



HOMELESS SERVICES UNITED

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**New York City Council Committees on General Welfare and Health
Oversight - Part 1: 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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**Testimony of Homeless Services United respectively submitted by
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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.

On behalf of HSU, I would like to thank the City Council for holding this hearing. Homeless people often have serious health problems, with higher mortality rates than those that are stably housed. Sometimes these problems are a direct result of homelessness such as when

health issues are caused by the hazards of living on the streets or in substandard housing, deferring preventive health care for lack of access, stress related illnesses, sleep deprivation and other issues. In other cases, an illness or health condition led to homelessness when a person became too ill to work and afford housing. The clear correlation between wellness and stable housing behooves policy makers to coordinate the shelter and healthcare systems to holistically address an individual or family's needs.

Deciding how to coordinate these two highly complex and regulated care systems requires a careful evaluation of the following: 1) the healthcare needs of homeless New Yorkers, 2) the ability of community healthcare facilities to treat these patients and any special needs they may have, 3) the ability of the shelter system to meet the needs of residents with health related service needs and, 4) identify any gaps in care. HSU recommends the creation of a taskforce consisting of officials from DHS, HRA, HASA, Health + Hospitals, DOHMH, nonprofit outreach and shelter providers and, medical services providers to conduct this evaluation and create a plan to address the healthcare needs of homeless New Yorkers.

The taskforce's first task should be to conduct a thorough needs assessment by compiling data already available from: 1) Street Outreach Teams on the health status of their clients, 2) DHS's CARES case management system on diagnosis for homeless shelter residents, 3) data from Health + Hospitals on the number of patients discharged to the shelter system, and 4) healthcare providers already working with DHS to provide medical assessments at intake centers and shelters. This data would help determine how many homeless people have health conditions that require specialized care and what level of care is necessary for different kinds of patients.

The taskforce should also examine what role the shelter system can and should play in hospital discharge planning and, what if any alternative options should exist. In tandem with this, the taskforce must evaluate the current capacity of medical services in shelter and ways that care is being delivered across systems.

Care delivery models can vary greatly. There are some specialized programs run by HSU members like Care for the Homeless that integrate healthcare into their shelter program setting and Barrier Free Living that focuses on connecting shelter residents with disabilities to community care to ease transition to independent living. Other shelters have nursing care on site; several shelter programs have psychiatric services available, and others specialize in the treatment of substance abuse disorders and mental health treatment. Aside from shelters that provide onsite medical services, some have linkage agreements with care organizations like the Floating Hospital to ensure their residents have access to care. The efficacy of each of these models should be evaluated by looking at any performance data available, working with providers and talking with consumers. The taskforce can then make recommendations on which program models and settings are appropriate for persons with varying levels of need.

The capacity of specialized programs should be mapped and layered over the needs assessment discussed earlier to identify what if any additional measures need to be taken to ensure homeless New Yorkers with special healthcare needs can access shelter and necessary health services. This analysis would determine whether or not additional healthcare services are needed and if additional specialized shelter capacity is necessary to meet the demand.

There are a number of questions that must be considered when creating this capacity plan: How many homeless people need healthcare services onsite versus accessing care in the community? What other services may be necessary to promote wellness and ensure accessibility? Do shelters need to be designed with designated space to accommodate medical professionals such as nurses and home attendants? Should they be equipped with hospital beds and other specialized equipment? What kinds of linkages to community care organizations are necessary? Do communities have sufficient capacity to serve all patients in need? How can DHS partner with the healthcare provider community to coordinate care and transportation to medical appointments? Finally, funding streams must be identified to cover the additional costs of these specialized services so programs can be appropriately resourced to operate sustainably.

Lastly but perhaps most importantly, any new shelter initiative must be paired with a strategy to ensure that there is a permanent housing option available for every person in the shelter system. This includes ensuring that persons with medical needs have viable pathways to permanent housing. It is my hope that as the City moves forward with its supportive housing plan, that it can accommodate persons with disabilities and physical health issues who require services to live independently. For those who are not in need of services but simply an accessible home, agencies like HPD and NYCHA must continue to work to ensure that accessible units in their respective portfolios are set aside for homeless New Yorkers.

While there are more questions than answers, Homeless Services United and our members are fully committed to providing high quality shelter services and access to permanent housing to all New Yorkers in need. We look forward to working with the Council, administration officials and the healthcare 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.