# OUR HOMELESSNESS CRISIS: THE CASE FOR CHANGE





#### LETTER FROM SPEAKER JOHNSON AND COUNCIL MEMBER LEVIN

Dear New Yorkers,

Homelessness is a national problem that has reached a crisis level in New York City. If you live here, you encounter this reality every day. On the subway, on the street, at school, and at work, we interact with colleagues, friends, and neighbors who are experiencing, or are at risk of, homelessness. Everyone wants a safe home where they can rest their head at night, and everyone wants to experience the enormous possibilities of living in the greatest city in the world. But, for approximately 80,000 of our fellow New Yorkers, realizing those possibilities is complicated by the experience of homelessness.

We can no longer simply accept this reality. It requires urgent action. Unfortunately, our federal and state governments have failed to fulfill the roles they should play in alleviating poverty. While we must continue to raise our voices and advocate that they meet their responsibilities to all of us, we, as a City, must act.

We need to take immediate steps to provide appropriate services and supports that enable people to exit homeless shelters more quickly and easily, or avoid them in the first place. We need to equip all street outreach teams with the tools and flexibility to bring unsheltered individuals inside. We also need a long-term vision that shifts resources to permanent, affordable housing and reduces the number of people who are homeless.

Over the past year and a half, the City Council has engaged with a multitude of stakeholders and advocates. Their perspectives have been invaluable and have allowed us to develop the set of recommendations contained in this report. We want to thank each person who has shared their insights and experience with us. The development of this paper has been a team effort, and it is that kind of collaboration that is essential to moving this work forward.

Sincerely,

**Corey Johnson** 

Speaker

Stephen T. Levin

Chair of the Committee on General Welfare



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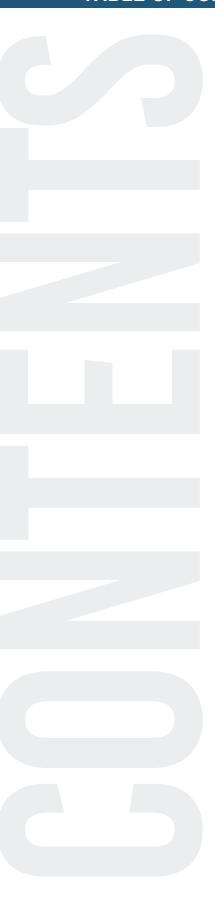
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# EXECUTIVE SUNIARY

Homelessness is an ongoing national crisis that is felt acutely in New York City. Currently, approximately 80,000 people are experiencing homelessness in the city, including over 20,000 children. These individuals and families populate the City's vast and complex shelter systems, where the average stay lasts more than a year. They also comprise those who are unsheltered and living on the streets, a group that has high rates of health and mental health concerns and is often the most visible face of homelessness.

Unlike most other jurisdictions, individuals and families in New York City have a legal right to shelter. As a result, the City has the largest shelter population in the country, but a smaller number of people living on the street compared to other big cities. The City's Fiscal Year 2020 budget included over \$2 billion for homeless programs, including shelter, rental assistance, and prevention services.

A number of factors contribute to homelessness. These include incomes failing to keep up with rising rents, domestic violence, a general lack of support networks to assist in times of need, and physical health concerns that may prevent an individual from retaining employment. At the federal level, there has been a significant disinvestment in housing programs, starving localities of much-needed funding to build

affordable housing, adequately maintain public housing, and secure permanent housing options for at-risk individuals and families. At the state level, failures related to discharge planning have meant that people leaving state prisons are sent directly into the City's shelter system. Moreover, the State did not adequately address housing needs as psychiatric centers were closed, leaving many people vulnerable to homelessness. Furthermore, the public assistance shelter allowance set by the State has been historically inadequate, leaving those who are homeless or at risk of homelessness without permanent, affordable housing options.

Systemic issues, such as racism, economic inequity, and lack of access to mental health care are also significant, overarching drivers of homelessness. While this paper includes a discussion of these issues, an in-depth analysis is beyond the scope of this report.

New York City has been struggling to address homelessness for decades, with varying success. The Koch and Dinkins Administrations recognized that permanent housing options were important, while the Giuliani Administration took a punitive approach to homelessness, restricting shelter access and criminalizing poverty. The Bloomberg Administration saw homelessness as

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an incentive problem, and while a key prevention program—Homebase—was created to help those at risk, rental subsidies and priority access to public housing were discontinued, resulting in an explosive increase in the homeless population. The de Blasio Administration has made strides, reinstituting rental assistance vouchers, enhancing street outreach teams to help unsheltered individuals come inside, and drastically reducing the homeless veteran population. But, right now, the homelessness crisis is only being managed.

This policy paper seeks to recalibrate the City's approach to addressing homelessness by focusing on six key strategies:

- 1. Prevention
- Increase Pathways to Permanent, Affordable Housing
- 3. Support Our Unsheltered Neighbors
- 4. Support Our Sheltered Neighbors
- 5. Integrate Housing and Homelessness Policy
- 6. Long-Term Vision

Prevention focuses on concrete steps the City and State can take to provide supports for individuals and families who are at risk of homelessness, so that they can avoid the shelter system altogether and remain in permanent, affordable housing. Recommendations prioritize permanent housing and avoid entrance into shelter by calling for the following actions:

- Supplementing the Shelter Allowance
- Expanding Access to City Rental Assistance Vouchers
- Expanding Prevention Services

- Improving State Discharge Planning for Those Exiting Prison
- Expanding NYCHA Housing Options for Those with Criminal Justice System Involvement
- Supporting At-Risk Seniors
- Improving Outreach, Information, and Enforcement
- Addressing Conditions in Three-Quarter Houses

Increase Pathways to Permanent, Affordable Housing focuses on concrete steps the City and State can take to create opportunities for individuals and families who are homeless to move out of City shelters and into permanent, affordable housing. Recommendations prioritize permanent housing and shelter exits by calling for the following actions:

- Increasing the City Rental Assistance Voucher Amount to Fair Market Rate
- Increasing Access to More Deeply Affordable Housing
- Aggressively Building Supportive Housing
- Ensuring a Strong Existing Supportive Housing Portfolio
- Expanding Housing Options for Homeless Youth
- Expanding Eligibility for Rental Assistance Vouchers
- Addressing Source of Income
   Discrimination and Engaging Landlords
- Expanding Aftercare Services
- Increasing the Number of Housing Specialists

**Support Our Unsheltered Neighbors** focuses on concrete steps the City and State can take to

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improve the process of transitioning individuals from the streets and hospitals to permanent, affordable housing. Recommendations aim to reduce street and medical homelessness by calling for the following actions:

- Expanding Safe Havens and Other Alternatives to Shelter
- Equipping Street Outreach Teams with the Necessary Tools to Bring People Off the Streets
- Utilizing an "All-Hands-on-Deck Approach"
- Creating a Robust Medical Respite Program

Support Our Sheltered Neighbors focuses on concrete steps the City and State can take to improve the City's shelter system and the services provided to those experiencing homelessness, to help them stabilize; secure permanent, affordable housing; and, ultimately, exit shelter. Recommendations enhance supports for individuals and families in the shelter systems by calling for the following actions:

- Increasing Supports for Survivors of Domestic Violence in the DHS and HRA Systems
- Increasing Economic Empowerment Services for People in City Shelters
- Increasing Supports for Formerly Incarcerated Individuals
- Increasing Supports for Runaway and Homeless Youth

#### **Integrate Housing and Homelessness Policy**

focuses on concrete steps the City can take to ensure a comprehensive, inter-agency response to prioritize permanent, affordable housing and address the homelessness crisis. Recommendations **foster a cohesive approach to housing and homelessness policy** by calling for the following action:

 Streamline Coordination Within City Government

Long-Term Vision focuses on concrete steps the City can take to shift funding priorities and achieve improved outcomes over the long-term for individuals and families who are homeless or at risk of homelessness. Recommendations shift resources to prioritize permanent, affordable housing, match services to needs, and improve data collection and evaluation by calling for the following actions:

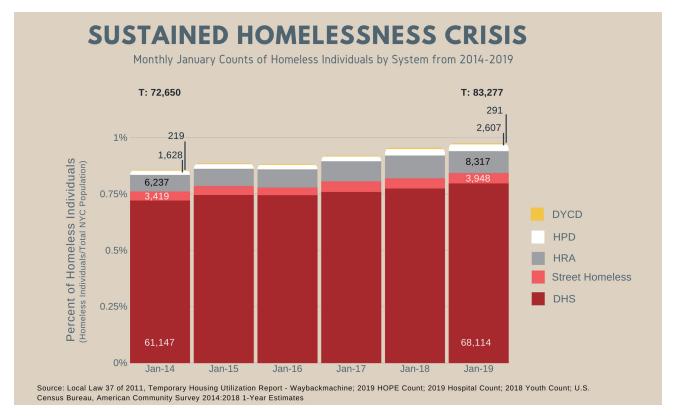
- Work Toward a Long-Term Vision that Prioritizes Permanent, Affordable Housing as the Shelter Census is Reduced
- Work Toward a Long-Term Vision that Matches Resources to Needs, Rather Than Systems
- Work Toward a Long-Term Vision that Uses Improved Data Collection and Robust Evaluation to Achieve Better Outcomes

This report reflects on the policy decisions that created the current landscape of homelessness, identifies the areas in need of reform, and sets forth a long-term vision that puts homelessness and housing at the center of policymaking in the city. Within the key strategy areas noted above, it includes almost 90 recommendations to reform the current system and address the homelessness crisis.

# THE STATE OF HOMELESSNESS IN NYC

The Department of Homeless Services (DHS) census of individuals experiencing homelessness in New York City is around 60,000<sup>1</sup>; however, this often-cited number only accounts for one system of homeless services. In reality, as of January 2019, approximately 83,277 individuals were experiencing homelessness in the city.<sup>2</sup> This number includes individuals who are street homeless

or unsheltered, as well as tens of thousands of individuals living in homeless services systems administered by one of five City agencies: DHS, Human Resources Administration (HRA) Domestic Violence, the Department of Youth and Community Development (DYCD), the Department of Housing Preservation and Development (HPD), and HRA HIV/AIDS Services Administration (HASA).



i This is substantiated by the U.S. Department of Housing and Urban Development (HUD) Point in Time (PIT) Count, which estimates 78,604 individuals experiencing homelessness in the city. Tyler Blint-Welsh, Federal Data Show Nearly 80,000 Homeless in New York City, The Wall Street Journal, (Oct. 24, 2019), available at https://www.wsj.com/articles/federal-data-show-nearly-80-000-homeless-in-new-york-city-11571922000.

# New Yorkers Experiencing Street Homelessness: Approximately 3,950 Individuals

Homelessness can take many forms; however, what may be the most visible to the average New Yorker are individuals who are experiencing street homelessness. HUD defines unsheltered individuals as those "having a primary nighttime location [that] is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation ... such as the streets, vehicles or parks." <sup>3</sup>

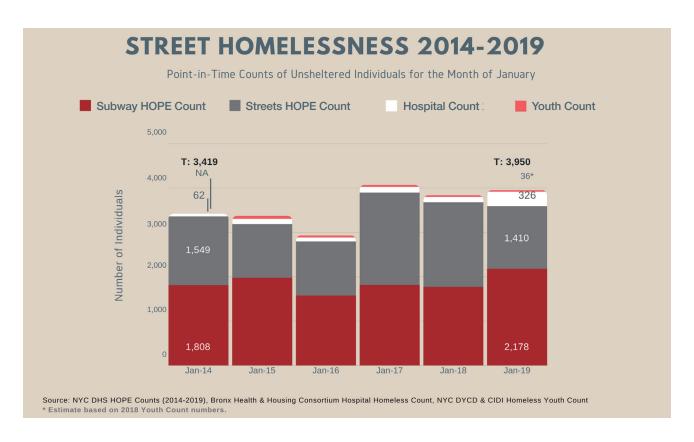
Several annual surveys are undertaken to determine the number of street homeless individuals in New York City. Each winter, the City participates in the HUD-mandated Homeless Outreach Population Estimate Count (the "HOPE Count"), during which volunteers canvass streets and Metropolitan Transit Authority (MTA) subway stations, approach individuals, and ask to discuss their housing situations.<sup>5</sup> If the individuals agree, volunteers proceed to ask them whether they had a place to stay that night, and if they decline, volunteers make their own evaluation and fill out the survey form themselves.<sup>6</sup> Additionally, since 2014, the Bronx Health and Housing Consortium has conducted a survey in hospitals in New York City on the same night as the Hope Count (the "Hospital Count").7

The Hospital Count consists of demographic, family structure, and health resource utilization questions and is designed to capture the number of individuals in hospitals experiencing sheltered and unsheltered homelessness in New York City.<sup>8</sup> Finally, since 2015, DYCD and the Center for Innovation through Data Intelligence (CIDI) have conducted a count to estimate the number of unsheltered youth, ages 24 and below, who are not counted during the HOPE Count (the "Youth Count").<sup>9</sup> On the Tuesday to Friday after the HOPE Count, youth are surveyed regarding where they spent the night of the HOPE Count.<sup>10</sup>

In New York City in 2019, the HOPE Count and Hospital Count together identified 3,914 individuals as follows:

- 3,588 unsheltered individuals on the streets or in the subways identified in the HOPE Count; and
- 326 unsheltered adults in hospitals identified in the Hospital Count.

For the Youth Count, while 2019 data are not yet available, in 2018, 36 unsheltered youth were identified.<sup>11</sup>



#### Unsheltered Individuals Identified through the HOPE Count: 3,588 Individuals

The estimated 3,588 unsheltered individuals on New York City streets and in the subway system represent a 2% decrease from the 2018 HOPE Count, and consist of 2,178 individuals in the subway system—a 23% increase since 2018—and 1,410 individuals on the streets. The majority of individuals on the streets are in Manhattan (59% or 829 individuals). This is followed by Brooklyn (17% or 237 individuals), Queens (12% or 175 individuals), the Bronx (8% or 115 individuals), and Staten Island (4% or 54 individuals).

Individuals experiencing street homelessness are typically single adult males.<sup>16</sup> A high percentage are over the age of 50 years.<sup>17</sup> They have higher rates of physical health issues in part due to their age and also, in part, due to exposure to the harshness of the streets without access to

routine medical care.<sup>18</sup> Unsheltered individuals also have higher rates of mental and behavioral health needs and substance use disorders.<sup>19</sup> In Fiscal Year (FY) 2018, the leading causes of death among unsheltered individuals in New York City were drug-related causes (27%), followed by accidents (22%), heart disease (15%), and both cancer and alcohol abuse/dependence (5%).<sup>20</sup> Unsurprisingly, these individuals use emergency rooms at high rates. According to the 2019 Hospital Count, 86% of the 96 individuals identified in the nine Bronx emergency department sites were, prior to the hospital, living in a place not meant for human habitation.<sup>21</sup>

A subset of individuals experiencing street homelessness have been unsheltered for an extended period—the chronically homeless. The City defines "street chronicity" as having spent at least nine out of the last 24 months on the street, not necessarily consecutively.<sup>22</sup> Chronic street homeless individuals have more entrenched

needs, as their physical and mental health conditions are complicated by years of living on the streets<sup>23</sup> without access to routine medical, mental health, and dental care.<sup>24</sup> They also often mistrust others and public institutions because of their experiences with repeated attempts to navigate street homelessness and the complicated government services systems they encounter.<sup>25</sup> Consequently, they are often less responsive to traditional outreach efforts, such as offers of a warm meal or a night in shelter, 26 and therefore, street outreach workers must repeatedly engage them to develop a rapport, bond, and trust.<sup>27</sup> A November 2017 Homeless Outreach and Mobile Engagement Street Action Teams (HOME-STAT) Insights report details the following story from the street, which epitomizes the experience of a street outreach worker with a chronically street homeless individual:

"The Outreach Provider continues to attempt engagement with a homeless man with severe mental illness who has been known to them for 10 years. He has never spoken to them and the only information they have is that he used to be a doctor. This sparse information came from a since-retired police officer who befriended him many years ago." <sup>28</sup>

Numerous entities in the city work to engage these individuals and attempt to bring them off the streets, inside, to transitional and permanent housing. For example, the public and the HOME-STAT canvassing team report individuals who appear to be street homeless by calling 311 and using the 311 app.<sup>29</sup> The HOME-STAT canvassing team traverses each block in Manhattan from Canal Street to 145th Street, as well as hot spots in the outer boroughs, to identify and inform the DHS-contracted street outreach teams about unsheltered individuals.<sup>30</sup> Additionally, five DHS-contracted homeless services nonprofits respond to 311 requests in

their respective catchment areas and conduct daily street outreach across the five boroughs as follows:

- Center for Urban Community Services (CUCS) (110th Street and above), Goddard Riverside (to 10th Street and 59th Street to 110th Street), and Breaking Ground (10th Street to 59th Street) constitute the Manhattan Outreach Consortium and conduct homeless outreach in the four Manhattan catchment areas;<sup>31</sup>
- Breaking Ground provides street outreach services in Brooklyn and Queens;<sup>32</sup>
- BronxWorks conducts street outreach in the Bronx;<sup>33</sup> and
- Project Hospitality provides street outreach services in Staten Island.<sup>34</sup>

#### THE RIGHT TO SHELTER IN NEW YORK CITY

In 1979, as street homelessness became more pervasive, a class action lawsuit was filed against New York City and New York State on behalf of all homeless men in the city. The plaintiffs in Callahan v. Carey argued that the following provision of the New York State Constitution guaranteed shelter for homeless men:

The aid, care and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions, and in such manner and by such means, as the legislature may from time to time may determine.

In 1981, after two years of negotiations, the parties settled by a consent decree, thus establishing the right to shelter for all homeless men in New York City. Subsequent cases - Eldredge v. Koch, McCain v. Koch, and Boston v. City of New York - extended similar protections to women, children, and families with children.

Source: See Appendix III

## PATHWAY THROUGH HOMELESSNESS: UNSHELTERED INDIVIDUALS

Street Outreach Team
 Drop-In Center

 Drop-In Center
 Safe Haven
 Single Adult Shelter

 Private Market Apartment (Subsidized / Unsubsidized)
 Supportive Housing
 Family / Friends
 Return to Street Homelessness

These and other outreach teams<sup>ii</sup> meet individuals experiencing street homelessness where they are, to engage them around services and work on the goal of housing, regardless of the length of time the individual has been living on the streets.<sup>35</sup> In addition, the homeless services nonprofit Bowery Residents Committee (BRC) conducts homeless outreach on the MTA trains and subways.<sup>36</sup> BRC conducts subway outreach 24 hours a day, seven days a week.<sup>37</sup> The New York City Police Department (NYPD) Crisis Outreach and Support Unit also assists these individuals, often in

partnership with outreach workers and other City agencies. iii, 38

The goal of a street outreach team is to transition an individual from living on the streets to a location inside. This location may be an alternative to shelter, a shelter in the DHS system, a hospital, a detox facility, or permanent housing. Alternatives to shelter consist of either a drop-in center or a safe haven, which provide another tool for street outreach teams to facilitate the path from the streets to housing for this group of individuals. On the street outreach teams to facilitate

A drop-in center is a facility operated by DHS or a DHS-contracted homeless services organization that provides single adults with hot meals, showers, laundry facilities, clothing, medical care, recreational space, employment referrals, and housing placement services.41 While many are open 24/7, they do not include beds.42 The homeless services nonprofit operating the drop-in center may contract with a faith-based location such as a church or synagogue to obtain overnight sleeping arrangements for its drop-in clients, termed a respite or faith bed. 43 HOME-STAT outreach teams also have access to another approximately 152 respite beds.44 Currently, there are seven drop-in centers in the city. 45 The drop-in center census can fluctuate depending on factors such as weather.46 For example, on January 6, 2020, drop-in centers served 685 individuals and had an overnight census of 256, compared to July 17, 2019, when 544 clients were served and there was an overnight census of 205 individuals.<sup>47</sup>

ii In addition to the five DHS-contracted outreach providers, there are homeless services providers contracted with other entities and governments to perform street outreach. For example, BRC partners with the Downtown Alliance and the East Midtown Partnership Business Improvement Districts to conduct homeless outreach in those areas. Also, the homeless services nonprofit Urban Pathways has a contract with the Port Authority of New York and New Jersey to conduct homeless street outreach at the Port Authority Bus Terminal and the George Washington Bridge, as well as contracts with the Flatiron and Fashion Business Improvement Districts to conduct street outreach in those Districts.

iii See Mayor de Blasio (2014-present): A Crisis to be Managed, December 2015 and on: Street Homelessness Efforts, for a discussion of the enhancements that the de Blasio Administration has made to the role of NYPD in street homelessness work.

A DHS-contracted street outreach team may also offer an individual experiencing chronic street homelessness a safe haven bed. A safe haven is a facility operated by DHS or a DHS-contracted organization that provides low-threshold, harmreduction transitional housing to individuals experiencing chronic street homelessness, to reduce barriers to coming inside from the streets.48 The housing is considered lowthreshold because it is less restrictive to enter<sup>49</sup> and does not require individuals to participate in treatment programs.<sup>50</sup> Each DHS-contracted outreach team has a certain number of beds at a safe haven where the team may place a client.<sup>51</sup> When a safe haven bed is unavailable, a street outreach team may transition an individual to a stabilization bed-a City-administered facility that provides a short-term housing option for a chronic street homeless individual while they work with the outreach team to locate a housing option—and then to a safe haven. 52 Currently, there are 18 safe havens in the city. 53 On January 6, 2020, 1,067 individuals were utilizing a safe haven bed.<sup>54</sup> As of November 2019, there were 324 stabilization beds.<sup>55</sup> The de Blasio Administration plans to open an additional 1,000 safe haven beds, bringing the total of safe haven and stabilization beds to approximately 2.800.56

Helping an unsheltered individual transition inside involves numerous engagements.<sup>57</sup> In the first quarter of FY 2020, for example, outreach staff made 39,078 engagements with individuals living on the streets and made the following placements:

- 81 into permanent housing;
- 112 into other settings such as a drop-in center, correctional setting, detox facility, or hospital; and

 742 into transitional housing such as a DHS shelter, safe haven, stabilization bed, or church.<sup>58</sup>

#### Unsheltered Adults Identified through the Hospital Count: 326 Adults

In 2019, the Hospital Count surveyed individuals in 30 hospital emergency rooms and waiting areas in the Bronx, Manhattan, Brooklyn, and Queens (11 Health + Hospitals (H+H) and 19 private hospitals).<sup>59</sup> The majority of the 326 unsheltered individuals identified in the Hospital Count (70%) were located at H+H hospitals, 60 including Lincoln Hospital, Harlem, Bellevue, Queens, Woodhull, and Elmhurst.<sup>61</sup> More than one-half of the unsheltered in the Bronx (83 individuals) were found in Lincoln Hospital. 62 Notably, 21 private hospitals in New York City with emergency departments did not participate in the Hospital Count, meaning the survey likely undercounted the number of unsheltered persons in hospitals.63

A subset of the individuals surveyed in the Hospital Count are the "medically homeless," or those whose housing needs are related to their health conditions. These individuals often cycle between street homelessness and hospitals, and remain hospitalized for extended periods past their date of medical clearance. This result is due to their lack of permanent housing and the DHS institutional referral protocol, which deems individuals with certain health conditions, functional needs, or limitations of "activities of daily living" as medically inappropriate for DHS single adult shelters and safe havens.

iv "Activity of daily living" is a term used by healthcare professionals to describe a basic activity performed by individuals on a daily basis necessary for independent living at home or in the community. The five basic categories include personal hygiene, dressing, eating, maintaining continence, and transferring/mobility.

The demographics of the 326 unsheltered individuals identified in the Hospital Count mirror those of the individuals experiencing street homelessness. The majority identified as male (81% or 265 individuals) and over one-half were Black (53% or 150 individuals). 67 Nearly threequarters were in the 25 to 59 age group (74% or 195 individuals), 68 with those ages 60 and older accounting for the second largest age group (23% or 61 individuals). 69 Moreover, nearly all who responded to the emergency department utilization question reported having visited an emergency department in the last year, 70 exemplifying the connection that individuals experiencing street homelessness have to public institutions like hospitals.

#### Unsheltered Youth Identified through the Youth Count: 36 Youth

In the 2018 Youth Count, an estimated 36 youth were identified as unsheltered, according to HUD's definition.<sup>71</sup> The majority of these youth were located on the subway, train, ferry, or bus.<sup>72</sup>

As self-reported in the Youth Count surveys,<sup>73</sup> most unsheltered youth identified as male (71%), followed by female (24%), and transgender female (6%).<sup>74</sup> The majority were ages 21 to 24 (61%).<sup>75</sup> Over one-third of the unsheltered youth were Black/African American (36%) and one-third were Hispanic/Latinx (36%).<sup>76</sup> In terms of sexual orientation, 71% of youth identified as straight, 16% as gay/lesbian, 6% as bisexual, and 6% as other.<sup>77</sup>

As with the homeless adult street outreach system, the youth homeless street outreach system consists of myriad organizations working to engage youth living on the streets. DYCD has a Street Outreach Program serving runaway and homeless youth (RHY) living on the streets, and contracts with nonprofit provider Safe Horizon to conduct outreach.<sup>78</sup> The program serves as a point of entry into the DYCD RHY system and distributes information about RHY services, refers youth to DYCD drop-in centers and programs, and transports them to DYCD drop-in centers, crisis shelters, or safe locations.79 In FY 2019, the Street Outreach Program connected with 9,600 youth, and 41 accepted transportation to a shelter or a residential program.<sup>80</sup> In addition, various nonprofit providers including the Ali Forney Center, Covenant House, and The Door conduct street outreach work with non-DYCD contracts. The Ali Forney Center, which has a peer outreach component, has mobile and street-based programs that deliver supplies and provide referrals to lesbian, gay, bisexual, transgender, and queer (LGBTQ) homeless, street-based, and runaway youth.81 Covenant House conducts similar street and van outreach work.82 The Door conducts general street outreach in lower Manhattan and also has a targeted outreach program at Pier 45 to engage LGBTQ youth in the area.83

#### Moving Inside after Experiencing Street Homelessness

If a street outreach team's efforts are successful, an adult living on the streets would transition to the DHS system, either into a drop-in center, safe haven, or a DHS shelter. An unsheltered RHY would transition to the DYCD system, namely a DYCD drop-in center or crisis services program.<sup>84</sup>

#### SYSTEMIC DRIVER OF HOMELESSNESS: RACISM

Homelessness is a symptom of overarching issues, one of the most salient of which is racism. Both at the systemic and individual levels, racism continues to perpetuate socioeconomic inequities that have widespread impacts. Institutional policies, interactions among institutions, and differences in resources or investment over time have consistently produced racially unequal outcomes.85 These outcome disparities are evident in areas including health,86 education,87 employment,88 housing,89 child welfare, 90 poverty, 91 and the justice system. 92 At a glance, in 2017 the NYPD recorded a total of 286,227 arrests, of which Black people made up nearly half, while White people made up just 13%.93 For the City's 2017-2018 school year, Black students constituted 46% of the total 36,668 school suspensions, while making up only 26% of the total student population.94 Between 2006 and 2010, Black, non-Hispanic women in the City were 12 times more likely than White, non-Hispanic women to die from pregnancyrelated causes.<sup>95</sup> The increasing gap was largely driven by a 45% decrease in pregnancy-related mortality among White, non-Hispanic women. 96 Investigations and indications of child abuse and neglect are also overwhelmingly concentrated in Black and poor communities.<sup>97</sup> Black people continue to experience systemic exploitation, violence, theft, and harm today, inherited from centuries of discriminatory policies and practices perpetuated by individuals, corporations, and all levels of government.98

The persistent overrepresentation of people of color among the population experiencing

homelessness is a disturbing reality in New York City. Although only 29% of the city's total population is Black, nearly 60% of single adults and families with children in DHS shelters are Black. 99 Similarly, Latinx New Yorkers are nearly 30% of single adults and 40% of families with children in the DHS shelter system, while comprising only 29% of the city's population. 100 Just under 10% of single adults and 3% of families with children living in DHS shelters are White, despite being 43% of the city's total population. 101 Black people are overrepresented in homelessness for the same reasons that they are overrepresented in every instance of inequality—systemic racism and oppression. 102 For example, Black people historically have been systematically excluded from housing opportunities through policies such as redlining, exclusionary zoning, and other forms of discrimination codified by federal, state, and local law. 103 Although the Fair Housing Act of 1968 prohibited landlords, real estate companies, municipalities, and banks from denying people housing based on their race, housing discrimination and residential segregation continues to persist nationally. 104 In fact, New York City is the third most segregated city for Black people and the second most segregated city for Latinx and Asian Americans in the U.S. in terms of housing. 105 Homelessness is one manifestation of racism. To combat racism, all levels of government must take collaborative and intentional actions to eradicate disparities for people of color across all systems. 106

## New Yorkers in the DHS Shelter System:

# Approximately 59,498 Individuals

The majority of individuals experiencing homelessness in New York City are living in DHS shelters. DHS operates separate shelter systems for single adults, families with children, and adult families. While the majority of shelters are operated by nonprofit providers under contract with DHS, the agency also enters into non-contractual arrangements with private landlords and commercial hotels to meet its legal obligation to provide shelter. 109

#### Entering the DHS Shelter System: Intake Centers

Before any New Yorker enters a DHS shelter, they must first apply at the intake center that is designated for their household composition. 110 Families with children must go to the Prevention Assistance and Temporary Housing (PATH) office in the Bronx. 111 Both the Adult Family Intake Center (AFIC) and the 30th Street Intake Center for single adult men are in the same building on East 30th Street in Manhattan. 112 Single adult women can go to either the HELP USA Women's Shelter in Brooklyn or the Franklin Shelter in the Bronx. 113 At intake, DHS assesses the household's housing history to determine if they are eligible for temporary housing assistance in the form of shelter and supportive services. 114

There are a few predominant reasons why an individual or family enters and is found eligible for a DHS shelter. The main reason for families is domestic violence (41% of families in FY 2018). V,115 In FY

#### PATHWAY THROUGH HOMELESSNESS: DHS

take

- PATH families with children
- AFIC adult families
- 30th Street single men
- Franklin single women
- HELP single women

Temporary Housing

- Cluster Site families with children
- Tier II families with children
- Commercial Hotel
- Single Adult Shelter (mental health; employment; veterans; general)

**Exit Options** 

- NYCHA
- Private Market Apartment (Subsidized / Unsubsidized)
- Supportive Housing
- Family / Friends

2018, 12,541 people entered a DHS shelter due to domestic violence (more than 4,500 women and 7,000 children, 56% of whom were age five or younger). 116 In FY 2018, the second leading reason for families entering the DHS shelter system was eviction (27% of families). 117 This is a shift from FY 2014, when domestic violence accounted for 30% and eviction for 33% of families entering DHS shelters. 118 Families also entered a DHS shelter in FY 2018 due to overcrowding (16%), unlivable conditions (3%), 119 or an ACS-related reason (3%). Single adults often enter DHS shelters directly from jails and prisons. vi, 120 In 2018, 3,466 individuals (or 53% of the total discharges) were released from State prisons to City shelters. 121

v See New Yorkers in the HRA Domestic Violence System, for an explanation of the intake process for families with children with a history of domestic violence. vi See State and City Policies: Exclusionary Criminal Justice and Housing Policies for an explanation of how exclusionary criminal justice and homelessness policies contribute to homelessness in the city.

# COMMERCIAL HOTELS AND CLUSTER SITES

Commercial hotels and cluster sites are used to address the overflowing DHS shelter system, which does not have sufficient capacity to shelter all New Yorkers experiencing homelessness. Initially sold as a temporary program almost two decades ago, cluster sites still exist despite a long history of problems. Shortly after their introduction, a 2003 audit by the City Comptroller found many cluster sites "had conditions that may pose a threat to the health and safety of the occupants." Over a decade later, a 2015 investigation by the City Department of Investigation (DOI) found that the cluster units were "the worst maintained, the most poorly monitored, and provide the least adequate social services" of all shelters for families.

New York City has a long history of using hotels to house individuals experiencing homelessness. In the 1970s and 1980s, these were called "welfare hotels" and were known for being decrepit. More recently, a DOI report found that the City does not screen hotels for criminal activity before placing families, resulting in individuals living in hotels that have been the sites of prostitution, drug use, and assaults. A City Comptroller analysis in 2016 found outsized spending on hotels, with prices reaching an average of \$193 a night and over 800 rooms being booked for \$400 or above.

Sources: See Appendix III

Individuals and families predominantly enter DHS shelters from a few community districts. More than one-quarter of all families with children that enter DHS shelters (27%), for example, come from five community districts:

 Broadway Junction / City Line / Cypress Hills / East New York / Highland Park / New Lots / Spring Creek / Starrett City in Brooklyn (6.1%);

- Concourse / Concourse Village / East
   Concourse / Highbridge / Mount Eden in the Bronx (5.9%);
- Fordham / Morris Heights / /Mount Hope / University Heights in the Bronx (5.3%);
- Melrose / Mott Haven / Port Morris in the Bronx (5.1%); and
- Claremont / Crotona Park East / Melrose / Morrisania in the Bronx (4.8%).<sup>122</sup>

Their housing histories also often include a prior history of homelessness. In FY 2018, 53% of families with children, 51% of adult families, and 41% of single adults entering DHS shelters had a prior episode of homelessness. 123

#### Experiencing the DHS Shelter System: Tier II Facilities, Commercial Hotels, and Cluster Sites

The DHS shelter system consists of 452 shelters. 124 After being found eligible for shelter, families with children may be placed in a "Tier II" facility, a commercial hotel, or a cluster site. According to New York State regulations, a Tier Il facility "provides shelter and services to 10 or more homeless families including, at a minimum, private rooms, access to three nutritional meals a day, supervision, and assessment, permanent housing preparation, recreation, information and referral, health, and child-care services." The New York City Administrative Code prohibits the use of "Tier I" shelters (which do not have private units) and further requires that Tier II shelters provide a bathroom, a refrigerator, cooking facilities, and an adequate sleeping area within each unit within the shelter. 126 Families with children may also be placed in commercial hotels and in cluster sites, which are apartments within private buildings where homeless families and lease-holding tenants reside. 127

#### THE STATE OF HOMELESSNESS IN NYC

Adult families without children under the age of 21 are placed in either a Tier II facility or Non-Tier II facility, which are primarily hotels. Single adults in the DHS shelter system are primarily divided by gender, and each system includes assessment shelters, general shelters, and program shelters. Program shelters include employment, substance use, and mental health shelters. As of November 2019, DHS reported 452 shelters, including 197 Tier II facilities (20 adult family and 177 family with children), 65 family cluster units, and 83 hotels (51 family with children, 30 single adult, and 2 adult family). As of January 6, 2020, the total DHS shelter population of 58,688 persons consisted of:

- 11,934 families with children, representing 37,334 individuals (of whom 21,327 were children);
- 2,483 adult families, encompassing 5,226 individuals; and
- 16,938 single adults (12,327 men, 4,611 women).

April 2019, the number of single adults in DHS shelters reached a new nightly record high 32 different times, indicating the rapidly growing homelessness crisis amongst this population.<sup>134</sup>

In addition to the rising numbers of individuals living in DHS shelters, the average length of stay has been increasing. Between FY 2009 and FY 2019, the average length of stay in days for families with children increased by 58.7%, from 281 to 446 days. The average length of stay for single adults in the DHS system is 414 days—58.6% longer than in FY 2009. As shown in the table, in FY 2019, the length of stay for each household type remains high for what should be temporary shelter. The average length of stay for each household type remains high for what should be

Average Length of Stay, FY 2019			
Single Adults	414 days		
Adult Families	580 days		
Families with Children	446 days		



## THE UNIQUE CHALLENGES FACING CHILDREN WHO EXPERIENCE HOMELESSNESS

Over the course of FY 2018, over 45,000 individual children spent a night in a City homeless shelter. In September 2019, 20,000 children called a City shelter their home and for many of those children that shelter was a cramped hotel room. According to recent data, 114,085 – or more than 1 in 10 – students in New York City public schools were identified as experiencing homelessness during the 2018-2019 school year.

The trauma of experiencing homelessness can have a lasting impact on children. The lack of housing stability can have adverse effects – including hunger, poor physical health, and emotional and behavioral difficulties – for children of all ages. Experiencing homelessness as a child is associated with experiencing homelessness as an adult. For schoolaged children, homelessness can lead to instability in their educational experience as they often transfer schools, and it is strongly correlated with chronic absenteeism. Students without stable homes are more than twice as likely as their peers to repeat a grade, be suspended or expelled, or drop out of high school.

The ultimate solution to supporting children experiencing homelessness is to support their families in finding permanent, affordable housing. A recent study showed that students whose families received housing vouchers saw moderate increases in their math and reading test scores, demonstrating the connection between housing policy and educational outcomes. Thus, the City should adopt policies – including those outlined in this paper – that facilitate pathways to stable housing for families with children.

However, providing housing to these families will not happen overnight, and, meanwhile, thousands of children in the City's school system face unique challenges relating to their housing status. The City has made efforts in recent years to support students experiencing homelessness, including:

- The Council passed Local Laws 73 and 82 of 2018, requiring improved data reporting on students in temporary housing, and requiring that educational continuity materials be provided to parents during the intake process at PATH.
- To address issues of absenteeism and avoid school transfers, the City began offering yellow bus service to kindergarten through sixth grade students who live in homeless shelters.
- To support academic achievement, the City expanded the number of Afterschool Reading Clubs at DHS shelters to provide enrichment and homework help.
- To address the socio-emotional trauma associated with homelessness, the Council fought to expand the number of "Bridging the Gap" social workers in schools with high numbers of students who are homeless.
   Funding for these social workers was baselined in the FY 2020 budget.

The City should continue to better understand the needs of children experiencing homelessness and ensure that those whose families are entangled in the shelter system are provided with necessary supports, while prioritizing permanent, affordable housing placements.

Sources: See Appendix III

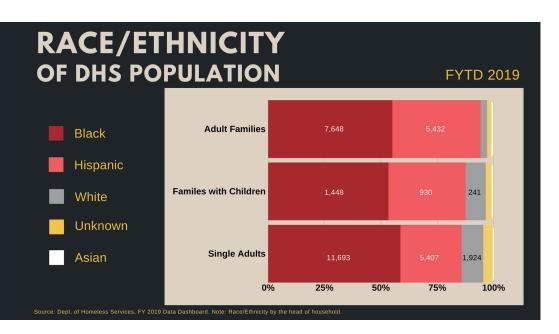
#### THE STATE OF HOMELESSNESS IN NYC

The demographics of individuals in the DHS shelter population are also striking. On January 7, 2020, families with children comprised 42,560 individuals or 72% of the total DHS shelter system's population, thereby making families the largest sub-group population of the DHS system. <sup>138</sup> In Fiscal Year To Date 2019, children ages zero to five represent 25% of the individuals in family with children shelters, and those under the age of 14 represent just under half of the individuals in the families with children population. <sup>139</sup>

Certain age and ethnic groups are overrepresented in DHS shelters. Adults ages 45-64 represent nearly half (46%) of single adults in DHS shelters. Homelessness is also most frequent among Black and Hispanic New Yorkers, as shown in the graph.

disorders.<sup>141</sup> Substance use disorder was within the top 10 mental health conditions reported among single adults in all shelter categories.<sup>142</sup> The most common self-reported physical health conditions that were self-reported among adults within DHS shelters were asthma, hypertension, and diabetes.<sup>143</sup> For children within the family with children shelter system, asthma was overwhelmingly the most common health condition reported,<sup>144</sup> and depression was the leading mental health condition.<sup>145</sup>

Exiting the DHS System:
Private Market Apartments,
Supportive Housing, New York City
Housing Authority (NYCHA), Family
or Friends, Another DHS Shelter, or
Street Homelessness



Many individuals and families in DHS shelters have a variety of physical and mental health conditions, complicating their path to stable housing. Within the adult population, the most common self-reported mental health conditions were depression, anxiety, and bipolar

Households may exit the DHS system to private market apartments, supportive housing, NYCHA apartments, or the residences of family and friends. Private apartments may be subsidized—paid in part with City, State,

or Federal rental assistance. 146 City rental assistance programs include the City Fighting Homelessness Eviction Prevention Supplement (CityFHEPS) 147 and Pathway Home 148 vouchers and the Special One Time Assistance (SOTA) program. Vii, 149

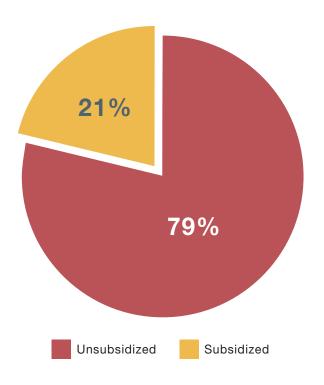
vii See Glossary for definitions of current and former City rental assistance vouchers.

As shown in the table, in FY 2019, the majority of households exited a DHS shelter to subsidized permanent housing. For single adults, subsidized permanent housing increasingly consists of renting a room, such as a bedroom or basement in the residence of a lease-holding tenant. In FY 2018, for example, more than 1,400 single adults moved into rooms within someone else's apartment, about half of all subsidized placements for single adults.

DHS Permanent Housing Exits, FY 2019					
	Single Adults	Adult Families	Families with Children		
Subsidized	5,001	439	6,872		
Unsubsidized	3,911	104	2,265		

Rental assistance, in the form of a government rental voucher to help an individual or family afford permanent housing, is a vital tool in combatting current and future homelessness. As the pie chart illustrates, individuals and families exiting the DHS shelter system (defined as shelters, drop-in centers, and street outreach) with a subsidy return within a year less frequently than those without a subsidy. In FY 2019, only about 1.3% of families with children, 1% of adult families, and 6.5% of single adults leaving with a subsidy returned within one year. 154 In comparison, 21.6% of families with children, 13.2% of adult families, and 27.2% of single adults who left without a subsidy returned within one year. 155 The federal Section 8 voucher is particularly effective at combatting homelessness. However, in FY 2018, DHS households received only 14% of all newly-issued Section 8 vouchers (491 of 3,414) in the city. 156

# Percentage of Households Who Exited to Permanent Housing (Subsidized or Unsubsidized) and Returned to DHS Shelter Within One Year, (2019)



Source: Fiscal 2019 Mayor's Management Report, available at https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2019/2019\_mmr.pdf

Other exit options include NYCHA, supportive housing, returning to family or friends, and returns to homelessness. Since 2015, the number of placements in NYCHA public housing has ranged from 1,500 to 2,000 per year. <sup>157</sup> In FY 2018, 1,448 single adults moved into supportive housing. <sup>158</sup> Individuals and families, for example, may also exit to non-housing options such as another DHS shelter or street homelessness.

# SYSTEMIC DRIVER OF HOMELESSNESS: ECONOMIC INEQUITY

Housing insecurity and homelessness in New York City is in part driven by economic inequity. New York City remains unaffordable for much of the city's residents, with housing costs exceeding the affordability threshold as set by the U.S. Census Bureau for nearly half of all rental households in 2017. 159 In addition to the high cost of living in New York City, challenges that weigh on low-income New Yorkers include the compounding factors of the lack of affordable housing, stagnant incomes and insufficient wages; a growing rent burden; and the resulting threat of eviction. Income inequality remains consistently high. The top 1% of New Yorkers earned 35% of all income in the city in 2016, 15 percentage points more than the national figure. 160 Most of the wage growth that has occurred since 2000 has gone to the highest earners, with stagnation occurring for the lowest and median earners. 161

The NYCgov poverty rate<sup>viii</sup> in New York City is 19%, and over 43% of New Yorkers are at risk of falling into poverty. Poverty is, notably, concentrated among people of color. Indeed, in 2017, Black, Latinx, and Asian New Yorkers made up 24.3%, 29.1%, and 14% of the city's population, and the poverty rates of these groups in the same year were 20.4%, 22.4%, and 23.8%, respectively. White New Yorkers, in contrast, constituted about 43% of the city's population in 2017, yet had a poverty rate of only

12.6%.<sup>164</sup> Black New Yorkers, in particular, face the brunt of the homelessness crisis.<sup>165</sup> Women are also disproportionately affected by poverty; in 2017, the poverty rate for single-mother-headed households was 31% compared with 20% for all families with children.<sup>166</sup> According to the ICPH, single mothers with young children living below the poverty line are most likely to experience homelessness, and they constitute the "vast majority" of families in DHS shelter.<sup>167</sup> Issues such as the persistent gender-wage gap and the fact that women are more likely to bear the responsibilities of unpaid caregiving further contribute to this inequity.<sup>168</sup>

Thousands of New Yorkers experiencing homelessness are employed but struggle to secure permanent housing due to the lack of affordability and the precarious nature of low wage jobs with little security. About 70% of the city's approximately 60,000 people living in DHS homeless shelters are families, and 34% of the families include a working adult. 169 Wages have not risen sufficiently along with the rising cost of rent, even for those working full time. 170 From 2010 to 2017, for example, rents in New York City rose twice as fast as wages (3.9% to 1.8%), with the lowest earners having the least amount of wage growth and the lowest bracket of rents having the highest rent increases.<sup>171</sup> These conditions have exacerbated the homelessness crisis.

viii The NYCgov poverty rates are based on the NYCgov poverty measure, a specialized metric developed by the Poverty Research Unit of the Mayor's Office for Economic Opportunity to capture poverty in the city more accurately than the federal poverty measure. Considerations in the NYCgov poverty measure include housing costs, which are higher than the national average, and family resources that contain tax credits and other benefits at levels specific to New York City. The measure was developed to compensate for the omission of benefit programs and housing costs in the official U.S. poverty measure. The NYCgov poverty rate and threshold are higher than those same figures in the U.S. measure. NYC Center for Economic Opportunity, The CEO Poverty Measure, A Working Paper by The New York City Center for Economic Opportunity August 2008, available at https://www1.nyc.gov/assets/opportunity/pdf/08\_poverty\_measure\_report.pdf.

ix Despite having high rates of poverty, Asian New Yorkers are underrepresented in the shelter census. Asian New Yorkers comprise less than 1% of the DHS shelter census. This may be due to families living doubled-up. For example, according to data from the Department of Education, of the entire population of students living in shelter, only 1% were Asian, whereas of the entire population living doubled-up, 14% were Asian. See Institute for Children, Poverty & Homelessness, On the Map: The Atlas of Student Homelessness in New York City, Executive Summary, (Aug. 14, 2017), available at https://www.icphusa.org/reports/map-atlas-student-homelessness-new-york-city-2017/#executive-summary.

#### New Yorkers in the HRA Domestic Violence Shelter System:

# Approximately 3,760 Individuals

Domestic violence—which is recognized as a pattern of offenses committed by and against members of the same family or household and individuals who are or have been in an intimate relationship, where the abuser exerts power and control over the victim<sup>172</sup>—is the leading cause of homelessness for families with children in New York City.<sup>173</sup> HRA oversees the City's system of emergency shelters, transitional housing, and support services for survivors of domestic violence.<sup>174</sup>

#### Entering the HRA Domestic Violence System: The Domestic Violence Hotline, Shelter Provider Hotlines, and DHS Shelters

A survivor of domestic violence may enter the HRA domestic violence shelter system through a decentralized intake system with multiple entry points. A survivor may contact the Safe Horizon-operated Domestic Violence Hotline (1-800-621-HOPE).<sup>175</sup> The confidential hotline operates 24 hours a day, seven days a week.<sup>176</sup> Hotline staff provide one-on-one support such as assistance with finding domestic violence shelters, safety planning, and crisis counseling.<sup>177</sup> In 2018, hotline staff answered 79,677 calls.<sup>178</sup> Some shelter providers also operate their own hotlines. WomanKind, for example, operates its own multilingual hotline (1-888-888-7702).<sup>179</sup>

#### PATHWAY THROUGH HOMELESSNESS: HRA DV

 Safe Horizon DV Hotline Intake Referral from **Family Justice Center** Temporary Housing • Emergency Shelters (180-day time limit) Transitional Shelter • DHS • Unknown/ Exit Options **Made Own Arrangements**  Supportive Housing NYCHA Private Market Apartment (Subsidized / Unsubsidized)

Households may also enter the HRA domestic violence shelter system from the DHS system through PATH, AFIC, and any of the single adult intake facilities. During the intake process at PATH, for example, individuals are asked whether they are applying for shelter to seek refuge from domestic violence. 180 Those who report household violence are referred to HRA No Violence Again (NoVA) staff<sup>181</sup> for a domestic violence assessment to determine eligibility for HRA domestic violence shelter and services. 182 An individual may be deemed NoVA-eligible for HRA domestic violence shelter; not eligible for HRA domestic violence shelter, but eligible for DHS shelter due to domestic violence; or not eligible for either. 183 If space is available,

a NoVA-eligible family with children will be referred to an HRA domestic violence shelter. 184 If HRA shelters are at capacity, the family will be placed in a DHS family with children shelter. 185 In FY 2019, over one-third of eligible families with children seeking shelter at PATH entered an HRA domestic violence shelter (37%), a decrease of 2% from FY 2018. 186

#### Placement in the HRA Domestic Violence System: Emergency Shelter or Transitional Housing

HRA's Office of Domestic Violence provides emergency shelter, supportive/trauma-informed services, and transitional housing to survivors of domestic violence and their children. 187 Shelter locations are kept confidential to protect the survivors. 188 In FY 2019, the HRA domestic violence shelter system served 10,983 individuals in 4,232 households—355 single adult households and 3,877 family with children households. 189 Shelter staff work with households to manage the trauma of domestic violence and enhance self-sufficiency. 190 Services include counseling, psychoeducational groups, and trauma-focused interventions. 191 Shelters provide childcare and assist clients with housing, benefit entitlements, financial empowerment services, and workforce development/employment readiness services. 192

A household entering the HRA domestic violence shelter system stays in an emergency shelter. Emergency shelters provide safe shelter and trauma-informed services to those fleeing domestic violence who are in immediate danger. But, it is a limited stay, as State Social Services Law limits the length of emergency shelter stay to 180 consecutive days—90 days with the possibility of two 45-day extensions for those who continue to need emergency shelter. There are 46 confidential emergency facilities in the city with a total capacity of 2,514 emergency beds. In 2018, emergency shelters served 9,981 individuals in 3,898 households—262 single adult households and 3,634 family with children households.

Households in emergency shelters face a myriad of challenges. A significant proportion cope with the trauma and psychological distress of domestic violence. In one study, 68% of the participants met the criteria for clinical depression at shelter entry, and 56% met the criteria for clinical depression at exit, while 57% met the criteria for Post-Traumatic Stress Disorder (PTSD) at entry, and 37% met the criteria for PTSD at discharge. This same study noted the following characteristics of households in emergency shelters:

- Over 92% reported experiencing economic abuse;
- 91% had children;
- 42% were between the ages of 19 and 24;
   and
- 25% reported having no support system.

Further, in FY 2018, nearly one-third of the heads of households entering emergency shelters had not completed high school. <sup>199</sup> This underscores the particular importance of long-term supports and the need for stability for these households.

A household may transfer from an emergency shelter to a transitional housing program, known as HRA domestic violence Tier II shelters, 200 which consist of apartment-style units. 201 Only households stabilized in emergency shelters may transfer. 202 The HRA domestic violence system has nine transitional housing programs, totaling 362 Tier II units. 203 In 2018, 266 households in the HRA domestic violence system—all families with children—moved from an emergency shelter to a transitional program. 204 Sanctuary for Families, one of the transitional housing providers, reports that households have sometimes stayed in transitional housing for more than eight months. 205

The de Blasio Administration has worked toward investing in the expansion of the HRA domestic violence system. In September 2015, the Mayor announced that the City would develop an additional 300 emergency beds and 400 Tier II units. 206 All of the contracts for all 300 emergency beds have been awarded to nonprofits, of which 289 are operational and 11 are expected to open by January 2020. 207 Two hundred ninety-five Tier II units have been awarded (with 119 operational and 176 awarded and expected to open by Fall 2020), and 105 units will be awarded by the end of 2019. 208

Exiting the HRA Domestic Violence System: DHS Shelter, Made Own Arrangements / Exited to Unknown Location, Supportive Housing, NYCHA Apartment, and Private Market Apartment

HRA provides various permanent housing resources for households in the HRA domestic violence emergency and transitional shelters to help them exit to permanent housing. Within the HRA Office of Domestic Violence, the Domestic Violence Housing Support Services Unit works with households eligible for HRA housing subsidy programs.<sup>208</sup> This entails issuing housing certifications, approving a household's housing package, conducting a lease signing, and processing lease renewals.<sup>210</sup> Households may also be eligible for rental assistance vouchers to help them exit to permanent housing of their own, including Section 8, the State Family Homelessness and Eviction Prevention Supplement (FHEPS), and CityFHEPS vouchers.211 In addition, nine HRAcontracted providers offer aftercare services in the community to help households exiting the system transition to permanent housing.212

#### (1) Exiting an HRA Domestic Violence Emergency Shelter

A household may exit an HRA domestic violence emergency shelter to one of several locations. This may be to a DHS shelter or an unknown location, or they may make their own arrangements. Households may also exit to permanent housing such as supportive housing, a private market apartment, or a NYCHA apartment. In 2018, 2,444 households exited from an HRA domestic violence emergency shelter.<sup>213</sup>

#### DHS Shelter and Made Own Arrangements/ Exited to Unknown Location

Most households that exit an emergency shelter do not exit to permanent housing of their own. This is seemingly a result of the 180-day stay limit for HRA emergency shelters imposed by State Social Services Law.214 In 2018, the majority of households who exited (1,929 out of 2,444) either exited to a DHS family with children shelter (961 households or 39%), to an unknown location (590 households or 24.1%), or made their own arrangements (378 households or 15.5%).<sup>215</sup> For the 961 households who went to a DHS shelter, about two-thirds (65% or 626 households) were administratively discharged, xi and about one-third (35% or 335 households) timed out of an emergency shelter as a result of the 180-day stay cap.<sup>216</sup> For this latter group, Local Law 62 of 2014 requires DHS to deem these individuals "presumptively eligible" for DHS shelter.<sup>217</sup> While these households must go to PATH for a shelter placement, they are not required to undergo the full intake process.<sup>218</sup>

#### Private Market Apartments – Subsidized or Unsubsidized, Supportive Housing, and NYCHA

In 2018, 105 households in emergency HRA shelters exited to subsidized private market apartments, accounting for 4% of all exiting households.<sup>219</sup> The majority of these 105 households—three-quarters—exited with a former City Family Eviction Prevention Supplement (CityFEPS) voucher (46 households)

or a State FHEPS voucher (33 households).<sup>220</sup> Only 12 households exited an emergency HRA shelter with a Section 8 voucher.<sup>221</sup>

Households may also exit an HRA domestic violence emergency shelter to supportive housing or NYCHA public housing. In 2018, only 2% of households (53 of 2,444 households) exited to NYCHA (42 households) or supportive housing (11 households). The majority of these 53 households were families with children. While the number of households exiting to NYCHA in 2018 is low, the de Blasio Administration has worked to prioritize HRA domestic violence clients for NYCHA apartments. For example, it restored the City agency referrals for public housing to survivors of domestic violence and eligible DHS shelter residents.

#### (2) Exiting an HRA Domestic Violence Tier II Shelter

A household may also exit an HRA domestic violence Tier II shelter to the same locations discussed above.<sup>227</sup> The households exiting a Tier II shelter typically achieve better permanent housing options than those exiting an emergency shelter.<sup>228</sup> A stakeholder, for example, reports that the percentage of housing placements from Tier II shelter exits are much higher than emergency shelters: about 50%-60% of Tier II exits to permanent housing versus 10%-15% of emergency shelter exits.<sup>229</sup>

xi According to the 2018 Annual Report on Exits from HRA Domestic Violence Shelter, this category includes clients who were administratively discharged for not complying with domestic violence shelter rules and upon discharge went to DHS on their own. NYC Dept. of Social Services, Local Law 83 of 2018, 2018 Annual Reports on Exits from NYC Domestic Violence Shelters, available at https://www1.nyc.gov/assets/hra/downloads/pdf/local-law-83-dv-exit-report-2018.pdf.

# New Yorkers in the DYCD System: Approximately 357 RHY

As of November 2019, about 357 homeless youth and young adults separated from their families were utilizing the DYCD RHY system for shelter and support services.<sup>230</sup> DYCD contracts with a network of community-based organizations and programs that serve RHY ages 16 to 24.<sup>231</sup> These services, some of which are specialized for RHY who are pregnant and parenting, sexually-exploited, or LGBTQ, provide supports and reunite RHY with family whenever possible.<sup>232</sup> Support services include street outreach and referral services, drop-in centers, crisis services, and Transitional Independent Living (TIL) programs.<sup>233</sup>

New York State law defines "runaway youth" as an individual under the age of 18 who, without the consent of a parent or legal guardian, is absent from their legal residence.<sup>234</sup> "Homeless youth" refers to a person under the age of 18 who is in need of services, but who is without a place of shelter where supervision and care are available, and can also include persons between the ages of 18 and 21 who similarly need services, but who are without a place of shelter.<sup>235</sup> Some of these youth may be pregnant or parenting; in FY 2019, the DYCD crisis services and TIL programs included 154 infants/children, about 5% of the population served.<sup>236</sup> In 2018, the State Runaway and Homeless Youth Act was amended to recognize an expanded age category of need referred to as "homeless young adults," who are between the ages of 21 and 24 and are in need of services, but who lack a place of shelter.<sup>237</sup> In 2018, the Council passed Local Law 88, which requires DYCD programs to include shelter services for homeless young adults.<sup>238</sup>

#### PATHWAY THROUGH HOMELESSNESS: DYCD

Intake

- Street Outreach Team
- Drop-In Center

Temporary Housing

- Crisis Services Program
- Transitional Independent Living Program

Exit Options

- Family / Friends
- DHS
- Supportive Housing
- Private Market Apartment (Unsubsidized)

#### Entering the DYCD RHY System: Street Outreach and Drop-in Centers

According to the 2018 Youth Count, there are 36 unsheltered youth in New York City.<sup>239</sup> Street outreach programs help connect RHY on the streets to necessities like food and clothing,<sup>240</sup> as well as provide referrals to supportive services, including drop-in centers and crisis services programs.<sup>241</sup>

Drop-in centers provide RHY up to the age of 24 and their families with necessities like food, clothing, and shelter, in addition to access to counseling, support, and referrals to services. Youth seeking to access an RHY shelter must first visit a drop-in center. There are eight DYCD drop-in centers, this includes five 24-hour drop-in centers, one in each borough. The City refers to drop-in centers as a prevention initiative, where youth who are at risk of or near-experiencing homelessness can receive a variety of intervention services such as diversion. Drop-in centers also assist RHY with employment and educational needs.



DYCD contracts with nonprofit providers to provide RHY shelter through crisis services and TIL programs.<sup>249</sup> DYCD funds 753 crisis services and TIL beds (all open as of January 2020) for youth ages 16 to 20.250 In FY 2019, there were 3,070 RHY in crisis services and TIL programs, the majority of whom were ages 18 to 20 (88% or 2,698).<sup>251</sup> Additionally, DYCD has contracts with four providers to operate shelters specifically for young adults ages 21 to 24. The providers are: Covenant House (Covenant House (20 beds), Ali Forney Center (15 beds), Core Services Group (15 beds), and Project of the 60 beds are operational.<sup>253</sup>

Crisis services programs offer RHY up to the age of 21 short-term emergency shelter coupled with crisis intervention services.<sup>254</sup> Programs are aimed at reuniting youth with their families, or where family reunification is not possible, arranging transitional and longterm placements.<sup>255</sup> Per Local Law 87 of 2018, crisis services programs provide youth shelter services for a maximum stay of 120 days.<sup>256</sup> As of FY 2019, there were 246 crisis services beds. DYCD served 2,084 RHY in crisis services programs in FY 2019.257 The majority of these youth were ages 18 to 20 (87% or 1,823).<sup>258</sup> The ethnicity and race of youth in crisis services

xii Young adults may also utilize one of the City's three young adult-specific DHS shelters or the non-youth-specific single adult, adult family, or family with children DHS shelters.

#### THE UNIQUE NEEDS OF RHY

For the RHY population, challenges stem from societal experiences and developmental stages of adolescence through early adulthood. Mental health research consistently supports that the adolescent stage continues through early adulthood, as late as 25 years old. There are many influences on brain maturation during this time and several crucial developmental aspects of adolescence are associated with changes in physical, cognitive, and psychosocial characteristics and attitudes toward intimacy and independence. Therefore, it is crucial to promote healthy development throughout adolescence and into early adulthood by providing young people with adequate supports to aid them in cultivating their aspirations, encourage positive decision-making, and expose them to opportunities that allow them to fully utilize their skillsets and potential. Experiencing homelessness during these years can negatively impact a youth's trajectory and outcomes into adulthood. Additionally, like their adult counterparts, the RHY population is disproportionately comprised of people of color, and often identify as LGBTQ. This supports a need for tailored prevention and solutions that address homelessness for youth and young adults where the intersections of race, gender identity, and housing security are prioritized.

It is also well known that RHY often experience homelessness as a result of presenting family conflicts, including a lack of family supports and acceptance, and a disruption in stability during involvement in the child welfare or juvenile justice systems. In addition to these contributing factors, once experiencing homelessness, and sometimes even before, youth are exposed to high rates of trauma and physical, emotional, and sexual abuse. Experiencing homelessness may also create greater exposure to violence, trafficking, transactional sex, and self-medication of trauma with illicit drugs, which all put RHY at a greater risk for poor life trajectories. In 2018, DYCD served 787 sexually exploited and at risk for exploitation youth in RHY programs. Thus, prevention efforts should target youth in the public systems where they are most likely to come in contact, such as foster care, juvenile detention, and schools, to identify and serve youth at risk of homelessness.

Sources: See Appendix III

programs was predominantly Black (54% or 1,129), followed by Hispanic (15% or 525), and other (13% or 275).<sup>259</sup> Twenty-six percent of youth (542) in crisis services programs identified as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI).<sup>260</sup>

RHY may transition from a crisis services program to a TIL program. TIL programs provide youth up to the age of 21 experiencing homelessness with long-term residential services, <sup>261</sup> including educational programs, vocational training, job placement assistance, counseling, and basic life skills training. <sup>262</sup> Youth may remain in a TIL for 24 months per Local Law 87 of 2018. <sup>263</sup> As of FY 2019, there are 428 TIL beds in the DYCD system. <sup>264</sup>

In FY 2019, DYCD served 986 RHY in TIL programs. xii, 265 Similar to the crisis services programs, the majority of youth in TIL programs were ages 18 to 20 (89% or 875 youth) and about one-quarter identified as LGBTQI (24% or 233 youth). 266 Youth in TIL programs are also mostly Black (62% or 612 youth) followed by Hispanic (25% or 248 youth) and White (7% or 67 youth). 267

Exiting the DYCD System:
Private Rental Market Apartments,
Supportive Housing, Reconnected
with Family, Other Residential Care /
Hospitalization, DHS Shelters,
and Undisclosed

RHY may exit the DYCD system to a variety of living arrangements. In FY 2019, 75% of RHY in

crisis services programs and 83% of RHY in TIL programs were reunited or placed in a "suitable environment"<sup>268</sup>—defined as known locations, including returning to families, and other known living arrangements such as an apartment, living with friends, supportive housing, other shelters, foster homes, hospitals, and residential care.<sup>269</sup> According to DYCD report data,<sup>270</sup> RHY in crisis services and TIL programs exited to the following "suitable environments" in FY 2019:

- 12% in crisis services programs and 32% in TIL programs reconnected with family housing; and
- 24% in crisis services programs and 8% in TIL programs exited to other residential care / hospitalization.

The primary subsidized housing option for RHY is permanent supportive housing.<sup>271</sup> Currently, there are 400 units of permanent supportive housing reserved for youth through the New York/New York (NY/NY) III supportive housing initiative, which includes 200 units for youth ages 25 or younger who are transitioning out of foster care and 200 units for youth ages 18 to 24 leaving psychiatric institutional care.<sup>272</sup> The NYC 15/15 initiative includes youth-designated units for youth ages 18 to 25,273 with a commitment to allocate approximately 1,700 supportive housing units.<sup>274</sup> In FY 2019, 1% of RHY in a crisis services program and 9% of RHY in a TIL program exited to either their own apartment or supportive housing.<sup>275</sup>

A number of RHY may enter into the adult shelter system or experience unsheltered homelessness.

In FY 2019, 2% in crisis services programs and 10% in TIL programs exited to a DHS shelter through the DYCD-DHS direct referral process,<sup>276</sup> bypassing the DHS intake system pursuant to Local Law 81 of 2018.277 Also, in FY 2019, 25% in crisis services programs and 17% in TIL programs exited to an undisclosed location.<sup>278</sup> Permanent, affordable housing, public housing, and rental vouchers are not targeted to these young people. RHY do not receive priority access to NYCHA units or Section 8 vouchers.<sup>279</sup> They also do not receive City rental assistance vouchers, including CityFHEPS.<sup>280</sup> Accordingly, they are unlikely to exit the DYCD RHY system to permanent housing, including their own private rental market apartments. From July 2017 through January 2018, for example, only 48 of 2,209 youth, or approximately 2% of the population, were discharged from DYCD crisis services and TIL programs to their own apartment.<sup>281</sup>

# New Yorkers in the HPD System:

# Approximately 2,095 Individuals

Lesser known to New Yorkers, the HPD shelter system is for those households that were ordered to leave their residence after receiving a vacate order or due to an emergency.<sup>282</sup> The approximately 2,095 individuals, as of September 2019,<sup>283</sup> in this system may receive American Red Cross (ARC) services, or stay in an HPD-administered or DHS shelter.<sup>284</sup>

### Entering the HPD System: HPD Vacate Order

Individuals and families may find themselves experiencing homelessness when the residence they occupy receives an order to repair/a vacate order. The City may issue a vacate order to "ensure public safety from damaged buildings, illegal conditions, or dangerous conditions that may exist on or near the property."285 If, after inspecting a home, the City deems that conditions pose a hazard, it can immediately require that the premises be vacated.<sup>286</sup> When a vacate order is issued, the building's occupants must vacate the premises; if a partial vacate order is given, then only the households occupying the area of the home subject to the order must vacate.<sup>287</sup> The length of time that a vacate order is in effect is dependent upon the severity of the issue and how soon it can be resolved.<sup>288</sup> During the period that a vacate order is in effect, people may not enter the premises.<sup>289</sup>

# Experiencing the HPD System: American Red Cross (ARC)-Contracted Emergency Hotels, HPD Family Living Centers (FLCs), HPD Single Room Occupancy (SRO) Hotels, and DHS Shelters

The HPD Emergency Housing Services unit provides emergency relocation services and rehousing assistance to households that have been displaced from their homes as a result of fires or City-issued vacate orders.<sup>290</sup> HPD contracts with the ARC to respond promptly to residences after they receive a vacate order, so that ARC may provide immediate relief to

#### PATHWAY THROUGH HOMELESSNESS: HPD

• Receive Vacate Order,
Red Cross is Notified

• Red Cross-contracted hotel
• Emergency SRO hotel
• Family Living Center

• Return to Original Residence
• Private Market Apartment
• Family / Friends
• DHS

impacted households.<sup>291</sup> ARC serves all impacted households, no matter their citizenship status.<sup>292</sup> When responding to a vacate order, ARC initially provides households with a comfort kit containing hygiene products and a cash assistance card.<sup>293</sup>

ARC subcontracts with various hotels across the city to place households for up to 48 hours, while assessing their circumstances for further relocation services.<sup>294</sup> ARC may shelter households for an additional length of time upon request from HPD, as the households' longer-term needs are assessed.<sup>295</sup> ARC subcontracts with hotels to shelter families with children, adult families, and single adults temporarily while they await further services, a return to their residence, or temporary relocation to the residence of family or friends.<sup>296</sup> In September 2019, there were 70

families in ARC facilities, including 68 families with children and two adult families.<sup>297</sup> The average length of stay at ARC hotels during that month was 42 days for families with children and 48 days for adult families.<sup>298</sup>

Based on the households' needs and capacity issues, HPD's Emergency Housing Services unit may then place them into either Family Living Centers (FLCs)—for families with children—or Single Room Occupancy (SRO) hotels for adult families without children or single adults. The SRO facilities contracted by HPD are located throughout Manhattan, Bronx, Brooklyn, and Queens.<sup>299</sup> In September 2019, 205 families with children occupied FLCs.300 In addition, 567 single adults-444 single men and 123 single womenand 155 adult families occupied SRO hotels.301 Another placement option for households is DHS shelters.<sup>302</sup> As of December 2018, HPD was operating 225 units across 11 FLCs.303 In September 2019, the average length of stay for households at these 11 centers was 298 days.304 During the same period, the average length of stay at SRO hotels was significantly longer:

- 596 days for single men;
- 548 days for single women; and
- 417 days for adult families. 305

#### Exiting the HPD System: Return to Original Residence, a Private Rental Market Apartment Subsidized with Section 8 Vouchers, and NYCHA

Households may exit the FLCs or SRO hotels to one of several locations. This may be permanent housing in the form of a private market rental market subsidized with Section 8, a NYCHA apartment, or their original residence. 306 Households that are eligible for HPD's Section 8 Program are able to utilize it to secure permanent housing. 307 HPD also has a NYCHA priority referral system in place; however, advocates have noted that caseworkers are not well-trained in making NYCHA referrals. 308 Clients reserve the right to return to their original place of residence once vacate orders have been cleared. 309 According to advocates, HPD has stated that its biggest issue in placing families into permanent housing is lack of access to rental assistance such as CityFHEPS. 310

# New Yorkers in the HRA HASA System: Approximately 4,760 Individuals

In existence since the 1980s, HRA HASA provides services and housing to New York City residents who are living with HIV or AIDS and who meet financial need requirements.<sup>311</sup> HASA services include intensive case management and assistance in applying for public benefits including Cash Assistance, Medicaid, and Supplemental Nutrition Assistance Program (SNAP) benefits, Supplemental Security Income (SSI) or Social Security Disability (SSD) application and appeal services, and mental health and substance use screening and treatment referrals.<sup>312</sup> HASA clients who do not have housing may receive housing assistance

in the form of emergency/transitional housing, HASA permanent supportive housing, and rental assistance, as well as help applying for—and exiting to—non-HASA permanent supportive housing, a NYCHA apartment, or a private market apartment.<sup>313</sup>

#### Entering the HRA HASA System: Service Line or HASA Case Worker

HASA clients who are homeless have two entry points into the HASA system. Newly-accepted clients who are homeless may request same-day housing placement at ServiceLine, a unit within HRA that is the entry point for information, applications, and referrals for HASA services.<sup>314</sup> Homeless clients may also visit their HASA caseworker to request a same-day housing placement.<sup>315</sup>

#### PATHWAY THROUGH HOMELESSNESS: HRA HASA

Serviceline
 HASA Caseworker

 Emergency Shelters
 Transitional Shelter

 Supportive Housing
 NYCHA
 Private Market Apartment (Subsidized / Unsubsidized)

# Experiencing the HRA HASA System: Placement in Emergency/Transitional Housing

HASA clients who do not have housing are initially placed in emergency / transitional housing for short-term stays. Transitional housing consists of transitional congregate supportive housing and commercial SRO units, with supportive housing providing more services and amenities than the SRO units. From July to September 2019, there were 160 emergency / transitional housing sites—142 commercial SRO sites and 18 transitional supportive housing sites. The state of the st

In November 2019, HRA HASA emergency / transitional housing served 4,760 individuals.<sup>319</sup> These individuals included the following:

- 3,802 single adults, consisting of 3,035 single men and 767 single women; and
- 958 individuals in families consisting of 797 adults and 161 children.<sup>320</sup>

As of November 2019, there were 410 families in HASA emergency / transitional housing, consisting of 299 adult families and 111 families with children.<sup>321</sup> HASA clients predominantly identify as male (67%) and 33% identify as female.<sup>322</sup> In addition, over one-half of HASA clients were African American (54.8%), followed by Latinx (31.5%), White (9.0%), Unknown (3.8%), and Asian Pacific Islander (0.9%).<sup>323</sup>

HASA emergency / transitional housing provides individuals and families with a short-term stay

in either transitional congregate supportive housing or a commercial SRO unit.324 Stays are to be 90 days or less but actually vary, ranging from 90 days to two years. 325 Transitional congregate supportive housing units are furnished private rooms with private bathrooms and meals in common dining areas, 326 coupled with onsite case management for assistance with obtaining permanent housing and referrals to mental health and substance use counseling.<sup>327</sup> In November 2019, there were 766 households occupying HASA transitional supportive housing.328 Commercial SRO units are furnished private rooms with private or shared bathrooms.<sup>329</sup> In November 2019, there were 3,020 households occupying commercial SRO units.330 Families with children are placed in furnished private apartments.331

#### Exiting the HRA HASA System: Supportive Housing, NYCHA Apartments, and Private Market Apartments

Pursuant to the City's Administrative Code, within 90 days of placement in emergency / transitional housing, HASA clients must receive a referral for permanent housing. Permanent housing may consist of permanent supportive housing, a NYCHA apartment, or a private market apartment. The referral is based on the needs of the client or the client's family. 333

Permanent supportive housing is available for HASA clients who require assistance with independent living.<sup>334</sup> HASA clients may be placed in a permanent supportive housing

program, including NY/NY III, NYC 15/15, or the New York State Empire State Supportive Housing Initiative (ESSHI), all of which set aside units for formerly homeless individuals living with HIV/AIDS. As of November 2019, there were 4,865 HASA households residing in permanent supportive housing.<sup>335</sup> This consisted of 2,396 households in congregate residences and 2,469 households in scattered-site apartments.<sup>336</sup>

HASA clients may also exit emergency/ transitional housing to private market apartments, often with rental assistance.337 In accordance with Section 131-a(14) of the Social Services Law, HRA is required to ensure each person living with HIV or AIDS who is receiving public assistance through HASA will not pay more than 30% of their monthly earned and/or unearned income toward rent.338 As of November 2019, 18,304 HASA households received private market rental assistance in some form. 339 HASA-approved rent levels, established based on the HUD Fair Market Rent (FMR) guidelines, are up to: \$1,559 for a studio; \$1,599 for a one-bedroom; \$1,831 for a twobedroom; and \$2,324 for a three-bedroom apartment.340 Clients conduct their own apartment search.<sup>341</sup> Case workers may provide a list of brokers who previously housed HASA clients to facilitate the apartment search.342 HASA clients in emergency/transitional housing may also be placed in NYCHA apartments.343 As of November 2019, there were 1,142 HASA households occupying NYCHA apartments.344

# SYSTEMIC DRIVER OF HOMELESSNESS: INADEQUATE ACCESS TO MENTAL HEALTH CARE

Despite common misconception, not all individuals experiencing homelessness have a serious mental health issue. But, there are connections between mental health needs and homelessness. Mental health, substance abuse, and alcohol abuse account for 69% of hospitalizations among the homeless compared with 10% of those in the general population.<sup>345</sup> Depression, anxiety, and bipolar disorder are among the most common mental health disorders reported during intake and assessment at DHS.346 An unaddressed mental health condition can eventually lead an individual to a crisis point that results in homelessness. Additionally, the trauma of experiencing homelessness can cause or exacerbate mental health conditions. All New Yorkers, regardless of whether they are experiencing homelessness, deserve access to adequate mental health care.

While New York City has some of the best quality hospitals systems and medical professionals in the country, significant barriers to receiving quality, affordable mental health care remain. Access, unfortunately, is limited. Those needing mental health care services still battle with a great deal of fear and stigma.347 Furthermore, too many New Yorkers are uninsured and cannot afford mental health care services. According to the 2018 Community Health Survey conducted by DOHMH, roughly 12% of New York City adult residents do not have health insurance,348 and other estimates conclude that roughly 600,000 New York City residents are uninsured.349 The number of undocumented individuals without insurance—estimated at 235,000 in 2018<sup>350</sup>—is also expected to rise due to the Trump Administration's intention to alter the definition of "public charge," which would discourage immigrants and their families from accepting public benefits, including public health insurance.<sup>351</sup> Even for those New Yorkers with insurance, many insurance companies do not have adequate mental health care coverage and do not pay competitive rates to mental health care providers, which disincentivizes them from accepting all forms of insurance.<sup>352</sup> New York City also suffers from a chronic shortage of mental health professionals, due, in part, to poor insurance compensation rates compared to other medical professionals.<sup>353</sup> Finally, New York City has an inadequate system of mental health safety nets, including insufficient numbers of mental health resources in public schools, shelters, hospitals, and jails.

In recent years, the need for mental health services in New York City has become more apparent and dire. The NYPD has seen a rise in "emotionally disturbed person" calls every year since 2014.354 The number of incarcerated individuals with a serious mental illness in City jails is now higher than in 2014.355 During 2015-2017, the number of New Yorkers who were homeless and living with a serious mental illness increased by about 2,200, or 22%.356 In response, the City opened six dedicated mental health shelters for single adults in the DHS system between FY 2014 and FY 2018.357 There are more beds in DHS mental health shelters than the combined total number of adult beds in State psychiatric centers and psychiatric beds in H+H facilities.xiii,358

Individuals' mental health needs, particularly the needs of those with serious mental illness, cannot continue to be ignored. Meeting this great need requires action at the federal, state, and local levels. If addressed comprehensively, these supports will yield both short- and long-term benefits for society.

xiii For a full discussion of the decline of in-patient mental health beds and the concept of deinstitutionalization, see the Deinstitutionalization of State Psychiatric Centers.

## NEW YORKERS AT RISK OF HOMELESSNESS

Many New Yorkers are at risk of becoming homeless. These individuals may experience myriad housing-related issues, including having low income, lacking support systems, being severely rent-burdened or being unstably housed, facing an imminent loss of housing, or exiting a publicly-funded institution or system of care.359 Their insecure housing situations may be exacerbated by the economic conditions that have persisted for certain populations since the 2008 recession, 360 and may be complicated by structural factors like systemic racism, criminalization of the poor, gentrification, and disinvestment in communities of color. 361 Various City agencies, namely HRA and HPD, provide supports and services to those at risk of homelessness to help them maintain their housing and not enter a City shelter.

#### Who Is At Risk of Homelessness?

As a framework for who is at risk of homelessness in New York City, HUD considers a household at risk of homelessness if it:

- 1. Has an annual income below 30% of median income for the area;xiv
- Lacks immediately available resources or support networks to prevent the household

- from moving to an emergency shelter or place not meant for habitation; and
- 3. Exhibits one or more conditions,<sup>xv</sup> including, but not limited to, recent housing instability, imminent loss of housing, exiting a publicly-funded institution or system, or living in housing with characteristics associated with instability and an increased risk of homelessness.<sup>362</sup>

Accordingly, one risk factor of homelessness is household income. Logically, the less income a household has the fewer monetary resources it has to utilize amid a housing, economic, or medical crisis. Moreover, limited income decreases the chances a household can afford to relocate amid a housing emergency. In 2017, for example, the rental vacancy rate—the percentage of available rental apartments<sup>363</sup>—for apartments with rents below \$800 was 1.1% and 2.1% for apartments renting from \$800-\$999.364 This is far below the 8.7% vacancy rate for apartments renting above \$2,500.365 To assess if a household is low-income, very lowincome, or extremely low-income, a household's income is compared to the area median income (AMI). Those who earn up to 30% of AMI are considered "extremely low-income," 31% to 50% of AMI "very low-income," and 51% to 80% of AMI "low-income." 366

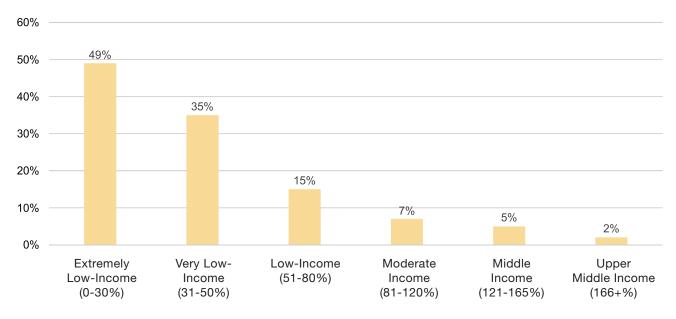
xiv In 2019, for a family of three in New York City, this is \$28,830.

xv These conditions are: (1) Has moved because of economic reasons two or more times during the 60 days preceding an application for homeless prevention assistance; (2) Is living in the home of another because of economic hardship; (3) Has been notified that their right to occupy their current housing will be terminated within 21 days after the date of application for assistance; (D) Lives in a hotel or motel, the cost of which is not paid for by charitable organizations or by government programs for low-income individuals; (E) Lives in an SRO or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than one and a half persons per room; (F) Is exiting a publicly funded institution or system of care; or (G) Lives in housing that has characteristics associated with instability and increased risk of homelessness.

One reason a household may not have available monetary resources for a housing emergency is that it spends a majority of its income on rent.<sup>367</sup> Accordingly, the more rent burden a household has-meaning the percentage of pre-tax income it spends on rent-the greater the likelihood of homelessness.<sup>368</sup> A household is "rent-burdened" if it spends more than 30% of its pre-tax income on housing.<sup>369</sup> A household is "moderately rentburdened" if it spends 30% to 50% of its income on housing, and "severely rent-burdened" if it spends more than 50% of income on rent.370 Severe rentburden is one of the top predictors of eviction,<sup>371</sup> and eviction is one of the leading causes of homelessness among families with children in the city.372 Being severely rent-burdened is increasingly a characteristic of the city's lowest earning households. As the graph shows, in 2017, nearly one-half of extremely low-income renter households and more than one-third of very low-income renter households were severely rent-burdened, compared to 7% of moderate-income renter households and 5% of middle-income renter households.

Another component of the "at risk of homelessness" definition is the presence of a housing-related condition—recent housing instability, imminent loss of housing, exiting a publicly-funded institution or system, or living in housing with characteristics associated with instability and an increased risk of homelessness.<sup>373</sup> For example, the housing may have unsafe conditions with the tenants experiencing landlord harassment.374 A rising portion of low-income renters live in unregulated units, without rent regulations or a public subsidy.<sup>375</sup> As a result, they do not have adequate rent and tenant protections, making them more likely to be displaced or face eviction and be at risk of homelessness.<sup>376</sup> In addition, the individual may have exited a public institution or system of care, and thus in addition to low household income,377 may have attenuated or non-existent support systems to rely on for housing or during a housing emergency.378

## Percentage of Severely Rent-Burdened Households in New York City by Income Group, 2017

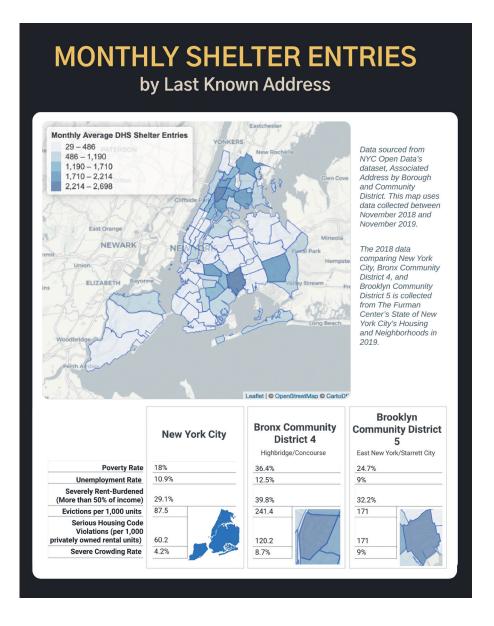


Source: Citizens Budget Commission. Think Your Rent Is High. (Oct. 11, 2018), available at https://cbcny.org/research/think-your-rent-high.

# A LIMITATION WHEN ASSESSING AT RISK OF HOMELESSNESS

Economic indicators, such as the unemployment rate, are touted as the best metrics for assessing the risk of homelessness. However, such measures are not comprehensive and fail to tell the whole story for those living in unstable housing. They do not take into account structural factors like criminalization of the poor, gentrification, systemic racism, and disinvestment in communities of color. They also do not take into account the policies that contribute to housing insecurity, such as the declining state and federal contributions to the City budget, the deregulation of rent-stabilized units, and the changing economic and workforce landscape, as discussed in the Economic Inequity section. Homelessness risk is also amplified by the inadequacy of housing vouchers and the disparities in rent levels across New York City, which exacerbate the difficulty of locating or sustaining permanent housing.

Source: See Appendix III



Populations Particularly At Risk of Homelessness: Individuals Living on Fixed Income, Individuals with Public Systems Involvement, and Three-Quarter House Tenants

Certain populations in the city may be more likely to meet the HUD "at risk of homelessness" definition. Further amplifying this risk is the presence of structural factors, such as being historically excluded, disadvantaged, or under prioritized in housing policy. These populations include those living on a fixed income, such as seniors and individuals with disabilities. They also include individuals with involvement in public systems, such as foster care and criminal justice, and individuals living in three-quarter houses.

#### THE STATE OF HOMELESSNESS IN NYC



#### Particularly At Risk of Homelessness: Individuals Living on Fixed Income— Seniors and Individuals with Disabilities

Individuals living on fixed incomes such as SSI or SSD may be particularly at risk of homelessness. They have stagnant low incomes, which provide them with less monetary resources to spend on housing and to rely on amid a housing crisis. As discussed below, they are more severely rent-burdened<sup>379</sup> and have additional household expenses such as those associated with medical conditions.<sup>380</sup> In addition, there are insufficient safety nets to ensure that these individuals can remain in their homes or secure safe and appropriate housing.<sup>381</sup>

Seniors are one population in New York City particularly at risk of homelessness. Many live on fixed incomes.<sup>382</sup> They are often rent-burdened, even for those enrolled in programs to freeze their rent. Seniors are more likely to spend in excess of 30% of their income on housing than the total population, whether they rent or own.<sup>383</sup> In 2015, about one-third of seniors receiving the Senior Citizen Rent Increase Exemption paid 70% of their income on rent.<sup>384</sup> They also may need additional medical care and accommodations to handle

heightened medical needs as they age.385 For example, more than one in three seniors has a disability (35.5%), about three times higher than the overall population.<sup>386</sup> In addition, seniors are increasingly facing other challenges that complicate their housing situation. Nearly half are immigrants and thus may face unique challenges as they age. 387 The Center for an Urban Future estimates that elderly immigrants are over 50% more likely to live in poverty.388 The factors of limited mobility, language barriers, and cultural norms can exacerbate the housing challenges seniors face in addition to difficulty navigating the housing and social service systems and the sparse affordable housing options, all while relying on a fixed income. For all these reasons, the homeless senior population is expected to grow from 2,600 to 6,900 by 2030.389

Individuals with disabilities in New York City constitute another group of individuals who may be more likely to be at risk of homelessness. These nearly one million individuals, or 11% of the population, 390 often live on a fixed income and thus struggle to afford market-rate housing.<sup>391</sup> Their median earnings in 2017 were \$32,000, 20% less than individuals without a disability.392 Over half (58.1%) live at or below 200% of the federal poverty line. 393 Certain ethnic groups experience this at heightened rates; nearly three-quarters of Hispanics with a disability (73%) live at or below 200% of the federal poverty level. 394 Individuals with disabilities are also severely rent-burdened, with 9.3% more likely to be severely rent-burdened than individuals without disabilities. 395 Those who need accessible housing are in a direr predicament. New, accessible apartments built with government subsidies, for example, often require residents to have higher incomes than what SSD or SSI provides.396

#### Particularly At Risk of Homelessness: Individuals with Involvement in the Foster Care and Criminal Justice Systems

The risk of experiencing homelessness is further exacerbated for individuals with involvement in public institutions or systems of care such as foster care and criminal justice. Income levels for these individuals are often low, so they have less monetary resources to utilize for housing and amid a housing emergency. They may also have complicated support systems, namely family relationships that they cannot rely on, which make them vulnerable to homelessness.

Youth leaving foster care are at risk of homelessness in the years immediately after exiting. In Calendar Year 2017, 36 of the 646 youth who aged out of foster care entered a single adult or adult family DHS shelter and fewer than six entered a DHS family with children shelter.<sup>397</sup> The majority of these youth of entered a DHS shelter within 90 days to one year of discharge from foster care.<sup>398</sup> Looking further out, according to a CIDI analysis, in the six years after exiting the foster care system 20% of youth had a family shelter stay and 8% had stays in the single adult shelter system.<sup>399</sup>

Individuals who have a history of criminal justice involvement face several obstacles when transitioning from New York City jails and New York State prisons, 400 which increases their risk of homelessness. While a scarcity of affordable housing plagues all homeless households, affordable housing can be even less obtainable for these individuals.401 Their incomes often only consist of the \$215 public assistance shelter allowance.402 Furthermore, their support systems are often complicated.403 A confluence of other factors may also exist, such as physical and mental health conditions, which exacerbate the

difficulty of obtaining and maintaining affordable housing.<sup>404</sup>

#### Particularly At Risk of Homelessness: Three-Quarter House Tenants

Another group of individuals at risk of homelessness are tenants living in what are known as "three-quarter houses," who have low incomes and often have histories of public system involvement. Three-quarter houses have characteristics associated with instability and predispose tenants to a heightened risk of homelessness. The houses are typically one- and two-family homes, larger apartment buildings, or other structures run by operators who rent beds to single adults. 405 The living arrangements are extremely overcrowded. 406 Often, a single room has beds for between two and eight people, with bunk beds placed on all walls, and with beds in hallways and closets. 407 Given that the City Building Code prohibits cohabitation by four or more unrelated persons, most, if not all, of these houses are illegal. 408

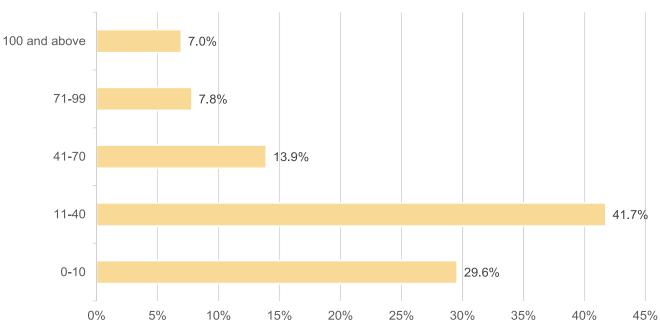
Three-quarter houses are not licensed by the State or City, and are not regulated or overseen by any State or City agency. 409 They also tend to have many building code violations. In June 2015, Mayor de Blasio announced the creation of a Three-Quarter House Task Force (the "TQH Task Force") to inspect the use of such houses. Between June 1, 2015 and December 31, 2018, approximately 115 houses inspected by the TQH Task Force had 3,820 violations.410 As depicted in the graph, in the December 2018 TQH Task Force report, there were eight sites with over 100 open violations, including one site that had 170 violations.411 This is much higher than the rate of housing code violations in the private rental market in 2018-290 violations issued per 1,000 privately-owned rental units.412

Three-quarter house operators also often violate tenants' rights through unlawful evictions, 413 and tenants report that operators arbitrarily force tenants out without notice or court process. 414 Illustrative of their unregulated status, there is no available data on the precise number of these houses in New York City. 415

Three-quarter house tenants have low incomes, often consisting of public assistance benefits or other government funds. 416 For many, their only income is the \$215 public assistance shelter allowance set by the State. 417 For others, their income is fixed consisting of SSD, SSI, or unemployment benefits. 418

In addition, three-quarter house tenants often have exited a publicly-funded institution or system of care. Tenants are typically single adults returning from prison or jail, recovering from short-term hospital stays or residential substance abuse treatment, facing street homelessness, or dealing with unemployment, family crises, or medical issues.419 While data regarding this housing is scarce, according to a 2013 survey of three-quarter house tenants conducted by the Prisoner Reentry Institute at John Jay College, 72% of tenants surveyed were previously incarcerated, 60% had resided in a City shelter, 51% had been in a residential substance abuse treatment program, and 42% had experienced street homelessness. 420 Among individuals who were referred to three-quarter houses, 31% were referred by a substance abuse program, 14% were referred by parole, 14% were referred by a City shelter, xvi and 10% were referred by another three-quarter house. 421

### The Percent of Three-Quarter Houses with 0-10, 11-40, 41-70, 71-99, and 100+ Open Violations



Source: NYC Mayor's Office of Operations, Quarterly Reports for Three Quarter Housing Task Force, available at https://www1.nyc.gov/site/operations/performance/quarterly-reports-for-three-quarter-housing.page.

xvi With respect to City shelter referrals, while DHS did adopt a regulation prohibiting referrals of clients to buildings with vacate orders and recorded violations typical of three-quarter houses in 2010, according to the 2013 Prisoner Reentry Institute at John Jay College survey, shelters seemingly continued to make referrals. Further, the homes continue to proliferate due to referrals from other agencies and programs. Prisoner Reentry Institute at John Jay College of Criminal Justice, Three Quarter Houses: The View from the Inside, (Oct. 2013), available at http://johnjaypri.org/wp-content/uploads/2016/04/PRI-TQH-Report.pdf.

#### City Services and Supports for New Yorkers At Risk of Homelessness

Keeping an individual or family in their home is significantly more cost effective than having them enter homelessness, 422 and additionally circumvents the trauma of homelessness. HRA's Homelessness Prevention Administration works with DHS and other agencies to help those at risk of homelessness remain in their homes and avert shelter entry. 423 Its Office of Civil Justice connects tenants at risk of eviction with legal services providers. 424 The City also encourages households to visit their local HRA Homebase office, which provides homeless prevention services to those at imminent risk of homelessness such as shortterm emergency funding, rental assistance, assistance obtaining benefits, landlord and family mediation, employment services/ referrals, and community resource referrals.<sup>425</sup> Furthermore, a household may be eligible for a CityFHEPS rental assistance voucher to prevent entry into a City shelter. 426 HRA accepts referrals for CityFHEPS from ACS, DOC, and the TQH Task Force to help those exiting foster care and City jails and those living in three-quarter houses avert shelter entry. 427 Additionally, the City has initiatives to prevent homelessness among those particularly at risk. DSS and Department of Corrections (DOC), for example, collaborate to prevent homelessness among individuals on Rikers Island who are at high risk of entering DHS shelter, 428 providing prevention services and connections to community services upon release.429

In addition, other City agencies and the TQH Task Force may assist tenants attempting to address building code violations, which

may lead to unlivable housing conditions and homelessness. For example, the TQH Task Force visits residences identified as threequarter houses based on information provided by advocates and through 311, and conducts inspections.430 From June 1, 2015 to December 31, 2018, 677 individuals were relocated from 56 houses into temporary emergency housing.431 HPD's Emergency Housing Services unit provides emergency relocation services and rehousing assistance to households displaced as a result of emergencies or City-issued vacate orders. 432 However, reporting building violations and conducting inspections is complicated, particularly for three-quarter houses, diminishing the likelihood of tenants reporting violations, obtaining repairs, and possibly beginning relocation.433

#### **RIGHT TO COUNSEL**

Right to counsel—required pursuant to legislation co-sponsored by Council Members Mark Levine and Vanessa Gibson-was signed into law in August 2017. As a result, income eligible tenants who are sued for eviction in housing court or face a NYCHA termination of tenancy proceeding, have access to an attorney. The right to counsel is being phased in by zip codes over five years. Every year, until 2022, the City selects zip codes based on factors including the number of evictions, shelter entries, and rent stabilized units. The zip code model is temporary. By 2022, each tenant, in all zip codes, who is income eligible will have the right to an attorney. The City estimates an additional 400,000 New Yorkers each year will qualify for legal help in Housing Court as a result of this law.

Sources: See Appendix III

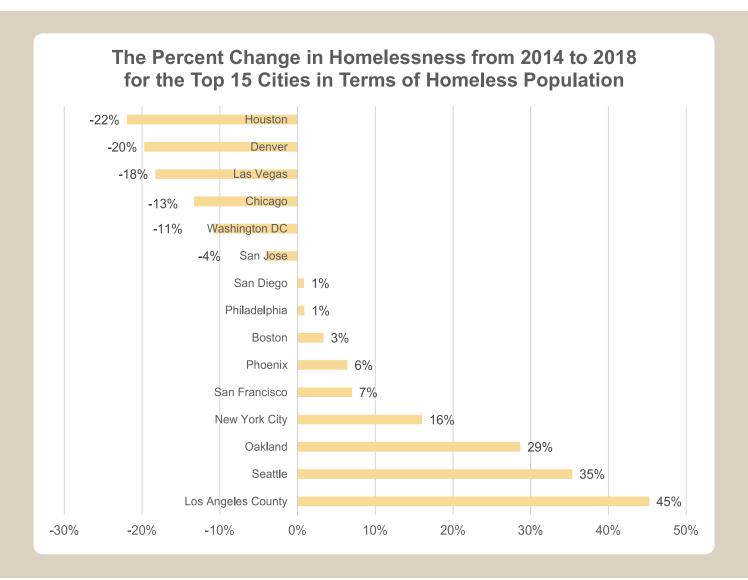


# NEW YORK CITY IN THE NATIONAL CONTEXT

Homelessness in New York City is unique in many respects. Nationally, over the past decade, homeless counts have generally trended downwards, whereas homelessness in New York City has risen and remained at high levels. According to HUD PIT counts, the number of people living in shelters or on the street on a given night declined by 27% nationally from 2005 to 2017, with a slight uptick from 2017 to 2018.434 This is in stark contrast to New York City where the DHS shelter census, for example, significantly increased since 2005. In addition, the household composition of homelessness at the national level differs from New York City. The majority of individuals experiencing homelessness in the country are individuals not in families (67% of all homeless individuals).435 This differs from New York City where the majority of homeless individuals are in families.

In general, federal policy efforts have adopted a "housing first" model that aims to provide individuals with housing as quickly as possible, with few preconditions and an emphasis on expanding the supply of permanent supportive housing, although available resources are grossly insufficient. 436 Further, while there has been an overall disinvestment in homelessness at the federal level, the Obama Administration did target intensive efforts for two specific populations-the chronically homeless and homeless veterans. 437 As a result, since 2007. veteran homelessness has decreased by 38%, and in 62 communities-including New York City—is functionally zero. 438 Furthermore, family homelessness has declined by 23%, and chronic homelessness has fallen by 19% nationally.439 This differs from New York City, however, where family homelessness has greatly increased until its recent stabilization.

High rates of homelessness, in large part, are correlated with housing costs. The states with the greatest number of residents experiencing homelessness and the highest rates of homelessness, tend to be the most populous, with large cities with high housing costs. In fact, over half of the nation's homeless population (56%) live in the most expensive metropolitan areas. All A 2018 Zillow study, for example, found a correlation between rising rent burden, and an increased risk of homelessness, particularly once rent burden was found to exceed 32%. New York City, with its extremely high housing costs, is a high rent city with high rates of homelessness, as shown in the table.



Among all Continuums of Care—the regional or local planning bodies in the 50 states, D.C., Puerto Rico, and Guam that coordinate housing and services funding for homeless families and individuals<sup>444</sup>—New York City has the largest number of homeless individuals, and is seventh in terms of the rate of homelessness.<sup>445</sup>

# The Top Five Continuums of Care by Largest Number of People Experiencing Homelessness, 2018

New York City, NY	78,676
Los Angeles City and County, CA	49,955
Seattle/King County, WA	12,112
San Diego City and County, CA	8,576
San Jose/Santa Clara City and County, CA	7,254

# The Top 10 Continuums of Care by Rate of Homelessness Per 10,000 People, 2018

Monroe County, FL	126.34
Lynn, MA	114.46
Mendocino County, CA	99.98
District of Columbia, DC	99.49
Lake County, CA	95.73
Boston, MA	91.92
New York City, NY	91.24
Watsonville, Santa Cruz, CA	84.09
Imperial County, CA	81.66
San Francisco, CA	77.54

Due to New York City's unique right to shelter, however, the City has a comparatively low rate of unsheltered individuals compared to the other large Continuums.<sup>446</sup>

# THE DRIVERS OF HOMELESSNESS

Myriad factors contribute to homelessness in New York City. This includes broader societal problems including racism, \*viii\* economic inequity, \*viii\* and lack of adequate care for individuals' mental health needs.\*xix\* Physical health conditions, complicated family dynamics, and domestic violence also significantly contribute to the likelihood that an individual will become homeless. Moreover, policies at the Federal, State, and City levels have created conditions that particularly led to the growth and persistence of homelessness in the city.

#### Domestic Violence

One of the main drivers of homelessness in New York City is domestic violence. 447 A survivor of domestic violence may need a safe place to stay after fleeing an abusive relationship and the housing shared with the abuser. 448 Furthermore, a survivor may lack the economic resources to maintain their own housing after ending an abusive relationship. 449 Temporarily doubling-up with extended family or friends may not be a safe living arrangement, as the abuser may know or visit the location. 450 Thus, the individual, often with their children, may seek safety and housing at a City homeless shelter.

Domestic violence is consistently one of the leading reasons a family with children enters a homeless shelter in New York City. 451 In November 2019, HRA domestic violence shelters served 3,760 individuals. 452 This predominantly consisted of families with children, 3,623

individuals in families with children (96.4%), and 137 single adults (3.6%).<sup>453</sup> Nearly two-thirds of individuals served in domestic violence shelters were children (2,312 individuals or 61.5%).<sup>454</sup> Furthermore, in FY 2018, over 41% of families were found eligible for DHS shelter due to a history of domestic violence.<sup>455</sup> Moreover, from July 2014 to December 2015, in more than half of New York City community districts (35 of 59), domestic violence was the most common reason<sup>xx</sup> why a family with children exited their community district for shelter.<sup>456</sup>

Beyond addressing their immediate safety and housing needs, survivors of domestic violence need supportive services to help them heal from the trauma of abuse and improve their economic security and overall well-being. 457 Very often, survivors fleeing abusive relations have limited financial resources, and are left with no savings and bad credit. 458 Many have been prevented from going to school or working outside the home and lack job skills or a consistent work history.459 There are also adverse psychological and physical health consequences, both for survivors and their children. 460 This demonstrates the complexity of addressing the homelessness of a domestic violence survivor. It also supports the need for a comprehensive approach to addressing these intertwined issues.

#### Family Dynamics

As previously discussed, one factor in being at risk of homelessness is the lack of support networks. Having a family or friend to rely on

xvii See Systemic Driver of Homelessness: Racism.

xviii See Systemic Driver of Homelessness: Economic Inequity.

xix See Systemic Driver of Homelessness: Lack of Mental Health Care.

xx This includes two community districts where domestic violence was tied with eviction as the most common reason for shelter entry.

amid a housing emergency can help provide a temporary stopgap from entering shelter or residing on the streets. Absent these networks, homelessness can ensue. Families with children, for example, may enter DHS shelter due to family discord at their former residence. 461

RHY may also enter into homelessness due to family conflict. For example, the U.S. Department of Health and Human Services found that 90% of runaway youth who lived in shelters reported that family conflict played a critical role in their becoming homeless.462 Youth run away or are kicked out of their homes for numerous reasons including violence, abuse or neglect at home, mental illness or substance abuse among family members, or challenges at school.463 Some youth endure rejection from their families because of their sexual orientation or gender identity, an unplanned pregnancy, drug or alcohol use, or the inability to comply with parent/caretaker rules.464 LGBTQ young adults are more than twice as likely to experience homelessness as their non-LGBTQ peers.465 Research has also shown that LGBTQ youth often became homeless not in the immediate aftermath of "coming out", but as the result of family instability over time. 466

Youth who are involved with the foster care system, and accordingly have attenuated family bonds and support systems, also have an increased chance of being homeless. 467 Moreover, life outcomes for youth in foster care are associated with trauma stemming from multiple placement and school moves, maltreatment, and loss of family and friends, among other factors. 468

#### **Physical Health Conditions**

Homelessness and health are interrelated. Individuals who are unstably housed have a life expectancy that is significantly lower than the average American. For some of these individuals, a health crisis could be the reason they lost their job and became homeless. Managing an illness or chronic disease and or gaining access to medication poses an even greater challenge. Furthermore, upon facing homelessness, once-healthy individuals can become sick, while sickness can worsen for those who are already ailing.

Physical health concerns often persist in individuals and families experiencing homelessness. Adults experiencing chronic street homelessness have exacerbated physical health conditions, 471 including higher rates of hypertension, tuberculosis, diabetes, and asthma.472 An unstably housed individual age 50 years or older, for example, has rates of chronic medical conditions similar to or higher than a stably housed individual who is 15 to 20 years older. 473 Adults with histories of street homelessness are frequent users of healthcare systems, namely the emergency departments of public hospitals.474 In fact, they are hospitalized at rates four times the U.S. average. 475 They also use the emergency department at rates three times higher than the general population,476 have longer emergency department stays, 477 and are more likely to arrive at the emergency department by ambulance. 478 Individuals experiencing homelessness have a longer hospital stay at acute care facilities compared to those in the general population. 479 This results in monetary costs to hospitals and government. One study has found an average additional cost of \$2,400 per hospitalization for individuals experiencing homelessness compared to lowincome permanently housed individuals.480

Housing is recognized as one of the most important social determinants of health—the circumstances in which people are born, grow up, live, work, and age, and the systems put in place to deal with illness. Accordingly, if intervention occurs well before housing instability, one's health outcomes can also dramatically improve. This is one of the utilities of supportive housing, which combines affordable housing with support services such as medication management and community health care referrals. A Denver study, for example, found that 50% of supportive housing residents experienced improved health status, and 43% had better mental health outcomes.

## The Deinstitutionalization of State Psychiatric Centers

The poor execution of deinstitutionalization—the release of individuals from institutional care such as a psychiatric hospital to care in the community—has contributed to homelessness. As New York State closed state psychiatric centers in the second half of the 20th century, government failed to address the important discharge need for housing coupled with services. This resulted in individuals ultimately living on the streets, in shelters, and in three-quarter houses, exacerbating homelessness in New York City.

During the late 19th century through the second half of the 20th century, there was a shift to the deinstitutionalization of patients in public mental health facilities across the U.S.—based on legal changes, economic constraints, advances in medication, and a growing awareness of inhumane conditions in facilities. This shift resulted in formerly-institutionalized individuals returning to the community.<sup>484</sup> Accordingly, the adult inpatient census in the New York State

psychiatric system<sup>485</sup> dramatically decreased, from 93,314 in 1955 to 2,267 in 2018.<sup>486</sup>

As State psychiatric centers closed and individuals were released into the community, there was a lack of attention to their housing and service needs. Congress and state governments did not create a complete community mental health program that allowed for adequate staffing and long-term financial supports for behavioral healthcare services.487 Many of those released did live with families.488 Others, however, were on their own with no supportive housing yet in existence. Many settled in the housing they could afford, namely SRO housing.489 However, as SRO housing dramatically disappeared by the end of the 1970s, these individuals then transitioned to the streets. 490 Meanwhile, deinstitutionalization only continued. For example, New York State decreased the psychiatric bed count by almost two-thirds over the decade prior to the 1980s, when the right to shelter litigation emerged,491 stressing the City homeless services system. 492 It also led, in part, to the emergence of the unregulated threequarter houses across the City. 493

More recently, as deinstitutionalization efforts continued into the 1990's and 2000'sincreasingly driven by managed healthcare systems-poor planning and flawed execution often marred the process of providing a safe, healthy, and successful patient transition back into society. 494 Under the "Transformation Plan" for New York State's Office of Mental Health (OMH), Governor Andrew Cuomo sought to reduce the average daily census and total number of beds in New York State psychiatric centers by relying more on community outpatient mental health services in hopes of providing better care at lower costs. 495 Since the enactment of the Transformation Plan (around 2015 onward), adult beds in staterun psychiatric facilities in New York City have decreased by around 15%. 496 Critics have argued that reducing the number of beds in psychiatric institutions—essentially further deinstitutionalizing—has placed an even greater strain on already burdened community mental health services, and has resulted in worse, less available care for individuals suffering with mental health concerns. 497

As a result of deinstitutionalization, advocates have sought restoration of psychiatric beds in public hospitals and supported the introduction of first responder crisis intervention trainings in hopes of helping to better identify individuals with serious mental illness and thereby preemptively and proactively divert them away from jails and toward appropriate mental health treatment. 498 According to its Statewide Comprehensive Plan, 499 OMH continues to strive for deinstitutionalization, which aims to provide community-based services to individuals in need of mental health treatment in clinically-supported community environments, in lieu of traditional inpatient hospital settings.500 While the move to community-based care has been lauded by OMH as "broadening the public health safety net by providing high-quality cost-effective community based services [which] avoid costly in-patient stays,"501 advocates argue this approach has resulted in the "criminalization of mental illness,"502 citing statistical data confirming the State of New York "incarcerates more individuals with severe mental illness that it hospitalizes."503

### State Policy Regarding Public Assistance Shelter Allowance

The inadequate amount of the State shelter allowance is another significant contributor to

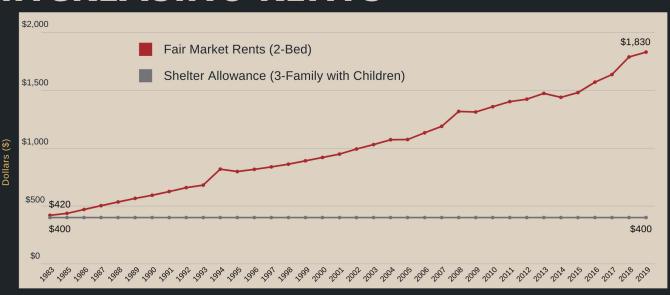
homelessness in New York City. The amount does not pay the cost of housing, as it was originally intended.<sup>504</sup> It thus relegates low-income New Yorkers to housing in substandard conditions or entry into City homeless shelters, with cities left to create rental assistance programs to fill in the gaps in state assistance.

The State provides assistance to eligible persons in need, which consists of two components: basic grants for food and other necessities and shelter grants.505 Shelter allowance amounts are administratively set to reflect local rent levels and adjusted for family size. 506 In 1975, the State instituted the allowance and set it to reflect the amount of rent paid by 95% of public assistance households and comparable to HUD's FMR schedule.507 More than four decades later, a steady increase in rents has widened the gap between the shelter allowance and the FMR.508 For example, the FMR for a two-bedroom apartment in New York City is projected to be \$1,951 in FY 2020.<sup>509</sup> However, a three-person family with children only receives a maximum \$400 shelter allowance from the State, 510 about one-fifth of the FY 2020 FMR. The allowance is even lower for single adults, at \$215,511 about one-eighth of the FY 2020 FMR of \$1,665 for an efficiency.<sup>512</sup>

The adequacy of the amount of shelter allowance has been challenged, resulting in City rent supplements to bridge the gap between the allowance and rising rents. Notably, in 1987, in Jiggetts v. Grinker, families with children on public assistance whose rent exceeded the shelter allowance sued alleging that the State and City have a statutory and constitutional duty<sup>xxi</sup> to provide adequate shelter allowances and that the allowances did not bear a reasonable relation to the cost of housing in the city.<sup>513</sup> In 1990, the New York State Court of Appeals ruled for the families, finding that

xxi The New York State Constitution provides that "the aid, care, and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions, and by such manner and by such means, as the legislature may from time to time determine." N.Y. Const., art. XVII, § 1; 42 U.S.C. § 601 et seq.; N.Y. Soc. Serv. Law §§ 343–362.

# INCREASING RENTS



Source: https://www.huduser.gov/portal/datasets/fmr.html#history

the State Social Services Lawxxii requires the State to provide shelter allowances to families with children that bear a reasonable relation to the cost of housing in the city."514 The State Supreme Court ordered the State to put forth a reasonable shelter allowance schedule and to operate an interim relief system "until such time as a lawful shelter allowance is implemented"515 to provide families with children on public assistance facing eviction with an application system for rent arrears payments and rent supplements.516 The State gave the City and other social services districts the option to add on a rent supplement for families with children receiving cash assistance facing eviction.517 The City adopted the Family Eviction Prevention Supplement (FEPS) to continue the process for rent supplements developed through the Jiggetts litigation.xxiii,518

The impact of the inadequate shelter allowance is significant for individuals and families in New York City. As of October 2015, over 54,000 public assistance households have rents that exceed their shelter allowance. 519 Single adults who rely only on public assistance, and thus the shelter allowance of \$215 per month to pay their rent, cannot afford housing in the City's rental market and thus often turn to three-quarter houses where operators typically match rent to the tenant's level of public assistance—often, the \$215 shelter allowance. 520 Similarly, families with children who rely on the shelter allowance of \$400 per month to pay their rent cannot afford an apartment and end up in a DHS shelter where they may or may not receive a City voucher. 521

xxii Social Services Law § 350 (1) (a) provides that "allowances shall be adequate to enable the father, mother or other relative to bring up the child properly, having regard for the physical, mental and moral well-being of such child..."

xxiii The legitimacy of the amount of the FEPS supplement was then challenged in Tejada v. Roberts. In 2017, the State settled, and FHEPS, an expanded supplement with higher rent supplement levels, was created.

#### State and City Policies: The Delayed Transition from NY/NY III Supportive Housing

City homelessness has also been detrimentally impacted by the failure of the State and the City to act with urgency in creating new supportive housing units as NY/NY III was winding down. There has been a longstanding need for supportive housing in the city—estimated at 24,155 in 2015.<sup>522</sup> Furthermore, it takes time for supportive housing units to develop.<sup>523</sup> Accordingly, it is important to have ample units in the pipeline to meet the ongoing need.

In 2015, as the final NY/NY III units were being developed, stakeholders—namely the Campaign for NY/NY Housing—pushed for Governor Cuomo to institute a NY/NY IV agreement between the State and City.<sup>524</sup> The Campaign sought 35,000 units of supportive housing statewide, including 30,000 in New York City, over 10 years.<sup>525</sup> Despite the advocacy, the City and State did not reach an agreement and a NY/NY IV did not materialize. Meanwhile, homelessness in New York City, particularly the number of single homeless adults in the DHS shelter system, increased, which stakeholders like Coalition for the Homeless attributed to a shortage of supportive housing.<sup>526</sup>

In 2015, the City and State each announced separate supportive housing initiatives. In November 2015, Mayor de Blasio launched the NYC 15/15 Initiative to create 15,000 units by 2030.<sup>527</sup> In January 2016, Governor Cuomo announced ESSHI, which would create 20,000 units statewide over 20 years.<sup>528</sup> But, the initiatives have each had their challenges. For example, while the 2016-2017 State budget included \$1.9 billion for supportive and affordable housing to fund the first 6,000

supportive housing units, it was the 2017-2018 State budget that authorized the release of \$1 billion in State funds to pay for the units.<sup>529</sup> Delayed action on the part of both the City and the State have meant that building of supportive housing has not kept up with need.

#### State and City Policies: Exclusionary Criminal Justice and Housing Policies

Another policy driver of homelessness is government criminal justice and housing exclusion policies. Consistently, there is a lack of consideration regarding the housing needs of individuals as they exit jails and prisons.

Often this manifests itself in the form of inadequate discharge planning. Pursuant to Section 201(5) of the State Correction Law, the State Department of Corrections and Community Supervision (DOCCS) is required to assist incarcerated individuals eligible for or currently under community supervision to secure housing and employment, educational, or vocational training. 530 However, State prisons too often release parolees directly to City shelters

### THE NY/NY SUPPORTIVE HOUSING AGREEMENTS

In 1990, the State and City collaborated to launch the first New York/New York Agreement (NY/NY I) to fund the creation of 3,800 units of supportive housing. The NY/NY I program was a resounding success, yielding better health outcomes, reduced homelessness, and economic savings. Subsequent agreements between the City and State resulted in NY/NY II in 1999, and NY/NY III in 2005, which funded 10,000 and 9,000 supportive housing units, respectively.

Sources: See Appendix III

instead of assisting them with adequate reentry planning and housing placements. In 2017 and 2018, over half of the individuals released under community supervision by DOCCS were sent directly to City homeless shelters. 531 In 2018, 16% of individuals entering DHS single adult shelters (3,466 individuals) came directly from State correctional facilities.<sup>532</sup> Accordingly, prisons increasingly constitute a feeder to homelessness and unstable housing. This results in the streets, homeless shelters, and three-quarter houses being defacto homes for those exiting criminal justice institutions. With respect to three-quarter houses, in a survey of three-quarter house residents by the John Jay Prisoner Reentry Institute, 72% of residents reported being previously incarcerated and 19% were currently on parole.533 Moreover, 14% came to live in a three-quarter house as a result of a referral by parole.534

In addition, government has enacted policies that restrict the housing opportunities for these individuals, exacerbating their reentry. The de Blasio Administration, for example, restricts NYC 15/15 supportive housing to those chronically homeless, electing to apply the federal definition of chronically homeless that excludes those with a stay in an institution, like a prison, of 90 days or more.<sup>535</sup> This removes NYC 15/15 supportive housing as a housing option for many exiting State prisons.

Public housing policies also hinder those with a criminal justice history. Federal laws require HUD-assisted housing agencies to bar individuals convicted of certain crimes from public housing such as lifetime sex offense registrants or those with convictions for producing methamphetamines in federally subsidized housing. 536 However, federal regulations also empower public housing

agencies with discretion to bar individuals convicted of other offenses. <sup>537</sup> Consequently, NYCHA bars individuals convicted of the following additional crimes from visiting or residing at NYCHA buildings for the delineated periods (not including parole or probation), as long as the individual has no additional convictions or pending charges:

- Class A, B, or C Felonies excluded for six years from the date a person has served the sentence:
- Class D or E Felonies excluded for five years from the date that a person has served the sentence;
- Class A Misdemeanor excluded for four years from the date that a person has served the sentence; and
- Class B or Unclassified Misdemeanor excluded for three years from the date a person has served the sentence.

These public housing policies continue to eliminate NYCHA as a housing option for those with criminal justice involvement.<sup>538</sup> They also often result in other detrimental impacts like fragmenting family bonds and destabilizing the housing stability of primary tenants who house family members with criminal justice involvement.<sup>539</sup>

The above-noted policies can have particularly dire consequences for the formerly incarcerated. According to one study, those without stable housing are twice as likely to recidivate as those with stable housing.<sup>540</sup> Studies have suggested a revolving door between prison and shelters, with a large percentage of those reporting shelter use prior to incarceration experiencing subsequent shelter stays after release.<sup>541</sup>

# Federal Housing Policy: Disinvestment and Lack of Adequate Supports

Federal housing policy significantly shapes the local affordable housing landscape and is a critical component in New York City's homelessness equation. Federal funding for rental assistance programs has lagged year after year behind the growing need among low-income renters, and federal laws and policies have failed to adequately protect tenants.

Nationwide, between 1987 and 2015, the number of low-income renters grew by six million while the number assisted through federal programs rose by only 950,000, reducing the number of low-income renters assisted from 29% to 25%. 542 Across the country, there are now 11.2 million extremely low-income renters competing for only 7.3 million affordable units, such that one in four renters now spends over half of their monthly income on rent. 543 Further, even as federal housing subsidies have declined, these resources continue to overwhelmingly favor middle- and upper-income homeowners over low-income renters.

In 2018, the Federal Government spent approximately \$150 billion on housing assistance programs; however, 65% of these resources were dedicated to subsidizing higher income households through homeownership tax breaks, including the \$31 billion Mortgage Interest Tax Deduction program.<sup>544</sup> Federal housing policy is so decidedly unbalanced that the seven million highest income

households (earning over \$200,000) receive more subsidies than the 55 million households earning \$50,000 or less.<sup>545</sup>

Despite a growing need, federal programs designed to support low-income housing—such as Section 8<sup>xxiv</sup>—have been chronically underfunded and oversubscribed. For example, Section 8 vouchers have increased from 1.8 million vouchers in 2000 to 2.2 million in 2018,<sup>546</sup> and yet three out of four eligible renters are still not receiving assistance due to funding limitations.<sup>547</sup> Nationally, there are 2.8 million families currently on the waitlist, and another 9 million families that would be eligible for the waitlist had it not been closed.<sup>548</sup> In New York City, the waitlist for Section 8 vouchers has been closed since 2009.<sup>549</sup>

The availability of other affordable housing construction funding sources, such as Low-Income Housing Tax Credits (LIHTC) and tax-exempt private activity bonds,<sup>xxv</sup> have also been limited. LIHTC is one of the most prominent federal housing policy tools that finances new construction and rehabilitation. Since its creation in 1986, the program has developed over 3.1 million affordable housing units and become the primary funding source for affordable housing.<sup>550</sup> The funding is allocated to state agencies and competitively awarded, but each year, housing agencies receive far more applications for LIHTC than they can fund.<sup>551</sup>

xxiv Section 8 is a portable subsidy that pays the difference between 30% of household income and the FMR in a given housing market. New Destiny Housing, NYCHA Section 8, available at https://www.newdestinyhousing.org/housing-help/nyc-rental-subsidies/nycha-section-8/ (last visited Jan. 8, 2020).

xxv Tax-exempt private activity bonds are municipal securities issued to private entities to finance projects that serve a public purpose. Because these bonds are exempt from federal income tax, developers can finance their projects at a lower interest rate than they would be able to through conventional financing. Tax-exempt bonds allow a project to receive 4% LIHTC as-of-right. Nationally, 40% of all LIHTC new construction developments receive tax-exempt bond financing, with the percentage rising as high as 85% in places like New York City. Municipal Securities Rulemaking Board, Glossary of Municipal Securities Terms, available at http://www.msrb.org/Glossary/Definition/PRIVATE-ACTIVITY-BOND-\_PAB\_.aspx (last visited Jan. 8, 2020); California Public Finance Authority, Affordable Multifamily Housing Bonds, available at https://www.calpfa.org/private-activity-programs/affordable-multifamily-housing-bonds/ (last visited Jan. 8, 2020); NYU Furman Center, A Simple Tweak to the Federal Tax Code Would Support More Affordable Housing, (Oct. 18, 2017), available at https://furmancenter.org/thestoop/entry/a-simple-tweak-to-the-federal-tax-code-would-support-more-affordable-housin.

Tax-exempt bonds are another important policy tool for the development of affordable housing. The Federal Government authorizes states to issue private activity bonds to investors, and the proceeds are used to finance affordable housing projects. 552 Since these bonds are tax-exempt, investors are willing to accept a lower rate of return, which allows housing projects to achieve economic viability at more affordable rents. 553

The availability of tax-exempt bonds is subject to an annual limit known as volume cap, which is determined by the population of the state.554 The national volume cap allocated for qualified residential rental facilities was \$12 billion in 2015, while New York State had a 2018 volume cap of \$2 billion. 555 These federal financing resources are vital to affordable housing developments, as these projects generate limited income to be financed through traditional loans from private lenders because of the limited cash flow generated by low rents.556 In New York City, the pool of affordable housing financing funds is constrained by LIHTC and tax-exempt bond availability, such that qualifying projects far outpace the supply of these housing finance resources. Further, developing affordable housing with deep affordability requires a greater amount of subsidy per unit, further constraining this already limited resource.

Additionally, the provision of public housing, the oldest affordable housing program in the nation, is another area in which the Federal Government has fallen short. Public housing is owned by HUD and administered by over 3,000 local public housing agencies, with most of the housing stock built from the 1940s through the 1970s. <sup>557</sup> Chronic underfunding has led to criticisms over conditions and housing quality. Today, there are about 1.1 million housing units, down from a peak of 1.4 million units. <sup>558</sup> Since the 1990s, housing agencies have demolished or removed units from the public housing program, due to chronic underfunding, mismanagement, and deteriorating conditions. <sup>559</sup>



Finally, the Federal Government in recent years has failed to ensure that tenants, and in particular low-income tenants, are adequately protected against bad actors. Moreover, recent proposals by the Trump Administration—such as those affecting immigrants' eligibility for federal assistance—would put certain low-income households in even further jeopardy, perpetuating the likelihood that they may become homeless. The Trump Administration's proposals regarding those who are already experiencing homelessness, including forcibly removing them to federal facilities, amounts to a criminalization of poverty. Thus, the current Federal Government is not only failing to support low-income individuals, in many cases, it is actively penalizing them.

To properly respond to the housing crises currently facing the City, it is imperative to press the Federal Government to provide the resources necessary to develop and preserve affordable housing, provide relief to renters who are rent-burdened, and protect low-income tenants through legislation.

The following recommendations outline how actions at the federal level can have a significant impact on addressing homelessness in New York City:

 Significantly Expand the Housing Trust Fund

The Housing Trust Fund (HTF) was created in 2008 to provide a new tool

to finance the creation of very low- and extremely low-income rental housing. 562 The program is unique in that it primarily targets households at or below 30% AMI, which represents the population with the greatest housing needs, and the most challenging housing to develop.563 However, the HTF was not funded for the first seven years, and has received only modest funding levels in recent years (\$245 million as of 2019), which have been far from sufficient to meet the nation's housing needs.564 Bold expansion of this unique program has gained support in the current democratic presidential primary, with one candidate proposing a \$445 billion investment over 10 years,565 and another proposing \$1.5 trillion over 10 years. 566 The City should advocate for a robust expansion of the HTF to provide sufficient funds to develop deeply affordable housing for extremely low-income renters.

#### Expand Low-Income Housing Tax Credits and Tax-Exempt Private Activity Bonds and Pass the Affordable Housing Credit Improvement Act of 2019

LIHTC and tax exempt private activity bonds are essential resources promoting the development and preservation of affordable housing. These resources are scarce, and they must be expanded. The Affordable Housing Credit Act of 2019 is bipartisan legislation that would make 19 discrete changes to LIHTC and Housing Bonds, including expanding Housing Credits by 50% over a fiveyear period, setting the 4% Housing Credit rate at a straightforward 4% rate (instead of a floating rate), and expanding the categories eligible to receive recycled Housing Bonds.<sup>567</sup> All of these items, in tandem, have potential to unlock substantially more affordable housing production; estimates suggest this bill could generate \$500 million more for affordable housing development. These funds would enable New York City to develop more deeply affordable housing for households making between 30%-50% AMI, as projects with lower AMI's require more subsidy.

#### Provide Additional Federal Support for Public Housing

Inadequate federal funding for the operations and maintenance of public housing has resulted in \$40 billion in unfunded NYCHA capital needs. HUD should fully fund this backlog of repairs at NYCHA. In addition to new capital for repairs, HUD currently facilitates the conversion of public housing into Project-Based Section 8 through its Rental Assistance Demonstration (RAD), leasing properties to private landlords who then leverage the federal funding to secure other private and public financing resources to address capital needs. To ensure NYCHA does not have to compete with other affordable housing projects for limited public resources, private activity bonds used in RAD conversions should not count against the state's bond cap.

#### Support the Creation of Eviction Grants at the Federal Level

Recent research has shown that households facing eviction owe relatively modest sums to landlords; less than \$600, in many cases. <sup>570</sup> In New York City, there are two major resources that exist on the City level that aim to assist households facing eviction because of nonpayment. Right to counsel connects households below 200% of the federal poverty level facing eviction with legal counsel. <sup>571</sup> One-shot deals offer a one-time grant assistance to tenants in housing court who have accumulated arrears. <sup>572</sup> Because of both of these policies, evictions have actually been on the decline in New York City. <sup>573</sup>

Senator Bennett of Colorado has introduced a bill at the federal level, S. 3030 (2019-2020), which would enact similar strategies toward aiding households facing eviction.<sup>574</sup> The City should support this bill, since it would introduce resources at the federal level that could allow the City to continue driving down homelessness that stems from eviction.

#### Provide More Funding for Rental Assistance Vouchers

To provide rent relief to households experiencing the most rent burden, it is

important to provide more federal funding for rental assistance vouchers at the federal level. Vouchers have proven to be one of the most effective tools in addressing housing markets that are cost-burdensome for very-low and extremely-low income households,<sup>575</sup> and increasing the supply of rental assistance vouchers—such as Housing Choice Vouchers—should be a top federal priority.<sup>576</sup>

#### Introduce a Tax Credit Directly Benefitting Low-Income Renters

Several former and current candidates for the Democratic presidential primary have broached the idea of introducing a federal renter's tax credit aimed at alleviating rent burden for low-income renters. This credit could provide a tax refund to renters for any portion of their income over 30% that is paid toward rental payments. The idea has drawn interest over its demand-side approach, with proponents stating it addresses the root issue of renters' incomes being insufficient to pay for the rising costs of high-quality housing. The City should advocate for federal resources that would assist tenants with the cost of housing, and explore policies aimed at easing the burden faced by renters in high cost markets.

#### Block HUD Proposed Rule 24 CFR Parts 5, 91, 92, 570, 574, 576, 903, 905 Regarding Reinterpretation of Affirmatively Furthering Fair Housing

Government housing policy has historically concentrated poverty,<sup>580</sup> created wealth gaps,<sup>581</sup> caused segregation,<sup>582</sup> and perpetuated racial discrimination.<sup>583</sup> These have all led to limited housing choice and limited access to high-opportunity neighborhoods for many Black and Latinx New Yorkers. After pressure largely from urban communities, Congress passed the Fair Housing Act (FHA) of 1968 to curb some of these trends.<sup>584</sup> However, the FHA included few mechanisms for enforcement.<sup>585</sup>

The Obama Administration established HUD's Affirmatively Furthering Fair Housing (AFFH) rule

in 2015.586 Prior to this rule, local governments had little federal guidance on complying with the FHA's requirement that such entities "affirmatively" further the goals of fair housing.<sup>587</sup> AFFH provided a framework to local governments to actively further fair housing goals.<sup>588</sup> In 2018, however, the Trump Administration indefinitely suspended implementation of AFFH and the Assessment of Fair Housing tool, which effectively weakened the rule.589 New York City and State advocates and officials—including the de Blasio Administration, Speaker Johnson, Governor Cuomo, and other members of the Council—have advocated for implementing AFFH enforcement mechanisms.<sup>590</sup> But, in January 2020, HUD took a further detrimental step, announcing a reinterpretation of the Obama-era rule. HUD's new proposed rule would weaken the definition of "affirmatively furthering fair housing," by merely requiring that localities "advance[e] fair housing choice within [their] control or influence." 591 The City must continue to fight against this proposed rule change; if finalized, it would weaken the obligation of governments, pursuant to the FHA, to ensure equal access to housing.592

### Block HUD Proposed Rule 84 FR 42854 Regarding Disparate Impact Standard

The disparate impact doctrine makes actors liable for violating the FHA if their activity has the effect of discrimination, even without discriminatory intent. 593 In 2019, Enterprise Community Partners noted "more than 4 million instances of housing discrimination are reported to HUD each year. Full enforcement of the [FHA] increasingly relies on the disparate impact rule." 594 In August 2019, under the Trump Administration, HUD issued a Proposed Rule to make it more challenging to prove disparate impact. The rule change would increase the prima facie case burden to plaintiffs through a "series of standards that are ambiguous, undefined, or overly burdensome," 595 according to the New York City Bar. The Civil Rights Committee of the New York City Bar states that the disparate impact rule change "would essentially foreclose disparate impact as a viable method of proving discrimination under the FHA." 596 The City must advocate against this proposed rule change.

#### Protect the Community Reinvestment Act of 1977

The Community Reinvestment Act (CRA) is a federal law that passed in 1977 requiring depository institutions to meet the credit needs of the communities in which they do business, including low- and moderate-income neighborhoods. <sup>597</sup> Under the CRA, lending institutions are evaluated on their performance in their community, and receive a score based on how well they meet these obligations. <sup>598</sup> These scores affect whether an institution can receive approval for future mergers, charters, acquisitions, branch openings, and deposit facilities. <sup>599</sup>

On December 12, 2019, the Office of the Comptroller of the Currency (OCC) and the Federal Deposit Insurance Corporation (FDIC) released a memo calling for an update to the CRA.<sup>600</sup> The memo outlined a number of proposals that aimed to expand which activities qualify for CRA credit, revise data collection and reporting, and expand the assessment areas where CRA counts for institutions. OCC and FDIC are now accepting public comments on the proposal, and it is unclear what the future of the CRA will be.<sup>601</sup>

New York City and State should make every effort to preserve the CRA and fight these changes. Relaxing the rules for institutions could weaken the CRA, which has allowed billions of dollars to be leveraged for homeownership and affordable housing. 602 Additionally, expanding the categories of activities that would qualify for CRA credit could lead to disinvestment in communities, as lending institutions might choose to instead finance activities that yield higher profits. 603

#### • Support "Good Cause" Eviction Legislation

Eviction is one of the leading causes of homelessness for families with children. 604 Prohibiting evictions unless there is good cause—and not, for

instance, solely because a lease term has ended—may limit household displacement.

One federal policy, H.R. 5073 (2019-2020), introduced by Representative Ocasio-Cortez, would limit evictions unless: a tenant has not paid rent for two or more consecutive months, caused substantial destruction to the rental property, or violated an explicit lease term; or the landlord seeks to occupy the unit for occupancy by an immediate relative. 605 The law would only apply to a landlord that owns or holds a controlling interest in more than five residential properties or more than two manufactured housing parks. The City should advocate for passage of this bill.

### Block HUD Proposed Rule 84 FR 20589 Regarding Mixed-Status Households

In May 2019, HUD proposed a rule that would prevent households from receiving public housing assistance, including Section 8 vouchers and public housing residency, if at least one person in the home is undocumented. The City must advocate against this rule, as, if finalized it would make more than 25,000 households and 55,000 children at risk of immediate homelessness and add an additional \$250 million in administrative and oversight costs to the HUD budget. For

### Stop Any Attempts by the Trump Administration to Criminalize Homelessness

In September 2019, the Trump Administration released a report that, among other things, encouraged the "policing of street activities." 608 Research has shown that increased policing does not lead to better outcomes for low-income individuals, and in fact perpetuates the cycle of poverty. 609 The City should take a constructive approach to addressing homelessness and actively combat any efforts by the Federal Government to resort to criminalization.

# A BACKDROP TO THE CURRENT HOMELESSNESS CRISIS:

## APPROACHES OF NEW YORK CITY MAYORS

Since the 1970s, the Mayoral administrations in New York City have taken varying paths to address homelessness, including housing-focused, short-term, incentive-based, and punitive approaches. These different styles and strategies serve as a telling backdrop to the current homelessness crisis, providing necessary context regarding how the City came to have approximately 80,000 individuals in its homelessness systems.

#### 1960s – 1970s: THE PRECURSOR TO AND RISE OF MODERN HOMELESSNESS

Prior to the 1970s, homelessness in New York City was relatively rare and primarily confined to single, indigent men. In fact, in 1964, a team of researchers looking for unsheltered people spending the night in the City's parks could only find one homeless man. But, major structural shifts were brewing in the social, economic, and policy context that ultimately propelled homelessness into a mainstream issue. During this time, the City's economy transformed from a manufacturing-based economy to a service-based economy.

250,000 manufacturing jobs throughout the 1970s, and another 215,000 manufacturing jobs throughout the 1980s. 613 The City's SRO housing stock was drastically reduced through evictions, displacement, and conversion to apartments, creating a vacuum of need for individuals who could not afford larger, more expensive apartments. 614 By some estimates, New York City had 200,000 SRO units in 1955, representing 10% of the City's housing stock; however, by 1995, only 40,000 units remained. 615

Additionally, during this time, tens of thousands of individuals were released from State psychiatric centers with no tangible release plan, throwing their lives into a state of precarity. xxvi,616 Concurrently, the value of welfare payments decreased and New York State cut back on housing programs such as Mitchell-Lama, such that the entitlements families received for housing were decreasing in value at the same time that median apartment rents were rapidly increasing. Families suddenly faced the real threat of income insecurity, and their ability to pay for basic necessities, such as housing, became increasingly difficult. These major social, economic, and policy shifts marked the

dawn of modern homelessness in New York, as homeless demographics transitioned to "younger people and families—a much more economically-driven homeless." 619

#### MAYOR KOCH (1978-1989): AN AMBITIOUS HOUSING PLAN AND A FOCUS ON REHOUSING

When he took office, Mayor Ed Koch was immediately faced with the relatively new, growing issue of homelessness. Initially, Mayor Koch believed homelessness to be a "temporary crisis" and approached the issue as such, placing families in hotels and temporary barracks-style shelters. 620 When advocates championed for more humane shelters offering private rooms and onsite playgrounds for children, Mayor Koch argued that this would perversely incentivize individuals to enter into homelessness, warning "if you build them, they will come." 621

Between 1983 and 1986, due to federal cuts to entitlement programs and a drop in household incomes, 622 the number of families in the shelter system increased from 1,153 families to 4,365 families. 623 Mayor Koch's initial conservative approach to addressing homelessness was not working, and his administration was forced to pivot.

Throughout the 1970s and 1980s, New York City took ownership of more than 110,000 residential units in both vacant and semi-occupied buildings through *in-rem* tax foreclosure. 624 HPD was soon one of the largest landlords in the city, second only to NYCHA. 625 Faced with ownership of such significant housing stock, the Koch Administration developed and released a robust five-year plan in which the City built and rehabilitated existing stock for affordable housing. 626 In 1988, Mayor Koch updated the five-year housing plan to a 10-year housing plan

and increased the amount of planned assisted units to 252,000.627 Part of Mayor Koch's plan involved setting aside 10% of units of housing rehabbed by the City for homeless families.628 Ultimately, the Koch Administration set aside over 4,000 units of housing rehabbed by HPD for homeless families in 1988, and negotiated with NYCHA to house 2,000 families.629 Homelessness began to fall toward the end of Mayor Koch's tenure, and advocates attribute this decline to the housing strategy in place.630

#### MAYOR DINKINS (1990-1993): A SHIFT IN APPROACH

As Borough President, David Dinkins released a housing report indicating that it was a myth that "families forsake stable housing arrangements hoping to get an apartment through the city." <sup>631</sup> As Mayor, Dinkins framed homelessness as a housing problem, <sup>632</sup> and developed a strategy in which the focus was placed on facilitating an increase in shelter exits to permanent housing. <sup>633</sup> In the summer of 1990, in the first year of the plan, the City provided housing to 55% of families in shelter, and worked to make the shelter system more comfortable. <sup>634</sup> On the supportive housing front, the first NY/NY Agreement was signed with the State to provide housing to those with physical and mental health needs. <sup>635</sup>

Although Mayor Dinkins' homelessness plan was aggressive, his administration suffered a setback from 1990-1991 when a major recession, caused by the 1989 savings and loan crisis, hit the city. 636 After Mayor Dinkins introduced his homelessness policy devoted to housing, there was a sharp uptick in the nightly shelter population. 637 In response to the rising homeless population, in 1991, Mayor Dinkins set up a commission to examine the issue of homelessness. 638 This commission, which was chaired by now-Governor Andrew Cuomo, and

often referred to as the "Cuomo Commission." found that since the late 1970s, the homeless population had "changed dramatically" to include young women with children and young men.639 The report attributed this growth of the population to the "deinstitutionalization of mental patients from the State system, coupled with a burgeoning epidemic of substance abuse, along with the gentrification of SRO residences."640 The Cuomo Commission's major recommendations included: creating a three-phase system of reception, transitional housing, and services tailored to an individual's or family's needs; moving toward a "not-for-profitized" system by transferring services from shelters to communitybased nonprofit organizations; creating a new rental assistance program to enable homeless families to move to permanent housing; allowing "doubled-up" families to receive the full state rental allowance by family, and not by residence; developing more supportive housing; and finally creating a separate entity responsible for implementing the City's homelessness policy.<sup>641</sup>

In 1993, at the request of Mayor Dinkins, the Council enacted Local Law 51 of 1993, which created DHS.<sup>642</sup> The newly-formed agency would "set overall policy" and "function as a 'general contractor' for the system," with the frontline work of sheltering individuals and transitioning them back into the community, working with a network of government-funded nonprofits."<sup>643</sup> When Local Law 51 was passed, there were almost 6,000 families with 9,700 children, and 7,500 individuals residing in DHS shelter.<sup>644</sup>

#### MAYOR GIULIANI (1994-2001): A PUNITIVE APPROACH

When Rudy Giuliani took on the role of Mayor, the average nightly shelter census was 23,526.645

Mayor Giuliani adopted a punitive approach to addressing homelessness during his tenure, attempting to require individuals to work as a condition of shelter and to pay for their shelter bed if they earned more than they would receive from public assistance.xxvii,646 Further, the Giuliani Administration even threatened to place children into foster care if families failed to comply with shelter rules.<sup>647</sup> Mayor Giuliani also made efforts to tighten the eligibility to enter shelters, changing the intake process from "a social service needs assessment conducted by caseworkers to an eligibility investigation conducted by fraud investigators." 648 Additionally, Mayor Giuliani made significant efforts to criminalize street homelessness by arresting individuals for sleeping in public and who subsequently refused shelter. 649

During this period, the mid-to late-90s dot-com bubble created record revenues for the City in the financial sector, and the City lost 150,000 rent stabilized apartments from its housing stock. This was followed by a major recession from 2001-2002, caused by the bust in dot-com businesses. These macroeconomic variables, coupled with Mayor Giuliani's punitive approach to addressing homelessness (rather than addressing the underlying economic causes of homelessness, which are known to be the true driver of modern homelessness), caused the average nightly DHS shelter population to increase to more than 30,000 individuals nightly. 652

### MAYOR BLOOMBERG (2002-2013): POLICY SHIFTS AND FUNDING CUTS

Mayor Michael Bloomberg framed homelessness as an incentive problem and adopted the strategy

xxvii A series of legal challenges by the Legal Aid Society and the Coalition for the Homeless ultimately blocked Giuliani's plan regarding shelter eligibility. The Coalition for the Homeless, Protecting the Legal Right to Shelter, available at https://www.coalitionforthehomeless.org/our-programs/advocacy/legal-victories/protecting-the-legal-right-to-shelter/ (last visited Jan. 8, 2020).

of increasing the entire affordable housing supply (with mostly unsubsidized housing stock) through rezonings and eliminating support programs tailored to homeless populations. The Bloomberg Administration also sought to eliminate what was perceived as incentives to entering shelter—relying on the misguided theory that some choose to enter shelter to secure a Section 8 youcher. 654

The Bloomberg Administration imposed strict restrictions on shelter access, some of which are still in place today, including requiring residents to prove they have no other housing options before entering shelter. 655 The Bloomberg Administration also echoed the Giuliani Administration by adopting more punitive policies, including requiring shelter access reviews for families seeking shelter, as well as developing a plan to charge rent to those in shelter. 656 In 2003, the Bloomberg Administration launched the Performance Incentive Program, which outlined "a system of benchmarking and financial incentives for shelter providers," measuring the rate of housing placements, the length of stay, and the rate of returns to shelter.657 In 2004, Mayor Bloomberg eliminated homeless family priorities for federal housing assistance. 658 While between 1999 and 2005, about one-third of all tenant-based Section 8 vouchers were used to help homeless households move out of shelter,659 the Bloomberg Administration ended homeless priority access to federal subsidy programs, under the theory that priority access was incentivizing households to enter the shelter system. 660 Homeless households receiving priority for Section 8 vouchers and NYCHA placements had significant effects in stabilizing the homeless census.<sup>661</sup>

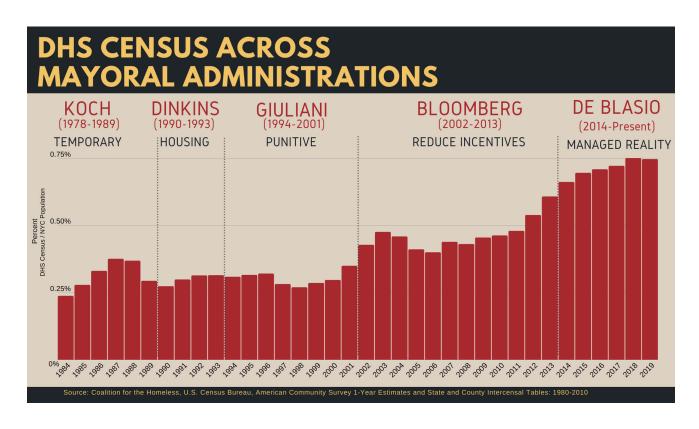
In 2004, the Bloomberg Administration introduced a City-funded, time-limited rental subsidy program for individuals and families in DHS, called Housing Stability Plus. 662 Housing Stability Plus was a five-year rental subsidy that gradually declined in assistance and included work requirements. 663 Citing that Housing Stability Plus was ineffective due to opaque rules, low subsidies, and lack of access to stable housing, the Bloomberg Administration replaced the program in 2007 with Advantage, a two-year subsidy. 664 The Advantage program initially offered subsidies for people in shelters if they worked 20 hours a week or more-Work Advantage—and then was expanded to incorporate additional populations. 665 In 2011, the State pulled funding for Advantage, which was two-thirds of the total cost, and the City subsequently cut the remaining third of the funding.666 About 8,500 families ended up returning to DHS shelters in the years after its end.<sup>667</sup>

The Bloomberg Administration did, however, make some strides in addressing homelessness. In 2004, the City created Homebase, xxviii a community-based homelessness prevention program still in operation today. Homebase was eventually named as a top finalist for Harvard's Innovation in American Government Award. On the supportive housing front, the Mayor signed the last of the NY/NY agreements with the State in 2005, ending a 10-year period during which 9,000 supportive housing units were created.

Over the course of the early 2000s, more than 70,000 rent-stabilized housing units were lost through legal deregulation.<sup>671</sup> Additionally, from 2007 to 2009, the Great Recession changed the economic landscape of New York City, marking the United States' greatest financial crisis since the Great Depression in 1929.672 These macroeconomic factors, coupled with the policy decisions indicated above, contributed to the DHS census ballooning during the Bloomberg Administration, and resulted in the most dramatic DHS shelter increase in recent history.<sup>673</sup> Under Mayor Bloomberg, the average number of people sleeping in DHS shelters each night rose by 71%, and the number of families rose by 83%.674 Further, between 2010 and 2013, the number of people in DHS shelters with employment increased by 57%, indicating the economically driven homelessness in the city. 675

### MAYOR DE BLASIO (2014-Present): A CRISIS TO BE MANAGED

When Bill de Blasio was elected mayor in 2014. he inherited a homelessness crisis. The DHS shelter population was the highest it had been in modern history, at 53,000 individuals.676 To address this, Mayor de Blasio adopted a strategy of enhancing homelessness prevention programs (i.e., eviction prevention counseling, legal assistance, and eviction grants) and a borough-based approach to DHS shelters to keep households in their communities.677 The de Blasio Administration also developed housing plans to add 300,000 units of affordable housing to the New York City housing stock, with a focus mostly on developing low-income housing, rather than extremely lowincome or very low-income housing.678 While these efforts have—in recent years—quelled the sharp increase in homelessness seen during prior mayoral administrations, homelessness has



become an accepted reality that the City treats as a crisis to be managed.

### May 2014 and on: Housing New York and Other Administration Affordable Housing Programs

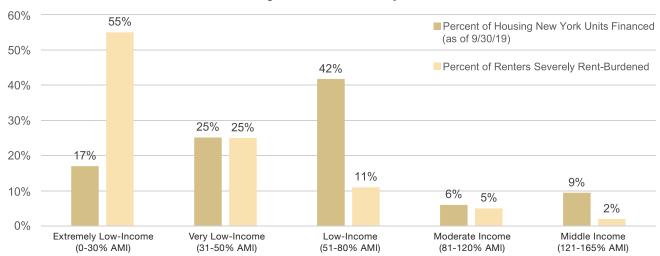
In 2014, Mayor de Blasio introduced Housing New York: A Five-Borough, 10-Year Plan, a comprehensive strategy to build and preserve 200,000 units of affordable housing. The plan was ambitious in scope. It included the introduction of new programs to finance more mixed-use housing and housing on small and vacant sites, the implementation of a mandatory inclusionary housing policy, and the development of affordable housing on underused or vacant public sites. Housing New York shifted the paradigm of affordable housing production. Between FY 2014 and FY 2016, more than 53,500 units of housing were built or preserved.

The plan was deemed so successful that, in 2017, Mayor de Blasio released Housing New York 2.0, a plan that increased the affordable housing units to be built or preserved to 300,000

and introduced new initiatives, including a Seniors First initiative, which aimed to serve 30,000 seniors through making age-friendly modifications and protecting and creating senior apartments. Since the announcement of Housing New York 2.0, more than 81,000 units of affordable housing have been built or preserved: 833

Although the Housing New York plans produced more units of affordable housing annually than any other mayoral administration, except the Koch Administration, 684 they have garnered their fair share of criticism. Chief among such criticism is that they do not create enough housing for individuals in the lowest income brackets, at the extremely low-income (households making between 0%-30% AMI) and very low-income (households making between 30%-50% AMI) levels, 685 which tend to be the most rentburdened households. 686 As the graph depicts, as of September 30, 2019, most of the Housing New York units financed have not been for these households.

# Percent of *Housing New York* Units Financed vs. Percent of Severely Rent-Burdened Households by Income Group



Source: Citizens Budget Commission, Think Your Rent Is High? Documenting New York City's Severest Rent Burden, (Oct. 11, 2018), available at https://cbcny.org/research/think-your-rent-high.

Another point of criticism is the lack of housing produced for homeless individuals. Despite record numbers of individuals spending the night in shelters, only about 8.5% of the units produced went to homeless households. To address this, at the end of 2019, the Council passed Int. 1211-A, which requires all new construction of buildings with more than 40 units to set aside 15% of their units for individuals and families experiencing homelessness. The law will go into effect starting in FY 2021.

To assist individuals and families experiencing homelessness, the City has also created programs to finance affordable housing for extremely low-income households, including HPD programs such as Our Space and Homestretch:

- OurSpace: Launched in 2016,<sup>690</sup> OurSpace provides rental units and light-touch services to homeless individuals and families who lack rental assistance whose incomes are at or below 30% of AMI.<sup>691</sup> It provides developers with a capital subsidy and funds through HPD's New Construction programs instead of relying on conventional rental assistance programs subject to annual appropriation.<sup>692</sup>
- HomeStretch: Launched in September 2015, HomeStretch creates purpose-built shelters and affordable housing for homeless households on the same site.<sup>693</sup> The first HomeStretch project—Landing Road Residence, completed in May 2018—includes 135 low-income permanent housing units for extremely low- and very low-income households and a 200-bed shelter for working homeless single adults.<sup>694</sup> Other developments are in the pipeline.<sup>695</sup>

#### 2014 and on: Youth Homelessness

Confronted with a dearth of RHY beds in the DYCD system, the de Blasio Administration

has increased the number of beds since coming into office in 2014. In January 2016, for example, the Mayor announced funding for an additional 300 beds over the next three years. 696 Building on prior investments, these additional 300 beds have increased the number of RHY beds from 253 to 753,697 all of which are now open.698 The de Blasio Administration has also made investments to ensure RHY may access homeless resources 24 hours a day, seven days a week. For example, in September 2017, First Lady Chirlane McCray launched the NYC Unity Project to, among other things, prevent and address homelessness for LGBTQ youth. 699 This, in part, expanded the hours of various DYCD drop-in centers to provide youth ages 14 to 24 with food, clothing, showers, and supportive services 24 hours a day, seven days a week, up from eight to 10 hours a day. 700

Shelter resources for homeless young adults have also been increased. In 2018, the Council enacted Local Law 88 of 2018, which requires DYCD to provide RHY services to homeless young adults ages 21 to 24.701 As a result of that local law, the FY 2019 budget negotiations between the de Blasio Administration and Council yielded funds for 60 new beds in the DYCD system for RHY in this age group.702 Also, in February 2017, DHS opened Marsha's House in the central Bronx, an 81-bed shelter for homeless individuals ages 21 to 30.703 Operated by Project Renewal, Marsha's House is the first shelter for LGBTQ homeless young adults in the New York City adult shelter system. 704 It offers individuals with a welcoming and supportive space, distinct from the DHS single adult shelters that may deter homeless LGBTQ individuals from coming inside for fear of bullying and harassment.705 It also provides resources tailored to their unique needs, including referrals to healthcare for HIV and transgender care. 706

#### July 2014 and on: Homeless Prevention

Since 2014, the de Blasio Administration has expanded the Homebase program, which is a community-based homeless prevention program consisting of nonprofits contracting with the City that provide case management and antieviction assistance. The Homebase services range from landlord mediation to short-term financial assistance for predominantly low-income families with children at risk of eviction. There are currently 23 Homebase locations across the five boroughs, an increase from the 14 Homebase locations in 2014.

Both the Council and the de Blasio Administration have significantly enhanced access to legal services for low-income tenants facing eviction. For example, in FY 2017, the City's total legal services budget for low-income residents exceeded \$100 million for the first time-\$83 million for Mayoral programs and \$28 million in Council awards.711 Furthermore, as a result of the enactment of Local Law 136 of 2017,712 known as "The Right to Counsel Law", there was a substantial increase in investments in legal services for housing court and NYCHA termination of tenancy cases. In total, funding for Universal Access to Counsel will be \$166 million in FY 2022, up from \$6 million budgeted in FY 2013.713

In addition, the de Blasio Administration has increased spending on rent arrears grants—one-time payments by HRA to pay back rent to avoid an eviction. In Fiscal 2019, HRA provided approximately 66,000 rental arrears annually at an average amount of approximately \$4,100 per case.<sup>714</sup>

These prevention investments have been impactful. The de Blasio Administration reports

that Homebase is reaching more households. In FY 2017, Homebase served 27,607 households, an increase of 131% since FY 2014.<sup>715</sup> Investments in rent arrears grants and free legal services in housing court for tenants at risk of eviction have also contributed to a decrease in evictions across New York City. In FY 2018, approximately 18,000 evictions occurred.<sup>716</sup> This is a decrease of 14% from the year prior and a decrease of 37% from 2013 when a record 28,800 evictions occurred.<sup>717</sup> It was also the first time in 13 years that the annual number of evictions was below 20,000.<sup>718</sup>

#### September 2014: The Reinstitution of City Vouchers

Five years after the State and the Bloomberg Administration ended the City's Advantage rental subsidy for DHS families with children, the de Blasio Administration re-instituted City rental assistance vouchers for homeless households and those at risk of homelessness, including Living in Communities (LINC); CityFEPS (a City version of the State FEPS for homeless and at risk of homeless families with children); and Special Exit and Prevention Supplement (SEPS) for single adults and adult families.

On October 29, 2018, the de Blasio Administration consolidated the LINC, SEPS, and CITYFEPS rental assistance programs into the CityFHEPS program. The consolidation aimed to streamline services for tenants and landlords. Having myriad programs with unique criteria confused both, further exacerbating landlords' hesitancy to accept City rental subsidies, already compromised with the abrupt end of Advantage.

CityFHEPS assists households in the community who are at risk of homelessness or are referred

by ACS, the TQH Task Force, or DOC to avert HRA or DHS shelter entry. The also helps households who are street homeless; in a DHS or HRA shelter; or referred by ACS, the TQH Task Force, or DOC obtain permanent housing. All households must meet an income limit—income no greater than 200% of the federal poverty level—and satisfy public assistance requirements. XXIX, T24 In addition, there are separate eligibility criteria for households at risk of entry to, and currently in, HRA and DHS shelters or experiencing street homelessness. T25

A household who is at risk of entry to an HRA or DHS shelter must be in one of the following groups to qualify for a CityFHEPS voucher to avert shelter entry:

- 1. Determined by DSS to be at risk of homelessness and include a veteran;
- 2. Be referred by a CityFHEPS qualifying program—ACS, TQH Task Force, DYCD, or DOC—and DSS determined CityFHEPS was needed to avoid shelter entry; or
- 3. Be displaced by eviction, foreclosure, or hazardous conditions within the last 12 months and:
  - Previously was in a DHS shelter;
  - Has an active Adult Protective Services case or is in a designated community guardianship program;xxx or
  - Will use CityFHEPS to stay in a rentcontrolled apartment.<sup>726</sup>

A household may qualify for a CityFHEPS voucher if the head of household is street homeless or resides in a DHS shelter identified for imminent closure. An individual who is experiencing street homelessness must be living on the street or in a place not meant for human habitation. The individual also must have received case management services for at least 90 days from a DHS-contracted outreach provider, a DHS-contracted drop-in center, or transitional housing provider.

A household in a DHS or HRA shelter may also qualify for CityFHEPS if it belongs to either of the following two groups:

- Group A: First, the household must have a qualifying shelter stay, consisting of being: (i) in a DHS shelter for the last 90 days prior to certification with a gap of no more than 10 days; (ii) in a DHS single adult shelter for 90 of the last 365 days; (iii) in an HRA shelter; or (iv) in a DHS shelter and eligible for HRA shelter. Second, the household must: (i) include an individual under age 18 and the combined household has been working 30 hours per week for the last 30 days; (ii) be an adult only household working any number of hours per week for the last 30 days; (iii) include someone who is age 60 or older; or (iv) include someone who is age 18 or older who is either disabled or is exempt from public assistance work requirements due to caring for a family member with a disability.<sup>730</sup>
- Group B: The household is in a DHS or HRA shelter and either: (i) includes a veteran; (ii) has an unexpired LINC certification letter or

xxix Pursuant to R.C.N.Y. Title 68 Chapter 10 City FHEPS, a household must meet the following requirements with respect to public assistance. The household must apply for any assistance, if it is currently not in receipt of such. In addition, all household members who are eligible for public assistance must be in receipt of it and in compliance with public assistance requirements.

xxx The Adult Protective Services program provides services for physically and/or mentally impaired adults ages 18 and older, and Community Guardian programs consist of court-appointed legal guardians who manage these adults' domestic and financial affairs. NYC Human Resources Administration, Adult Protective Services, available at https://www1.nyc.gov/site/hra/help/adult-protective-services.page (last visited Jan. 13, 2020).

a SEPS or CITYFEPS shopping letter and would still be eligible for assistance; or (iii) has been referred by ACS, DYCD, the TQH Task Force, or DOC, and DSS determined that CityFHEPS was needed to shorten a shelter stay.<sup>731</sup>

#### Pathway Home and Special One Time Assistance

There are two other City rental assistance programs in addition to CityFHEPS—Pathway Home and Special One Time Assistance (SOTA). To be eligible for Pathway Home, the household must have a host family, consisting of relatives or friends who live in New York City who have agreed to allow the household to reside in the residence.<sup>732</sup> A household must also meet one of the following conditions:

- 1. Resides in a DHS shelter and has a qualifying shelter stay or a CityFHEPS shopping letter; xxxi
- 2. Is street homeless: or
- Includes an individual with a significant prior stay in DHS shelter who was discharged from DOC custody, and DSS determined Pathway Home is needed to avert reentry to such shelter.<sup>733</sup>

SOTA provides one year's full rent up front for eligible DHS clients to move within New York City, to other New York State counties, to another state, to Puerto Rico, or to Washington, DC.<sup>734</sup> SOTA is open to (1) family with children households in DHS shelter for at least 90 days or (2) single adult and adult family households in DHS shelter for 90 out of the last 365 days.<sup>735</sup> The household must be working and/or have enough income—earned or unearned—to make future rent payments.<sup>736</sup>

# January 2015: Ending Chronic Veteran Homelessness in New York City

On December 30, 2015, Mayor de Blasio announced that New York City had ended chronic veteran homelessness, as certified by HUD, the Veterans' Administration (VA), and the U.S. Interagency Council on Homelessness.<sup>737</sup> In doing so, the City had reached "functional zero" with respect to homeless veterans, a point where there are so few homeless veterans that the City has the resources to have a "quick turnaround" in housing them.<sup>738</sup>

Reaching this mark was the culmination of two years of City efforts, coordinated by the former Mayor's Office of Veterans Affairs, XXXXIII DHS, and HRA. The efforts focused on the following four areas: (1) Preventing veteran homelessness; (2) Identifying homeless veterans on the streets and in transitional housing and drop-ins; (3) Connecting homeless veterans to permanent housing; and (4) Engaging landlords in housing homeless veterans.

To understand the depth of the chronic veteran homeless issue, the City identified homeless veterans on the streets, in drop-in centers, and in transitional housing.739 DHS established Vet Tracker, a web-based tracking system that includes a by-name list of all homeless veterans.740 The City, in collaboration with the New York City Veterans Task Force, 741 conducted weekly case conferences with DHS shelter providers to ensure every veteran on the list was screened, had a housing plan, and was progressing toward permanent housing.742 The City also conducted daily operations calls and engaged in data sharing, improved reporting, and the use of new tools such as a veteran database and a daily dashboard.743

xxxi A shopping letter is a letter provided by a case manager to their client seeking housing, which indicates eligibility for City rental assistance and enables the client to begin looking for housing.

In addition, the City connected homeless veterans to permanent housing amid the City's tight rental market, which is a consistent barrier in moving households to housing. Bolstered by a federal call for action coupled with an infusion of federal dollars, the City coordinated with NYCHA, HPD, and the VA to ensure eligible homeless veterans were connected to federal housing assistance, including HUD-Veterans Affairs Supportive Housing (HUD-VASH).744 The City also worked to house homeless veterans who did not qualify for federal rental assistance, utilizing the former SEPS rental assistance voucher, HPD Section 8 vouchers, and supportive housing.745 In addition, recognizing that sustaining permanent housing is an important component of preventing homelessness, the Department of Veterans Services (DVS) instituted three programs to help formerly homeless veterans maintain their housing.746 The Veteran Peer Coordinator Program is a team of peer coordinators who provide assistance in the form of transportation to and from apartment viewings, documentation, financial paperwork, and move-in letters to those navigating the housing process.747 The Housing Coordination Center, created to recruit the private real estate sector in housing homeless veterans, sought to increase awareness of the veteran homelessness crisis while educating the sector about government resources for those who house homeless veterans.748 The Center is as a one-stop shop and thus a single point of contact regarding referrals, checks, and answers.749 DVS also has an aftercare program that includes follow-up calls shortly after veterans move into permanent housing to address any issues with the placement, ensuring the client has all necessary information about things such as rent and utilities, and landlordtenant medication services.750

# May 2015 and on: Creation of the Shelter Repair Squad

In May 2015, after the release of a New York City Department of Investigation (DOI) report that revealed extremely poor conditions in DHS shelters,751 the de Blasio Administration launched a Shelter Repair Squad, comprised of DHS, the Fire Department (FDNY), the Department of Buildings (DOB), HPD, and DOHMH to expedite the correction of violations at over 500 DHS shelters. 752 Inspections at shelters occur twice a year to identify and address building violations and shelters in need of repairs. 753 In January 2016, the Shelter Repair Squad 2.0 was launched to systematically identify and address shelter condition violations that had been unaddressed for decades, expanding upon the existing HPD inspections of DHS shelters and new repairs.754 Teams from HPD, HRA, and DHS focus on clearing conditions in non-cluster shelters. 755 Teams conducted 9.952 inspections from January through November of 2019.756

In February 2016, the Mayor announced the creation of a Shelter Repair Scorecard to publicly report on the conditions of DHS shelters and safe havens and track progress in addressing sub-standard conditions. The Scorecard contains a summary page showing the total number of inspections conducted, any new problems found, and violations and other conditions resolved each month. The Scorecard also includes a list of all shelter and safe haven buildings, with summaries of the conditions in each building, and a report card for each individual shelter and safe haven with the number of each type of violation and progress in fixing them.

#### June 2015 and on: TQH Task Force

In May 2015, the New York Times released an in-depth report on one particularly problematic three-quarter house called Back on Track.760 The report detailed the poor living conditions typical of three-quarter houses and alleged that residents of this house were forced by the operator to relapse to continue attending the out-patient substance abuse treatment programs for which he received illegal Medicaid kickbacks.761 Shortly after the 2015 article, Mayor de Blasio announced the creation of an emergency task force to investigate threequarter houses.762 The TQH Task Force is comprised of inspectors from HRA, DOB, FDNY, HPD, and the Mayor's Office of Operations, and is tasked with inspecting dwellings suspected to be three-quarter houses.<sup>763</sup> Since its creation, the TQH Task Force has targeted known threequarter houses based on a list compiled by HRA of all addresses where 10 or more HRA clients were receiving the State shelter allowance of \$215 a month. 764 The Task Force inspected 115 houses and relocated 677 individuals into temporary emergency housing and placed 803 in permanent housing from June 2015 to December 31, 2018.765 In 2017, the Council enacted Local Law 13 of 2017, which required the Office of Operations to publish a quarterly report from June 1, 2015 to December 31, 2018 detailing building violations and individuals relocated.766 Recently, Local Law 189 of 2019 codified the TQH Task Force into law to ensure it continues to identify and inspect three-quarter houses and offer services to the residents.767

# November 2015 and on: NYC 15/15 Supportive Housing Initiative

In November 2015, Mayor de Blasio announced the NYC 15/15 Initiative to develop 15,000 units of supportive housing over the next 15 years.<sup>768</sup> The City's plan includes 7,500 newly-developed congregate apartments financed by HPD, which require \$2.6 billion in capital funds over 15 years to develop.<sup>769</sup> The City will provide \$1 billion in City capital toward this total amount, all but \$380 million of which has been budgeted through the *Housing New York* plan.<sup>770</sup> The NYC 15/15 Initiative also includes 7,500 scattered site apartments through HRA with an updated scattered site model\*\*xxiii\* in response to the challenges of the NY/NY scattered site programs.<sup>771</sup> For Calendar Years 2014 to 2018, there were 901 congregate construction starts and 257 congregate completions on NYC 15/15 units financed by HPD under *Housing New York*.<sup>772</sup>

Targeted populations for NYC 15/15 units include:

- Homeless families in which the head of household suffers from a serious mental illness or a chemical abuse disorder, a substance abuse disorder, a disabling medical condition, and/or HIV/AIDS;
- Homeless single adults with a serious mental illness, a substance use disorder, a disabling medical condition, or HIV/AIDS;
- Young adults (ages 25 years or younger) leaving or having recently left foster care or who have been in foster care for more than a year after their 16th birthday and who are homeless or at risk of homelessness:
- Homeless single veterans or families in which the head of household is a veteran who suffers from a disabling clinical condition (i.e., a medical or mental health condition that impairs their ability to live independently);
- Domestic violence survivors at high risk of persistent homelessness;

xxxiii See Prioritize Permanent Housing and Shelter Exits by Aggressively Building Supportive Housing for further discussion of this updated scattered site model.

#### THE DRIVERS OF HOMELESSNESS

- Street homeless individuals with behavioral health issues, including those in safe havens and stabilization beds; and
- Individuals receiving nursing home care or medically frail individuals awaiting discharge from the public hospital system that can make the transition to independent living with medically appropriate supportive services.<sup>773</sup>

The 15,000 units under the NYC 15/15 plan will be distributed among the various household types as follows:<sup>774</sup>

NYC 15/15 Population	7,500 Congregate	7,500 Scattered Site	
Single Adults	5,155	5,518	
Young Single Adults (18-24)	989	247	
Adults with Children	654	982	
Young Adults (pregnant or with children)	361	90	
Adult Families (without children)	341	663	

In February 2017, HPD launched the NYC 15/15 Rental Assistance Program to subsidize rent for individuals and families living in NYC 15/15 units.<sup>775</sup> The program provides project-based rental assistance to eligible households living in units awarded social service funding through HRA's Request for Proposals for congregate supportive housing.<sup>776</sup>

#### December 2015 and on: Street Homelessness Efforts

Central to the City's street homeless outreach services was the creation of HOME-STAT

in December 2015. HOME-STAT is a joint operation between DHS and the Mayor's Office of Operations to combat street homelessness consisting of canvassers, outreach workers, and NYPD officers. According to the de Blasio Administration, HOME-STAT has resulted in the following:<sup>777</sup>

- Increased coverage of outdoor areas in the form of daily canvassing from Canal Street to 145th Street in Manhattan and select hot spots in the outer boroughs;<sup>778</sup>
- Additional street outreach workers to enable contact with new street homeless individuals in more locations across the city, particularly the outer boroughs;<sup>779</sup>
- A by-name list of street homeless or formerly street homeless individuals;<sup>780</sup>
- Aftercare services for street homeless clients placed in temporary and permanent housing to ensure they receive the necessary support and do not return to street homelessness;<sup>781</sup>
- Partnerships with hospitals and libraries to connect with street homeless individuals who use these indoor public places as defacto homeless shelters;<sup>782</sup> and
- Enhanced reporting on the street homeless population consisting of online daily, weekly, and monthly dashboards to supplement the annual HOPE Count.<sup>783</sup>

In addition to the creation of HOME-STAT, the de Blasio Administration has enhanced street and subway outreach services. In 2015, it began a new collaboration between DHS and the MTA, which increased the number of contracted subway outreach workers in the MTA subway stations and trains.<sup>784</sup> As of May 2016, outreach providers no longer must verify chronicity before they move

an outreach client onto their caseload.<sup>785</sup> In addition, the de Blasio Administration expanded the NYPD's involvement in addressing street homelessness. This included increasing joint canvassing with DHS.<sup>786</sup> It also enhanced the NYPD Crisis Outreach and Support Unit, which focuses on assisting street homeless individuals directly and in collaboration with outreach workers and City agencies.<sup>787</sup>

In 2019, as scrutiny over street homelessness intensified, the de Blasio Administration announced additional initiatives. These include the following:

- June 2019: Supports, Not Summonses. This program offers services in lieu of civil summonses to unsheltered individuals who the NYPD encounters in subway cars and stations in Manhattan who are observed to be in violation of City Transit Code of Conduct rules, such as fare evasion and lying outstretched.<sup>788</sup>
- August 2019: The Joint Crisis Coordination Center. This center brings together City agencies in homelessness, health, and transportation to develop approaches to engage unsheltered individuals based on their unique needs, including a subset of unsheltered individuals known to HOME-STAT teams by name and considered entrenched.<sup>789</sup>
- November 2019: Outreach NYC. This program intends to train 18,000 City employees across five agencies—Department of Sanitation, DOHMH, FDNY, DOB, and the Parks Department—on how to use the 311 app to submit service requests regarding unsheltered individuals, and to hire 180 outreach workers.<sup>790</sup>
- December 2019: *The Journey Home*. The plan calls for 1,000 more safe haven beds;

1,000 low-barrier permanent housing apartments; additional medical and behavioral health resources for unsheltered individuals; technology to connect unsheltered individuals to services; and expanding *Supports, Not Summonses* to Queens, the Bronx, and Brooklyn.<sup>791</sup>

The de Blasio Administration has also enhanced street homelessness efforts by expanding the alternatives to shelter for unsheltered adults in the form of drop-in centers and safe havens. It has increased the number of drop-in centers from five to seven,<sup>792</sup> and the number of safe havens from nine in 2014<sup>793</sup> to 18 in 2019.<sup>794</sup>

The de Blasio Administration has also worked to address the physical health needs of unsheltered individuals.<sup>795</sup> DHS funds street medicine teams—a full-time nurse practitioner and a full-time registered nurse—to accompany DHS-contracted outreach teams in Manhattan, Brooklyn, and Queens and offer medical assessments and minimally invasive treatments to these individuals.<sup>796</sup> This enables outreach teams to engage these adults while addressing their medical conditions.<sup>797</sup> In addition, OneCity Health is to commence a Respite Services Program for those medically homeless who are not fit for shelter or independent living, but are ready for hospital discharge.<sup>798</sup>

# Ordered December 2015 and Report on April 11, 2016: 90-Day Review

In December 2015, the City announced that it would be conducting a 90-day review of homeless services.<sup>799</sup> As a result of the review, Mayor de Blasio announced a comprehensive plan in April 2016, comprised of 46 reforms to improve homeless services with a focus on both preventing vulnerable New Yorkers from becoming homeless

and rehousing individuals and families in shelter into permanent housing. 800 There are four key components to the plan—prevention, rehousing, street homelessness outreach, and improving shelter conditions. 801 During the 90-day review, the City implemented an integrated management structure with both HRA and DHS reporting to a single Commissioner of Social Services. 802 The 46 reforms developed as a result of this review built on the initiatives the de Blasio Administration had already undertaken to prevent and alleviate homelessness, including:

- Comprehensive rental assistance programs;
- Funding allocated for civil legal services for tenant anti-harassment and anti-eviction programs; and
- A commitment to the preservation and creation of 200,000 units of affordable housing.<sup>803</sup>

In addition, to increase accountability for preventing and alleviating homelessness across multiple City agencies, Mayor de Blasio announced that the City would create an Interagency Homelessness Accountability Council that would report to the Deputy Mayor for Health and Human Services.804 The Council met quarterly in Calendar Year 2018, identifying four goalsxxxiv and creating workgroups around three populations—those requiring discharge planning within DOC, youth and young adults, and parents and babies.805 One recommendation that came out of the discharge planning workgroup is an effort between DSS and DOC to identify individuals in DOC who are at high risk of entering DHS shelter, and provide them prevention services and connect them to community services and City rental assistance upon release.806

#### February 2017: Turning the Tide

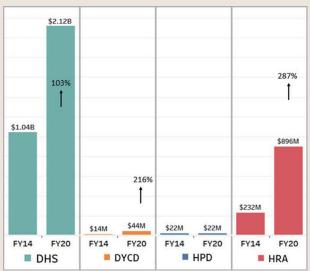
In February 2017, Mayor de Blasio released a new plan to combat homelessness titled "Turning the Tide on Homelessness in New York City," (Turning the Tide) that set a goal of reducing the DHS shelter population over the next several years by 2,500.807 The plan additionally set a goal of ending the use of 360 buildings containing cluster sites and commercial hotels by 2021 and 2023, respectively, and replacing them with 90 DHS shelters distributed across the five boroughs, thus reducing the number of homeless shelters across the city by 45%.808 This plan also builds on the reforms resulting from the 90-day review.809 The plan includes providing families and individuals experiencing homelessness an opportunity to be in a shelter as close as possible to their own communities to maintain access to schools, jobs, health care, and houses of worship, and to stav connected to family.810 The de Blasio Administration purports that over time, boroughbased shelter placement will enable DHS to offer shelter placements to families and individuals in their home borough<sup>811</sup> and help them regain stability and find housing more guickly.812

Two years after the release of *Turning the Tide*, the de Blasio Administration has made some progress. Since January 2016, when DHS was at a high point of 3,600 cluster units citywide, cluster sites will be reduced to 1,175 units when the latest transaction to convert 200 units is complete—a nearly 70% reduction of the cluster sites in use at the program's high point.<sup>813</sup> Of the 90 new shelters planned in *Turning the Tide*, 56 new boroughbased shelters have been announced with 27 open and operating as of May 2019.<sup>814</sup>

# City Homeless Spending

Our City's housing and homelessness crisis has driven major new City investments in affordable housing development and preservation, supportive housing expansion, the creation of new shelters, and an overhaul of DHS over the course of the last five years. Despite the commitments and focus, there remain approximately 80,000 New Yorkers sleeping in shelters, hotels and on the streets each night with tens of thousands more living in temporary, unstable, or overcrowded homes. Multiple agencies, including DHS, HRA, DYCD, and HPD provide shelter, temporary housing, and services to New Yorkers in need. Together, the projected budget for all shelter programs and services provided by these agencies, including projected rental assistance spendingxxxv and projected rental arrears payments, xxxvi totals approximately \$3.08 billion in FY 2020.815

#### **Total Spending by Agency FY14 and FY20**



Since FY 2014, City spending for shelter and homeless services has grown significantly, by \$1.77 billion or 135%.<sup>816</sup> This far outpaces the growth of the City's overall budget during the same time period. Compared to FY 2014, City spending is on

pace to grow 29.5% by FY 2020. The portion of spending on homeless services and shelter managed by each agency in FY 2014 and today is displayed in the graph.

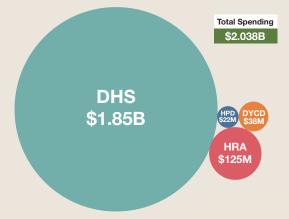
#### Shelter Spending

The primary driver of spending on homelessness is shelter spending; it amounts to \$2.04 billion of the \$3.08 billion total projected spending on homelessness. Since 2014, the City has increased shelter spending by more than \$1 billion as shown in the table.<sup>817</sup>

Table 1: Shelter Spending More Than Doubles since FY14						
Agency	FY14	FY20	Increase	Growth		
DHS	\$877,823	\$1,852,649	\$974,826	111%		
HRA	\$82,551	\$125,171	\$42,620	52%		
DYCD	\$9,763	\$38,000	\$28,237	289%		
HPD	\$22,400	\$22,400	\$0	0%		
Total	\$992,537	\$2,038,220	\$1,041,582	105%		
Dollars in 000's.						

As depicted, DHS operates the largest segment of the City's shelter system.

Fiscal 2020 Budgeted Shelter Spending by Agency



xxxv The FY 2020 Adopted Budget included only \$154 million for rental assistance despite HRA spending approximately \$239 million on rental assistance in FY 2019. In the first quarter, between July 2019 and September 2019, HRA spent \$67.8 million on rental assistance. Therefore, the Council expects spending to total \$271.3 million in FY 2020. The Council expects actual spending in FY 2020 to outpace spending in FY 2019, but the budget does not yet present an accurate spending projection.

xxxvi In the first three quarters of FY 2019, between July 2018 and April 2019, HRA issued 49,500 rental arrears with an average amount paid per case of \$4,100. Given this spending, the Council projects that the FY 2020 spending on rental arrears will be \$270.6 million.

In the FY 2020 Adopted Budget, DHS allocated \$1.78 billion to shelter operations, \$42.9 million to intake and placement, and \$27.9 million to administration and support. This funding is spent on purpose-built shelters, hotel-based shelters, cluster-sites, and renting hotel rooms. DHS rents hotel rooms when occupancy exceeds capacity of the shelter system.

#### Non-Shelter Spending

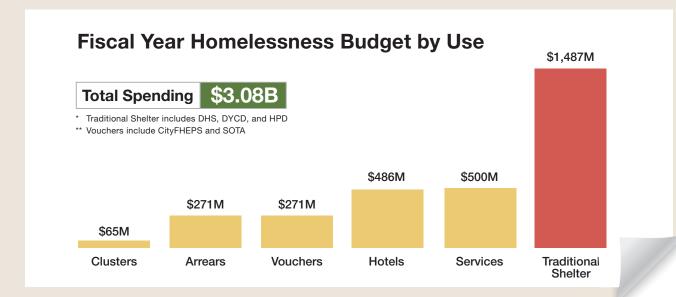
Of the total \$3.08 billion projected FY 2020 Budget allocated to homeless services and shelters, approximately \$500 million is for related programs and services, another \$271 million is projected for rental assistance, and \$270.6 million is projected for rental arrears. The primary rental assistance programs are CityFHEPS and SOTA. In FY 2019, with spending of approximately \$188 million,818 HRA provided rental assistance to over 7,400 households to remain in their home or move into permanent housing from shelter.819 In FY 2019 HRA helped approximately 2,700 households find permanent housing through the SOTA program,820 spending approximately \$51 million.821 In FY 2019, HRA provided approximately 66,600 rental arrears at an average of approximately \$4,100, spending approximately \$270.6 million.

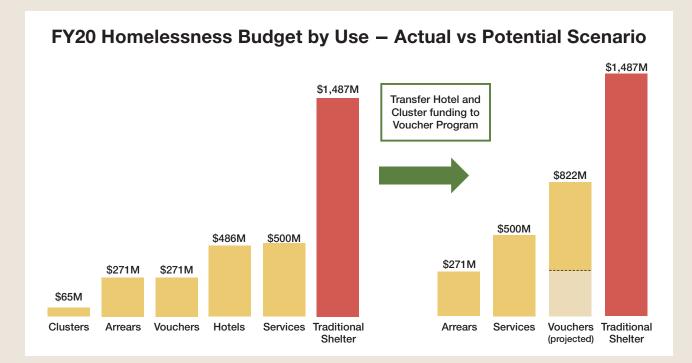
Another key area of spending is on eviction prevention. HRA's Universal Access to counsel

program and the Homelessness Prevention Law Project help prevent evictions and improve living conditions for eligible households. UA, started in 2017, will be available in all neighborhoods by 2020. The FY 2020 Adopted Budget for these services is approximately \$176 million. Provision of free legal counsel and advice to tenants is one of the City's key strategies for reducing shelter entry and stabilizing housing and is credited with stabilizing the DHS shelter population. Eviction prevention and all other homelessness-related services, such as street outreach and aftercare, cost approximately \$500 million this year.

#### A Reallocation of City Homelessness Spending

The DHS shelter census has held steady since 2017, marking the first time in a decade that the census has remained consistently stable. The City should take this opportunity to refocus the mix of homeless prevention, shelter, and permanent housing spending. The City should dedicate more funding to support move outs from the shelter system, rather than continuing to invest in low-quality shelters placements, such as hotels and cluster sites. To do this, the City should prioritize investment in rental vouchers immediately to work toward reducing the census enough to be able to take both hotel-based shelters and cluster sites offline. The Administration's commitment is obvious, as reflected by the budget, but resources can be refocused to ensure long-term solutions, such as permanent housing.





#### Reallocate from:

- Commercial Hotel Contracts
- Cluster Sites
- Shelter Contracts

#### Invest In:

- Rental Assistance Programs
- Supportive Housing
- Supports and Services

#### Commercial Hotels

Given the current shelter census and system capacity, DHS continues to use commercial hotels and clusters instead of more appropriate purposebuilt shelters or permanent housing. DHS uses \$486 million (27% of its \$1.8 billion shelter budget) for commercial hotels and another \$65 million (3.5%) for cluster sites. Together, DHS spends approximately 30.6% of its shelter budget on commercial hotels and cluster sites, which lack necessary social services, are costly to operate, and are often not appropriate for families with children. This outlay is \$312 million more than total estimated FY 2019 rental assistance spending of \$239 million.<sup>823</sup>

As of February 20, 2019, DHS had contracts for 4,065 hotel rooms, the majority of which house families (2,990).<sup>824</sup> Based on these contracts, the monthly cost of providing hotel-based shelter for a family with children is \$8,223 and is \$6,464 for an

individual.<sup>825</sup> Comparatively, the cost of providing one month of traditional shelter for a family is \$5,900 and \$3,700 for an individual.<sup>826</sup> Based on the current voucher rate for a family of four in a two bedroom apartment (\$1,323 per month)<sup>827</sup> and the average length of stay for a family with children in a DHS shelter (446 days),<sup>828</sup> DHS hotel shelter spending for such a family could be used to pay for 68 months or over five years of rent for an apartment. This would not only save the City money, but would also provide crucial stability for families.

Hotel-based shelter costs are well above the cost of typical housing in New York City. Recognizing this, the City should invest in rental assistance vouchers to move away from costly hotel contracts. If the City improved CityFHEPS vouchers by increasing the maximum rent allowed and invested more money by re-appropriating City funding currently designated for hotels, the program could help thousands

more New Yorkers find permanent, affordable housing. Baselining budget resources for rental assistance is a far more economical strategy for tackling homelessness than is hotel-based shelter spending. While the majority of savings will not be realized until the shelter census is reduced enough to take hotel contracts offline, the City must move in this direction.

#### Cluster Sites

Cluster sites are units located in private apartment buildings throughout the city used to shelter families with children. These units lack services such as social workers and counseling and typically have poor conditions. There are currently 1,340 cluster site units in 65 buildings across the city.829 In DHS' FY 2020 budget, \$65 million is allocated for cluster sites.830 To prioritize permanent housing, these units should be converted to affordable housing, which would in turn reduce the shelter census. The de Blasio Administration has already converted the majority of its cluster portfolio into permanent affordable housing and intends to convert remaining units by 2021. The budget should be revised to reflect a reduction in shelter spending and an increase in voucher spending within the current Financial Plan period.

#### **Converting City-Owned Shelters**

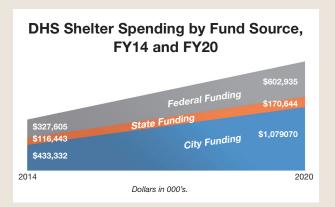
The City currently owns and operates 26 family shelters with 1,444 units.<sup>831</sup> As the shelter census is reduced, DHS shelters for families with children should be converted to permanent, affordable housing to provide more long-term, stable housing for families and abbreviate their homelessness. This process should start with larger shelters and those with significant capital needs.

#### City, State, and Federal Support for DHS Shelters

The State has a fiscal responsibility to aid the City in addressing the homelessness crisis, yet the State's proportional contribution towards sheltering individuals and families has decreased from 13% of the DHS shelter budget in Fiscal 2014 to only

9% in FY 2020. Overall, the State's contribution to the homelessness budget for DHS shelters increased marginally since FY 2014 while the City's contribution has increased by over \$600 million. At no point has the State increased its contribution to match the growth of City or Federal spending on homelessness. Notably, the Federal Government has increased funding for families with children, but has decreased funding for single adults. The graph shows the spending trends from FY 2014 to FY 2020 for the Federal, State, and City levels.

Table 2: State Support for Shelters is Minimal						
Source	FY14	FY20	Increase	Growth		
City	\$433,332	\$1,079,070	\$645,738	149%		
State	\$116,443	\$170,644	\$54,201	47%		
Federal	\$327,605	\$602,935	\$275,330	84%		
Total	\$877,380	\$1,852,649	\$975,269	111%		
Dollars in 000's.						



#### Investing in Addressing Homelessness

Addressing the homelessness crisis undoubtedly involves significant investments. But, the City should focus on smarter spending that prioritizes permanent housing and not inadequate shelter placements, such as commercial hotels and cluster sites.

Moreover, the State must recognize the increased need and invest accordingly in the future of its residents.

# THE CASE CHANGE:

# A COMPREHENSIVE APPROACH

### TO SUPPORTING OUR NEIGHBORS

## **EXPERIENCING HOMELESSNESS**

Through six decades, five mayoral administrations, and countless approaches to addressing homelessness, New York City still has approximately 80,000 individuals who do not have a permanent place to call home. More recently, despite the increasing efforts to address homelessness, the population has remained consistently high.

Homelessness is both a symptom and a cause of generational poverty. The impact on individuals experiencing homeless is significant. And the impact on the City is far reaching. There is a fiscal and a social cost that extend beyond the homelessness system to education, health, criminal justice, and the economic well-being of the City. To ensure that it is fulfilling its responsibility to protect and provide for New Yorkers, the City should recalibrate its approach to this pervasive crisis.

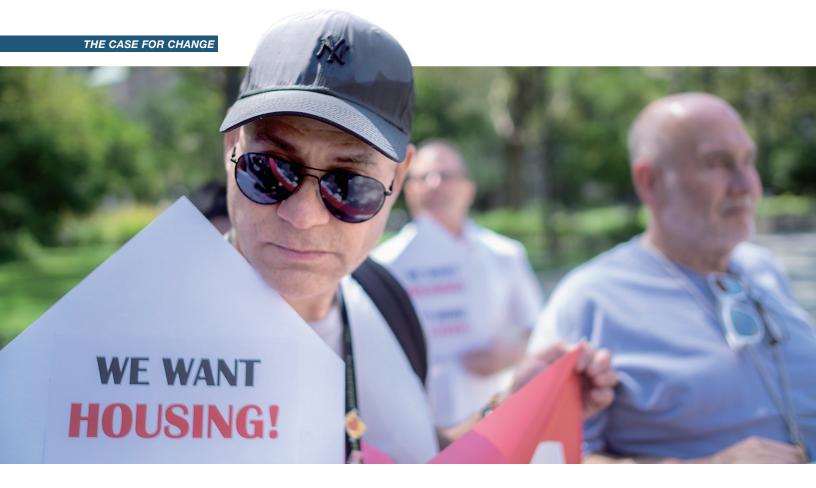
The City must prioritize permanent housing options, build on lessons learned, and take on

homelessness in a comprehensive way. In doing so, the City should focus on six key strategies:

- 1. Prevent Homelessness
- 2. Increase Pathways to Permanent, Affordable Housing
- 3. Support Our Unsheltered Neighbors Experiencing Homelessness
- 4. Support Our Sheltered Neighbors Experiencing Homelessness
- 5. Integrate Homelessness and Housing Policy
- 6. Long-Term Vision

# STRATEGY 1: PREVENT HOMELESSNESS

Comprehensively approaching the homelessness crisis in New York City must begin with prevention. The following recommendations aim to prioritize permanent housing and prevent individuals and families from entering one of the City's homeless systems, thus avoiding both the trauma and costs of homelessness.



#### Prioritize Permanent Housing and Avoid Entrance Into Shelter by Supplementing the State Shelter Allowance

The current public assistance shelter allowance set by the State is insufficient to cover the median cost of housing in New York City. To ensure that more at-risk families and individuals have access to permanent, affordable housing, the City should do the following:

 Advocate for the Passage of Home Stability Support. The State should adopt A.1620 (Hevesi) and S.2375 (Krueger) to create the Home Stability Support (HSS) program, a statewide rent supplement for families and individuals who are eligible for public assistance benefits and facing eviction, homelessness, or loss of housing due to domestic violence or hazardous living conditions. HSS would keep families and individuals on public assistance in their homes and out of homeless shelters by providing sufficient rental and, in some cases, heating cost assistance. While HSS would represent 85% of the FMR, the City would have, and should exercise, the option of making up the difference so the supplement would reflect 100% of the FMR.

HSS<sup>xxxvii</sup> would establish a rent supplement that would replace existing supports such as CityFHEPS and would bridge the difference between the shelter allowance and 85% of the FMR.<sup>832</sup> This would keep people in their homes and out of City homeless shelters.<sup>833</sup> The bill currently has significant support in the State legislature, where 133 Assembly Members and 35 Senators have signed on as co-sponsors.<sup>834</sup>

xxxvii In 2018, the State funded a \$15 million four-year FMR pilot program that will cover the difference between the shelter allowance and FMR for 240 households at risk of homelessness, including 200 households in New York City. Kenneth Lovett, N.Y. Politicians create \$15M affordable housing pilot program to battle homelessness, Daily News, (Apr. 9, 2018), available at https://www.nydailynews.com/news/politics/n-y-politicians-create-15m-pilot-program-battle-homelessness-article-1.3922956. However, this pilot has not started in the city as of the date of this paper.

#### THE CASE FOR CHANGE

The City Comptroller has estimated that over a 10-year period, HSS could reduce the City shelter population by 80% for families with children, 60% for adult families, and 40% for single adults. According to the Fortune Society, HSS will address the pipeline of individuals with criminal justice involvement coming into the City shelter system, including those released from State prisons. HSS would also provide significant cost savings for the City that could be repurposed for other efforts to address the homelessness crisis. 837

Prioritize Permanent Housing and Avoid Entrance into Shelter by Expanding Access to City Rental Assistance Vouchers

The City should broaden and streamline eligibility for CityFHEPS for individuals living in the community (i.e. not in shelter) to enhance its use as a homeless prevention tool by doing the following:

- Expand Access to CityFHEPS for Individuals
   Living in the Community to Account for
   Previous Stays in All City Shelters. Specifically,
   the City should do the following:
  - Expand eligibility for rental assistance vouchers to include recently displaced households (those evicted, foreclosed upon, or issued a vacate order in the past 12 months) with a prior stay in any Cityfunded shelter including HRA and HPD, instead of the current practice of limiting the stays only to a DHS shelter;
  - Facilitate the process of DYCD becoming a qualifying program for CityFHEPS to ensure that RHY qualify for a voucher, which they currently do not; and

 Remove barriers that impede access to rental assistance vouchers by delineating clearly defined circumstances in which a qualifying program may refer a client for a CityFHEPS voucher.

Eligibility requirements for CityFHEPS often place undue limitations on those households that are at risk of becoming homeless. Subsequently, only a very limited pool of individuals qualify for a CityFHEPS rental assistance voucher to prevent their entry into shelter.\*

One group of households currently eligible for the voucher are those formally displaced from their residence within the past 12 months, who also have a previous DHS shelter stay. 838 Unfortunately, these requirements ignore the needs of those with shelter stays in a system other than DHS—namely those with stays in DYCD, HRA, and HPD shelters. This ignores the effect that any shelter stay, regardless of which City agency operates the shelter, has on individuals and families."

Other CityFHEPS policies are prohibitively bureaucratic, impeding access to rental assistance vouchers. For example, while HRA does accept referrals for CityFHEPS from three of the four qualifying programs—ACS, the TQH Task Force, and DOC-the DSS Commissioner must make case-by-case determinations that rental assistance is needed to avert entry to DHS shelter. This has yielded bottlenecks in the system for clients in the qualifying programs. Stakeholders, for example, report that three-quarter house tenants are told they must go to DHS to qualify for rental assistance, despite the fact that HRA accepts referrals for CityFHEPS from the TQH Task Force.839 A preferred procedure would be to delineate the specific circumstances in which

a qualifying program should refer a client for CityFHEPS without having to go through the added step of getting approval from the DSS Commissioner.<sup>840</sup> Moreover, the referral process has not commenced for all qualifying programs. Three years after the 90-day review put forth this reform, RHY in the DYCD shelter system are still not eligible for the CityFHEPS voucher.

#### Prioritize Permanent Housing and Avoid Entrance into Shelter by Expanding Prevention Services

The City should provide robust prevention services to avert shelter stays for families with children and single adults who are at risk of homelessness. Specifically, the City should do the following:

• Create a Pilot Program to Assist Families with Children At Risk of Homelessness Earlier in the Housing Instability Spectrum, Before Their Housing Situation Reaches a Crisis Point. The City should pilot a three-year evidence-based homeless prevention program for 100 families with children identified to be at risk of homelessness based on characteristics identified by ACS, DHS, H+H, DOHMH, DOE, and Department of Consumer Affairs Office of Financial Empowerment, such as chronic school absenteeism or prior shelter stays. The results of the pilot can inform the provision of a robust prevention services program for families with children who fall earlier in the at-risk spectrum of housing stability. The pilot can be a compliment to Homebase, which currently only provides services to families in "imminent risk" of shelter entry. By intervening and providing services at an earlier point in time, the City can help families avert entrance in the shelter system entirely, resulting in better outcomes for families and reduced costs to the City.

- Enhance Homebase Through Evaluation and Expansion. The City should ensure that Homebase services are effectively reaching all New Yorkers at risk of homelessness. To do this, the City should:
  - Evaluate the Homebase program to illuminate any gaps in service provision and assess whether qualifications for the program, such as minimum income levels, are sufficient; and
  - Expand Homebase so that single adults, like families with children, have consistent access to these important prevention services.

HRA Homebase provides important community-based homeless prevention services like case management and anti-eviction assistance to low-income individuals at imminent risk of homelessness. The City provides Homebase services at 23 locations to prevent homelessness and thus avert entry to a homeless shelter. \*\*xxxix,841\* Fifteen years since the Bloomberg Administration instituted Homebase\*\*42 and six years since the program has been evaluated,\*\*43 the program should now be assessed and improved to best prevent homelessness among New Yorkers.

Stakeholders note several opportunities to improve Homebase. For example, intervention occurs at the precipice of crisis, namely at imminent risk of homelessness, 844 and it would be beneficial to intervene earlier in time. Earlier intervention may enable the City to address a landlord/tenant issue before it rises to eviction or keep a child in school for more days. Additionally, Homebase does not reach all New Yorkers at risk of homelessness. Its eligibility requirements—namely household income no greater than 200%

of federal poverty for families with children or 30% AMI for adult households<sup>xi</sup>—limit who it assists.<sup>846</sup> Currently, stakeholders report that the program primarily serves families with children, often omitting single adults who are a critical population to target given their increasing entry and high rates of return to DHS shelter.<sup>847</sup> These limitations stem from Homebase's federal funding source, Emergency Assistance to Families with Children and Emergency Solutions Grant (ESG),<sup>848</sup> which may be used to prevent homelessness among single adults and adult families.<sup>849</sup>

#### Prioritize Permanent Housing and Avoid Entrance into Shelter by Improving State Discharge Planning for Those Exiting Prison

The State should ensure that those exiting prison are not funneled directly into the City's homeless shelter system by providing appropriate discharge planning that prioritizes permanent housing. The City should advocate for the State to adequately serve this population. Specifically, the City should do the following:

Advocate that the State Assist Individuals to Obtain Appropriate Housing Prior to Release from a Correctional Institution. The State should enact A.6458 (Weprin) and S.4843 (Sepulveda) to assist individuals, before they are released from DOCCS custody, to secure permanent housing. This legislation would obligate DOCCS to be transparent about its discharge planning efforts, and to reimburse local social services districts, such as New York City, for each discharge to temporary shelter in that district. Robust discharge planning at the State level will ensure individuals avoid the

homeless services system in favor of more stable housing options.

 Engage in Dialogue with the State on State Prison Discharges to City Homelessness. The City and State should create a working group and plan regarding individuals discharged from State prisons to New York City street homelessness and shelters, as was proposed in the de Blasio Administration's 2016 90day review. The working group should include representatives from State and City government, as well as homeless services providers and those that work with formerly incarcerated individuals. Issues discussed could include State funding for emergency and transitional housing for those discharged from prisons to the City homeless system, and the DOCCS practice of restricting placements to communities where the crime was committed when other viable housing options exist. Any resultant plan should detail concrete actions to prioritize permanent

New York State correctional institutions constitute a pipeline into City homelessness-both street homelessness and the DHS single adult shelter system. When released, formerly incarcerated individuals often do not have a place to call home, despite the State's legal responsibility to conduct discharge planning.850 In fact, the State corrections system continues to discharge individuals directly to New York City shelters, rather than anticipating their need for discharge planning and re-entry housing opportunities.851 Nearly one in five entrants to the DHS system arrives directly from a New York State prison, up from one in 10 four years ago.852 In 2018, 16% of single adults entering DHS shelters, or around 3,500 people, came from State prison facilities.853

housing and avoid homelessness.

xl Per the U.S. Department of Health and Human Services, in 2019, 200% of the federal poverty level is \$24,980 for a household of one and \$51,500 for a household of four. Per HPD, 30% of AMI in New York City is \$22,410 for a household of one.

#### **CLOSING RIKERS ISLAND**

In October 2019, the City Council passed a historic land use application that allows the City to build a borough-based jail system to replace Rikers Island. In addition, the Mayor and City Council agreed to investments totaling \$391 million to address the root causes of incarceration and help reshape the City's criminal justice system going forward. Several investments address the intersection of criminal justice and housing and are interwoven with recommendations in this paper. These include the following:

- \$11.2 million in FY 2021 for an additional 380 supportive housing beds for individuals who are the highest users of the homelessness and jail systems;
- \$6 million in FY 2020 for the City's share of DOHMH scattered site supportive housing rates, historically funded 40% by the City and 60% by the State;
- \$1.4 million in FY 2021 to double the size of the NYCHA Family Reentry Program;
- \$4.4 million in FY 2021 for four Intensive Mobile Treatment (IMT) teams, which provide mobile and interdisciplinary treatment for adults with recent and frequent contact with the mental health, substance abuse, criminal justice, and homeless services systems;
- \$6.2 million to the Osborne Association for its 135-bed Fulton Community Reentry Center to provide shelter to those re-entering from State prison;
- Facilitating access to supportive housing to ensure that an individual released from jail is not denied access to supportive housing solely based on incarceration; and
- Setting aside 250 H+H beds at Woodhull and Bellevue Hospitals as therapeutic beds for jail inmates with medical needs.

Source: See Appendix III

#### Prioritize Permanent Housing and Avoid Entrance into Shelter by Expanding NYCHA Housing Options for Those with Criminal Justice System Involvement

The City should ensure that those with criminal justice involvement are able to maintain ties to family support networks and access permanent housing, specifically NYCHA. To improve this process, the City should take the following steps:

- Establish Fairer Exclusion and Reentry Policies at NYCHA. NYCHA should make several policy changes to ensure more people are rightfully housed. These include:
  - Permit more individuals to remain at a NYCHA residence, including those whose case was dismissed in criminal court and were never convicted, and those who have not yet been convicted of any crime;
  - Require optional service referrals to support those who are ineligible for the Family Reentry Program due to alcohol use or drug-related offenses;
  - Permit individuals meeting eligibility requirements who were released from jail or prison for more than three years to qualify for the Family Reentry Program, as opposed to limiting eligibility to those who were released within the last three years;
  - Protect families against entire tenancy terminations by ensuring Right to Counsel in NYCHA proceedings where the head of household is facing permanent exclusion after accommodating a reentering family member;
  - Establish a best practices protocol for NYCHA home inspections following exclusion, which requires inspectors to

identify themselves and ensure inspections are consistent in routine, scheduled, have set hours of operation, respect the privacy of residents, and are culturally sensitive as it relates to race, ethnicity, age, and gender identity; and

- Provide appropriate funding for participating families for necessary expenses associated with the increase in household size associated with any expansion of the Family Reentry Program. Necessary expenses could include utilities, groceries, or additional furniture.
- Increase Transparency and Staff Training Regarding Exclusions and Reentry Policies.
   NYCHA should increase transparency and staff training regarding the lifting and administration of exclusions as follows:
  - Inform individuals of the date on which they are eligible to lift their exclusion and how to apply to either the "time elapsed" or the "evidence of positive change" track. This can be done at the following point of contacts: 1) at either a new hearing for termination of tenancy case or during investigation; 2) when the initial permanent exclusion is applied; or 3) when residents must complete recertification of housing eligibility;
  - Create online reports that provide data related to individuals who have been excluded. These data should include demographics, the number of entire tenancies terminated as a result of exclusion violations, the basis for such exclusion, and whether the excluded person is in the City shelter system; and
  - Provide annual implicit bias trainings and cultural competency trainings for NYCHA

staff, including attorneys and supervising attorneys. Supervisory training is crucial as those in leadership positions must set a tone that supports and enforces the type of changes the trainings intended to create. The trainings should be reoccurring to progressively foster a more positive climate at NYCHA, encourage staff to challenge any existing biases, and recognize the dignity and self-determination of all NYCHA residents.

NYCHA utilizes the policy of Permanent Exclusion (PE) to bar an individual in violation of a lease agreement due to dangerous conduct from residing at or visiting a NYCHA residence.854 NYCHA brings a termination of tenancy action, or eviction, against a NYCHA tenant found to be in violation of their lease agreement due to "dangerous conduct." This yields a case for "Non-Desirability," which includes, but is not limited to, major crimes such as murder, sex offenses, robbery, assault, drug dealing, and gun possession.856 However, certain aspects of the policy and its application have been criticized as unfair, promoting housing insecurity among those who could rightfully reunify with family<sup>857</sup> and increasing the likelihood of recidivating, given that those formerly incarcerated without stable housing are twice as likely to recidivate as those with stable housing.858 Furthermore, there is concern that the policy's application contributes to residents' distrust of NYCHA.859

NYCHA has made recent improvements to the PE policy. It instituted two paths toward lifting a PE to allow an excluded individual to visit – as opposed to reside at – a residence. The "Evidence of Positive Change" (Path 1), allows residents with more recent exclusions to prove that their circumstances have changed, and they pose no risk to safety.860 The "Passage of Time/Crime-Free

Waiting Period" (Path 2), relies on the passage of time without further criminal involvement.<sup>861</sup> There has also been a decrease in the number of PEs from 464 in 2017 to 313 in 2018, and an increase in the number of approved applications to lift PEs, from 60% approved in 2017 to 72% approved in 2018.<sup>862</sup> In addition, there have been improvements to the PE guidelines, including increased transparency around practices and procedures.<sup>863</sup>

Still, PE guidelines remain problematic with respect to the processes for determining exclusions and having an exclusion lifted.864 Guidelines are applied and interpreted at the discretion of NYCHA attorneys, which may vary caseby-case and create inconsistent outcomes.865 Additional concerns include proceeding with PEs for individuals whose criminal case has been dismissed in court, associating drug use with violence, and conducting PE inspections in residences with an excluded household member in an intrusive and insensitive manner.866 Moreover, PEs disproportionately occur by a stipulation of settlement (in which the NYCHA head of household agrees to exclude the individual rather than risk eviction of the entire household),867 versus an administrative hearing. In 2018, for example, 91% of PEs (284 of 313) occurred by stipulation of settlement whereas only 9% (29 of 313) occurred by a hearing office decision.868 This is concerning as the head of household, put in a difficult position without legal counsel, may agree to an exclusion to save the tenancy of their entire household and not because the family member engaged in dangerous conduct.869

While lifting a PE enables a justice-involved individual to visit the residence, the NYCHA Family Reentry Program provides an opportunity for excluded individuals to reside at a NYCHA

residence. This is meaningful; given the standards of NYCHA admissions criteria, these individuals might not otherwise qualify to be added to the lease. So far, the Family Reentry Program has been impactful. In the October 2019 agreement to close Rikers Island and create borough-based jails, the de Blasio Administration and the Council committed funding in FY 2021 to expand the program to 200 participants.<sup>870</sup>

#### THE FAMILY REENTRY PROGRAM

In 2013, the City implemented the NYCHA Family Reentry Pilot Program to create a path to family reunification and permanent housing for justice-involved individuals. It provides participants with reentry services and a two-year temporary permission to reside with a relative at a NYCHA residence. Eligibility, determined post-release, includes criteria such as release from a jail/prison/juvenile correctional facility within the last three years, an age minimum of 16 years old, family agreement on participation, willingness to participate in intensive case management for 6-12 months, and a "category of family relationship." Individuals are ineligible if they: (i) were previously convicted of a sex offense or illegal drug production or use; (ii) engaged in alcohol use that could "threaten other residents' or employees' health and safety" and are not participating in rehabilitative treatment; or (iii) were evicted from federally assisted housing within the last three years for drug-related offenses and have not completed rehabilitation treatment or cannot demonstrate changed circumstances. After two years of program completion, participants can apply to be permanently added to the lease of the residence.

Source: See Appendix III

However, the program can be further enhanced to best serve individuals and their families, including increasing low participation rates.<sup>871</sup> At the time of a 2016 Vera Institute evaluation, for example, there were only 85 participants in the pilot out of a capacity of 150 individuals.<sup>872</sup> The forthcoming expansion of the program should address one cause—a lack of services funding for the 13 services providers.<sup>xiii,873</sup> Additionally,

xlii The 13 services providers consist of the following: Center for Alternative Sentencing and Employment Services, Center for Community Alternatives, ComALERT at the Kings County District Attorney's Office, Exodus Transitional Community, Fortune Society, Friends of Island Academy, Getting Out and Staying Out, Harlem Community Justice Center, Housing Works, Inc., Osborne Association, Services for the Underserved, STRIVE International, and Women's Prison Association.

participation could increase by instituting fairer PE policies to alleviate residents' systemic distrust in NYCHA, which could deter involvement for fear of increased surveillance and intrusion.<sup>874</sup> Investment in kinship support may also help families with necessary expenses associated with an increased household size.<sup>875</sup> NYCHA could also be more flexible with its eligibility requirements, including allowing for an expanded time since release from a correctional facility. It could also ensure individuals who are ineligible due to engaging in alcohol use or evicted for drug-related offenses have the requisite supports to enter and complete rehabilitative treatment.

#### Prioritize Permanent Housing and Avoid Entrance into Shelter by Supporting At-Risk Seniors

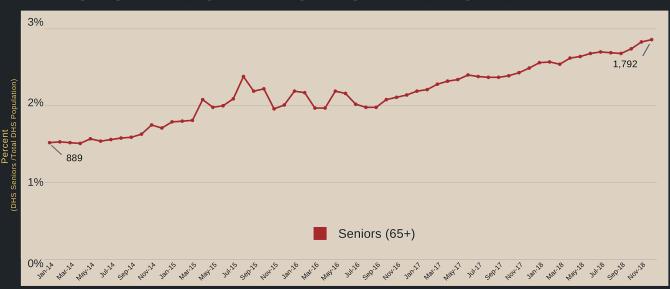
New Yorkers experiencing homelessness are aging, and the City should expand efforts to keep seniors in their homes by doing the following:

- Establish HPD Housing Ambassadors for Seniors. HPD should establish Housing Ambassadors for Seniors modeled after its Housing Ambassadors for People with Disabilities program, given the similar characteristics of the populations. Under the current Housing Ambassador program, HPD partners with community-based organizations to help New Yorkers apply for affordable housing lotteries. Under an expanded program, Housing Ambassadors could liaise with Department for the Aging (DFTA) senior centers to help seniors apply for and secure housing assistance and work to improve awareness of the HUD/HPD 7% set-aside for those seniors with disabilities.
- Better Leverage DFTA Senior Centers as a Tool in Senior Homeless Prevention. Senior centers are an important resource for the City's

senior population, serving thousands of meals, offering programming and community events, and providing information about benefits and services. Because senior centers are critical for service delivery, they should be better utilized to address prevention and provide support for older adults who are homeless or facing the threat of homelessness. The Council will consider legislation requiring senior centers and other social services agencies to offer a more robust housing safety net for aging adults through improved dissemination of housing information and greater visibility of critical housing services in their communities.

- Facilitate Coordination Between DFTA, DSS, and HPD. The City should improve coordination among appropriate agencies in order to provide at-risk seniors with relevant housing information and services to prevent homelessness and secure affordable, permanent housing, including through:
  - Creating a DFTA/DHS liaison to assist with ensuring that DFTA caseworkers and senior center staff are trained in DHS policies and services, and DHS drop-in centers and transitional housing utilize DFTA services. The funding of such a position would help homeless seniors secure the services they need in a more timely and streamlined manner.
  - Improved collaboration between DSS and DHS to better execute services and data sharing related to homelessness and the senior population, including establishing linkage agreements (1) between DSS and DFTA regarding integrating DFTA data into the HRA Coordinated Assessment and Placements Services (CAPS), HRA Homebase into DFTA senior centers, the Right to Counsel into DFTA senior centers, and DFTA services at DHS transitional housing and for seniors exiting DHS; and (2) between HPD and DFTA regarding the Housing Ambassadors Program.

# STEADILY GROWING DHS SENIOR POPULATION



Source: DHS Data Dashboard (https://www1.nyc.gov/site/dhs/about/stats-and-reports-tables.page), Law 37 Monthly Temporary Housing Report - Waybackmachine

In recent years, the number of older adults living in DHS shelters has increased dramatically. From 2014 to 2017, the number of individuals over age 55 and 65 increased by about 250% and more than 300%, respectively.876 By 2030, the number of adults ages 65 and above experiencing homelessness is expected to increase over 165%. growing from 2,600 to 6,900.877 Improved collaboration between City agencies and outreach efforts are essential to ensuring that seniors are aware of their potential eligibility for housing supports, including CityFHEPS and HRA Homebase services. Additionally, existing programs and resources, such as the HPD Housing Ambassadors program<sup>878</sup> and senior centers, should be leveraged to connect seniors with housing assistance.

#### Prioritize Permanent Housing and Avoid Entrance into Shelter by Improving Outreach, Information, and Enforcement

Individuals and families must be made aware of their rights and the City's existing resources available to assist them to stay in their homes and address tenant issues. The City should improve outreach and information on tenant issues, as well as enforcement against unscrupulous actors, by doing the following:

• Expand Housing Hotlines to Serve More New Yorkers. The City should increase funding for housing hotlines that assist New Yorkers with pre-eviction and eviction housing issues, including the threat of eviction, lease renewals, housing repairs, and rent increases. Expansion could increase the capacity to support more callers by filling gaps in staffing, equipment, language, and hours of operation. Additionally, the City should facilitate a dialogue between the private housing hotline providers and

City agencies providing similar services, including HRA's Tenant Support Unit (TSU), Homebase, and 311, to better streamline service delivery.

 Ensure Tenants Displaced by Vacate Orders Are Aware of Their Right to Return. The Council will consider legislation to require that agencies that issue vacate orders promulgate guidelines that explain under what circumstances: (1) tenants have a right to re-occupy a dwelling after a vacate order is revoked; and (2) owners are required to make reasonable efforts to notify tenants who may have vacated the dwelling pursuant to such order that such tenant has a right to re-occupy the dwelling. Such an amendment would further protect tenants against illegal evictions after vacate orders are revoked and empower them with knowledge of their rights.

 Call on the State Attorney General, New York City District Attorneys, and the Tenant Harassment Prevention Taskforce to Increase Enforcement Against Landlords Who Unlawfully Evict and Harass Tenants. The State Attorney General, New York City District Attorneys, and the Tenant Harassment Prevention Taskforce should increase enforcement against landlords who unlawfully evict and harass tenants in order to discourage this illegal behavior and ensure bad actors are held liable.

New York City offers prevention services to households at risk of eviction, but who have yet to be engaged in formal eviction proceedings. Such services provide assistance not only at the point of eviction, but also to obtain repairs, have adequate heating, learn rights regarding rent-

stabilized lease renewals, and obtain referrals to legal services. Unfortunately, there is a gap between the need for preventative advice and the capacity of the resources available to provide it.

Two City-funded housing hotlines—the Met Council on Housing Hotline879 and the Housing Court Answers Hotline880-offer advice on a range of tenants' issues, but both resources are limited in capacity and unable to answer all the calls they receive.xliii The City additionally provides pre-eviction resources through the HRA TSU and Homebase. TSU, however, only provides services for tenants in certain zip codes. Furthermore, most of TSU's work is done through proactive outreach—calling and knocking on doors in areas most susceptible to landlord harassment (i.e., areas recently or expected to be rezoned), which omits tenants not at home and those outside the targeted areas. Additionally, Homebase can assist with landlord-tenant mediation and offers other eviction prevention services, but tenants must visit a physical location to receive assistance. But, the reach of Homebase and TSU are limited. Information gaps also affect tenants who have received a vacate order. City agencies currently have discretion to require building owners to contact tenants and inform them of their right to return as a condition of lifting a vacate order. This should be strengthened to close loopholes for unscrupulous landlords who do not wish for tenants to return.

Further, despite protections on the City and State levels—including the recently enacted Tenant Protection Act of 2019 at the State level and anti-displacement local laws passed by the Council<sup>881</sup>—far too many New Yorkers are still subjected to unlawful evictions and tenant

xliii Met Council's hotline only operates Mondays and Wednesdays (1:30pm-8:00pm) and Fridays (1:30pm-5:00pm). Housing Court Answer's hotline is available Tuesday through Thursday (9:00am-5:00pm). Met Council has stated that, due to resource limitations, they are only able to answer half of the calls they receive in any given month, while Housing Court Answers is unable to answer 20% of calls received.

harassment. According to one survey, more than 40% of the low-income renters that participated in the survey experienced harassment including long delays in making repairs, threats from the landlord or super, and prolonged construction.<sup>882</sup>

# Avoid Entrance into Shelter by Addressing Conditions in Three-Quarter Houses

To address the issues presented by threequarter houses, the City must improve its efforts to identify them and remediate their typically poor conditions, as follows:

- Update 311 Script to Help Identify Three-Quarter Houses During the Reporting of Building Violations. Three-quarter houses are unregulated and can be difficult to identify due to their ever-changing nature. The City should update 311's script to help identify three-quarter houses whenever callers report building violations. Finding new three-quarter houses could help improve enforcement efforts, rectify building violations, and connect tenants to the resources and services they need.
- Standardize HPD Inspection Protocol and Improve Communication to Address Three-Quarter Houses. The Council will consider legislation to establish a standardized and more transparent system for three-quarter house tenants and advocates to: (1) report essential service shutoffs and building violations; (2) communicate with HPD throughout the inspection and restoration process; and (3) partner with HPD to proactively respond to shutoff notices and reports of violations. The legislation could include training for HPD inspectors and changes to the inspection

policy. Given the unique nature of threequarter houses and the reality that they can be more difficult for inspectors to access than traditional buildings, HPD's inspection policy needs to be more nuanced toward these homes to better meet the needs of residents and improve housing conditions.

Three-quarter houses have often been described as dilapidated, vermin-infested, and overcrowded, with each room in a home containing bunk beds for several adults, and with exits that are frequently blocked and lacking fire escapes.883 With regard to the operation of, and access to, three-quarter houses, keys to the homes are often kept by house managers, and house managers at times may give keys to one or two other trusted occupants.884 Since all residents of three-quarter houses do not possess keys to the facilities, and house managers are usually reluctant to allow City agencies to enter, it can be very difficult to perform inspections at these homes. This barrier to inspection inhibits service delivery when residents dial 311 to complain about potential building violations.885

Moreover, it is essential that the City identify new three-quarter houses, considering that these homes are unregulated and change their intake processes to evade detection by the TQH Task Force. The last year that the TQH Task Force identified a new three-quarter house was 2015, by using the formula of 10 unrelated individuals on public assistance using the same address. Advocates also note that three-quarter house tenants are often subjected to harassment and unlawful evictions, and enforcement of these types of violations against landlords and operators needs to be stepped up to better protect residents. 887

#### STRATEGY 2: INCREASE PATHWAYS TO PERMANENT, AFFORDABLE HOUSING

When prevention has failed, the City must create opportunities for individuals and families to move out of City shelters. The following recommendations focus on increasing the pathways for New Yorkers to move from City shelters into permanent, affordable housing.

#### Prioritize Permanent Housing and Shelter Exits by Increasing the City Rental Assistance Voucher Amount to the FMR

The current amount of rental assistance is insufficient to cover the median cost of housing in New York City. To ensure that more atrisk families and individuals have access to

permanent, affordable housing, the City should do the following:

 Establish a City Program that Provides Rental Assistance at the FMR. As discussed above in Strategy 1: Prevention, the State should adopt A.1620 (Hevesi) and S.2375 (Krueger) to create the HSS program, a statewide rent supplement for families and individuals who are eligible for public assistance benefits and facing eviction, homelessness, or loss of housing due to domestic violence or hazardous living conditions. Absent State action to pass HSS, the City should act on its own to increase the rental assistance voucher amount to reflect the FMR. Raising the rental assistance voucher amount is the most immediate, impactful action the State



and City can take to move more people from shelter into permanent, affordable housing.

The CityFHEPS rental assistance voucher is a critical tool in helping individuals and families avoid and exit shelter. However, it is not as effective as it should be. Its maximum rent limits are too low and are not tied to the FMR, in contrast to the country's most successful rental assistance voucher, Section 8.888

The maximum rent allowed under CityFHEPS for a three- or four-person household, for example, is \$1,580 per month,889 much below the FY 2020 FMR for a two-bedroom apartment in New York City (\$1,951 per month).890 This lower rent limits the supply of affordable apartments available to a voucher holder. By increasing the amount the voucher pays, the City would increase the number of units available to individuals and families with vouchers. According to an analysis by homeless services provider Women in Need, raising the monthly voucher limit from \$1,580 to \$1,951, for example, would open up about 68,000 twobedroom recently-available apartments (units where the tenant moved in or that were vacant in the past year, which are more on par with the FMR).891 Opening up the universe of apartments that are potentially voucher-eligible means more opportunities to permanently house individuals and families. This would also reduce the length of homelessness or being at risk of homelessness.892 Currently, it takes a family an average of three months to find housing after receiving CityFHEPS, a reflection of how difficult it is to find housing with the voucher.893

#### Prioritize Permanent Housing and Shelter Exits by Increasing Access to More Deeply Affordable Housing

A household cannot leave City shelter unless it connects with permanent housing it can afford. With escalating rents and numerous other financial barriers including brokers' fees, security deposits, and application fees, the New York City housing market is not conducive to exiting the shelter system. The City should work toward creating and providing access to even more deeply affordable housing by doing the following:

- Increase Homeless Set-Asides to 15% for New City-Funded Affordable Housing. The Council recently enacted legislation requiring developers who receive City financial assistance for new construction of housing development projects to set aside for homeless individuals and families at least 15% of dwelling units offered for rent. HPD will also be required to annually report to the Mayor and the Speaker the number of units set aside for homeless individuals and families in each housing development project and housing preservation project that has received City financial assistance. This new law will ensure that individuals and families experiencing homelessness are given priority in accessing deeply affordable housing in New York City.
- Increase NYCHA Placements to At Least 2,500 DHS Households Annually. The City should increase the number of placements from DHS shelters made annually into NYCHA housing stock from the current 1,600

households to 2,500 households. Increasing the number of homeless households that secure NYCHA apartments will improve shelter exits and result in stable housing.

 Conduct a Comprehensive Study on SROs as a Homeless Prevention and Housing Placement Tool. The City should fund a comprehensive study of the SRO market in New York City, including the illegal SRO market, to determine how such housing can best be used as a prevention tool for homelessness. The study could include an accounting of how many SROs, both legal and illegal, exist on the market and the conditions in these units. Moreover, it could analyze recent City initiatives related to SROs, including the ShareNYC pilot—an innovative program to introduce flexibility in the design of shared housing for low-income and extremely low-income households. The goal is to have the report serve as the basis for informing future SRO recommendations and initiatives.

The Mayor's *Housing New York 2.0* plan has promised to construct or preserve 300,000 units of affordable housing by the end of FY 2026.<sup>894</sup> The plan is ambitious in scope; however, there is some criticism around the proposed depth of affordability and whether the plan provides housing to the populations most in need. There is a mismatch between the distribution of the *Housing New York 2.0* planned units and units for those most in need, with the majority of the planned units being allocated toward households that are not the most severely rent-burdened.<sup>895</sup> Further, vacancy rates in the city

are so low that State law<sup>xliv</sup> deems the City to be in a housing emergency, having a vacancy rate<sup>xlv</sup> below 5%.<sup>896</sup> The current vacancy rate in the city is 3.6%, and even tighter for those with extremely-low and very-low incomes—1.2% for apartments costing \$800 or less.<sup>897</sup> This compares to a 6.1% vacancy rate for private, non-regulated apartments and 8.7% for all rental units at \$2,500 or more.<sup>898</sup>

A potential solution to the difficulties of rehousing shelter residents within the private housing market is to tap alternative housing resources that exist within the City's portfolio.<sup>899</sup> This method proved successful during previous mayoral administrations, most notably during the Koch Administration when the mayor set aside 10% of the units in his housing plan for

#### NYCHA PUBLIC HOUSING

NYCHA public housing is in need of major reforms to its operations and significant repairs to its buildings. Recommendations to best address these issues - like those put forth in the October 2019 Regional Planning Association Report - are beyond the scope of this report. However, it is important to recognize that the health of NYCHA is vital to addressing the homelessness crisis in the shortand long-term. NYCHA is an effective pathway out of the City shelters, and maintaining NYCHA housing stock keeps hundreds of thousands of New Yorkers in affordable homes. A loss of merely 10% of NYCHA housing, for example, would displace about 40,000 New Yorkers. Failing to reform and invest in NYCHA will only exacerbate the City's homelessness crisis.

Source: See Appendix III

xliv The New York State Emergency Tenant Protection Act of 1974.

xlv A vacancy rate indicates the percentage of unoccupied housing stock.

homeless families, resulting in the creation of roughly 15,000 units of housing. 900 Additionally, the Koch Administration assigned a priority classification for homeless families seeking Section 8 assistance or public housing. 901 In contrast, under the Bloomberg Administration, homeless priorities for NYCHA public housing and Section 8 were ended, and homelessness increased. 902

One way to increase access to permanent, affordable housing is to utilize NYCHA and HPD-financed housing. NYCHA placements are a particularly effective rehousing strategy, with the lowest shelter recidivism rate of all placements.903 NYCHA placements were a popular strategy during the Koch Administration, when as many as a third of available units were utilized annually for homeless families.904 The de Blasio Administration has reinstituted priority for NYCHA housing, currently placing about 1,600 households into NYCHA annually from City shelters at a cost of roughly \$12,000 per placement. Annually, approximately 5,000 apartments become available each year inside developments managed by NYCHA.905 HPDfinanced units also offer the potential to increase permanent housing units for homeless individuals and families. Currently, developers set aside some units in HPD-financed housing developments for individuals and families in City homeless systems, but until recently, the setasides were not mandated.906 Due to recent Council legislation, beginning in FY 2021, 15% of units will be set aside in new HPDfinanced projects with more than 40 units.907 It is estimated that this requirement could provide almost 1,000 units of housing annually to those experiencing homelessness.908

New York City has a deep supply-side imbalance in its housing market (evidenced by the low vacancy rates), and many economists argue that to restore the balance and satisfy the overwhelming demand for housing, it is imperative to greatly increase housing supply across the income spectrum, but especially at the lowest income levels.909 The City should also consider alternative types of housing that can meet the specific housing needs of different populations.910 For example, SRO housing, which was once a widespread form of housing for low- and moderate-income New Yorkers. However, by the 1950s, SRO housing had developed a reputation for substandard conditions, and in 1955, New York banned the construction of new SRO housing.911 In recent years, SRO housing and smaller "microunit" apartments have re-emerged as potential housing models that may be suitable for some populations, such as students and young adults. The City is in the midst of a housing crisis and all options should be explored to offer safe, affordable housing for all New Yorkers.

#### **ShareNYC**

In November 2018, the City announced ShareNYC, an initiative that aims to create affordable shared housing developments to test new ways to address unmet housing needs. One project, between Ascendant Neighborhood Development and Ali Forney Center, is for a 10-story shared housing development of 36 units in East Harlem. Housing will be affordable to low-income households and be filled with referrals from the City shelter system. Residents will also have access to onsite social services.

Source: See Appendix III

# PERMANENT HOUSING PLACEMENTS VS DHS SHELTER COUNTS



Source: FY18-19 Mayor's Management Report (MMR), Local Law 37 Montly Temporary Housing Usage Report - Waybackmachine

#### Prioritize Permanent Housing and Shelter Exits by Aggressively Building Supportive Housing

Supportive housing is one of the most effective tools the City has to address chronic homelessness, and it is critical that the NYC 15/15 and ESSHI supportive housing initiatives have a robust implementation timeline. To aggressively build an adequate number of supportive housing units, the City should do the following:

• Engage with Communities to Welcome NYC 15/15 Supportive Housing. The City should work more closely with community leaders to help the NYC 15/15 supportive housing program succeed throughout the five boroughs. For its part, the Council could house a NYC 15/15 Community Engagement Unit to work with nonprofit providers to address community concerns arising in the pre-development and development phases

of supportive housing projects, and assist residences in engaging with the community during operation. The Council will also hold a "Supportive Housing Day" to promote dialogue between supportive housing providers and the Council.

• Accelerate NYC 15/15 Timeline to Correspond with the Housing New York Plan. The City should accelerate the NYC 15/15 timeline to open all 15,000 proposed units by the end of FY 2026, rather than the existing goal of completing all NYC 15/15 units by the end of FY 2030. This recommendation will align NYC 15/15 with the production schedule of the Mayor's Housing New York plan and therefore is an important step in integrating homelessness and housing policy in the city. It will also create a sense of urgency appropriate given the crisis at hand. Additionally, as part of this proposed acceleration, the City should encourage the

utilization of vacant and underutilized public and private land for the development of NYC 15/15 housing.

- Shift Production Goals of Supportive Housing Under NYC 15/15. The City should reevaluate the production goals outlined in the NYC 15/15 plan, which currently calls for an even split between congregate and scattered site supportive units. Based upon feedback from supportive housing providers, the requirement to evenly split production of these units is an onerous and somewhat arbitrary approach to the development of supportive housing. While building congregate units may take longer, there is limited existing housing stock and amending production goals will set-up NYC 15/15 for success because it guarantees the longterm viability of units. It is recommended that supportive housing developed under NYC 15/15 be split under the revised ratio of two-thirds congregate units and one-third scattered site units.
- Implement Zoning Amendments Related to Floor Area Ratio (FAR) and Bulk **Envelopes to Incentivize and Accelerate** Supportive Housing Development. The City should eliminate certain FAR and bulk restrictions on Nonprofit Institutions with Sleeping Accommodations (NPISAs) that consist of "Class A" (permanent, not temporary) housing. This would allow NPISAs to be developed to the same size and scale already allowed as-of-right for other community facility uses without being subject to a cumbersome special permit process. The City should also allow NPISAs that consist of "Class A" housing to utilize the Affordable Independent Residences for Seniors (AIRS) FAR and bulk regulations. This would allow NPISAs to

be developed to the same size and scale already allowed as-of-right for AIRS senior housing. Additionally, in zoning districts where there is a discrepancy between what is allowed under AIRS and what is allowed for community facilities, the City could allow NPISAs that consist of "Class A" housing to utilize whichever option is less restrictive.

• Advocate for the State to Accelerate the Funding for ESSHI. The City should advocate that the State include a capital appropriation in the forthcoming State budget to fully support the 14,000 supportive housing units yet to be funded from the Governor's 2016 commitment to provide 20,000 units of supportive housing statewide, along with annual allocations of service and operating funds needed to support this housing as it is completed.

The last comprehensive estimate, conducted in 2013, found that the City needed over 24,000 supportive housing units. Given the rise in the single adult population, the need has likely increased. There is a low turnover of existing supportive housing units—approximately 5 to 10% annually. The number of individuals exiting shelter to supportive housing in 2019 (1,738 individuals) was about 400 below the number in 2014 (2,178 individuals).

While the City has committed to funding the entire 15,000 units of the NYC 15/15 plan, the State has yet to fully fund its supportive housing plan. In 2016, the State announced ESSHI, a plan to add 20,000 new units of supportive housing across the State over 15 years. 915 Despite that announcement, currently, there are only budget commitments for the first 6,000 units over five years. 916 To continue moving this plan forward, the remaining units should be included in the upcoming State Executive budget.

Community opposition is a significant barrier to the opening of supportive housing. In a 2009 Council hearing, for example, the former Supportive Housing Network of New York (SHNNY) Executive Director testified that the primary cause of the 74% delay in the projected schedule of NY/NY III supportive housing was community opposition. 917 In April 2018, the current SHNNY Executive Director testified that the "single greatest impediment to developing new [supportive housing] residences is local opposition, often based in misinformation and fear." 918

#### THE BENEFITS OF SUPPORTIVE HOUSING

"I'm the face of supportive housing. Without supportive housing I probably would be dead now. You know, I was on drugs, I was homeless, you name it I've been there . . . And without supportive housing I'm just one apartment away from being homeless you understand so if you get rid of supportive housing, I'm homeless. I need supportive housing in order to live here in the City. Now I hear people complaining about supportive housing and in their neighborhoods, bring it on because we need it."

Source: See Appendix III

The delays caused by this resistance have detrimental impacts for many. Providers must make extensive efforts away from their clients to engage the community during pre-development and development. Supportive housing developers who receive federal LIHTCs to finance the supportive housing may not comply with required timelines to qualify for the tax credits. It also delays developers' reimbursement of pre-investment dollars, as reimbursements are not made until the project is sited. Most importantly, community opposition hurts those experiencing homelessness, as individuals remain on the streets or in City shelters.

NYC 15/15 relies heavily on the scattered site model, with half of the 15,000 units planned

to be scattered site units.923 Although utilizing scattered sites expedites the timeline from contract award to resident placement, as units are already built and ready for occupancy, 924 and the units meet a range of tenant needs and preferences,925 the model has its challenges. Despite a recent increase to scattered site operating funding that tracked the 2017 FMR (with an anticipated 2% annual escalator), 926 the model by definition relies on the private rental market and is therefore vulnerable to the impacts of rising rents, gentrification, and the dearth of affordable apartments. When rents go up, providers are forced to devote more of their fixed contract to rent, compromising their ability to provide robust services. 927 Additionally, providers have to compete with rental assistance programs, many of which offer higher rents and landlord incentives. 928 At an April 2018 Council hearing, the SHNNY Executive Director stated that the current market is unlikely to absorb another 500 units per year for the duration of NYC 15/15.929

## CONGREGATE VERSUS SCATTERED SITE SUPPORTIVE HOUSING

Congregate units are typically studio apartments in one building. The buildings have a rental subsidy connected to the apartment that allows the rent to be affordable for the tenant who contributes 30% of their income toward rent. Nonprofits provide on-site social services, including staff who provide support services and plans to each household.

Scattered site units are apartments scattered throughout the City in buildings owned by private landlords. Nonprofit providers receive contracts from City agencies to secure affordable units and provide tenants with social services.

Source: See Appendix III

The congregate model, which is not as impacted by the private rental market, could be further strengthened if certain changes were made to zoning restrictions. Providers must navigate a labyrinth of steps to develop residences—find a site, obtain approvals for a site, and analyze the site's appropriateness, including conducting a zoning analysis. 930 During the zoning analysis, for example, a provider determines how City zoning regulations effect the planned congregate residence in terms of setback requirements, height restrictions, and density restrictions such as FAR.

Zoning is particularly restrictive with respect to supportive housing. Recent fixes to 1970's era zoning provisions were included in the Zoning for Quality and Affordability for long-term care facilities and senior residences.931 However, the restrictions for supportive housing remain. FAR and restrictive bulk are major obstacles to unit production.932 With respect to FAR, supportive housing is penalized compared to other residential or community facility uses. In some zoning districts, supportive housing is restricted to 50% of the FAR of other community facility uses, such as doctor's offices or community centers. In order to increase this restricted FAR, a provider can request a special permit, but this is subject to the seven-month Uniform Land Use Review Procedure (ULURP), a process that adds both time and costs.933 For example, a provider would likely have to retain land use representation in pursuing a special permit given the required specialized knowledge. Zoning changes for supportive housing could reduce these soft costs and expedite NYC 15/15 development.

#### Increase the Pool of Affordable Housing by Ensuring a Strong Supportive Housing Portfolio

While the creation of new supportive housing units is essential, the existing portfolio must



continue to be a strong permanent housing option for those exiting homelessness. To adequately maintain existing supportive housing, the City should do the following:

 Advocate for the State to Fund an Increase in OMH and DOHMH NY/NY Scattered Site Supportive Housing Rates. The State should allocate adequate funding in the State budget to raise rates for OMH and DOHMH NY/NY scattered site units, amid years of fiscal shortfalls, which have compromised providers and residents. In October 2019, the de Blasio Administration committed to contributing its share to increase DOHMH scattered site supportive housing rates, historically funded at 40% by the City and 60% by the State. Subsequently, the Administration allocated \$6 million in the FY 2020 budget toward a rate increase. The State should contribute its share of an increase in DOHMH scattered site supportive housing unit rates to match the NYC 15/15 program rates. Bringing stagnant contract rates in line with rising rents, operational costs, and complex resident needs will preserve these units and ensure individuals remain stably housed in existing supportive housing.

- Reinstitute the Mayor's Supportive Housing Task Force as an Ongoing Working Group.
   The City should continue the Mayor's Supportive Housing Task Force to assess the state of supportive housing in the City and formulate solutions and recommendations, in consultation with providers and stakeholders.
- Ensure a Transparent Supportive Housing Portfolio. The City should ensure that supportive housing residents know their rights and that there is transparency in the supportive housing development and application process. To do this, the Council will consider legislation to:
  - Create a supportive housing tenants' bill of rights. The legislation would obligate supportive housing providers to give incoming tenants a written notice outlining the regulatory status of the apartment or applicable regulatory schemes, a tenant's right to habitable housing, how to request repairs, and how to request protections against harassment and discrimination, including requesting reasonable accommodations.
  - Require DSS to be transparent about the supportive housing development and application process, to ensure that units are being aggressively built and preserved and that all appropriate individuals can access supportive housing. On the development side, the legislation could require the City to annually provide the number of supportive housing awards, starts, completions, and move-ins. On the application side, the legislation could include metrics such as the number of individuals referred to, accepted to, rejected for, and still awaiting placement.

- Ensure a Robust Justice-Involved Supportive Housing (JISH) Program with Consistent Rates Across All Units, Flexible Transitional Housing Stays, and Continued Expansion.
  - The City should standardize the services and operations funding for all JISH contracts (both the initial 120 beds and the 380-bed expansion) in the following manner: services funding at \$17,500 for both congregate or scattered site units: operations funding for JISH scattered site contracts that mirror that of NYC 15/15 scattered site operational costs, which is 2017 FMR plus a 2% annual escalator for each year from 2017 to the year of contract signing; and services funding that is separate from operational funding to ensure that there is adequate funding for each unit as market rents continue to increase.
  - The City should also allow for flexibility as clients transition to permanent housing and continue to expand the JISH program. This could include the option to consent to a time-limited stay of no more than 90 days in the provider's transitional housing instead of a DHS shelter while permanent supportive housing is being readied, allowing for clients to bypass a stay in a DHS shelter altogether while remaining in a more appropriate housing accommodation with relevant staff and supports. It could also provide a period of time for clients to transition from often extended correctional stays to permanent housing. Lastly, the City should continue to grow the JISH program beyond the recent expansion, with any subsequent growth maintaining sufficient contract rates and provider/client flexibility.

• Allow Those with Long-Term Criminal Justice Involvement to Be Eligible for NYC 15/15 Supportive Housing. The City should alter the definition of chronic homelessness that it currently employs to determine eligibility for the NYC 15/15 Initiative. The new definition should include those individuals discharged from long-term stays in correctional institutions. This will open up NYC 15/15 supportive housing to those increasingly entering homelessness upon discharge from State prisons.

Rates for State OMH supportive housing units have long been stagnant, as providers grapple with rising costs and increased client needs. 934 In 2020, for example, there is a shortfall of \$10 million for OMH supportive housing beds in Manhattan, with OMH supportive housing beds in Brooklyn (\$14.3 million), the Bronx (\$12.3 million), and Queens (\$12 million) having even higher shortfalls.935 Rates for the approximately 1,800 scattered site units created during the NY/NY agreements that were contracted by DOHMH have also been underfunded. 936 These earlier DOHMH contracts range from \$11,000 to \$16,000 per unit for both rent and services, while the FMR for a studio has steadily increased to its current rate of \$18,708 per year.937 When these contracts come up for renewal, if there continues to be no increases, providers may choose to opt out.938 This could leave the tenants in these units scrambling for other accommodations and potentially returning to City shelters. 939

In developing NYC 15/15, the de Blasio Administration assembled the New York City Supportive Housing Task Force, a group of 28 individuals<sup>xlvi</sup> to assess supportive housing and formulate recommendations to serve as a framework for a supportive housing plan.<sup>940</sup> Unfortunately, as NY/NY 15 has begun its rollout, this task force has not continued with the same regularity.<sup>941</sup> Reinstituting this critical dialogue would help the City monitor challenges arising from pre-development through operation.

Transparency is key to ensuring accountability with respect to the supportive housing application and development process. Advocates have expressed concern that easier-to-serve individuals are accepted into supportive housing, a process known as "creaming" or "screening out" harder-to-house people.942 The Legal Aid Society has reported individuals are turned away because of language issues or because they appear disheveled at the interview.943 A Vulnerability Index was implemented by DSS in January 2018 to rate the vulnerability of becoming or remaining homeless.944 While this index aims to ensure that those who are most vulnerable are prioritized, data must be presented to the public to ensure that this is occurring.945 Supportive housing residents' rights and responsibilities should also be clear. The Legal Aid Society has argued that with numerous supportive housing agreements and multiple funding streams, residents are often confused about what regulations apply to their unit.946 Furthermore, Mobilization for Justice states that their organization often receives calls from residents who do not know who to contact for repairs, an adjustment of rent, or other services.947 Both organizations have called for clear documentation for residents to explain responsibilities and rights.948

xlvi The 28 individuals were from the following supportive housing providers: Bowery Residents Committee, Services for the Underserved, West Side Federation for Senior and Supportive Housing, Comunilife, Center for Urban Community Services, Harlem United Community AIDS Center, Providence House, Good Shepherd Services, Catholic Charities, Jericho Project, LISC, HELP USA, CAMBA, Fortune Society, Women in Need, Breaking Ground, Urban Pathways, Phipps Houses. Also represented were the following seven stakeholders: Corporation for Supportive Housing, Homeless Services United, Enterprise Community Partners, Hudson Housing Capital, Coalition for the Homeless, Robin Hood Foundation, Nixon Peabody, and Gateway Demonstration Assistance Corporation.

Moreover, to be most effective, supportive housing must take into account the confluence of factors contributing to a person's housing insecurity, including criminal justice involvement. In 2017, the de Blasio Administration instituted the JISH initiative to provide permanent supportive housing to certain justice-involved individuals.949 JISH has been effective at providing stable permanent housing and reducing recidivism.950 According to DOHMH data, in the last quarter of FY 2018, 60% of JISH participants with mental health concerns were engaged in mental health services and less than 5% of JISH participants had an emergency room visit or hospitalization.951 Accordingly, in June 2019, the de Blasio Administration released a concept paper for 60 congregate and 90 scattered site JISH beds.952 Scattered sites will be funded at \$10,000 per unit, per year for services and at FY 2017 FMR rates for operational costs. 953 Congregate programs will be funded at \$17,500 per unit per year for services.954 Furthermore, in the October 2019 agreement, the de Blasio Administration and the Council committed to expanding JISH to 500 beds.xlvii,955

Despite this expansion, JISH can still be enhanced to include the flexibility to take a more individualized, needs-based approach. This could include allowing the individual to have a time-limited stay in transitional housing prior to permanent housing to help ease the transition from incarceration. Fortune Society is already doing this and is finding success. 956 The current funding structure is also insufficient, as scattered site funding is not on par with congregate funding, and the combined funding for both rent and services makes it difficult to guarantee enough service funds amid market rate increases in rent. 957

Finally, not all supportive housing in the city is open to those with a criminal justice background experiencing homelessness. NYC 15/15 is limited to the chronically homeless, as defined by HUD.958 This excludes those with stays of over 90 days in correctional institutions, 959 and thus many New Yorkers are discharged to DHS shelters from State prisons.960 This contrasts with ESSHI, which expands on the HUD chronic homeless definition by encompassing additional characteristics, such as reentering the community from incarceration.961 The number of individuals released from jails and prisons, and their increasing mental health needs, are significant. NYC 15/15 supportive housing should include these individuals, especially in light of their need.<sup>962</sup>

#### THE JISH PROGRAM

In March 2017, the Mayor's Office of Criminal Justice (MOCJ) and DOHMH announced JISH, in which 97 individuals who most frequently cycled through City jails on low-level charges, stayed in DHS shelters, and struggled with behavioral health needs would receive permanent supportive housing. The model follows evidence-based practices such as Corporation for Supportive Housing's Frequent Users Systems Engagement, which found reduced jail stays (48 days to 29 days) and shelter usage (162 days to 15 days). For JISH, MOCJ uses a data-match process to identify 400 individuals who have had at least five admissions to City jails and five admissions to City shelters within any four-year period, and who are likely living with behavioral health issues. JISH providers - Fortune Society (60 beds), CAMBA (30 beds), and Urban Pathways (30 beds) - provide permanent supportive housing paired with targeted social services such as financial management resources, public benefits, substance use counseling and treatment, and medication management.

Source: See Appendix III

#### Prioritize Permanent Housing and Shelter Exits for Homeless Youth by Expanding Housing Options

To ensure that more homeless youth have access to permanent, affordable housing, the City should do the following:

- Enable RHY to Have Roommates and Provide Supports As They Transition to Permanent Housing.
  - In addition to increasing access to rental assistance vouchers for RHY with prior stays in DYCD shelters, the City should allow RHY with CityFHEPS to live with unrelated roommates. This would accelerate exit from shelter and open up the supply of apartments in the private rental market, beyond studios, onebedrooms, and the renting of rooms.
  - The City should also create a pilot program assisting RHY ages 18 and above in DYCD programs with the CityFHEPS voucher to obtain permanent housing with unrelated roommates. The program could involve DYCD TIL programs. RHY who voluntarily elect to participate in the program could attend pre-tenancy info sessions and be matched with a roommate, and the participating provider could provide (i) pre-tenancy services and guide the RHY through the process of finding shared private rental accommodations, and (ii) post move-in support to the RHY and landlord for the first year. This pilot program could help increase the low number of exits of RHY from the DYCD RHY system to permanent housing in the private rental market.

Subsidized permanent housing can be particularly beneficial for homeless youth. According to a 2017 study by CIDI analyzing outcomes for youth in the ACS, DHS, and DYCD systems from 2008 to 2013, access to subsidized exits from shelter reduced the likelihood of a young adult returning to homelessness by 66%.<sup>963</sup>

The pathways to permanent housing for homeless youth in the DYCD RHY system are limited. RHY do not receive priority access to NYCHA units or to Section 8 vouchers. HRA stated it planned to accept referrals for CityFHEPS from DYCD; however, a plan regarding the eligibility and referral process has still not been finalized. Accordingly, RHY in the DYCD system rarely exit to their own apartment. From July 2017 to January 2018, for example, only 48 out of 2,209 youth (approximately 2%) were discharged from DYCD crisis services and TIL programs to their own apartment.

A missing component of permanent housing pathways for homeless youth is the opportunity to share a private market residence. Unrelated individuals with a voucher cannot currently rent an apartment together. The only option is for such individuals to rent separate rooms in an apartment, with an allowable maximum rent of \$800 per month.968 While a recent study shows that more than half of young adults (ages 23 to 29) live with either a roommate or family, 969 stakeholders note that these living arrangements are limited for those using City rental subsidies. 970 Recently enacted State legislation (A.4258 (Hevesi) and S.4339 (Salazar)), would allow those youth with an ACS Housing Subsidy to have unrelated roommates, but only applies to youth with foster care or child welfare involvement.971 In addition, DFTA will be connecting homeless

youth to home sharing opportunities through its home sharing program, 972 which links older adult hosts with extra private spaces in their apartments or homes to guests to share the extra space. 973

A model that links youth with unrelated roommates and provides appropriate services is the Tenancy Share program operated by Trust in Fife in Scotland.<sup>974</sup> The program helps individuals under the age of 35 share private rental accommodations by introducing and matching individuals homeless or at risk of homelessness to roommates, facilitating the process of finding a shared private rental accommodation, liaising with landlords, and providing support to the tenants and landlords during and after the move.<sup>975</sup>

#### Prioritize Permanent Housing and Shelter Exits for all City Homeless Systems by Expanding Eligibility for Rental Assistance Vouchers

Providing rental assistance vouchers to more individuals who are homeless or at risk of homelessness should reflect a long-term strategy to prioritize paying for permanent, affordable housing over shelter stays. To do this, the City should:

- Ensure More Homeless Individuals Qualify for Rental Assistance Vouchers. The City should expand eligibility for CityFHEPS and Pathway Home to the following individuals:
  - Those who have resided for 90 days in any City-funded shelter or in foster care;
     and
  - Those unsheltered individuals, including those living on the streets, who receive case management services from a DYCD-or a non-City-contracted outreach

provider, which is different than the current practice whereby an unsheltered individual can qualify for a voucher only if contacted by a DHS outreach team.

Historically, families with children in the DHS or HRA systems have been prioritized for rental assistance vouchers. As previously noted, only a 90-day stay in the DHS system counts as a qualifying shelter stay for purposes of receiving a voucher; stays in other City systems like HPD or DYCD are not accepted.<sup>976</sup> Consequently, people must exit shelter in these systems and return to shelter for 90 days in the DHS system in order to be eligible for rental assistance.

Furthermore, only those unsheltered New Yorkers who receive case management services from a DHS-contracted outreach provider are eligible for a City voucher, excluding those who receive outreach services from a DYCDor non-City-contracted outreach provider. 977 Additionally, involvement in the foster care system does not automatically qualify a person for rental assistance vouchers, even though a portion of this population wind up in City shelter.978 Because rental assistance vouchers are not provided to all appropriate populations. the City has a "two tier system" whereby the foster care and City homeless shelter services systems act as feeders to DHS shelters. This inefficiency is compounded by the fact that the trauma of homelessness is the same for families and individuals regardless of the City agency operating or funding the shelter where they reside. Eligibility for rental assistance should not be contingent on experiencing homelessness within one City agency over another.

#### HOUSING DHS HOUSEHOLDS OUTSIDE THE FIVE BOROUGHS: THE SPECIAL ONE TIME ASSISTANCE (SOTA) PROGRAM

DHS has long utilized geographies outside the five boroughs as a source of permanent housing for individuals and families living in DHS shelters. Since August 2017, for example, it has provided one year of rent upfront to landlords for over 5,000 households to move to permanent housing, often in places as far as Puerto Rico, through the SOTA program. Although the approach is reasonable in that it costs less than shelter in the short-term and taps into more affordable housing markets, there are some drawbacks. First, without other supports and adequate income, households may not be able to sustain the housing, so the approach may not yield long-term housing stability. Second, if the placements are unsafe or unsuitable-as has occurred at times with the SOTA program-the move may result in additional trauma. Some DHS shelter providers are reporting increased rates of returns to DHS shelters for those exiting with SOTA. As the recent DOI report makes clear, successful implementation of this program requires oversight, coordination with outside localities, and consequences for bad actors. As the City continues the SOTA program, it should ensure that mistakes are not repeated, that best practices are implemented, and that the efficacy of the program is evaluated.

Source: See Appendix III

#### Prioritize Permanent Housing and Shelter Exits by Addressing Source of Income (SOI) Discrimination and Engaging Landlords

Engaging real estate to combat SOI discrimination and accept rental assistance vouchers is an important step to open up more permanent, affordable housing options to those experiencing or at risk of homelessness. To address SOI discrimination and better engage landlords in efforts to house the homeless, the City should do the following:

- Expand Lawful Source of Income Protections and Education.
  - The Council will consider legislation amending the City Human Rights Law (NYCHRL) to make it as expansive as the recently enacted SOI discrimination prohibition in State Human Rights Law (State HRL). Such amendments would update the City law to cover more buildings, regardless of the number of dwelling units, thereby protecting more New Yorkers from income discrimination and enabling them to secure stable, permanent housing.
  - The City should continue to enhance education efforts regarding SOI discrimination. Despite ongoing efforts by the Administration, stakeholders contend that there is a lack of education among those facing SOI discrimination about what their rights are and available resources to combat such discrimination. The Council will consider legislation to require DSS to provide written notice to recipients of vouchers with Know Your Rights information and resources in a user-friendly format.
- Create a Working Group to Consistently Engage Landlords in Housing the Homeless.

To better engage landlords in housing the homeless and to treat landlords as the key partners that they are in moving homeless individuals from shelters into permanent housing, the City should create an ongoing working group to ensure robust dialogue with real estate and other key sectors regarding housing the homeless. The group could make recommendations regarding improvements to the voucher administration and utilization

processes. Additionally, in an effort to facilitate the process of landlords accepting rental assistance vouchers, the Council will consider legislation codifying the existing practice of allowing landlords to opt into receiving rental assistance payments via electronic transfer from DSS. Currently, the practice does not appear to be consistent, and it is not clear that all landlords are aware of its availability.

Despite a prohibition against SOI discrimination, it continues to exist as a barrier to permanent housing. 979 In response to reports about discrimination against Section 8 voucher holders, in 2008, the Council enacted a local law adding "lawful source of income" to the NYCHRL as a protected class for prospective tenants, making it illegal to refuse to rent an apartment because someone has a housing assistance voucher. XIVIIII, 980

Two City agencies enforce the SOI discrimination law: the HRA SOI Unit and the City Commission on Human Rights (CCHR). Both entities conduct education and outreach, and bring enforcement actions on behalf of renters. According to CCHR, it is currently investigating 230 cases of SOI discrimination and so far this year has held over 400 workshops and outreach events to educate tenants about their rights. In addition, CCHR launched a citywide multilingual print and social media ad campaign, including installing posters across the city at grocery stores, laundromats, and nail and hair salons to educate New Yorkers on housing protections. Still, individuals in possession of a voucher report

experiencing SOI discrimination and stakeholders contend there is a lack of education among those facing SOI discrimination regarding their rights and the available resources to combat such discrimination.<sup>984</sup>

In 2019, after consistent organizing efforts from stakeholders and advocates, the State took action to ban SOI discrimination statewide by amending the State HRL. As opposed to the City SOI law, the State SOI law covers all buildings and units, except for: rental units in two-family homes occupied by the owner; rentals in rooming houses occupied by the owner; rental of all rooms to persons of the same sex; and certain senior housing. 985 The NYCHRL is thus more limited in scope, because it does not cover properties with fewer than six units. To maximize housing opportunities for individuals experiencing homelessness, it is important to ensure that the NYCHRL is as expansive as the State HRL.

While the de Blasio Administration has efforts to encourage the real estate community to accept rental assistance vouchers through administrative changes and financial incentives, xlix there is concern that dialogue around this issue needs to be more frequent and expansive. For example, it is important to understand the reasons that the landlords and brokers may not want to take vouchers beyond discrimination, including the adequacy of rent levels, 986 and the timing of payments by the City, and the availability of a named aftercare contact to address tenancy issues. 987

xlviii The law prohibits landlords or real estate brokers with a building of six or more units to refuse to rent to current or prospective tenants who use any form of government assistance to pay their rent. It also makes it unlawful for landlords and housing agents to publish any type of advertisements, including online or print, that indicate a refusal to accept these programs. Local Law 10 of 2008 (Enacted Mar. 26, 2008) available at https://legistar.council.nyc.gov/LegislationDetail.aspx?|D=445504&GUID=9169F46F-40C0-4F3D-BCF4-AE4036D9A40A&Options=ID|Text|&Search=%22source+of+income%22.

xlix Brokers can earn a commission equivalent to 15% of the annual rent and landlords can receive a \$3,500 bonus for renting an apartment to a voucher recipient and one month's rent from the City to hold an apartment while the City conducts inspections to ensure the housing complies with regulations. NYC Department of Social Services, CityFHEPS Frequently Asked Questions for Landlords and Brokers, available at https://www1.nyc.gov/assets/hra/downloads/pdf/cityfheps-documents/dss-8j-e.pdf, (last visited Oct. 4, 2019.)

# Prioritize Permanent Housing and Shelter Exits by Expanding Aftercare Services

The City should take the following steps to ensure that all households exiting City shelters receive the necessary supportive services, known as aftercare, to transition to and sustain permanent housing:

- Evaluate Aftercare Programs. The City should evaluate current aftercare programs to determine best practices and gaps, and to inform a citywide plan for universal aftercare.
- Expand Aftercare to Capture More Populations. The City should create an evidence-based aftercare pilot program for newly-rehoused adult families and single adults in four DHS-contracted shelters, two for adult families and two for single adults. The results of the program can inform the provision of aftercare for adult families and single adults exiting DHS shelters, two populations largely omitted from aftercare. The program could also incorporate the following elements and best practices:
  - Clients could receive the following services: (i) affordable housing and rental assistance (identification and assistance with applications and start-up housing costs (i.e. moving expenses and furnishings)); (ii) tenancy support (tenant's rights and responsibilities education, budgeting, direct services, and referrals to community-based resources); and (iii) landlord support services (aftercare staff serving as a landlord's point of contact, tenant-landlord conflict mediation, a surety fund to cover potential property damage, rent arrears, and legal expenses).

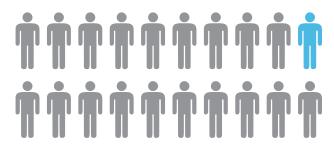
- Services could be initiated while clients are in shelter to prepare them for independent living, and the same case manager could work with aftercare clients and their respective landlord from intake to up to 18 months post-placement.

Too often, households who leave shelter for permanent housing return to a City shelter. In FY 2019, nearly one in five single adults (17.3%), nearly 1 in 10 families with children (7%), and 1 in 20 adult families (5.6%) returned to DHS shelter within a year. 988 Others may cycle back to the DHS shelters several years later. According to the 2018 State of the Homeless report by the Coalition for the Homeless, almost one in five parents in a DHS family with children shelter (20%) were in DHS shelter as a child. 989

Number of Single Adults, Families with Children, and Adult Families in DHS Shelters Returning to Shelter Within One Year:



Single Adults - nearly one in five



Families with Children – nearly 1 in 20



Adult Families – nearly 1 in 10

One way to reduce the likelihood that a household will return to shelter is providing aftercare services.990 These services can help newly-housed individuals and families adjust to, and remain in, permanent housing. Services may include follow-up housing stabilization and retention services such as counseling, referrals and linkages to community-based resources, case management, public benefits screening, employment readiness, financial literacy, and tenant rights and responsibilities education.991 Several City-administered programs provide aftercare to households exiting DHS to permanent housing, including the HRA Homebase aftercare program.992 Engagement begins with outreach to households once they are permanently housed, 993 and those who engage with the program receive a service plan.994

Pursuant to Section 21-302(b) of New York City's Administrative Code, the DHS Commissioner shall "establish, maintain and operate aftercare programs to assist eligible homeless persons who have been placed in permanent housing to adjust to and remain in such housing."

Beyond Homebase, there are other City agencyadministered aftercare services for those exiting DHS. For example, in 2016, the DVS launched an aftercare program to ensure homeless veterans' successful transition to permanent housing.995 In 2019, HPD selected 17 nonprofit providers to assist formerly homeless households moving into HPD-assisted new-construction projects.996 The objective is to create a resource for owners, property managers, and landlords operating a project with homeless set-asides who are in need of housing retention services for their formerly homeless tenants.997 In addition to the City agency-administered aftercare programs, nonprofits operate their own aftercare programs, often as a core component of a larger homeless services/rehousing program.

#### NONPROFIT AFTERCARE PROGRAMS

#### New Destiny's Project HOME / HousingLink

Housing Link, launched under the name Project HOME (Housing Opportunities Made Easy), targets unstably housed domestic violence survivors that receive services at a Family Justice Center (FJC). Project HOME staff assist clients with housing identification, application and move-in, and advocacy to landlords on survivors' housing barriers. In its HousingLink iteration, Project HOME expanded to offer non-FJC service providers and non-eligible clients information about housing opportunities, rental subsidies, and Housing Action Plans. Service engagement is initiated upon an FJC referral for clients who are unstably housed, and services are rendered through housing placement and beyond.

#### Enterprise's Come Home NYC

In 2015, Enterprise launched Come Home NYC to connect approximately 300 income-earning families with children in DHS shelters to housing. It features housing identification and placement services such as assistance with housing start-up costs, \$3,000 per lease in guarantee funds to cover potential rent arrears, apartment damage and legal expenses, tenant education, and landlord support. It also partnered with Single Stop - a wrap-around service program - to link clients to community-based services to bolster longterm housing stability. Come Home NYC is now in its second iteration, which builds on lessons from the first; namely that formerly homeless families often face crises, thereby necessitating robust and timely aftercare including intensive case management, in contrast to Single Stop's "light-touch" aftercare services.

#### **Henry Street Settlement Aftercare Services**

Launched to prevent recidivism among its rehoused clients and in response to clients' requests for help with tenancy issues, Henry Street aftercare services funded by a City Council budget initiative - commence in shelter, thereby allowing the clients an opportunity to build and maintain trusting and stable relationships that can serve as an anchor and a guide in their transition to permanent housing. The clients enrolled in the aftercare program receive services for a minimum of two years, with some in the program for three years.

Source: See Appendix III

Aftercare services are essential and should be evaluated, improved, and expanded. First, not all former DHS households receive aftercare. 998 Homebase aftercare is geared toward families with children, 999 omitting adult families and single adults and their landlords from this valuable support. Further, aftercare services are generally initiated after a household has left shelter, meaning that transitioning households who have potentially established a rapport and a relationship of trust with the DHS shelter staff, must now initiate and undergo this process anew with staff of yet another system. 1000 This service structure is in stark contrast with advocates' and homeless services providers' emphasis on the need to maintain a continuity of staffing and services. 1001 Additionally, those exiting other City shelters are even less likely to receive aftercare than former DHS households. While households exiting HRA domestic violence shelters receive aftercare from a provider offering State-mandated non-residential services in the community, 1002 RHY exiting DYCD crisis services and TIL programs and households in HPD-administered shelters do not receive aftercare. 1003

Finally, these programs must be evaluated and transparent. Although between 2010 and 2013, DHS evaluated the overall Homebase model, 1004 this occurred prior to the incorporation of aftercare. A thorough assessment of Homebase aftercare requires transparency as to the program's content, outcomes, limitations, and areas in need of improvement. An evaluation is crucial to the determination of whether the City is providing as effective aftercare as possible to prevent shelter recidivism.

# Prioritize Permanent Housing and Shelter Exits by Increasing the Number of Housing Specialists

To provide those who are experiencing homelessness with the supports they need

to navigate the private rental market and find permanent housing, the City should:

- Increase the Number of Trained Housing Specialists. Housing Specialists ensure that individuals have assistance navigating through housing processes, including identifying available apartments and lease negotiation. The City can increase shelter exits by:
  - Providing more housing specialists in the DHS system at shelters, safe havens, and drop-in centers;
  - Providing one housing specialist position per borough in the DYCD RHY system to work with TIL programs and facilitate pathways to permanent housing for RHY who are not reunited with family or placed in a suitable environment; and
  - Ensuring housing specialists receive frequent training that promotes expertise in case management and the housing programs to which clients may be referred, depending on their specific needs.
- Review DHS Performance Targets for Housing Placement. DSS should review performance targets for housing placement so quantitative and qualitative measures are appropriately considered. Since placements rely on housing availability, further assessment of the targets would add more context to performance outcomes and help determine what more the City needs to do to increase supports for those trying to exit shelter. Assessment of placements could consider the action and process leading to placements, such as the number of housing interviews, public benefits

enrollments, referrals to services, contacts with landlords/brokers, and completed walk-throughs. Targets could be set to incentivize the most stable and effective solution for the population being served.

Housing specialists are nonprofit staff with expertise in the various housing programs, housing markets, and landlord relationships. 1005 These staff can facilitate the process of exiting shelter and securing permanent housing, providing assistance with respect to locating housing, interviewing and negotiating with a landlord, executing a lease, and moving. 1006

Housing specialists are not utilized in the pathway to housing as robustly as they should be. DYCD does not fund housing specialists or staff focused on permanency planning in DYCD drop-ins, crisis services programs, or TIL programs. 1007 The October 2019 NYC Unity Works program will provide four navigators who will address the various needs of LQBTQI RHY, including housing assistance, but these individuals are not exclusively focused on housing. 1008 To ensure RHY successfully transition to their own residences in the private rental market or other permanent housing, DYCD should award funding to contracted, nonprofit providers to hire housing specialists. 1009 This would support RHY in successfully obtaining safe, affordable, and permanent housing. 1010

Furthermore, DHS has an inadequate number of housing specialists to help people access permanent, affordable housing and exit the shelter system. Although required by local law, not every DHS facility has a housing specialist. A stakeholder reports that about 45% of shelters (omitting drop-in centers and

safe havens) should have housing specialists at the completion of the DHS/provider model budget process. 1011 Furthermore, there is concern that existing DHS specialists lack robust training. 1012 A lack of adequately-trained housing specialists means poorer outcomes for housing placement, and already burdened case managers trying to fill in the gaps while managing high caseloads.

The process of securing permanent housing for those in DHS transitional housing is further complicated by the requirement for providers to meet monthly move-out targets in their DHS contracts. These targets focus on quantitative measurements that do not necessarily take into account the difficulties of securing available housing in the current market. II, 1013 Concerns have been raised that pressure to meet these requirements may result in inappropriate placements that are not in the best interests of families and individuals, potentially leading to DHS reentry. The City should ensure a fair system is in place to measure housing placement outcomes.

### STRATEGY 3: SUPPORT OUR UNSHELTERED NEIGHBORS

The most visible—and often most entrenched—type of homelessness is our neighbors experiencing homelessness outside the shelter system. This includes those living in public places, on the streets, in parks, and on the subways, as well as those who should be discharged from hospitals but have no permanent housing of their own or family or friends to reside with. The following actions seek to improve the process of transitioning individuals off the streets and out of hospitals, and on the path to permanent housing.

I Section 21-303 of the City's Administrative Code mandates housing specialists be available in DHS transitional housing. It also obligates the DHS Commissioner to establish a training program for housing specialists, which must include establishing expertise in the housing programs and proper case management techniques.

li Shelter providers must report to DHS on the number of permanent housing placements they make each month. This may lead to households being moved to housing that has inadequate conditions or is far from services they rely, detrimentally impacting a household's quality of life and increasing the likelihood of a return to shelter.

## Reduce Street Homelessness by Expanding Safe Havens and Other Alternatives to Shelter

To reduce street homelessness, the City must effectively engage and provide services to the almost 4,000 individuals who call the streets their home by doing the following:

• Ensure a Robust Safe Haven System with a Bed for Every Chronic Street Homeless Individual. The City should ensure a sufficient number of safe haven beds and adapt the safe haven model to meet demand. The number of beds should correspond with the most recent count of chronically unsheltered individuals in the City—1,469—plus an additional 500 beds for unsheltered individuals who are likely to become chronically homeless. This

## A HOUSING FIRST APPROACH THAT RECOGNIZES STRUCTURAL ISSUES

The recommendations included in this report—additional safe haven beds, expediting supportive housing, and opening up pathways to affordable housing, among other things - adheres to a housing first approach while also recognizing the larger structural issues interwoven with homelessness. Housing is the foundation of each of our lives and enables us to truly address our attendant needs. A chronically unsheltered individual with a behavioral health condition or substance use concerns, for example, can address these and other challenges once they come inside to a safe haven where they receive stable housing and onsite case management, including referrals to medical care and substance use services in the community. Housing is also healthcare. Congregate supportive housing with its onsite case management, for example, helps housing insecure individuals with chronic illnesses manage their diet and medicine. To be truly effective, housing should be coupled with policies that address the larger structural issues at play in our City's homelessness crisis. An individual in a safe haven with a substance use issue, for example, should have access to health insurance that covers their needed addiction treatment.

Source: See Appendix III

includes families without children, who have a documented history of homelessness within the last three years and a high usage of publicly-funded services or systems such as Assertive Community Treatment (ACT) and Intensive Mobile Treatment (IMT) teams, hospital emergency departments, and correctional institutions. Safe havens should also have model budgets that are collaborative with operators, adequate staffing, including full-time floating nurses, in order to address the medical needs of the street homeless. Furthermore, safe havens should be located in neighborhoods where there is the greatest demand, including near major transit hubs.

 Utilize DFTA Senior Centers to Engage Street Homeless Seniors and Bring Them Inside. The City should create a homeless in-reach pilot program at a DFTA senior center to engage street homeless seniors and bring them inside. The program could be modeled after the homeless in-reach program at the Woodstock Senior Center operated by the nonprofit organization Project Find, and offer case management, showers, meals, counseling, and medical services including psychiatry. It could also be located in a community with an increased number of street homeless adults, like the Times Square location of the Project Find homeless in-reach program.

Chronically street homeless individuals often reject placements in traditional DHS shelters in favor of the streets. 1014 The reasons for this can include mental health conditions and substance use, fear or mistrust of government resources, overly bureaucratic processes, and a lack of appropriate transitional and permanent housing options in the form of safe havens and supportive housing. Individuals living on the streets often report that they are more likely to enter a safe haven than a traditional shelter. 1015

An estimated 1,469 chronically homeless unsheltered individuals need access to save havens in New York City. 1016 This alternativeto-shelter model could be expanded to include other individuals who may not meet the definition of chronically homeless, but nevertheless would be best served in a safe haven. 1017 For example, expanding the model to include single adults likely to become chronically homeless and chronically unsheltered adult families, who may not feel safe accessing the DHS adult family shelter system or who may be separated in different single adult DHS shelters, could also bring more individuals off the streets.<sup>1018</sup> Additionally, to be successful, safe havens should be located in areas that are convenient and familiar to the unsheltered individual, including near transit hubs in Manhattan and locations in the outer boroughs where there is a high need. 1019

Chronically street homeless individuals, due to long periods of sleeping on the streets and exposure to the harsh outside elements, often have entrenched physical, mental health, and social service needs. 1020 Accordingly, a registered nurse at each safe haven would enable providers to best assess and address a clients' physical and mental health concerns and thus transition them to permanent housing. It would also help the safe haven clients make linkages to mental and physical health services in the community, which are critical to sustaining a pathway to permanent housing. Some of the current 18 safe havens do have nurses on staff, 1021 and other providers have to rely on additional fundraising or transferring funding intended for other purposes to cover the cost of a nurse.1022

Other alternative-to-shelter models in addition to safe havens should be utilized

### A NEED FOR MODEL BUDGETS FOR SAFE HAVENS

As the City increases the number of safe havens, it is important that these alternatives to shelter have adequate contracts to succeed. Stakeholders indicate that this is currently not occurring. The Human Services Council's Request for Proposals (RFP) rater, for example, has scored the City's open-ended RFP to develop and operate a safe haven at 67 out of 100. This makes it a moderate to substantial risk for applicant nonprofit providers. The key concern is inadequate funding. The per client per night cost of \$110 or less is insufficient for a nonprofit to operate a safe haven in the absence of other revenue, particularly amid the high cost of rent in the city. The contract would also lock a nonprofit operator in at the same rate for nine years—the five-year contract and the four-year renewal—as the cost of delivering services, such as the rent of the building, continues to increase. One remedy is for the City to follow through on its promise to implement model budgets in safe havens. In model budgets, programs are reimbursed according to models—a set of parameters and guidelines - developed through conversations with providers and oversight agencies. Model budgets, if done right, should help align current safe haven costs with rates and enable providers to address unmet new needs. They also should promote collaboration between DHS and nonprofit safe haven operators. The City has done model budgets for shelters and should follow through for safe havens.

Source: See Appendix III

to meet unsheltered individuals where they are. One example is the homeless in-reach program operated by Project Find at its DFTA Woodstock Senior Center in Manhattan, which assists homeless seniors with a warm meal, a shower, and other amenities, 1023 serving about 10 homeless seniors each day. 1024 While DHS operates drop-in centers and conducts homeless outreach across the five boroughs, it should also utilize existing venues like the Woodstock senior center model to engage street homeless seniors and bring them inside.

### Reduce Street Homelessness by Equipping Street Outreach Teams with the Necessary Tools to Bring People Off the Streets

Street outreach workers are often the first point of contact for unsheltered homeless individuals. To ensure they have sufficient resources, the City should:

- Establish Intensive Mental Health Teams Dedicated to Street Homelessness. The State and City should fund nine mobile, intensive case management teams-five Assertive Community Treatment (ACT) teams and four IMT teams—that exclusively focus on street outreach clients and will connect clients to mental health resources. While the City will provide \$4.4 million starting in the FY 2021 budget for four IMT teams per the borough-based jails points of agreement, it is important that the City has a specific group of additional teams dedicated to working with street outreach clients, given their precarious situations and unsheltered living arrangements. Furthermore, the State should fund five ACT teams to work with individuals living on the street in each borough. Having teams exclusively devoted to help these individuals will expedite the process of connecting to a team and receiving appropriate case management, including mental health care.
- Equip the DHS-Contracted Street Outreach
  Teams in Staten Island with a Street
  Medicine Team and Psychiatry Services.
  The City should fund a street medicine team
  in Staten Island, as supported by a recent
  mayoral announcement. Any such team
  should also include psychiatry services
  to partner with the City-contracted street

- outreach teams. Each street medicine team should consist of a full-time nurse practitioner and a full-time registered nurse, and psychiatry services should consist of a psychiatric nurse and a psychiatrist. These additional resources will ensure that Staten Island outreach teams are best able to meet unsheltered individuals where they are at with physical and mental health services, consistent with that of the other boroughs.
- Remove Red Tape and Facilitate the Process of Street Homeless Adults Coming Off the Streets. The City should facilitate the ability of DHS-contracted street outreach teams to refer certain street homeless clients directly to DHS single adult shelters and bypass the 30th Street intake facility, thereby making it easier to come inside, off the streets. Select clients could include those with issues that complicate their ability to navigate intake such as individuals with disabilities and seniors or those who are chronically homeless but are without a safe haven bed or supportive housing unit that they will accept. Outreach teams could work directly with DHS single adult shelter staff to identify vacancies within the DHS single adult system suitable to the client's needs and transport them to the shelter as they would with a safe haven placement. This would, for example, address the concerns of homeless seniors who are weary of the 30th Street intake system and may prefer Valley Lodge shelter, which offers a more accessible environment that fits their needs. Facilitating the intake process may also appeal to street homeless adults living on the streets in service deserts in the outer boroughs who do not want to leave their community and come to Manhattan for intake.

• Improve Coordination between H+H and Street Outreach Teams. The City should ensure optimal coordination between street outreach teams and H+H with respect to homeless individuals living on the street. The City should train all pertinent H+H staff on street outreach procedures and have a dedicated street homeless-hospital liaison in at least one H+H hospital in each borough. The liaison could ensure that H+H hospitals in each borough consult with the referring street outreach team on a client's hospital admission and discharge with routine information sharing. This heightened coordination will ensure an integrated effort to address the well-being of individuals experiencing street homelessness.

Street outreach teams are the City's main response to those experiencing street homelessness. Outreach teams work to engage those living on the streets, attempting to build relationships with individuals often distrustful of social services systems, particularly shelters. 1025 Engagement is the most difficult aspect of street outreach, requiring repeated contacts over a prolonged period.

Street outreach teams must have the necessary tools to meet individuals where they are—a tenet of good street outreach work. 1026 This includes resources to address any issues that may complicate an individual coming inside, including an individual's physical and mental health needs. Outreach teams have some access to mental health resources to provide unsheltered individuals with services on the street, where they are at, including ACT and IMT teams. III, 1027 Despite the existence of

these resources, unsheltered individuals are often placed on a waiting list for these teams, preventing them from quickly receiving these valuable services. 1028 According to the 2017 Home-Stat Insights Report, the wait time of those in Manhattan is estimated at one year, and those in Brooklyn and Queens at six months. 1029

As reported in *Turning the Tide*, according to DSS data, individuals experiencing street homelessness need an average of **five months** of intensive contact by outreach workers to move into transitional housing and more than a year for permanent housing.

CUCS Janian Medical Care street medicine teams, which include a nurse practitioner and registered nurse, may also accompany outreach teams to address an unsheltered individual's physical health needs; however, only DHScontracted outreach teams in Manhattan, Brooklyn, and Queens have a street medicine team. liii, 1030 Another such resource is having psychiatric services embedded in the outreach team, including a psychiatric nurse and a psychiatrist, modeled after the psychiatric services component of the Manhattan Outreach Consortium outreach teams. 1031 However, DHScontracted street outreach teams in Staten Island lack these psychiatric services, obligating an unsheltered individual in Staten Island to come inside for a mental health assessment instead of receiving an assessment on the street where they are. 1032

Furthermore, outreach workers should not encounter unnecessary hurdles to bring an unsheltered individual inside. Assessment at

lii ACT is an evidence-based State program that offers mobile treatment, rehabilitation and support services by a multi-disciplinary team in community settings. NYS Office of Mental Health, ACT, available at https://www.omh.ny.gov/omhweb/act/. IMT is a City program that provides mobile treatment to adults with frequent contact with the mental health, substance use, criminal justice, and homeless service systems by an interdisciplinary treatment and engagement team. NYC DOHMH, Intensive Mobile Treatment Concept Paper, (June 2017), available at https://www1.nyc.gov/assets/doh/downloads/pdf/acco/2017/intensive-mobile-treatment-concept-paper.pdf.

liii DHS-contracted outreach teams in the Bronx provide medical care to unsheltered individuals, which does not follow the CUCS Janian Medical Care model

an intake facility is important. However, the 30<sup>th</sup> Street intake facility in Manhattan can be a barrier to bringing individuals inside. <sup>1033</sup> Seniors and individuals with disabilities, in particular, are often wary of the facility. <sup>1034</sup> Outreach workers should therefore have more flexibility to refer their clients directly to a single adult shelter where the individual can be assessed, bypassing 30<sup>th</sup> Street. Flexibility would also be useful for those less likely to come inside because they do not want to leave their community or borough for intake at 30<sup>th</sup> Street, which they often need to do. <sup>1035</sup>

City agencies must also work in tandem with the outreach teams to facilitate outreach work. Currently, City outreach workers canvass libraries and hospitals 1036 and provide services at public library branches and nine hospitals to unsheltered individuals who use these locations as de facto shelters. 1037 However, the City should develop more partnerships between outreach and City agencies, as it proposes to do in *Turning the Tide*. 1038 This includes expanding partnerships with hospitals, beyond the existing canvassing. Partnerships with H+H hospitals are particularly viable given that the Hospital Count finds the highest number of unsheltered individuals in H+H hospitals. 1039 H+H hospitals, for example, should work with outreach teams to facilitate the intake and discharge of unsheltered individuals at H+H hospitals. Consultation often depends on the relationship of the outreach team with the hospital employee and the hospital employee's knowledge of the street homeless protocol.

## Reduce Street Homelessness by Utilizing an "All-Hands-on-Deck Approach"

All New Yorkers can play a role in supporting our neighbors experiencing homelessness. To facilitate this collaborative approach, the City should:

 Work Together with Community Stakeholders in the City's Response to Street Homelessness. The Council will establish a Homeless Outreach Working Group Coordinator to facilitate the development of Homeless Outreach Working Groups in Council districts. This position would help expand existing efforts in the districts of the Speaker and Council Member Kallos, in which district office staff organize and facilitate dialogue and meetings on this important issue. A Coordinator could ensure the groups are robust and able to share reports of unsheltered individuals and best practices, and assist in bringing together representatives from churches, businesses, nonprofits, and hospitals in the district, as well as government—City agencies, NYS Assembly and Senate district offices, Borough President offices, and the NYPD-to discuss and brainstorm about street homelessness. Meetings could also alert representatives to events like the HOPE, Youth, and Hospital counts, as well as provide an important forum for educating communities about street homelessness.

Solving the crisis of street homelessness requires an "all-hands-on-deck" collaborative approach. All community members have a stake in seeing their neighbors move off the streets and into a stable home, including the public, City agencies, businesses, houses of worship, hospitals, and other community entities.

Two current examples of collaboration are groups chaired by the district offices of Speaker Johnson and Council Member Ben Kallos, which bring together stakeholders around the issue of street homelessness in the respective districts. The first group is the Midtown South Precinct

Community Council's Homeless and Housing Committee in Speaker Johnson's district. 1040 Monthly meetings convene stakeholders, including homeless services providers, clients, the NYPD, and businesses, regarding homeless and housing issues in the precinct. 1041 The second group is the Eastside Task Force on Homelessness and Services, 1042 launched by Council Member Ben Kallos in February 2016. 1043 The Task Force brings together representatives from City agencies, businesses, hospitals, churches, synagogues, and nonprofits to address the challenges facing those living on the streets in the Upper East Side. 1044 As DSS Commissioner Steven Banks stated, "the Task Force brings our City together to aid our homeless population."1045

# Reduce the Medically Homeless Population by Creating a Robust Medical Respite Program

The City should have a robust medical respite program that includes respite beds and supportive housing units that meet the needs of those who are homeless or at risk of homelessness due to medical conditions. To achieve this goal and reduce the medically homeless population, the City should do the following:

- Develop a Medical Respite Program. The
  City should work with the State to develop
  a medical respite program for medically
  homeless individuals who lack permanent
  housing and for whom a shelter placement
  is not appropriate. This should include:
  - Advocating that the State create a structure to regulate and finance medical respite programs;
  - Dedicating underutilized H+H beds as medical respite beds for medically homeless individuals;

- Advocating that the State increase the number of Medicaid Redesign Team (MRT) Supportive Housing beds for medically homeless individuals in the City; and
- Absent action from the State, establishing a medical respite program utilizing the findings from the OneCity Health Medical Respite Program.
- Monitor the Medical Respite Program to Ensure Best Outcomes. Once a medical respite program is created, the City should also apply the strategies employed for chronic veteran homelessness to monitor the program to ensure best outcomes for medically homeless individuals, including:
  - Utilizing a medically homeless tracker to identify every medically homeless individual, and thus the need for medical respite beds and permanent housing for individuals after medical respite;
  - Conducting weekly case conferences with hospitals and nonprofit providers to ensure each medically homeless individual on the list has a housing plan and is not bottlenecked in the system; and
  - Conducting daily operations calls, improved reporting, and the utilization of new tools such as a daily dashboard of medically homeless individuals.
- Address Inappropriate Hospital and Nursing Home Discharges to DHS. The State should pass legislation to ensure nursing homes and hospitals perform adequate discharge housing planning and stop inappropriate discharges to DHS shelters. The City should also engage in dialogue with the

State about developing a formal process for the City to report inappropriate hospital and nursing home discharges to the State to hold hospitals and nursing homes accountable. Each individual discharged to a DHS shelter should be medically appropriate and be discharged within business hours and with a referral form. The Council will also consider legislation requiring improvements to the discharge process to ensure it is appropriate for the needs of those moving into the DHS system from institutional care. Such legislation could require DHS to routinely provide hospitals and nursing homes with information on the DHS institutional referral protocol and updated DHS staffing directories.

- Expand the Housing Navigation Program for H+H Patients. The City should continue to fund and expand a housing navigation program based on the best practices of the one-year OneCity Health Housing Navigation Services Program for patients at H+H acute care facilities. Housing Navigators, among other things, can help patients retain and obtain permanent housing. The goals of the Program are to enhance housing stability, improve patient health, and reduce health care costs.
- Engage with the State to Promote Additional Stakeholder Consultation and Input on Medicaid Redesign Efforts. The City should advocate and work with the State to ensure individuals who are experiencing homelessness, as well as the agencies and medical providers that serve them, are meaningfully engaged in decision-making regarding health care system transformation. Advocates are consistently underrepresented in the decision-making

process when the State discusses how funding streams and redesign efforts will function. Much data have shown, and the medical field has come to embrace, the concept that social determinants of health can dramatically impact the health outcomes of a person, and one of the highest contributing factors to one's health is their housing status. Therefore, it is in the best interest of all parties to more meaningfully engage with individuals who are experiencing homelessness and their advocates and providers to inform the State's actions to shift Medicaid to a more value-based system.

Some individuals' housing needs are directly related to their health condition(s), particularly those who have just completed a hospital stay. 1046 The City's single adult shelter system is not equipped to provide medical care to certain individuals, and the DHS institutional referral protocol<sup>liv</sup> deems them medically inappropriate for residence in a DHS shelter. 1047 Consequently, while medically cleared for discharge, they may remain in a hospital or nursing home because they lack permanent housing, often incurring prolonged hospital stays that present extensive costs. 1048 A Bronx Health and Housing Consortium study, for example, found that 21 potentially respite-eligible individuals in the Bronx stayed a combined 950 days in the hospital past their medical clearance, costing \$1.9 million in unnecessary Medicaid spending. 1049 Sometimes, hospitals and nursing homes contravene the DHS protocol and inappropriately discharge these individuals to a DHS shelter, which cannot provide appropriate care. 1050 Without a place to go, these individuals may turn to the streets, exacerbating their medical condition(s) and forcing a return to a hospital. 1051

liv The DHS single adult system has an institutional referral protocol affecting those homeless individuals discharged from healthcare facilities. Pursuant to this protocol, individuals with the delineated health conditions, functional needs, or limitations of activities of daily living are deemed medically inappropriate for DHS single adult shelters and safe havens.

Medical respite care provides a possible solution for this demographic. Defined as "acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital," 1052 medical respite care functions as the bridge between the hospital and shelter or permanent housing. Once an individual recovers from the medical condition, they may transition to a shelter, supportive housing, or affordable housing with light-touch services.

Currently, there is no comprehensive estimate of the number of medically homeless individuals or the number of needed medical respite beds in New York City. Nonprofit organizations have done assessments, but their estimates are conservative. 1053 There is also no State or City licensed or regulated medical respite system, 1054 despite the fact that various nonprofit providers and managed care organizations operate medical respite bed programs of varying size. 1055 The largest provider of medical respite beds in New York City is the human services nonprofit Comunilife, which currently has 12 medical respite beds. 1056 The program provides room and board with 24-hour supervision and monitoring and case management services including help with medical care followup, social service assistance, and affordable housing placements.<sup>1057</sup> Additionally, OneCity Health<sup>IV</sup> will commence a one-year medical respite program—the OneCity Health Respite Services Program—funded with two main goals: to prevent avoidable hospitalization and emergency department utilization, and facilitate connections to temporary housing resources. 1058

The State's MRT<sup>Ivi</sup> efforts, which are focused on reducing costs and improving care in the

State Medicaid program, 1059 has developed over 200 initiatives since its 2011 creation. 1060 A key component of the MRT efforts has been the incorporation of the social determinants of health such as housing, which can impact an individual's health. 1061 One initiative, the MRT Supportive Housing Program, provides a particularly viable permanent housing option for those with entrenched physical health needs who may lack the chronicity requirement of other supportive housing. 1062 Another MRT initiative is the Delivery System Incentive Payment (DSRIP) program that aims to provide a higher quality of healthcare at a lower cost. 1063 The DSRIP program will fund OneCity Health's medical respite program and also the one-year Housing Navigation Services Program, which will connect patients in acute care facilities to housing resources. The program aims to make improvements in three areas: housing stability, healthcare costs, and individuals' overall health.

### STRATEGY 4: SUPPORT OUR SHELTERED NEIGHBORS EXPERIENCING HOMELESSNESS

The unique right to shelter mandate in New York means that most individuals experiencing homelessness are living in one of the City's homeless shelters; so, the City must ensure that the experience of shelter does not exacerbate the trauma of homelessness. The recommendations below seek to improve the City's systems to better support our neighbors living in shelters.

### Increase Support for Survivors of Domestic Violence in the DHS System

The City should increase support for domestic violence survivors, so that they are identified

lv Sponsored by H+H, OneCity Health is the City's largest preforming provider system (PPS) or coalition of health care providers and hospitals.

Wi MRT focuses on the 20% of high-need Medicaid recipients who use up to 75% of Medicaid spending. Supportive Housing Network of NY, Medicaid and Supportive Housing, available at https://shnny.org/what-we-do/advocacy-policy/state/medicaid-redesign/ (last visited Jan. 13, 2020).

to receive appropriate services and helped to transition to independent living, by doing the following:

- Train Frontline Staff at DHS Shelters in Trauma- and Domestic Violence-Informed Service. The Council will consider legislation to ensure that the frontline staff in the DHS shelter system are trained in traumainformed, domestic violence-informed customer service and care to reduce domestic violence survivors' distress, to avoid re-traumatization, and to support them with empathy, understanding, and compassion in their transition from homelessness to independent living.
- Screen All Clients Entering the DHS Shelter System for Indications of Domestic Violence at Intake and During Shelter Stays. The City should require DHS to adequately screen all clients for domestic violence history at DHS intake and periodically during their shelter stay, as clients develop relationships of trust and rapport with provider staff. Further, DHS should conduct periodic Safety Assessments and draft/update Safety Plans accordingly for all clients revealed by the screening to be involved in domestic violence. Furthermore, the City should ensure that the HRA NoVA unit's intake instrument - currently at 26 pages-collects only the most immediate information related to risk and lethality factors, as well as safety planning, to encourage more DHS clients to disclose their domestic violence history and to meaningfully engage with appropriate services.
- Accommodate Pets in DHS Shelters. The Council will consider legislation to require DSS to develop a plan to accommodate pets of individuals and families in DHS shelters.

Homelessness is often a result of domestic violence. In fact, nearly one-half (41%) of those entering DHS family with children shelters in FY 2018 were survivors of domestic violence. 1064 HRA and DHS have practices in place to assess the intersection of domestic violence and homelessness for those in DHS shelters. During the shelter intake process, individuals are asked if they are applying for shelter to seek refuge from domestic violence. 1065 Those who report household violence are referred to HRA NoVA staff<sup>1066</sup> for a domestic violence assessment to determine eligibility for HRA domestic violence shelter and services. 1067 NoVA staff also conduct a safety assessment for an individual in a shelter, after a domestic violence incident. 1068 Further, as of December 2016, the Mayor's Office to Combat Domestic Violence (OCDV) provides intimate partner violence training and presentations to DHS employees and contracted staff to equip them with the tools to identify domestic violence and support survivors. 1069

However, stakeholders believe the practices should be enhanced. Intake screening should be improved. There should be universal screening of all entering DHS, not only those indicating domestic violence on the intake form. 1070 The NoVA assessment form should also be shortened to include straightforward questions that assess an individual's urgent safety needs. 1071 Practices in shelters should also be improved. Stakeholders see the need to periodically screen individuals in shelter for domestic violence, taking advantage of the rapport and trust they build with their case managers. 1072 Stakeholders also want to see safety assessments mandatory in DHS shelters, done proactively before an incident. 1073 Homeless services provider, Women in Need, for example, conducts a safety assessment at the beginning of moving into shelter, and three

months and six months into living in shelter. 1074 Stakeholders also cite the need for more training of shelter staff. The OCDV intimate partner training, for example, should reach all shelters. 1075 Women in Need provides a trauma and domestic violence-informed customer service and care training to create a culture of support for those amid trauma, which should be expanded. 1076

Research also demonstrates the cross-therapeutic effects of a human-animal bond for domestic violence survivors and their pets. 1077 Many abuse victims often refuse to leave their pets behind when fleeing dangerous situations, 1078 with 48% of domestic violence survivors choosing to remain in a dangerous situation to avoid separation from a pet. 1079 However, only 3% of shelters nationwide accommodate clients with pets. 1080 In 2019, the Urban Resources Institute opened PALS Place in Brooklyn, the first domestic violence shelter in the U.S. sheltering pets alongside their families in the same apartment unit. 1081

## Increase Support for Survivors in the HRA Domestic Violence Shelter System

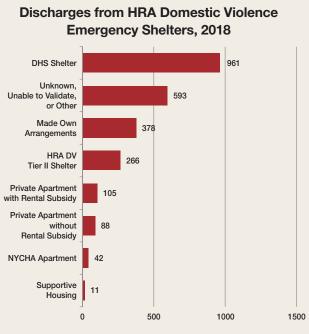
The City should increase support for survivors of domestic violence within the HRA shelter system by doing the following:

• Adapt the HRA Domestic Violence Shelter System to Limit De-Stabilizing Exits. The State and City should ensure that households in HRA domestic violence emergency shelters in need of additional support remain in the HRA shelter system—either an emergency or a Tier II shelter—instead of exiting to a DHS shelter or an unstable living situation. To do this, the City should gradually increase the number of HRA domestic violence emergency shelter beds and Tier II shelter units to accommodate an increase in emergency placements and an increase in Tier II placements for those who need domestic violence specific accommodations for longer than the 180-day emergency shelter time limit.

 Advocate that the State Fully Reimburse Providers Who Accommodate Single Adult Survivors of Domestic Violence. The State should enact A.2381 (Hevesi) and S.5471 (Gounardes) to authorize full reimbursement to shelter providers for housing a single adult domestic violence survivor in a room intended for double occupancy. The legislation would ensure that providers who accommodate these individuals are not adversely affected by doing so. This would help ease some of the challenges that single adults who are fleeing domestic violence often face, by removing the existing disincentive and increasing capacity across the shelter system.

Domestic violence survivors and their families may benefit from extended stays within the HRA system, either through additional days in the service-rich emergency shelter or the Tier II transitional shelters. The 180-day limit on stays in HRA domestic violence emergency shelter may result in additional trauma, instability, and homelessness for survivors and their family members. As a result of the limit, survivors and their family members often undergo another destabilizing event: exit to a DHS shelter, their own arrangements, or some other location. This means that survivors and their family members, who are often young children, must cope with not only economic stress, psychological trauma, and the initial dislocation due to domestic violence, 1082 but with the continued uncertainty, housing instability, and attendant adverse effects of relocation to another City shelter or unstable location. 1083 Furthermore, households that make

their own arrangements or for which discharges are unknown may return to dangerous, abusive circumstances or continuing housing instability, which can lead to the same detrimental impacts, including continued homelessness.<sup>1084</sup>



Source: NYC Human Resources Administration, Local Law 83 of 2018 Report (March 2019).

One hundred and eighty days in an emergency shelter may simply be too short for survivors and their family members to transition from situations of domestic violence to stable, permanent housing, and more time may be needed to navigate the psychosocial fallout of domestic violence. 1085 Additional time may be needed for survivors, often young adults with low levels of education and income, to be in the position to afford and obtain safe and stable permanent housing 1086 and to identify safe, affordable, permanent housing and navigate the complex and time-consuming housing and rental subsidy application process. Research supports the importance of time for those in HRA domestic violence shelters, with those exiting Tier II shelters typically having better permanency outcomes.

Single adult survivors of domestic violence often face obstacles in accessing domestic violence shelters, in part due to issues with funding. Shelter providers are reimbursed by the New York State Office of Children and Family Services on a per person per night basis; the reimbursement is intended to cover operating costs such as rent, utilities, and staffing. 1087 Most domestic violence shelters in the city were designed to house families, not individuals. 1088 Thus, under the current scheme, when providers accommodate individuals, they are reimbursed only for one person living in a space designed for a family, resulting in a payment differential. 1089 This reduction in reimbursement makes it more difficult for providers to cover their operating costs. 1090 Thus, the current reimbursement formula acts as a disincentive to providers to house individuals in an apartment or room built for a family. 1091 This creates a further barrier to single individuals who are seeking shelter from unsafe situations.

# Increase Economic Supports for Individuals in City Shelters

Access to living wage jobs is key to curbing homelessness. The City should increase opportunities for individuals to secure employment by doing the following:

 Provide On-Site, Living Wage Economic Empowerment Services in DHS Shelters.

The City should create a program to provide on-site, living wage economic empowerment services to individuals in DHS shelters to enable them to transition from homelessness to independent, stable living and economic self-sufficiency. Services would include financial literacy, financial planning/budgeting, credit and debt counseling, asset building services, consumer protection education,

small business services, living wage and non-traditional employment training and placement assistance, and a path to a higher education. The program could also include a small business start-up component to enable survivors to launch their own business. Given the high percentage of domestic violence survivors living in DHS shelters, the program should also include a component specifically tailored to those who may have experienced economic abuse. The program could be piloted in three shelters—one for families with children, one for adult families, and one for single adults. Lastly, there could be an evaluation of the pilot and reporting of its performance, outcomes, and areas for improvement.

 Ensure a Coordinated Strategy Across City Agencies for Workforce Development. Several City agencies are charged with improving job outcomes for New Yorkers, but overall the City lacks a cohesive strategy to address economic empowerment opportunities for individuals residing in our homeless shelter system. Using the expertise of HRA, Department of Small Business Services (SBS), and Economic Development Corporation (EDC), and working across City agencies, the City should develop a cohesive plan to provide living-wage economic empowerment services for homeless shelter residents. These agencies should work to understand the unique challenges that shelter residents face when trying to find employment, and use their existing networks to provide the necessary skills to find livingwage employment opportunities. Additionally, the City should increase employment opportunities at City agencies specifically for homeless residents. These employment opportunities should complement HRA's existing Career Services partnerships with Department of Sanitation (DSNY) Job Training Program and the Parks Opportunity Program.

- Engage and Employ DHS Clients While Improving Street Outreach. The City should work with the DHS-contracted street outreach providers to offer up to 10 part-time, 12-month peer street outreach training positions to clients in their drop-in centers, safe havens, and shelters. Each provider could employ two trainees each year, who would be paid an hourly wage and receive a metro card for travel to and from training. Upon completion of the peer street outreach training, some trainees could be eligible to apply for full-time peer street outreach positions with a DHS-contracted outreach provider.
- Create an RHY Peer Navigator Program to Increase RHY Resources and Supports. The City should pilot a two-year RHY peer navigator program targeting drop-in centers and RHY street outreach programs to help RHY access resources and navigate the path to permanent housing and provide RHY job experience and skills. Participants should receive a stipend for attending, food, and metro cards. After completion of training, participants could be placed with DYCD providers to fill peer navigator positions. The curriculum and training should have a focus on RHY skillset with a human services and social work foundational approach. The program could potentially create a career pipeline for peer navigators to utilize their skillset and lived experiences to transition into other roles within the providers.

Part of the puzzle in solving homelessness is facilitating access to living wage jobs that sustain permanent housing. A significant number of people in City shelters are working adults who cannot afford to rent an apartment on their current incomes. For example, more than one-third of families with children in DHS shelter include at least one family member who

is employed; 20% of adult families without minor children are employed; and about 15% of single adults have jobs. 1092 Furthermore, a high percentage of those in DHS shelters are survivors of domestic violence who often have economic barriers to self-sufficiency. 1093 Economic abuse is present in 98% of abusive relationships, and 60% of survivors report losing their job as a direct consequence of their abuse. 1094

Economic empowerment services—providing employment, education, and financial skills and connecting individuals to living wage job opportunities—are key for individuals in City shelters. Currently there are a variety of these services for New Yorkers. Several City agencies are charged with improving job outcomes, including HRA, SBS, and EDC. 1095 NYCHA also has an economic empowerment program for its residents, the NYCHA Resident Economic Empowerment and Sustainability, which connects residents to programs to assist with job training, education, and starting a business. 1096 The nonprofit Sanctuary for Families also has its Economic Empowerment Program for those in HRA domestic violence shelters. 1097 The program focuses on career readiness skills, literacy and high school equivalency training, job placement, and career development assistance. 1098 According to Sanctuary for Families, 65% of participants in the program find work within one year. 1099 However, the City lacks a cohesive strategy to utilize these services and best practices on behalf of individuals in City shelters.

Connecting individuals in City shelters with living wage jobs that utilize their background can be impactful for all involved. People with lived experience have skills that are useful in connecting with those who are and at risk of homelessness. 1100 Research demonstrates the success and value of peer homeless outreach,

showing that one way to increase trust among the individuals who are street homeless, and therefore their willingness to access services, is to utilize formerly homeless individuals as outreach workers. 1101 Research also concludes that some of the best outreach teams include individuals with lived experience with homelessness, as they are perceived as more understanding and relatable. 1102 Utilizing peer outreach workers could constitute another tool to engage these individuals, and enable the City to into this resource to improve outreach services.

# Increase Support for Formerly Incarcerated Individuals

The City should increase support for formerly incarcerated individuals currently discharged from DOCCS directly to the City's shelter system by doing the following:

• Advocate that the State Provide Emergency and Transitional Housing for Individuals Discharged from DOCCS. The State should develop emergency and transitional housing based on the Fortune Society's Fortune Academy model to shelter those it currently discharges to the City's homeless system. If the State fails to act, the City should issue a Request for Proposals to develop and operate emergency and transitional housing based on the Fortune Academy model, as well as provide appropriate supportive services for those exiting the DOCCS system.

Each year, nearly 26,000 people are released from State prisons, many of whom return home to New York City without stable housing. As a result, individuals often turn to DHS shelters, the streets, or unregulated and insufficient housing, such as three-quarter houses. When people cannot find stable housing, however, they are more likely to recidivate. According

to a pilot project, for example, participants receiving supportive housing services were 40% less likely to be rearrested or reincarcerated within one year of release. Turther, research shows that when people are stably housed, they commit fewer crimes, such as those associated with survival like theft, trespassing, loitering, and acts of sexual transaction. Providing formerly-incarcerated homeless individuals with the emergency and transitional housing they need, coupled with supportive services, is one evidence-based way to reduce homelessness among this population.

#### **FORTUNE ACADEMY**

"I served 31 years in prison.... For the first several weeks after my release, I was homeless—forced to carry my heavy bag between three different shelters, despite having recently undergone spinal surgery. Luckily, I was referred to the Fortune Academy ... and I was accepted as a resident. After being in prison for 31 years, it has been a challenge to get back on my feet and rebuild my life. Having a safe place to readjust to life in the community and living in a supportive environment gives me that opportunity."

Carl Dukes, A Fortune Society Client

Source: See Appendix III

To mitigate recidivism, reduce homelessness, and improve the lives of New Yorkers returning from prison, thereby improving neighborhood quality, Fortune Society operates Fortune Academy—providing emergency and transitional housing to people with justice involvement who are experiencing homelessness. 1107 From 2013-2015, 81% of Fortune Academy participants in transitional housing successfully moved to permanent housing. 1108 The Academy also includes the tailored supportive services that have been shown to reduce recidivism for these individuals 1109 including, for example, mental

health services, substance use treatment, employment services, and an education program.<sup>1110</sup>

### Increase Support for RHY

The City should increase support for RHY in the DYCD shelter system by doing the following:

- Improve the Youth Count. The Council will consider legislation to enhance the methodology and quality of the Youth Count, including providing the opportunity for homeless youth to give input on an improved count.
- Enhance DYCD Drop-in Centers. The City should fund the opening of a new drop-in center and improve the intake process for RHY at drop-in centers seeking to enter a DHS shelter. The drop-in center should be located in the borough with the most need, which is currently Brooklyn. The Council will also consider legislation requiring DHS and DYCD to expand its process for conducting intake and assessments for RHY seeking to enter a DHS shelter. RHY at drop-in centers, like RHY at crisis services programs and TILs, should complete intake at the dropin center and receive supports immediately, bypassing the DHS intake center and directly accessing a DHS shelter.
- Ensure DYCD RHY Facilities Maintain Their Infrastructure Over Time. The City should work with providers to assess the maintenance needs of drop-ins, crisis services programs, and TIL programs. The City should also develop a new needs request procedure, consisting of both a tracking system and process to address the current and future maintenance needs of DYCD RHY facilities.

• Enhance DYCD Crisis Services and TIL Programs. The City should increase the number of DYCD crisis services and TIL program beds for RHY. In particular, the City should issue an RFP for a program to serve RHY with entrenched mental and behavioral health needs, including sufficient clinical staff and social services to effectively serve this population. Furthermore, the State and City should work together to expedite opening the 60 beds for RHY ages 21 to 24, and the City should fund an additional 40 beds for RHY ages 21 to 24, since there are already reports of waiting lists for the 60 beds that have not yet opened.

Unsheltered RHY are a unique population that is inherently difficult to count.1111 Many find a couch to stay on for a night or a few nights. 1112 They are more likely to be arrested, engage in criminal activity to meet their survival needs, or engage in unsafe sexual relationships or the commercial sex trade because they need a place to sleep. 1113 They also find places to hide in plain sight, such as 24-hour businesses, to survive the harshness of the streets.1114 The number of RHY identified in the Youth Count is thus likely a significant undercount, 1115 even though this number affects both the level of services the City allocates to this population and the level of federal funding the City could receive. In fact, advocates more often rely on a 2007 survey conducted by the former Empire State Coalition of Youth and Family Services, which estimated about 3,800 unaccompanied homeless youth, with approximately 1,750 sleeping in an abandoned building, at a transportation hub or in a car, bus, train, or other vehicle, or with a sex work client. 1116 This number is substantially higher than the 2018 Youth Count estimate of 36 unsheltered youth. 1117

Drop-in centers, which provide immediate access to necessities and services, also

facilitate unsheltered youth coming inside. According to a survey for Chapin Hall's Youth Homelessness System Assessment for New York City, three times as many homeless youth are reached each day through drop-in centers versus street outreach. 1118 However, currently there are not enough drop-in centers in the city to address the needs of the RHY population. For example, Brooklyn-which advocates have identified as an area of particular need<sup>1119</sup>—only has one 24/7 drop-in center. 1120 Manhattan, Queens, the Bronx, and Staten Island each also have only one 24/7 drop-in center for RHY; however, Manhattan has two additional drop-in centers with limited hours, and Queens has one additional center with limited hours. 1121

In addition to being more accessible, drop-in centers should also serve as an entry point to the DHS system. In 2017, per Local Law 81 of 2018, DYCD in partnership with DHS, launched a direct referral process to allow RHY from DYCD crisis services and TIL programs to more easily transition to DHS shelters, of which they are often weary. 1122 This streamlined intake process, however, is not available to youth at DYCD drop-in centers, who must instead go through DHS intake to access a DHS shelter. This additional bureaucratic barrier may deter RHY from continuing on the path to permanent housing. 1123

Facilities serving RHY, including drop-in centers, crisis services centers, and TILs, must also be able to maintain their infrastructure to ensure that buildings are safe and habitable. In the DHS system, contracted providers can request funds to make needed repairs to infrastructure. 1124 However, DYCD does not have a comparable system; instead, DYCD providers often must reallocate funding or privately fundraise to address costs associated with major repairs. 1125

The RHY shelter model—smaller facilities and particularized services—is better suited for

youth than the DHS system, and needs to be expanded to meet the needs of additional populations. For example, RHY with severe mental health and developmental delays—between 10% to 15% of those served by one provider<sup>1126</sup>—do not do well in traditional settings and would be better served by programs specifically targeting their needs. Further, while the first 60 beds for homeless young adults ages 21 to 24 are funded, they are still not open and providers already report long waiting lists for these anticipated beds. <sup>1127</sup>

## A NEED FOR ACCESSIBILITY ACROSS THE CITY'S SHELTER SYSTEMS

Another way that the City can support our sheltered neighbors experiencing homelessness is to ensure our City homeless services systems are accessible to all individuals. Stakeholders report that facilities in the City shelter systems are not accessible, to the detriment of those experiencing homelessness, particularly seniors and individuals with disabilities. In 2015, a federal class action—Butler v. City of New York—was filed by a group of people with disabilities in DHS shelter, contending that DHS shelters were not accessible and inadequate in meeting their need for accommodations. The parties settled the case in 2017, and the City is currently implementing the terms of the settlement. Under the settlement terms, DHS committed to surveying its shelters, tracking requests for accommodations, training staff on the rights of people with disabilities, and hiring a director of disability affairs. As of 2017, the expectation was that within five years, the DHS shelter system should have the capacity to accommodate any person with a disability, which can include adequate refrigeration for medication, sufficient bathroom facilities, and accommodating those who may not be able to endure the lengthy shelter application process. There is also a commitment to ensuring that requests for reasonable accommodations will be honored and appealable. The City should continue to move forward with urgency on the Butler Settlement regarding accessibility at DHS and on accessibility across all City homeless shelter systems.

Source: See Appendix III

### STRATEGY 5: INTEGRATE HOUSING AND HOMELESSNESS POLICY

Homelessness is a complex and multi-faceted issue that requires a comprehensive interagency response, integrating affordable housing development and efforts to reduce homelessness. The following recommendations focus on streamlining bureaucratic processes and fostering a cohesive approach to homelessness and housing:

# Integrate Housing and Homelessness Policy by Streamlining Coordination Within City Government

- Unify City Homelessness and Affordable Housing Policy. The City should create a Deputy Mayor of Homelessness and Affordable Housing to oversee the current bifurcation of responsibilities between the Deputy Mayor of Health and Human Services and the Deputy Mayor of Housing and Economic Development. This position would help to ensure that the City has a housing plan that truly takes into account the homelessness crisis. It would also help facilitate the development of affordable housing and homeless facilities, which is a long frustration of affordable housing developers and nonprofit homeless services providers alike. The common denominator in homelessness is the lack of stable, permanent housing.
- Create an Expeditor's Office to Facilitate
   Development of Supportive Housing
   and Homeless Facilities. The City should
   create a specialized Expeditor's Office
   to assist supportive housing and shelter
   developers during development. Advocates
   have long indicated that securing permits
   and scheduling inspections are overly

bureaucratic and time consuming, which adds expense while projects remain idle. DOB has added an Affordable Housing Hub, which has streamlined the permit process for affordable housing developers, and the City should replicate this and create an office to expedite approvals and inspections across City and State agencies for shelters, safe havens, and supportive housing.

A growing consensus among researchers shows the tight nexus between increasing rates of severe rent burden, increasing rates of evictions, and increasing shelter entries. 1128 Homelessness, affordable housing, and supportive housing operate within the same system, and should be considered in context. However, the current New York City government structure tends to silo homelessness policy into discrete programs and initiatives within separate agencies. Homelessness and affordable housing are handled under separate portfolios and under different deputy mayors. This approach bifurcates homelessness and affordable housing as two unrelated issues. Further, the de Blasio Administration's plans that address related aspects of the homelessness crisis—Turning the Tide, Housing New York 2.0, and NYC 15/15do not adequately integrate both homelessness and affordable housing policy. Establishing a deputy mayor to oversee homelessness and affordable housing, and establishing an expeditor's office to facilitate the development of much-needed supportive housing and homeless facilities, will help ensure that the City have an effective, cohesive approach to homelessness.

### STRATEGY 6: LONG-TERM VISION

Work Toward a Long-Term Vision that Prioritizes Permanent, Affordable Housing as the Shelter Census is Reduced The City should shift resources toward prioritizing permanent, affordable housing and away from shelter. It is important to recognize that the City must always maintain a purposebuilt shelter system with robust programming. However, an important goal should be to reduce the shelter census and to subsequently phase out shelter capacity, starting with the most inadequate shelter placements, by doing the following:

- Eliminate Hotels and Cluster Sites. With current capacity issues, the City relies on hotels and cluster sites to meet its right to shelter. But, these locations notoriously lack appropriate services and cost more than purpose-built shelter and permanent housing. The City should aggressively move to end the practice of using hotels and cluster sites to provide shelter.
- Ensure That Any New Shelter is Designed and Built Contemplating Future Conversion to Permanent, Affordable Housing. The goal is for shelter to be temporary. But, often, one of the obstacles to transitioning individuals out of shelter is a lack of affordable permanent housing options. By being forward-thinking in the design of new shelters, the City could ensure that adequate shelter options are available to meet the current need, while lowering future conversion costs of permanent housing.
- Redevelop City- and Nonprofit-Owned DHS Shelters in Need of Significant Reinvestment. As the City works to fix shelters that are in significant disrepair and require reinvestment, such sites should be redeveloped to include multi-use housing. Since these sites are already used for shelter and substantial work already needs to be done, the City should capitalize on

these important opportunities to create affordable housing.

- Target Existing Older and Higher Capacity Shelters for Conversion. Large shelters have historically been plagued by deteriorating conditions and service inadequacies. As the shelter census decreases, they should be phased out in favor of smaller, service-oriented shelters. This includes evaluating the effectiveness of large assessment shelters for single adults.
- Convert City-Owned DHS Shelters for Families with Children to Permanent,
   Affordable Housing. As the shelter census is reduced, DHS family with children shelters should be converted to permanent, affordable housing to provide more longterm, stable housing for families and to break the cycle of homelessness.

While the use of hotels and cluster sites is currently necessary due to capacity issues, they do not adequately serve individuals. Will Even the de Blasio Administration's own Turning the Tide plan acknowledges that hotels are expensive and cluster sites often have poor conditions. 1129 The plan recognizes that "because cluster sites and commercial hotels do not have adequate space for onsite social services, and families and individuals living in cluster apartments are largely isolated, it is much more difficult to provide them the services they need to get back on their feet."1130 The de Blasio Administration has called for ending the use of cluster sites by 2021 and commercial hotels by 2023, and moving toward purpose-built shelters with robust services as the shelter census is reduced. 1131 The City should continue its commitment to these efforts.

Conditions at many traditional shelters are also concerning. Many-particularly older, larger shelters—are in need of significant capital improvements and can have unsanitary and unsafe conditions. 1132 Larger, dormitory-style shelters are commonly regarded as unsafe, and many individuals choose to stay on the streets when large shelter is the only option. 1133 Large shelters also often face more community opposition. 1134 While these sites, like hotels and cluster sites, are currently necessary to meet capacity needs, as the City works to reinvest and address the issues plaguing these facilities, it should do so through a permanent housing lens. Although New York importantly recognizes the right of individuals to have shelter, the City must operate with the goal of such shelter being temporary. Permanent, affordable housing should be the hallmark of the City's plan to address homelessness.

# Work Toward a Long-Term Vision that Matches Resources to Needs, Rather Than Systems

The City's multiple homeless systems are complex, with different levels of funding and various criteria that needs to be met in order to qualify for services within each system. To achieve fairness and the most effective outcomes to reduce homelessness citywide, the City should:

 Adopt a Cohesive Approach Across All Homeless Systems to Provide Robust Services. The City should work across its homelessness systems to ensure all individuals who are homeless or at risk of homelessness are able to receive needed services—regardless of which agency runs the shelter they are in. Forging a cohesive approach should include assessing the various qualifications for programs and services in each system, determining funding disparities, and matching resources to needs across the City, rather than within separate homeless systems. Importantly, developing a cohesive approach should involve collaboration and on-going dialogue with service providers and homeless and at-risk individuals and families in order to understand what works and what is needed.

The story of being discharged from one shelter system only to end up on the street or in another shelter system is not unique. 1135 But, individuals' needs are not dictated by which City agency is operating the shelter in which they live. For example, housing vouchers are an important tool for all individuals experiencing homelessness. But, currently, CityFHEPS vouchers are available only to individuals in the community who have a previous shelter stay in DHS, but not previous stays in other shelter systems. 1136 Housing specialists and aftercare services are available to those living in DHS shelter, but not those in the DYCD or HPD systems. 1137 Yet, the City's approach to homelessness has been to manage each system separately. An individual or family who has been living in a DYCD or HRA domestic violence shelter and who reaches the relevant age or time limit must then transition to DHS shelter. where they must, among other things, begin working with a new case manager. Coupled with the inherent stress of moving to a new physical location, which likely has fewer tailored services, the destabilization of moving between systems can compound an already traumatic situation. The time, effort, and resources individuals have expended to move themselves toward permanent, stable housing should not be undone because of bureaucratic procedures. Services and resources for individuals should

not be bound by dehumanizing, arbitrary delineations between systems, but rather should address actual needs. In addressing homelessness, the City must take a holistic approach that recognizes individuals and not systems.

### Work Toward a Long-Term Vision that Uses Improved Data Collection and Robust Evaluation to Achieve Better Outcomes

The City cannot effectively improve outcomes in the homelessness systems without vastly improving data collection and the ability to effectively evaluate data. All homeless services systems would be better served by collecting and making transparent more data that is evaluated and used to achieve improved outcomes, including increased shelter exits and permanent, affordable housing placements. To accomplish this, the City should:

- Integrate the Collection of Data Across Systems. The Council will consider legislation requiring the City to integrate data collection across all City homeless systems, in order to track progress toward reducing the homeless census and better understand which individuals and families are able to access services and what those services are, as well as the outcomes of system involvement. Ultimately, improved data collection will enable the City to evaluate the effectiveness of programs and achieve better outcomes, including increased shelter exits, shelter avoidance, and placement in permanent, affordable housing.
- Improve Data Collection: The Homeless Services Accountability Act. The Council will consider legislation, the Homeless Services Accountability Act, to require the City to

collect any appropriate data necessary to fill in large informational gaps related to homelessness, including the following:

- Require DHS to report on overall metrics such as the outcomes of safe haven clients including permanent housing placements, returns to shelter, longterm shelter stayers, and short notice transfers:
- Require DHS to report on the subpopulations including those with criminal justice involvement, older adults, individuals with disabilities, and the medically homeless;
- Require HPD to report on types of shelters used, population demographics, provided services, and exit information;
- Amend Local Law 83 of 2018 to include reporting on the discharges from HRA domestic violence Tier II shelters; and
- Amend Local Law 79 of 2018 to capture referrals from non-DYCD contracted providers, such as ACS or foster care, and better illustrate why shelter beds are accepted or rejected.
- Conduct Rigorous Evaluations of Data and Program Outcomes. The Council will consider legislation requiring the City to conduct rigorous evaluations of data and program outcomes in order to determine the most effective strategies to support individuals and families who are homeless or at risk of homelessness. Any evaluation should include input from service providers and those who receive services. The City should use evaluation results to inform

an effective long-term strategy to reduce the homelessness census and prioritize permanent, affordable housing placement.

Since the inception of DHS in 1993,<sup>1138</sup> DYCD in 1989<sup>1139</sup> and HPD in 1978,<sup>1140</sup> the Council has enacted legislation to enhance the provision of homeless services in the city. One example is Local Law 37 of 2011, which requires the Mayor's Office of Operations to report data on the utilization of and applications for citywide temporary emergency housing and associated services from DHS, HRA, DYCD, and HPD.<sup>1141</sup> These data provide a more comprehensive picture of City homelessness, illuminating who the homeless services systems are serving and the systems' needs.<sup>1142</sup>

Still, informational gaps remain. For example, almost 20% of adults in the DHS system were first in the DHS shelter system as children. 1143 Yet it is unclear what characteristics these individuals share beyond shelter history or the efforts that the City is undertaking to prevent the child to adult DHS shelter cycle. Current reporting also does not include information on the long-term stayers in DHS, for example, those adult families who stay beyond the average length of stay of 580 days. 1144 This information is valuable given shelters are intended to be temporary. Additional data on returns to shelter would also be useful. The DHS section of the Mayor's Management Report provides data on returns within one year; 1145 however, it would be helpful to have time periods past one year, particularly as Coalition for the Homeless reports that nearly one-half of those in DHS shelters (45%) were in shelter in the past five years. 1146 Another gap is data on the number of individuals in the City homeless systems receiving transfers to another shelter. This information would shed light on whether the systems are operating in the most client friendly

### THE CASE FOR CHANGE

manner, given that transfers disrupt a household routine. In addition, to ensure there is a robust DHS safe haven system, it would be valuable to have length of stay, placement, and rate of return data to assess their effectiveness. Finally, current reporting does not include robust demographic reporting on individuals living in shelters. Particularized demographic information about individuals with disabilities, older adults, veterans, individuals with criminal justice involvement, and those with entrenched medical conditions, would allow stakeholders to ascertain the scope of service needs for these individuals.

There are also informational gaps for the other City shelter systems. For example, HRA reports on discharges from domestic violence emergency shelters, but does not report on discharges from its Tier II shelters. 1148 These

data would provide insight on the pathways to permanent housing for those in Tier IIs. In addition, the DYCD shelter access report could better capture why RHY reject a bed in the DYCD RHY system. And unlike other City shelter systems, the City makes little information available regarding HPD shelters. Local Law 37 requires the City to report data on census and length of stays within HPD, but not more detailed information.

Greater transparency and data would allow the City and other stakeholders to better evaluate these systems and understand the needs of those individuals who interact with them. This would facilitate more effective matching of resources with needs, and lead to increased shelter exits and more permanent, affordable housing placements.

**Adult family** means, for the purposes of DHS shelter, any family without minor children, including the following household compositions: applicants who are a legally married couple and present a valid original marriage certificate; or applicants who are a domestic partners couple and present a valid original domestic partnership certificate; or adults who provide, as part of their application for temporary housing assistance, proof establishing the medical dependence of one applicant upon another; and two or more adults who can provide birth certificates to prove a parent and child or sibling family relationship or share a "caretaking" (emotionally or physically supportive) relationship.

**Adult Family Intake Center (AFIC)** means the location where adult families must apply for DHS shelter. AFIC is open 24 hours per day, including weekends and holidays, and is located at 400-430 East 30th Street in Manhattan.

**Area Median Income (AMI)** is the income figure used by HUD to help determine eligibility for affordable housing programs in New York City. It is based on the U.S. Census Bureau's American Community Survey median family income estimates and, in addition to the five boroughs, includes Putnam, Rockland, and Westchester counties. The 2019 AMI for the New York City region is \$96,100 for a three-person family (100% AMI).

Chronically homeless means, as established by HUD, a single individual or head of household with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the facility. In order to meet the "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months. The City utilizes the definition to determine eligibility for NYC 15/15 supportive housing.

City Family Eviction Prevention Supplement (CityFEPS) is a former City rental assistance program to help eligible families with children at risk of homelessness and in DHS or HRA shelters secure permanent housing. It was modeled after the State FEPS program, with distinctions. For example, while State FEPS targeted families to keep them in housing, CITYFEPS served families both at risk of homelessness and those already homeless. Also, CITYFEPS increased rent levels to the Section 8 range, which was above State FEPS to encourage landlords to take the subsidy. CITYFEPS ended in July 2018 when the City consolidated it, SEPS, and LINC rental assistance vouchers into the current CityFHEPS rental assistance voucher.

**City Fighting Homelessness and Eviction Prevention Supplement (CityFHEPS)** is the current City rental assistance program to help eligible individuals and families at risk of homelessness, unsheltered, and in shelter secure permanent housing. Those in shelter eligible for the voucher include those in an HRA or DHS shelter and those with referrals from ACS, the TQH Task Force, and DOC. CityFHEPS rules became effective in November 2018.

**Commercial hotels** are operating hotels open to the public in which DHS rents individual rooms to provide shelter to households experiencing homelessness.

**Coordinated Assessment and Placements Services (CAPS)** is the system developed by the New York City Continuum of Care (CoC) required by HUD to streamline and improve the permanent housing assessment, prioritization, matching, and placement system for homeless and at risk households within the NYC CoC geographic region.

Cluster site shelters are individual apartments in buildings that usually have rent paying tenants in other apartments, with limited or no social services on site, that are used to shelter families with children in the DHS shelter system.

**Drop-in centers** means facilities operated by DHS or a provider under contract or similar agreement with DHS that provide single adults with hot meals, showers, laundry facilities, clothing, medical care, recreational space, employment referrals, and/or housing placement services, but not overnight housing. There are seven drop-in centers in the city.

**DYCD drop-in center** means a center operated by a provider under contract with DYCD for young people ages 14 to 24 where food, clothing, laundry, case management services, and referrals to crisis services programs and additional support services are available. There are currently eight locations across the five boroughs.

**Family Living Center** is a facility managed by a provider under contract or similar agreement with HPD that provides emergency shelter to families with children that were ordered to leave their residence after receiving a vacate order or due to an emergency.

**Family with children** means, for the purposes of DHS, a family with at least one adult and at least one child, couples including at least one pregnant woman, single pregnant women, or parents or grandparents with a pregnant individual.

**Functional zero** means that at any given moment, the number of individuals experiencing homelessness is no greater than the average monthly housing placement rate.

**Homebase** is an HRA homelessness and shelter prevention network with 23 locations across the five boroughs where assistance is provided to help individuals develop a personalized plan to overcome an immediate housing crisis and achieve housing stability. Households may be eligible for services if they are at imminent risk of entering the shelter system, are low-income, and wish to remain stably housed in their community.

**Homeless Outreach & Mobile Engagement Street Action Teams (HOME-STAT)** is the partnership of existing homeless response and prevention programs with new initiatives designed to identify, engage, and transition homeless New Yorkers to services and ultimately permanent housing. HOME-STAT initiatives include proactive canvassing, outreach and citywide case management, and public dashboards.

**Homeless Outreach Population Estimate (HOPE) Count** is an annual point-in-time estimate conducted by DHS. The citywide survey meets the requirements of the HUD point-in-time count and is conducted every January to estimate the number of unsheltered individuals living on the street and in the MTA system.

**Hospital Count** is the count conducted each year by the Bronx Health and Housing Consortium of homeless individuals in hospital emergency departments on the same night as the HOPE Count.

**Housing New York** is the plan that was released by Mayor de Blasio in May 2014 to create and preserve 200,000 affordable homes over 10 years.

**Housing New York 2.0** is the plan that was released by Mayor de Blasio in November 2017 that committed to completing the initial goal of 200,000 homes two years ahead of schedule, by 2022, and generating an additional 100,000 homes over the following four years, reaching a new goal of 300,000 by 2026.

**Fair Market Rate (FMR)** is the rent amount, as determined each year by HUD, to be used as a basis for paying federal housing assistance programs. HUD annually estimates FMRs for Office of Management and Budget (OMB) defined metropolitan areas. The New York, NY HUD Metro FMR includes the five boroughs and Putnam and Rockland Counties. Although Westchester County is provided a separate FMR by statute, the data for Westchester County are used in computing the FMR of the New York, NY HUD Metro FMR Areas as is also required by statute. For FY 2020, the FMR is \$1,714 for a one-bedroom, \$1,951 for a two-bedroom, \$2,472 for a three-bedroom, and \$2,643 for a four-bedroom.

**Living In Communities Rental Assistance Program (LINC)** means the former six City rental assistance programs for homeless single adults, adult families, and families with children. LINC I and II were joint City and State programs, whereas the City solely funded LINC III, IV, V, and VI. The vouchers were structured as six programs so as to not create a "one-sized fits all" approach, unlike the previous Advantage program. Rather, the different LINC vouchers were tailored to the unique needs of each of the populations targeted as listed in the table.

LINC Rental Assistance Program	Target Population
LINC I	Families with children in DHS or HRA shelters who were working.
LINC II	Families who had two or more prior stays in DHS or HRA shelters of 30 days or more, with at least one stay within the prior five years.
LINC III	Families in DHS or HRA shelters affected by domestic violence.
LINC IV	Single adults and adult families in DHS shelters, safe havens, and drop-in centers that included an adult over the age of 60 with priority to those with the longest shelter stays and the oldest or medically frail.
LINC V	Single adults and adult families in DHS shelters, safe havens, and drop-in centers who are working.
LINC VI	Individuals and families who can reunify with host families consisting of friends or relatives.

**Mitchell-Lama** means the program that provides affordable rental and cooperative housing to moderate- and middle-income families. It was created by the Limited Profit Housing Act in 1955. There are New York City and State supervised Mitchell-Lama developments.

**Pathway Home** is a City rental assistance program that enables individuals and families to move out of DHS shelter by moving in with friends or family members ("host families") who receive monthly payments for up to 12 months. The program is open to all eligible individuals or families who have resided in DHS shelter for at least 90 days.

**Prevention Assistance and Temporary Housing (PATH)** means the location where families with children must apply for DHS shelter. PATH is open 24 hours per day, including weekends and holidays, and is located at 151st Street in the Bronx.

Runaway or homeless youth (RHY) means, per the State Executive Law, a person who is (1) under the age of 18 years who is absent from their legal residence without the consent of their parent, legal guardian, or custodian and (2) either (i) under the age of 18 who is in need of services and without a place of shelter where supervision and care are available; (ii) under the age of 21 but is at least age 18 and who is in need of services and is without a place of shelter; or (iii) age 24 or younger but is at least age 21 and who is in need of services and is without a place of shelter.

**Respite (faith-based) bed** means a City-administered facility that provides overnight housing to individuals experiencing homelessness, is affiliated with one or more religious groups, and receives client referrals through organizations under contract with DHS.

**Crisis services program** means facilities operated pursuant to a contract with DYCD that provide emergency shelter for RHY up to the age of 21 for a maximum stay of 120 days. The programs provide emergency shelter and crisis intervention services aimed at reuniting youth with their families or arranging appropriate transitional and long-term placements.

**Transitional Independent Living (TIL) Program** means facilities operated pursuant to a contract with DYCD that provide homeless youth ages 16 to 21 with support and shelter. A young person in need of TIL services must be referred from an RHY crisis services program and may remain in a TIL for up to 24 months.

**Safe haven** means a facility operated by DHS or a provider under contract with DHS that provides low-threshold, harm-reduction housing to chronic street homeless individuals, who are referred to such facilities through a DHS outreach program, without the obligation of entering into other supportive and rehabilitative services in order to reduce barriers to temporary housing. There are 18 safe havens in the city.

**Single Adult Intake** means the locations where single adults must apply for DHS shelter. All single adult intake facilities are open 24 hours per day, including weekends and holidays. Men must apply for shelter at the 30th Street Intake Center located at 400-430 East 30<sup>th</sup> Street in Manhattan. Women may apply at the HELP Women's Shelter located at 116 Williams Avenue in Brooklyn or the Franklin Shelter located at 1122 Franklin Avenue in the Bronx.

**Special One-Time Assistance (SOTA) Program** is the City rental assistance program that provides one year's full rent up front for eligible DHS clients to move within New York City, to other New York State counties, or to another state, Puerto Rico, or Washington, DC.

**Special Exit and Prevention Supplement (SEPS)** is a former City rental assistance program for eligible single adults and adult families at risk of entry to DHS shelter and in DHS or HRA shelters. One group of SEPS eligible households consisted of those with an individual who resided in a DHS single adult shelter and the adult was discharged into a DHS shelter from a residential substance abuse treatment program, a State-licensed or operated residential program or facility, a foster care placement, or a correctional institution.

**Single Room Occupancy (SRO)** means a form of housing consisting of a unit with one or two rooms lacking a complete bathroom and/or kitchen facility for the exclusive use of the tenant. SROs exist in hotels, rooming houses, apartment buildings, lodging house, etc.

**Single adult** means, for the purposes of DHS, any man or woman over the age of 18 who seeks shelter independently, without being accompanied by other adults or minors.

**Stabilization bed** is a facility that provides a short-term housing option for a chronic street homeless individual while the individual works with the outreach team to locate a more permanent housing option, such as a safe haven.

**Street/Unsheltered homeless individual** means an individual with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being. These locations can include the streets and sidewalks, parks, hospitals, bus shelters, subways, or other transit centers.

**Supportive housing** means affordable, permanent housing that offers residents access to on-site case management and support, including medication management, onsite meals, and referrals to primary care, mental health care, and substance use services. Supportive housing can be part of a congregate facility or scattered site units. In New York City, supportive housing has been developed primarily through the following plans:

- NY/NY Agreements are the joint City/State agreements to develop supportive housing. The NY/NY I the first long-term commitment to supportive housing was signed in 1990 in response to rising homelessness among individuals living with a mental illness and the declining number of SROs. NY/NY II was signed in 1998 and NY/NY III in 2005, ending in 2016. No NY/NY IV agreement was ever signed.
- NYC 15/15 is the commitment to fund and develop 15,000 units of supportive housing over 15 years announced by Mayo de Blasio in November 2015.
- New York State Empire Supportive Housing Initiative (ESSHI) is the commitment to fund 20,000 units of supportive housing announced by Governor Andrew Cuomo in 2016.

Three-quarter houses (TQH) are typically one- and two- family homes, larger apartment buildings, or other structures run by operators who rent beds to single adults. These homes are referred to as three-quarter housing because they are seen as somewhere between half-way houses and private homes. Many hold themselves out as "programs" but do not provide any in-house services. TQH are not licensed, and no City or State regulates them. Tenants are typically single adults who are returning from prison or jail, recovering from short-term hospital stays or residential substance abuse treatment, facing street homelessness, and/or dealing with unemployment, family crises, or medical issues. Generally, TQHs are the only alternative to the shelter system or the street for such individuals.

**Tier II facility** means a facility that, pursuant to State law, provides shelter and services to 10 or more homeless families including, at a minimum, private rooms, access to three nutritional meals a day, supervision, and assessment, permanent housing preparation, recreation, information and referral, health, and child-care services. The New York City Administrative Code prohibits the use of "Tier I" shelters (which do not have private units), and

further requires that Tier II facilities provide a bathroom, a refrigerator, cooking facilities, and an adequate sleeping area within each unit within the shelter.

**Youth Count** means the count conducted each year by DYCD and Center for Innovation through Data Intelligence (CIDI) to count RHY as a supplement to the HOPE Count. During the count, program staff and/or volunteers at participating programs aim to ask every youth who came into the program or were encountered during outreach to complete a short survey. Participating programs include drop-in centers, outreach teams, housing programs, emergency shelters, community centers, community-based probation sites, and public schools. The survey includes information about where the youth spent the night on the night of the HUD Point-in-Time count, as well demographic and other questions about their housing status.

### APPENDIX II: METHODOLOGY & STAKEHOLDER CONSULTATIONS

At the request of Speaker Corey Johnson, from 2018 to January 2020, City Council staff comprehensively assessed the issue of homelessness in New York City, past and present. Invaluable to the Council's work was the input of stakeholders including advocates, providers, developers, government, and those currently experiencing homelessness. In total, Council staff engaged with over 100 stakeholders.\* Chair of the General Welfare Committee, Council Member Steve Levin, has been a leader on this issue and also provided key insights.

Beginning in the summer of 2018, the Council held a series of roundtable meetings with relevant stakeholders.

- Homeless Services Provider Roundtable: On July 28, 2018, the Council held a roundtable meeting with shelter and supportive housing providers. Among the issues discussed were the challenges associated with siting shelters, safe havens, and supportive housing residences, such as community opposition. Attendees also discussed models that could be explored in New York City to address the homelessness crisis, including increasing HPD homeless set-asides, rapid rehousing, improving aftercare services, and utilizing vacant HPD-financed units to house those in the City shelters.
- Affordable Housing Developer Roundtables: On July 31, 2018 and July 17, 2019, the Council held roundtable meetings with affordable housing developers, supportive housing developers, and affordable housing building owners to discuss the intersection of the homelessness crisis with the building and preservation of affordable housing for homeless individuals. The roundtable also addressed prevention methods to keep individuals currently housed in their homes. The meeting touched on several key issues including: the challenges of siting new supportive and affordable housing projects; the confusion in communities regarding the differences between homeless shelters and supportive housing; the need for support services, both for people transitioning from shelter to affordable housing and for landlords; and SROs as a housing option for those at risk of and homeless.
- Homeless Advocates Roundtable: On August 9, 2018, a roundtable was convened with homeless advocates. Among the issues discussed were the complexities of the City's rental assistance vouchers, even with the streamlining, and the inadequate value of the vouchers. Additionally, there was discussion about the limited number of housing specialists and the need for trauma-informed training for shelter staff, particularly front-line staff. Attendees also discussed the challenges that clients in commercial hotel shelters face in accessing case management and the overall issues people face in shelters.

After the roundtables, Council staff followed up on key recommendations through comprehensive information gathering via multiple additional meetings and phone calls with stakeholders.

Then, Council staff assessed homelessness as it relates to seven sub-populations—seniors, criminal justice-involved, domestic violence survivors, RHY, individuals with disabilities, the medically homeless, and three-quarter house residents. Council staff engaged with the stakeholders associated with each of these sub-populations in two ways. First, in May and June 2019, staff held roundtables with stakeholders to hear the overall issues affecting each sub-population. Then, from June 2019 to December 2019, staff conducted calls and meetings with stakeholders to drill down on the specific issues and solutions.

These conversations have informed each of the recommendations proposed in this report.

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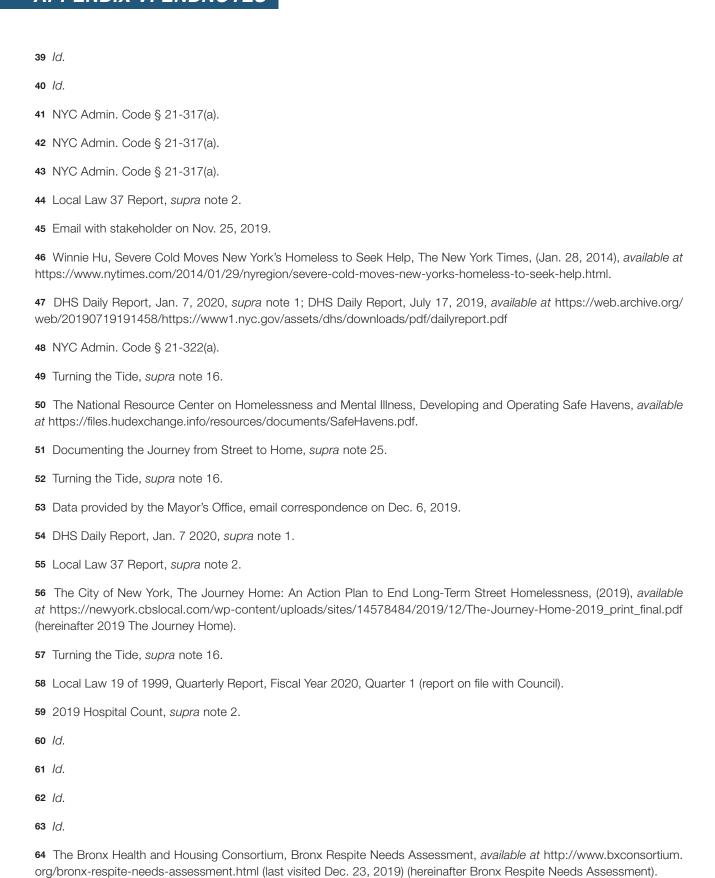
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