



**New York City Council Committees on General Welfare and Health
Oversight - Part 2: Medical Health Services in the DHS Shelter System
Int. No. 929 - in relation to requiring information on health services in shelters
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JOINT TESTIMONY

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Homeless Services United (HSU) is a coalition of over 50 non-profit agencies serving homeless and at-risk adults and families in New York City. HSU provides advocacy, information, and training to member agencies to expand their capacity to deliver high-quality services. HSU advocates for expansion of affordable housing and prevention services and for immediate access to safe, decent, emergency and transitional housing, outreach and drop-in services for homeless New Yorkers.

Homeless Services United's member agencies operate hundreds of programs including shelters, drop-in centers, food pantries, HomeBase, and outreach and prevention services. Each day, HSU member programs work with thousands of homeless families and individuals, preventing shelter entry whenever possible and working to end homelessness through counseling, social services, health care, legal services, and public benefits assistance, among many other supports.

The Coalition for Behavioral Health, Inc. is the largest umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit

community-based mental health and substance use agencies that serve more than 450,000 clients/consumers throughout NYC and surrounding counties. Coalition members provide access to the whole range of outpatient mental health and substance use services, including supportive housing, crisis, peer, employment, Personalized Recovery Oriented Services (PROS), Club Houses, education and food nutritional services, as well as many other supports that promote recovery. In addition to our policy and advocacy, The Coalition trains on average 500 human services providers monthly on cutting edge and proven clinical and best business practices thanks to generous support from the City Council, NYS Office of Mental Health, foundations and in conjunction with the NYC Department of Health and Mental Hygiene and other leaders from the behavioral health sector.

On behalf of HSU and The Coalition for Behavioral Health, I would like to thank the City Council for holding this hearing. HSU has previously submitted testimony regarding the importance of conducting a comprehensive needs assessment to identify the health, mental health and other service needs of homeless New Yorkers such that we can adequately plan for appropriate shelter capacity and service provision. We encourage the City to convene a taskforce of government and community stakeholders that includes homeless services, medical and behavioral health service providers to conduct such an assessment and identify gaps and needs as well as to better coordinate access to care.

Assessment and Treatment

Homeless Families

Though specialized shelter services for families with mental health needs do not exist, there are many homeless families who could benefit from such services. Domestic violence is the leading cause of homelessness for families in New York City. The trauma of domestic violence coupled with the trauma of homelessness can have serious repercussions for children and adults alike and can be associated with health problems such as post-traumatic stress disorder, anxiety and depression. Identifying these problems and offering access to care can greatly enhance family wellbeing which is essential to achieving other goals like securing or maintaining employment and permanent housing.

In recognition of these needs, NYC launched the Thrive initiative which is designed to help identify persons in need of services and connect them to care. Thanks to Thrive, family shelters will be staffed with licensed clinical social workers who can assess homeless families' mental health status and make referrals for ongoing clinical services as needed. While this is a welcome addition to the family shelter model, additional guidance and support on how best to integrate these staff with existing models would be helpful to ensure that we can maximize the benefit to families. Additionally, because so little data on the mental health status of families and children is available, we do not know the extent of the need and what if any additional specialized care should be offered on site or via community care. We encourage the City to collect, track and regularly report data to providers as Thrive is fully implemented so the needs of families can be appropriately assessed and addressed.

Single Adults

Persons with disabilities, including behavioral health issues are disproportionately at risk of victimization. As a City, we must ensure we are doing all that we can to enhance their safety and offer appropriate services to help them avoid or escape homelessness and maintain wellness. Unfortunately, many adults who suffer from mental illness may be reluctant to enter the shelter system out of fear.

DHS has specialized shelters for single adults in need of mental health services. More data is necessary to determine whether or not there is enough capacity to meet the needs of all individuals who require services, and which settings are most appropriate for persons with behavioral health issues. Client feedback suggests that the Safe Haven model which offers more privacy and less restrictive settings are preferred by many who would otherwise refuse shelter services. Safe Haven services should be expanded.

There are also a small number of people, who despite the efforts of homeless outreach teams and others attempting to engage them, refuse services. Outreach providers must do everything they can to respectfully engage with such persons and both respect their autonomy and honor their civil liberties while also assessing what if any danger they may present to themselves or

others. In very rare cases, it may be necessary to involuntarily remove people from the streets and refer them to hospitals or shelter services. Kendra’s Law established a protocol known as Assisted Outpatient Treatment (AOT) to coordinate care for such persons but some homeless services providers have reported difficulties navigating the system, referring clients or tracking progress of those referred. We encourage DHS, DOHMH and the Health + Hospitals Corporation to work with homeless service providers to address the challenges associated with AOT and ensure all parties can effectively serve persons with acute needs.

Aftercare and community stabilization

We strongly encourage the City to move forward with implementing their supportive housing plan and with the continued use of LINC (Living in Communities) rental assistance vouchers. Critical to the success of those exiting homelessness is ensuring they have every resource and support available to them to help avoid reentry or unnecessary obstacles to housing stability. Enhanced aftercare plans for persons exiting shelter, including robust behavioral health discharge plans, are necessary so that those living with behavioral health issues have a clear pathway out of shelter with connections to services that will help them thrive in their communities as independently as possible. When appropriate and desired by the client, there should be a “warm handoff” between the trusted shelter staff worker and any community based provider, to help address the individual’s or their family’s mental health and substance use disorder needs. Regular information, case coordination and overall coordination on initiatives between DOHMH, HRA, DYCD, ACS and the DHS system—especially prevention, outreach and HomeBase will serve to strengthen the safety net of homeless and formerly homeless New Yorkers.

Workforce Support & Training

Homeless Services United, The Coalition for Behavioral Health and our members are fully committed to ensuring access to permanent housing to all New Yorkers in need through the provision of high quality shelter and behavioral health services. This commitment can only be fulfilled by ensuring that there are sufficient resources and budgets to meet the cost of providing these critical services. The value of what we provide to New Yorkers in crisis today, as we help restore them to becoming stably housed, is truly incalculable. However, we can start by

contracting and paying for the true costs of operating programs today. This includes cost escalations for over duration of contracts for such things as insurance, rent and other fixed costs, along with offering competitive wages to ensure retaining and recruitment of staff.

The strength of our work relies on our big hearted and highly capable staff who every day in the face of increasing demand for services step into the fear, chaos and unknown of their clients' world and bring them a ray of hope, of possibility and, most importantly show them that they are not alone in their struggles. We owe to them and their clients that they are fairly compensated, supported and trained to reflect the value of their work in society. This includes offering a living wage, regular cost of living increases, affordable benefits and education and career opportunities to create a strong pipeline of persons pursuing careers in social services.

The Coalition, through its widely recognized experience designing and delivering evidenced based behavioral health trainings and HSU with its deep operational knowledge and experience conducting trainings, welcome the opportunity to collaborate to create and deliver effective and sound trainings for the homeless services sector. In conjunction with our many partners we are confident that we can create a training academy targeting homeless program staff with a training curriculum that can fully prepare them for working with or identifying clients with behavioral health needs. We propose that the City financially support this investment to create this training academy and career pipeline for homeless services and behavioral health program staff. We would be happy to work with the Council and our government partners to realize this investment in our workers which will lead to stronger outcomes for those served by the homeless services system.

We look forward to working with the Council, administration officials and the health and behavioral health community to strengthen existing partnerships and forge new ones to promote the wellness and stability of all New Yorkers in need.

Thank you for the opportunity to testify and we look forward to working with you to create a fully resourced emergency housing and social services continuum.