	28
2-Mar	76	15	9	52
3-Mar	93	25	30	38
4-Mar	121	27	26	68
5-Mar	112	26	31	55
6-Mar	176	23	25	128
7-Mar	103	17	30	56
8-Mar	68	23	12	33

	Total number of men seeking shelter and services	Number of homeless men new to shelter system	Number of homeless men out of system one year or more	Number of homeless men out of system less than one year
9-Mar	57	11	19	27
10-Mar	129	40	26	63
11-Mar	136	30	33	73
12-Mar	105	31	25	49
13-Mar	113	30	21	62
14-Mar	74	20	23	31
15-Mar	55	15	13	27
16-Mar	70	20	17	33
17-Mar	100	32	19	49
18-Mar	95	25	21	49
19-Mar	95	26	18	51
20-Mar	90	24	18	48
21-Mar	102	29	19	54
22-Mar	66	10	14	42
23-Mar	68	12	12	44
24-Mar	88	26	19	43
25-Mar	94	26	26	42
26-Mar	85	19	22	44
27-Mar	125	36	21	68
28-Mar	102	26	17	59
29-Mar	44	10	18	16
30-Mar	62	18	9	35
31-Mar	82	25	19	38
1-Apr	104	28	34	42
2-Apr	112	38	25	49
3-Apr	64	19	20	25
4-Apr	91	30	18	43
5-Apr	69	22	17	30
6-Apr	71	18	19	34
7-Apr	99	31	23	45
8-Apr	86	24	20	42
9-Apr	74	26	17	31
10-Apr	72	24	19	29
11-Apr	84	33	25	26
12-Apr	50	16	16	18
13-Apr	36	10	6	20
14-Apr	118	40	31	47
15-Apr	86	26	29	31
16-Apr	84	34	14	36
17-Apr	93	24	19	50
18-Apr	76	20	22	34
19-Apr	64	30	10	24
20-Apr	65	25	9	31
21-Apr	88	26	18	44
22-Apr	96	24	23	49
23-Apr	63	18	20	25
24-Apr	75	16	23	36

	Total number of men seeking shelter and services	Number of homeless men new to shelter system	Number of homeless men out of system one year or more	Number of homeless men out of system less than one year
25-Apr	93	36	24	33
26-Apr	45	17	16	12
27-Apr	55	13	16	26
28-Apr	118	29	25	64
29-Apr	112	23	32	57
30-Apr	84	19	20	45
1-May	84	22	28	34
2-May	89	17	22	50
3-May	74	13	22	39
4-May	59	12	21	26
5-May	89	21	26	42
6-May	91	22	27	42
7-May	102	28	24	50



The Legal Aid Society

199 WATER STREET NEW YORK, NY 10038 TEL: (212) 577-3300 FAX: (212) 809-1574 www.legal-aid.org

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Theodore A. Levine
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TESTIMONY OF THE LEGAL AID SOCIETY BEFORE THE COMMITTEE ON GENERAL WELFARE OF THE NEW YORK CITY COUNCIL

January 14, 2009

The Legal Aid Society welcomes this opportunity to testify before the Council concerning the status of various City efforts to alleviate homelessness for single adults in New York City. We appreciate the leadership of Chair Bill deBlasio on these critical issues.

Founded in 1876, the Legal Aid Society's Civil Practice is the oldest and largest program in the nation providing direct legal services to the indigent. Our legal assistance is focused on enhancing family stability and security by resolving a full range of legal problems, including immigration, domestic violence, family law, and employment, in addition to housing, public benefits and health law matters. Through our housing and community development work, we also foster the development of community-based organizations, job creation, and neighborhood revitalization. Annually, the Society's Civil Practice provides free direct legal assistance in some 30,000 individual closed cases through a network of 6 neighborhood offices in all five boroughs and 17 specialized units and projects for under-served client groups. When it is the most efficient and cost-effective way to help our clients, we provide legal representation to groups of clients with common legal problems, including those referred by elected officials.

As you know, The Legal Aid Society provides legal assistance to homeless New Yorkers as well as homelessness prevention civil legal services with support from the Council. The Society is counsel to the Coalition for the Homeless in the Callahan and Eldredge litigation in which court orders require the provision of shelter to homeless men and homeless women. Since the early 1980s, the Society has also been counsel in McCain and other litigation on behalf of homeless children and their families. As we described in testimony before this committee last fall, that litigation has now been resolved with various final judgments offering permanent relief for homeless families with children. I am pleased to report to the Committee that the Supreme Court approved those settlements last month and they are now the law in New York.

It is important to note that those actions have no effect on the legal rights of single individuals in New York City, who continue to be protected by the Callahan and Eldredge litigation. It is also important to note that childless adult couples and other childless "adult families," to use the language of the City's Department of Homeless Services ("DHS"), are not currently included in any of these cases.

We remain very concerned about the City's proposal to reduce emergency shelter and other vital services for street homeless individuals. The final DHS plan, released on December 12th, calls for fewer overnight shelter placements for street homeless people and fewer places where homeless New Yorkers can access emergency shelter and other services. This reduction in capacity would be further exacerbated by the earlier proposal to relocate the sole intake center for homeless men, currently on the Bellevue campus in Manhattan – where the majority of street homelessness is concentrated – to the Crown Heights neighborhood of Brooklyn. These proposals would reduce access to emergency shelter and vital services for street homeless individuals at a time of tremendous economic instability and rising homelessness.

The Legal Aid Society has serious concerns about the City's plans to move the Bellevue intake facility for homeless adults from Manhattan to the Crown Heights neighborhood of Brooklyn. Among our primary concerns is the need for homeless adults to be able to access emergency shelter services without unnecessary barriers to shelter entry. As counsel for the Plaintiffs in Callahan v. Carey, litigation that first established a right to shelter in New York City, we know that access to safety-net shelter can be a matter of life or death for our clients.

Among other things, the research of Dr. James J. O'Connell underscores this point. Dr. O'Connell is one of the country's leading experts on risk factors for death among street homeless adults. His research highlights the danger of exposure to the elements at almost any time of year because homeless persons can be harmed by both heat-related and cold-related injuries. Cold-related injuries can be especially dangerous and, contrary to popular belief, are not solely attributable to absolute temperatures. As Dr. O'Connell's clinical experience demonstrates, most cold-related injuries and deaths occur when daytime temperatures range from 40 to 50 degrees. Given the combination of factors that can result in the injury or death of a street homeless person exposed to the elements, there is simply no time of year that it is safe for a homeless person to be out on the streets.

Emergency shelter cannot provide homeless persons with protection from the elements if it is not easily accessible. Because the highest concentration of street homeless persons in New York City is in Manhattan, the City's plans to move the Bellevue intake center from Manhattan to Crown Heights is misguided. We have urged the City of New York to reconsider and have also asked Governor Patterson to withhold State approval of the City's current plans.

We are also very concerned about the City's plan to reduce services and limit access to them for homeless single individuals. According the City, during the past fiscal year an average of 1,377 street homeless individuals were provided with overnight shelter in an array of different programs, including drop-in centers and faith-based shelters. Under the City's plan, the number of street homeless people provided with overnight placements would be reduced by 16.8 percent to a maximum of 1,145 people. In addition, the number of overnight placements available to homeless New Yorkers who have been on the streets for fewer than nine months would be reduced by 46.7 percent, from 929 people sheltered last year to a maximum of 495 people.

The number of drop-in centers would also be reduced. Last summer, there were 11 drop-in centers in New York City where street homeless people could access shelter 24 hours per day. But in June DHS eliminated funding for two drop-in centers, leaving nine drop-in centers citywide still operating 24 hours per day, and now the City proposes to maintain only seven drop-in centers citywide. In Manhattan, where the majority of street homelessness is concentrated, the City's plan would reduce the number of drop-in centers from seven to three.

The City plan would also eliminate services at drop-in centers, which used to provide life-sustaining shelter from the elements seven days per week, 24 hours each day, reflecting the reality that many street homeless people seek help at all hours of the day and night. Indeed, street homeless individuals frequently seek shelter late at night when outdoor temperatures begin to fall sharply. The City plan would eliminate overnight hours and services at all drop-in centers, which will close at 8:30 pm. Under the new plan, at night there will be only one place in all five boroughs that street homeless men will be able to access shelter – the municipal shelter system's intake center, which the City hopes to move from midtown Manhattan to Crown Heights, Brooklyn.

The City's plan also calls for new bureaucratic barriers to entry to the drop-in centers for homeless individuals seeking help. Currently homeless individuals can walk in to drop-in centers to seek help with few administrative hurdles. The City plan abandons this successful approach and would impose a new requirement that clients must have a referral from outreach teams or other service providers in order to access services, or undergo a new "screening process." These new barriers would make it harder for homeless individuals get help. In particular, homeless individuals living with mental illness or physical disabilities will find it difficult to navigate these barriers and will be less likely to access vital services.

It is a fundamental and proven principle of assisting street homeless people that shelter and services must be easily accessible and have few barriers to entry. Most important, on cold winter nights, when securing shelter is literally a matter of life and death, emergency shelter must be located near to street homeless people.

In order to truly reduce the numbers of homeless individuals on our streets, the City should offer accessible services to homeless men and women in the communities where they are best able to access them, rather than reducing and restricting shelter and services and moving the men's intake office away from the greatest concentration of people in need of services.

Conclusion

We appreciate the opportunity to testify before the General Welfare Committee.

Respectfully Submitted:

Joshua Goldfein
Staff Attorney
The Legal Aid Society
Homeless Rights Project
199 Water Street, 3rd Floor
New York, NY 10038
(212) 577-3414

Testimony before the General Welfare Committee of the New York City Council

Sylvia Friedman, clerk
Shelter Committee
Fifteenth Street Meeting of the Religious Society of Friends

The Friends Shelter, an all volunteer program, has sheltered twelve homeless men and women for the last twenty-five years. We do that because we believe that it is our responsibility to serve those less fortunate than we are.

We have been told by the Deputy Commissioner of Adult Services in the Department of Homeless Services that it is not about the volunteers, but about the homeless people we serve. And he is right. Twelve homeless people have refused city services, yet they come to us. I was told two weeks ago by one of our guests, that only because he knows he will be on the bus to our shelter each night, that he is off the streets and alive today. Our guests have given us five stars — we rank as high as any five star hotel in the city, although our guests sleep on cots in one room, in a school gymnasium, and eat sandwiches and salad and fruit. We have no oven.

We are there, not about ourselves, although it gives us pleasure to leave our own homes to sleep in a school gym with twelve others, but about our guests. We treat our guests as people, not numbers, with friendship, warmth and caring, because we believe it is incumbent on us to do that, but we do it gladly. Our guests know we are doing it for them.

You have heard how the new plans will make it impossible for us to continue to serve. Yes, we will be hurt, but the hurt to our twelve homeless men and women will be incalculable. Do not confuse efficiency with effectiveness. We are effective. Just ask the people we serve.

Testimony and Addenda:

In Opposition to the Placement of an Intake Center and/or Detox Unit at the Bedford Atlantic Armory Assessment Center/Shelter

To: Meeting of the NYC Council General Welfare Committee -- January 14, 2009

Submitted by: Sandra Taggart co-founder CHRM (Crown Heights Revitalization Movement)

Testimony: In Opposition to the Placement of an Intake Center and/or a Detox Unit at the Bedford-Atlantic Armory Assessment Center-Shelter in Crown Heights North

To Meeting of the General Welfare Committee – January 14, 2009

Submitted by Sandra Taggart, co-founder CHRM (Crown Heights Revitalization Movement)

Crown Heights North is a compassionate community that has a long tradition of serving those in need. It is now stretched to the breaking point.

Serious attention must be paid to the impact the proposed addition of an intake center and a detox unit to the Bedford Atlantic Armory Assessment Center will have on this and neighboring communities.

<<Section 203 of the 1989 New York City Charter requires the City Planning Commission to adopt criteria to further the fair distribution of the burdens and benefits associated with city facilities>> ¹

Agency responsibilities; from The publication *Criteria For The Location Of City Facilities*:

1. Take into account the number and proximity of all other facilities.
2. Foster neighborhood stability and revitalization
3. Site facilities equitably
4. Lessen disparities among communities
5. Preserve the social fabric of the city's neighborhoods
6. Avoid concentrations in residential areas
7. Promote government accountability

Due to a history of agency non-compliance, Crown Heights North, Community District 8, is the most oversaturated with social service beds in Brooklyn. It now has 6.3 x the median for Brooklyn.

Men entering the intake center will not yet have been screened. Because of this, they are not the typical shelter population and any number of them will have behavior that will negatively impact the community.

The DHS plan includes a redesign of the security screening at the entry of the facility to provide better access control and detection of contraband. Obviously, DHS expects that there will be men carrying contraband travelling through our communities to reach the intake center.

DHS recently proposed placing an intake center in Manhattan in tandem with the Bedford/Atlantic site. To the best of my knowledge, DHS has yet to provide information regarding location, bed count, or duration of existence for said site.

The current estimate is that the flow of men entering the community will exceed 14,000 per year. Even a small percentage of this is too much for the already overburdened community. It simply does not have the resources or the resilience to survive this onslaught.

Thousands of people in our and neighboring communities are unconditionally opposed to an intake center. CHRM has already delivered 2,500 letters of opposition (to the Intake Center) to Mayor Bloomberg and the groundswell of opposition continues to grow.

¹ Fair Share: An Assessment of New York City's Facility Siting Process, (1995).

**Addenda to Testimony In Opposition to the placement of an Intake Center and/or a Detox Unit at the Bedford-Atlantic Armory Assessment Center Shelter
Submitted by Sandra Taggart (CHRM) to the Meeting of the General Welfare Committee January 14, 2009**

DHS original proposal included:

- Modifying (a substantial change) the Bedford/Atlantic Armory shelter assessment center by adding the city's only intake center for homeless single men - to be open 24 hours a day. Thus making it a dual purpose shelter having both intake and assessment.
- A reduction of beds at the Bedford/Atlantic Shelter from 350 to 230 (see 1 And 2 below)
- The closing of the Peter Young Shelter (see 3 below)
- Improved services for the men residing at the shelter. (So far the plan seems to be to accomplish this primarily by attrition. (DHS would retain the same number of staff for the reduced number of beds. That number is slightly more than the current number of residents. (See 2 below))
- \$7M toward a (\$18M (?) Track and Field on the drill floor of the shelter. Because of the nature of an intake center (the only place in the shelter system where single homeless men who have not yet been screened and therefore may present serious social, emotional, criminal and substance abuse problems.) the vast majority of community residents say they would never allow their children and would not themselves use a recreational facility sited adjacent to an intake center. The community does not see this as an acceptable trade.

DHS has recently proposed placing an intake center in Manhattan in tandem with the Bedford/Atlantic site. DHS has not provided information regarding location, bed count, or duration of existence for said site. Even with a Manhattan intake center, siting any intake center at the Bedford Atlantic Armory would place too great a burden on Crown Heights North and neighboring communities. Additionally, because of its location, the Bedford Atlantic site will pose a hardship on most of the homeless who will have to travel long distances merely to enter the system.

1. We have recently learned that a 30-bed detox unit is included in DHS' plan for the Intake Center. This piece of the plan was not included in the presentation to CB8 by DHS in 8/08.

2. Although the current capacity is for 350 beds, the census since 5/08 has been about 200 with a reserve of 150 beds. Under the new plan, the capacity will be set at 230 beds essentially resulting in a potential increase in the future population number.

3. The Peter Young Shelter closed fall 2008. Unfortunately the most recent suggestion put forward by Peter Young is to use that same facility for a 30-day residential drug rehab program. This would help DHS fulfill its obligation to provide a list of agency partners to OTDA, but would place a further burden on neighboring communities. Importantly, it would be in non-compliance of Section 203 of the 1989 New York City Charter and the Community Board 8 Nov. 2007 moratorium on new residential beds in the community.

Bedford Atlantic Shelter -- Reports of Unsafe Environment

New York Daily News, August 17, 2008, Homeless Intake Center Move to Crown Heights a Shameful Shelter Sham

- Describing the 77th Precinct, where the shelter is located, as "crime-plagued" and noting that reported murders had jumped 75% and rapes 60% so far in 2008 compared with the previous year.
- "Three former residents of Bedford-Atlantic spoke of the shelter's 25-year history as a house of horrors, where crime, drug dealing and prostitution run rampant."

New York Daily News, July 5, 2008, Time for New York City to Wake Up to Spike in Murder and Rape

- "The Bedford-Atlantic armory, which has a reputation as the city's worst-run homeless shelter, is a dumping ground for men coming out of prison, many of them with convictions for sickening crimes."
- Residents have nicknamed Bedford Atlantic "Castle Grayskull."
- Nathan Ashford, who at the time of this article had been living at the shelter for months, "publishes a revealing, depressing blog about life at 'Castle Crayskull.'" [Note: The blog seems to have been taken down.]

New York Times, August 15, 2008, Concessions Made in Plan for Homeless in Brooklyn, by Kareem Fahim

- "But advocates for the homeless, local activists and former residents of the shelter said it was still a woeful, dangerous place, where drug use seems to be tolerated. Nathan Ashford, 39, a homeless man who lived at the armory for three months in the past year, said he saw men smuggle weapons into the shelter, smoke crack and inject heroin."

New York Times, May 16, 2008, Tour of Homeless Shelter Does Not Solve Problem, by Jake Mooney

- "One thing I was curious about, in all of this, was whether Bedford-Atlantic would be as bad as I had heard it was from speaking with homeless men outside the Bellvue shelter. Men there said it had problems with drugs and violence, and one, Ray Ramos, said, 'There's a church on the corner. Before you enter there, go to the church and pray that you'll be OK.'"

CD	Acres	Beds	Beds per 100 Acres	Times Above or Below Median	Neighborhood Names		pop. Year 2000	pop. density	pop. density rank
308	1,049	1,321	126	6.3	Crown Heights North / Prospect Heights / Weeksville	Over Saturated	96,076	91.6	2
316	1,231	1,466	119	6.0	Brownsville / Ocean Hill		85,343	69.3	8
309	1,003	1,063	106	5.3	Crown Heights South / Wingate / Prospect Lefferts Gardens		104,014	103.7	1
302	1,910	1,411	74	3.7	Downtown Brooklyn / Brooklyn Heights / Boerum Hill / Fort Greene / Fulton Ferry		98,620	51.6	10
303	1,894	1,324	70	3.5	Bedford Stuyvesant / Bedford Stuyvesant Heights / Stuyvesant Heights		143,867	76.0	7
304	1,311	697	53	2.7	Bushwick	Above the Median	104,358	79.6	5
305	3,612	1,382	38	1.9	Highland Park / East New York / New Lots / Spring Creek / Starrett City		173,198	48.0	14
301	3,168	1,094	35	1.7	Greenpoint / Williamsburg		160,338	50.6	12
306	2,226	474	21	1.1	Park Slope / Gowanus / Red Hook		104,054	46.7	16
314	1,880	350	19	0.9	Flatbush / Midwood		168,806	89.8	3
312	2,304	408	18	0.9	Borough Park / Ocean Parkway	Below the Median	185,046	80.3	4
317	2,158	355	16	0.8	Flatbush / Northeast Flatbush / Rugby / Farragut		165,753	76.8	6
313	2,198	295	13	0.7	Coney Island / Seagate / Gravesend / Homecrest / West Brighton / Brighton Beach		106,120	48.3	13
318	6,101	554	9	0.5	Canarsie / Marine Park / Flatlands / Bergen Beach / Mill Island / Brooklyn Marine Park		194,653	31.9	18
315	3,167	286	9	0.5	Sheepshead Bay / Gravesend / Manhattan Beach		160,319	50.6	11
307	2,709	205	8	0.4	Windson Terrace / Bush Terminal / Sunset Park / Greenwood Cemetery	Under Utilized	120,063	44.3	17
310	2,610	148	6	0.3	Bay Ridge / Dyker Heights / Fort Hamilton / Dyer Beach Park		122,542	47.0	15
311	2,517	79	3	0.2	Bensonhurst / Bath Beach / Mapleton / Gravesend		172,129	68.4	9

Total Acres	43,048
Total Beds	12,912
Median Beds Per 100 Acres	20.0

Agencies covered: DHS, OASAS, OMH, ORMDD

Data sources from DCP (2008) provide the number of acres and number of Social Services residential beds for each Brooklyn Community District (CD). Correlation and calculations above show density of beds (per 100 acres), the median, number of beds (20) and the factor by which each CD is at, above or below the median.

Data from Sub-Groups 51, 61, 71 and 101 (facility types 4301 & 3502 excluded)

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/14/09

Name: ANNE MILLMAN (PLEASE PRINT)

Address: _____

I represent: BJ/SPSA Homeless Shelter

Address: _____

Please complete this card and return to the Sergeant-at-Arms

☐ in favor ☐ in opposition

Date: 1/14/09

Name: Joshua Goldfarb (PLEASE PRINT)

Address: 199 Waver St

I represent: The Legal Aid Society

Address: _____

Please complete this card and return to the Sergeant-at-Arms

☐ in favor ☐ in opposition

Date: _____

Name: Rex Sayles and Denise Smith (PLEASE PRINT)

Address: 341 Nostrand Ave

I represent: Agapi Fellowship

Address: 341 Nostrand Avenue

Please complete this card and return to the Sergeant-at-Arms

☐ in favor ☐ in opposition

Date: 1/14

Name: George Nishak (PLEASE PRINT)

Address: 33 Beaver St NY, NY

I represent: DHS

Address: 33 Beaver St, NY, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 1/14/09

(PLEASE PRINT)

Name: JOHN BENTATTI

Address: 5041 FIELDSTON RD

I represent: RIVERDALE YONKERS SOCIETY FOR
ETHICAL CULTURE

Address: 4450 FIELDSTON RD BY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/14/09

(PLEASE PRINT)

Name: JOE MURPHY

Address: 29-44 163 ST, FLUSHING, NY 11358

I represent: ST. ANDREW AVALLO R.C. Church

Address: FLUSHING, NY 11358

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/14/09

(PLEASE PRINT)

Name: TERRELL GRACE

Address: 580 E 76th 236

I represent: SOC CONCERNS COMMISSION

Address: AMSTERDAM + 112TH ST.

EPISC
DIOCESE
OF NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: STEPHEN CORSON

Address: 1 CENTRE ST 19TH FLOOR

I represent: MANHATTAN BP SCOTT STRINGER

SAMC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 01-14-09

(PLEASE PRINT)

Name: JIM MELCHIONE

Address: 4915 Broadway NY NY 10034

I represent: Shelter of Basic Johnson N. St Paul St & Green

Address: 263 W 82ND ST

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/14

(PLEASE PRINT)

Name: Robert Hess, DHS

Address: 33 Beaver St, NY, NY

I represent: DHS

Address: 33 Beaver St, NY, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Welton Churchill (PLEASE PRINT)

Address: _____

I represent: Embrey One

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/14/09

Name: Judy LeVan Fram (PLEASE PRINT)

Address: 176 Sterling Place #SR Brooklyn 11217

I represent: PARK SUPE UNITED METHODIST CHURCH

Address: 6th Ave ~ 8th Street, Brooklyn

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/14/09

Name: Channa Camins (PLEASE PRINT)

Address: 2109 Broadway, Ste 203 NY, NY 10023

I represent: Congregation Bhai Jeshurun/Church of St. Paul

Address: 50 Ocean Parkway Apt 30
Brklyn NY 11218

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: SANDRA TAGCART

Address: 827 PROSPECT PL. Brooklyn
NY, 11216

I represent: CHRM

Address: same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/14/2009

(PLEASE PRINT)

Name: PATRICK MARKEE

Address: 129 FULTON ST, NY, NY 10038

I represent: COALITION FOR THE HOMELESS

Address: 129 FULTON ST, NY, NY 10038

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

Fifth Land / Bellevue ☐ in favor ☐ in opposition

Date: 1/14/09

(PLEASE PRINT)

Name: Joshua Goldstein

Address: 77199 Water St 3rd Floor NYNY 10038

I represent: Legal Aid Socy

Address: 330 Dean St Brooklyn NY 11217

Please complete this card and return to the Sergeant-at-Arms