



## HOMELESS SERVICES UNITED

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### Memo to the Transition Team

Homeless Services United is a coalition of fifty 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 promotes effective solutions to end the crisis of homelessness in New York City.

Homeless Service 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 breadth and depth of our expertise is vast. Our strength is in the collective wisdom and expertise of our membership – organizations that ensure the City upholds its legal and moral obligation to provide shelter to everyone who needs it in New York City while also working tirelessly to ensure that as few New Yorkers as possible will ever need our help.

We look forward to partnering with your administration to share ideas and collaborate to ensure programs and initiatives that can help prevent and end homelessness are executed faithfully to maximum effect.

Specifically, we recommend the following:

#### **1 ) Prevent Homelessness and target assistance upstream of acute crisis to reduce expense and trauma**

- a) Fund and scale proven effective preventive programs
  - o Programs such as HomeBase, the Right to Counsel Initiative/Universal Access must be scaled to meet the needs in the communities they served using formulas based on relative demand for services and contain flexible funding to address emergencies at risk households may be facing to avert a housing crisis
    - HomeBase, settlement houses, and other community-based programs must be resourced to drastically expand housing search assistance to people in the community who need to relocate to avoid shelter
    - Universal Access providers must be funded for benefits access and advocacy work
- b) Ease access to rental assistance to reach more households before they become homeless
  - o Expand in-community, preventive rental assistance options to help people without access to technology to apply for public benefits and One-Shot Deals.
  - o Embed HRA staff within all HomeBase offices to assist with public benefits, financial assistance and FHEPS applications.
  - o Expand CityFHEPS eligibility to people receiving services or residing in the community or other shelter systems or institutional settings (“feeder systems”) to avert entry into DHS

- shelters (includes RHY Drop-ins and shelters, HRA DV shelters, hospitals, corrections facilities, and foster care facilities)
- Remove the housing court case requirement for CityFHEPS allowing those with rent demand letters access to assistance before an eviction case is filed.
  - Remove the DHS shelter history requirement for CityFHEPS eligibility in community. Households should not be forced to become homeless and enter shelter to qualify for a rental voucher if they've never been homeless before.
- c) Improve rental assistance administration to make leasing easier and faster
- The entire application and leasing up process for all locally administered rental assistance programs should take only 1 month to ensure the landlord does not lose money, compared to renting to a person paying cash.
  - HRA Center staff must proactively identify and help eligible families apply for FHEPS when they present at HRA centers asking for one shot deals or other rent relief
  - Shelter staff and landlords should not have to resubmit new leases and documentation due to processing/approval delays by HRA.
  - HRA must minimize the reasons why rental assistance payments fall off, and provide more support to landlords when they do.
  - The application process for Emergency Housing Vouchers (EHV) must be streamlined to remove duplicative or onerous documentation and application requirements, and NYCHA and HPD staff must provide live-support and improved communication with providers assisting households submit applications.
- d) Ensure interagency accountability for drivers of homelessness aligning goals of health, specialized services and other agencies to prevent and end homelessness across all populations
- Stem the flow of “feeder” systems (NYC DoC, NYS DOCCS, health homes, psychiatric institutions, other institutional settings) into DHS shelters wherever possible through strengthened discharge planning, specialized homeless diversion programs, access to reentry programs and rental assistance programs.
    - Public and private hospitals must create comprehensive discharge plans for homeless patients brought to emergency departments including calling DHS outreach to engage with individuals while there to ensure a warm handoff to try to stabilize their housing status.
    - Targeted efforts must be made to divert people leaving jails and prisons towards permanent housing to minimize shelter entries.
      - NYS Department of Corrections and Community Supervision (DOCCS) must do more comprehensive discharge plans for individuals in advance of their release, including assistance applying for public benefits and housing vouchers.
        - When shelter is the only option, DOCCS should collaborate with DHS to share pertinent housing/benefits casework and proactively assist with locating housing options to leave shelter.
      - Eliminate bureaucratic barriers for homeless diversion programs serving individuals being released from NYC Department of Corrections, such as the

need to confirm a family member's address to stay at in advance of release, when the individual does not have a means to contact them while incarcerated.

- e) Work with Albany to support the goals of the [Eviction Prevention Roundtable](#) including raising the value of the State FHEPS program and easing access to one shot deals.

## 2) Improve quality of and experience engaging with shelters and outreach teams

- a) Prioritize the creation of purpose built, service-rich shelters citywide and continue to close shelters that do not best serve people experiencing homelessness
  - o Create innovative shelters and transitional housing programs based on the needs of clients and incorporating functional spaces to accommodate and better serve those needs.
    - o City Hall must push back against NIMBY opposition to allow DHS to site and open new shelters in a timely manner, where they are needed in communities and for populations that need them.
    - o Add new shelter services for the aging shelter population.
    - o Create/expand capacity for DHS shelters specifically for young adults including those "aging out" of RHY shelters, as well as LGBTQI.
  - o OMB must clarify that DHS contracts can be used to finance debt service for the creation of shelter and permanent housing projects.
  - o Ensure the vacancy rate in specialized shelters is high enough to allow for appropriate matching of need to relevant services
- b) Ensure contracts are fully funded to ensure good actors can continue to operate programs for persons experiencing homelessness
  - o DHS must change how it scores RFPs to better value the quality of services and experience of the provider, rather than seeking the lowest bidder.
  - o Ensure that DHS contracts are registered on-time and invoices are paid promptly to protect the fiscal health of the sector. DHS, OMB, and the Comptroller's Office must work closely to eliminate delays and backlogs.
    - DHS invoicing procedures should be reset to serve their original function of contract reimbursement, not serve as an interim audit by mandating extensive expense documentation.
    - Audit policies and procedures should be fine-tuned to efficiently target irregularities and uncover malfeasance, while minimizing superfluous requests and fishing expeditions that weigh upon the entire sector.
  - o Properly fund administrative, indirect and other fixed-costs in nonprofit contracts to ensure experienced and exemplary nonprofits are fiscally healthy enough to open additional programs as needed by the City.
  - o All human services contracts must undergo comprehensive wage reform and the cap on fringe should be lifted. The City should establish competitive wage schedules for all nonprofit staff funded through government contracts to ensure good-paying

- jobs with wage ladders that properly scale in relation to other staff lines within the program, agency, and sector as a whole.
- Create professional recruitment and advancement opportunities for nonprofit homeless services staff to attract and retain qualified compassionate staff.
  - Resource homeless shelters to expand holistic, client-centered social service models to address the trauma of homelessness and other underlying issues, equipping clients with skills and supports needed for long-term housing stability. This includes comprehensive health and mental health care, education, job training, and employment services.
    - Reopen DHS model budget exercises for all City-contracted homeless service providers, including both wage reform efforts and right-sizing programmatic services and indirect costs, as well as creating models for programs like Safe Havens which were excluded from prior model budget exercises.
      - Add resources to hire additional DHS shelter housing specialists and lower caseload to allow for more attentive housing search services
    - Maintain MSW Social Workers in DHS Family Shelters funded through the Thrive Initiative to provide access to mental health services to families to mitigate the trauma of homelessness.
    - Maintain capital and security investments in homeless shelters to ensure clean, safe shelter conditions.
- c) Empower street outreach teams to meet the needs of unsheltered New Yorkers using proven client centered approaches to engagement
- DHS Street outreach providers should be empowered to direct limited resources to individuals that based on their professional clinical judgment needs those services, rather than trying to manage optics for DHS in response to bad press or attention from public officials.
  - “Street Sweeps” or forcible removal of a person and/or their belongings from the street should never be used as a punitive measure to punish or coerce persons who are unsheltered. To the extent that it may be necessary to address a dangerous situation cleanups of homeless encampments by DHS in conjunction with DSNY and NYPD should center on the needs of the individuals effected and only be used as a last resort after multiple opportunities for DHS outreach providers to have thoughtful engagements with persons living outdoors.
    - If an encampment must be moved, DHS outreach providers need at least 1 week’s advance notice to enable them to engage and inform individuals prior to cleanup and find appropriate placements or craft a harm reduction plan.
    - Because “sweeps” or “cleanups” should never be punitive measures, DSNY and NYPD must allow individuals the ability to take their belongings with them and DSS must support them with paying for storage as needed.
  - Maintain investments for recent expansions of safe-havens and stabilization beds.

- Maintain FY21 funding levels for Street Medicine budget lines for DHS Outreach contracts, allowing more frequent access to doctors and nurses, and expanded availability of Medically Assisted Treatment (MAT).
  
- d) Improve the shelter intake process to reduce trauma and barriers to assistance
  - Provide access to emergency shelter without deterrent and bureaucratic barriers for all families, unaccompanied youth, and single adults lacking appropriate and available housing options.
    - Create a standardized process for DHS outreach providers to make direct placement in shelter for street homeless individuals, bypassing DHS intake centers.
  
- e) Improve interagency coordination to enhance access to services for those with special needs
  - Public and private hospital emergency departments must stop refusing to admit street homeless individuals suffering acute psychiatric episodes, losing an opportunity to stabilize the patient and improve their mental health.
  - Coordinate government agencies to holistically serve an individual or family regardless of the systems they interact with, including DHS, DYCD, HRA, ACS, DOCCS, OCJ, DOHMH, OMH, H+H, DOE, etc.
    - Align priorities of NYC's homeless and affordable housing plans to ensure viable pathways out of homelessness.
    - To the extent that time continues to be a factor in housing and rental assistance eligibility, the City should cross-honor time in different systems (ACS, HRA DV shelters, DYCD shelters, institutional settings) as time spent "homeless" to qualify.
    - Improve integration of healthcare systems with DHS programs to track individuals regardless of system touch (outreach, shelter, safe haven, drop-in, etc.) to ensure uninterrupted preventative and managed care and holistically address their housing and healthcare needs.
      - Create opportunities for DHS providers to inform healthcare providers of case note information to better inform an individual's treatment plan.
      - Enable DHS providers to proactively flag for healthcare providers if a client is showing signs they need additional mental health support, to proactively stabilize them before a crisis.
    - Share health information with client consent across systems to ensure uninterrupted care and services as families and individuals transition across programs and into permanent housing.
      - Implement DHS access to Regional Health Information Organizations (RHIOs).
  - Fund and embed DHS outreach staff within Health + Hospital (H+H) Emergency Departments, replicating the DSRIP funded pilot program.

- Increase DOHMH funding to expand Intensive Mobile Treatment (IMT) team capacity to engage more individuals with frequent contact with mental health, criminal justice, and homeless systems and have been poorly served by more traditional treatment models.
- Enable providers to deploy staff from their Assertive Community Treatment (ACT) mobile teams based on the individual needs of the client, rather than the one-size fits all model.
- Expand medical and psychiatric services for individuals who are too ill to enter shelter.
  - Fund hospitals to bring more psychiatric beds online to stabilize severely mentally ill individuals in crisis, which creates an opportunity for homeless providers to then stabilize their housing.
  - Create medical respite beds for individuals too sick to enter shelter but not sick enough to qualify for long-term hospitalization and as a result bounce between emergency departments and the street.
  - Continue to open and expand safe-injections sites and create “wet” housing options for individuals suffering from substance use disorder.
- New York City and State must develop a comprehensive disaster relief plan for the homeless services sector for future pandemics.
  - NYC must improve emergency coordination across both DHS and non-DHS homeless providers to ensure that homeless families, single adults, and unaccompanied youth have timely access to appropriate services and shelter, regardless of which system they touch.
  - The plan should employ a disaster-related approach to ensure unmet needs of clients and organizations can be met in a timely manner.

### **3) Increase access to permanent housing and ensure placements are sustainable**

- a) Ensure shelters’ housing placement success is measured and based on quality of placement, not mere quantity. Unsubsidized placements have a very high return to shelter rate, and providers should be encouraged to work with residents to ensure that the placements they make are appropriate and sustainable for the client.
- b) Improve access to CityFHEPS rental assistance for working people by raising income limits from 200% FPL to those earning up to 50% AMI, mirroring Section 8 eligibility. To adopt a true housing first approach to ending homelessness, the City should also waive the work requirement and minimum length of stay requirements to allow persons access to assistance more quickly without barriers.
- c) Improve the Coordinated Assessment and Placement System (CAPS) to better match homeless families, single adults, and unaccompanied youth to housing programs most appropriate their needs.
- d) Recalibrate NYC’s affordable housing plan to create more deeply affordable units, targeted to low and extremely low-income New Yorkers.
- e) Protect/expand capital development funding for low-income and extremely low-income affordable housing production, prioritizing the lowest income households.
- f) Continue investments in supportive housing

- Ensure the State makes good on its multi-year funding commitments for NY-NY IV to create more supportive housing units for homeless people.
- Ensure current supportive housing projects remain whole and fully funded to provide services for their tenants and that rates for scattered site housing are pegged to fair market rent to ensure access to quality units is maintained.
- Create/expand access to level I supportive housing for people with medical frailties.
- Create/expand access to supportive housing for homeless families.
- g) Commit sufficient capital expenditures to maintain and repair NYCHA housing to keep tenants safe in housing and bring vacant units back online.
- h) Work with Albany to strengthen rent control laws and regulations to preserve the existing affordable housing stock
- i) Create more opportunities for non-profit community-based organizations to develop permanent affordable housing projects.

**In addition, Homeless Services United is proud to support the following platforms and initiatives:**

- Paying human services workers fair and equitable wages: [#JustPay](#) campaign
- Preventing homelessness whenever possible: [Eviction Prevention Roundtable](#)
- Supporting families impacted by homelessness: [Family Homeless Coalition](#)
- Ensuring access to education for students experiencing homelessness: [Advocates for Children](#)
- Increasing access to permanent housing for persons at risk of or experiencing homelessness: [United for Housing Coalition](#)
- Renewing New York's commitment to supportive housing: [Campaign 4 New York/New York Housing](#)
- Ensuring the success of New York City's Coordinated Entry system to streamline access to housing and homeless supports: [Coordinated Assessment and Placement System \(CAPS\) Committee](#)

**Additional Resources:**

- NYLAG Medical Respite Report- "Homeless New Yorkers Need a Safe Place to Recuperate- Not the Street" [https://www.nylag.org/wp-content/uploads/2020/01/02\\_MedicallyHomeless\\_Report\\_Digital.pdf](https://www.nylag.org/wp-content/uploads/2020/01/02_MedicallyHomeless_Report_Digital.pdf)
- The Rikers Island Hot Spotters: Defining the Needs of the Most Frequently Incarcerated <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4605192/>
- HUD Report- DATA SHARING Why and How Communities Are Sharing Data to Improve Outcomes for People Experiencing Homelessness <https://files.hudexchange.info/resources/documents/Homelessness-and-Health-Data-Sharing-Toolkit.pdf>
- CDC's National Center for Health Statistics data on Provisional Drug Overdose Deaths <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



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- CUNY Law Review- Civil Gideon and NYC's Universal Access: Why Comprehensive Public Benefits Advocacy is Essential to Preventing Evictions and Creating Stability  
[http://www.cunylawreview.org/wp-content/uploads/2020/02/PIPS\\_Newton-et-al\\_23-CUNYLR-200.pdf](http://www.cunylawreview.org/wp-content/uploads/2020/02/PIPS_Newton-et-al_23-CUNYLR-200.pdf)