



**Testimony of Commissioner Gary P. Jenkins
New York City Department of Social Services**

**Before the New York City Council, Committee on General Welfare
Oversight Hearing: Unsheltered Homelessness in New York City
May 3, 2022**

Good morning, I want to thank the General Welfare Committee and Chair Ayala for holding today's hearing and for the opportunity to testify about the Department of Homeless Services' (DHS) work to support unsheltered New Yorkers.

My name is Gary P. Jenkins and I am the Commissioner of the New York City Department of Social Services (DSS). I am joined by Department of Homeless Services (DHS) Administrator Joslyn Carter and DHS Assistant Commissioner for Partnership, Capacity Building and Strategy Shane Cox.

We look forward to updating the Committee today on the work of DHS and our partner agencies in addressing unsheltered homelessness. As Mayor Adams has stated and made clear from the beginning of this Administration, every New Yorker deserves dignity and safety, and there is neither when living unsheltered. That is why we have been laser-focused in implementing the Mayor's initiatives to encourage vulnerable New Yorkers to come inside and off the streets and subways, and enter safer settings with dedicated supports. This approach is reinforced by our commitment to aggressively expand our low-barrier resources and capacity, which was highlighted by the Mayor's recent announcement to allocate unprecedented resources for New Yorkers experiencing homelessness.

As part of this investment, the Adams Administration will add more than \$170 million in the Fiscal Year 2023 Executive Budget to provide high-quality services for unsheltered New Yorkers. As mentioned, this would be the largest investment made by any City Administration to fund and expand street outreach programs and low-barrier programs. As announced by Mayor Adams, this investment will fund around 1,400 low barrier Safe Haven and Stabilization Beds, which would bring the total of these beds to over 4,000, opening up more opportunities for our vulnerable neighbors to access our services and get the support they need.

This administration has already made significant progress on its commitment to increase the capacity of low-barrier beds dedicated to serving New Yorkers experiencing unsheltered homelessness as part of the Subway Safety Plan. As of today, the City has opened new high-quality sites which will offer dedicated supports to more than 400 New Yorkers as part of nearly 500 specialized beds announced in the plan earlier this year.

More than 100 beds are expected to come online in the coming months, exceeding the goal originally announced in the plan. The City will fund another nearly 900 more beds, bringing the total number of new capacity funded by this investment to more than 1,400 beds. The Mayor's recent announcement includes \$19 million to create three additional Drop-In Centers (DICs), in addition to funding for specialized staff such as nurses, psychiatrists and social workers to support the wellbeing of our clients. Lastly, \$12 million of this investment will be allocated to DSS's expanded outreach programs, which will increase the number of staff conducting subway outreach and placements, thus intensifying our reach, and add transportation services and other resources to help streamline the process of connecting clients to placement opportunities.

As we begin our discussion today on unsheltered homelessness in New York City, we should acknowledge that the vast majority of people experiencing homelessness in our city are sheltered indoors across our shelter system because we have a right to shelter. That stands in stark contrast with other jurisdictions around the nation, particularly on the West Coast, where the proportion of unsheltered individuals experiencing homelessness on the street is greater than in New York City.

Our work to reach and support unsheltered New Yorkers happens each and every day, weekends and holidays and at all hours of the day and night. Our approach to reaching and helping unsheltered New Yorkers is centered around building trust over multiple interactions – work that is carried out with care and compassion by our staff and providers surveying our neighborhoods for unsheltered individuals in need. This work is deeply personal to me: as I discussed with this committee in the past, I experienced homelessness and spent time in a shelter as a child, and so I understand first-hand that our work changes lives and that we have a responsibility to provide our clients with resources that they need to not just survive, but to thrive in our city. We are the safety net of last resort for many New Yorkers, and I take our responsibility to shelter our most vulnerable neighbors with the upmost seriousness.

Before we summarize our work to support unsheltered New Yorkers and our strategies to help those in need, I want to provide important background on DHS and homelessness.

Overview of DHS and homelessness in NYC

DHS is committed to preventing and addressing homelessness across the five boroughs. Our staff and providers employ many innovative strategies to help individuals who are in temporary shelter or are unsheltered to come in off the streets and to successfully transition to permanency. The mission of DHS is to prevent homelessness when possible, address street homelessness, provide safe temporary shelter and connect New Yorkers experiencing homelessness to suitable housing. We carry out this mission with care and compassion for each client and their circumstances.

We also remain committed to meeting our legal and moral mandates to provide temporary emergency shelter at request to all eligible New Yorkers who need it. Our staff and providers also help these individuals access a variety of social services, employment opportunities, work supports and other public benefits. We also help clients increase their financial literacy and search for permanent housing, to ensure a seamless transition back to independent living and stability.

As we continue our discussion today, it is important to contextualize the environment in which we do this work. In recent years, New York City has seen significant decreases in affordable housing. In the decade between 2005 and 2015, household rents in the city increased by 18.4%, while at the same time incomes failed to keep pace, increasing only by 4.8%. Looking at affordable housing supply, between 1994 and 2012, the city suffered a net loss of about 150,000 rent-stabilized units. As a result, by 2015, the city had insufficient housing for millions of low-income New Yorkers.

These trends, along with factors such as an economy that leaves too many living paycheck-to-paycheck, domestic violence, overcrowding, housing evictions, untreated mental health challenges and inadequate discharge planning from mental health institutions and state correctional facilities have resulted in homelessness and displacement across the five boroughs over the past decades. While these challenges persist, we are steadily working to address the multifaceted drivers of homelessness.

Overview of Street Outreach Strategies

Now, I would like to walk the Committee through the multi-pronged strategies that we've had in place to support New Yorkers experiencing unsheltered homelessness, starting with our street outreach strategies. These outreach strategies are proactive, and we are proud of the work our staff perform to actively identify and connect with vulnerable New Yorkers.

Our outreach teams canvass the five boroughs 24 hours a day, 7 days a week and 365 days a year as part of our efforts to identify and support individuals experiencing unsheltered homelessness. Our strategies place trust at the center of our work; building trust can take several years and often requires multiple interactions as we encourage unsheltered New Yorkers to accept services so they can in due course transition off the streets.

Ending unsheltered homelessness is a citywide effort and we need everyone to pitch in to support the City's proactive outreach efforts. To New Yorkers that are listening, if you are traveling our streets, subways, and parks I implore you to not walk by a fellow New Yorker who is unsheltered— contact 311 immediately and be part of the solution. If the person appears to pose an immediate risk to themselves or others, New Yorkers should call 911 for assistance. This is a critical step in helping the City identify individuals experiencing unsheltered homelessness, and we ask that you inform your constituents about ways they can help given our collective responsibility to assist our neighbors in need.

Once someone contacts 311 to report an unsheltered New Yorker in need of assistance, a 311 Service Request is created. That Service Request is then routed to a social service provider or a partner agency, which results in an outreach team being dispatched to the reported location. The outreach teams then attempt to locate that individual, and if found, directly engage the person, assess for safety and encourage them to accept services and transition off the streets or subway.

To implement and organize our outreach work, the City launched the Homeless Outreach and Mobile Engagement Street Action Teams, or better known as HOME-STAT. Through this system, we have built the City's first by-name list of individuals who are known and currently

engaged by HOME-STAT outreach teams, and are confirmed to be experiencing unsheltered homelessness.

New Yorkers experiencing unsheltered homelessness face many barriers to transitioning indoors. Many of our unsheltered neighbors have fallen through various safety nets, experienced trauma or are dealing with mental health or substance use challenges. All of these factors make these New Yorkers our most vulnerable population. As mentioned, it can take multiple interactions and persistent and compassionate engagement to successfully encourage someone experiencing unsheltered homelessness to accept City services. Given these circumstances, it is important to understand that there is no one-size-fits-all approach to ending homelessness. However, HOME-STAT and our approach allows our outreach teams to engage New Yorkers experiencing unsheltered homelessness, person by person, directly and repeatedly, working to gain their trust and ultimately encourage them to accept services.

Shifting to the services available to New Yorkers experiencing unsheltered homelessness, I want to highlight the specialized facilities DHS oversees to support these individuals. Along with our providers, DHS operates Drop-In Centers, stabilization beds and Safe Havens, which provide low-barrier programs that specifically target individuals who may be resistant to accept other services, including traditional shelter.

For the Committee's background, I want to provide a more detailed overview of these resources. Drop-In Centers offer baseline services with the goal of meeting immediate needs for unsheltered New Yorkers, such as meals and showers. Drop-In Centers have case management services on-site, which provide the immediate option for individuals who want to transition off the streets. In the case of Safe Havens, we provide a transitional housing model with specialized overnight beds, more intimate and hands-on case management, along with lower-barrier program requirements. To build on the success of the Safe Haven model, we have expanded the number of these specialized beds across the city, with more coming online to support New Yorkers in need, as highlighted by the Mayor's historical investment in low-barrier beds. Lastly, like Safe Havens, stabilization beds are small-scale and low-barrier programs aimed at helping individuals experiencing unsheltered homelessness who may be resistant to accepting services. Moreover, our stabilization beds are aimed for clients who are more able to live independently and include several services to ensure they are supported.

These facilities are equipped with on-site services and staff who work closely with clients to build trust, stabilize their living circumstances, and encourage transitioning from unsheltered homelessness and into permanent housing. The services provided here are frequently the first step in helping New Yorkers experiencing unsheltered homelessness on a path to stability, and we are proud of this work and the results we achieve each day.

Another key resource available to help New Yorkers experiencing homelessness is supportive housing – a model of affordable housing with supportive social services in place for individuals who are homeless or at risk of homelessness. These services are overseen by the Human Resources Administration's Office of Supportive and Affordable Housing and Services (OSAHS), whose focus is on developing permanent housing solutions for formerly homeless individuals. Our supportive housing teams work closely with our partners to develop new

housing programs and refer applicants to housing so they can stabilize their lives and improve their circumstances.

Subway Outreach

Now, I would like to shift to update the Committee on our recent initiatives taken on by this Administration, starting with our subway outreach efforts, through which DHS and our provider organizations work to reach and support New Yorkers experiencing unsheltered homelessness in the subways. As Mayor Adams has stated, it is inhumane to allow our fellow New Yorkers to sleep and live on the subway, and we must not turn a blind eye towards their plight. As part of this initiative, our outreach teams who are out canvassing every day, day and night, have enhanced access to clinicians, providing outreach staff with new tools and resources, to further strengthen our outreach efforts in the subway system.

The subway outreach initiative is centered around interagency and City and State collaboration, with the aim to assist New Yorkers experiencing unsheltered homelessness in the subway. The initiative includes the following features:

- Deploying Joint Response Teams made up of DHS, Department of Health and Mental Hygiene, New York Police Department and community-based providers in high-need locations across the city. They work in partnership with the State's Safe Options Support Outreach Teams, also known as SOS Teams, which consist of outreach workers and clinicians.
- Incorporating medical services to individuals experiencing unsheltered homelessness.
- Streamlining the placement process into supportive housing and minimizing the amount of paperwork required to show eligibility; and
- Creating new Drop-In Centers to provide a direct route for New Yorkers to come indoors, and exploring opportunities to place Drop-In Centers closer to key subway stations to more seamlessly transition individuals indoors.

Since the inception of this initiative, our teams have canvassed subway platforms, subway cars, transit hubs and end-of-line subway stations, to offer services and supports to New Yorkers experiencing unsheltered homelessness. When a person in the subway is engaged by an outreach team, they are evaluated to address their individualized needs. Recognizing that there is no one-size-fits-all solution to address the circumstances that may have resulted in the person's homelessness, our outreach staff and clinicians offer a range of services and supports.

As we have stated previously, these efforts are all about repeated engagements to build trust with New Yorkers in need, with the goal being to connect them to long term permanent housing, mental health and substance use treatment, and community-based services. For the Committee's awareness, every day, outreach teams conduct on average 700 engagements with individuals in need on the subway platforms, at prioritized end-of-line stations, and in subway cars. This does not include the ongoing work of responding to 311 calls and other outreach during daytime hours which have reached thousands of New Yorkers. From these interactions, we can report that more than 700 individuals accepted services into shelter. Our work continues, and we look forward to

collaborating with our partners in and outside of government to help New Yorkers in need in our city's subways.

Street Outreach Initiatives

This Administration is redoubling its efforts to serve and support New Yorkers experiencing unsheltered homelessness. The Mayor's recent initiatives are focused on encouraging vulnerable New Yorkers to come in off the streets and subways and into safer settings. Additionally, this work is reinforced by this Administration's commitment to aggressively expand our low-barrier resources such as Safe Havens and stabilization beds which are dedicated to serving this population, and provide the critical capacity needed to bring individuals indoors and closer to support services.

Regarding the City's latest interagency collaboration efforts to address encampments, the Mayor has been clear from the onset that we are not going to abandon our neighbors who are suffering, particularly when the City has the ability to help and improve their conditions. It is our moral obligation to use the resources we have to help our fellow New Yorkers who are experiencing unsheltered homelessness, and not just ignore our neighbors in need.

It is critical that we provide services for our vulnerable neighbors who need our help – and thanks to this initiative, our city will become more equitable for all. At every cleaning, DHS outreach teams are there on the ground to connect New Yorkers experiencing unsheltered homelessness with services and help facilitate the connection to provide shelter, food, and support. As the Mayor has stated, we will not be deterred from offering the help and services to our unsheltered neighbors that they deserve and are entitled to, all while ensuring that our public spaces remain clear and clean and available to all.

We also appreciate the Committee Chair's recent acknowledgement about the effectiveness of our low barrier programs such as Safe Havens and stabilization beds, which are specifically tailored for unsheltered individuals who may be resistant to accepting services, or who may not be best served by other services, including traditional transitional housing settings. That is why, as of today, we have approximately 3,000 specialized beds dedicated to serving the unique needs of New Yorkers experiencing unsheltered homelessness. And as mentioned earlier, with the historical investments we are making, including funding for around 1,400 low barrier beds, which would bring the total of these beds to over 4,000, opening up more opportunities for our vulnerable neighbors to access our services and get the support they need and deserve.

We also want to take this opportunity to highlight the various shelter models used by DHS and our partners to support New Yorkers in need. All our facilities, from dormitory shelters to Safe Havens, maintain strict protocols to ensure the safety of our clients. Our staff and providers receive the necessary training, some of which we have worked with the City Council to craft, to ensure they have the tools and knowledge to address any safety concerns and de-escalate matters in a professional manner. Specifically looking at our dormitory settings and safety, all of our shelter sites have 24/7 security, we have cleared more than 90% of violations and have added tens of millions of dollars annually for programming for our clients to participate in.

Legislation:

Moving on to legislation, the bills being heard today present several ideas that we are reviewing. As we continue these discussions, we encourage the Committee to consider the fiscal and staffing resources that would be necessary to carry out these proposals, and the impact on our agencies' programming.

Introduction 212 proposes to update Local Law 37 of 2011, which requires a monthly report on emergency housing assistance usage and require a cover page listing the total number of all individuals utilizing emergency housing. We look forward to discussing this proposal further with the bill's sponsor to ensure we present an accurate view of clients in DHS shelter and other emergency shelters, while at the same time ensuring reporting does not duplicate pre-existing requirements.

Introduction 211 would require reporting on exits from City-administered facilities and the financing, starts and completions of permanent housing meant for individuals exiting these facilities. This bill presents similar challenges as Introduction 212. We want to ensure the reporting required by this bill is not onerous or repetitive of existing requirements, and we look forward to working with the sponsor to understand the intent.

Lastly, today's preconsidered introduction proposes that the Department of Homeless Services and Human Resources Administration track and report data on rental assistance programs. We are reviewing the legislation and we look forward to discussing and clarifying the information being requested in this proposal, with the goal being to ensure the data's accuracy and efficiency. Based on an initial review, as currently drafted, the bill would pose a substantial administrative burden on the agency, as it requires resource intensive data collection and seeks information that is anticipated to be untraceable.

Closing

As we close our testimony today, I want to briefly summarize our key takeaways on how the Adams Administration is working to address unsheltered homelessness across our city:

- Homelessness is a decades-long challenge that has persisted due to many factors, from stagnating wages and a lack of affordable housing, and the Adams Administration is laser-focused on connecting unsheltered New Yorkers to the services they need to get back on their feet;
- Every New Yorker and elected official shares the responsibility of proactively helping unsheltered New Yorkers; from taking a few minutes to contact 311 to help us identify an unsheltered neighbor, to helping us find and site shelter facilities across the five boroughs;
- Our outreach teams are out in the field, 24 hours a day, 7 days a week and 365 days a year supporting New Yorkers experiencing unsheltered homelessness, in our streets and subways, and we are not leaving any stone unturned in our efforts to bring them indoors with the care and compassion they deserve.

Thank you for the opportunity to testify today about our efforts to address unsheltered homelessness in our city. We look forward to partnering with the City Council on these efforts and I welcome any questions you may have.



**Testimony to the New York City Council Committee on General Welfare
Oversight – Unsheltered Homeless in New York City
May 3, 2022**

Introduction and Thanks:

My name is Patrick Boyle and I am the Assistant Vice President for Public Policy for Volunteers of America-Greater New York (VOA-GNY). We are the local affiliate of the national organization, Volunteers of America, Inc. (VOA). I would like to thank Chair Ayala, as well as the other members of this Committee, for the opportunity to submit the following testimony.

About Us:

VOA-GNY is an anti-poverty organization that aims to end homelessness in Greater New York by 2050 through housing, health and wealth building services. We are one of the region's largest human service providers, impacting more than 11,000 adults and children annually through 65 programs in New York City, Northern New Jersey, and Westchester. We are also an active nonprofit developer of supportive and affordable housing, with a robust portfolio permanent supportive housing, affordable and senior housing properties—with more in the pipeline.

Unsheltered Homeless in NYC:

As we know, the problem of homelessness runs on a spectrum—there is no one type of individual who finds themselves experiencing homelessness. Many thousands of individuals who experience homelessness every year in New York City are working, and many are families with children. Some have experienced a temporary loss of income whereas others have persistent mental health challenges or substance use disorders. There is no “one size fits all” approach.

However, at VOA-GNY, with an assessment shelter and a Safe Haven location among our many programs for unhoused people, we can offer the following recommendations with respect to one population that is the specific focus of this hearing—the unsheltered homeless in New York City.

First, we applaud the Administration and the Council for their joint commitment to an additional \$170 million for Safe Haven and stabilization beds. As we can attest, Safe Havens are a model that have proven successful in reaching certain individuals who are for various reasons resistant to other types of temporary living arrangements. These so-called “low barrier programs” are able to bring individuals in off the street who might otherwise conclude that the streets are the best option for them. This of course is the critical first step toward developing a path toward permanent, safe housing for these individuals.

Second, it is a fact that a higher percentage of individuals than ever coming through our assessment shelter are experiencing mental health challenges, which are in many cases severe. Unfortunately, mental health assistance, whether from a psychiatrist, psychologist, psychiatric nurse practitioner, clinical social worker, or licensed therapist, is not available in every location. We need to ensure there is some form of direct assistance at the sites themselves, as people must be met where they are with the help they need. And with this, there must be better coordination with the hospital system. Shelters are not an appropriate place to be used as step down centers or quasi-hospital beds, but too often that is occurring.

Third, at VOA-GNY we were extremely disappointed to find that there was no Cost of Living Adjustment (COLA) or other action on pay equity for human service workers, including frontline workers dealing with people experiencing homelessness. As you have heard from countless not-for-profit organizations in this field, poverty wages and salaries that cannot grow for our workers are not sustainable. This work is difficult, emotionally taxing, and when done correctly leads to transformational positive change in people's lives. Good providers losing staff, dealing with vacancies, and declining future opportunities because government does not pay fairly will not have good outcomes for the homelessness crisis we are all fighting to solve.

Thank you for your consideration.

Respectfully submitted by:
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Testimony of
Coalition for the Homeless
and
The Legal Aid Society
on
Oversight: Unsheltered Homelessness in New York City
submitted to

The New York City Council Committee on General Welfare

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May 3, 2022

The Coalition for the Homeless and The Legal Aid Society (LAS) welcome this opportunity to testify before the New York City Council’s Committee on General Welfare regarding unsheltered homelessness in New York City.

This hearing comes at a critical moment: Over the past weeks, Mayor Adams’ subway and sweeps policies have upended the lives of hundreds of homeless New Yorkers throughout the city, destroying their belongings, inflicting trauma, disrupting their access to services, and failing to help people move into permanent housing or shelter beds in private, single-occupancy rooms where they feel safe. This approach is counterproductive, and makes it much harder to connect people with housing, shelters, and services. These Giuliani-era tactics were tried decades ago and failed, only worsening our city’s homelessness crisis and harming the people involved. Notably, prior mayors conducted thousands of sweeps, but many New Yorkers continue to reside on the streets because the City has failed to offer them a safer alternative.

The solution to homelessness is housing. The City should invest in affordable permanent housing where our homeless neighbors can reside in peace, away from the elements and other dangers on the street. We implore the City to immediately offer real permanent housing and safe, private shelter options to people, and to cease these cruel, pointless, and ineffective sweeps.

The following testimony is largely excerpted from the Coalition’s recently released report [*State of the Homeless 2022: New York at a Crossroads*](#), which provides more details about the causes of and solutions to homelessness, and grades the City and the State on their efforts to address this crisis.

Equipping Outreach Teams with Necessary Resources

“Being a womxn, one is safer blending in. Outreach workers never recognized me as being unsheltered. Every time we passed each other at the E train’s World Trade Center subway stop, they always went after other people, ones who stood out as being unsheltered and were not trying to blend in. They also were not trying to go into shelter. Yet those of us trying to find safety, fleeing from abusers, and seeking help, kept being turned away from social workers who didn’t have housing resources, cops because an assault happened over two hours earlier, or case workers because we didn’t look like the right fit.”

K.C., who was homeless from November 2011 to 2014 and again from 2018 to December 2019

Despite New York City’s right to shelter, thousands of people sleep on the streets, in the transit system, or in other places not meant for human habitation. The City’s annual point-in-time estimate of unsheltered New Yorkers (the “HOPE survey”) is a vast undercount, and no accurate census of this population has ever been achieved.¹

¹ For details on the HOPE survey’s methodological shortcomings, see the Coalition’s briefing paper “Undercounting the Homeless” <https://www.coalitionforthehomeless.org/wp-content/uploads/2014/06/BriefingPaper-UndercountingtheHomeless2010.pdf>

The City contracts with several nonprofit agencies to conduct outreach to people staying on the streets and in the transit system, and to encourage them to move indoors to a shelter or drop-in center. These teams work day and night to speak with unsheltered New Yorkers and connect them to resources, but they are often underfunded and have large caseloads. The State has historically left the City to fund these teams, but in January 2022, Governor Hochul announced that the State would also fund new “Safe Options Support” (SOS) teams to supplement the City’s outreach efforts.

However, even the best-trained outreach teams can only be effective if they are able to offer unsheltered people what they want and need. The main option outreach teams offer is transportation to a large congregate shelter, which many people on the streets already have experienced and have made a conscious decision to avoid (particularly during the pandemic). According to interviews conducted by the Coalition for the Homeless, the majority of unsheltered New Yorkers surveyed had in fact tried the municipal shelter system and reported that it did not meet their needs.²

Even if people are willing and ready to come in off the streets, outreach teams cannot always quickly connect them to an appropriate bed: They often encounter delays and bureaucratic hurdles that stand in the way of their access to low-barrier shelter beds or permanent housing. The lack of these resources, discussed in more detail below, is frustrating for both outreach workers and unsheltered New Yorkers, and is the main impediment to the City’s and State’s efforts to reduce the number of people sleeping rough in the transit system, on the streets, and elsewhere.

Furthermore, many unsheltered New Yorkers are understandably wary of engaging with outreach team members because they have been disappointed by prior experiences, or see them as collaborating with the police, who are often lingering nearby if not standing immediately beside outreach workers. It usually takes multiple engagements to build trust with people who have been repeatedly failed by the systems that are purportedly there to help them.

It is also unlikely unsheltered New Yorkers will engage if the outreach teams and materials are not available in their language. While street outreach teams occasionally have staff members who are able to speak languages other than English, notices for encampment sweeps and other information are only available in English, thereby leaving clients who speak other languages and dialects in the dark. The City should comply with Local Law 30 regarding translations of important documents and notices. At a minimum, outreach teams should provide required interpretation during interactions, but teams should also include staff members who can speak in languages consistent with those that are common in their outreach areas.

Equipping outreach teams with essential items like socks, care kits, and water can help them develop a rapport with people on the streets, who may be more willing to engage with the teams offering these small but important comforts. However, for years the City and some providers have resisted offering these items to people in need because of a misguided view that doing so

² See the Coalition’s April 2021 report “View From the Street: Unsheltered New Yorkers and the Need for Safety, Dignity, and Agency” <https://www.coalitionforthehomeless.org/wp-content/uploads/2021/04/View-from-the-Street-April-21.pdf>

would deter them from moving indoors – rather than recognizing that the lack of appropriate indoor options is the main reason people stay outside. There has been limited progress on this issue in recent years, such as the occasional distribution of socks, and some outreach teams have raised private funds to purchase essential items. Providing essential personal items to people sleeping on the streets is the more humane approach, and it enhances the ability of outreach teams to establish trust with those whom they serve.

More critical, however, is the need to remove law enforcement officers from the outreach process. Outreach must be conducted only by trained professionals and peers who are able to develop relationships with unhoused individuals, learn what they need, and connect them with the necessary resources.

Access to Low-Barrier Shelters

“I used to sleep unsheltered on the streets, subways, and elsewhere, although not recently. I wish I would’ve had constructive outreach done to offer me access to Safe Havens and stabilization beds as well as restroom access rather than being criminalized as a homeless person in lieu of housing assistance.”

W.T., who was homeless from May 2006 to November 2021

The success of outreach teams largely depends upon the immediate availability of low-barrier shelters. For most unsheltered New Yorkers, Safe Havens and stabilization beds³ are a welcome alternative to the main congregate shelter system because they typically have more flexible rules, do not have a strict curfew, offer more privacy, and have a higher ratio of staff to residents. People who have had negative experiences in large congregate shelters are often more willing to accept the offer of a Safe Haven or stabilization bed, but the demand for these low-barrier options exceeds the supply, particularly when an individual requires a shelter placement that is close to the location of a resource they need, like a health clinic. **There are currently approximately 1,200 stabilization beds and 1,600 Safe Haven beds – nearly all of them full every night, while thousands of individuals still bed down on the streets and in the subway.**

Although the City has opened more Safe Haven and stabilization beds during the pandemic, some of those sites have recently closed or switched to other shelter types. This has caused confusion and disruption among vulnerable residents, and some have returned to the streets during these moves. Meanwhile, others who remain unsheltered on the streets are not consistently offered quick access to low-barrier shelters. **Adding outreach workers without expanding Safe Haven and stabilization bed capacity will not help people come in off the streets.**

³ Safe Havens offer specialized overnight beds with physical and program characteristics specifically meant to address unsheltered individuals’ unique needs, including smaller physical settings, as well as more hands-on case management. Similarly, stabilization beds are private rented rooms where unsheltered New Yorkers may stay before being connected to permanent housing or a long-term transitional setting. Case management in stabilization bed facilities is provided by outreach teams. Outreach teams refer unsheltered individuals directly for placement in Safe Havens and stabilization beds.

As part of “The Subway Safety Plan,” Mayor Adams promised to open nearly 500 new stabilization and Safe Haven beds in 2022 – but the Mayor surged police into the transit system before adding this new capacity, and some of the new beds are in congregate dorms rather than single-occupancy rooms that most people on the streets prefer.⁴ Notably, the State has not adequately supported efforts to expand these types of shelters, leaving the City as the sole funder. The result is that people in crisis are simply pushed further into the margins of the city, unable to get the help they need.

The City’s own outreach data underscore the necessity of expanding the supply of low-barrier shelters. Starting in May 2020 when then-Governor Cuomo ordered the subways temporarily closed overnight, outreach teams conducted targeted engagement of homeless New Yorkers at the last stations of certain subway lines. During the next 21 months, **9,231 unique individuals** accepted offers of transportation to various types of shelters and drop-in centers. Given that this is *only* those homeless individuals who spoke to outreach teams in end-of-line subway stations, and of those, only the fraction who accepted offers of transportation to indoor accommodations, this figure suggests there is likely a much larger unsheltered population than is estimated in the City’s annual point-in-time HOPE reports – the most recent of which claimed that the number of unsheltered New Yorkers dropped from 3,857 in January 2020 to 2,376 in January 2021. Furthermore, an alternate HOPE methodology used during the pandemic casts further doubt on the claims that the number of unsheltered homeless people declined during this period.⁵ **After being transported from end-of-line subway stations, people were most likely to accept the offer of a stabilization bed (65 percent of people accepted placement), and were most likely to remain long-term in Safe Havens.** However, the vast majority of people were only offered placement in the main congregate shelter system, where the long-term retention rate for those accepting placements was just 24 percent, versus 63 percent for the rarely offered Safe Havens. By expanding access to single-occupancy Safe Haven and stabilization beds, the City could help more people move indoors to settings where they feel safer and substantially increase the effectiveness of its outreach efforts.

*Outcomes from End-of-Line Outreach May 2020-January 2022
Cumulative May 5, 2020, to January 31, 2022*

	Shelter	Safe Haven	Stabilization Bed	Drop-In Center	Total
Accepted Referral to Shelters	7,625	160	674	772	9,231
Accepted Placement After Being Transported	2,524	59	436	86	3,105
Still in Placement (as of February 15, 2022)	595	37	164	-	796
% Accepted Placement	33.1%	36.9%	64.7%	11.1%	33.6%
% Accepted Who Are Still in Placement	23.6%	62.7%	37.6%	0.0%	25.6%

Source: Department of Homeless Services

⁴ <https://www1.nyc.gov/assets/home/downloads/pdf/press-releases/2022/the-subway-safety-plan.pdf>

⁵ Acknowledging that the HOPE 2021 survey did not use volunteers and took place over multiple nights, the City’s own press release noted, “As a result of the adjustments due to the pandemic, comparing to prior years’ estimates is not exactly apples to apples.” <https://www1.nyc.gov/site/dhs/about/press-releases/hope-2021-05-20.page>

Access to Psychiatric Services

It is apparent to any New Yorker who has ridden the subways or walked the city's streets that countless neighbors are not connected to the mental health care they need. High-profile tragedies, like a fatal subway shoving incident in January, prompt renewed discussions about serious mental illness, but often fail to address the underlying barriers that prevent people from accessing care even on a voluntary basis. Instead of fixing access to mental health care, Mayor Adams and Governor Hochul are leading with an oft-repeated plan to flood the NYC transit system with police and outreach teams. But more police officers and outreach teams cannot create adequate inpatient psychiatric bed capacity, more low-barrier stabilization and Safe Haven beds, truly on-demand primary mental health care, or enough supportive housing for everyone who qualifies and wants it.

The hard truth is that thousands of New Yorkers, including many struggling to survive without housing, are not able to access the mental health care they need. Of the 93,925 adults eligible in December 2021 to receive enhanced mental health services in New York City under the State's Medicaid managed care program for those with serious mental illnesses, only 2,179 (a meager 2.3 percent) actually received such care in the prior 12 months.⁶ The lack of access to outpatient mental health care is largely due to the funding of public mental health care almost exclusively through Medicaid via contracts with managed care companies that block access to care instead of fostering access to it. Although new mobile mental health treatment teams have been added over the years and more will be deployed this year, many individuals continue to fall through the cracks.

Furthermore, State inpatient psychiatric centers once served roughly 93,000 New Yorkers, but today the number of State psychiatric hospital beds has dwindled to 2,330, of which about 1,000 are in New York City.⁷ Of the 3,763 acute and long-term psychiatric beds for adults in New York City, 72 percent⁸ are in acute care hospitals that offer only short-term care (only a week on average). As of 2018, the city had nearly 950 fewer psychiatric inpatients on average each day than it had in 2012 (3,171 vs. 4,115).⁹

The dearth of inpatient beds has worsened during the pandemic as some psychiatric units were repurposed for COVID-19 care, and 600 beds in NYC alone have not yet returned to psychiatric service. Outpatient services have also been more difficult to access due to a shift to telemedicine, clinic closures, and the aforementioned managed care problems.

The serious deterioration in access to mental health care has led to predictable results: As of 2019 and averaged across all inpatient facilities, one in five psychiatric inpatients was readmitted within 30 days, and nearly one in three was readmitted within 90 days.¹⁰ Similarly bleak statistics show that too many individuals also return to Emergency Departments too frequently,

⁶ https://omh.ny.gov/omhweb/bho/hcbs_access_dashboard.pdf

⁷ <https://omh.ny.gov/omhweb/special-projects/dsrip/ccudb.html>

⁸ Ibid.

⁹ <https://omh.ny.gov/omhweb/tableau/county-profiles.html>

¹⁰ Ibid.

undoubtedly because at least some have been discharged not to a stable home, but to a shelter or the streets.

While much of the public discourse has centered around involuntary treatment,¹¹ in reality many people with serious mental illnesses are not able to access care even when they seek it because of the loss of inpatient psychiatric beds, barriers related to managed care for outpatient services, and the failure to connect people to the long-term supports and stable housing they need to succeed. Proposals to divert mental health crisis calls from the police to EMTs are a step in the right direction, but further reforms must be made in order to address the underlying factors that lead to mental health crises.

Housing for Unsheltered Individuals

What unsheltered homeless individuals want and need are homes, but too often, they encounter insurmountable barriers that stand in the way of their access to permanent affordable housing and housing with onsite support services. Too many housing options elude them due to arbitrary and biased assessments, exhaustive documentation requirements, onerous pre-conditions for residency such as sobriety requirements, treatment plan compliance mandates, credit score checks, and adequacy of income thresholds, as well as many forms of illegal discrimination.

One housing model that was once used in New York City to help people move directly from the streets to apartments where they could receive mobile mental health services on a voluntary basis, sometimes referred to as “housing first” or the “Pathways” model, fell out of favor due to costs and alleged malfeasance by one provider. New York State stopped funding it, but the model is proven to work, has been replicated elsewhere, and has enabled many individuals to regain housing and psychiatric stability after moving indoors.

Governor Hochul recently announced her intention to create 500 new “supported” housing beds in apartments for unsheltered people with mental illnesses engaged by new subway outreach teams set to start operations later this year. But while the State plans to provide \$12.5 million per year for the beds, the units are not open yet, and they will be staffed by the same teams of workers that are supposed to be conducting outreach. In addition, this housing is apparently not intended to be permanent, but rather an interim placement while applications for traditional supportive housing with onsite services are prepared and reviewed. A more adequate supply of such housing and a more robust staffing plan are needed. The teams could easily make use of 1,000 or more beds, and they should be adequately staffed with dedicated mobile mental health teams that are not pulled in two directions at once: outreach and residential support. This would cost closer to \$50 million per year.

Supportive housing has been proven to help people with serious mental illnesses, substance use disorders, or other challenges achieve long-term stability. New York pioneered this model under the principle that people need the foundation of stable housing in order to address their health and other needs. Ideally, eligible individuals would be quickly connected to housing in which they can avail themselves of voluntary onsite support services. In practice, however, government

¹¹ For more information, see our “Fact Check on Homelessness and Mental Health Care” <https://www.coalitionforthehomeless.org/wp-content/uploads/2022/02/Fact-Check-on-Homelessness-and-Mental-Health-Care.pdf>

policies meant to ration the scarce resource of supportive housing have created numerous and needless obstacles that make access to this enriched type of housing nearly impossible for unsheltered New Yorkers.

For example, people seeking supportive housing must produce documentation to prove that they are homeless, which can be difficult for those who are disconnected from City-contracted outreach workers. The eligibility process for supportive housing can take months, all while an applicant is sleeping rough on the streets. The interview and placement process for supportive housing poses its own vexing challenges.

The City and State must both expand the supply of supportive housing and streamline the process for accessing it so that people can move indoors more quickly, and must adequately fund comprehensive services for those who are housed.

Similarly, the process for obtaining housing vouchers is needlessly cumbersome for people staying on the streets. Many unsheltered New Yorkers do not have mental illnesses or other challenges that could qualify them for supportive housing, and they simply need help affording an apartment. However, they often languish for months and even years on the streets as they attempt to navigate administrative hurdles and documentation requirements in order to access Federal Section 8 vouchers or other subsidies like CityFHEPS.

In response to pressure from homeless New Yorkers and advocates, in 2021 the City eliminated a requirement that unsheltered New Yorkers be connected to outreach teams for 90 days before becoming eligible to receive a CityFHEPS voucher. This commonsense policy change will help people move off the streets and into permanent housing more quickly. However, only individuals connected to DHS-funded outreach workers can access CityFHEPS vouchers. In addition, staffing shortages in City agencies have exacerbated delays in application processing and inspections before people can move into an apartment. Further reforms are needed to ensure that all unsheltered New Yorkers can swiftly access housing. Given the risks of sleeping unsheltered, the City and State must eliminate all barriers that prolong homelessness for those who sleep rough in New York City.

Restroom Access for Unsheltered Individuals

New Yorkers have long bemoaned the lack of access to clean restrooms open and available to the public. The issue is particularly important for those living on the streets, who are deprived of any place in which to wash, use the toilet, and attend to their personal needs.¹² The lack of public bathroom facilities in our city is unhealthy and degrading, and indicates a callous disregard for the basic humanity of those struggling for survival on our streets.

This problem was exacerbated during the pandemic, as many businesses and facilities that had previously allowed people to use their restrooms reduced their hours or closed entirely. In response to advocacy from homeless New Yorkers and advocates, the City temporarily deployed portable toilets during the first few months of the pandemic, but failed to ensure their proper

¹² See also “‘Do We Not Bleed?’ Sanitation, Menstrual Management, and Homelessness in the Time of COVID,” *Columbia Journal of Gender and Law*, Volume 41, No 1
<https://journals.library.columbia.edu/index.php/cjgl/article/view/8838>

maintenance and soon removed them following reports of vandalism. Non-profit organizations, including Doctors Without Borders and Shower Power (both in partnership with the Coalition for the Homeless), stepped up with their own portable showers and toilets in the face of government inaction.

There are some quick steps the City could take to mitigate the problem, such as pulling the automatic self-cleaning toilets it has out of storage and installing them in high-need areas. Similarly, the State-run MTA has been slow to reopen restrooms in subway stations closed at the start of the pandemic – even as agency leaders complain of people urinating and defecating in the transit system.

Public restrooms would benefit all people who live in or travel through the city, including those with health issues, older adults, and young children. But they would particularly benefit homeless New Yorkers who simply need a safe, clean place to fulfill basic bodily functions. Rather than vilifying people who must resort to the demeaning necessity of having to urinate or defecate in public, City and State officials should ensure that every person has a dignified, clean place to relieve themselves.

Protecting the Rights of Unsheltered Individuals

Unfortunately, rather than connecting people to the low-barrier shelters and permanent housing they want and need, the City and State have continued to criminalize unsheltered homeless individuals and rely heavily on policing strategies to push people out of sight. We have seen time and time again that these strategies do not work, and merely make it more difficult to engage those in the most desperate need and provide them with shelter, services, and housing.

One of Mayor Adams' first actions in office was to surge police officers into the transit system, while unconvincingly reassuring the public that NYPD would not be the primary point of contact with homeless New Yorkers. This was the latest escalation in an ongoing campaign to enforce rules against so-called “quality of life” offenses that disproportionately ensnare people who are trying to survive on the streets and in the subways, leading to arrests, fines, and incarceration.

For example, former Governor Cuomo's spring 2020 decision to temporarily close the subways overnight was a thinly veiled move to force homeless New Yorkers, whom he called “disgusting,” out of the transit system. Even after former Mayor de Blasio pledged to remove police from homeless outreach in 2020, the City used wide discretion to involve NYPD in sweeps and other outreach efforts throughout the end of his administration. Mayor Adams' subway safety plan goes a step further, by pairing police officers with outreach teams and increasing enforcement of transit rules that specifically target homeless New Yorkers.

Mayor Adams' aggressive encampment-clearing initiative is a further effort to push homeless people out of sight, but the administration has failed to offer people a better, safer alternative to the streets. City agencies conducted thousands of street sweeps last year and have doubled down on sweeps under Mayor Adams, in direct violation of pandemic guidance from the Centers for Disease Control and Prevention to allow people to remain where they are unless individual housing options are available: “Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for

infectious disease spread.”¹³ Completely ignoring this guidance, the City regularly sends workers from the Department of Sanitation and other agencies to dispose of personal belongings and force unsheltered individuals to move somewhere else. But without offering them the single-occupancy, low-barrier shelter beds and permanent housing they want and need, the City has often been merely moving people without homes from one street corner to the next. The City has also been repeatedly sweeping the same locations, trapping people in a cruel cycle of displacement. These sweeps can also impede the work of outreach teams: Forcing people to move away from their familiar locations can sever their ties with outreach workers who might not be able to find them again, and the trauma of sweeps can break the trust outreach teams work so hard to build.

Policing and sweeps do not address the reasons someone is sleeping on the streets, and can actually push people further away from the help they need. Instead, City and State officials should cease all sweeps and expand access to private, low-barrier shelters and housing so that outreach teams can quickly connect people to a better option than the streets and subways.

Recommendations

In order to help unsheltered homeless New Yorkers, Mayor Adams must:

- Prohibit NYPD from responding to 311 calls requesting assistance for homeless individuals and remove NYPD from all homeless outreach functions. Calls to 311 should only result in the deployment of properly trained DHS-contracted outreach workers.
- Implement the CCIT-NYC (ccitnyc.org) campaign’s proposal for non-police responses to mental health crises.
- Adopt a client-centered, harm reduction approach to outreach for unsheltered homeless individuals, including trained peers on outreach teams and equipping each team with essential items such as socks, hand sanitizer, menstrual products, backpacks, clothing, and coats.
- Ensure notices are translated into multiple languages in compliance with Local Law 30 and provide required interpretation during outreach and other interactions with unsheltered New Yorkers.
- Cease encampment-clearing operations and street sweeps and focus instead on connecting people to resources they want, including low-barrier shelters and permanent housing.
- Open at least 3,000 new Safe Haven and stabilization beds in single-occupancy rooms and offer them to all unsheltered homeless individuals, with a focus on expanding the number of these facilities for women and transgender or gender-non-conforming individuals, and increase drop-in center capacity citywide.
- Allow individuals with disabilities or chronic/severe medical issues to enter Safe Havens without first proving they have been on the streets for a certain length of time.
- Open a sufficient network of public restrooms and 24-hour warming and cooling centers throughout the city with proper air filtration and ventilation, appropriate safety protocols, and adequate personal protective equipment.

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html#facility-encampments>

- Administratively clear all summonses for “quality of life” offenses issued to people as a result of their homeless status.
- Expand the number of overdose prevention centers and ensure that lifesaving harm reduction services are readily available to all New Yorkers.

Mayor Adams and Governor Hochul should together:

- Halt the deployment of additional police in response to homeless people located in transit facilities and trains.
- Reopen 600 NYC inpatient psychiatric unit beds that had been diverted to COVID-19 care, and assure that all admissions, whether for observation or inpatient care, include full care management and discharge planning services.
- Expand access to low-barrier physical and mental health care, including virtual care and street medicine.
- Ensure that any procurement of Medicaid managed care contracts includes robust requirements for the competent and timely provision of integrated health and mental health care for all Health and Recovery Plan (HARP)-eligible individuals, including those who are homeless.
- Expand integrated health clinic availability for sheltered and unsheltered homeless individuals and families, including through any alternate Medicaid payment mechanisms.
- Prevent further loss of acute care and long-term psychiatric inpatient beds and collaborate on strategies to reduce barriers to both inpatient and outpatient psychiatric care.
- Avoid characterizations of homeless people that stereotype them as mentally ill and violent.

Legislation

The Coalition for the Homeless and The Legal Aid Society support the three pieces of legislation presented today, and thank the Council for their commitment to clear information and greater accountability around homelessness and housing.

The Coalition and LAS support the passage of **Intro. 211**, which would increase transparency and create an opportunity for more nuanced analyses of where New Yorkers go once they leave any of the City-administered shelter systems. Current reporting is inadequate and not specific enough to be useful, which forces advocates to submit Freedom of Information Law (FOIL) requests to City agencies to glean information about exits to permanent housing. These FOIL requests have often resulted in cumbersome delays and even litigation in order to receive vital data that City agencies should be regularly tracking, analyzing, and disseminating. Requiring the Mayor’s Office of Operations to report broadly and clearly on these exits across all systems will show where ongoing investments into permanent housing should be focused and whether homeless New Yorkers in various systems have equitable access to deeply subsidized affordable, long-term housing. Requiring the Mayor’s Office of Operations to report on the financings, starts, and completions of permanent housing for those exiting City-administered facilities is essential to ensuring all further planning and investments meaningfully address homeless New Yorkers’ needs.

The Coalition and LAS also support increased transparency regarding the full scope of homelessness in New York City, and **Intro. 212** will help make the data on the City’s various shelter systems more accessible and comprehensive by including populations that are too often

forgotten in public discourse and resource allocation. We were disappointed that this bill did not pass in the prior Council term, and we have been collaborating with other advocates on language changes that could make the bill even stronger.

Together, these two bills will enhance transparency and accountability regarding the scope of the homelessness crisis and the City's progress in helping people move into housing. Since both Intro. 211 and Intro. 212 amend Section 3-113 of the Administrative Code of the City of New York, the Council should ensure that the language related to census reporting and exit reporting is consistent in both bills, or consider combining these two bills into a single piece of legislation. We look forward to working with the Council to pass comprehensive reporting requirements.

Similarly, the **pre-considered introduction T2022-1077** would require the Department of Homeless Services and the Human Resources Administration to track and report certain data regarding rental assistance programs, including CityFHEPS. Rent subsidies are an essential tool in the fight to end homelessness, and the City must track and report data on the outcomes of households who use subsidies to ensure the programs are effective at keeping people housed and identify any barriers to stability. The Coalition and LAS support this bill, which would help City officials continually monitor and improve these vital rental assistance programs.

Conclusion

We thank the General Welfare Committee for the opportunity to testify on this important topic and the legislation, and for the Council's dedication to addressing the crisis of mass homelessness in New York City.

About The Legal Aid Society and Coalition for the Homeless

The Legal Aid Society: The Legal Aid Society (LAS), the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform. This dedication to justice for all New Yorkers continues during the COVID-19 pandemic.

The Legal Aid Society has performed this role in City, State, and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 2,000 attorneys, social workers, paralegals, and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, LAS provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

LAS's legal program operates three major practices — Civil, Criminal, and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by LAS's Pro Bono program. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal

services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. In addition to the annual caseload of 300,000 individual cases and legal matters, LAS's law reform representation for clients benefits more than 1.7 million low-income families and individuals in New York City and the landmark rulings in many of these cases have a State-wide and national impact.

The Legal Aid Society is uniquely positioned to speak on issues of law and policy as they relate to homeless New Yorkers. The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the *Callahan* and *Eldredge* cases. The Legal Aid Society is also counsel in the *McCain/Boston* litigation in which a final judgment requires the provision of lawful shelter to homeless families. LAS, in collaboration with Patterson Belknap Webb & Tyler, LLC, filed *C.W. v. City of New York*, a federal class action lawsuit on behalf of runaway and homeless youth in New York City. Legal Aid, along with institutional plaintiffs Coalition for the Homeless and Center for Independence of the Disabled-NY (CIDNY), settled *Butler v. City of New York* on behalf of all disabled New Yorkers experiencing homelessness, and Legal Aid is currently using the *Butler* settlement to prevent DHS from transferring disabled homeless New Yorkers to congregate shelters without making legally required reasonable accommodations. Also, during the pandemic, The Legal Aid Society along with Coalition for the Homeless continued to support homeless New Yorkers through litigation, including *E.G. v. City of New York*, Federal class action litigation initiated to ensure WiFi access for students in DHS and HRA shelters, as well as *Fisher v. City of New York*, a lawsuit filed in New York State Supreme Court to ensure homeless single adults gain access to private hotel rooms instead of congregate shelters during the pandemic.

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

The Coalition operates 11 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term, scalable solutions and include: Permanent housing for formerly homeless families and individuals living with HIV/AIDS; job-training for homeless and low-income women; and permanent housing for formerly homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition's mobile soup kitchen, which usually distributes 800 to 1,000 nutritious hot meals each night to homeless and hungry New Yorkers on the streets of Manhattan and the Bronx, had to increase our meal production and distribution by as much as 40 percent and has distributed PPE and emergency supplies during the COVID-19 pandemic. Finally, our Crisis Services Department assists more than 1,000 homeless

and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries. In response to the pandemic, we are operating a special Crisis Hotline (1-888-358-2384) for homeless individuals who need immediate help finding shelter or meeting other critical needs.

The Coalition was founded in concert with landmark right-to-shelter litigation filed on behalf of homeless men and women (*Callahan v. Carey* and *Eldredge v. Koch*) and remains a plaintiff in these now consolidated cases. In 1981, the City and State entered into a consent decree in *Callahan* through which they agreed: “The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter.” The *Eldredge* case extended this legal requirement to homeless single women. The *Callahan* consent decree and the *Eldredge* case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed monitor of municipal shelters for homeless single adults, and the City has also authorized the Coalition to monitor other facilities serving homeless families. In 2017, the Coalition, fellow institutional plaintiff Center for Independence of the Disabled – New York, and homeless New Yorkers with disabilities were represented by The Legal Aid Society and pro-bono counsel White & Case in the settlement of *Butler v. City of New York*, which is designed to ensure that the right to shelter includes accessible accommodations for those with disabilities, consistent with Federal, State, and local laws. During the pandemic, the Coalition has worked with The Legal Aid Society to support homeless New Yorkers, including through the *E.G. v. City of New York* Federal class action litigation initiated to ensure WiFi access for students in DHS and HRA shelters, as well as *Fisher v. City of New York*, a lawsuit filed in New York State Supreme Court to ensure homeless single adults gain access to private hotel rooms instead of congregate shelters during the pandemic.



**Breaking The Cycle
Drop Corp**

Contact: Renee Mitchell

Testimony of Renee Mitchell, Executive Director
Breaking the Cycle Drop Corporation

Brooklyn, NY

Hearing on “Ending Homelessness: Addressing Local Challenges In Housing the Most Vulnerable

Housing and Insurance

Thursday, February 17, 2022

Thank you, Chairwoman Waters and Ranking Member McHenry for accepting my written testimony. It is my honor to offer my lived expertise and professional recommendations to this Committee on the ways in which the Ending Homelessness: Addressing Local Challenges In Housing the Most Vulnerable.”

I will focus on three main points: Eliminating the need for encampments; Increasing the availability of transitional housing with wrap-around services; Improving the quality of life for people in jail to prevent re-entry into homelessness.

My name is Renee Mitchell, and I am the founder and executive director of Breaking the Cycle Drop Corp (BCDC), a men’s shelter in New York, NY. BCDC is a private non-profit twenty-

four-hour men's shelter with tailored wrap-around services aimed at moving our neighbors who experience homelessness onward to self-sufficiency.

I'm also offering my perspective as a person with lived experience of homelessness. I was homeless 17 years ago with my one-year-old daughter. At that time, I suffered from untreated mental health issues and addiction. Through the vast and interconnected network of human services providers I was able to access therapy and begin to overcome my issues. My therapist recognized that my daughter and I were homeless and in desperate need of housing services. At that time in the city of New York (and in throughout the US) my therapist was able to refer me directly to a range of options and along with those agencies, I selected the program that would be the best match for my family. I immediately accessed transitional housing through the Institute for Community Living where I was offered and participated in wrap around services. Shortly thereafter, I earned a spot on the Resident Advisory Board. Less than two years later, I transitioned into permanent housing in Brooklyn, NY where I continue to reside and contribute as an active, engaged member of my community.

I was able to build solid foundation for myself and my family. Wrap around services is a strength-based intervention it seeks to identify and capitalize on individual and family asset. The "no wrong door" Continuum of Care approach for homeless services which used to offer ease of access to desperate parents and single adults in the US has been completely destroyed in favor of the fictional "Housing First" tagline. The reality for my neighbors throughout the city of NY is a massive bottleneck problem caused by the Coordinated Entry portal. People are dying on the streets because they all most pass through the narrow door of coordinated entry. We can and must restore common sense, compassion, and basic business management principles to the Continuum of Care so that others can immediately benefit from access to evidence-based wrap-around services.

Eliminating the need for encampments through emergency services

It works best with individual and families that experience more than one barrier to remaining housed. A homeless person's social and emotional support a sense of belonging, trust, and assistance with daily living, helping to rebuild their lives with primary/secondary/mental health care access. All represent important issues in addition to the importance of shelters and longer-term permanent housing. Funding should be directed towards transitional housing,

emergency shelters, congregated shelters, Including jails. We should get priority so we can end these crises that continue to be a repeated cycle.

Take people out of tents in the Rural areas and put them in trailer homes.

- ~ Our most vulnerable need care and housing, not Warehousing.
- ~ Tailored Wrap around services have been shown to work.
- ~ Psych, substance use, long term health and all clinicals are needed.
- ~ Training for work leads to self worth. 2nd chances are real.
- ~ Every one deserves TIME for RECOVERY with respect and dignity.
- ~ Best to use the buildings already in use. Use them better.
- ~ This is public money and a prison pipeline demonstrates failure.
- ~ Public has a right to know and electeds need accountability.
- ~ Without these supports Lives are being wasted and even lost.

1. For Mental health unsheltered homeless

Mobile Crisis team launch in five boroughs including upstate

N.Y.

What the mobile crisis team will provide mental health engagement intervention and Follow-up, support to help people remain connected with treatment providers. The Team may offer a range of service including assessment information and referrals, Including to community based mental health services.

Congregate Shelters

Shelters and family

shelters must change the narrative and apply wrap around service all onsite. Medical, mental health, education, substance abuse counseling and childcare. Wrap around service is a strength-based intervention, it seeks to identify and capitalize on Individuals and families that experience more than one barrier to remaining housed.

Increasing the availability of transitional housing with wrap-around services

Shelters and family shelters must change the narrative and apply wrap around service all onsite. Medical, mental health, education, substance abuse counseling and childcare. Wrap around service is a strength-based intervention, it seeks to identify and capitalize on Individuals and families that experience more than one barrier to remaining housed.

Improving the quality of life for people in jail to prevent re-entry into homelessness.

How Can We Improve

Prisons?

Reduce inmates' idleness by increasing opportunities for:

- a. exercise
- b. Sports
- c. Cultural & Religious activities
- d. Vocational
- e. Trade training, learning along with college

Active inmates are less likely to feel stress and hostile, classify and house prisoners according to their level of risk. Lower risk groups require less security and can be manage on a lower security basis.

Create mental health groups and programs, substance abuse programs within the jail.

Prison & Jail Problems:

- a. Overcrowding
- b. Violence
- c. Sexual Abuse and other

d. Conditions pose grave risk to prisoner's health and, mistreatment of prisoners based on race, sex gender, identity and orderability remain far too common.

2. Crime

Local government

should help neighborhood groups from Anti-crime patrol stimulate interest among residents, in joining existing patrols. Hire private guards to augment the activities of local police force, public housing projects as well as

more traditional neighborhoods should be focus of such efforts.

Thank you for this opportunity to address the Committee. I can be contacted at 347-729-9081 or via email at mitchellrenee496@gmail.com with any questions or to further discuss this testimony.



**Breaking The Cycle
Drop Corp**



Five Points for An Effective and Compassionate Path Forward for NYC's Neighbors (Housed and Unhoused)

We believe that Mayor Adams assumed leadership of NYC with every intention of taking a swift and humane approach to improving the quality of life for all New Yorkers, including our brothers and sisters who are struggling to escape the streets.

*Together, Brooklyn-based Breaking the Cycle Drop Corp (BCDC) and the National Center for Housing and Child Welfare (NCHCW) offer the following **Five Points** to bring this catastrophe immediately under control and forestall similar failings in our city's future.*

Point One: Expand the Network of Providers

Dramatically expand the supply of willing providers to offer services, shelter, and support by issuing an emergency supplemental funding notice to NEW providers only. These grants must include upfront funding for small and emerging groups without a match or a reimbursement requirement. This funding can be for shelter space as small as one household at a time.

Point Two: Widen the Distribution Mechanism (Restore "No Wrong Door")

Expand the response network by taking a no wrong door approach. Deputize professionals throughout the city to verify homelessness and expedite the 2-1-1, 3-1-1 response. With one simple on-line tutorial, professionals in hospitals, sanitation, schools, MTA transportation, and therapists could be certified as an extension of coordinated entry and trained as "Expanded City Housing Outreach" or ECHO professionals. Once certified, they can identify people in need and immediately access help for them. To keep track of all of their great work, these ECHO professionals can have access to a part of HMIS to enter their engagement and activities. We trust that professionals throughout NYC and city employees will be willing to act in this capacity of verifying homeless status and helping to access and distribute resources and that many would be willing to get this simple training and certification. As a reward for the willingness of every qualified New Yorker for helping to identify, respond, and refer people in need, city employees will receive a small Premium pay increase in their paycheck upon certification. Others could be offered a small stipend upon certification as an expression of the city's gratitude.

A person with ECHO certification is qualified to tap homeless services, resources, and expedite the 3-1-1 process by eliminating the need for further eligibility determination.

Point Three: Arm Each NYPD Team on a Distress Call/Welfare Check with a trained Mental Health Professional loaned by FEMA (if necessary)

Ensure that police are never in the position to have to respond alone, without a trained mental health professional. The city must restore a mental health response to mental health issues using immediate access to inpatient treatment. The NYPD should never be left to deal with a mental health crisis without proper assistance – this puts the citizen and the officer at risk.

Point Four: Lead the Nation Forward Out of this Human Catastrophe

New York City is not alone in witnessing and struggling to contain this tsunami of homelessness. But New York City can and must have the courage to lead their peers forward out of this darkness. Mayor Adams and, by extension, the Executive of the State, Governor Hochul, must demand that President Biden declare a Major Disaster Declaration under The Robert T. Stafford Disaster Relief and Emergency Assistance Act 42 U.S.C. §§ 5121–5207 (the Stafford Act) §401 which states in part that: "All requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected State." Mayor Adams must welcome FEMA and any other federal entity necessary to immediately attend to all people who are suffering on the streets, visible and invisible – tucked into the subways, tunnels, and elsewhere. Tapping the Stafford Act will allow the City to eliminate bureaucratic barriers to addressing all of the housing and therapeutic needs within encampments until no New Yorker has to be subjected to living in fear, alone and exposed to the grave dangers of street. We will fully support Mayor Adams as he leads this federal team on the way to a full restoration of common sense, compassion, and normalcy.

Point Five: Save the next generation by ending youth homelessness

Over the past decade the Administration for Children's Services has made great strides to preserve and reunify vulnerable families. In fact, largely due to the work of NYC's Deputy Mayor Anne Williams-Isom's seminal article, "*Narrowing the Front Door to NYC's Child Welfare System*," For the remaining young people who reach adulthood alone, having not been reunified with family or found permanency through adoption, ACS must completely delink emancipation planning from engagement with the Department of Homeless Services. Youth who are under the care and custody of a public child welfare agency should never have to know about shelters unless they plan to volunteer there for high school service hours. Instead, transition planning must focus on housing options that include but are not limited to FUPY/FYI Housing Choice Vouchers available "on demand" perfectly timed with emancipation and coupled with work and school. Delinking ACS from DHS begins the process of denormalizing homelessness as an option for young adults. People say that New York problems are cyclical, but we refuse to allow the next generation of New Yorkers to be subjected to failures wrought upon the city by mission creep, complacency, and bureaucracy. We believe that Mayor Adams can put NYC on the path to be the city that inspires hope for people around the world once again.



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**Center for Court Innovation
New York City Council
Committee on General Welfare
Oversight - Unsheltered Homelessness in New York City
May 3, 2022**

Good morning, Chair Ayala, and esteemed councilmembers of the Committee on General Welfare. Since its inception, the Center for Court Innovation (the Center) has supported the vision embraced by Council of a fair, effective, and humane justice system and building public safety through sustainable community-driven solutions that cultivate vibrant neighborhoods. In this testimony we highlight two programs of the Center, Community First and the Rapid Engagement Initiative, both innovative pilots that connect individuals at risk of justice system involvement, who are experiencing homelessness, to a continuum of social services so that they can transition off the street.

The Center's longstanding partnership with Council over the past twenty-five years has helped bring this vision to life through evidence-based and racially just programming that spans the entire justice continuum. Our firsthand experience operating direct service programs and conducting original research uniquely positions us to offer insights that the Council can look to as it considers the development of initiatives that respond to needs of all New Yorkers. In each instance, our aim is to provide a meaningful and proportionate response, to treat all people under our care with dignity and respect, to prioritize public safety, and to produce much-needed cost savings for the City. And, as an anti-racist organization, to ensure the needs of marginalized New Yorkers are addressed.

This work includes prioritizing the rapid engagement and treatment of individuals by coordinating social services and support for mental health issues and substance use disorders. It also includes expanding access to comprehensive supportive housing services to prevent homelessness and stabilizing access to quality housing.

The Community First Model

In 1993, Midtown Community Court, a project of the Center for Court Innovation, opened its doors to address low-level crimes and violations that defined the Times Square/Hell's Kitchen neighborhood at the time. Over one-quarter of a century later, the Midtown Community Court works with some of Manhattan's most vulnerable individuals—those who are homeless, battling mental illness and/or substance use disorders—in community, to prevent involvement with the criminal justice system and ensure their needs are met. Poverty, housing insecurity, unemployment, the justice system, and now COVID-19, disproportionately and devastatingly

impact this population. To address growing needs, the Midtown Community Court has partnered with community-based organizations to support unsheltered individuals in Midtown, Manhattan.

After the pandemic emptied Times Square, the Times Square Alliance (the Alliance), Times Square's Business Improvement District, noted a significant increase in the number of individuals facing housing insecurity, homelessness, mental illness, and/or substance use disorders in their district. Amidst a national reckoning on criminal justice reform and the heightened vulnerability of this population due to COVID-19, it became increasingly clear that routing unsheltered individuals into the criminal justice system was unsustainable. Instead, the Alliance approached Midtown Community Court to implement a solution that offers a more holistic approach. With seed funding from the Alliance, Community First launched in April 2021, in partnership with two additional social service organizations: Breaking Ground and Fountain House. In July of 2021, the program received funding from the Department of Homeless Services (DHS) to continue its work for an additional year.

Midtown Community Court recognizes the value in offering holistic services that follow and coordinate a clients' needs, and not relying solely upon traditional policing to solve emerging community concerns. Instead, crisis response should be embedded within a holistic, integrated, health care and public health system with high quality, accessible and equitable services.¹ Community First works to link individuals to social and wellness services, while coordinating follow-up through voluntary engagement built on relationships developed through consistent outreach. Specifically, Community First employs Community Navigators who partner with community-based organizations to engage individuals in social services, substance use treatment, and mental health services.

The Role of Community Navigators

Navigators build trust by learning clients' stories, offering essentials like food, blankets, and bathroom facility access, and, over time, connecting them to long term support like housing, employment, and/or drug treatment through the program's partnerships with Breaking Ground and Fountain House. Navigators facilitate linkages to services and/or help individuals gain access to spaces that are otherwise denied to them, like bathroom facilities and showers. The Navigators have become a staple in the Times Square community, building meaningful connections with individuals frequenting Times Square and developing credibility with local businesses, community-based organizations, and other Times Square entities.

This credibility has allowed participants to successfully access supportive services and other opportunities. Often, the largest barriers community members face is the lack of knowledge of the systemic landscape and the prerequisites required to formally enroll in programming or receive services, and the inability of the system to meet growing demands. *"It shouldn't take a year or two years to get someone inside who actually needs help,"* a Community First client shared. *"The system is broken. It does care, but it's a revolving door... The results [with Community First] have been positive. I'm inside now, I'm doing what I have to do. I'm functioning as best as I can... It's a daily struggle. Every day is a different hardship. But you either know how to manage or you don't."* Navigators also connect individuals to Midtown's other programs and clinical services, as needed.

“This work is extremely important to me as someone with lived experience with substance use and justice involvement,” one Community Navigator wrote. “My past allows me to form a deep connection to my clients and have a glimpse into some of the barriers they may be facing that other outreach workers may not understand... This work helps to remind me of the dark place where I was, while also advocating for the respect and dignity of those who are experiencing hard times. One thing I am especially proud of during our outreach is the harm reduction work I get to do. When we bring out our cart into the Times square area it is stocked with Naloxone and Fentanyl Test Strips to train and distribute to community members. This is an extremely important part of our outreach for me personally because it has the potential to save lives and reduce the stigma of substance use in the community. The work we do every day is not easy, but I know that we are making a real difference in our clients’ lives and the community in Times Square.”

Like S.O.S.’s Violence Interrupters, Community Navigators form trusting relationships with people in need frequenting Times Square. Navigators learn the needs of the people the initiative seeks to serve, build trust, and secure meaningful resources for those individuals. To date, the Community Navigators have reached more than 215 individuals residing in or frequenting the Times Square area. Early data demonstrates that individuals are willing to continuously engage with Navigators, and over time begin to address their more substantive needs. The Community First team has hosted over 670 interactions with community members, providing support to community members working towards a range of meaningful outcomes.

Impact and Outcomes

Often, Navigators will begin with addressing the most immediate needs someone has, like food insecurity, and work towards greater ones, like connecting someone with Breaking Ground to address their housing insecurity. To date, Navigators have connected nine people to transitional housing, 13 people to mental health services, nine people to financial benefits, and have given out clothing on 325 separate occasions, food on 333 separate occasions, have made 92 referrals to partnering community-based organizations, and have trained 28 community members on harm reduction techniques including the use of naloxone and fentanyl test strips. As a result of these interactions, 40 individuals have accepted long-term care including drug treatment, mental health care, housing, and financial benefits. This data demonstrates that time spent building trusting relationships through consistent outreach is a key first step to addressing clients’ more substantive needs, which ultimately must be met for a successful transition off the street. Utilizing Navigators with consistent outreach is showing promising initial results, and we hope it will develop into a model that can be replicated throughout the five boroughs to support individuals experiencing homelessness and housing insecurity.

Community First draws from the Center for Court Innovation’s Save Our Streets (“S.O.S.”) program, which seeks to end gun violence at the neighborhood level. S.O.S. employs “Violence Interrupters,” credible messengers who use their intimate knowledge, along with their credibility and their relationships, to mediate and de-escalate conflicts. The success of S.O.S. is in large part because of the credibility and presence of Violence Interrupters in neighborhoods.

Navigators are currently active in the Times Square community **5 days a week, 12 hours a day**. In August of 2021, Community First opened a neighborhood kiosk, called the Recharge Station, where community members can get coffee, charge their devices, and connect with Navigators and other clients. By providing an accessible meeting point for basic services and client engagement, the Recharge Station is another facet of the program that truly allows the program to meet clients “where they are at” before linking them to more significant services. It also destigmatizes outreach services by visibly integrating them into the fabric of Times Square; Community First clients are equal members of the Times Square community and are treated as such.

In a time of critical need, Community First demonstrated and continues to demonstrate strong coordination between non-profits, business improvement districts, and city agencies to sustainably support unsheltered New Yorkers. This model is easily replicated, and the program leads hope to expand south of Times Square, where there is a large population of people in need of the support and services Community First offers. However, with funding from DHS set to expire at the end of June, additional financial support is critical. We are grateful for the City’s contributions thus far and hope that they continue to support this work so that programs like these are established between BIDs and community organizations across all 5 boroughs.

Midtown Rapid Engagement Initiative

The Midtown Community Court team has been working in partnership with Fountain House, Midtown North Precinct and the NYPD’s Behavioral Health Unit to create a precinct-based intervention called Midtown’s Rapid Engagement Initiative (“the Initiative”). The Initiative seeks to respond to the needs of individuals arrested for low-level crimes, who sometimes overlap with street homelessness, by connecting them with an on-call social worker or peer navigator at the precinct to directly pair arrest with same-day social service support.

The Initiative would serve as a dedicated resource for the precinct to help rapidly engage individuals who may have complex needs on the same day of an arrest. The Initiative would offer individualized care to people arrested on cases that are Desk Appearance Ticket-eligible who want to connect to services by employing a highly-skilled social worker from Midtown as the precinct’s “on-call” social worker and peer navigator. This timing is critical because often an arrest of someone may be the direct result of that person’s dire need for mental health services and/or harm reduction services, along with other services. The Initiative intervention team would include coordination between a social worker, a peer navigator, Midtown’s long-standing community-based partners, and city agencies such as DHS, DOHMH and HRA.

Beyond the immediate engagement at the precinct, the assigned social worker or peer navigator will continue to be a point of contact for individuals who participate in the Initiative and will be tasked with meaningfully engaging with them beyond the point of their arrest. They will provide case management services, individual counseling, and make additional referrals as needed. The social worker will also help to ensure that clients avoid the more serious consequences that come with having a warrant issued against them by reminding them of their obligation to attend their DAT arraignment date and by helping facilitate their attendance.

While this program is still in its pilot phase, we are confident in its potential to positively impact individuals' lives. We will provide individuals in need with individualized care. Individuals will also rapidly engage with critical services, and we will ensure that ongoing outreach is achieved so that we help eliminate the possibility that someone will miss their court date and be subject to the threat of being issued a warrant. Our hope is to create an intervention team that can be expanded to serve individuals in need from precincts across the entire borough.

Conclusion

Community First and the Rapid Engagement Initiative demonstrate strong coordination between and by non-profits, business districts, and city agencies to respond to the needs of unsheltered New Yorkers. The Center stands ready to continue implementing proven programming which connects individuals to the services they deserve. And the Center stands ready to continue assisting Council Members in forging creative solutions and adaptations. The Center thanks the City Council for its long-standing partnership. We are happy to answer any questions you may have.

Notes

¹Fountain House, Center for Court Innovation (CCI), The W. Haywood Burns Institute, the Technical Assistance Collaborative (TAC), the Mental Health Strategic Impact Initiative (S2i), the Ford Foundation. (2021). From Harm to Health. Available at: <https://fountainhouse.org/reports/from-harm-to-health>



Testimony of

**Lauren Galloway
Advocacy Coordinator
Coalition for Homeless Youth**

Before the

**The New York City Council
General Welfare Committee**

On

Oversight: Unsheltered Homelessness in New York City

May 3, 2022

Introduction

Good morning. My name is Lauren Galloway, and I am the Advocacy Coordinator for the Coalition for Homeless Youth (CHY), also known as the Empire State Coalition of Youth and Family Services. CHY has advocated for the needs of runaway and homeless youth (RHY) for over 40 years. The coalition is comprised of 65 providers of services to homeless youth across New York State, including 29 members in New York City. Our members include providers that are directly contracted to provide services to RHY as well as agencies that intersect with the RHY population within the larger scope of their work.

I would like to thank Chair Ayala and the members of the General Welfare Committees for holding today's oversight hearing regarding unsheltered homelessness, and for the councils' support of the needs of youth experiencing homelessness in New York City.

Background

New York City has never adequately supported the needs of homeless young people or the providers that serve them. Although under the current Administration many positive steps have been made, we are still only touching the surface of meeting the need. Runaway and homeless youth, as a population, are young people between the ages of 16 and 24 who have unique developmental needs and often fall between the cracks of the State's child welfare and adult homeless systems. The Department of Community Development (DYCD) contracts with various social service agencies to provide short-term crisis shelters, transitional living programs, drop-in centers and street outreach programs which offer food, shelter, case management, mental and medical health care, educational and vocational programming, legal services, programs for young mothers and a plethora of other services. Many homeless young people have previous experiences of trauma and with the juvenile and adult criminal justice systems.¹ A large percentage of youth have had both positive and negative experiences in foster care,² many lack a high school diploma or employment,³ and all have experienced neglect by the systems and adults that were supposed to support them and guide them into adulthood. For too long NYC has struggled to meet the needs of the homeless youth in New York City with insufficient resources.

Although the true number of homeless youth in NYC is unknown, a 2019 study by Chapin Hall found that one a single night there were 4,584 youth under the age of 25 that were counted in NYC as sleeping on the streets or in a shelter: 2,142 of which were unaccompanied and 2,422 were parenting youth.⁴ However, there are currently only 813 youth-specific beds to offer them⁵.

When a bed in a youth shelter is not available, providers are forced to refer youth to adult homeless shelters that are not developmentally appropriate, do not provide the comprehensive wraparound services offered by RHY programs and put the young person at risk of exploitation and physical risk. Additionally, youth continue to be reluctant to go to adult shelters out of fear, and not feeling confident that their needs will be met. Instead, many youth who are unable to access services spend their nights on the streets, in abandoned buildings or riding the subways, or risk sexual exploitation to gain a place to stay.

Being forced to live on the street puts youth at risk of experiencing violence, sexual exploitation, and human trafficking. In a 2013 study by Fordham University and Covenant House New York,

¹Covenant House. 2014. "Homeless Youth - What We Know..." Available at: <http://ny.covenanthouse.org/homeless-youth-what-we-know>;
Empire State Coalition of Youth and Family Services. 2008. "A Count of Homeless Youth in New York City." Available at: http://www.citylimits.org/images_pdfs/pdfs/HomelessYouth.pdf.

² Ibid.

³ Ibid.

⁴ Morton, M. H., Kull, M. A., Chávez, R., Chrisler, A. J., Carreon, E., & Bishop, J. (2019). *A Youth Homelessness System Assessment for New York City*. Chicago, IL: Chapin Hall at the University of Chicago.

⁵ Email correspondence with Department of Community Development, dated 6/14/21

approximately one fourth of surveyed homeless youth either fit the federal definition of human trafficking or at some point felt they had no choice but to trade sex for food, money, or shelter.⁶ The trafficking survivors explained how pimps and other traffickers often take advantage of the thinly-stretched RHY shelter system, by informing youth that the shelters are full and offering a place to stay which will eventually lead to exploitation and trafficking.

Another critical population over-represented within NYC's homeless youth is LGBTQ people. Nationally, only 5-7% of all youth identify as LGBTQ, but the proportion of homeless youth who identify as LGBTQ is as high as 40%.⁷ Compared to other homeless youth, LGBTQ youth are more likely to be sexually or physically assaulted, more likely to be harassed, robbed, or become victims of hate crimes, and more likely to be forced into survival sex or sexual exploitation.

Without access to basic needs, such as food, clean clothes, and a consistent place to sleep, a young person facing homelessness is less likely to pursue or complete their education, less likely to find and sustain employment, and less able to maintain stable mental and physical health. CHY recently completed a three-year research study with NYU on the Impact of RHY programs on homeless youth and their effectiveness across the state. The study shows how effective RHY programs are at changing the trajectories of youth away from crime, chronic homelessness and public assistance and toward success and self-sufficiency, employment, and education along with building individual skills and increasing supportive relationships⁸.

Just like with older adults, youth are impacted by a lack of resources and the over criminalization of those living on the streets. When we as a city treat anyone as less than, specifically those that live on the streets we are doing harm. This harm includes to youth and young adults experiencing homelessness. We cannot solve homelessness without housing and this administration simply moving people out sight does nothing, but harm. Therefore, we are echoing the recommendations made by our members at the Urban Justice Center Safety Net Project and The Legal Aid Society, as well as our allies the Coalition for the Homeless and New Destiny regarding the treatment and needed support for people living on the streets.

Current Legislation

CHY is in full support of all three bills being discussed today, and strongly encourages the council to pass them. If passed they would have a positive impact on the lives of countless homeless young people by creating more accurate data and reports that will better position NYC to truly address the current crisis of youth homelessness.

CHY is in full support of **Intro. 211**, which would increase transparency and create an opportunity for more nuanced analyses of where New Yorkers go once they leave any of the City-administered shelter systems. Unsheltered homeless young people experience injustice experiences daily especially in terms of housing. By creating more transparent reporting on the way we track exists from the DYCD system for homeless youth and young adults, we can better identify where we could increase targeted interventions to reduce the time youth are spending without a stable place to live.

CHY is in full support of **Intro. 212**, which will help make the data on all of the various shelter systems operating within the city more accessible and comprehensive by including populations that are too often

⁶ <http://www.covenanthouse.org/sites/default/files/attachments/Covenant-House-trafficking-study.pdf>

⁷ Durso, L.E., & Gates, G.J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

⁸ Gwadz, M., Freeman, R., Cleland, C.M., Ritchie, A.S., Leonard, N.R., Hughes, C., Powlovich, J., & Schoenberg, J. (2017). *Moving from crisis to independence: The characteristic, quality, and impact of specialized settings for runaway and homeless youth*. New York: Center for Drug Use and HIV Research, NYU Rory Meyers College of Nursing.

forgotten in public discourse and resource allocation, including the population of youth and young adults in the DYCD shelters system. Homelessness is an experience, not a system, and we need to start reporting on it that way. For too long the number of youth experiencing homelessness in the DYCD system have not been a part of the narrative regarding homelessness. Intro 212 would be a step toward changing this, in addition to capturing other important data sets that would help us- as a City, identify critical caps in our approach to meeting the needs of youth and young adults experiencing homelessness.

Lastly, CHY is in full support of **pre-considered introduction T2022-1077**, which would require the Department of Homeless Services (DHS) and the Human Resources Administration (HRA) to track and report certain data regarding rental assistance programs, including CityFHEPS. Housing is the solution to homelessness, and rental subsidies are an essential tool. By requiring DYCD and other agencies to track and report data on the outcomes of individuals and families that use subsidies we can better ensure the programs are effective and identify any barriers.

Conclusion

CHY is grateful to the City Council for its ongoing commitment to all people experiencing homelessness, including runaway and homeless youth. We look forward to our continued work together to improve the city's runaway and homeless youth services.

Thank you for the opportunity to testify.



Thank you to the New York City Council’s Committee of General Welfare for holding a hearing on unsheltered homelessness in New York City. My name is Oksana Mironova and I am a housing policy analyst at the Community Service Society of New York (CSS). We are a leading nonprofit that promotes economic opportunity for New Yorkers. We use research, advocacy, and direct services to champion a more equitable city and state.

Over the past few months we have seen the police violently push unhoused people out of visible public areas in the City, while the Sanitation Department throws their worldly possessions into the trash.

While these sweeps have once again become visible to the public eye, they are not a new practice. Giuliani used sweeps to settle petty scores and promote punitive policing and was sued multiple times for violating homeless peoples’ rights. Our last mayor, Bill de Blasio, was arguably the most liberal since Lindsay. But, he ordered his police and sanitation departments to conduct [over 9,000 operations](#) to destroy homeless people’s belongings and move them along.

Outside of the cruelty of perpetually moving homeless people from one place to another, homeless “sweeps” do not address homelessness, while further marginalizing the extremely poor.

The alternatives being offered by the current administration are woefully insufficient. Many people who are homeless find congregate shelters to [be “chaotic and unsafe,”](#) and the latest safe haven beds being offered [aren’t even really a new resource](#) – they were promised and funded by de Blasio.

There are four ways that cities around the world deal with homelessness:

1. By providing public housing to those who need it.
2. By providing vouchers to pay for private housing for those who cannot afford it.
3. By allowing homeless people to informally construct housing of their own. Or, most destructively,
4. By locking up the homeless in jails and prisons.

As of now, the city is continuing to shut down option number three (informal housing). But neither the city, the state, or federal governments are stepping up to make options one or two (public housing or vouchers) viable for most people currently facing homelessness either. This leaves only the most dystopian of choices for New York. Mirroring the austerity budgets of the 1990s, the mayor’s executive budget proposal doesn’t fund housing and social service agencies to the extent needed, while the Governor’s budget failed to include viable options for shoring up public housing or creating a new voucher program.



If we want to get serious about ending and preventing homelessness, here's what we have to do: First, stop the bleeding by continuing, expanding or creating programs that keep people housed. These include an end to the predatory tax lien sale system that pushes people out of their homes. It also includes an expansion of existing vouchers programs, like CityFHEPS, to cover eviction prevention, while stepping up enforcement on landlords who refuse to take vouchers or those who keep their buildings in poor condition.

In addition, we need to ensure that our existing eviction prevention laws, like Right to Counsel, are properly functioning. Eviction cases are often complex and require both time and nuance. Unfortunately, New York City's housing courts are struggling with a backlog of eviction filings, creating a dangerous environment for tenants. In the Bronx, judges used to hear one case every 30 minutes in their Right to Counsel intake part; now they hear two cases every 15 minutes. This is an impossible position for legal services organizations, leading to inadequate attention for tenants. In the coming months, housing court should only move the cases for tenants with legal representation, and adjourn all others, until legal services organizations have more capacity.

Next, step-up the production of truly affordable, supportive and social housing in New York City. The city should put forth a housing plan, term sheets and capital commitments that prioritize housing for the lowest-income New Yorkers, who make up roughly a quarter of the city's population but have perilously few housing options, increasing the set aside for unhoused New Yorkers. We also need to reinvest in public housing as both a means to keep people housed and to house the homeless.

We need to stop pretending that discarding homeless people's meager belongings is any solution to homelessness. It wasn't under the last five mayors, and it won't be under this one either.

The choice is simple: We can spend our public money on maintaining homelessness through thousands more street sweeps, or we can spend our public money on housing and social supports.

The solution to homelessness is housing, jobs, welfare, and social services.



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Homeless Services United Oral Testimony before the Committee on General Welfare May 3, 2022

Good morning, my name is Catherine Trapani the executive director of Homeless Services United, a coalition of 50 nonprofit, mission driven organizations serving New Yorkers across the five boroughs. Thank you for holding this important hearing – at HSU we are proud of the work our member agencies do day in and day out to support New Yorkers experiencing homelessness. We thank the Council for your work in advocating for appropriate resources and comprehensive solutions to meet their needs.

Need for Continued investment in appropriate placement options

While there have been a lot of new efforts touted in press releases about how best to steer persons living on the street into shelters (or perhaps just out of sight) we know **that the best way to get people inside is to offer them the kinds of placement options they want to go to.** I am grateful to the leadership of the City Council in advocating for additional funding to open new safe haven and stabilization beds to create these types of resources for our clients and am pleased to see Mayor Adams include funding for them in the executive budget.

To make the most of this investment, it would be incredibly helpful if all members of the Council could work with our members, DHS and local community boards to welcome these new facilities in neighborhoods across the City. We know what works, and we know that well run shelters make good neighbors. If you want folks off the streets and coming inside, every community must do their part to welcome new shelters and safe havens to support those who need them. Recent cancellation of two projects caving to NIMBY pressure do not bode well and, if we are serious about getting folks off the streets and into services this cannot continue. More outreach is not the answer when we can't site beds to refer folks to.

Interagency coordination and partnership are critical to success

Next, if the City is going to deploy this many new outreach teams, coordination is key. Clients being repeatedly swept by police are already feeling unsafe, and the communities they built are destabilized. Several teams chasing them offering services is overwhelming and, if you do make headway only to have your client swept out of your catchment area, service continuity is near impossible. Hospitals, mental health teams, outreach teams operated by DHS, nonprofits and faith providers all must be able to share information and work together to identify opportunities for clients to come indoors and enroll in programs clients may find useful. The client's needs should always be at the center of everything we do and seizing opportunities at natural points of engagement will reduce "churning" through and between systems and help people get the services they need when they need them. **Specifically, HSU has identified the following opportunities for enhanced coordination:**

Placements by DHS Joint Command Center (JCC) should center the needs of the client and match them to the right level of care based on their chronicity and other special needs

Some clients currently being referred to safe havens are not chronically homeless and may do well in a program shelter setting. By referred non-chronically homeless people to safe havens, the target population changes diluting the model and increasing length of stay by referring large numbers of people ineligible for supportive housing into what was designed as a specialized system.

DHS should schedule a meeting between JCC and DHS Street Outreach and Safe Haven Providers to understand JCC's assessment and referral process, and to strengthen ongoing communication between JCC Nurses and DHS Outreach Providers

Partnering with hospitals, minimizing involuntary care

There has been a lot of emphasis on the use of Kendra's Law and efforts made to increase involuntary removals to hospital and treatment. While we agree that Kendra's Law may be necessary in the most extreme cases, over-use of the tactic can have disastrous effects for those forced into treatment. Reliance on coercive models sows distrust of service providers and presumes that the often rational decisions of clients to avoid shelter are indefensible despite very real reasons some persons choose to avoid it.

Instead of relying on forced hospitalization, the focus should be on improving quality of care and coordination with hospitals such that when shelter and outreach providers turn to them for care, hospitals are taking recommendations of our teams seriously, evaluating the clients' needs in the context of our recommendations and supporting robust care plans.

- a. Public and private hospital emergency departments must stop refusing to admit street homeless individuals suffering acute psychiatric episodes, losing an opportunity to stabilize the patient and improve their mental health.
- b. To promote the sharing of health information with client consent across systems to ensure uninterrupted care and services as people transition across programs and into permanent housing, the State should implement DHS access to Regional Health Information Systems (RHIOS) and OMH should expand access to PSYCKES to DHS contracted shelter and outreach programs.
- c. Fund hospitals to bring more psychiatric beds online to stabilize severely mentally ill individuals in crisis, which creates an opportunity for homeless providers to then stabilize their housing.

When removals are necessary, clinicians who know the client best and can therefore best assess risk should be in the driver's seat when making decisions about removal orders

Clinical disagreements for 958 Removal Orders between DHS Joint Command Center (JCC) and DHS-contracted Outreach providers may result in unnecessary or inappropriate removals and erode trust in our teams' treating physicians

- a. We urge DOHMH to conduct oversight reviews of every 958 Removal Order to ensure that the individual met the criteria for removal, and that the removal was conducted appropriately.

- b. As a policy, JCC should verify whether homeless individuals are currently receiving case management services through a DHS-contracted outreach provider or mental health services through an ACT or IMT team, and they should be consulted with (barring cases of imminent risk) if the JCC team believes the individual meets criteria for removal. The JCC should take into consideration the outreach providers' and ACT/IMT's clinical diagnoses and case notes when determining whether to issue a 958 order for an individual.

Continuity of care and appropriate treatment and placement must be assured before a hospital discharges a homeless patient

Health + Hospitals (H+H) Emergency Departments (ED) are “streeting” homeless individuals that should be admitted for in-patient medical and psychiatric services in some cases. In others, when a discharge is indicated DHS teams are not alerted to ensure the person seamlessly makes it back to their shelter placement safely.

- a. H+H should educate ED staff to understand the gravity of 958 removal orders. Because they are rightly reserved for only the most extreme circumstances, ED staff may not encounter them often, and as a result not comprehend the severity of the situation, releasing the individual after a few hours rather than admitting them to stabilize their situation.
- b. H+H should modify ED policy so that the ED psychiatrist must take into account DHS provider psyche evaluations when assessing whether to admit an individual. DHS IMT psychiatrists are more familiar with the individual and can offer longitudinal insight into their case.
- c. DHS' Office of the Medical Director should actively advocate on behalf of clients when a hospital refuses to admit them, including rare instances when a DHS provider has to resort to issuing a 958 order to stabilize a critically ill person.
- d. H+H should designate one ED in each outer borough to replicate Bellevue's service model in Manhattan, closely coordinating with DHS, including DHS OMD notifying the ED if a 958 Removal Order is occurring to allow for a warm handoff, and develop ED staff's expertise working with homeless populations. Since Staten Island lacks a public hospital, City leadership must work with hospitals on the Island to replicate this model in a private hospital setting.

The entire case history should be considered prior to making discharge or admission decisions with an eye towards long term stability rather than diffusing a current and immediate threat.

- a. H+H Hospitals are churning mentally ill homeless individuals rather than creating a case-plan to help stabilize and support the client long-term.
- b. For any individual subject to a 958 Removal Order, JCC or DHS Outreach should verify whether a Single Point of Access (SPOA) application has been submitted, and if not, submit one to connect them to mental health services. Likewise, Hospital staff should also confirm the status of a SPOA application for individuals brought in through a Removal Order, and if not, submit one.
- c. Individuals subject to a 958 Removal Order should be guaranteed a Safe Haven bed in a private room upon discharge from the hospital, given the severity of their mental illness. The Hospital should coordinate with Outreach providers in advance of discharge to ensure a smooth transition.

H+H Hospitals should honor DHS Outreach and IMT clinical requests for Assisted Outpatient Treatment (AOT) Orders

Given the necessarily complicated process to apply for an AOT order, DOHMH and DHS OMD should review requests made by DHS providers to determine merit and facilitate their submission request with hospitals.

Tailoring the Safe Options Support (SOS) program to NYC's safety-net

Deploying SOS teams to maximize benefits of the CTI model

Overlapping teams in the subways won't get at real opportunities to apply a CTI model. Areas of new opportunity are in places where homeless individuals are confronting challenges related to their unsheltered homeless status but, where DHS typically hasn't offered homeless outreach and placement services.

Doubling down on the successful OMH efforts at CPEPs and other hospitals serving a disproportionate number of homeless persons and co-locating SOS staff that have access to low barrier placements would be a net benefit and seize upon an opportunity to disrupt the cycle of hospitals discharging people directly to the street or releasing them without connecting with outreach or shelter teams already involved in the patient's life to ensure continuity of care.

Particularly in cases when EMS brings a person to the hospital, but they do not meet criteria for admission, it would be essential to have an SOS team at the ready to plan for next steps.

To address persons who are repeatedly picked up by police, typically due to repeated crimes of poverty like subway fare evasion and the like, co-locating teams at arraignments presents another opportunity to arrange for placement, particularly for those who would otherwise be challenged to comply with any terms of their release.

Locating SOS teams in such places with maximize opportunities to connect with people where they are experiencing the most acute need for stability and continuity without simply duplicating existing efforts with few new tools.

Integrating SOS teams into existing outreach and placement framework

In order to ensure SOS teams can be successful regardless of where they are deployed, they must have access to information regarding who may already be working with persons they are in contact with, what placement options have been tried with that individual in the past and what types of placement opportunities may yet remain untapped. They also need to be conscious of existing placement priorities to avoid hindering progress of DHS outreach teams.

Currently, DHS outreach teams are allocated a certain number of Safe Haven and Stabilization Beds aligned with their catchment areas. Teams have a good deal of flexibility to assign and hold beds for persons they are engaging in an effort to get people in doors. Their intimate knowledge of the unsheltered people in their catchment areas allow them to make informed decisions about the appropriate level of care for each person they engage understanding that some clients will be successful

in traditional program shelters, others require the intensive services of a safe haven and others still, the low barrier, flexible service model of a stabilization bed. Beds are typically assigned regionally so that persons can be placed in locations familiar and comfortable for them and, in some cases need to be held for someone who is on the fence and may be able to come inside once storage is secured for their belongings or some other condition is met. **Additional recommendations to improve access to care for SOS and DHS Outreach clients include:**

- a. SOS teams must have access to Street Smart and CARES so they can identify existing service providers and shelters and engage in case conferencing to coordinate efforts.
- b. While chronically homeless individuals typically do best in either safe haven or stabilization beds, others experiencing homelessness would do well in DHS program shelters. It is critical that when possible, SOS teams work with DHS to maximize the use of program shelters for such clients to avoid clogging the safe haven and stabilization bed options with those who are not chronically homeless. If persons who are not eligible for supportive housing must wait in those beds until they become chronic and qualify for placement, length of stay will increase reducing turnover/throughput to housing and making future placements more difficult.
- c. If SOS teams place clients in existing stabilization beds where the service model for those beds typically involves DHS street outreach teams continuing to provide services post-placement, the SOS team must ensure that the stabilization bed provider and outreach team typically responsible for case management of the residents is informed about the placement and service plan of the individual and that capacity exists to ensure continuity of case management post placement. Teams ought not assume that each placement has the same compliment of services as others.
- d. Ensure the opportunity for scattered site supportive housing providers to backfill units with persons currently housed in congregate settings who would do well in settings where supports are not onsite thus freeing up beds for those with a higher level of need including those likely to be supported by SOS teams.
- e. Create medical respite beds for individuals too sick to enter shelter but not sick enough to qualify for long term hospitalization and as a result bounce between emergency departments and the street.
- f. Continue to open and expand safe-injections sites and co-locate them with DHS drop-in and safe haven programs
- g. Create “wet” housing options for individuals suffering from substance use disorder when considering the expansion of supportive housing options

Maximizing the efficacy of service providers by investing in the workforce

You'll be hearing more from us in upcoming budget testimony but the other critical component to success is having a robust workforce that is fairly compensated so we can attract and retain the best people to do this vital work. PEGS and hiring freezes at DHS, HRA and HPD have hampered our success leading to inefficient processes for accessing rental assistance and processing leases and those cuts need to be reversed. Additionally, the nonprofit workforce is long overdue for salary increases and while DHS has been a good partner regarding giving providers flexibility within our current budget authority to provide one time incentives to those working hard to keep up with demand, we desperately need a COLA to lift the wages of everyone working on our programs. Thank you to the Council for your support on that request.

Legislative items under consideration

Finally, I want to thank the Chair Ayala for introducing the legislation before the committee today regarding reporting. It is imperative at the dawn of a new administration that we set a true baseline for where we are so we can accurately measure progress going forward. We strongly support the use of a comprehensive census to accurately measure the crisis of homelessness across systems as well as reporting on exits and efficacy of housing subsidies so we can truly tell what works and what other interventions and resources may be needed. We have some suggestions on how to strengthen these bills to accomplish our shared goal.

Int. 0212- Improving NYC's tracking and reporting on homelessness

We commend the Council for its efforts to improve reporting on both shelter utilization and placement outcomes and exits from shelter. Int 0212 seeks to amend the same section of the administrative code of New York, HSU recommends that both bills implement the same tracking methodology and reporting requirements for how each City agency serving families and individuals experiencing homelessness.

It has long been a frustration that current reporting does not allow for a full picture of how many people in New York City are served by each shelter system in any given night, or over the course of a month. The inability to count across systems has stymied the efforts to accurately measure the scope of the crisis of homelessness, how well each system supports access to permanent housing, and how equitably resources are or are not shared across systems.

A uniform tracking methodology should be utilized across DHS, DYCD, HPD, and HRA which holistically includes headcounts at all facilities where clients stay overnight- not just traditional shelters. For DHS, this includes PATH and AFIC Intake Centers, Drop-In Centers, Stabilization and Faith Respite Beds, and Safe Havens. For DYCD this includes young people "resting" overnight in Drop-In Centers as well as residing in Transitional Independent Living (TIL) facilities and Crisis shelters. DYCD-administered facilities should specifically be included, not excluded, in average and daily overnight census and numbers of unduplicated individual and families. DYCD's current tracking methodology only reports unduplicated persons and monthly utilization rates, which prevents a more accurate, real-time count and the ability to better analyze how young people access services within DYCD and within the greater context of the City's entire homeless services safety net.

Reporting requirements across DHS, DYCD, HPD and HRA facilities, for the aforementioned program types, should track:

1. Actual daily overnight census of individuals and families by program type, with families disaggregated by adult families and families with children, and by number of adults and children.
2. Average daily overnight census of individuals and families by program type, with families disaggregated by adult families and families with children, and by number of adults and children.
3. Total monthly unduplicated number of individuals and families by program type, with families disaggregated by adult families and families with children, and by number of adults and children.

An actual daily census across agencies would allow for a real-time comparison between systems to better evaluate need and target resources appropriately. For example, an expansion in HRA DV shelter capacity could result in a corresponding drop in the DHS family shelter census as families are triaged to DV facilities to access more appropriate services and shelter. If the City only tracked daily census figures for DHS family with shelters but not HRA DV shelters, the DHS data could be misinterpreted as a reduction in family homelessness, rather than demonstrating a shift towards additional DV resources.

Average daily overnight census numbers can help to flatten statistical anomalies caused by sudden spikes in the daily census numbers, allowing for more accurate trendlines. And total monthly unduplicated numbers across all City agencies will help to gain a more accurate count of unsheltered young people and single adults across the city.

Through establishing standardized reporting requirements across agencies, the Local Law 37 report should seek to more clearly present the data in a format that can be compared and collectively analyzed. Currently, reporting metrics vary across agencies and programs which resorts to comparing apples to oranges. In the current Local Law 37 report, DHS reports headcount 3 different ways across programs- 1) average daily census figures for drop-ins, faith-based respites and DHS administered facilities, 2) census data for DHS stabilization, veteran shelters, and Criminal Justice shelters, and 3) unduplicated numbers for DHS administered shelters, safe havens, stabilization, veteran, and criminal justice shelters (excluding drop-ins and faith-based respites). HPD includes only average daily overnight and census figures (no unduplicated counts), and HRA DV and HASA shelters have a Point In Time (PIT) count and unduplicated numbers (but no overnight average), and DYCD only has number of unduplicated persons and an average monthly utilization rate.

In addition to improving the transparency of homeless data mandated by Local Law 37, we ask the Council to also consider further improvements for the DHS Daily Report. As this report is often the most readily quoted by the press, it is important that the data is presented in as clear and comprehensive manner as possible.

Recommendations to improve the DHS Daily Report:

1. The 'Street Solutions' section in the top left of the report (labeled "Single Adults") should also include stabilization beds. (They are currently omitted, which might actually be a violation of the legal requirement.)
2. The 'Family intake' section on the right side of the report (PATH and AFIC) should be broken down by individuals, not just family units.

3. The 'Total Shelter Census' section should include the individuals from stabilization, safe haven overnight drop-in placements, veteran bed, and criminal justice beds, as well as the number of individuals in families in "conditional" (or application) status. Currently this section only narrowly counts Single adults and families currently in DHS shelters, even though there are thousands more homeless individuals sleeping in DHS facilities overnight.

Int 0211 and 0303- Improving our understanding of exits from shelter

HSU supports these bills that would accurately track how families and individuals exit shelter by further parsing the different types of permanent housing attained and how effectively certain subsidies work. To more clearly understand where households go when exiting shelter and what types of permanent housing are being utilized to do so, **HSU makes the following recommendations regarding reporting categories enumerated in intro 0211 for exits from city-administered shelters:**

- **Create a new category for Section 8**, disaggregating by NYCHA, NYC Housing Preservation and Development (HPD) and NYS Homes and Community Renewal (HCR), and further breaking each down by project-based or tenant-based vouchers.
 - NYCHA public housing should be moved from the "other affordable housing" to this category.
- **Create a new category for people not medically appropriate for shelter**, disaggregating by moves to hospitals or medical rehab centers, medical respite care, and long-term care facilities.
- **Create a new category for individuals utilizing a rental subsidy for either a) a private-room or b) an unsubsidized SRO** that is not supportive housing.
- **Further define "made own arrangements" category**, disaggregating by moving in with friends or family, moving out of the tri-state area, or other.

Homeless Services United also supports Int. 0303 as reporting of the FHEPS program voucher holders is critical to understanding to what degree families are able to access assistance and maintain it in a timely manner, and help identify bottlenecks and challenges to further improve the process and user experience.

With the City's shift from in-person meetings at HRA Centers to virtual assistance through the ACCESSHRA application, there is no way for tenants to actively request a FHEPS application or indicate a problem with their on-going FHEPS voucher, such as the need for a modification or restoration. While the process on HRA's "backend" to try to flag and identify appropriate situations, **without a way for tenants to proactively request this assistance from the City, it is unclear how many new households have gained FHEPS, and continue to maintain it.**

In order to ensure the data from this new report is as helpful as possible, **we recommend that all data should be parsed both by zip codes and by HRA Center catchment area.** Zip codes would help inform the work of HomeBase providers who track cases in the same way, and likewise, by tracking data respective to each HRA Center's catchment, it would help the City to identify and address specific challenges and deficiencies specific to particular sites. In terms of reporting frequency, we recommend monthly, rather than quarterly reports, to better identify on-going challenges in a timelier manner.

Since Oct. 2019, when FHEPS applications were transitioned from CBOs to HRA Centers, the application process became split into 2 steps for a number of households. If a household only needs FHEPS, HRA Center could submit an application themselves. However, if there are major complications, including additional rental arrears above the FHEPS maximum, incorrect rent amounts, apartment needs repairs, or landlord mediation, HRA would make a “but for” referral (the family would be FHEPS eligible *but for* these reasons) to HomeBase to resolve these issues before referring the family back to the Center to submit an application. The previous “paid” FHEPS CBOs reported that at least 85% of cases had at least 2 major complications, and 40% had at least 3.

In practice (prior to COVID-19), HomeBase providers saw families inappropriately referred by HRA for issues which HRA Centers should have addressed directly, such as FHEPS restorations (when a voucher “fell off” and needs to be re-added to a household’s case) and modifications (when there is a change in income levels, household composition, etc., which would change the client’s portion of the rent). **Every time someone in need is referred to another agency for assistance, there is another chance that they do not make it there and ultimately fall through the cracks.** And to refer someone inappropriately adds frustration to the client, wastes their time, and might convince them to give up.

To try to discern how many families may not be getting the help that they need, we recommend tracking in addition to the total number of active and new FHEPS cases by City, zip code, and HRA Center, **the number of new cases that were submitted by HRA *without* needing HomeBase assistance, and the number of HRA referrals to HomeBase to address FHEPS related concerns.**

To ensure that the Council has as full a picture of how New Yorkers are utilizing vouchers, we recommend the Council **broaden reporting requirements** for other city-subsidized rental assistance in **section 21-323 b. 2. to include not just rental assistance programs for homeless Individuals and Families, but to also at risk of homelessness and eviction, disaggregated by in-community versus from shelter or street.** Families unable to apply for FHEPS may eventually be approved for CityFHEPS, and having both in-community enrollment figures side by side may indicate to what degree this may be occurring.

Thank you for the opportunity to testify. Should you need any further information I can be reached at ctrapani@hsunited.org.



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**TESTIMONY OF NEW DESTINY HOUSING
TO THE NEW YORK CITY COUNCIL COMMITTEE ON GENERAL WELFARE**

Gabriela Sandoval Requena, Sr. Policy Analyst

May 3, 2022

Thank you, Deputy Speaker Ayala and members of the City Council General Welfare Committee for the opportunity to submit written testimony on behalf of New Destiny Housing.

Founded in 1994, New Destiny is a nonprofit committed to ending the cycle of violence for low-income families and individuals experiencing homelessness and domestic violence. We build and manage supportive, affordable housing and through our rapid rehousing program, HousingLink, we connect survivors of domestic violence with safe, permanent housing in New York City. New Destiny also advocates for housing resources for domestic violence survivors and their families. We invite you to read our [2022 NYC Policy Priorities](#).

New Destiny is a co-convenor of the [Family Homelessness Coalition \(FHC\)](#), a broad group of organizations and New Yorkers with lived experience committed to tackling homelessness among families in our city.

We commend Deputy Speaker Ayala and the Committee members for their demonstrated commitment to improving the lives of New York's most vulnerable individuals by conducting this oversight hearing. New Destiny supports all three bills on today's agenda, which will help increase transparency and accountability on shelter, services, and housing resources.

INTRO 211

New Destiny supports Intro 211, which would require the Mayor's Office of Operations to report on the exits from all city shelter systems, as well as the financings, starts and completions of permanent housing for those exiting temporary housing. By creating a transparent, centralized mechanism that tracks all shelter exits, as well as the status of housing units, the city will be one step closer to implementing processes that allow for interagency collaboration and meeting the coordinated entry requirement mandated by the U.S. Housing and Urban Development. Capturing comprehensive exit data will enable the city to better monitor how its affordable housing stock and resources are used to house New York's most vulnerable, track recidivism trends, and ensure equitable access among residents of all five shelter systems.

INTRO 212

It is long overdue for the City to create one combined census that shows the true scope of homelessness. We simply cannot solve a problem that we fail to measure correctly. New Destiny supports Intro 212, which would require the administration to centralize shelter census data and the Mayor's Office of Operations to make these reports available on their website in a machine-readable format.

While Local Law 37 of 2011 requires the four City agencies that run the five shelter systems to produce monthly reports on emergency housing utilization, there is a significant lack of uniformity in the methodology, with some agencies reporting unique individuals and others a nightly average, as well as lack of compliance with the frequency of the reporting. These inconsistencies make it impossible to combine the various reports into one census count of all New Yorkers experiencing homelessness. **As a**

result, agency and legislative leaders, the press, and advocates inevitably focus attention, policy solutions, and housing resources solely on individuals and families residing in Department of Homeless Services (DHS) shelter, the largest, most visible system, discounting the thousands of New Yorkers living in other shelters, including domestic violence survivors and youth. As an example, the [New York Times magazine recently published a lengthy article](#) on former Department of Social Services (DSS) Commissioner, Steve Banks. Though the article's focus was entirely on homelessness in New York City, there was not a single mention of the thousands of adults and children in DSS Human Resource Administration (HRA) domestic violence shelter.

New Destiny applauds Deputy Speaker Ayala for introducing bills that will significantly improve reporting, increase accountability, inform the administration on service gaps, and most critically create parity in resources among the systems. This is undoubtedly a big opportunity for the Adams administration to address inefficiencies and streamline processes.

In collaboration with other organizations, we have proposed a series of recommendations to strengthen the language of the bills. New Destiny respectfully encourages the Council to:

- Mandate a consistent methodology for all four city agencies to report shelter census
- Revise the definition of HRA domestic violence shelters to include domestic violence emergency beds and domestic violence Tier II shelters
- Include provisions to track and report shelter to shelter exits (such as households that move from HRA domestic violence shelter to DHS)
- Track and report the same outcomes in the Mayor's Management Report
- Reflect the same revisions to Local Law 37 of 2011 on both bills or consider combining Intros 211 and 212 into a single legislation

T2022-1077

We would also like to express our support for the pre-considered legislation T2022-1077, which would require DHS and HRA to track and report data regarding rental assistance programs, including outcomes of CityFHEPS and any future rental assistance program created for New York City residents. If enacted, this bill would further enhance reporting requirements and help identify opportunities for the continued improvement of programs and services.

Lastly, New Destiny would like to thank the Council for their preliminary budget response, which calls for significant investments, including the critical allocation of \$4 billion per year to fund a comprehensive affordable housing plan. The number one solution to homelessness is affordable, permanent housing.

We appreciate the opportunity to submit written testimony and look forward to continuing to work together. We welcome any questions you may have.

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Testimony of Brendan Cheney, New York Housing Conference

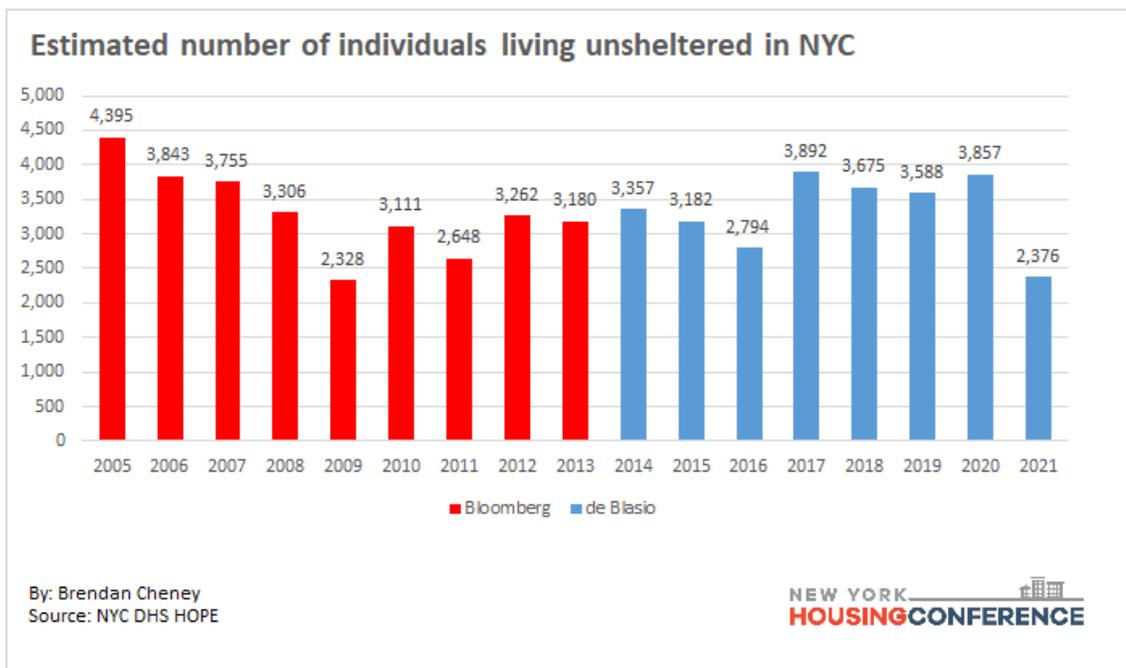
New York City Council General Welfare Committee
Oversight Hearing on Unsheltered Homelessness in New York City

May 3, 2022

Good afternoon. My name is Brendan Cheney. I am Director of Policy and Communications at the New York Housing Conference (NYHC). I would like to thank the Committee Chair Diana Ayala as well as the other members of the City Council Committee on General Welfare for the opportunity to testify about unsheltered homelessness.

NYHC is a nonprofit affordable housing policy and advocacy organization. As a broad-based coalition, our mission is to advance City, State and Federal policies and funding to support the development and preservation of decent and affordable housing for all New Yorkers.

We want to thank the committee for focusing on this issue. Every year the city estimates the number of people living unsheltered and it fluctuates between 2,300 and 4,000. The estimate comes from a survey once every year in the winter, though the estimate is likely as influenced by the weather on that night as it is on larger trends and advocates say it is likely an undercount. It is safe to say that there are several thousand people experiencing homelessness and living unsheltered in our city.



We agree with Mayor Eric Adams that it is inhumane to have people who are experiencing homelessness, especially those that are living unsheltered. But the humane solution is to have housing ready and available for them. We've been

disappointed that Mayor Adams hasn't made housing a part of his plans to address unsheltered homelessness. Housing must be part of the solution.

The housing first model, which prioritizes providing housing to end someone's homelessness experience, has been proven to work nationwide but New York City has been unable to implement it. For people living unsheltered, this would mean moving them straight into housing. Some providers are making it work. New Destiny Housing has a rapid rehousing program for victims of domestic violence. We should replicate these models, and provide enough permanent housing, citywide.

While we want to see the City use housing as the solution, we also want to acknowledge efforts that have been working, including outreach efforts and expansion of low threshold shelters.

Going back more than 10 years, the City has been funding outreach services where workers reach out to and develop relationships with people living unsheltered and offer them supports like traditional shelters, drop in centers, and low-threshold shelters like safe havens and stabilization beds. Former mayor de Blasio and Mayor Eric Adams have both expanded the number of desperately-needed drop-in centers and safe havens.

But shelters must be an emergency and temporary solution, which is not the case with long shelter stays in New York City. Single adults stay in DHS shelters on average for 483 days while adults families with no minor children stay an average of 773 days – over two years, according to the [most recent city data](#). DHS does not release data on length of stays at safe haven shelters, but Politico [reported several years ago](#) that people in safe havens were also facing extended stays – one person interviewed had been there for two years – while waiting for permanent housing.

Shelter can be a temporary solution but housing is the real long term solution and should be part of the plan to address this issues.

Thank you and we are happy to answer any questions.

Testimony by the New York Legal Assistance Group,
Oversight: Unsheltered Homelessness in New York City,
Before the New York City Council Committee on General Welfare
May 3, 2022

Chair Ayala, Council Members, and staff, good morning and thank you for the opportunity to speak to the Committee on General Welfare on unsheltered homelessness in New York City. My name is Deborah Berkman, and I am the Coordinating Attorney of the Shelter Advocacy Initiative at the New York Legal Assistance Group (NYLAG).

NYLAG uses the power of the law to help New Yorkers experiencing poverty or in crisis combat economic, racial, and social injustices. We address emerging and urgent needs with comprehensive, free civil legal services, financial empowerment, impact litigation, policy advocacy, and community partnerships. We aim to disrupt systemic racism by serving clients, whose legal and financial crises are often rooted in racial inequality.

The Shelter Advocacy Initiative at NYLAG provides legal services and advocacy to low-income people in and trying to access the shelter system. We work to ensure that every New Yorker has a safe place to sleep by offering legal advice and representation throughout each step of the shelter application process. We also assist and advocate for clients who are already in shelter as they navigate the transfer process, seek adequate facility conditions and resources for their needs, and

we offer representation at fair hearings.

Most of my clients are those experiencing unsheltered homelessness. Based on my experiences working with them, I appreciate the opportunity to offer the following comments.

I- Barriers to People Coming Inside

a. Most People Sleeping Outside Want to Come Inside, But Cannot Live In a Congregate Setting

In any discussion about unsheltered homelessness, the most critical point to emphasize is that people do not choose to sleep outside, rather they are forced to because available shelter cannot accommodate their needs. While sleeping outside, these individuals are subject to dangers too numerous to retell. My clients are regularly robbed, assaulted, and raped while sleeping. One of my clients witnessed another man he slept outside with have lighter fluid poured on his foot and set on fire. My clients are woken and harassed by police officers and are often arrested for trespass or other trivial offenses that essentially criminalize homelessness. They are food insecure and malnourished. Most are in chronic pain from sleeping on the ground. My clients suffer from skin conditions due to exposure to the elements. Many of my clients have severe dental deficiencies. Almost all of them have other chronic underlying illnesses. Moreover, if they did not suffer from mental illness prior to becoming street homeless, the trauma of sleeping outside and being constantly on alert has caused most of my clients severe anxiety.

The vast majority of the Department of Homeless Services' (DHS') single adult shelter placements are in congregate settings, which can have as many as 100 men sharing a room (or dorm). Many people simply cannot remain in such shelters

Almost all of our clients experiencing street homelessness stay outside because they cannot live in congregate shelter due to past trauma or mental illness (or both). These individuals would, and do, come inside when offered a safe-haven or stabilization bed. Safe-haven and stabilization beds make up DHS' low-threshold shelter system. This is a system with private and semi-private rooms that has fewer rules and regulations than DHS' single-adult shelter system. There are far too few single and double room safe-haven or stabilization placements, leaving thousands of people who are willing to come inside without a viable option other than sleeping outside.

Presumably because of this lack of capacity, DHS has created a complicated eligibility structure for safe-haven or stabilization placements mandating that, to be eligible, people who are experiencing street homelessness must be spotted by the same outreach team in the same spot five times. After meeting this requirement, the person experiencing street-homelessness is added to a waitlist until a stabilization or safe-haven placement becomes available. This process can take months or years, during which time the person experiencing street-homelessness sleeps on the street. During this process, our clients lose hope that they will ever obtain a placement and lose the will to interact with outreach workers.

The clear solution is for the City to significantly increase single room safe-haven and stabilization bed capacity. Although these assignments are more costly,

once clients are inside and stabilized, DHS will likely have much greater success transitioning them to permanent housing. Expenditures that assist clients to transition to permanent housing have net long-term savings (especially if the costs of street sweeps and outreach services are considered).

b. DHS Should Increase Effectiveness of Street Outreach Teams By Providing Them More Safe-Haven Placements, Blankets, Sleeping Bags and Other Winter Gear

The street outreach efforts DHS makes (through its own outreach workers and contracted non-profit agencies) are largely ineffective. This is because the street outreach teams are equipped with very little to offer the people experiencing street-homelessness. In fact, most of NYLAG's clients experiencing street homelessness do not want to interact with street outreach teams because they know the only "help" they will be offered is a ride to a DHS' single adult intake center. These clients are aware of the location of the single adult intake centers, and if they were able to live in regular DHS shelter, they would not be sleeping outside. Street outreach teams do not hand out winter items or food or otherwise provide people experiencing street homelessness with any incentive to speak with them.

Compounding this problem is the apparent lack of oversight of the conduct of the street outreach teams. Clients almost universally report that their interactions with street outreach workers are hostile and threatening, and as a result, create anxiety for the clients. Pairing outreach workers with police officers only exacerbates this distrust.

To alleviate this problem, DHS should increase single room safe-haven and stabilization placement capacity (so that street outreach can make placements) and

provide street outreach with items that people experiencing street homelessness need, such as sleeping bags, clothing, winter gear and food. Moreover, street outreach workers' conduct should be monitored, and the teams should be trained in de-escalation and conflict management.

c. Clients are Disincentivized from Trying Shelter Because DHS Precludes Clients Who Have Attempted to Stay In Single Adult Shelter From Obtaining Safe-Haven Placements

Clients report that if they have presented at their assigned single adult shelter even one time over the past year, street outreach teams have been instructed that such clients are precluded from a safe-haven or stabilization placement. This is consistent with the DHS system of shelter assignment as single adults are assigned to a shelter for a calendar year after the last time they entered that shelter, even if they have not been back in months. As a result, clients do not want to go back and re-attempt to stay at their assigned single adult congregate shelter again because they (correctly) believe this will preclude them from getting a safe-haven or stabilization placement. DHS should not punish clients who attempt to stay in shelter and are unsuccessful by precluding them from a safe-haven or stabilization placement.

d. DHS Intake Process Is a Barrier to Clients Coming Inside

Another barrier to people coming inside is the intake procedure to enter DHS shelter. Intake can take up to two days, with most of that time spent waiting in place in crowded waiting rooms. Clients are told if they leave, they will need to start the process over again. Often clients are not fed and are thus unable to take essential medications. Clients report that staff at intake centers are extremely verbally aggressive and demeaning towards shelter applicants. Clients with disabilities are

often not accommodated, particularly those with mental health disabilities. Many of my clients report that DHS police officers at intake centers are physically aggressive (and a few clients report having been beaten by DHS police officers). Some clients experiencing street homelessness are willing to enter congregate shelter if they could participate in the intake process over the telephone, but DHS will not allow this.

Several aspects of the intake process need to be changed: 1- all intake staff should be trained in trauma-informed practices and de-escalation, 2- clients should be given timed appointments between which they can leave the intake center, 3- clients who self-identify as having disabilities should be awarded immediate presumptive provisional accommodations (without medical documentation) so they can get through the intake process, 4- telephone intake must be offered, and 5- clients should be offered food and drink on demand during the intake process, not only at specific times.

e. Transfers Between Shelters Should Be Permitted

Clients are also forced outside by DHS' policy of not allowing clients to obtain shelter transfers if they are unable to stay in their assigned shelter. DHS has a policy that clients are not able to pick their shelter. Although exceptions are made for "safety transfers", without a lawyer's intervention they are almost impossible to obtain. I have had many clients who were experiencing street homelessness, even though they were willing to stay in DHS congregate shelter, because DHS would not transfer them from their assigned shelter where they had had a traumatic experience. If DHS allowed people to transfer from shelters where they have had a bad experience, fewer people would be forced into street homelessness.

f. DHS' Curfew Policy Makes it Very Difficult to Remain in Shelter or Re-enter Shelter

DHS' curfew policy makes it very difficult for clients to remain inside or to re-enter shelter after a night away. DHS single adult shelter has a 10:00 pm curfew. If a client returns to their assigned shelter after 10pm, their bed will most likely have been reassigned to a someone else seeking shelter. The client will be bussed to an overnight placement. To reclaim a bed, that client must return to their assigned shelter at 9:30pm the next night, and if someone *else* misses the 10:00pm curfew, the client will get the bed of *that* person going forward. If no one misses curfew, that client is again bussed to an overnight placement, and they have to come back the next night and try again. This pattern can go on for many days until a new bed is secured. Many clients give up and turn to sleeping outside.

Similarly, once a client leaves single adult shelter for a night, it is very difficult for that person to re-enter shelter. Clients in DHS' single adult shelter are assigned to a shelter for one calendar year after the last date they slept there, or from the day they are assigned, whichever is later. Leaving for even one night results in a loss of a client's bed (much like missing curfew does). If a client wants to return to shelter after they have been away for at least one night, they will not have an assigned bed to go to and must go through the same exercise as those who miss curfew.

If a person experiencing street homelessness wanted to try coming inside, the difficulty of obtaining a new placement would undoubtedly deter them. Missing curfew or staying out of shelter for one night should not result in the loss of a bed,

and a client hoping to re-enter shelter should be directed without impediment to an open bed.

This impediment would be greatly alleviated if the single adult shelter system eliminated the curfew system and instead adopted the safe-have model that requires clients to check in once every 48 hours. This sensible system allows clients greater flexibility and greater stability.

g. Animal Companions Should Be Allowed in Shelter

Clients experiencing street homelessness often have animal companions that are not permitted in shelter. Although emotional support animals are sometimes permitted in shelter, clients must apply through the Reasonable Accommodation process for clients with disabilities, a process that most clients are unaware of and must have medical providers to utilize. For most of our clients, this is an impossible task. Pet owners who are experiencing street homelessness and who do not have a documented disability are currently prohibited from bringing their animals into shelter. Many people experiencing street homelessness will not go into shelter because they will not leave their pet behind. If DHS allowed animal companions to enter shelter, fewer people would be forced into street homelessness.

h. NoVA Preclusions Prevent Adult Families From Staying in Shelter

Although we acknowledge and agree that protecting shelter residents from domestic violence is of the utmost importance, DHS often makes unfounded claims of domestic violence between partners based on verbal arguments a staff member may have heard. These partners are referred to the “No Violence Anymore” program (NoVA), that will often make a finding precluding these partners from residing in

shelter together (even when the partners are only alleged to have had a verbal argument). Once such a finding, called a NoVA preclusion, has been made, these partners are barred from ever living together in shelter again. While NoVA preclusions can be challenged through the fair hearing process, these challenges are rarely successful, even when the NoVA preclusion arises from a verbal dispute. In these situations, couples most often end up sleeping together outside or in the subway systems. Clients who have NoVA Preclusions preventing them from staying in shelter should have the opportunity to revisit these findings and a meaningful way to appeal them.

i. Other DHS Policies that Act as Barriers to People Entering Shelter

DHS policies create numerous other obstacles to remaining in shelter. Many of my clients report that residents are prohibited from bringing outside food into the shelter. As a result, almost all single adult shelter residents report being perpetually hungry, as meals in shelter are served during a narrow timeframe, in limited supply, and the portions and quality of the food are inadequate. Additionally, many residents with health issues and disabilities require food between meals or when taking medications.

Clients are also prevented from staying in shelter because of the intense policing in shelters and the aggression of shelter staff and security towards residents. I have many clients who are forced into street homelessness because of bad interactions with shelter staff, who clients repeatedly report verbally and physically abuse shelter residents. Additionally, multiple clients have reported to me being beaten by DHS police. Even purportedly “accessible” shelters are in fact inaccessible

for clients with disabilities. Clients who use wheelchairs or other assistive devices often report broken elevators and facilities that are impossible to navigate in a wheelchair, even when the shelters are labeled “accessible.” Clients with mental health disabilities report that they are rarely, if ever, accommodated. Lastly, congregate single adult shelter is often impossible for homeless transgender or gender non-binary clients who experience extreme harassment from staff and other residents. All of these factors contribute to unsheltered homelessness.

II- NYLAG Enthusiastically Supports Int. 0211-2022, Int. 0212-2022 and Int. T2022-1077

Int. 0211-2022, Int. 0212-2022 and Int. T2022-1077 all relate to the DHS shelter census and the transition of shelter residents into permanent housing. NYLAG enthusiastically supports these measures to ensure that shelter is a temporary stop for residents on their way to permanent housing. Such measures are sorely needed; the average length of stay for families with children in DHS shelters in fiscal year 2021 was 520 days, up from 443 days in fiscal year 2020.¹ NYLAG enthusiastically supports these bills and applauds this council for taking on the issues of length of shelter stay and transition to permanent housing for those experiencing homelessness.

We thank the Committee on General Welfare for the work it has done to facilitate services for vulnerable New Yorkers, and for taking this opportunity to

¹<https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2021/dhs.pdf>

continue to improve the conditions for our clients. We hope we can be a resource for you going forward.

Respectfully submitted,

New York Legal Assistance Group

Testimony from The Partnership to End Homelessness
to the New York City Council Committee on General Welfare Hearing
Tuesday, May 3, 2022

My name is Beatrice Simpkins, and I am the Chief Program Officer for The Partnership to End Homelessness, on whose behalf I am speaking here today. The Partnership to End Homelessness is focused on preventing and ultimately ending homelessness via housing, health, education and changing the public narrative.

I want to first thank Chair Diana Ayala and the members of the Committee on General Welfare for the opportunity to speak today and provide our testimony.

Currently hundreds of thousands of New Yorkers are experiencing homelessness and with the end of the eviction moratoria, it's estimated that about a half million people are on the brink of this fate. At The Partnership, we see this every day, and the COVID-19 pandemic has only made the situation worse.

Four months into the Adams administration we are no closer to solving this crisis than we have been in the past. We need a different solution. The City Council is poised to push for change - in how the City understands, addresses and ultimately corrects the issue of homelessness.

For the past 40 years, The Partnership to End Homelessness has been on the front lines addressing the needs of New Yorkers experiencing homelessness. And what we've learned is that prevention is the way to end homelessness. It works, it's the most cost-effective and it's the most humanitarian solution.

What is prevention? It means safeguarding people in their existing homes via rental assistance and other similar measures. It means safeguarding the state's stock of affordable homes via investments in affordable housing.

Family homelessness represents the majority of homelessness because domestic violence, overcrowding and evictions are the three main feeders of homelessness in New York City, and women and children of color disproportionately bear the brunt of this crisis. Entering the shelter system disrupts their lives, and their children's lives, for generations.

- More than 90% of people experiencing homelessness in New York City are in the shelter system.
- Of the approximately 50,000 people in shelter, two-thirds are in family shelters, and 15,000 are children.
- More than 95% of people in shelters are people of color; and more than 90% of families in shelters are female-headed.
- Less than 50% of children who go in the shelter system will graduate high school (putting them on the fast track to experiencing homelessness as adults with their own children).

We see this firsthand every day. At the Partnership, about 85% of our clients are Black or LatinX women, and women with children. This is why ensuring that there is adequate affordable housing and financial supports, such as rental assistance, for women and children is the answer to ending homelessness.

As a result of the State's eviction moratorium that expired earlier this year, family homelessness in the City shelter system dropped by 10,000. That was an encouraging sign. But moratoria without rental assistance will lead to a reversal of fortunes as people are evicted and forced to once again seek housing in our City's shelter system.

Around a half million people could be on the cusp of homelessness / facing eviction now that the moratoria are over

The annual cost of allowing a family to lose their home and end up in shelter is about \$68,000, vastly more expensive than the average amount of \$4,000 that a household needs to address its rent arrears – \$68,000 instead of \$4,000 for each household, costs assumed by City and State taxpayers.

The number of people behind in their rent is far greater than the shelter system's capacity, so it is only a matter of time before there is an increase in street homelessness, which puts in danger the lives of people who will end up living on the streets. **One recent news account noted that an examination of 20 US urban areas found the number of deaths among people living without housing shot up by 77% in the five years ending in 2020 (including 5,000 in 2020 alone).**

In conclusion, we need to move beyond reactionary policies and strategies and towards an approach to solve homelessness that includes greater investments in the creation and preservation of affordable and supportive housing, legal assistance, mental health and other public assistance measures that address the root causes of homelessness. This preventative approach is key to stabilizing families, primarily women and children of color, who bear the brunt of homelessness and have endured immeasurable pain during the pandemic.

When the City is willing to pay more to allow women of color and their children to lose their homes and experience homelessness than to invest in measures that prevent homelessness, we must ask why? Instead, we should work together to end homelessness – and let the very first step we take together be to focus on prevention. The Partnership is ready to be your partner in this.



Safety
Net
Project

**Testimony of Craig Hughes
Senior Social Worker
Safety Net Project**

Hon. Diana Ayala
Committee on General Welfare

Oversight - Unsheltered Homelessness in New York City
Tuesday, May 3rd, 2022

“Sweeping people off the streets and thus forcibly removing them from their homes, whether they live in tents on sidewalks or in their cars, is cruel and inhumane treatment.”

- Leilani Farha, UN Special Rapporteur on Adequate Housing, 2018.¹

Sections in this Testimony:

1. Policies toward public homelessness in New York City (p. 3-9).
 2. What “sweeps” are and why they are harmful (p. 9-11).
 3. Deputizing civilians and weaponizing shelter (p. 11-12).
 4. Shelter available to single individuals (p. 13-14)
 5. Permanent housing options (p. 14-16)
 6. Recommendations (p. 16-17).
 7. Legislation under consideration (p. 17-18).
- Appendix:** Guide to current shelter counts for homeless individuals (p. 19-28).

¹ <https://www.streetsheet.org/solutions-not-sweeps/>

Thank you, Chair Ayala and members of the Committee on General Welfare, for the opportunity to testify before you today. My name is Craig Hughes and I am a social worker with the Urban Justice Center's Safety Net Project.

The Urban Justice Center's Safety Net Project assists thousands of individuals each year with eviction defense legal services, public benefits advocacy, and assisting homeless New Yorkers to navigate crises and access permanent housing. We also co-organize the Safety Net Activists, which advocates on benefits and homelessness issues and is led by people with lived experience. At the height of the pandemic we played a leading role in the #HomelessCantStayHome campaign and worked intensely to mobilize with homeless individuals to fight the mass evictions from safe individual hotel rooms into high-risk congregate shelters and to fight back against sweeps.

The written version of this testimony consists of eight pieces. First, an analysis of policies toward street homelessness (or 'unsheltered homelessness') in New York City. Second, an assessment of what "sweeps" are and why they are harmful. Third, a section on sweeps and the public. Fourth, a discussion and analysis of available shelter options for homeless individuals. Fifth, a discussion of permanent housing options available to homeless individuals. Sixth, specific recommendations about what should happen in terms of policy. Seventh, a brief discussion of the bills that are being introduced today. Finally, attached as an appendix, is a guide we have put together on the different counts currently available of the homeless populations in New York City, which illustrates why a single shelter census is needed.

1. Policies toward public homelessness in New York City.

You chase 'em and you chase 'em and you chase 'em and you chase 'em,...and they either get the treatment that they need or you chase 'em out of the city.

Former mayor Rudy Giuliani, summarizing his approach to intervening in public homelessness.²

*America's stubborn commitment to criminalization is also fueled by deep rooted psychological responses to visible evidence of human poverty. Studies show that humans react to traditional markers of unsheltered chronic homelessness with unparalleled rates of negativity and disgust, which may become even more pronounced when the stigma of homelessness inevitably intersects with other prejudices. American ideals such as independence and hard work nurture tendencies to blame others for their poverty. Thus, Americans are culturally and cognitively predisposed to stigmatize unsheltered homeless people. This stigma expresses itself not only in punitive laws and policies but also in popular myths that justify the systemic rejection and confinement of poor and homeless people.*³ - Sara K. Rankin

Since the emergence of modern homelessness in New York City, during the late 1970s in the wake of the fiscal crisis, homeless people in public places have been viewed persistently – by government, by business, and by many housed neighborhood residents – as a burden to be dealt with and moved. Successive administrations in New York City

² <https://www.nytimes.com/2015/09/02/nyregion/de-blasio-tackling-the-perception-and-reality-of-a-homeless-crisis.html>

³ <https://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=1837&context=faculty>

have come up with all number of schemes to get unsheltered homeless people out of public and quasi-public spaces, with far less – if any – attention to making sure they can access housing. This history is well documented and needn't be repeated here.⁴ However, it is important to discuss the ways that the most recent past administration and current administration have responded to public homelessness.

The de Blasio administration's main initiatives on street homelessness began in 2015. As one of the police unions launched a campaign encouraging civilians to take pictures of homeless people and post them publicly, tabloids increasingly began writing about encampments, which increasingly drew the de Blasio administration in. The drumbeat in the press helped produce a heavy-handed policing response: by September 1st of 2015, NYPD Commissioner Bratton had noted that “about 50 homeless “encampments” had been broken up by officers in recent weeks.”⁵ Visiting an encampment in the Bronx soon after, Mayor de Blasio declared the site “inhumane.” He continued, “I don't believe a homeless encampment is an acceptable reality in New York City in 2015.”⁶ The same month, Mayor de Blasio announced plans to bust nearly a hundred encampments, explaining, “We're not going to tolerate disorder... We're not going to tolerate homeless encampments.”⁷ There is a striking similarity between Mayor de Blasio's framing of public homelessness and how he would respond to it with how Mayor Adams has framed and responded to the same issues.

From that period onward, Mayor de Blasio increasingly began to crackdown on public homelessness, including organizing a new complaint-oriented tracking database inspired by CompSTAT (called HOME-STAT, discussed below) and utilizing sweeps as the City's main response tool. Around this time, as scholar Eric Goldfischer has noted, “public attention swiveled again towards the thorny problem of homelessness, the language of ‘encampments’ [*focused on structures*] was replaced with that of ‘homeless hotspots’ [*focused on people who appeared homeless*]; captured in an official police memo which differentiated the two categories.”⁸

Encampments are outdoor locations with a visible structure where two or more individuals are gathered, often under bridges or in remote areas where groups can isolate. Hot spots are outdoor locations where two or more individuals are gathered without a structure. This may include parks or other popular areas where homeless individuals convene (New York Police Department, 2016).⁹

The shift from “encampments” to “hotspot” based enforcement under Mayor de Blasio had a broader meaning as “an adjustment strategy for policing, and more specifically a mutation on the part of broken windows.”¹⁰

In December of 2015, Mayor de Blasio, at a breakfast held by the Association for a Better New

⁴ See, for example: Kim Hopper, *Reckoning with Homelessness* (Cornell, 2014); Alex Vitale, *City of Disorder: How the Quality of Life Campaign Transformed New York Politics* (NYU, 2008); Neil Smith, *The New Urban Frontier: Gentrification and the Revanchist City* (Routledge, 1996); Ben Holtzman, *The Long Crisis: New York City and the Path to Neoliberalism* (OUP, 2021).

⁵ <https://www.nytimes.com/2015/09/02/nyregion/de-blasio-tackling-the-perception-and-reality-of-a-homeless-crisis.html>

⁶ <https://www.nydailynews.com/new-york/bronx-drug-lair-cleaned-bill-de-blasio-visit-article-1.2348197>

⁷ <https://nypost.com/2015/09/03/cops-finally-crack-down-on-vagrants-as-the-homeless-blast-de-blasio/>

⁸ Eric Goldfischer, 2020, “From encampments to hotspots: the changing policing of homelessness in New York City,” *Housing Studies* 35(9), <https://www.tandfonline.com/doi/abs/10.1080/02673037.2019.1655532>

⁹ Taken from Goldfischer, *ibid*.

¹⁰ *Ibid*. It is important to note that while “hotspot” enforcement continues, in terms of rhetoric, Mayor Adams has more recently leaned heavily on the structures (e.g. tents, cardboard and so on) that people rely on to survive homelessness in the elements, within a discourse where he is targeting public homelessness for policing because it is an “undignified” way for people to live.

York, announced the creation of HOME-STAT, standing for “Homeless Outreach & Mobile Engagement Street Action Teams.”¹¹ Among other things, HOME-STAT was intended to move Broken Windows ideology directly into homeless services.¹² Specifically, the city’s announcement noted:

- “HOME-STAT will increase contracted Street Outreach Team staff and build a rapid-response capacity to respond to 311 calls and information received from HOME-STAT field staff in all five boroughs and throughout the subway system.”
- “HOME-STAT will increase contracted Street Outreach Team staff and build a rapid-response capacity to respond to 311 calls and information received from HOME-STAT field staff in all five boroughs and throughout the subway system.”
- “The Mayor’s Office of Operations will create a suite of HOME-STAT dashboards including a daily public dashboard that maps service requests and data from HOME-STAT survey and outreach teams, and the police department. A monthly dashboard will report on aggregate outcomes, conditions and performance beginning in early 2016.”¹³

At the end of 2015, several homeless New Yorkers and Picture the Homeless, working with NYCLU, sued the city for its harassment of homeless New Yorkers and destruction of their property.¹⁴ In December, the *New York Times* reported:

Vowing that he would never return New York City to the “bad old days,” Mayor Bill de Blasio on Thursday unveiled a newly muscular plan to monitor and combat street homelessness, seeking to retake control of a problem that has emerged as a full-bore political crisis for his administration.

The mayor, speaking to a civic group in Manhattan, said the city would begin tracking, in real time, its responses to reports of homeless people on the streets, employing a strategy similar to the CompStat program that the Police Department uses to map and document crime.¹⁵

A homeless man, William Floyd, commented to the press:

The Mayor and the police commissioner are trying to show people they're doing something, to get the public off their back, but there's nothing to it ... except more surveillance and more police targeting homeless African-Americans and Hispanics...We need housing. It's really simple.¹⁶

In April of 2016, the de Blasio administration announced the HOME-STAT was “fully operational,”¹⁷ explaining the initiative “will improve the City’s ability to quickly identify issues and deploy resources where they are needed most to help transition homeless individuals from streets to homes.” That month, according to records our office has received through FOIL

¹¹ <https://www1.nyc.gov/office-of-the-mayor/news/946-15/mayor-de-blasio-home-stat-abny-breakfast>

¹² On Broken Windows, see Beckett & Herbert, *Banished: The New Social Control in Urban America*. OUP, 2009, p. 24.

¹³ <https://www1.nyc.gov/office-of-the-mayor/news/946-15/mayor-de-blasio-home-stat-abny-breakfast>

¹⁴ <https://www.picturethehomeless.org/press-roundup-homeless-new-yorkers-announce-plan-to-sue-city-over-nypd-property-destruction/>

¹⁵ https://www.nytimes.com/2015/12/18/nyregion/mayor-de-blasio-unveils-plan-to-track-homeless-population.html?_r=0

¹⁶ <https://gothamist.com/news/home-stat-de-blasios-new-homelessness-plan-worries-some-advocates>

¹⁷ <https://www1.nyc.gov/office-of-the-mayor/news/326-16/mayor-de-blasio-home-stat-program-fully-operational/#/0>

requests, DSS began tracking interagency sweeps, which it called “clean-ups.” Above-ground interagency sweeps subsequently increased, steadily, year over year, according to the data:

- 2016: 155 above-ground sweeps
- 2017: 426 above-ground sweeps
- 2018: 507 above-ground sweeps
- 2019: 668 above-ground sweeps
- 2020: 1293 above-ground sweeps

Then, in 2021 – against CDC guidance not to break up encampments without being able to offer single rooms – Mayor de Blasio ordered a full-steam blitz:

- 2021: 6,604 sweeps

Meanwhile, targeting of individuals bedding down on the subway by police steadily increased and drew-in the State. In a version of what we now see in Mayor Adams’ commentary about “dignity” and “help,” in 2017 Governor Cuomo stated the following (which he used to help legitimize sweeps):

You do not help a homeless person by saying we'll let you sleep on the trai... Give the person the mental health treatment they need. Have the clean safe shelters. And have the NYPD do what they used to do, which is get help for the homeless person.¹⁸

Nothing better exemplifies the de Blasio administration’s approach to homelessness in the subways – which has had a very clear influence on the Adams’ administration's approach – as does the Subway Diversion Program. Started in the summer of 2019, the Diversion program had a basic approach, as *The Daily News* reported:

NYPD Transit officers will offer unsheltered homeless people connections to social services in lieu of a civil summons if they’re caught evading fares, lying outstretched or violating other transit rules.¹⁹

Then-Governor Cuomo responded in kind, increasing the flood of officers into the trains, targeting the end of certain lines. We then saw Mayor de Blasio launch the Strategic Homeless Joint Command Center (JCC), creating a new level of policing targeting people on the street, with ample reminders that this was all about “helping” homeless people. As one report noted,

The city is also creating an interagency command center to focus on the "entrenched" homeless — those who’ve been offered shelter and other services by homeless outreach teams at least 50 times — and who’ve refused them. Those centers will also have access to live CCTV feeds, which would allow homeless outreach teams to be deployed in real time.²⁰

¹⁸ <https://www.nydailynews.com/news/politics/cuomo-city-job-remove-homeless-subways-article-1.3583629>

¹⁹ <https://www.nydailynews.com/news/politics/ny-police-homeless-diversion-subway-system-manhattan-20190613-6jlkldo3prqizjpbpr7x4aqo4-story.html>; <https://www.ny1.com/nyc/all-boroughs/news/2019/06/14/nypd-to-stop-issuing-summonses-to-homeless-on-subways->

²⁰ <https://www.wnyc.org/story/city-expand-homeless-outreach-subways/>

In December of 2019, the de Blasio administration announced a new initiative to turn all City workers into potential informants about public homelessness via 311. “Last week,” noted one report, “Mayor Bill de Blasio announced plans to train 18,000 city workers to call 311 when they see a homeless person to get more folks into city shelters, which house about 60,000 New Yorkers.”²¹ Results then began coming in about the outcomes of the Subway Diversion program:

The diversion program has enabled 500 people to avoid getting summonses, 300 of whom were connected with a shelter, according to the de Blasio administration. First Deputy Commissioner for Molly Park said the administration is taking a multi-pronged approach to getting homeless people off subways and into housing.²²

The rhetoric of a “multi-pronged” approach to street homelessness – with, crucially, policing at the center – continues in its own variation under the current administration.

Beginning in April of 2020 – as a result of organizing by homeless people, base-building organizations (including but not limited to the #HomelessCan’tStayHome coalition), legal and other advocacy groups – New York City began to move thousands of people into so-called “de-densification hotels,” where individuals would be housed by themselves or with another person.²³ Simultaneously, we at SNP increasingly found it slightly less burdensome than it had been in the past to get people placed in rooms with fewer people (including individual rooms), particularly if people were, as a result of specific conditions, vulnerable to fatality if they were to contract COVID.

Simultaneously, as the pandemic arrived, rhetoric about homeless New Yorkers bedding down in public became all the uglier. In order to legitimize and justify the MTA’s overnight subway shutdown in May 2020, Governor Cuomo wrapped “sanitation” rhetoric regarding COVID-19 and homeless people into one piece of PR messaging: “They’re [essential workers] on those trains and they deserve to be kept safe and deserve to have clean, safe rides to and from work, and they’re going to have it.... We’ll move heaven and Earth to make sure it happens.”²⁴

Not missing a beat on the opportunity to force homeless people out of the trains, the de Blasio administration came up with its own way – with the police placed front and center - to push people outdoors (and ideally into shelter), and its own PR messaging about how humanely the administration was acting:

If you're not going back and forth all night on a train, then you actually are coming above ground, where outreach workers are there to help you, where NYPD officer’s training in the homeless outreach are there to support homeless people and get them to a better situation.²⁵

²¹ <https://www.thecity.nyc/special-report/2019/11/18/21210717/how-shelter-chaos-drives-many-homeless-to-live-on-streets-and-in-subways>

²² <https://www.nydailynews.com/news/politics/ny-homeless-subway-diversion-program-20200122-x5jwpey7h5fcbjimpzhgh45sbwm-story.html>

²³ <https://www.npr.org/2020/05/14/855855672/new-york-citys-homeless-need-more-assistance-during-pandemic>; <https://www.thecity.nyc/housing/2021/5/10/22429684/homeless-life-in-new-york-city-hotel-room>

²⁴ <https://www.nydailynews.com/coronavirus/ny-coronavirus-cuomo-briefing-mta-subway-20200430-oo3bm6e5brhslbuxdbriilxvd3u-story.html>

²⁵ <https://abcnews.go.com/US/subway-closure-outright-disaster-homeless-safe-shelter-options/story?id=70429030>

In other words, being pushed out of the trains was the coercive tool to force people to engage in “help,” which is not dissimilar from the approach of the current administration.

Right away, the City – facing hundreds, possibly thousands, of people now being forced into the elements – lauded their success:

139 of the 252 homeless people who were approached by outreach workers and New York Police Department officers agreed to leave the streets and seek help, de Blasio said. “We have never seen this many people who are living on the streets agree to something different.”²⁶

Less than two weeks later, reality and PR collided: “a large majority of people the city tallied as accepting help never even entered a homeless shelter, according to data released Thursday,” noted one report.²⁷ Early into the subway shutdown, as witnessed by SNP staff and others, people were being chaotically shuffled around and crammed into buses at the end of lines, with many sent to 30th Street intake where they were then dropped-off at the doorway, crammed into intake rooms, and told to wait on the stairs, all while everyone was being put at high-risk for COVID infection.²⁸

Following the police murder of George Floyd and the mass organizing for police accountability in the spring of 2020, DSS and DHS were pushed to – and agreed to – pull back on very specific parts of their policing approach to homelessness. Specifically, DSS reported to have ended its Subway Diversion Program – which could not be supported by data²⁹ - and the NYPD was directed to disband its Homeless Outreach Unit, while DHS was placed in charge of responding to 311 complaints about homelessness.³⁰ Almost immediately tabloids and officials began beating the panic drum.³¹

Over the course of the next year, as a result of organizing and litigation, DHS maintained a stock of thousands of single rooms, but they became increasingly difficult to access, and people on the street were rarely offered them. Simultaneously, the City increased the number of sweeps, despite CDC guidance not to conduct sweeps, particularly if single rooms could not be offered.³² The panic drum from the press continued apace.

As soon as Governor Cuomo lifted the State disaster emergency declaration that prevented the City from closing the de-densification hotels, in June 2021³³, DSS moved to rapidly close dozens of facilities, despite lacking clear guidance from the Department of Health and Mental Hygiene to do so.³⁴ The City has not released data about how many people discharged from the shelter system upon closure of the de-densification shelters subsequently returned to the street. Based on the

²⁶<https://www.politico.com/states/new-york/albany/story/2020/05/06/with-subways-closed-city-says-139-homeless-people-moved-into-shelters-1282668>; <https://www.cnbc.com/2020/05/06/nyc-had-to-move-more-than-250-homeless-people-out-of-subways-to-disinfect-trains.html>

²⁷ <https://www.politico.com/states/new-york/albany/story/2020/05/14/most-homeless-people-removed-from-subways-never-entered-shelters-1284048>

²⁸ <https://www.thecity.nyc/2020/5/10/21257175/nyc-shuttles-homeless-men-from-subway-to-packed-shelter>; Safety Net Project’s Twitter account from this period provides a real-time blow by blow accounting of what occurred during the early months of the pandemic.

²⁹ <https://gothamist.com/news/homeless-subway-data-mta>

³⁰ <https://gothamist.com/news/nypd-scales-back-outreach-homeless-subway-system>

³¹ <https://nypost.com/2020/07/20/mta-boss-sarah-feinberg-frustrated-by-nypd-outreach-withdrawal/>

³² <https://www.nytimes.com/2021/03/03/world/new-york-city-homeless-cleanups-covid-coronavirus.html>

³³ <https://www.governor.ny.gov/news/governor-cuomo-announces-new-york-ending-covid-19-state-disaster-emergency-june-24>.

³⁴ <https://citylimits.org/2021/09/09/citys-effort-to-move-homeless-back-to-group-shelters-contradicts-earlier-health-dept-guidance-documents-show/>

clients we work with, we believe it to have been a significant number. (Notably, just this week, SNP staff met a homeless person staying at a park on the Lower East Side who told us that he had been staying at a midtown hotel last summer, when the City closed that site and sent him to the notorious shelter in Harlem. He eventually left for the streets, where he has been staying since the fall.)

As the City moved to “re-open” in the spring of 2021 and following the end of the State’s emergency declaration, Mayor de Blasio rapidly ramped up sweeps to simply unprecedented numbers, according to data released to our office via FOIL request: 494 in May, 970 in June, 887 in July, 769 in August, 835 in September, and 898 sweeps in October. The CDC guidance advising against sweeps did not change during this period. DSS enlisted its Joint Command Center staff and non-profit contracted outreach teams in the planning and process of the sweeps.³⁵ Sweeps increased surrounding the 2021 HOPE effort.³⁶

Aboveground sweeps momentarily slowed in December and January, but have since, under Mayor Adams, rapidly ramped up – both aboveground and underground. In January – just days into his mayoralty – Mayor Adams announced a new “omnipresence” of police across the MTA.³⁷ In February of this year, Mayor Adams announced his “Subway Safety Plan”³⁸ which was followed in March by his announcement of an above-ground encampments initiative.³⁹ The two plans relied on a discursive shift and heavily on PR spin, but were not fundamentally different than what Mayor de Blasio had done. Mayor Adams’ declaration that sleeping on a subway or living in an encampment was not “dignified” was used as a catch-all justification for mass sweeps above-ground and below-ground, playing heavily to optics and the tabloids, and giving far less concern to what happens to people who are targeted by these initiatives, as has begun to be clear in outcome reports.⁴⁰

2. What “sweeps” are and why they are harmful.

In New York City, administrations have historically varied on whether they use the term “sweep” or another euphemism. Under the de Blasio administration, for example, officials were adamant that they did not conduct “sweeps,” but rather “clean-ups” that were less punitive and more humane than had been seen in prior administrations. One would have accurately read this as a way to divert attention away from the mirror-like similarity between a traditional “sweep” and a “clean-up.”

Since there is so much confusion about what a “sweep” or a “clean-up” is, we think it is important to give definition. The National Law Center on Homelessness and Poverty concisely defines homeless sweeps as “displacing homeless people from outdoor public spaces through harassment, threats, and evictions from living in camps.”⁴¹ Sweeps are not isolated interventions, but rather a piece in a broader web of criminalizing public homelessness. In New York City, this criminalization of homelessness is part of a larger framework of Broken Windows policing that has undergirded interactions between City agencies – primarily, but not only, the NYPD – and poor people – predominantly Black

³⁵ <https://citylimits.org/2022/04/11/inside-nycs-street-homeless-sweeps-rapid-responses-and-signs-of-futility/>

³⁶ <https://twitter.com/SafetyNetUJC/status/1385273416157118471>

³⁷ <https://www.nytimes.com/2022/01/06/nyregion/nypd-subway-patrol.html>

³⁸ <https://www1.nyc.gov/office-of-the-mayor/news/087-22/mayor-adams-releases-subway-safety-plan-says-safe-subway-prerequisite-new-york-city-s-#/0>; <https://www1.nyc.gov/assets/home/downloads/pdf/press-releases/2022/the-subway-safety-plan.pdf>

³⁹ <https://www.nytimes.com/2022/03/25/nyregion/eric-adams-homeless-encampments.html>

⁴⁰ <https://gothamist.com/news/city-hall-39-people-placed-in-shelter-after-hundreds-of-encampment-sweeps>

⁴¹ National Law Center on Homelessness & Poverty, “Housing Not Handcuffs,” factsheet – <https://perma.cc/2YM4-DAAR>

and Latinx individuals – for about three decades. As the Broken Windows argument goes – persistently without supporting evidence – the less the public sees homeless individuals bedding down in public places, the less sense of “disorder” there will be, and thus the less crime there will be. “[S]erious street crime flourishes in areas in which disorderly behavior goes unchecked,” wrote Wilson and Kelling in their 1982 article establishing the theory of Broken Windows, “The unchecked panhandler is, in effect, the first broken window.”⁴²

While the City has put vast effort into spinning sweeps as a paternalistic intervention to help those on the street live with “dignity”, by moving them into shelter, the clearer fact is that sweeps are part of a policing – and thus coercive – intervention focused on our city’s public space. Particularly, sweeps are a part of an effort to maintain a tightly-controlled environment that business leaders believe will best support upscale office work, tourism, and uninterrupted retail commerce, and which unburdens annoyed neighborhood residents from encountering people without homes staying on their blocks.

Deciding whether or not sweeps “work” or “are successful” depends on your definition of them and what you see as their purpose. For example, if you define sweeps as a paternalistic intervention that “helps” people move into a more “dignified” living environment – as City officials have purported to in their public relations campaigns – then we do not have evidence that they “work.”

Year over year, whether the de Blasio administration or the Adams administration, the City has evaded providing any serious evidence as to whether they can draw a connection between sweeps and people getting housed or people staying in a shelter. Rather, the City tends to pivot to its “outreach” efforts more generally when asked about this, and then provides persistently ambiguously-defined numbers of the number of people they have “built trust” with who have been “helped” to be “connected” or “placed” into shelter.⁴³ Typically, this public relations pivot also includes some sort of comment about the ever-growing number of “engagements” that city-contracted outreach teams have had in order to “build trust” with people staying in public.

However, while we don’t have evidence that sweeps help people get housed, if sweeps are defined to be a process of “displacing homeless people from outdoor public spaces through harassment, threats, and evictions from living in camps,” which is part of a criminalization process founded in Broken Windows ideology, then they may actually have some success. For example, records released to us through freedom of information requests have shown that the City has increasingly relied on sweeps over the past six years, and with an unprecedented intensity over the past two years. Our staff have tracked locations swept over and over again in a short period of time and found, indeed, that after repeated sweeps it is often the case that people leave a specific spot. However, we have also often seen that people move to another location, or move onto the trains, or move further into areas where they are further in hiding and further into the margins. “At its boldest and baldest,” wrote geographer Don Mitchell in 2003, “this defense of punitive measures against the homeless asserts that the *aesthetics of place* outweigh

⁴² theatlantic.com/magazine/archive/1982/03/broken-windows/304465/

⁴³ The amount of time it reportedly takes to “build trust” is an open road in City messaging, with officials reporting that it takes months, or years, or hundreds or thousands of “engagements.” It is most likely the case that the number of required “engagements” it takes to “help someone come inside” correlates closely to the specific resource being offered (or not offered, as the case may be).

others considerations, such as the needs of homeless people to sleep, to eat, or to *be*.”⁴⁴

There is a growing body of evidence research showing that sweeps are, in fact, acutely harmful to homeless people. A landmark study published in 2016 out of the Homeless Rights Advocacy Project that the Seattle University School of Law concluded that:

Disrupting encampments harms residents by taking away the safety of community, and forcing them into a daily nightmare of searching for security, shelter, and food, making it impossible to focus on longer-term measures to end their homelessness. The constant disruption sends a message to people experiencing homelessness that they are not allowed anywhere.⁴⁵

Research has found that criminalizing public homelessness leads to feelings of dehumanization, deepens distrust with government, intensifies hardships via the tossing of personal property and disconnection from services, and causes anxiety and fear.⁴⁶ A recent study out of California concluded that “unhoused people's health is harmed directly through encampment sweeps, or through the perilous social environmental conditions created by them.”⁴⁷ An article published in January of this year by Dr. Kelly Duran of NYU argued that for homeless people, particularly individuals who use substances, “Constant movement, as induced by frequent street or encampment sweeps, makes connecting to resources and supports even more difficult.”⁴⁸

3. Deputizing Civilians and Weaponizing Shelter

With the development of 311 under the Bloomberg administration the entirety of New York City services shifted.⁴⁹ This has increasingly been the case for homeless “services.” Under successive administrations, mayors have called for people to “call 311” to report seeing someone who is homeless on the street – DSS Commissioner Jenkins has testified that such a call will generate workers “proactively helping” the person.⁵⁰ Unfortunately, 311 not only results in NYPD involvement, it also often has the outcome of wrapping the caller – who may be responsible for initiating surveillance by the City – and the person being called about into the process of sweeps. In a recent report by *City Limits*, relying on data produced in response to a FOIL by our agency, this is clearly illustrated:

When, for example, someone using the 311 app logged a complaint about a tent in Rose Hill Park, near Fordham University, on the morning of July 21, DHS staff contacted the BronxWorks team eight minutes later, emails show. The next morning, a coordinator said

⁴⁴ Mitchell, *The Right to the City* (Guildford, 2003), p. 201.

⁴⁵ Junejo, S. & S. Skinner, S. Rankin, 2016, “No rest for the weary: Why cities should embrace homeless encampments.” *Homeless Rights Advocacy Project 4*.

<https://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=1006&context=hrap#:~:text=The%20most%20important%20benefit%20of,community%2C%20autonomy%2C%20and%20stability>

⁴⁶ Jennifer Darrah-Okike, Sarah Soakai, Susan Nakaoka, Tai Dunson-Strane & Karen Umemoto (2018) “It Was Like I Lost Everything”: The Harmful Impacts of Homeless-Targeted Policies, *Housing Policy Debate*, 28:4, 635-651, DOI: 10.1080/10511482.2018.1424723 – <https://www.tandfonline.com/doi/abs/10.1080/10511482.2018.1424723>

⁴⁷ Chang et al, 2022, “Harms of encampment abatements on the health of unhoused people,” *SSM – Qualitative Research in Health – sciencedirect.com/science/article/pii/S2667321522000269#bib4*

⁴⁸ K. Duran, C. Fockele, M. Maquire, 2022, “Overdose and Homelessness – Why we need to talk about housing.”

<https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2787718>

⁴⁹ <https://www1.nyc.gov/office-of-the-mayor/news/089-13/mayor-bloomberg-commemorates-ten-years-nyc311-nation-s-largest-most-comprehensive-311>

⁵⁰ <https://citylimits.org/2022/05/05/the-city-touts-progress-on-street-homeless-outreach-critics-say-its-more-of-the-same/>

outreach staff had talked with the person staying in the tent and thought a sweep would compel them to move into a shelter.

“Client declined services but accepted a business card and indicated that he would call when he wants services,” the coordinator wrote to DHS. “This location is already on Parks Department radar and clean up should be coordinated for this location. I believe the client will accept services whenever the clean-up gets done.”⁵¹

In-effect, the City has deputized civilians, in part by mobilizing good heartedness, to become part of a policing operation focused on creating and maintaining a sanitized public space without the presence of the public homelessness. Legal scholar Sara K. Rankin has noted this trend nationally,

The degree of systemic discrimination and violence homeless people suffer is also clear in the deputization of private citizens and private security to exclude unsheltered people from public space. Citizens are deputized in at least three ways. First, police often engage with and sometimes run social media pages committed to policing homelessness. Police often act on information citizens post on these pages. Second, police create other tools for citizens to act as more effective deputies. Third, police coordinate with business improvement districts (“BIDs”), who serve a private policing function, to share information. The deputization of private citizens blurs the line between citizens and police, contributing to the over-surveillance of people experiencing homelessness.⁵²

Part of the argument that Mayor de Blasio and Mayor Adams have used to justify sweeps is that there is available shelter space for all individuals due to New York City’s right to shelter for single adults. While the refusal of many people to take refuge in municipal shelters due to safety and privacy concerns is well known, it is also worth noting the way in which the right to shelter gets weaponized to justify homeless sweeps. One scholar on the subject has noted how, in San Francisco, “shelters had become a resource utilized for addressing resident and business complaints rather than servicing the needs of those experiencing homelessness.”⁵³

In New York City, Mayor Adams has repeatedly emphasized that people can simply go into shelter and that he plans to open new safe haven and stabilization beds, which also lends to justifying sweeps. Along the same logic, some have put forward the argument that if there is a safe haven bed or stabilization bed available *then* a sweep would be justified.

From our perspective there is simply not a justification for sweeps, which rely on coercion, shock, and violence in order to force people into spaces they may not want to go and prioritize the needs of people who find it burdensome to have to see them, rather than the needs of those who simply have no home. Homeless people need to meet basic survival needs – eating, sleeping, going to the bathroom – and should be supported in doing so. The City must offer safe, private options for people to move into.

⁵¹ <https://citylimits.org/2022/04/11/inside-nycs-street-homeless-sweeps-rapid-responses-and-signs-of-futility/>

⁵² S. Rankin, “Civilly Criminalizing Homelessness,” 2020, *Harvard Civil Rights-Civil Liberties Law Review* <https://harvardcrcl.org/wp-content/uploads/sites/10/2021/10/Rankin.pdf>

⁵³ C. Herring, 2021, “Complaint-Oriented “Services”: Shelters as Tools for Criminalizing Homelessness,” *The Annals of the American Academy of Political and Social Science* – <https://journals.sagepub.com/doi/full/10.1177/0002716221996703>

4. Shelter available to single individuals

In New York City, there is a right to shelter for single individuals, mandated through consent decree, which is administered through the Department of Homeless Services (DHS), the largest of five municipal shelter systems that are run by four city agencies.⁵⁴ While individuals can access shelter as needed, New York City is not obligated to allow someone to choose a specific shelter or a specific type of shelter. During the height of the COVID-19 pandemic many thousands of individuals were moved to individual rooms, or rooms they shared with one other person, in the summer of 2021, DHS began to rapidly close these “de-densification” shelters – without clear guidance from the Department of Health and Mental Hygiene to do so – and instituted mass transfers back to traditional congregate shelters.⁵⁵

As a result of litigation, the Department of Homeless Services is obligated to process requests for Reasonable Accommodations (RA) for individuals with disabilities, but it does not believe it is obligated to create shelter capacity in order to grant an RA. Through a confused and highly bureaucratic process, some individuals have been found eligible for RA’s of single- or double-rooms for the duration of the COVID-19 pandemic. For the most part, and against its legal obligations not to discriminate by disability, DHS is reluctant to grant such accommodations to individuals who apply for single- or double-rooms as a result of symptoms of their mental illness.

Last month, our office began to hear of DHS closures of a number of the hotels that had granted single or double room accommodations to individuals. First, we heard of the closure of the Radisson at 52 Williams Street in Manhattan (around 253 beds)⁵⁶, then we heard of closures of two hotels in Chinatown (about 200 beds), then we heard about plans to close a hotel in Long Island City (about 165 beds), and then a Holiday Inn in Midtown. **In total, right now we estimate that DHS is imminently closing at least 600 rooms that are providing single- or double-room accommodations.**

DHS administers multiple specialized shelter sub-systems through its Street Solutions portfolio: safe havens, stabilization beds, veterans beds, faith-based beds, overnight drop-in centers, and criminal-justice shelters. While DHS does not release point-in-time numbers of the safe haven and stabilization beds, according to the most recent public data⁵⁷, from February 2022, there was an average of 1,306 people in safe havens, and 729 (total = 2,035) people in stabilization beds, which is only a slightly higher average census than was found a year ago in February 2021, when there was an average of 1,127 people in safe havens and 889 people in stabilization beds (total = 2,016). The number of unduplicated people in safe haven and stabilization beds in February 2021 and February 2022 is nearly identical: 2,179 and 2,185, respectively.

Safe havens and stabilization beds are, generally speaking, an option that our office see’s people on the street more open to accepting than traditional congregate settings, in

⁵⁴ HRA runs the HRA-DV and HASA shelters; DHS runs its shelters; HPD runs a shelter system for people who have received vacate notices or whose buildings are subject to fire; DYCD runs the runaway and homeless youth system.

⁵⁵ <https://www.nytimes.com/2021/07/26/nyregion/homeless-hotel-shelter-ny.html>

⁵⁶ <https://gothamist.com/news/amid-crackdown-on-homeless-people-in-the-subway-and-encampments-city-to-close-shelter-in-financial-district>

⁵⁷ https://www1.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf

particular if they are one of the few sites that offer private rooms. However, there is a general misunderstanding – in significant part due to DHS messaging, and also due to some changes in the setup of the facilities – about the nature of the safe havens and stabilization beds. Specifically, the typical “congregate” versus “non-congregate” language doesn’t easily apply here, as safe havens and stabilization beds typically involve shared bathrooms and often involve spaces where multiple people sleep in a room. The recent opening of a new safe haven in the Bronx with 14-16 beds per open-floor is a good illustration of this.⁵⁸

Over the past year, anecdotally, we have seen DHS increase the number of beds found in specialized sites and wrongly inform our clients of the number of beds they can expect in a room, or surprise them by adding additional beds per room. At points, our clients have left these facilities, or refused to go to them to begin with, because of their congregate nature. In December 2021, DHS also closed the only stabilization bed location we are aware of that offered private rooms with private bathrooms, the Sleep Inn in Queens.

While the “congregate” versus “non-congregate” language isn’t particularly useful in discussing this – although it is important to note that the City has de-emphasized the congregate setup in these sites – it is the case that safe havens and stabilization beds tend to have far fewer beds per room than typical congregate/dorm shelters and are more flexible in rules, both of which have been more attractive to many people we work with.

It is straightforwardly the case that DHS’s decision – as a response to organizing– to offer more easily accessible single rooms throughout much of the pandemic, had the most effective impact in terms of people coming off the street. Single, private rooms, with private bathrooms, along with permanent housing, should be at the center of municipal outreach policy.

5. Permanent Housing Options

“They got 250,000 vacant apartments in the city, man,” [Johnny] Grima, who wants permanent housing for every homeless person in the city, yelled at one point. “Why am I homeless? Why are my friends homeless?”⁵⁹

Unfortunately, individuals staying on the streets in New York City receive almost no meaningful assistance with permanent housing – there are some limited offers of specialized shelter beds, but virtually no access to permanent housing from the streets. At sweeps in recent weeks, our staff have repeatedly asked homeless outreach workers if they can assist people with permanent housing, only to be told that they “don’t do that” and that they can only offer people shelter. As one member of the Safety Net Activists, who was street homeless for twenty years, often says, “nobody gets housed from the street.” Rather than a ‘permanent housing first’ approach (in the broad sense of the term ‘housing first’), New York City has, at best, a ‘shelter first’ approach, where accessing a shelter bed is almost always the pre-requisite for accessing any kind of apartment for individuals who are homeless for extended periods (e.g., “chronically homeless”⁶⁰).

⁵⁸ <https://www.nydailynews.com/news/politics/new-york-elections-government/ny-eric-adams-safe-haven-beds-bronx-homeless-encampments-20220329-uu2obj4dwrbmtoqkmbhlhslzqi-story.html>

⁵⁹ [nytimes.com/2022/05/05/nyregion/in-tompkins-square-resistance-builds-to-homeless-sweeps.html](https://www.nytimes.com/2022/05/05/nyregion/in-tompkins-square-resistance-builds-to-homeless-sweeps.html)

⁶⁰ While “chronic homelessness” is a concept that is embedded in policy as well as in everyday policy discourse, it is a concept with a

While street homeless individuals are eligible for supportive housing apartments, HPD homeless set aside apartments, CityFHEPS vouchers, and Emergency Housing Section 8 Vouchers (EHV), outreach workers consistently inform them that in order to get any help with housing, they must first enter shelter, which is an option that many – and probably most – on the street have already tried and rejected. Individuals that SNP’s staff meet on the street have often had dozens, if not hundreds, of interactions with outreach workers that have included repeated attempts to convince someone to enter shelter, often involved sweeps, but have not led to a single permanent housing application (HHA form), or rarely even access to a housing voucher.⁶¹

Once they do enter shelter, the path to permanent housing is still long and arduous, if people get housing assistance at all. Many individuals spend months, and then years, in the system without receiving any meaningful help with permanent housing, as caseworkers are often focused on bureaucratic paperwork to maintain their shelter caseload and lack the capacity and training to help individuals with permanent housing. It is not uncommon for us to meet individuals who have been in the shelter system for three, four, or five years, often with little to no help in accessing permanent housing.

For those lucky enough to have staff who have the caseload capacity and training to assist with housing, the main options available to homeless individuals are CityFHEPS vouchers and supportive housing. CityFHEPS vouchers often do not become available until 90 days after someone has entered shelter, and various bureaucratic requirements often prevent people who are not working or who are on disability or retirement benefits from accessing them. If they do receive a voucher, individuals are largely left on their own to try and locate units within a housing market with rapidly rising rents, rampant source of income discrimination, and significant bureaucratic hurdles to approval even once someone locates an apartment.⁶²

The process of applying for and accessing supportive housing is lengthy and arduous. Applicants must work with their caseworkers to submit a psychiatric evaluation, a psychosocial, and dozens of pages of extensive documentation to determine if they qualify for the program. Many applications are rejected due to trivial reasons or lack of experience on the part of caseworkers. Even once people are approved, they face many months of opaque waiting to find out if they’ve been selected for an interview. Applicants who do get selected then face discrimination and abuse from supportive housing providers who often “cream” or “cherry-pick” who can live in their buildings. Given the choice, supportive housing providers tend to pick the applicant who they believe will require the least amount of work and will be the “easiest” tenant, thus leaving those with more needs in shelters or on the streets. Often, applicants face discrimination based on their disabilities, among other likely illegal actions by providers – with the full knowledge of the Department of Social Services – that maintain their homelessness.⁶³

troubled history and important to assess with a very critical eye. See, for example: C. Willse, 2010, “Neo-liberal biopolitics and the invention of chronic homelessness,” *Economy and Society* 39(2).

⁶¹ It is of note that DSS officials initially programmed the Coordinated Assessment system to preclude individuals with disabilities from even applying for an EHV if they had a history of supportive housing application in the past 5 years. With advocacy that programming decision was reversed, but not until after DSS officials had trained hundreds of direct shelter staff with the understanding that such individuals were precluded (there was no subsequent re-training held). See: <https://citylimits.org/2021/07/27/nyc-locks-out-many-homeless-applicants-from-new-federal-rent-assistance-advocates-say/>; <https://www1.nyc.gov/assets/nycococ/downloads/pdf/EHV-FAQs.pdf>.

⁶² <https://citylimits.org/2022/03/18/nyc-was-set-to-crack-down-on-voucher-discrimination-but-its-enforcement-teams-keep-shrinking/>; <https://citylimits.org/2022/01/31/administrative-obstacles-jam-up-moving-process-for-nyc-shelter-residents/>

⁶³ <https://citylimits.org/2021/11/29/nyc-council-considers-bill-to-probe-why-homeless-are-denied-supportive-housing/>

For those who are “accepted” after an initial interview, applicants must then go through another intensive bureaucratic process to show that they financially qualify and to submit dozens of pages of tax returns, bank statements, personal documents, and other paperwork, without which the whole application may be denied or fall through. From beginning to end, the supportive housing process often takes at a minimum six months and in many cases can drag on for years, as applicants struggle through arduous, discriminatory, and opaque bureaucratic processes. After a supportive housing application expires, if the applicant is still homeless, the City does nothing to ensure they access housing.

Additional reporting has shown that despite the desperate need for housing on the street and in the shelter, thousands of supportive housing apartments remain unoccupied. A recent article reported that despite commitments by Mayor Adams to fill vacant supportive housing units, 2,287 supportive housing units designated for the homeless remain empty. As one member of our staff noted, the supportive housing process amounts to a bureaucratic nightmare.⁶⁴

Less discussed but perhaps most successful is the City’s HPD homeless set-aside program through which DHS is able to refer individuals and families to HPD apartments in new affordable housing buildings or existing affordable housing developments regulated by HPD. DHS has the ability to complete and submit Homeless Housing Applications (HHA’s) to HPD for potential matches for homeless set-aside units or other affordable housing units regulated by HPD.⁶⁵ While the process can be long and bureaucratic and needs significant changes, the results are often excellent – homeless New Yorkers are able to move into affordable apartments with basic rights to renew their lease and regulated rents that provide for real long-term stability, without the imminent risk of returning to homelessness. Unfortunately, very few homeless New Yorkers are able to access these referrals despite thousands of units generated by HPD under each administration.⁶⁶

When all is said and done, street homeless New Yorkers are left quite literally out in the cold - harassed, policed, ticketed and chased from place to place - despite tens of thousands of apartments and housing subsidies at the City’s direct disposal. Our City could stop its decades-long investment in policing and harassment of homeless people across the City. It could instead choose to prioritize housing for the thousands who seek refuge on City streets and subways. We hope that it will.

Thank you for the opportunity to submit testimony to the committee. Should you have any questions or follow up, please do not hesitate to contact us.

6. Recommendations

A. Cease all sweep operations – both aboveground and across the MTA.

⁶⁴ <https://nypost.com/2022/03/22/pols-demand-fix-after-post-reveals-empty-apartments-for-homeless/>

⁶⁵ Per communication with DSS’s legal office, our understanding is that DSS maintains that individuals with a history of an approved supportive housing application in the past 5 years are precluded from receiving an HHA referral, as the City believes they should be steered to supportive housing. This is likely illegal. It is also absurd.

⁶⁶ See our December 2020 report: [This is an Emergency: House Homeless New Yorkers in HPD Units Now!](https://snp.urbanjustice.org/wp-content/uploads/sites/12/2020/12/This-is-an-Emergency-House-Homeless-NYers-in-HPD-Units-Now.pdf) (<https://snp.urbanjustice.org/wp-content/uploads/sites/12/2020/12/This-is-an-Emergency-House-Homeless-NYers-in-HPD-Units-Now.pdf>)

- B. Remove the NYPD from any and all homeless outreach operations.
- C. Shift homeless outreach from a surveillance-and-coercion model to a model based on supporting homeless people’s survival needs and offering them safe and private temporary and permanent housing options directly from the street.
- D. Open sufficient single rooms for outreach teams to offer to individuals on the street as individuals are encountered.
- E. Provide permanent housing options directly from the street – train and resource outreach teams to complete HHA forms (and require that DSS complete the referrals to HPD), remove the 5-year rule that prevents people with a history of supportive housing applications from completing the HHA process, decrease the offensive eligibility requirements to prove chronic street homelessness (including to allow for self-attestation of homelessness), and intervene to stop discrimination and creaming by supportive housing providers.
- F. Resource outreach teams with hygiene kits, water, gift cards, harm reduction supplies, tents, blankets and other items needed to survive the elements and manage health needs. Mandate that outreach teams provide these items to people on the street.
- G. Open a large number of public bathrooms.
- H. Rapidly increase staffing in DSS and CHR to enforce laws against landlords who discriminate against voucher holders due to their source of income.

7. Legislation

Intro-0212 of 2022 (formerly Intro-149 of 2021) as currently proposed, does not adequately fix the issues with the reports issued by Local Law 37 of 2011. Intro-0212 would require a cover page showing the total homeless population to be posted monthly to the website of the Mayor’s Office of Operations and the Open Data portal.

While we support the spirit of the proposed law, the actual suggestions don’t meet the need.

Our suggestions are as follows:

1. Definition of “City-administered facilities” must be amended. As the bill language currently stands, the term is defined as: “The term “city-administered facilities” means hotels, shelters and other accommodations or associated services, managed by or provided under contract or similar agreement with any city agency, provided to individuals or families who need temporary emergency housing or assistance finding or maintaining stable housing” should be amended. **The definition of “City-administered facilities” should instead be defined as “hotels, shelters, stabilization shelter locations, safe havens, veterans’ shelter, faith-based locations, criminal justice short-term housing, overnight drop- in centers, and other accommodations or associated services managed by or provided under contract or similar agreement with any city agency, provided to individuals or families who need temporary emergency housing or assistance finding or maintaining stable housing.”**
2. The bill, as drafted, allows DYCD to avoid many of the reporting

requirements made on the other 3 shelter systems for its census. **DYCD should share the requirements of the three other agencies in reporting; the runaway and homeless youth system should be fully transparent in its census.** The DYCD is historically underserved and opaque and full data must be made available to ensure that policy makers and advocates have all necessary information in evaluating resources.

3. The bill does not mandate uniformity across systems. Each system should be required to report (A) the number of people in its City-administered facilities at a single night, point-in-time; (B) the number of people in its City-administered facilities averaged across the reporting month.
4. The bill mandates a cover page that “lists the total number of persons utilizing all city- administered facilities listed in subdivision b of this section” and “shall additionally include such total number disaggregated by the number of families with children, adult families, single men and single women utilizing all city-administered facilities listed in subdivision b of this section.” We suggest **also adding the mandate of both a point-in-time snapshot of all 5 municipal systems in aggregate and the monthly average of all 5 municipal shelter systems in aggregate.**

Finally, the City must pass legislation that mandates revisions to the DHS Daily Report to ensure it is fully transparent – including stabilization beds and a total of all people who spent the night in a DHS administered facility.

APPENDIX 1: Guide to Shelter Counts

BASIC GUIDE TO HOMELESS COUNTS IN NEW YORK CITY

Prepared by: Craig Hughes, Safety Net Project, Urban Justice Center

Last Update: 01/03/2022

Questions: chughes@urbanjustice.org

What Are the “Municipal” or “City” Shelter Systems?

First, it’s important to set out the different acronyms used to discuss homelessness New York City and municipal homeless shelter counts more generally:

- DSS: Department of Social Services
- DHS: Department of Homeless Services
- DYCD: Department of Youth and Community Development
- HPD: Department of Housing Preservation and Development
- HRA: Human Resources Administration
- HASA: HIV/AIDS Services Administration
- DV: Domestic Violence
- AFIC: Adult Family Intake Center
- PATH: Prevention Assistance and Temporary Housing
- HUD: Department of Housing and Urban Development
- PIT: Point-in-Time Count
- RHY: Runaway and Homeless Youth

New York City has **5 municipal or City shelter systems** run by **4 City agencies**:

1. The Human Resources Administration (HRA) runs the (a) **domestic violence (DV)** and (b) **HIV/AIDS Services Administration (HASA)** systems.
2. The Department of Youth and Community Development (DYCD) **runs the runaway and homeless youth system (RHY).**
3. The Department of Housing Preservation and Development (HPD) runs the **emergency shelter system for those whose housing is condemned**, significantly damaged by events such as fires, or the city determines is otherwise uninhabitable.
4. The Department of Homeless Services runs **the main single and family shelters.**

The central shelter system – often erroneously referred to as *the* “municipal shelters” or *the* “Cityshelters” (erroneous because there are multiple “municipal shelter” systems) – is run by the Department of Homeless Services. Prior to the creation of DHS, most shelter beds were run by HRA. The idea for DHS as an independent agency was based on recommendation of the Dinkins-era Cuomo Commission report.¹ DHS was created as an independent agency toward the end of the Dinkins administration; the City Charter requires that there is a Department of Homeless Services. Under Mayor de Blasio, DHS (along with HRA) became a sub-agency of the Department of Social Services (DSS), under a single commissioner. Recent reports suggest that Mayor Adams may shift DHS

¹<https://www.nytimes.com/1992/01/31/nyregion/report-to-dinkins-urges-overhaul-in-shelter-system-for-the-homeless.html>

back to an independent agency, but the details are yet to be seen.

As a result of litigation beginning in the late 1970s and continuing through the early 2000s, New York City must provide shelter to homeless individuals and families who show up at the City's doorstep for help. The system charged with providing this elastic system, which is supposed to expand as needed, is DHS. Single men, single women, so-called "adult families" without minor children, and families with minor children and/or a pregnant head of household, each have different respective entry-points into the **DHS system**. (As discussed below, the HIV/AIDS Services Administration and Department of Housing Preservation and Development systems that expand as needed for individuals and families that meet specific eligibility criteria).

While the single and family beds within DHS are supposed to expand by need, DHS also administers many shelter beds that are specialized and do not expand to meet demand. These include **faith-based beds, chairs in certain overnight drop-in centers, stabilization beds, safe haven beds, veterans' beds, and short-term criminal justice beds**. As discussed below, DHS does not typically count these shelter beds (and in some cases, overnight chairs) in its census counts, which artificially deflates the shelter census.

HRA's domestic violence (DV) shelter system serves individuals who have had some type of recent domestic violence situation. Many of these individuals have also been in the DHS system at one point or are discharged into the DHS system when they "time-out" of DV beds. When no DV beds are available, people often enter the DHS system and go through an evaluation with the NoVA (No Violence Again) unit of HRA to determine DV-based needs. The DV system does not expand to meet demand and DHS does not meet DV needs in the same comprehensive way as found in the HRA-DV system.

The HPD shelter system provides beds to individuals and families who have had to leave their home due to a vacate order, a fire, or some other matter that causes a building to be uninhabitable. HPD beds expand as need expands. These beds are typically hotels and HPD also maintains a permanent inventory of shelters. HPD has a fairly arduous application process to access their system and significant limitations on where, geographically, they can offer people long-term shelter.

DYCD administers a shelter system designed for runaway and homeless youth (RHY), with the vast majority of beds allowing young people to stay for short amounts of time, with an absolute "age out" limit of someone's 21st birthday. DYCD, under a law passed in 2017, also administers a small number of shelter beds for young people with an absolute "age out" limit of an individual age 25. As a result of significant advocacy, the de Blasio administration expanded drop-in centers to add overnight hours for homeless youth, and there is now one in each borough. The DYCD system is legally required to shelter teenagers who are 16 or 17 years old and who need an RHY bed and meet criteria, as the result of litigation filed under the Bloomberg administration and settled under the de Blasio administration.

HRA also administers the HIV/AIDS Services Administration (HASA) shelter system, for individuals who are HIV positive. For singles, these beds are, by law, temporary single room occupancies (SRO's). The HASA system expands when there is a need for additional beds for eligible applicants.

Often times advocates, legislators and reporters will refer to DHS as the “City shelters,” but that is at best incomplete and generally inaccurate. Each of the 5 systems above is a “municipal shelter” system. In aggregate they compose the “municipal shelter systems,” or an accurate moniker for what is often referred to as the “**City shelters.**” Rather than refer to DHS as the “City shelters” or “municipal shelters,” unless the subject is all municipal shelters, each system should be discussed as its own system that is part of the 5 municipal shelter systems. **When referring to the “City shelters” all 5 systems must be taken into account in order to be accurate.**

Each of the municipal shelter systems are allocated different resources, including different resources to assist in exiting shelter and moving into permanent housing. Often resources are allocated with virtually singular consideration of the DHS system rather than ensuring that resources for housing are available to every person or family who enters the municipal shelters, regardless of which bureaucracy they come in through.

Sources for Shelter Census Numbers

There are four main governmental sources, used with varying regularity, for shelter census numbers in New York City:

- 1) the DHS Daily Report,
- 2) The Temporary Housing Report required by Local Law 37 of 2011
- 3) the NYC Open Data system
- 4) the federal Department of Housing and Urban Development (HUD) annual Point-in-Time (PIT) tallies.

Each report has strengths and weaknesses, as discussed below.²

The DHS Daily Report has been a source of contention for many years. Until 2018 the report was published irregularly by DHS to its website. In 2018, to correct this, City Council implemented a law requiring the report to be published every weekday. **The Local Law 37** report, which includes a census for each municipal shelter system, must be published monthly by the Mayor’s Office. **The HUD PIT tally is published, roughly, every year** based on a count done during the last week of January (there was no federally-mandated PIT count in 2021 due to the COVID crisis, although DHS did conduct its annual HOPE count; advocates raised strong concerns about the numbers DHS produced).

The DHS Daily Report: The DHS Daily Report reports on the number of people in most – but, crucially, not all – homeless shelters administered by the Department of Homeless Services. Per a response to a FOIL issued in 2017, DHS does not maintain a manual on how the report is produced. According to DSS’s legal department, “the Department of Homeless Services Completes the Daily Report by running a series of queries in the CARES system. The query results are then put into a spreadsheet or PDF document for publishing purposes.” DHS does not host a publicly available historical archive of these

² For purposes of this testimony, we are only addressing the City shelter systems, though the homeless population is much larger. The most significant report showing the extent of homelessness is the annual report of homeless students, required by McKinney-Vento. That report includes a count of homeless students who are doubled up or tripled-up and in other precarious situations of homelessness. This testimony also does not tackle that there are many homeless people incarcerated or in hospitals or treatment programs, or other types of programs, that do not show up in the municipal shelter system census data.

Reports (except for data from reports produced in recent years, which can be found via the Open Data system, discussed below).



DAILY REPORT
9/14/2021

(Data from Monday, September 13, 2021)

SINGLE ADULTS	
Drop-in Center Clients Served	335
Drop-in Center Overnight Census	102
Faith Bed Census	25
Outreach Contacts	291
Outreach Placements	9
Safe Haven Utilization	1069
Veterans In Short-term Housing	149
Criminal Justice Short-term Housing	97

5 sites reporting
5 sites reporting
5 sites reporting

FAMILY INTAKE	
Families Requesting Temporary Housing at PATH	109
Adult Families Requesting Temporary Housing at AFIC	8
Families Placed in Overnight Accommodations	0
Families w/children at PATH Overnight (pre 10PM)	0

TOTAL SHELTER CENSUS	
Adults	30,420
Children	14,572
Total Individuals	44,992

SINGLE ADULTS	
Men	12,111
Women	4,005
Total Single Adults	16,116

FAMILIES WITH CHILDREN	
Families	8,341
Adults	10,965
Children	14,572
Individuals	25,537

ADULT FAMILIES CENSUS	
Families	1,593
Individuals (Adults)	3,339

When looking at the DHS DailyReport (above) it would be common sense to think that the “Total Shelter Census” box represents all people in DHS-administered beds. However, it does not. The “Total Shelter Census” represents only those in the “Single Adult” and family shelters (both “adult families” and “families with children”).

Who does this leave out? Everyone in the “Single Adults” table in the box on the top left. **Additionally**, the “Single Adults” table on the top right **does not include stabilization beds** - that category of around 1000 DHS-administered beds does not appear at all. Notably, in 2010, at a City Council Hearing, then-Councilwoman Palma pointed this out to then-DHS Commissioner Robert Hess, who said he would work to get stabilization beds into the report. Eleven years and one mayoral administration later, that has still not happened.³ Stabilization, safe haven, and other beds and chairs in the top-left box on the document are considered part of the DHS ‘Street Solutions’ portfolio and not as “shelter” when DHS provides its reports. This parsing is confusing, inconsistent and unhelpful.

If the only number considered is the “Total Individuals” in the “Total Shelter Census” table in the middle of the document, then thousands of individuals in DHS-administered beds are not being included. Moreover, if the DHS Daily Report is the only source for enumerating the sheltered- homeless population in New York City, then thousands of individuals and families in other municipal shelter systems are also being left out.

In 2011 the City Council passed Local Law 37 (LL37). LL37 requires the Mayor’s Office to publish a monthly report of shelter censuses from each municipal shelter system to its website. Each of the 4 agencies that oversee the 5 municipal shelter systems produce their own respective report, which the Mayor’s Office then cobbles together and publishes on its website. The methodologies vary as does the reporting template.

³ https://council.nyc.gov/budget/wp-content/uploads/sites/54/2017/01/fy2011-nycc_budget_response_fy_2011.pdf , p.19.

LL37 data presents the best numbers available to the public on how many people are in the city- administered shelter systems within a given month. It is imperfect, largely because of how individual agencies report their numbers, but it's also the best available tool from which to produce tallies of the homeless population in something close to real time.

The most recent LL37 report, available on the Mayor's Office website, is available for July 2021.⁴

The City has changed the report over time and in its newest format LL37 combines the table for HRA's shelters (HASA and DV), whereas these were previously separate documents. The most glaring issues with the report are (1) a lack of uniformity across the systems, and (2) a lack of transparency of how the numbers are tallied. Below we address specific weaknesses in the LL37 law that led to a weakened report:

1. **DHS:** The report does not include a clear total of every person in an overnight setting within the DHS network of:
 - a. drop-ins;
 - b. stabilization beds;
 - c. safe havens;
 - d. singles shelters;
 - e. faith-based beds;
 - f. criminal justice beds;
 - g. veterans' beds;
 - h. individuals in families with children found eligible for shelter;
 - i. individuals in families with children applying/in shelter eligibility assessment processes;
 - j. individuals in adult families found eligible for shelter;
 - k. individuals in adult families applying/in shelter eligibility assessment processes;
2. **HPD:** The report provides a nightly average of people in HPD-administered beds but does not provide a point-in-time count.
3. **HRA:** The HRA report includes DV and HASA beds, however there is monthly average for the number of individuals in the DV shelters and no total average census for the entirety of the HASA system.
4. **DYCD:** DYCD's report has a variety of problems, including that the drop-in center tallies do not represent overnight totals. However, the biggest problem with the DYCD report is that DYCD only includes new entrants in its numbers – young people who were in DYCD overnight facilities but were intaked in the prior month are not included. The lack of uniformity in reporting lends to unnecessary confusion.

The goal of the monthly LL37 report should be to give anyone who looks at the report the immediate ability to say how many people were in all 5 municipal shelter systems on a single night and transparently present how that number was arrived at, and provide the monthly average for people who stayed overnight in all 5 municipal shelters, and transparently present that number was arrived at. Unfortunately, the proposals to reform the

⁴ https://www1.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf

Local Law 37 report were not supported by the de Blasio administration and died in Council near the end of his term.

New York City Open Data System

The New York City Open Data Portal should allow for full, transparent data that can be easily downloaded into a spreadsheet for manipulation by policy-makers, advocates, homeless people and others.⁵ Instead, the data provided in the Open Data system carries the same or similar weaknesses as data in other reports. For example:

1. **DHS:**⁶ The DHS Daily Report data in the Open Data system⁷ carries over the same misleading framework as found in the DHS Daily Report on the DHS website. To give just one example, “Adults in Shelter” does not include people in safe havens, stabilization beds, overnight drop-ins, church beds etc. What is presented is a fundamentally inaccurate view of the current homeless population in DHS-administered beds or chairs, with thousands of people who should be in the dataset entirely left out of it.

Similarly, the more comprehensive set of data in the DHS Data Dashboard presents an opaque blob of monthly information. To give just one example, the report provides for HOME-STAT clients placed during a given month but does not break-out data by stabilization, safe haven, overnight drop-in, PATH and AFIC applicants etc.

2. **DYCD:**⁷ The data available on the Open Data portal for the runaway and homeless youth shelter and drop-in census is simply a dataset with the same data found in the Local Law 37 report and is full of the same weaknesses noted above.⁸
3. **HPD:** The data available on the Open Data portal for the HPD shelter census is simply a dataset with the same data found in the Local Law 37 report and includes the same weaknesses noted above.
4. **HRA:** The data available on the Open Data portal for the HRA (DV and HASA)¹⁰ census is simply a dataset with the same data found in the Local Law 37 report and includes the same weaknesses noted above.⁸

HUD Point-in-Time Count

The HUD Point-in-Time data is the most comprehensive tally of homeless people in the municipal shelters that is available for a single point-in-time each year.⁹ Because it is the most comprehensive snapshot available, policy analysts and reporters have increasingly turned to this report to avoid understating the number of people in one or another

⁵ <https://opendata.cityofnewyork.us/data/>

⁶ <https://data.cityofnewyork.us/Social-Services/DHS-Daily-Report/k46n-sa2m>; <https://data.cityofnewyork.us/Social-Services/DHS-Data-Dashboard/5e9h-x6ak/data>

⁷ <https://data.cityofnewyork.us/Social-Services/Local-Law-37-DYCD-Report/2232-dj5q/data>

⁸ <https://data.cityofnewyork.us/Social-Services/Local-Law-37-HRA-Report/e4ty-r26d>

⁹ https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_NY-600-2020_NY_2020.pdf

overnight setting at a given time. This report gives a tally that is comprehensive for all DHS overnight settings on a single night and aligns with the HOPE and homeless youth estimates of unsheltered homeless people. **A weakness in the data on the dashboard** is that it doesn't transparently present the municipal overnight settings such that, from the dashboard, someone viewing the data cannot breakout individuals by type of emergency or transitional overnight setting. **The biggest weakness of the report, however,** is that it is produced only once a year, typically in January, so it does not account for regress or progress for many months at a time.

The Politics of Not Presenting Full Homeless Estimates

It is a political decision by City officials to not provide a transparent tally of the full population of individuals in the 5 municipal shelter systems. From the perspective of bureaucracy, this decision leans most heavily on the Department of Social Services and the Department of Homeless Services, who oversee the main City shelter system (DHS), and the one that is most often used to measure the City's progress – or lack thereof - on resolving the municipal homelessness crisis.

In some ways, the important additions of beds to non-DHS systems, typically as a result of advocacy, leads to artificial reductions in the DHS census, and thus muddles the public understanding of the municipal homeless crisis. For example, an increase in DV beds likely leads to a reduction in the DHS census because people went into shelter through a different bureaucracy (HRA's DV system, instead of DHS), even though the aggregate number of homeless people in municipal shelter has, in fact, increased (just in a different municipal shelter system, but one that is not typically used to discuss the homelessness crisis in NYC). Similarly, the stabilization, safe haven and other overnight settings that comprise the DHS 'Street Solutions' (e.g. outreach) portfolio have essentially come to function as sort of shadow shelter-types that artificially decrease the generally discussed DHS census, since they are increasing the number of people in beds administered by DHS but not the tally that DHS uses when discusses the number of people in shelters.

The administration, when pressed, has defended its practice of leaving out the Street Solutions resources from their publicized numbers, with the argument that if the agency were forced to include those numbers it would be unfair because it would hold them to a higher standard than their predecessor. In the minds of DHS officials, in order for such inclusion to be fair someone would have to go back in history and revise all the census numbers. Take, for example, this interaction between DSS Commissioner Banks and Councilmember Steven Levin during budget hearings last year:

Chairperson Levin: Thank you Commissioner. First, I just want to just get a point of clarity. You mentioned shelter census being at around 52,000, which is down from a high of 61,000. Is that including stabilization in Safe Haven beds?

Commissioner Steven Banks (CSB): Look, I think it's important to consider apples to apples. We have been measured historically by the Department of Homeless Services Shelter System. It does not include the stabilization beds. I think it would — if one wanted to do so, you would have to go back over time and adjust all the censuses of every other administration that's done this but if you would like us to do that, we are happy to try to do that together with you.

Chairperson Levin: Okay.

CSB: But we tend to focus as every administration has on the number of people that are actually in Department of Homeless Services shelters. As you know, we run a hostage shelter system, we run a domestic violence shelter system, we have provided emergency housing for people with three quarters houses.¹⁰ A whole range of different kinds of shelters. There are HUD funded shelters that are separate from ours and sometimes when you look at that, HUD point and time counts, it has a different number than the Department of Homeless Services Census. So, it really depends, do you want to compare apples to apples or do you want to compare different numbers to different numbers. We are happy to work with every number set you like.

Chairperson Levin: Well, Safe Haven beds though. That's considered part of the shelter census right?

CSB: Safe Havens were started back during the Bloomberg Administration. They were never included in the shelter census.

Chairperson Levin: Okay, I don't think I knew that. Okay, I have always been in favor of including the most comprehensive numbers when looking at the shelter census so.

CSB: I don't disagree with you, I just want to — the reason why I am focusing on this point is I think it is important for the public to understand that investments are actually working and have confidence in government, both the legislative branch and executive branch. And so, if we want to change what the number is, we are going to focus on reducing, we should have a common understanding of what that change is. And so, in the testimony that I have given you today, the common understanding has historically been what is the Department of Homeless Services Shelter Census and is it going up or going down? And so, that's the number I am focusing on. Happy to have a focus as we go forward on other numbers.

Chairperson Levin: Okay, uhm, okay, I want to look into that a little bit more because I just want to make sure that we are obviously counting everything that's in the system.¹¹

Key takeaways in this interaction include Commissioner Banks' admission that "We have been measured historically by the Department of Homeless Services Shelter System. It does not include the stabilization beds," and that revising the current report to include beds in the Street Solutions portfolio would require revising the entire history of tallies, and, finally, that "Safe Havens were started back during the Bloomberg Administration. They were never included in the shelter census." What Commissioner Banks has essentially stated is that including these higher numbers would be political disadvantageous, and since other administrations didn't get measured on these beds — since they didn't exist or were fewer in number and weren't included — the de Blasio administration should not be measured by a more-inclusive standard. It is unknown if this

¹⁰ The word "hostage" represents an error in the official transcription. Commissioner Banks stated "HASA" not "hostage."

¹¹ Hearing transcript available at: <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=4809458&GUID=128F61C5-B72A-4A25-B84E-EFD97A70AC74&Options=&Search=>

will change under the Adams administration.

If the goal of a public-facing homeless tally is to provide an accurate estimate of the number of people in the DHS system, then politicizing the numbers, as Commissioner Banks does in the interaction above, is only unhelpful. The question for the public-facing DHS census simply should be: “how many people were in a DHS-administered overnight setting on a given night?” The question of “what standard was the previous Mayor held to” is not a relevant inquiry for this matter.

Harms That Result from Not Discussing Homelessness to Include All Systems and Overnight Beds

There is a laundry list of consequences that result from the City’s decision to obscure the number of people who spend nights in a City-administered overnight setting. The most serious consequence is that of inequitable resource distribution.

For example, take the roll-out of CityFHEPS housing subsidies, which are the City’s main rental- support intervention to reduce homelessness. Since most public discussions surrounding the vouchers did not include equitable access to subsidies *across* the shelter systems, entire systems were left out. Specifically, HPD shelters received no access to CityFHEPS subsidies, which meant that if someone’s home burned to the ground or they became homeless as result of a vacate order, they could enter HPD shelter but have no way to afford to leave. Similarly, young adults in the DYCD shelter system have received almost no rental assistance, and the little they have received is because of persistent advocacy by youth leaders and advocates.¹²

Another major consequence is that by not having a transparent tally we are simply not having an honest discussion of how to best help people in whatever type of overnight setting access a home. If some shelter systems – or some beds or chairs within a shelter system – aren’t part of the discussion, then how can there be equity to exit homelessness for homeless people? Simply put, there cannot be.

¹² <https://www.thecity.nyc/housing/2021/7/18/22582437/nyc-homeless-youth-finally-get-rent-help-deblasio-promise>



**Times Square Alliance
New York City Council
Committee on General Welfare
Oversight - Unsheltered Homelessness in New York City
May 3, 2022**

Good morning, Chair Ayala, and esteemed councilmembers of the Committee on General Welfare. My name is Sanne Wright, External Affairs Manager at the Times Square Alliance, Times Square's business improvement district. I stand before you today on behalf of the Alliance to discuss Community First, an innovative pilot program that connects individuals experiencing homelessness to social services that support their transition off the street.

After the pandemic emptied Times Square, we noted a significant increase in the number of individuals facing housing insecurity, homelessness, mental illness, and/or substance use disorders in our district. Amidst a national reckoning on criminal justice reform and the heightened vulnerability of this population due to COVID-19, it became increasingly clear that routing unsheltered individuals into the criminal justice system was inhumane and unsustainable. Instead, the Alliance approached Midtown Community Court, a program of the Center for Court Innovation with over 25 years of experience engaging Manhattan's most vulnerable individuals, to implement a solution that offers a more holistic approach. With seed funding from the Alliance, Community First launched in April 2021, in partnership with two additional social service organizations: Breaking Ground and Fountain House. In July of 2021, the program received funding from the Department of Homeless Services to continue its work for an additional year.

Community First employs Community Navigators, most of whom share lived experience with their clients, to provide consistent outreach to people in need on our streets 5 days a week, 12 hours a day. Navigators build trust by learning clients' stories, offering essentials like food, blankets, and bathroom facility access, and, over time, connecting them to long term support like housing, employment, and/or drug treatment through the program's partnerships with Breaking Ground and Fountain House. To date, Navigators have given out clothing on 325 separate occasions, food on 333 separate occasions, trained 28 community members in harm reduction techniques including the use of naloxone and fentanyl test strips, and made 92 referrals to partnering organizations. As a result of these interactions, 40 individuals have accepted long-term care including drug treatment, mental health care, housing, and financial benefits. This data demonstrates that time spent building trusting relationships through consistent outreach is a key first step to addressing clients' more substantive needs, which ultimately must be met for a successful transition off the street.

In August of 2021, we opened a neighborhood kiosk, called the Recharge Station, where community members can get coffee, charge their devices, and connect with Navigators and other clients. By providing an accessible meeting point for basic service distribution and client engagement, the Recharge Station is yet another facet of the program that allows us to meet clients “where they are at” *before* linking them to more significant services. It also destigmatizes outreach services by visibly integrating them into the fabric of Times Square; our clients are equal members of the Times Square community, and we strive to treat them as such.

In a time of critical need, Community First demonstrated and continues to demonstrate strong coordination between non-profits, business improvement districts (BIDs), and city agencies to sustainably support unsheltered New Yorkers. This model is easily replicated, and we hope to expand south of Times Square, where there is a large population of people in need of the support and services Community First offers. However, with our funding from DHS set to expire at the end of June, additional financial support is critical. We are grateful for the City’s contributions thus far and hope that they continue to support this work so that we see programs like these established between BIDs and community organizations across all 5 boroughs.



Testimony
New York City Council
Committee on General Welfare
Oversight Hearing on Street Homelessness
May 3rd, 2022

Good morning, Chair Ayala and members of the Committee. My name is Nicole McVinua and I am the Director of Policy at Urban Pathways. Thank you for the opportunity to testify at today's oversight hearing on street homelessness, specifically on the need to ensure additional services are properly funded to hire and retain staff and on ensuring access to permanent, affordable housing for unsheltered New Yorkers.

Urban Pathways is a nonprofit homeless services and supportive housing provider. We assist single adults through a unique combination of street outreach, drop-in services, Safe Havens, extended-stay residences, and Permanent Supportive Housing. We also offer a wide range of additional programming to meet the needs of our clients, including our Total Wellness Program and UPwards Employment Program. Last year Urban Pathways served over 3,900 New Yorkers in need.

New Yorkers experiencing street homelessness are living in a very vulnerable position, without the stability of a home and without their basic needs, including food, bathroom facilities, and a sense of safety, being met. **I want to begin my testimony by clearly stating that no one chooses to be homeless. Homelessness, and especially street homelessness, is a failure of the social safety net, not the individual. People experiencing homelessness are at high risk of being victims of crime, including assault, robbery, and harassment.** The rate of homicide among the homeless population in New York City has been increasing over the last several years, and in Fiscal Year 2021 was the second leading external cause of death at 22 individuals.¹ The National Coalition for the Homeless cites a national trend of violence against persons experiencing homelessness, with 83 reported attacks in 2018-2019 across 30 states, and surely many more unreported². The City must refrain from characterizing people residing in the subway or on the street as criminals or causes of increased rates of crime.

¹ NYC Dept. of Health & Mental Hygiene and NYC Dept. of Homeless Services (2022), "Sixteenth Annual Report on Deaths among Persons Experiencing Homelessness (July 1, 2020 – June 30, 2021)"

file:///C:/Users/nmcvinua/Downloads/2021_Homeless_Deaths_Report_DORIS.pdf

² National Coalition for the Homeless (Dec. 2020), "20 Years of Hate: National Coalition for the Homeless Hate Crimes Report 2018-2019" https://nationalhomeless.org/wp-content/uploads/2020/12/hate-crimes-2018-2019_web.pdf

Urban Pathways' extensive experience of street outreach, in both transportation hubs including the Port Authority Bus Terminal and major airports, and in partnership with several Manhattan Business Improvement Districts, has led us to **focus our street facing services on the Drop-in Center and Safe Haven models of service for single adults. These programs have a low barrier of entry that makes them more effective than traditional shelters.** Drop-in Centers are the only service model that allow individuals to enter without a referral. Anyone can receive basic services, including a meal, a shower, access to laundry, and case management services. Chronically street homeless individuals access Safe Havens through an outreach worker. They do not need to go through the cumbersome central intake required for entering traditional shelter. This appeals to many because they receive their bed that same day, rather than being shuffled from an intake shelter to their placement. Safe Havens are smaller than traditional shelters, offer greater privacy with a small number of people in each room, and offer personalized services. Safe Havens also work well because they do not have as many rules as traditional shelter, including no curfew and no requirement to leave during the day. With this, **we are happy to see the City Council's and Mayor Adams' investments in these services in both the City Council's Budget Response and the Mayor's Executive Budget.**

However, funding for expansion of these services must be coupled with a reevaluation of the RFP for these programs and, in particular, the funding allocated to pay employees on these contracts. If this is not done, staffing these programs will be impossible, making the prospect of opening of new programs untenable. We have a 24% vacancy rate for current programs, with the most difficult positions to hire for being Operations Supervisors, Practical Nurses, Security, Maintenance, and Case Managers. While staff turnover has long been an issue, the current highly competitive job market has made it even more difficult to hire and retain staff. **Urban Pathways recently opened a new Safe Haven in the Bronx, and we are having extreme difficulty filling the necessary positions. We are currently unable to fill 22 out of the total 37 positions outlined in our contract with DHS,** after working to staff the program for six months. We cannot take on another contract at these low pay rates.

The poverty-level wages provided by these contracts, with essential functions including security, maintenance, and kitchen staff, starting at just \$15/hour, is dismal. While in the process of negotiating a contract with DHS for a new Drop-in Center, we were told that a Case Manager position is capped at \$45,000 annually. This low pay is completely inadequate and does not match the extremely difficult work performed by a Case Manager with a Bachelor's Degree. The issue of wages leads to high staff turnover, with an ultimately damaging effect on clients, whose recovery and ability to move forward with finding housing relies heavily on their relationships with staff. We know that when staff are struggling with their own finances, housing, and the ability to care for their families, they cannot be as focused in their service to clients and they quickly experience burnout.

Salaries for frontline human services workers must be increased to adequate levels to properly staff programs that serve people experiencing street homelessness, and the other human services that vulnerable New Yorkers rely on every day. This is an issue of equity. 25% of this workforce qualified for food stamps in 2016-2018, and the majority of human services workers are women (66%), over two-thirds people of color (68%), and nearly half (46%) are

women of color.³ **We are proud members of the #JustPay campaign, which is fighting for an end to poverty-level wages of human services workers across New York through 1) annual Cost-of-Living Adjustments (COLA); 2) \$21/hour starting wages in all human services contracts; and 3) wage and benefits schedules the creation and funding of wage and benefits schedules comparable to city and state employees in the same field. The New York State Fiscal Year 2023 Budget includes a 5.4% human services COLA, which we hope the City’s final Fiscal Year 2023 Budget will match.**

The removal of encampments, also known as “street sweeps” must be stopped and rethought. The U.S. Interagency Council on Homelessness offers best practices for addressing encampments, which include adequate time to create a comprehensive strategy that includes a full range of stakeholders, unique needs assessments of each individual residing in the encampment, action plans that include the people residing in the encampment in decision-making and considers their agency, collaboration across systems to address systems gaps, and providing low-barrier access to permanent housing.⁴ The current administration implemented hundreds of removals within a week of their announcement and without considering the services needed to place individuals in placements of their choosing. This was irresponsible, traumatizing to encampment residents, and damaging to working relationships that street outreach workers had been building with residents of encampments, which may ultimately prolong their time on the streets due to broken trust. **New York City should pause the removal of encampments and reevaluate how they are being addressed using best practices for connecting residents of encampments with services and housing.**

The City must make it easier for those experiencing street homelessness to get access to what they ultimately need, which is permanent, affordable housing. Unnecessary bureaucracy that prevents individuals from accessing affordable and supportive housing placements directly from the street if this is the only service an individual or couple is willing to accept must be eliminated. These application processes should be evaluated and as much red tape as possible removed.

There are several changes to the Rules of the City of New York regarding rental assistance, currently the CityFHEPS program, that should be reviewed and changed to better reflect the needs of those seeking to obtain and use the vouchers. Last year’s increase to CityFHEPS to increase CityFHEPS voucher amounts to match Fair Market Rent (FMR) was an effective first step, as shown by last week’s increase to FMR which is will translate to this program, but there are still administrative barriers. To improve use of CityFHEPS vouchers, the City should eliminate both the rent reasonableness test and the utility allowance, which restrict households from utilizing the full amounts of their vouchers and limits their rental options within an already tight market. Ensuring timely payments to landlords are also imperative to ensure their continued cooperation

³ Human Services Recovery Taskforce (2021), “Essential or Expendable? How Human Services Supported Communities Through COVID-19 and Recommendations to Support and Equitable Recovery.”

<https://humanservicescouncil.org/wp-content/uploads/2021/06/HSC-Taskforce-Report-Essential-or-Expendable-How-Human-Services-Support-Communities-Through-COVID-19.pdf>

⁴ United States Interagency Council on Homelessness (August 2015), “Ending Homelessness for People Living in Encampments: Advancing the Dialogue.”

https://www.usich.gov/resources/uploads/asset_library/Ending_Homelessness_for_People_Living_in_Encampments_Aug2015.pdf

with the CityFHEPS programs. Clarifying and expediting application processes is also an imperative fix that must be implemented so that individuals, and service providers assisting them, know where they are in the process and who to contact at DSS with their questions. Currently there are no clear contacts and delays in reviewing applications to get the voucher, as well as processing preclearances, inspections, and packets to move into. These delays can to apartment losses if the unit cannot be held.

The City should also facilitate a “no wrong door” approach and allow entities that have strong records of assisting people experiencing street homelessness, such as soup kitchens, houses of worship, and libraries, access to complete applications to access housing and vouchers, including the 2010e for supportive housing and CityFHEPS. An example of this is that currently, only DHS-funded outreach workers can submit CityFHEPS applications without the 90-day waiting period for those who are street homeless, which includes those residing in a Drop-in Center, Safe Haven, or Stabilization Bed. This means that an Urban Pathways client residing in one of our Safe Havens who came into the program through an outreach team funded by the Port Authority must wait 90 days to apply for the CityFHEPS program, while another client in the same Safe Haven that came in through a DHS-contracted outreach worker does not. This creates confusion and inequity, and only acts to delay the process of applying for housing for a client who is ready to do so. The City should allow those who have been vetted by DHS to access these applications straight away. They may also consider removing the 90-day rule altogether for shelter residents, as this simply leads to households being in shelter for longer.

The City must ensure there is enough Supportive Housing to meet the demand, as well as ensure that there are appropriate services and levels of care included in these programs. There must be appropriate capital funding to expand supportive and affordable housing at \$4 billion annually. Urban Pathways also supports the expansion of Justice-Involved Supportive Housing (JISH) to intercept people exiting incarceration and prevent their homelessness, which will require an increase of \$28 million. DSS must ensure that referrals to supportive housing are provided to providers quickly and that appropriate referrals are being made, so we can ensure they are moving forward as quickly as possible.

The City should also review prevention services and the funding needs of HomeBase to prevent homelessness from occurring in the first place, which currently have long waiting lists for appointments. For those whose lack of treatment for mental health disorders and substance use disorders that leads to their homelessness, there must be an evaluation of the accessibility, quality of care, and cultural competency of mental health services available in high need neighborhoods. **High quality, culturally competent access to mental health care should be easily accessible in all neighborhoods.**

Thank you for holding this oversight hearing and for the opportunity to testify today. I look forward to continuing to partner with the City Council to ensure the wellbeing of our unhoused neighbors.

For questions or more information, please contact:

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212-736-7385, Ext: 233

To: NYC Council, Mayor Eric Adams
CC: Residents of NYC
From: Sachi Parikh
Date: 2/25/22

A Universal Basic Income for New York City's Low-Income Residents

Introduction

New York City has a poverty problem.

Over 15% of NYC residents live in poverty and half a million of them are in deep poverty, meaning that their income is below half of the federal poverty line. Projects like the OneNYC2050 plan have introduced programs to increase socioeconomic mobility by creating pipelines to funnel low-income residents into higher paying jobs or increasing computer science classes in underserved schools. However a larger and more expansive safety net is the best way to directly alleviate the burden of poverty and increase the quality of life for lower income residents who will still exist regardless of the success of the CYBERNYC and #TECH51 initiatives. The residents themselves have expressed their support of expanding benefit programs as a counter to improving the homelessness and income inequality in NYC.

When we look to the next 20, 30 years and put the poverty in NYC in context with threats of automation and increased globalization, issues of physical and mental health, food insecurity and employment that already exist in impoverished families and communities will only be exacerbated. It is important to take action now to establish a larger, sustainable safety net to aid low-income communities and individuals that will be disproportionately affected by coming changes to the job market.

Safety Nets and Universal Basic Income

There are various proposals and implementations of safety nets in American history. We can turn to a guaranteed jobs program, invest money into currently existing policies (increasing minimum wage and expanding benefit programs), or look into no-strings attached cash transfers (UBI) which has been popularized as of late by Andrew Yang but has been proposed in the past by leaders like Martin Luther King and Thomas Paine.

A UBI is unique because it gives an individual autonomy over their decisions as opposed to the strict regulations of existing programs—the cash can be used towards food, housing, or perhaps starting a new business. It's all up to the individual. Cash has historically been the number one

most requested resource by low-income families due to the flexibility it offers but government leaders and policymakers fear that directly giving people money would allow them to act irresponsibly or cause them to stop working altogether. This is why most benefit programs in the US exist in the form of indirect measures such as food stamps. Studies have shown that this is a misconception and individuals supported by cash transfers actually work more because cash gives them the agency to make meaningful decisions to increase their quality of life that would not have been possible before.

Existing federal and city level safety nets coupled with a monthly UBI would increase socioeconomic mobility while also creating a better quality of life for New Yorkers who continue to work minimum-wage jobs. It would cushion the blow of the inevitable job displacement due automation in coming years and allow low-income individuals the opportunity to choose new career paths, continue their education, spend more time with loved ones or explore new hobbies. It offers freedom alongside comfort and security. The existence of a city-wide UBI would also make way for a truly “Universal” income on a federal level, one that could perhaps be fueled by a “robot” tax (value-added tax on autonomous machines). Implementing one in NYC would be revolutionary and could start the spread of a nationwide cash transfer that would improve the socioeconomic mobility, security, and quality of life for all Americans.

To advocate for instating a UBI in NYC this paper does two things: 1) report findings on the effects of a monthly cash stipend on socioeconomic mobility and quality of life and 2) pitch a policy proposal for a UBI floor in NYC, model its economic effects, and describe how the City could help bring this policy into fruition.

UBI Research and Policy Recommendations

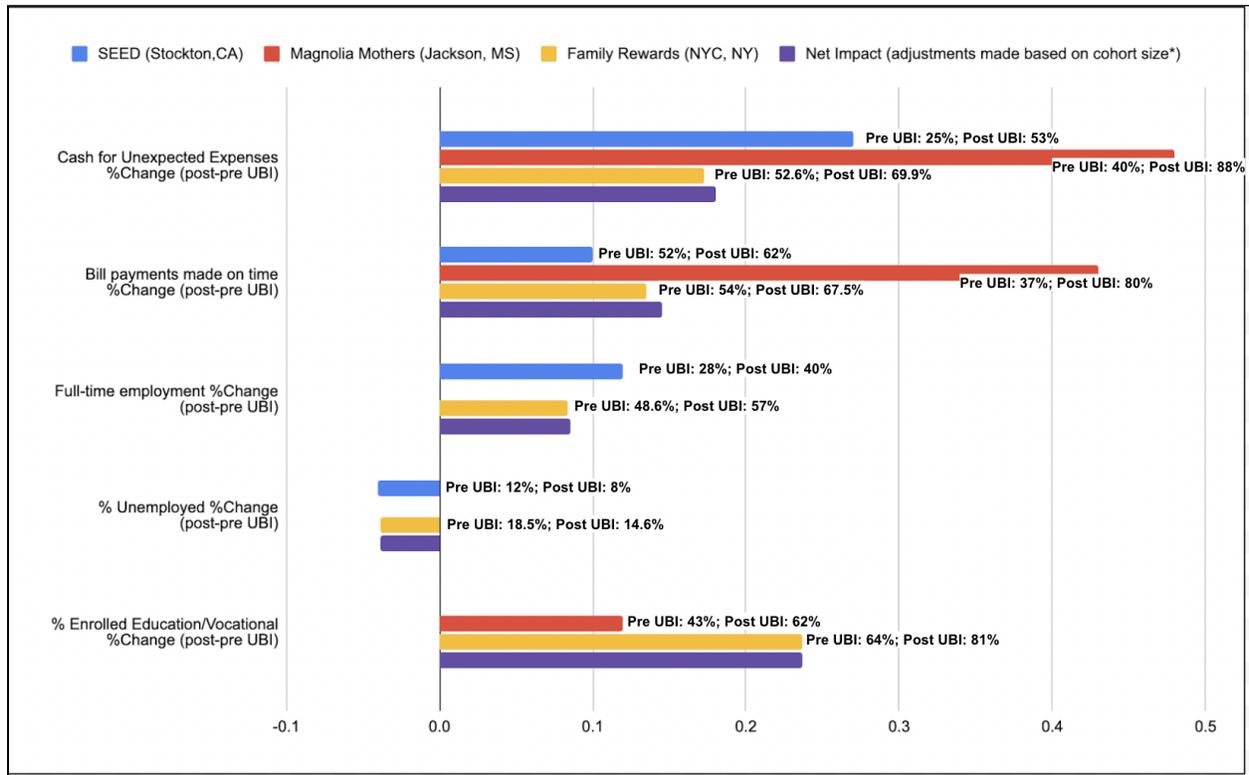
It is almost bureaucratically impossible to create a new tax system just for New York City—such a proposal would only be implementable on a federal level. However, creating a city-level UBI with help from external organizations like the Mayors for Guaranteed Income coalition and Humanity Forward along with city, state, and federal funding, it is feasible to develop a monthly cash-transfer proposal for New York City’s poorest residents living halfway below the poverty line. This would give participants agency over their stipend, unlike any social safety net in US history, generating increased socioeconomic mobility and quality of life. This UBI floor could springboard into more ambitious ventures, including a data and autonomous machines tax to create a basic income for every US citizen over the age of 18.

The Sociological Impacts of UBI

To quantify the effects of a UBI on socioeconomic mobility and quality of life, we should first define these broad terms using measurable categories. Increased socio-economic mobility can be characterized by employment, positive career changes, increased income, participation in higher education/internships/job training programs. Increased quality of life can be categorized by

positive changes in physical health (access to more medical services), qualitative factors associated with mental health (spending time with family, decreased stress), and reduced income volatility (stability, money for emergencies). The UBI studies used for this analysis are a collection of pilot programs and long-term experiments on the effects of a cash transfer program from the last 10 years. I chose studies that have already been completed and evaluated, with open source data in areas relevant to these categories. These include the Stockton Basic Income (SEED) project, with no-strings attached cash transfers to 125 participants below the poverty line for over 2 years, the Magnolia Mother’s Trust which has had several cohorts of single black mothers receiving a monthly \$1,000 stipend, and the NYC Family Rewards program, handing out \$8,700 to families each year on average. Utilizing various statistical techniques for sociological research, such as Chi-square tests and regression models, on this aggregated data, we have measured the success of UBI in generating socioeconomic mobility and increasing the quality of life for its recipients.

Figure 1: Socioeconomic Impact of Cash Transfers¹

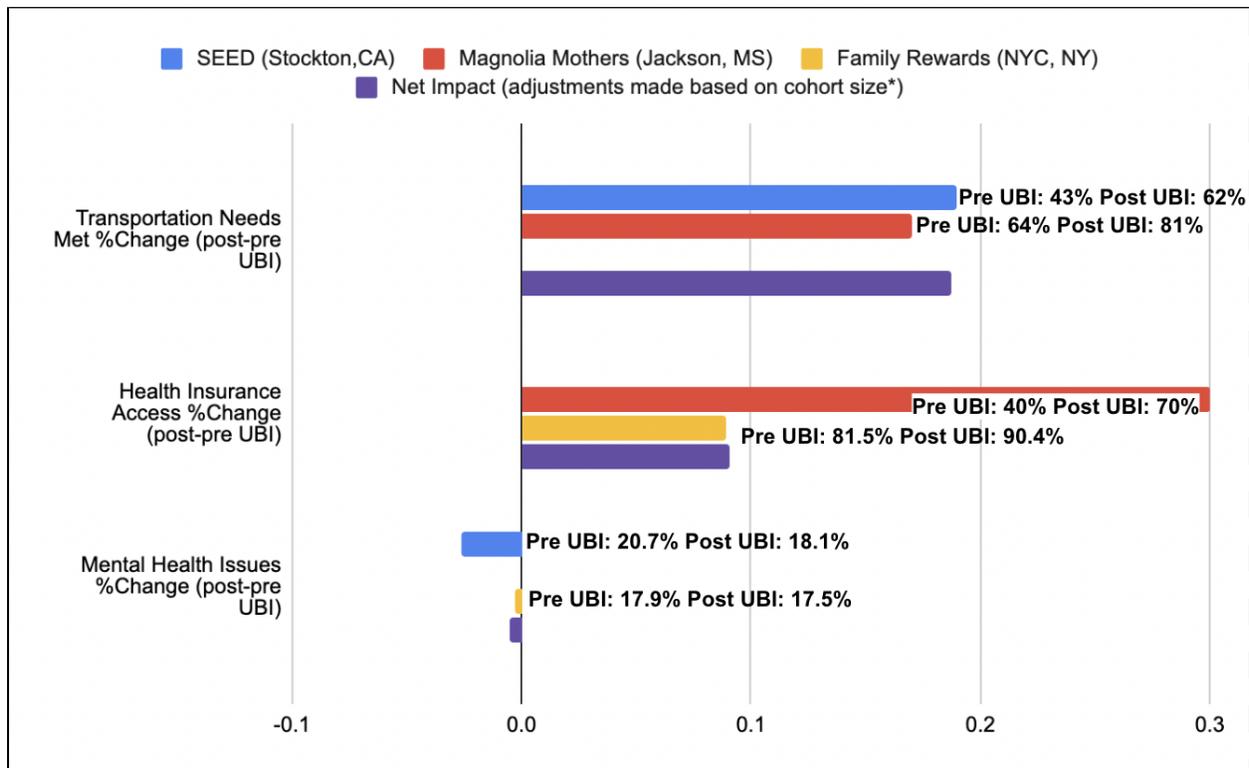


In Figure 1, we can see that there is a net increase in availability in cash for emergency expenses and the frequency of bill payments made on time across all studies. This shows that there is a decrease in income volatility and an increase in income stability for participants and their

¹ Sources for Figures 1, 2: SEED (<https://www.stocktondemonstration.org/#summary-of-key-findings>); Magnolia Mothers (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7142678/>); Family Rewards (https://www.mdrc.org/sites/default/files/CEO_SIF_2014_FR.pdf)

families. Although less significant than the previous categories, there is an increase in full-time employment in the Family Rewards and SEED projects and a decrease in unemployment. Since the Magnolia Mother’s program was targeted towards single mothers who were focused on child care and other unpaid housework, the program measured socioeconomic mobility in other ways such as continuing education and bill payments made on time. While many participants were able to make career advancements by gaining full-time employment, others, especially those in the Magnolia Mothers program, used their stipend to take on jobs with flexible hours so that they could take time to focus on their children and other unpaid labors. Additionally, many used their increased income to create time for themselves to complete their GED, participate in higher education or join an internship or job training program. There is no data on the percentage of SEED participants who used their UBI to invest in education or job training, but a key finding in the study was a willingness to take risks and make bold decisions—which included taking on internships or joining community college.

Figure 2: Impact of Cash Transfers on Quality of Life



Increased quality of life was something mentioned throughout all the studies, albeit primarily through anecdotes. In the Magnolia Mothers program, several women mentioned how it was less burdensome to buy a birthday cake or school supplies for their child—items that are not considered necessities but significant purchases nonetheless. In Figure 2, I quantified quality of life by measuring the change in mental health over the course of the program as well as the increased access to health services. There was a decrease in mental health issues, especially in

the \$1,000 dollars a month SEED program where participants described their general wellbeing using the Kessler 10 psychological distress instrument. Nearly all of the women profiled in the Magnolia Mothers project described the decrease in financial burden as “freeing” and attributed their decrease in stress to the increased income. The cash transfers also led to increased access and usage of health insurance services. The Family Rewards program did not create a dramatic increase in access to health insurance as it was based in New York where there is more coverage for health insurance. However, in Mississippi where there is less government support for healthcare, there was a dramatic increase in access to healthcare services—especially dental care. Transportation needs were met at a higher rate than before the guaranteed income. Across the SEED project and the Magnolia Mothers project, there were several purchases of cars (both California and Mississippi are notorious for sparse public transportation) and large portions of the money was spent on automotive repairs.

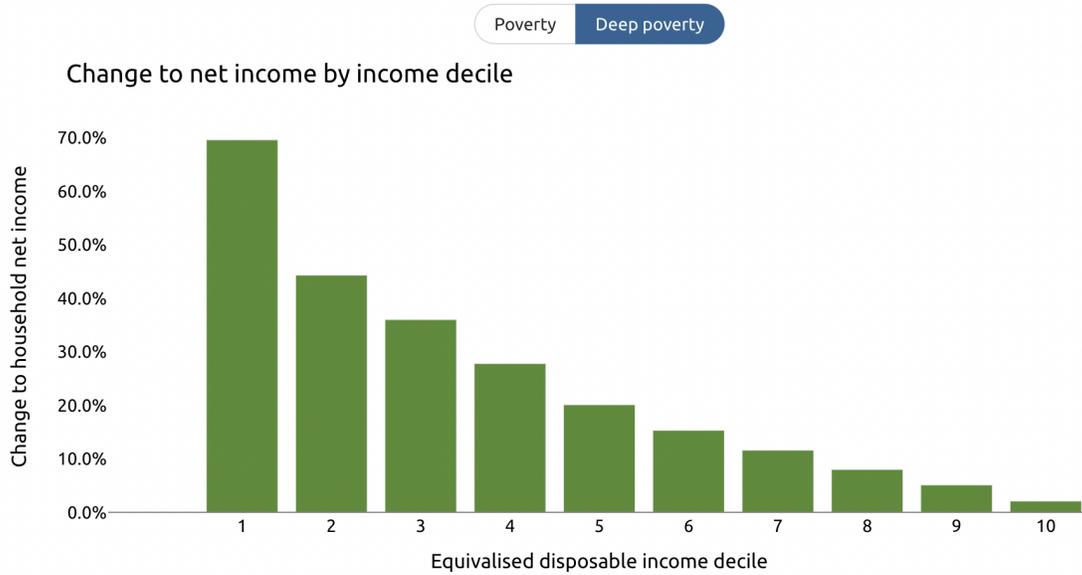
This analysis of the three largest UBI experiments in the US reveals that a UBI is significant in alleviating the burdens of poverty and creating opportunities to increase socioeconomic mobility and escape cyclical poverty.

A UBI Floor for NYC

A Universal Basic Income is an expensive proposal. Handing out \$1,000 a month to each NYC resident for a year is out of budget for the city, it would cost an estimated 242 billion dollars. Legislating tax policy so that a UBI for every citizen is feasible on the federal level. But how can we create a proposal for the city?

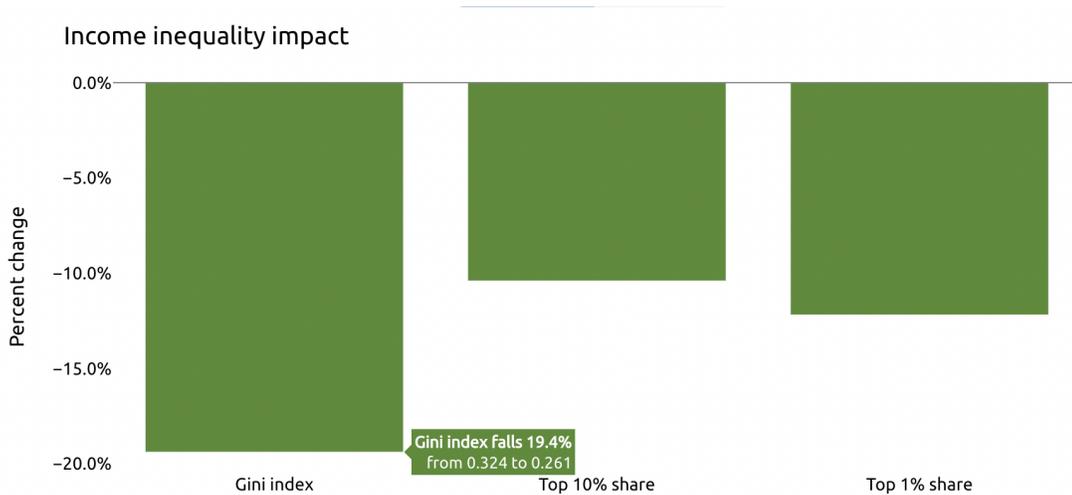
First, we need to consider the number of people living in the city— around 8.8 million residents, with about 1.4 million of them living below the poverty line. 1.4 million people with a monthly \$1,000 stipend for a year would cost 16.8 billion dollars. A more reasonable proposal would be for residents halfway below the poverty line, otherwise known as “deep poverty”, which constitutes about 500,000 of NYC residents. This initiative could act like a UBI floor and start with a smaller number of participants—say around 50,000—and gradually increase its number to 500,000 as cash-transfers get increased support from the federal and state government. Since our analysis of cash transfer experiments uses the standardized monthly \$1,000 stipend, our recommendation is to continue using that same amount. This is because these experiments have shown that \$1,000 a month is not enough to simply live off but is significant enough to create tremendous increases in opportunity and socioeconomic mobility.

Figure 3: Percentage of Income Increased by UBI Floor



Using PolicyEngine and OpenFisca’s UBI modeling tool ²and adjusting the factors to fit our policy restraints, our proposal is set to more than double the income of NYC’s poorest residents in the 1st and 2nd income deciles.

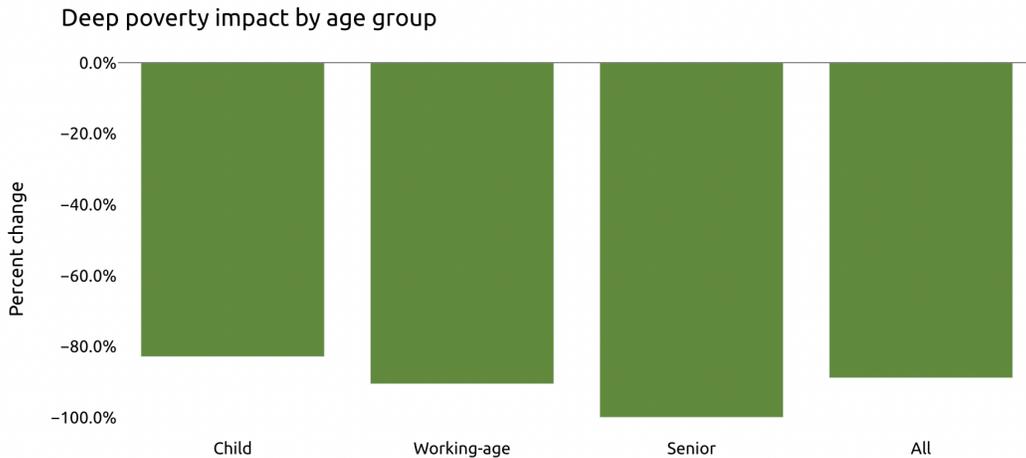
Figure 4: UBI Floor Income Inequality Impact



² The UBI Modeling Tool was developed by economist Max Ghenis (MIT) in collaboration with Nikhil Woodruff and Sachi Parikh at the UBI Center: <https://policyengine.org/>

Our proposal is predicted to decrease NYC’s Gini Index by 19.4% (Figure 4). The Gini Index is a demographic indicator of economic inequality and demonstrates that an implementation of this monthly stipend can greatly reduce the wealth gap in NYC by bolstering its lowest income residents.

Figure 5: UBI Floor Alleviates Impact of Deep Poverty



In Figure 5 we can see that our \$1,000 monthly income to citizens over 18 in deep poverty projects to significantly reduce the impacts of deep poverty throughout all age groups. Children are indirectly affected by the increased income of parent(s).

Call to Action: Legislating and Funding a UBI Floor for NYC

To fund this proposal, we first look at how other state and city run UBI programs have acquired their funding. The UBI pilot in Oakland, California which began in 2021 is completely privately funded. Other city-level legislation such as the one currently proposed in Fremont, California uses a mixture of private funding along with state and federal funding. It is important to note that none of the legislation or programs are removing resources from existing social safety nets but instead complementing them. A portion of the funding could be acquired by reaching out to organizations like Humanity Forward, a non-profit that has funded several UBI experiments, including the Magnolia’s Mothers Trust. Private donors could also step forward if New York City announces its plans to start this initiative or if the City pitches the plan to various philanthropic organizations. An online donation form can be put in place so that any person around the world can also contribute to funding this project. New York City must also look into its own budgetary plan and look for ways to allocate funds towards a UBI as well as acquire funds from the government by applying for grants and pitching to various state and federal departments, agencies and bureaus.

Mayor Eric Adams must also announce his support for a guaranteed income and join the Mayors for a Guaranteed Income coalition. This network has been successful at fast-tracking city-wide UBI pilots and legislations and securing its funding through the private and public sectors. Joining the coalition would be a tremendous step towards the development of a UBI in NYC.

Work Consulted

Books

1. Give People Money: How a Universal Basic Income Would End Poverty, Revolutionize Work, and Remake the World - Annie Lowrey
2. 21 Lessons for the 21st Century - Yuval Noah Harari
3. The War on Normal People - Andrew Yang

Websites

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8. NY State Senate: Universal Basic Income
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9. Vox: Everywhere a Universal Basic Income Has Been Tried
<https://www.vox.com/future-perfect/2020/2/19/21112570/universal-basic-income-ubi-map>
10. Bell Policy: What is Economic Mobility?
<https://www.bellpolicy.org/what-is-economic-mobility/>

11. Bridge Project: UBI for Mothers in NYC
<https://bridgeproject.org/research/>
12. Challenges for Analysis of the Economy, the Businesses, and Social Progress: Statistical Methods for Sociological Research
<http://eco.u-szeged.hu/download.php?docID=40429>
13. Vox: Study: a universal basic income would grow the economy
https://www.vox.com/policy-and-politics/2017/8/30/16220134/universal-basic-income-roosevelt-institute-economic-growth?utm_campaign=vox.social&utm_medium=social&utm_source=twitter&utm_content=1504211262
14. Guaranteed Income Community for Practice: Resources
<https://gicp.info/resources>

Jasons Story

Spent 5+ years on street outdoors at 6th Street and 11th Street where swept DHS cleanups NYPD/SDNY9Garbage tuck/ outreach (never offered assistance with storage) on numerous occasions. Only panhandled with sign, no aggressive behavior, slept in sleeping bag, tried to keep self and are clean and organized. Brought to hotel with single room that locks. Bathroom in hallway.

As an individual that spent most of 32 years unsheltered on streets while working multiple jobs and volunteer positions I am more than aware that our city and DHS has made immense efforts at least from 2006 to hide the homeless unsheltered on streets or force them through constant destabilization to go into shelter system that they find dangerous and just as destabilizing due to transfer policy and inconsistent transfer of information. There were resources available pre pandemic for people to toilet bathe change clothes.

Post beginning of shutdown despite CDC guidance to provide ways for people to toilet wash and isolate in encampments just as everyone else did in their homes Our City officials opted to call encampments, "Pop Ups" and proceeded to perform DHS Cleanups. To make matters worse if someone called 311 to bring attention for need of outreach they were forwarded to complaints about Homeless which initiates (Sweeps) DHS cleanups. Further complicating matters is fact that when specifically asking for outreach to engage Homeless callers were told that Outreach would respond within 45 minutes. I had personally called 311 and requested outreach for peers who wanted to be placed left my email contact and waited where I could see outreach and contact when they arrived yet no one arrived. I did get emails that outreach responded and no one was found on multiple occasions. System there is really flawed.

During pandemic shutdown people left shelters that were decongregated but not enough, people left supportive housing where special distancing was impossible to achieve and their peers got sick and never returned from hospitals. Sites where there had been Soup kitchens with sit down meals and bathrooms to toilet and wash up were no longer accessible. For those on street there were less than 6 showering stations open no more than 4Hrs at most usually one day per week. No bathrooms except at commuter terminals and usually in areas most people do not visit. Subway bathrooms were closed, opened briefly then closed again as new variant of COVID flourished. Even parks bathrooms were closed once awareness that homeless people would wash up in them.

Those aware from past trauma that shelter is not safe just as or even more destabilizing that street DHS Cleanups with constraints on rest access to belongings, curfews where being late could result in loss of bed and belongings disappearing had virtually no access to bathrooms, showers and the subway was only guarantee of being out of rain hurricanes, snowstorms extremes of heat and cold prolonged inclement weather. Then they were closed overnight when temperatures fell.

As NYC began mandated vaccination programs for those who work to continue and not allowing people to enter businesses without vaccination records even those that did get vaccinated who were on street were subject to lose records through sweeps (DHS Cleanups) I had to be vaccinated to go to a funeral repast.

Solutions could be beneficial to those on streets as well as tourist and those employed: Providing toilets permanent or even porta potties with monitor. Reinstating program to provide annual membership to NYC Parks Recreational Centers with proof of vaccination or Negative PCR test results. Vaccination does not have effect on spreading of COVID19 and variants. Outreach could know where they could find those they service and connect to storage, income and obtain documentation toward housing who could get connected to insurance at recreation Centers while exercising having access to computers and maintain hygiene.

On an executive level as an entity of NYC government that gets budget money, HPD could seriously be prompted to get measurable guarantees of increased number of set aside units for homeless and

truly low income families of 1 or more before giving away \$ Billions in Tax Credits and Municipal Funding to developers. The filling of homeless and truly low income set aside would prove if the other units are safe for those with greater income that developers seek to house at profits al funding to developers encouraging return to NYC while depleting numbers of homeless in both streets and shelters and raising the standard of living and lessoning the footprint of criminalization of homeless.

The inhumane conditions those on the street deal with are a direct result of NYC's refusal to use its resources to make our basic standard of living rise. Investment in positives for all results in positive change and renewal of our tourist economy. Criminalization, over policing and DHS cleanups that destabilize and decrease options for basic human rights make our city appear much like those countries that have undermined themselves by pitting its citizens against one another. There is real issue of people wanting to visit such a place , and the revocation of Mckinney Vento Funds to a City that criminalizes homeless.

This is just written testimony.

Peter-Malvan