Uniting For Solutions Beyond Shelter
The Action Plan For New York City

Action Plan

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Dear Friends:

All across America, small towns and large cities are experiencing increased levels of homelessness. This is certainly the case in New York City, where we continue to see record levels of homeless men, women, and families in shelters each night.

I am proud to report that over the past two and a half years, the City launched a series of initiatives aimed at strengthening our response to those in need – and we have made significant progress. The Department of Homeless Services introduced new homeless prevention initiatives, helped record numbers of people leave shelters and find permanent homes, and asked those receiving shelter services to take steps to help themselves and move toward self-sufficiency.

To address the long-term concerns, my administration released *The New Housing Marketplace*, a plan to build and preserve more than 65,000 homes and apartments in neighborhoods around the City. Sustained investment in affordable housing is fundamental to our long-term economic prosperity, as well as to overcoming homelessness. We must continue to find innovative ways to support affordable and supportive housing development, even in challenging economic times.

Uniting for Solutions Beyond Shelter is a 10-year action plan that brings together the business, nonprofit, and public sector communities to address the challenging issue of homelessness at its core, rather than manage it at the margins. It reflects my strong belief that every individual and family deserves safe, affordable housing – a goal we can achieve through proactive, coordinated action and investments in cost-effective initiatives that solve homelessness.

I look forward to working with you to achieve these important objectives that will further improve our great City for all New Yorkers.

Sincerely,

Michael R. Bloomberg
Mayor

ACKNOWLEDGMENTS

INTRODUCTION

The City of New York has created the most comprehensive and extensive shelter services system in the world.

In the last decade, approximately 4.6 billion dollars have been spent building and maintaining a network of emergency shelters and an astounding 416,720 individuals, including 163,438 children, have received shelter services during this time. New Yorkers can take pride in the compassion and generosity that has come to characterize the city's response to those in need.

But as vast resources and energy have been focused on creating and maintaining this extensive shelter network, the discussion around how best to address homelessness has become a discussion about the provision of shelter, rather than long-term solutions.

As a result of these factors and a persistent and significant affordable housing crisis, the number of people in shelter continues to exist at extremely high levels. The average daily census in the shelter system for the first nine months of fiscal year 2004 hovered around 38,200 individuals, including 16,100 children. Several thousand additional men and women remain on city streets.

Highlighting the need for a new response to homelessness are the following observations, made by public officials, homeless services providers, and business and nonprofit leaders.

- Street homelessness should not be accepted as a fact of city life. Today it is.
- Children should not grow up in homeless shelters. Today they do.
- Incentives should not encourage or needlessly prolong dependence on shelters. Today they do just that.
- Direct discharges of clients from other service systems into shelters represent failures of public agencies. Today, discharges to shelter occur frequently.
- Long-term shelter stays represent a failure of the system and a negative outcome for those in shelter. Today this is commonplace.
- Tax dollars earmarked for homelessness should support solutions like prevention, rental assistance, and supportive housing. Today they mainly support shelters.
- No single public agency – indeed, not even a single sector – can by itself overcome the complex issue of chronic homelessness.

Today, the city's first line of response to nearly any type of housing instability – i.e., potential eviction, household tension, medical emergency, or falling behind on rent – is shelter. Despite the fact that the shelter system was designed specifically to protect people from the streets, shelter has become the de facto, institutionalized response to wide-ranging needs – many of which could be better addressed with nuanced and more flexible interventions that help people stabilize housing, retain community ties, or transition successfully from institutional or custodial settings to community housing.

Ensuring access to shelter to those in need remains a core value. A "shelter first" response to any and every need or housing crisis, however, will continue to drive up costs and shelter usage, while diverting attention away from prevention, supportive housing, and other community-based interventions that solve homelessness.

TAKING ACTION

In November 2003, Mayor Bloomberg convened an unprecedented group of public, private, and nonprofit leaders to develop a 10-year, multi-sector strategy to address these concerns and strengthen the city's response. A 41-member coordinating committee, as well as hundreds of task force participants and experts convened from November 2003 through April 2004 to produce a nine-point strategy. That strategy aims to:

1. Overcome street homelessness
2. Prevent homelessness
3. Coordinate discharge planning
4. Coordinate city services and benefits
5. Minimize disruptions to families whose homelessness cannot be prevented
6. Minimize duration of homelessness
7. Shift resources into preferred solutions
8. Provide resources for vulnerable populations to access and afford housing
9. Measure progress, evaluate success, and invest in continuous improvement

In ways large and small, these strategies will reshape the city's approach to assisting at-risk and homeless New Yorkers. Collectively they will:

- Create a roadmap that invests new money and redirects existing resources from shelters to expanded community-based prevention programs and other housing solutions.

- Raise the level of public awareness and community involvement to challenge a collective acceptance of homelessness both on the streets and in shelter.

- Bring public agencies together in a coordinated campaign to maximize available government assistance to those in need and to reduce institution-to-institution discharges that result in homelessness.

- Reverse the trend in which families and individuals who become homeless remain homeless for excessively long periods of time, with a particular emphasis on preventing chronic homelessness in shelters and on the streets.

- Ensure access to shelter for those in need, while affirming the responsibilities of those receiving services to move toward self-sufficiency.

Achieving reforms of this magnitude will require different spending priorities, policies, and programs. *Uniting for Solutions Beyond Shelter* includes the principles, concepts, and policy directions that will guide the city over the next decade.

NEXT STEPS

Following the release of this plan, a full implementation strategy will be developed within 60 days. This will identify responsible authorities for each task, as well as a work plan with timeframes. The strategy will include targets and milestones, which will gauge progress in achieving the following key indicators:

- Decrease in the number of individuals living on the streets and in other public spaces
- Increase in the number of people leaving shelter to stable housing
- Increase in the supply of affordable, service-enriched and supportive housing
- Decrease in the number of applications for shelter
- Decrease in the length of stay in shelter
- Decrease in the total number of people in shelter

Uniting for Solutions Beyond Shelter represents the potential to deliver improved outcomes to those at risk of homelessness, as well as those already homeless in New York City. By incorporating the best thinking and contributions of the public, private, and nonprofit communities, the potential for a true citywide campaign to effectively reduce homelessness and better meet the needs of those at risk becomes possible.

ON ENDING CHRONIC HOMELESSNESS

The national conversation is shifting from "managing" to "ending" homelessness, especially chronic homelessness. New York City embraces the goal of ending chronic homelessness in 10 years. At the same time, the way in which New York City experiences homelessness is different from other jurisdictions. The scope of *Uniting for Solutions Beyond Shelter*, therefore, must also be different. Broader commitments to preventing and diverting homelessness and rapidly re-housing those who do become homeless will do much to overcome the mass urban homelessness now experienced in New York City.

For the purpose of measuring progress toward ending chronic homelessness, the following definition will be used:

- A chronically homeless individual is any currently homeless individual (including single adults and individuals in adult couples) who is disabled and has been homeless for at least 365 days of the last 2 years, not necessarily consecutive; or any currently homeless individual who has been homeless for 730 days of the last 4 years, not necessarily consecutive.

- A chronically homeless family is a currently homeless family that has been homeless for at least 365 days of the last 2 years, not necessarily consecutive.

Individuals in DHS Homeless Shelters

Average No. of Individuals in Shelter Each Day
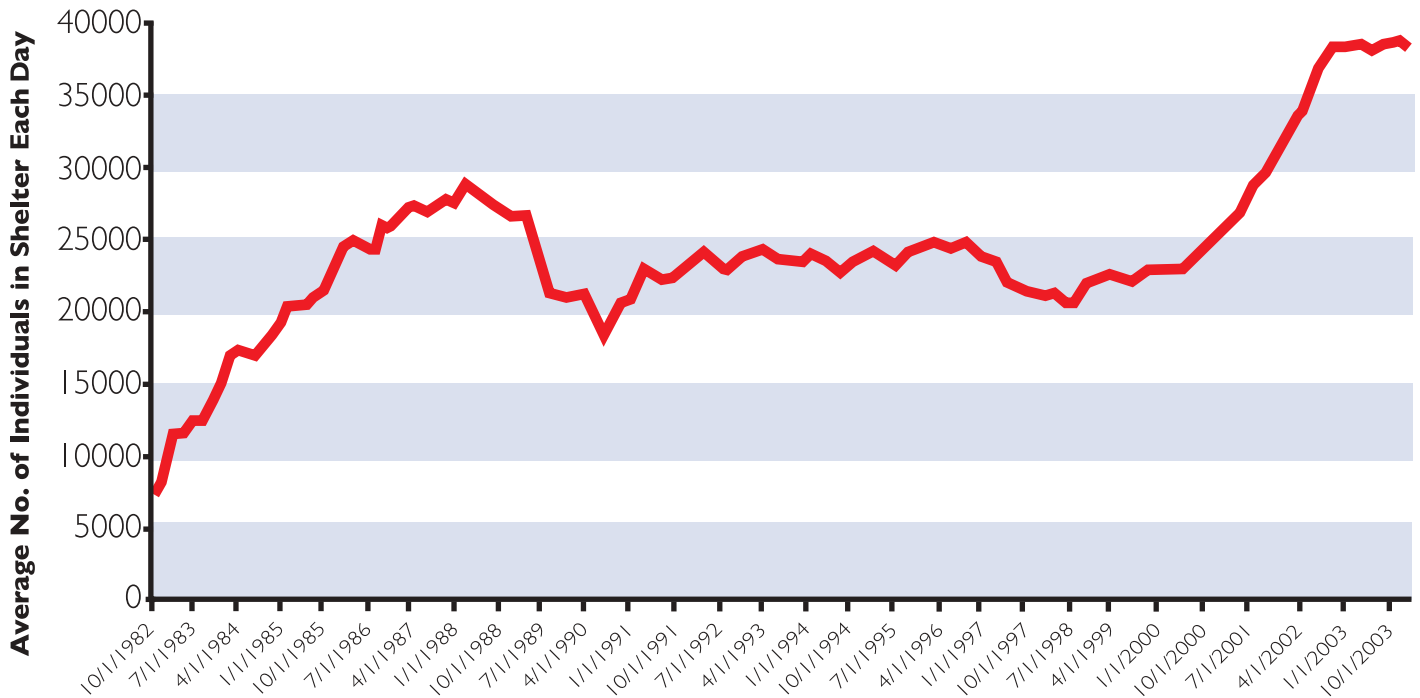
The average number of individuals in shelter has increased dramatically over the past 20 years.

Children in Homeless Shelters
(7/2003 - 4/2004)

16,572 (43%)

21,770 (57%)

Adults

Children

The percent of children as a portion of all individuals in shelter has grown over the years. Daily, an average of 43% of all individuals in shelter are children.

THE CHALLENGE

Several thousand homeless individuals remain on city streets despite the fact that the city guarantees free shelter and sponsors outreach teams that work around the clock to encourage street homeless individuals to come inside.
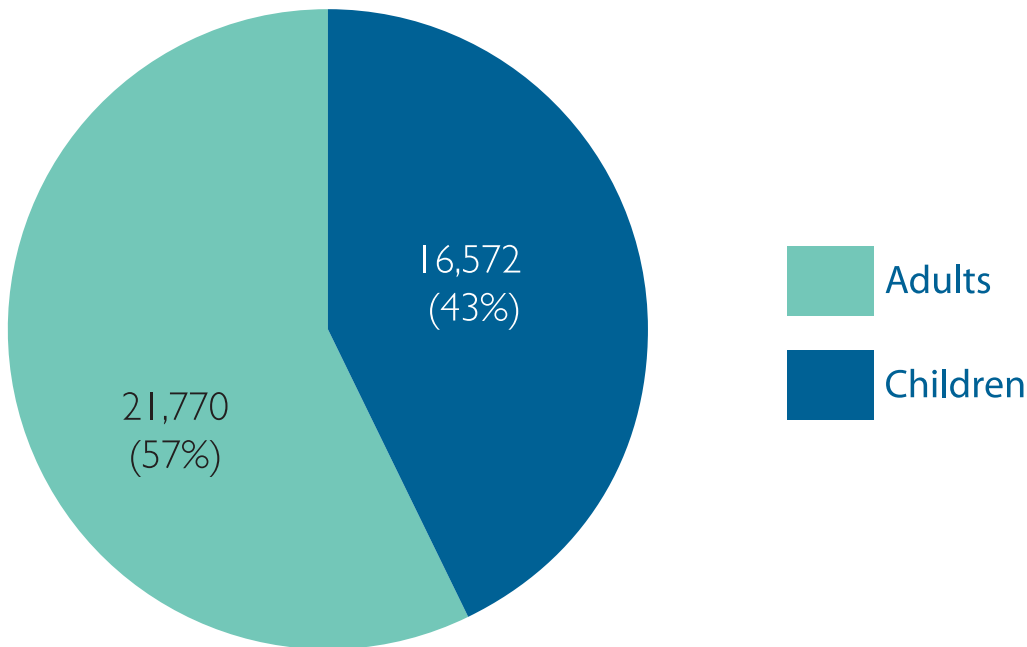
Many of these individuals, especially those who are chronically street homeless, believe that remaining outside makes more sense than entering the shelter system as it now exists. Some acknowledge that they cannot maintain sobriety or comply with program requirements. Others resist the structure and order that communal shelter life requires. And others believe that shelters are unsafe, despite many gains in creating safer environments over the years.

The street homeless population is largely comprised of individuals with mental illness and/or substance abuse issues. They are survivors, having forged lives in public spaces for many years. No doubt, the generosity of passers-by enables many to remain on the streets.

New York City's outreach teams and drop-in center staff are successful in convincing some individuals to give programs or shelter a chance. But outreach and drop-in center efforts are under-equipped for the task at hand. There is, at times, a lack of coordination with other programs that provide aid. These nonprofit organizations are limited by an inability to offer individuals flexible service options – especially in that fleeting moment when engagement is possible.

SOLUTIONS

A successful effort to overcome street homelessness must ensure the availability of and easy access to safe and viable alternatives to the street. This must be coupled with accountability mechanisms that hold providers, as well as public agencies, responsible for producing results.

Ending street homelessness also requires an acknowledgment that street homelessness is harmful for those who live in public spaces, and has negative effects on the communities and areas in which street homelessness proliferates. For humanitarian and quality of life reasons alike, people on the street should be helped and street homelessness, as a condition of urban life, should not be tolerated.

The initiatives in this chapter build on best practices, such as the coordination and expansion of outreach and drop-in center services. They expand "housing first" options and low-threshold shelter – permanent and transitional housing models that first focus on moving people from the streets and incorporating progressive services over time. They also establish goals and targets for reducing street homelessness complete with neighborhood-by-neighborhood strategies and strong accountability standards for agencies and providers.

In the last decade, tremendous progress has been made in reducing the number of individuals living on the streets, yet street homelessness remains a fixture of city life. The knowledge and skills to end it exist. What's needed now is the commitment of resources and the political will to make it happen. The initiatives here provide that critical foundation.

Estimated No. of Unsheltered Individuals in Three Boroughs (2/23/2004)

Pie chart values:
- 268 (10%) — Subway Cars and Terminal Stations
- 314 (12%) — Non Terminal Subway Stations
- 216 (8%) — Staten Island Surface
- 414 (15%) — Brooklyn Surface
- 1482 (55%) — Manhattan Surface
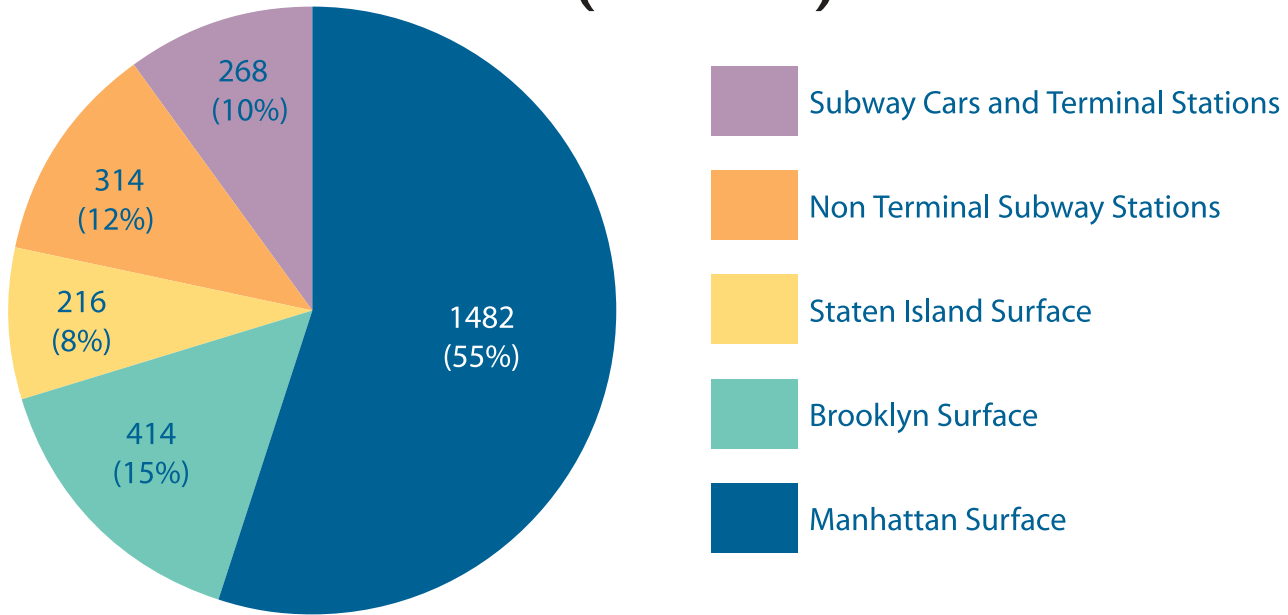
On February 23, 2004, the city estimated 2,694 total individuals on the streets, subways, and in other public spaces in Manhattan, Brooklyn, and Staten Island.

Source: DHS Homeless Outreach Population Estimate 2004

Drop-In Center Usage (FY 2002-2004)

Legend: FY2002, FY2003, FY2004

Y-axis: Average No. of Clients Using Drop-In Centers Each Day

X-axis: Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun
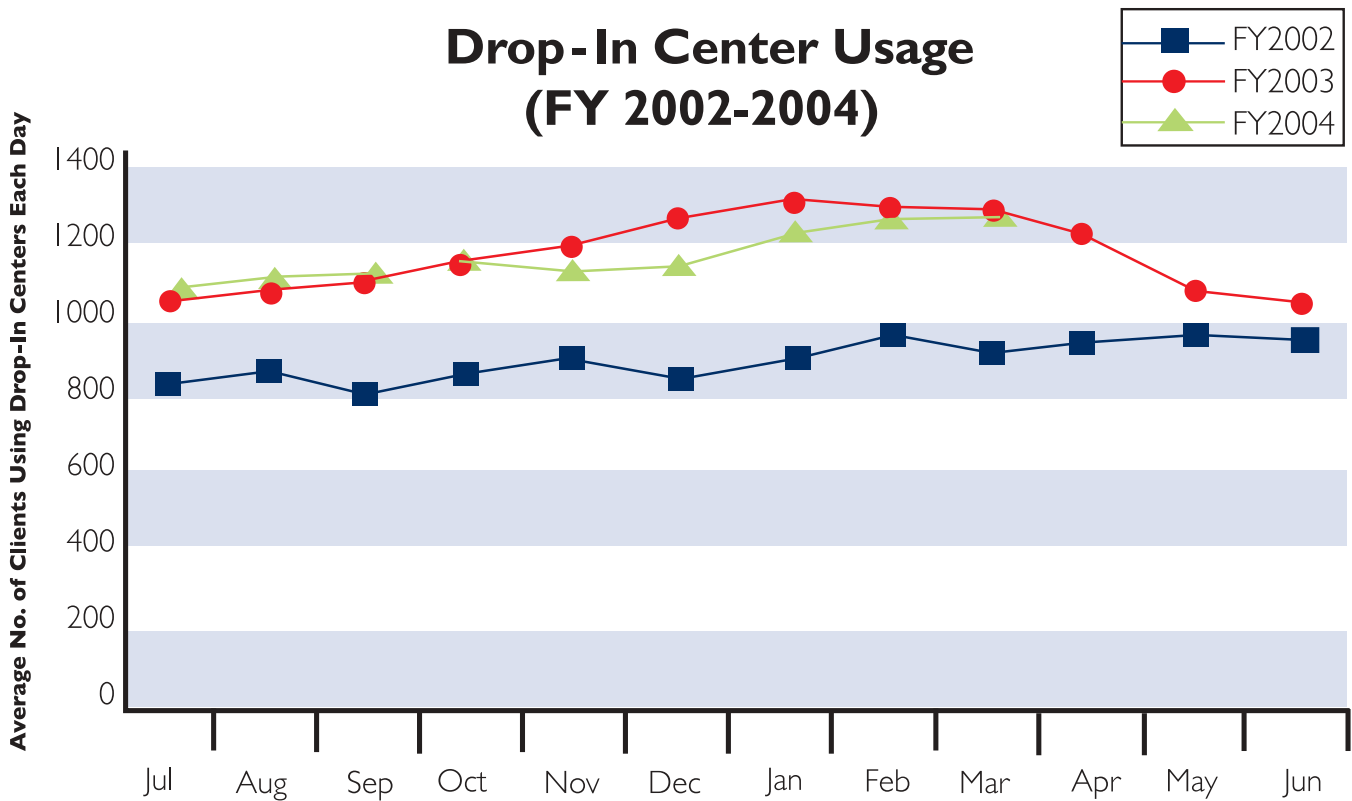
While drop-in center usage follows a seasonal cycle – higher in the winter and lower during warmer months – total usage has remained high over the past few years.

Source: DHS Administrative Data

TAKING ACTION

The Next Step	Current Status	Taking Action
Establish a Citywide Outreach/Drop-in Center Coordinating Council	Dozens of organizations today serve street homeless individuals, yet there is no system in place to facilitate formal communication or coordination among them. As a result, efforts are duplicated, some opportunities to reach homeless individuals are lost, and resources are not coordinated or maximized.	A citywide coordinating council will guide and coordinate policy and practice of providers engaged in outreach and drop-in services. It will ensure that providers and city agencies establish and meet goals for reducing street homelessness. It will also ensure better coordination among groups whose different funding streams have led to varied approaches.
Reconfigure Outreach Services	Historically, outreach programs haven't employed clinically trained staff or utilized a traditional case management approach for those with co-occurring mental health or substance abuse issues. Outreach programs have had few resources beyond shelter to offer those who live on the streets.	Borough-based, multidisciplinary outreach teams will offer comprehensive integrated treatment for co-occurring mental health, substance abuse, and medical issues (particularly HIV). The new approach will include a strong peer component, enhanced ties to local communities, and increased access to permanent and transitional housing options with minimal entry requirements.
Create an Accessible Citywide Clinical Database	At this time, no system exists to collect, manage, and share information about street homeless individuals who receive services from drop-in centers and outreach programs. Because many street homeless individuals are nomadic, they receive services from a variety of providers in different locations. The absence of a citywide database sometimes slows the process of engagement and may actually hinder outreach efforts.	A database system containing demographics, lodging and housing history (including hospitalization and incarceration), clinical information, and details about prior homelessness episodes will be created. This system will be accessible to participating homeless outreach and drop-in service providers and others to share information to better engage clients. Safeguards to ensure client confidentiality will be established and maintained.
Expand the Capacity of Drop-in Centers	New York City currently has 10 drop-in centers that offer street homeless individuals a range of social and medical services, assistance in accessing benefits, and permanent or transitional housing placement services. These centers are effective at engaging those who wouldn't ordinarily come into shelter.	The capacity and coordination of drop-in centers will be expanded. Using data from the annual street survey in conjunction with input from outreach providers, the city will work to ensure increased availability of services, particularly in underserved areas.

The Next Step	Current Status	Taking Action
Decentralize Men's Intake	The 30th Street Men's Shelter in midtown Manhattan is currently the only place for homeless men to enter the shelter system. The large number of people that receive services there, the perception of the site as unsafe, and its inaccessibility to men living on the streets in other boroughs discourages some homeless men from seeking shelter.	Three smaller intake centers will be opened throughout the city to ease entry into the shelter system for single adult men. The new centers will include a user-friendly design, a computerized bed reservation system to ensure swift placements, and enhanced staffing models.
Conduct Citywide Street Estimate Annually	A complete estimate of the size of the street homeless population in New York City does not exist. The Homeless Outreach Population Estimate (HOPE), a point-in-time estimate of the street homeless population, has been conducted in Brooklyn, Manhattan, and Staten Island. The lack of an annual city-wide estimate makes it difficult to know if outreach programs are reducing street homelessness.	In 2005, HOPE, which is carried out with the assistance of hundreds of volunteers, will be conducted in all five boroughs. It will be repeated on the same night of the year, every year moving forward. The estimates will be used to measure the effectiveness of outreach programs and ensure that programs adapt to changing conditions on the streets.
Expand "Housing First" Options for Those on the Street	The existing range of services does not meet the needs of some street homeless individuals. Chronically street homeless individuals, in particular, may not be able to meet the requirements (such as sobriety) of existing programs. In other words, the "threshold" is too high.	Permanent housing program models that couple supportive services with individual apartments, single rooms, or other housing options, will be expanded. This "housing first" strategy, which has proven extremely effective in engaging chronically street homeless individuals to leave the streets, aims to stabilize individuals in permanent housing and then provide services that lead to recovery, stability, and ultimately independence.
Expand Transitional Programs with Low Threshold/Progressive Demand	Some street homeless individuals reject existing services. Others are unable to access them or meet entry requirements. Many existing programs have requirements that are in fact unattainable, especially to those with profound mental health or substance abuse issues.	Transitional housing models that require less of individuals in the beginning and more over time will be expanded. These models include "Safe Havens," which are similar to drop-in centers but have onsite beds, and shelter programs that accept people directly from the street and subsequently engage them in drug and alcohol rehabilitation.
Create Community Street Population Estimates, Targets, and Accountability Mechanisms	There is no estimate of the neighborhoods with the highest concentrations of street homeless individuals. Therefore, no targeted plan to reduce homelessness in these areas exists.	Once taken citywide, HOPE data will be used to target neighborhoods with high levels of street homelessness. Neighborhood-based policies will then be enacted to reduce street homelessness in high concentration areas, encouraging and supporting communities to address the issue locally. Outreach providers in these areas will establish goals and be held accountable for reducing the local street homeless population.

THE CHALLENGE

Thousands of people enter shelter each year without having benefited from homeless prevention programs. Some attempt to receive aid, but the assistance fails or is otherwise insufficient. Many do not seek aid from existing programs that might have stabilized or saved their housing.

Families who become homeless in New York City typically enter shelter after leaving a shared living situation, usually with immediate family members. Single adults generally become homeless after leaving an institution or losing housing. Most of these families and individuals are grappling with underlying issues that precipitated their housing crisis.

Today, the overwhelming majority of resources and programs that help those with housing instability only take effect after someone has become homeless. While ensuring shelter to those in need is critical, the thrust of resources should be spent preventing rather than sheltering homelessness.
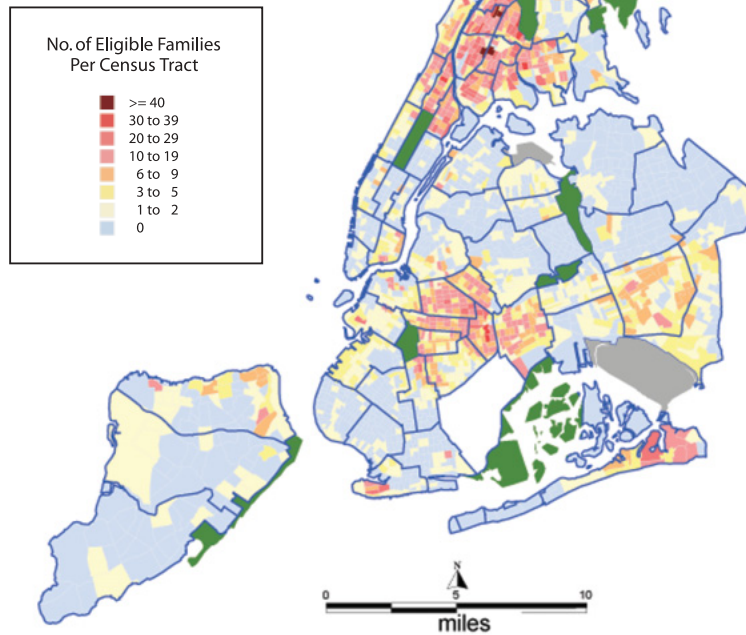
SOLUTIONS

The initiatives outlined in this chapter shift priorities and services to homelessness prevention, primarily by strengthening programs, resources, and collaborations at the community level. Innovative programs that focus on helping landlords and tenants avoid evictions at housing court will also be pursued. It is at these community locations that the underlying needs of those at risk can be spotted and addressed.

Making this shift will require some trade-offs, as well as disciplined decision making. This will include taking affirmative steps to ensure that prevention programs offer meaningful alternatives to shelter services, using data and cross-agency partnerships to target resources to those at risk, and creating strong accountability provisions to ensure providers, agencies, and those receiving prevention services all take necessary steps to make preventive interventions work.

It is well documented that preventing an episode of homelessness costs less than sheltering an episode of homelessness – and the potential to generate cost savings is important. But shifting the city's reliance away from an ever-expanding network of shelters to expanded and integrated community-based prevention services presents the potential for achieving something more important: diminishing the trauma and dislocation that homelessness causes in the lives of too many individuals and families.

Where Homeless Families Come From (FY 2003)

No. of Eligible Families Per Census Tract

- >= 40
- 30 to 39
- 20 to 29
- 10 to 19
- 6 to 9
- 3 to 5
- 1 to 2
- 0

Certain communities experience disproportionate levels of family homelessness, which presents opportunities for targeted homelessness prevention efforts.
Source: Vera Institute of Justice and DHS Administrative Data

Last Place of Stay Reported By Single Adults Entering Shelter (CY 2003)

- Own Home
- Other
- Drop in Center
- Jail or Prison
- Hospital or Detox
- Street or Park
- Family or Friends

Category	Value	Percent
Own Home	1,187	(7.8%)
Other	1,138	(7.5%)
Drop in Center	503	(3.3%)
Jail or Prison	2,406	(15.9%)
Hospital or Detox	920	(6.1%)
Street or Park	4,285	(28.3%)
Family or Friends	4,688	(31.0%)
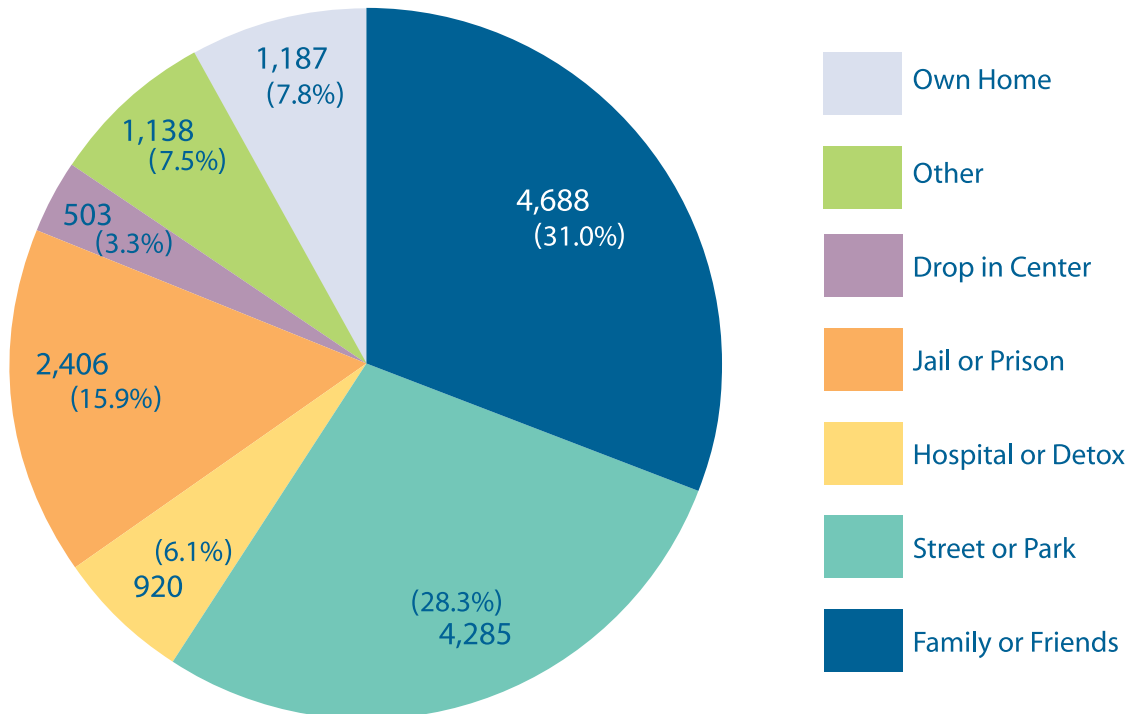
About 40% of single adults entering shelter report coming from housing, suggesting community-based efforts may prevent their homelessness.
Source: DHS Administrative Data

TAKING ACTION

The Next Step	Current Status	Taking Action
Implement Community-Based Prevention Services	Shelter has often been the first and only assistance offered to families, single adults, and couples faced with housing instability. In addition, rental assistance, anti-eviction services, and general casework that may prevent homelessness have only been offered on a limited basis.	In 2004, DHS launched the Household Stability Initiative, a neighborhood-based homeless prevention program, in six communities that experience high rates of homelessness. An evaluation of this program will follow. DHS will continue to expand the program to reach more communities, individuals, and families with rental assistance, anti-eviction services, and other prevention initiatives.
Introduce Innovations to Housing Court to Focus on Homelessness Prevention	In certain cases, evictions are ordered because the tenant is unable to obtain proof of income and benefit documentation. There is little support currently available at housing court to prevent these avoidable evictions.	The New York City Civil Court will coordinate with public agencies to conduct case conferences and address issues that may result in an eviction. Community court models that stress landlord-tenant mediation will be examined and best practices incorporated.
Expand Aftercare Initiatives	High rates of families and individuals who leave shelter re-experience homelessness after losing permanent housing again. Aftercare services increase the likelihood for some to achieve stability in their new homes and communities. Historically, these services have been provided to a limited number of high-risk families, and only to those who have wanted them.	Aftercare services will be expanded so that more families and individuals benefit from them. These programs will be evaluated to learn the best ways to help at-risk households avoid another experience in shelter. Services will be mandatory for those who need, but reject, this assistance.
Provide "Brief" Legal Services	Currently, there is a "one size fits all" approach to providing anti-eviction legal services. This results in some tenants getting more anti-eviction legal services than needed, while others are unable to access these services.	City-funded nonprofit legal services will provide a more flexible range of services. Full legal representation will be available in some instances, while brief legal assistance (such as drafting a document or negotiating with a landlord) will be available in others. This will increase the number of people receiving assistance, while maximizing public resources.

The Next Step	Current Status	Taking Action
Include HRA Adult Protective Services (APS) as a Full Partner in Targeting Prevention Services	APS helps special populations, such as senior citizens, adult dependent children, and developmentally delayed individuals. At this time it does not link those deemed ineligible for its services to homeless prevention programs.	A joint HRA-DHS initiative will assist in preventing homelessness among APS clients. Also, at-risk individuals who are not eligible for APS services will be referred, when appropriate, to prevention and aftercare programs.
Implement Standards of Client and Provider Responsibility in Prevention Interventions	Individuals and providers do not at this time benefit from clearly defined roles and responsibilities that ensure that expectations are clear and best outcomes achieved, as prevention services are received and administered.	Standards of mutual responsibility will be introduced in homeless prevention programs. A principle will be established that individuals and families receiving prevention services must participate and take responsible action to the extent they are capable.
Enhance Client Involvement and Self-Advocacy	Despite the fact that programs and services are designed to meet the needs of clients, they have had little role in shaping those programs. This has led to missed opportunities for developing services that empower clients and take the strengths of clients into consideration.	Those responsible for creating programs will include clients as partners in program development and decision-making. This builds on the belief that when clients are able to advocate for themselves, clients and communities benefit. Opportunities to include client participation will be actively pursued.
Make Alternative Housing Solutions Preferable to Shelter	Most people who receive shelter services are homeless and have nowhere else to go. In some instances, however, shelter may be seen as preferable to an alternative housing situation.	Programs will continue to provide safe and appropriate shelter and services to those in need. Incentives that make shelter preferable to available housing options will be redirected into community-based prevention settings. Other options, including supportive housing, will also be expanded as a preventive intervention.

THE CHALLENGE

One common avenue into homelessness is a "discharge" into shelter from another custodial or institutional setting. Data show that significant portions of the single adult population, in particular, become homeless in this way.

Adults leaving jails and prisons, for example, often enter shelter immediately after release or after a less-than-stable housing situation falls through. These individuals often have few social or family supports to lean on and face major challenges finding employment, staying clean and sober, and accessing housing or rental assistance. Taken together, these challenges are difficult to overcome.

Institutional discharges occur from other settings as well. Adults discharged from mental health facilities and hospitals routinely enter shelter. Young people aging out of foster care sometimes have nowhere else to turn. Too often, parents reunifying with children who have been in foster care do so in shelter. Many times, clients find themselves applying for shelter after being advised to do so or referred by a social worker from another service system.

While ensuring shelter to those in need is critical, the reality is that shelter is no substitute for permanent housing or the stability that comes with it. For many of these vulnerable populations, stable housing is key to recovery or successful integration back into community. Homeless shelters are neither equipped nor meant to serve this purpose.

SOLUTIONS

The initiatives in this chapter outline new commitments and increased partnerships to reduce the number of individuals and families leaving one system and entering another. They embrace the notion that homelessness is an outcome that all agencies and institutions should work to prevent.

Promising new collaborations between the Department of Correction and the Department of Homeless Services, which focus on reducing homelessness and re-incarceration, will be expanded. A pilot undertaken by the State Division of Parole that helps parolees currently in shelter quickly transition to permanent housing will also be expanded. Ongoing work by the Administration for Children's Services will continue to be strengthened to bring the stability of permanent housing to high-risk populations.

For many years, shelter-providing agencies have been discussing the high number of individuals and families discharged into homelessness. *Uniting for Solutions Beyond Shelter* replaces that discussion with the active participation of all key agencies and institutions needed to reduce this pervasive trend.

Adults in Shelter (CY 1999-2002)
Who Had a Jail Stay (CY 1994-2004)

20,712
(30%)

48,328
(70%)

■ Single Adults without a Jail Stay

■ Single Adults with a Jail Stay
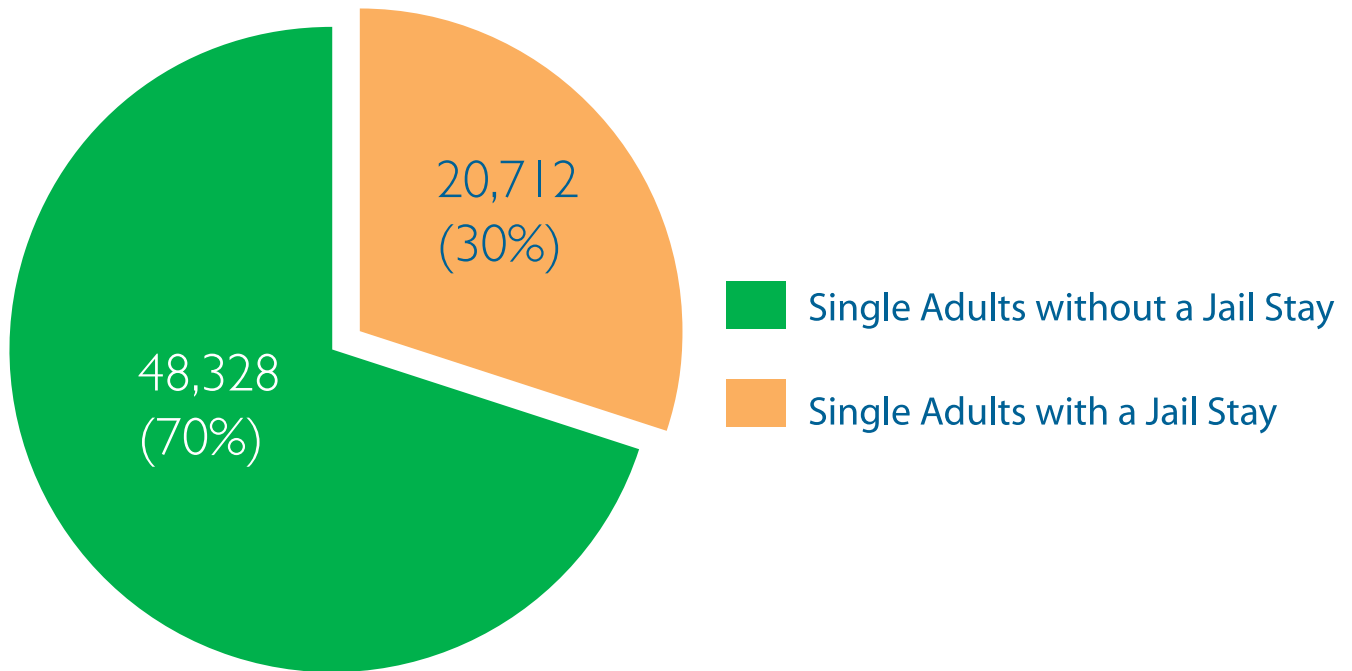
For the 30% of single adults in DHS shelters who had a jail stay, they had
an average of four jail admissions.

Source: Dept. of Correction and DHS Administrative Data

Youth Aging Out of Foster Care Who
Experienced Homelessness (CY 1988-1992)

777
(26%)

2,212
(74%)

■ Entered Shelter

■ Did Not Enter Shelter
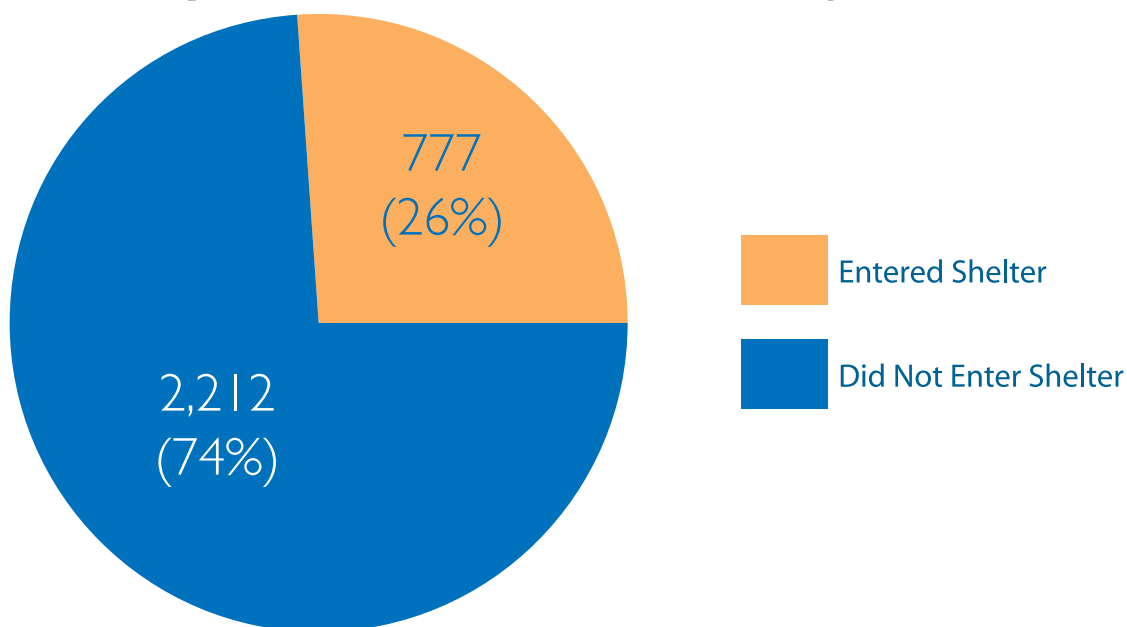
For those youth aging out of foster care* between 1988-1992, 26% entered shelter
at least once in the next 10 years.

*This includes youth whose cases were closed while receiving ACS preventive services.

Source: Study by Park, Metraux, Brodbar and Culhane (2004) using ACS and DHS Administrative Data

TAKING ACTION

The Next Step	Current Status	Taking Action
Coordinate Discharge Planning for Individuals Entering Shelter from Jail	Many individuals released from jail enter shelter each year. Studies show that these individuals are more likely than others to end up in jail again. For many, a pattern of cycling back and forth between jail and shelter develops – at great cost to individuals and society alike.	New efforts are underway to prevent discharges from jails into homeless shelters and re-entries from shelters into jails. These initiatives focus on helping former inmates gain employment and substance abuse assistance, as well as access to other benefits or assistance that helps them find housing stability.
Coordinate Discharge Planning for Individuals Entering Shelter from Prison	Many individuals released from state prisons enter shelter each year. A pilot program between the State Division of Parole and DHS, which was started in 2002, helps parolees move from shelter to independence.	The current pilot program will be evaluated and, if successful, expanded. State and local agencies will increase the use of data to understand the size of the problem, increase access to resources that lead to housing stability, and form new partnerships that help ex-prisoners with mental illness avoid homelessness.
Coordinate Discharge Planning for Individuals Entering Shelter from Hospitals and Community-based Treatment Facilities	Some at-risk or homeless individuals in hospitals, mental health facilities, and substance abuse programs enter or return to homeless shelters after cycles of care. Too often, shelters are used as a discharge resource, yet shelters and homelessness do not offer the stability these individuals need during recovery.	Providers and treatment facilities will develop a range of initiatives to decrease the number of people leaving treatment facilities for shelter. An accountability and evaluation system will be created to monitor and improve results. Referrals, when appropriate, to supportive housing settings for at-risk individuals will be encouraged.
Coordinate City Services and Benefits in a Child Welfare Collaboration	Some parents with children in foster care are ready to bring their families back together, but need housing in order to create a stable home environment. Sometimes these families reunite in a homeless shelter, which does not provide the stability of permanent housing. Also, when young adults age out of foster care they experience an increased risk of homelessness.	Initiatives will help families reunite in housing rather than shelter so they can avoid the negative consequences of homelessness at a moment of family vulnerability. Efforts to connect teens aging out of foster care with supported independent living programs will also be pursued.

THE CHALLENGE

Homelessness is triggered by the loss of housing, but the loss of housing is usually precipitated by the presence of other risk factors. These include poverty; a history of childhood housing instability or incarceration; a lack of adequate education, employment readiness or opportunity; and the presence of mental health or substance abuse issues.

By the time individuals and families reach out for shelter, many have had long histories of interaction with other social service agencies and providers. Yet these agencies do not routinely or easily share information with each other to create integrated service plans, maximize resources available to clients, and decrease housing instability that may lead to homelessness.

In addition, eligibility rules and the service approaches of varying agencies sometimes come into conflict, leaving clients confused or unaware of services that can help them. These disruptions can add to the challenges at-risk or homeless New Yorkers already face.
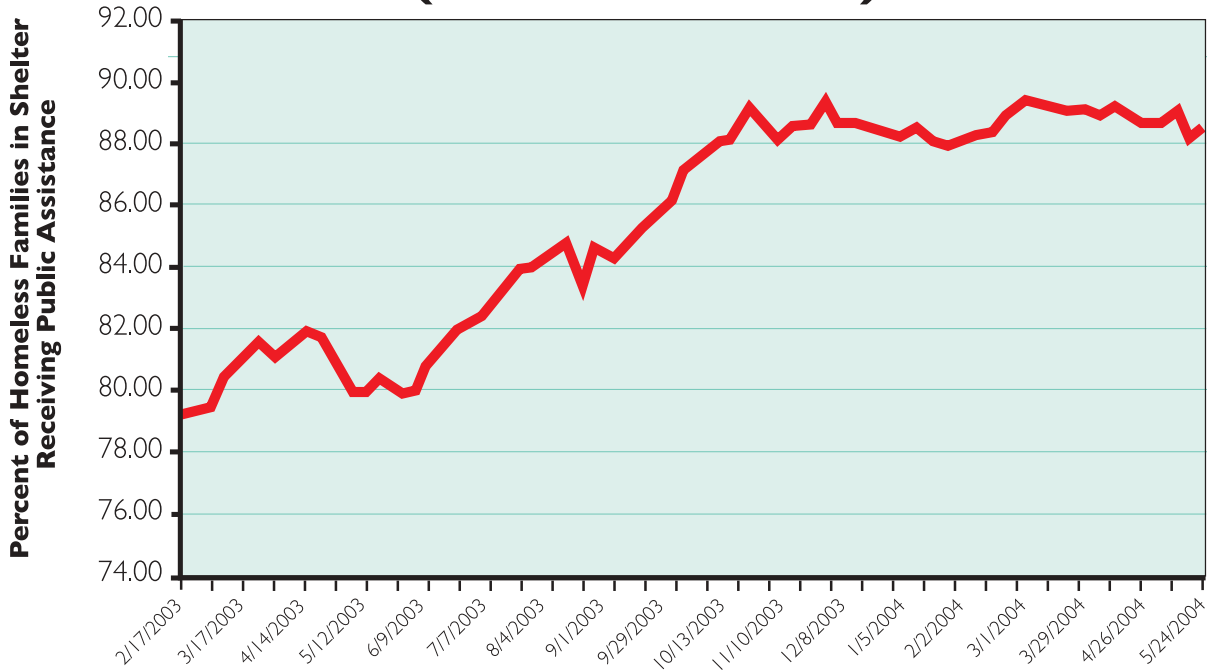
SOLUTIONS

At-risk and homeless New Yorkers are typically eligible to receive a wide range of benefits from federal, state, and local agencies. The initiatives in this chapter aim to ensure that benefits are maximized and services streamlined in order to increase stability in their lives.

New case conferencing models will bring together caseworkers from multiple agencies to problem solve and mitigate barriers their shared clients may face. New technologies will enable caseworkers to share information about those they serve – again to troubleshoot more effectively on their client's behalf. An emphasis on ensuring access to benefits at the community level is also included.

The ultimate goal for those serving homeless and at-risk New Yorkers is to help them move toward self-sufficiency. By ensuring the streamlined delivery of services to individuals and families during their most vulnerable moment, public agencies work to advance this important goal.
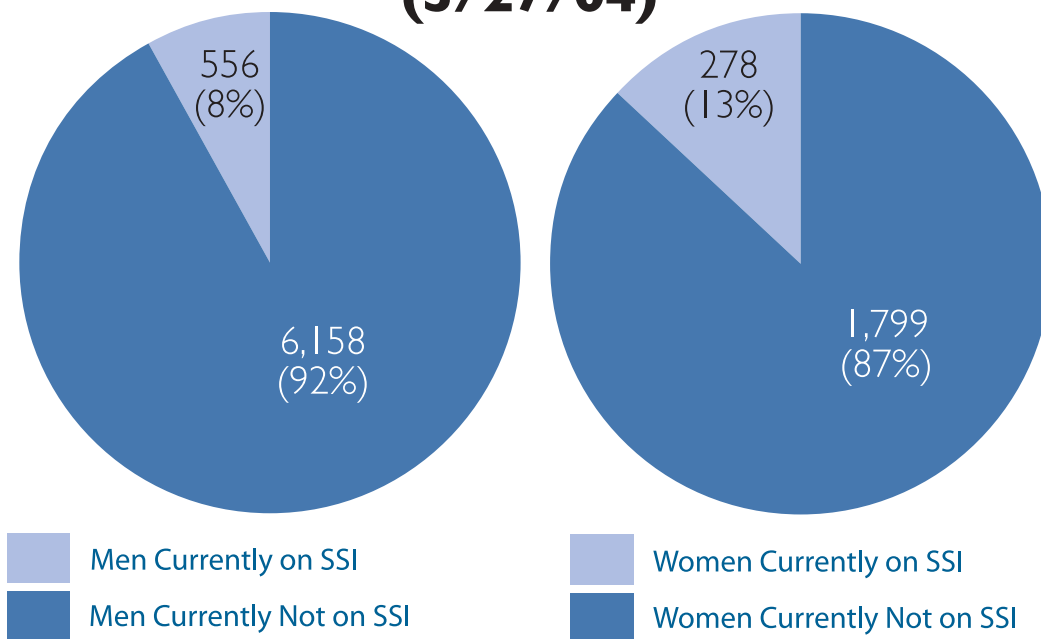
Homeless Families Accessing Public Assistance
(2/2003 - 5/2004)

Percent of Homeless Families in Shelter Receiving Public Assistance

X-axis: 2/17/2003, 3/17/2003, 4/14/2003, 5/12/2003, 6/9/2003, 7/7/2003, 8/4/2003, 9/1/2003, 9/29/2003, 10/13/2003, 11/10/2003, 12/8/2003, 1/5/2004, 2/2/2004, 3/1/2004, 3/29/2004, 4/26/2004, 5/24/2004

Improvement in creating active public assistance cases expedites access to rental assistance and permanency.

Single Adult Men and Women Receiving Supplemental Security Income (SSI)
(5/27/04)

556 (8%)

6,158 (92%)

278 (13%)

1,799 (87%)

Men Currently on SSI

Men Currently Not on SSI

Women Currently on SSI

Women Currently Not on SSI

Active SSI cases suggest a higher level of need among the adult population. In addition, those receiving SSI may have greater access to benefits that help them attain permanent housing.

TAKING ACTION

The Next Step	Current Status	Taking Action
Coordinate City's Human Services and Benefits with a "One-City" Integrated Case Management System	Some people receive services from many public agencies, yet there are no technologies in place to systematically share information from one agency to the next. This leads to unnecessary waiting periods for clients, as well as some duplication of work for city agencies and clients.	A "one-city" case management system will improve information sharing, the delivery of resources, and the ability of clients to receive timely and responsive aid. It will include every appropriate safeguard to ensure confidentiality.
Implement Cross-Agency Case Conferencing	Clients often receive services from multiple public agencies. Yet each agency is designed to address a specific issue. This can lead to conflicting directions and a fragmented approach. Few opportunities exist for clients to interact with multiple agencies at the same time in order to create coordinated service plans.	Mechanisms will be created to enable and ensure that agency case workers collaborate with colleagues at other agencies. This will help to avoid contradictory decisions and reduce duplicated efforts. Clients will participate in creating service plans and addressing problems, stressing a client-centered and strengths-based approach to services.
Deliver and Coordinate Services and Benefits at the Community Level	Individuals seeking and receiving services are not always able to do so in their neighborhood. Community-based providers experience frustration as they attempt to access benefits from multiple agencies for their clients.	With services delivered at a community level through neighborhood groups, holistic service plans that build on clients' strengths and minimize their frustrations will be developed. The city will pilot this effort in one community in order to develop strategies that can be taken citywide.
Implement New Tools to Improve Access to Benefits	Many people who are eligible for but do not receive benefits have difficulty keeping housing and accessing services. Technologies do exist that minimize access challenges, but they are not in widespread use.	The city will expand use of computerized technologies to help calculate the benefits at-risk and homeless New Yorkers are eligible to receive. This will enable caseworkers to help them access and learn about appropriate resources, in order to avoid homelessness or move from shelter to permanent housing and self-sufficiency.

The Next Step	Current Status	Taking Action
Coordinate Services and Benefits to Chronically Homeless Individuals	Many chronically homeless people, particularly street homeless individuals, are eligible for a range of federal, state, and local benefits that could help them access services and leave the streets. Accessing benefits is difficult, often because of the mental health or substance abuse issues they experience.	New strategies to link street homeless individuals with available assistance will be pursued. Cross-agency partnerships and accountability mechanisms to track outcomes will be developed.
Pursue "Express Eligibility"	Individuals who are eligible for one public benefit are often eligible to receive others. Yet agencies have separate application processes and do not share information. This creates lost opportunities for clients and duplicative staff efforts.	New standards will be developed so that individuals who are known to be eligible for one benefit will have access to a shortened review for other benefits or an assumption of eligibility in limited instances. This may include a shared database between participating agencies.
Expand Benefits Access Supports	A unit at DHS called the Case Management Field Team has been very successful in helping homeless families who are eligible for public assistance access those benefits. Other homeless populations, however, do not receive similar assistance.	The city will expand the unit's responsibilities and the populations served, with a particular focus on prevention assistance.
Advance *Take Care New York* Community Initiatives	People living in poverty experience high rates of HIV, depression, substance abuse, mental health problems, and other medical issues. The city recently released *Take Care New York*, a health policy that prioritizes actions that help individuals, health care providers, and New York City as a whole improve its health.	As close points of contact to at-risk New Yorkers, new community-based prevention providers will provide educational materials and make referrals that support the goals of *Take Care New York*. This will support the Department of Health and Mental Hygiene's health-related prevention efforts and reduce reliance on acute care interventions like emergency rooms.

MINIMIZE DISRUPTION TO FAMILIES WHO EXPERIENCE HOMELESSNESS

THE CHALLENGE

The reasons that families approach the city for assistance are as diverse as they are complicated. Yet the historic response to almost any type of housing instability has been shelter. This "one size fits all" reliance on shelter has come at a particularly high cost to children, who are pulled away from their communities, their friends, and their schools.

Nowhere is this more obvious than at the Emergency Assistance Unit (EAU), the family intake center located in the South Bronx. Crowded conditions and late night busing to one-night shelters, for example, take a toll on thousands of families applying for shelter each year.

Throughout the years, the push and pull of well-meaning court orders and administrative policies has created an intake process that does not meet the needs of at-risk and homeless families. As a result, staff's ability to effectively assess and address the needs of families is undermined. At best, families are merely processed into homelessness.

SOLUTIONS

As a result of a landmark settlement in homeless family litigation, a three-member court appointed panel has conducted thorough evaluations of homelessness prevention and the family intake and eligibility processes. The City of New York is committed to achieving reforms in these areas.

The initiatives in this chapter incorporate actions around family intake and eligibility into the city's long-term strategy. Key areas of focus include increasing prevention at the intake office, streamlining the application process, and assuring that families whose homelessness cannot be prevented are placed quickly into shelters in their home communities, when appropriate.

A system that provides timely, humane, and effective assistance to at-risk and homeless families must embrace holistic and thoughtful policies and practices. The initiatives listed here create that new foundation.
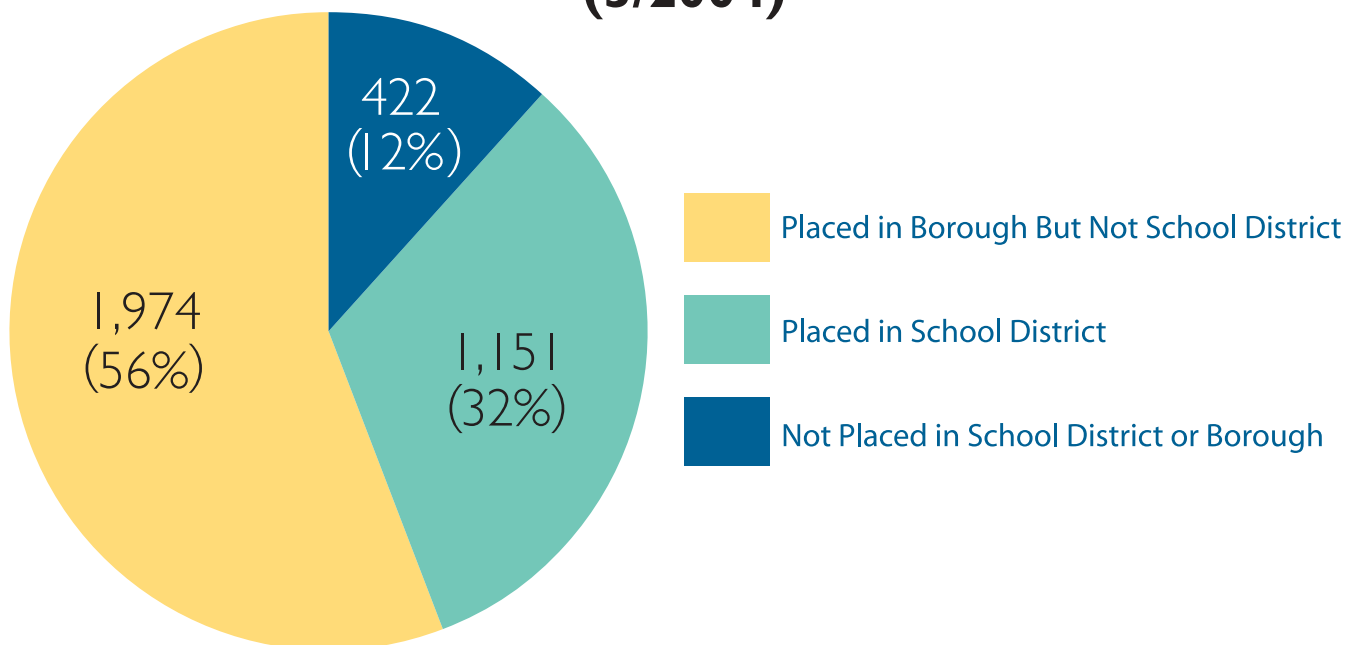
Families Spending a Night at the Emergency Assistance Unit
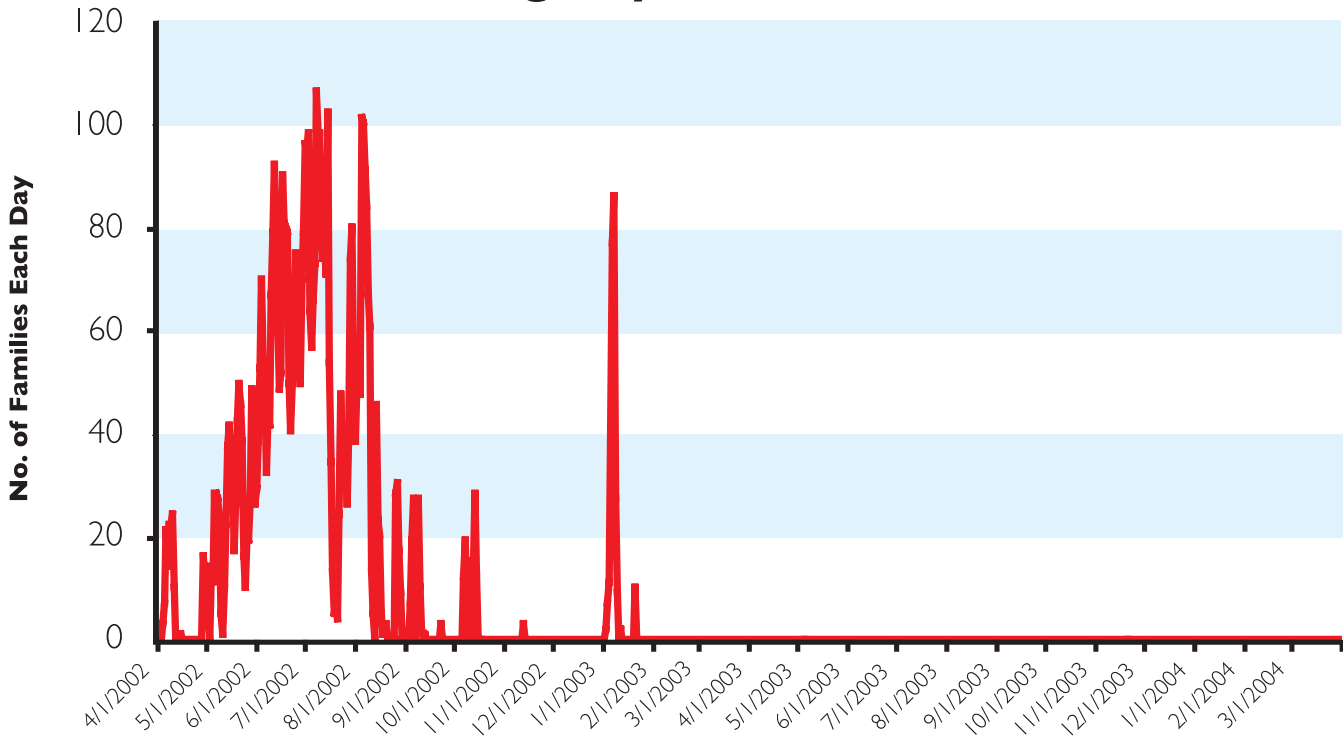
For the first time in five years, no families with children (that applied for shelter before 10pm) stayed overnight at the EAU last summer. Yet, many continue to experience late night busing to shelter.

Source: DHS Administrative Data

Percent of Families Successfully Placed in Shelters in Their Home Communities (3/2004)

422 (12%)

1,974 (56%)

1,151 (32%)

- Placed in Borough But Not School District
- Placed in School District
- Not Placed in School District or Borough

In just eight months since a new placement policy was implemented, DHS has increased in-school and in-borough matches from 12% to 88% of all placements.

Source: DHS Administrative Data

TAKING ACTION

The Next Step	Current Status	Taking Action
Reinforce Prevention and Diversion at Family Shelter Intake	When families leave housing and approach the homeless system, some may still be able to benefit from alternative emergency assistance or prevention services. Today, very few families receive and/or ask for this assistance. In addition, the range and effectiveness of prevention resources does not meet the current need.	The current system of family shelter intake must be reworked to focus more attention on prevention and other forms of emergency assistance. A redundancy of efforts to help families find a way to avoid homelessness will be built into the intake process.
Streamline Application and Eligibility Process at Family Shelter Intake	When a family applies for shelter the process can take two to four days. In addition, the intake office's ability to serve homeless families is challenged because many families who are not homeless attempt to have their needs addressed in shelter when other assistance could work.	The city will implement major reforms to shorten the application process, improve the physical space of an intake center, and direct those families who do not need shelter to more appropriate supports and resources.
Expedite Shelter Placements from Family Shelter Intake	When a family first applies for shelter, they are often placed for one or two nights in a temporary placement. This often results from the fact that many shelters do not accept certain types of families, such as those with adult men or adolescents. In addition, many shelters do not take placements late at night, so families are left to stay in temporary placements until the next day.	A key goal of a reformed process is making a conditional placement on the same day a family applies for shelter. This will require many more family shelters to accept all family types and to do so at any hour of the day.
Place Families In Shelters Near Their Home Communities	Historically, there has been little priority placed on sheltering homeless families in their own communities. This has made it more difficult for some families to maintain community and family ties, while making it hard for children to remain in their own schools. Recent initiatives have begun to reverse these trends.	The city will continue to place homeless families in shelters in their home communities whenever possible and appropriate. In particular, efforts will be made to increase the number of families who are placed in a shelter in the school district of the youngest child.

THE CHALLENGE

Over the past 20 years, vast improvements have been made in shelter conditions and services. During this same time, the average length of shelter stays has grown. The average family today stays in shelter for just over 11 months. Nineteen percent of families stay for more than a year and a half. Sixteen percent of the single adults in shelter use more then 50% of all of the resources.

These longer-term stays are caused by a number of factors, including the lack of affordable housing. Historically, there's been a lack of urgency in helping families and single adults prepare for and secure permanent housing (although significant progress has been made by family providers). Some clients have also been reluctant to leave, preferring the safe and stable living arrangements provided at no cost. Pathways out of shelter do not exist for many who are challenged in living independently without supports.

All of these factors have created a need for the city to continue to build more and more shelter. After all, when the number of people entering shelter exceeds the number of people leaving, shelter expansion becomes necessary.

SOLUTIONS

Shelter must again become a short-term and emergency intervention for the overwhelming majority of shelter residents. The initiatives in this chapter advance a strategy to reduce the average length of stay, while helping to prevent long-term shelter stays.

First, a series of performance and accountability measures will be strengthened. These include heightened standards for providers and fair expectations for clients to move with greater urgency to independence.

In addition, targeted housing and rental assistance and supportive housing resources will be made available to chronically homeless shelter residents in order to improve the speed and likelihood of their transition to permanent housing. These resources will also be developed for adult couples without children, for whom permanency strategies have not yet been developed. The city will also enhance its ability to intervene early with single adults whose homelessness could be averted through referrals to anti-eviction and other services provided by community-based groups.

Long-term shelter stays represent a failure on the part of public agencies, providers, and clients alike. While New York City will always have unique housing and affordability challenges, this does not mean that shelter stays cannot be shortened. Rather, a profound shift in culture and expectation in combination with the resources included in this chapter can help individuals and families more quickly overcome their homelessness.

Estimated No. of Chronically Homeless Families with Children Using Shelter Over the Course of One Year (FY 2003)

4,492
(27%)

12,130
(73%)

■ Chronically
Homeless Families*
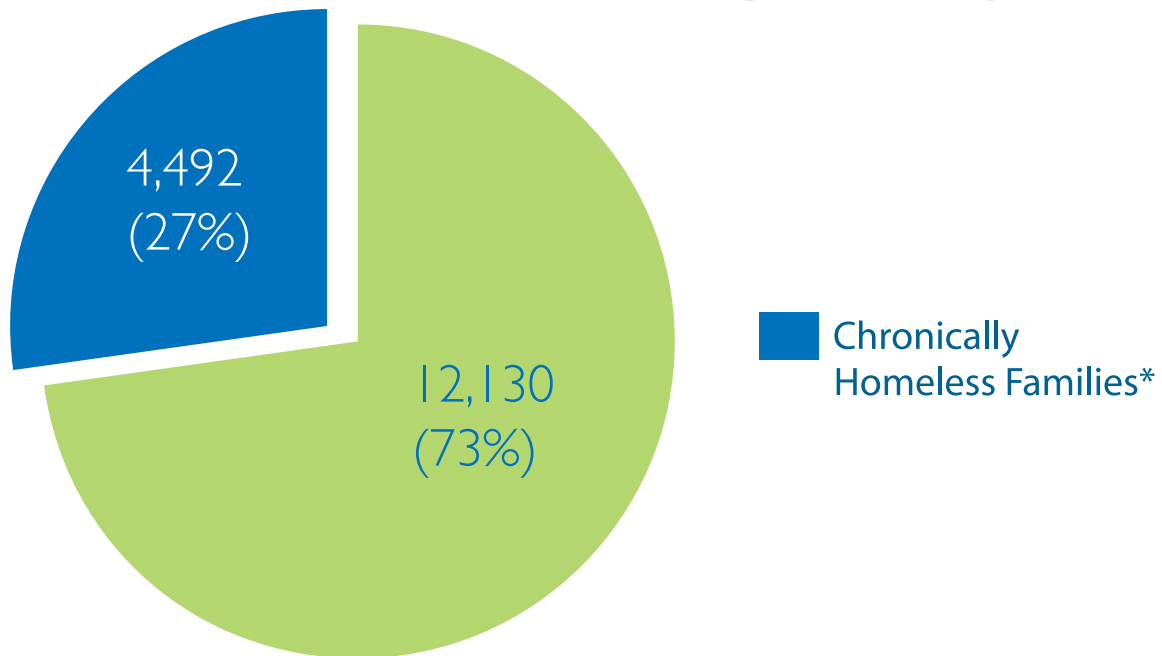
*Any family in shelter in FY2003 who has been in shelter for at least 365 days of the last 2 years, not necessarily consecutive.

Source: DHS Administrative Data

Estimated No. of Chronically Homeless Single Adults and Individuals in Adult Couples Using Shelter Over the Course of One Year (FY 2003)

5,788
(18%)

27,008
(82%)
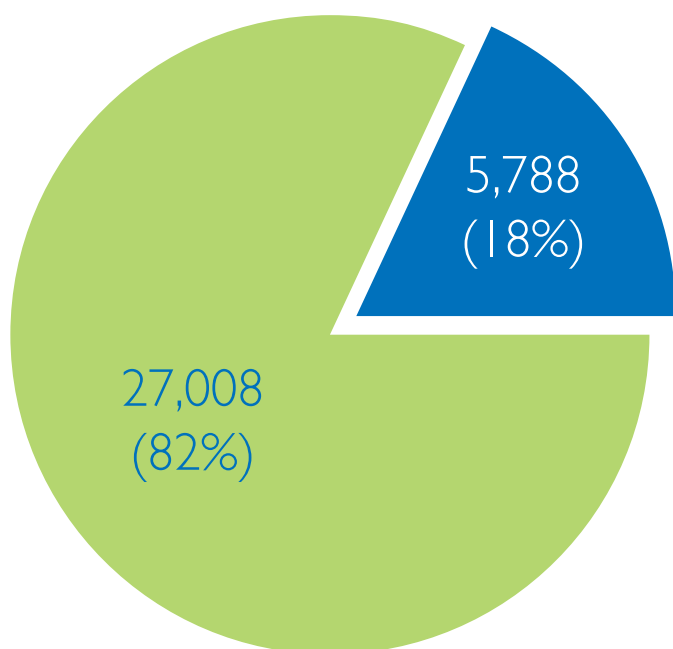
*Any single adult or individual in an adult couple in a DHS facility in FY03 who had spent at least two of the last four years in shelter or who is disabled and has spent at least one of the last two years in shelter. Incidence of disability was estimated using data from the National Survey of Homeless Assistance Providers and Clients by the Interagency Council on Homelessness, 1999 (NYC data is currently unavailable).

■ Chronically Homeless *

Source: DHS Administrative Data

TAKING ACTION

The Next Step	Current Status	Taking Action
Strengthen Performance Management Systems for Shelter Providers	Performance incentive programs, which encourage providers to help clients move to permanent housing, are already in place in shelters. However, the average length of stay continues to be too high.	Performance incentive programs will be enhanced. This will further shift the culture of shelters from one that focuses on providing services to one that focuses, first and foremost, on returning clients to permanent housing.
Ensure that Clients Assume Responsibility for Reducing Reliance on Shelter	Client responsibility standards – rules and expectations for clients in carrying out a plan for self-sufficiency – were implemented in shelters in 2003. Rates of clients leaving shelter for permanent housing, particularly among families, have increased since these standards were introduced.	The commitment to client involvement will be strengthened. The principle that no individual or family will be required to do any more than they are capable of doing will be maintained. An evaluation of the standards will be conducted so that quality improvements can be made.
Introduce New Tools to Track and Assist Help Long-Term Shelter Residents	Criminal histories, public assistance barriers, a lack of client participation, and other factors sometimes result in clients staying in shelter for excessive periods. In some instances, shelter staff have not had the resources or help needed to transition these clients to independence. The costs of extended shelter stays are high for clients and taxpayers.	New client monitoring tools will track long-term residents in shelters, enabling staff and public agencies to troubleshoot around particular cases. Shelters with unusually high rates of long-term residents will be examined and assisted. Technical assistance will be provided throughout the system to reduce long-term stays.
Prioritize Housing Resources for Chronically Homeless Individuals and Families	Chronically homeless people are, at times, unable to access permanent housing. This is due to an inability to qualify for subsidies, a lack of viable housing options for this population, or unwillingness on the part of housing providers and landlords to accept them.	Recent efforts to prioritize chronically homeless individuals for supportive housing apartments have been successful and these efforts will be expanded. In addition, efforts will be made to expand rental assistance for the population, as well as develop new models of supportive housing that meet their unique needs.

The Next Step	Current Status	Taking Action
Develop a Mobile Services Model to Bridge Transition of Chronically Homeless Individuals and Families from Shelter to Housing	The transition of chronically homeless people from the shelter or the streets to housing is extremely challenging. The transition itself may intensify the already profound service needs these individuals and families have. Today, there are no "bridge" services that can help ensure a successful transition.	A new service intervention will be created to help chronically homeless people before, during, and after their move to permanent housing – in order to ensure the placement is successful. Once the client has moved and stabilized in permanent housing, case work will focus on connecting these individuals to existing community-based services for ongoing care if necessary.
Assist Single Adults at the Front End of the Shelter System to Avoid Homelessness or Avoid Unnecessarily Long Stays	When single adults approach the city to access shelter, little effort is made to help those individuals who can avoid homelessness do so. After entering shelter, and even as an assessment begins, little effort is made to help those whose housing instability could still be addressed get necessary assistance.	Support services will be added to the intake offices for single adults. These services will help individuals reunite with families, obtain anti-eviction services and financial assistance that can prevent homelessness, and enter alternative residential settings for mental health or substance abuse when appropriate.
Develop Permanency Interventions for Adult Families	Increasing numbers of adult families without children are seeking shelter. Their needs are unique from other populations and their reasons for needing shelter range from domestic violence to eviction to substance dependency and other issues. This subpopulation falls outside the traditional framework of family composition; therefore, targeted case management and permanency strategies are underdeveloped.	Building on recent efforts to create a separate intake office for these families, targeted services and community-based resources will be developed to help them transition from shelter to permanent housing options. Client responsibility standards will also be strengthened.

THE CHALLENGE

The majority of public resources earmarked for home-lessness today are spent supporting shelters and shelter services. In fact, for every dollar spent on prevention by the city, three and a half are spent on shelter services by DHS.

In some ways, New York's extraordinary commitment to guaranteeing shelter has had the unintended conse-quence of driving most resources into shelter. Meanwhile, those who provide services to homeless New Yorkers believe that further investments in prevention programs, rental assistance, and supportive housing are the best way to actually *solve* homelessness.

In addition, funding streams from the state and federal government reimburse the city for a portion of home-less shelter services. It is not known if these streams will also reimburse prevention or aftercare services. As a result, ensuring new and predictable funding streams for prevention services has been an ongoing challenge.
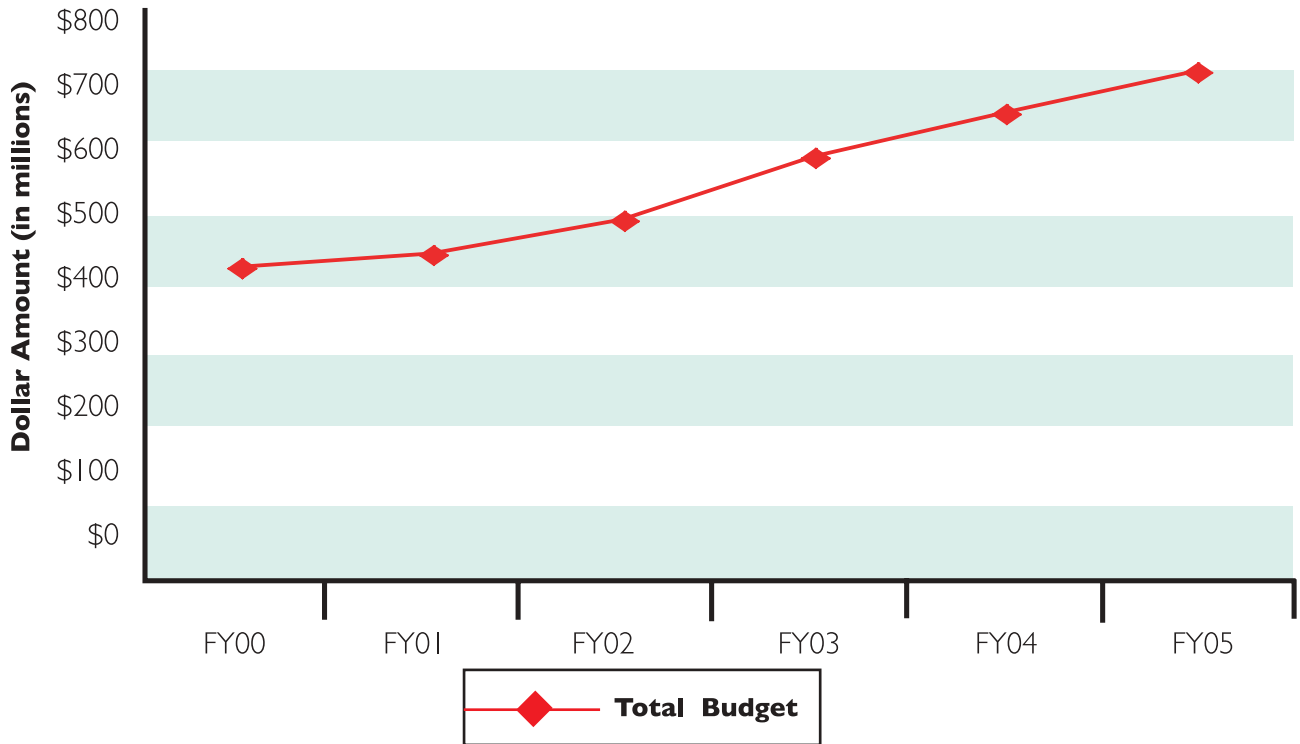
SOLUTIONS

The initiatives in this chapter explore approaches to securing money for prevention and other solutions to homelessness. In a world of limited resources, and given the extraordinary commitment of resources now locked into shelters, this work will require flexibility, a commit-ment to change the status quo, and political will.

Initiatives include a first-ever cross-sector analysis of funding opportunities, obtaining waivers from state and federal partners to support prevention programs with shelter dollars, and increased up-front investments on the part of the city.

The results of implementing this "prevention first" agenda may not immediately be noticed, even though the costs of supporting the shelter system will continue. Only in time, as prevention programs are established and the culture begins to shift, will the shelter census decrease and shelter savings materialize. Reinvesting these sav-ings into best performing prevention programs, as well as converting shelters to supportive or affordable housing, are the logical – and much desired – consequences.

DHS Budget Growth
(FY 2000-2005)

Dollar Amount (in millions)

| | $800 | $700 | $600 | $500 | $400 | $300 | $200 | $100 | $0 |

FY00   FY01   FY02   FY03   FY04   FY05

◆ **Total Budget**

The DHS budget has grown dramatically as the number of people in shelter has expanded.

Source: DHS Budget

Citywide Prevention Budget Compared to
DHS Shelter Budget-Estimated
(FY 2004)

Budget (in millions)

$700
$600
$500
$400
$300
$200
$100
$0

Prevention   Shelter
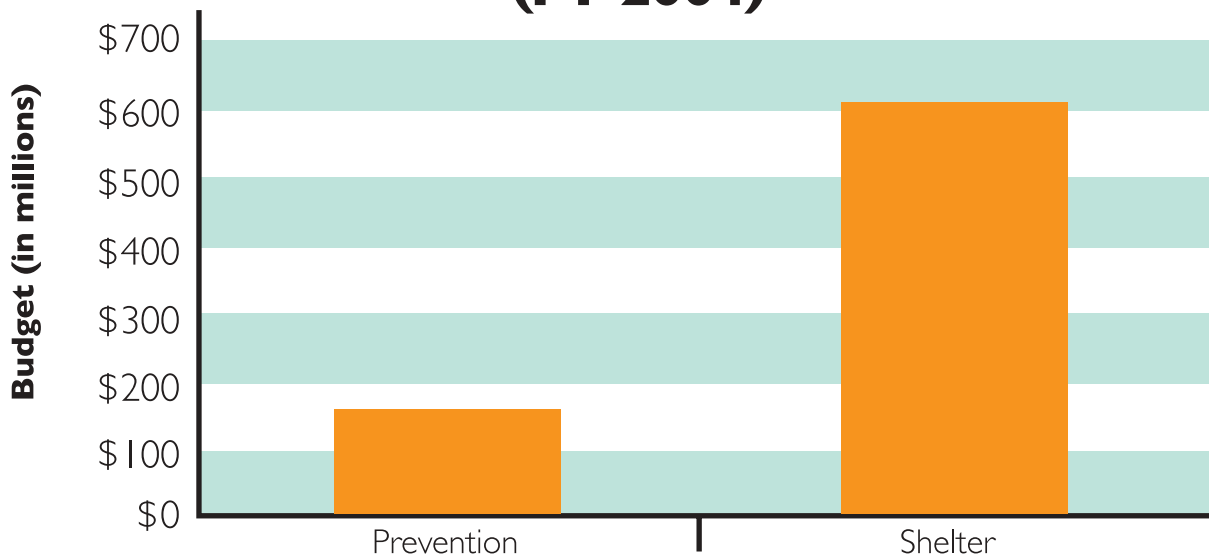
For every dollar spent by the city on prevention, three and a half dollars are spent by DHS on shelter.

Source: DHS Budget

TAKING ACTION

The Next Step	Current Status	Taking Action
Analyze Resource Reinvestment by Sector	The majority of city, state, and federal dollars targeting homelessness are spent on shelter and shelter services. No analysis exists that reveals opportunities for shifting these resources to prevention. Further, no analysis exists to know which prevention programs have the greatest potential to reduce the shelter census and save money.	A review of funding streams will be undertaken to evaluate the cost effectiveness of programs in terms of their ability to reduce the shelter census. This will explore opportunities to use federal and state money now dedicated to shelter to support prevention, as well as strategies to reinvest cost savings into other effective solutions, such as supportive or service-enriched housing.
Obtain State and Federal Waivers to Current Reimbursement Limitations	At the state and federal levels, funds are not available to offset costs for prevention, aftercare, and other similar programs. This creates concern, especially at the local level, that investments in prevention will end up costing more money than is saved.	Federal and state funds will be secured and redirected through demonstration projects and other innovative funding mechanisms. Key goals include redirecting existing funds now dedicated to shelter, as well as savings-reinvestment strategies that support prevention, supportive housing, and other solutions. Advancing new legislation that funds prevention and aftercare services is also needed.
Increase Up-Front Investments for Prevention Models	Almost all money for homelessness is tied to shelter – and these costs continue to rise. This makes it difficult to find additional money to begin new prevention programs, even though they have potential to reduce the shelter census and create shelter savings in the future.	There will be an initial period of simultaneously funding new prevention programs and shelter until prevention efforts reduce the size and cost of the shelter system. This "seed money" will support programs such as the Household Stability Initiative, a new community-based prevention program. In addition, existing programs will be surveyed to identify potential prevention components.
Reinvest Targeted Savings	Because the shift from shelter to preferred solutions like prevention has yet to occur, no savings have been generated.	Prevention programs will be evaluated and the resulting shelter savings will be reinvested in the most successful programs. In addition, savings from reduced costs of shelter can be dedicated to expand housing resources for the chronically homeless.
Close Shelters to Reinforce Savings	For the last several years, the city has aggressively increased the number of shelters to house record levels of homeless people. The costs of opening and maintaining these shelters are extremely high.	As prevention programs begin to reduce the shelter census, performance incentive programs and other criteria will be used to determine which shelters will be closed first. Opportunities for converting shelters into supportive or permanent housing will be maximized. Shelter-closing schedules will be examined routinely to make sure that there is always enough capacity to accommodate fluctuations in the population.

PROVIDE RESOURCES FOR VULNERABLE POPULATIONS TO ACCESS AND AFFORD HOUSING

THE CHALLENGE

The City of New York is experiencing a profound shortage of available housing at every rental level. This is particularly the case with affordable housing. In fact, recent surveys conducted by the NYC Department of Housing Preservation and Development report that the vacancy rate for very affordable apartments is under 3%, meaning there is a "housing emergency" for the lowest income New Yorkers.

Many at-risk and low income New Yorkers turn to rental assistance programs to maintain and secure housing. But demand continues to outpace supply; various agencies and their clients are in competition for these scarce resources; and the eligibility requirements and application processes can be confusing and contradictory. In addition, some people have a need for services beyond rental or financial support. The need for housing with support services also outpaces supply.

In addition, entering the shelter system has become the quickest and most certain way for families to receive rental subsidies. A family applying for assistance from existing housing will likely wait years to receive assistance, if they receive it at all. A family entering shelter may wait just months.

SOLUTIONS

The initiatives in this chapter embrace and build upon Mayor Bloomberg's housing plan, *The New Housing Marketplace*, which is the most significant housing development and preservation strategy introduced in the city in over a decade. That plan pledges $3 billion over five years to create and preserve 65,000 new units of housing.

Included, here, are new commitments to increase supportive and service-enriched housing. These are proven, cost-effective interventions that provide permanent homes, as well as services, to formerly homeless people – people who might not be successful in permanent housing without support services. Expanding New York City's leadership in the area of supportive housing is essential to overcoming chronic homelessness. This includes increasing access to new and established at-risk populations, as well as using these interventions in homelessness prevention efforts.

These initiatives also streamline and expand rental assistance options for individuals and families at risk of homelessness. They level the rental assistance playing field, in order to reduce competition for subsidies and counter the perverse message that becoming homeless is the best way to receive assistance.
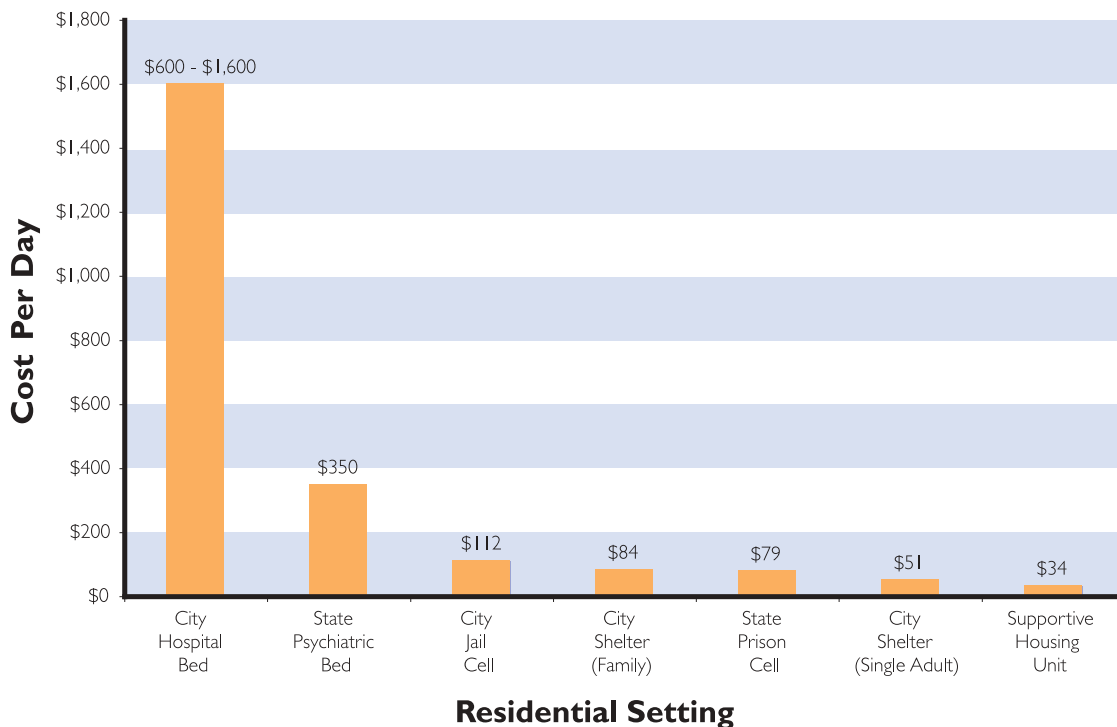
Housing Vacancies
(1996 and 2002)
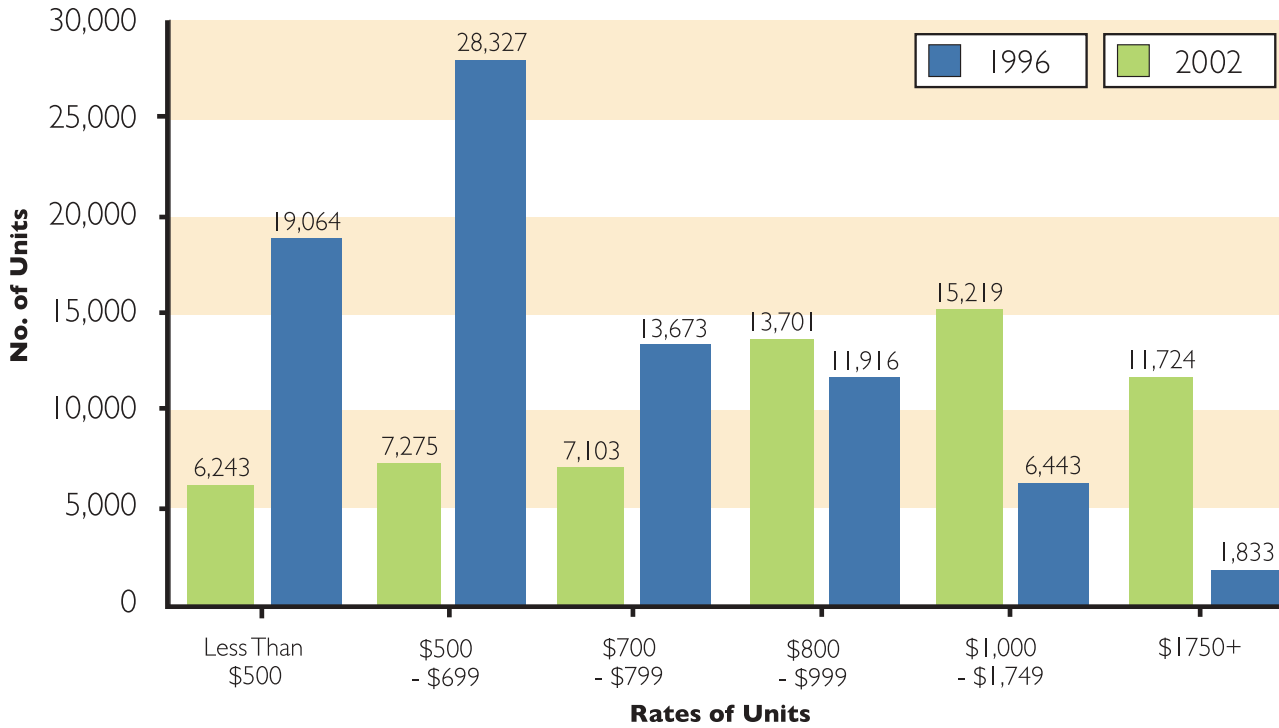
In 1996, most rental unit vacancies were at the low end of the market. Though 2002 data are not directly comparable, the largest number of vacancies now exist at the high end of the market.
Source: HPD

Cost Effectiveness of Supportive Housing

Supportive housing provides a cost effective permanent living environment for individuals who are challenged in living independently.
Source: Corporation for Supportive Housing, DHS Budget, Culhane Study

TAKING ACTION

The Next Step	Current Status	Taking Action
Coordinate Rental Assistance Across All Agencies	Currently, rental assistance is granted to members of prioritized populations (such as homeless families and victims of domestic violence), and consists of programs developed in isolation from each other. This leads to incoherence and confusion by service providers and clients over what benefits are available. It also leads to competition between agencies for limited housing resources.	A citywide strategy will be implemented that grants uniform access to rental assistance based on a citywide determination of priority need. This strategy will reduce competition between agencies, minimize inconsistent practices between agencies, and ensure resources are allocated based on need.
Develop a Rental Assistance Primer	Today, multiple rental assistance programs exist, each of which have different requirements, rules, and application procedures. As a result, there is confusion and competition between service providers and those who receive the aid.	Once the citywide rental assistance program is revamped, a plain language guide to rental assistance will be created and broadly distributed to agencies, providers, and residents. The guide will include essential information about eligibility requirements, regulations, and levels of aid available.
Streamline the Rental Assistance Application	Applying for rental assistance today is a time consuming process that requires extensive paperwork and processing for applicants and public agencies.	The city will introduce a new web-based application process. The use of technology such as signature pads, online client files, and digital scanners will reduce paperwork, minimize information and documentation loss, and increase efficiency for clients and staff.
Redesign Rental Assistance to Disincentivize Shelter	At present, the most effective way for a family to receive rental assistance is to enter the shelter system. The current system places those in shelter at a higher priority for housing assistance than those at risk of homelessness. Inadvertently, this system provides an incentive for people to leave unstable housing rather than find solutions to stabilize and keep it when appropriate.	Rental assistance will be shifted from shelter to the community so that entry into shelter is not necessary to obtain assistance. At the same time, rental assistance resources must continue to be available in shelter to re-house chronically homeless individuals and families.

The Next Step	Current Status	Taking Action
Increase the Supply of Supportive Housing for Adults and Families	New York City is the leader in developing innovations in supportive housing. Mayor Bloomberg's *The New Housing Marketplace* builds on this commitment. Nonetheless, demand for supportive housing continues to outpace supply.	The commitments made in *The New Housing Marketplace* will be reinforced and expanded. City and state agencies will collaborate to identify appropriate funding to support additional development and to identify additional at-risk subpopulations to serve. "Moving On," a successful program that provides access to rental assistance for those "graduating" from supportive housing will be expanded to open existing units to new clients.
Increase the Supply of Service-Enriched Housing for Adults and Families	Service-enriched housing includes single apartments rented on a permanent basis to formerly homeless individuals and families. Transitional or longer-term services that aim to link these people with community-based services are "tied" to the apartment.	The availability of service-enriched housing, as part of the city's continuum of services, will be expanded. Different models for different subpopulations, including chronically street homeless, will be explored. These will include "housing first" models.
Advance *The New Housing Marketplace*	The Mayor's 5-year plan to develop and preserve 65,000 units of affordable housing for individuals and families is ambitious and will require collective creativity and support to accomplish.	City agencies and private interests collectively will leverage funding, provide financial incentives, and simplify the regulatory and development processes to increase the supply of affordable housing. This plan will encourage the development of lower-cost housing, for singles in particular, by reducing barriers to the development of more modern models of SRO-type housing.
Improve Community Relationships to Support New Community Housing Initiatives	While there is support for affordable housing generally, communities sometimes feel less certain about supportive housing and rental assistance programs. Not enough public dialogue has occurred around the success of these interventions and the ways in which they benefit communities.	A coordinated effort to educate the public about the benefits and success of supportive housing and other interventions will be undertaken. Improved efforts to engage with communities will increase confidence around these interventions.

MEASURE PROGRESS, EVALUATE SUCCESS, AND INVEST IN CONTINUOUS IMPROVEMENT

THE CHALLENGE

The city's response to homelessness has been well resourced and well meaning, but has not always benefited from ongoing accountability and quality improvement efforts based on emerging research and existing data. Similarly, existing prevention efforts have not been evaluated routinely, leaving policy makers with little data analysis to target resources to the right people at the right time. Significant challenges exist in developing new prevention programs that effectively intervene with at-risk populations.

In addition, large amounts of useful data sit in various public agency and provider databases. Often, information about a specific person or household's public assistance history is in one database, their involvement with child welfare in another, and their history of homelessness somewhere else. Few efforts are made to bring these data sources together to create more holistic profiles of those at risk or experiencing homelessness.

A tremendous amount of interest exists in the academic and research communities to explore this information and assist in policy formation and quality improvements, but these efforts are not always coordinated or complimentary to new directions in public policy making.

SOLUTIONS

The initiatives in this chapter recognize the central importance of evaluation and data analysis in creating effective programs and practices. They also acknowledge the often untapped but critical assistance academics and researchers can offer in improving the city's response to those with housing instability.

These initiatives establish a research advisory board and build on the Bloomberg Administration's successful efforts to coordinate the sharing of data between public agencies. They establish meaningful opportunities for interested researchers to help evaluate existing programs and inform the development of new strategies.

Perhaps most importantly, these initiatives establish the benchmarks and outcomes associated with key initiatives throughout *Uniting for Solutions Beyond Shelter*. By building into initiatives specific targets and evaluation components, partners involved in their implementation will hold themselves accountable for producing the results envisioned in this plan.
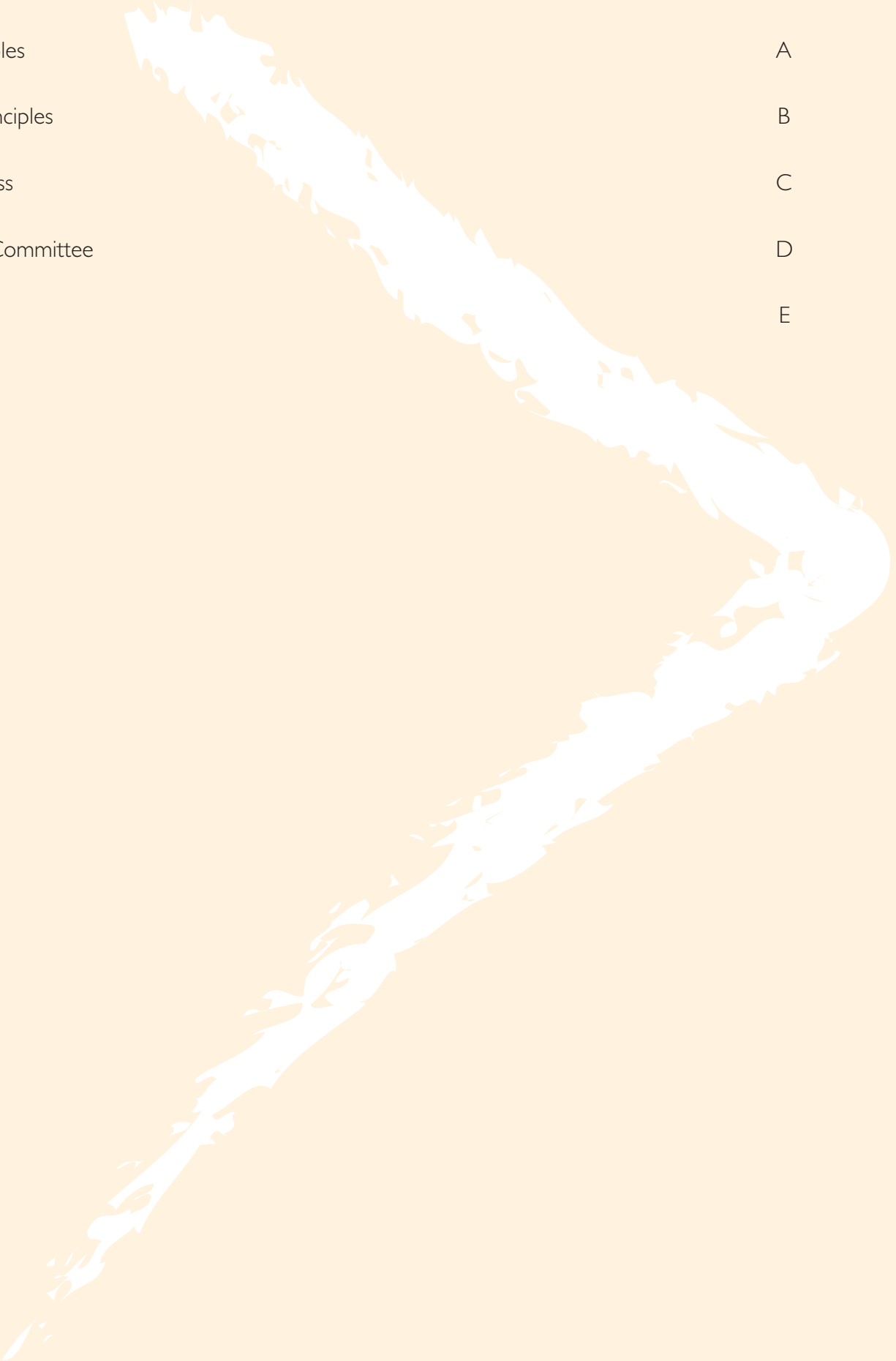
TAKING ACTION

The Next Step	Current Status	Taking Action
Create and Maintain a Research Advisory Board	During the past few years, the city has greatly expanded efforts to use research and data to inform, evaluate, and improve programs for homeless people. A tremendous amount of additional interest on the part of academics and researchers exists. But it is not part of a coordinated effort to improve results.	A board will assist public agencies and providers as they launch new research initiatives. By setting priorities and reviewing methods, the board will encourage productive research that advances the initiatives in *Uniting for Solutions Beyond Shelter*. It will also communicate key information to the research, provider, and government communities.
Conduct One-City Data Matches	DHS has recently conducted an unprecedented number of data matches with databases from other public agencies. This information is casting light on why many people become homeless, as well as the great degree to which different agencies serve the same clients.	These efforts will be formalized and the data will be used to improve inter-agency partnerships to prevent homelessness. For example, data matches between the New York City Housing Authority and DHS show when Section 8 households fail to renew their subsidies. This information will be used to target resources to at-risk households before they become homeless.
Track Key Indicators Impacting Homeless New Yorkers	Research indicates that drug, alcohol, mental health, and health problems are prevalent among segments of the homeless population – particularly those on the streets. While a wealth of documentation about these issues exists, there is no centralized database and tracking system.	A new homeless health tracking initiative, drawing on data from DHS and the NYC Department of Health and Mental Hygiene, will be used to track and present information about the health status of homeless New Yorkers. With a commitment to continuous quality improvement, the system will help identify service gaps, aid program planning, and assist in targeting medical and other resources more effectively.
Use Data and Research to Inform and Evaluate Homeless Prevention Efforts	A significant amount of data and research exists on why individuals and families become homeless. This same data show the difficulties of effectively targeting homeless prevention efforts. Major projects have been undertaken to inform the city's homeless prevention approach.	HOMESTAT will give public agencies and providers new data on reasons for homelessness, best practices, and insight into broader policies that can reduce homelessness. In addition, work conducted by various city agencies is identifying the most common routes to homelessness and will guide and serve as a baseline for comparing the results of new prevention programs.

The Next Step	Current Status	Taking Action
Track Community Level Performance	Without concrete targets and milestones, a heightened level of accountability for the many initiatives included in this plan will not exist, with the chance they will not get accomplished.	With the release of *Uniting for Solutions Beyond Shelter*, public agencies will identify and track progress in achieving milestones, targets, and results. A key tracking manager will bring together participants to discuss progress and maintain accountability.
Reinforce the Objectives of *Uniting for Solutions Beyond Shelter* Through Staff Training and Development	DHS has provided shelter staff with training on client responsibility and hosted quality improvement seminars on a range of initiatives. Some culture shifts have occurred, but more are needed.	In coordination with the release of *Uniting for Solutions Beyond Shelter,* staff training will be conducted utilizing resources that focus staff on the plan's priority areas. These will increase staff fluency in subjects like homeless prevention and the principles of client self-advocacy and responsibility.
Implement a Broad Public Education Campaign	Despite widespread concern for the well being of homeless people, there are few opportunities for meaningful engagement for communities and individual volunteers. This contributes to the sense that homelessness cannot be solved.	Marketing and public relations professionals will be tapped to create a long-term public education campaign. This will build public support for solutions, create community ownership around addressing homelessness, and build confidence around ongoing and substantial public resource investments.

APPENDIX

GUIDING PRINCIPLES

All individuals and families should have safe, affordable housing.
• Ensuring all New Yorkers safe, affordable housing requires effective collaboration among stakeholders.
• Necessary support and preventive services should be available to assist individuals and families to avoid homelessness.
• An individual or family that can be supported within their current appropriate housing situation should not come into the homeless system.

Homeless individuals or families should receive safe, temporary shelter; planning for permanent housing should begin immediately.
• If preventive interventions cannot support an at-risk individual or family in their current housing situation, temporary shelter should be provided.
• Temporary shelter is a short-term intervention, not a substitute for permanent housing.
• Homeless individuals and families should receive a thorough assessment for placement into shelters with services that meet their particular needs and will expedite permanent housing placement.
• Individuals and families have the responsibility to provide accurate and complete information about their circumstances and needs.
• Services should be culturally sensitive and available in the client's community to maintain community ties, if appropriate.
• Children in homeless families should be assured access to a sound education by minimizing school disruption that may occur as a result of becoming homeless.
• Services must be structured to ensure permanent housing is preferable to shelter and maintained once achieved.

Individuals should not have to make their home on the street or in other public spaces; safe and humane options should be available.
• Effective outreach must be provided to encourage individuals living on the street to accept services and shelter.
• Practices that encourage individuals to live on the street are counterproductive and should not be supported.
• Safe environments must be provided that appropriately support individuals who fear service engagement.

All individuals and families deserve and are expected to actively participate in the development and implementation of their independent living plans.
• Every individual and family deserves respect.
• Individuals and families must receive clear information and consistent services as they transition through the shelter system.
• Individual and family strengths should be integrated into service plans.

• Individuals and families must be responsible for achieving independence, and must be informed on how they are accountable for completing service plans, and how those expectations relate to securing permanent housing.
• Individuals and families should treat every person involved in their care, other temporary shelter residents, and their shelter space, with respect.
• Individuals and families should have permanent housing that is reflective of their assessed needs, including services, if necessary, to support permanency.

All agencies must work as partners to ensure successful, long-term outcomes for individuals and families who are, or who may become, homeless.
• Public agencies must coordinate their services to ensure their practices do not result in any individual or family becoming homeless.
• Achieving successful, permanent housing for individuals and families depends upon inter-agency accountability, collaboration, and cooperation.
• Discharge planning and resource coordination should occur to facilitate a safe and appropriate transition for individuals and families being served by multiple service systems.

Services must be provided with the goal of achieving the highest standards of practice through continuous quality improvement.
• Every employee has a significant role in achieving positive outcomes for clients, regardless of rank or title.
• Open and honest communication in an atmosphere without fear is critical to success.
• Every effort must be made to engage clients to actively participate in service delivery and planning, and to respond to feedback received from them.
• Providers should have the appropriate training and resources to enable them to achieve successful outcomes.
• Information must be used to drive improvements in outcomes and quality and must be made publicly available.
• Evaluation systems must be developed to accurately measure and recognize success.
• Every provider is accountable for meeting standards and achieving successful outcomes for clients.

PREVENTION PRINCIPLES

All individuals and families should have safe, affordable housing.
• Ensuring safe, affordable housing for all New Yorkers requires effective collaboration among stakeholders – including providers, public agencies, community organizations, and clients.
• Services and support should assist individuals and families to avoid becoming homeless by maintaining current, appropriate accommodations.
• Every effort must be made to prevent individuals and families who have appropriate housing from entering the shelter system.

All efforts should be made to assist individuals and families as soon as possible to avoid crises that cause homelessness.
• Interventions should be delivered at the community level before points of crisis, to avoid the disruption and instability created by homelessness or the risk of becoming homeless.
• Coordination should occur to serve individuals and families holistically, addressing the circumstances that can cause homelessness.
• Agencies and providers should provide cohesive services for individuals and families being served by multiple systems.

Homeless preventive services should provide flexible assistance to meet individual and family needs.
• Preventive services should be culturally sensitive and easy to access at the community level, if appropriate.
• Services should be flexible and responsive to client needs, ensuring the earliest possible interventions through a range of services.

Agencies that provide services to clients in institutional settings should ensure successful discharges to stable, permanent housing.
• Discharge planning and resource coordination should occur to facilitate a safe and appropriate transition that ensures individuals and families do not become homeless.
• Discharge planning should include provision of or referral to appropriate support services, when necessary.

All individuals and families receiving services deserve respect and must be respectful.
• Individuals and families should have knowledge about available preventive services.
• Individuals and families should be aware of their rights and responsibilities as tenants and clients, as well as the rights and responsibilities of landlords.
• Individuals and families receiving preventive assistance should receive clear information, responsive services, and information about their rights as clients and the responsibilities of agencies.

Preventive services should be guided by data and research.
• Data should inform prevention interventions that address the causes of homelessness.
• Research should routinely inform policy development.
• Service delivery should be based on both quantitative and qualitative data, including client and staff feedback.
• Agencies and providers must be accountable for meeting standards and achieving successful outcomes for clients.

PLANNING PROCESS

In the fall of 2003, Mayor Bloomberg reached out to three individuals to lead the development of the 10-year strategy to address homelessness. They were his Chief of Staff Peter Madonia, Association for a Better New York Chairman William C. Rudin, and the United Way of New York City's Senior Vice President Lilliam Barrios-Paoli.

The co-chairs formed a coordinating committee made up of leaders from every sector. The coordinating committee, comprised of 41 individuals, then invited providers, advocates, academics, government officials, and private sector leaders to participate as members of four task forces focused on the following themes: 1) prevention and diversion, 2) outreach, shelter services, and permanency, 3) community-based services and resource reinvestment, and 4) research and quality improvement.

In November 2003, the Mayor kicked-off the planning process at a Gracie Mansion breakfast meeting. Soon after, the task forces established their processes and routine meeting schedules. All the task forces consulted with external experts on various issues, inviting them to present and participate in meetings. In total, the four task forces, representing more than 125 organizations, held close to 50 meetings through the end of February 2004.

The work of the coordinating committee and the task forces culminated in a two-day working conference, which engaged a broader cross-section of stakeholders. More than 250 participants attended plenary sessions featuring nationally recognized experts and breakout workgroups focused on advancing the discussion around key themes of the 10-year plan.

Following the conference, task force recommendations were reviewed by the coordinating committee for final inclusion in *Uniting for Solutions Beyond Shelter: The Action Plan for New York City*.

Immediately following the release of the plan, public agencies designated as task leaders for various initiatives will develop work plans, listing responsible managers and timeframes for task implementation. Routine reporting updates will be scheduled and released to the public.

TASK FORCES

Prevention and Diversion
- Scott Auwarter, Citizens Advice Bureau
- Clarke Bruno, Department of Homeless Services
- Jane Corbett, Human Resources Administration
- Justice Fern Fisher, New York City Civil Court
- Henrietta Fishman, Veterans Administration
- Mike Gagliardi, Department of Homeless Services
- Carleton K. Lewis, United States Interagency Council on Homelessness
- Carolyn McLaughlin, Citizens Advice Bureau
- Jane Orenstein, United Way of New York City
- John Sheehan, Phoenix House
- Jackie Sherman, City Council
- Marcia Stevenson, Department of Homeless Services
- Jessica Ziegler, Task Force Liaison

Outreach, Shelter Services, and Permanency
- Douglas Apple, New York City Housing Authority
- Dennis Culhane, University of Pennsylvania
- Brad Gardiner, BR Guest, Inc.
- Lisa Green, Department of Health and Mental Hygiene
- Tony Hannigan, The Center for Urban Community Services
- Mark Hurwitz, Department of Homeless Services
- Reverend Win Peacock, John Heuss House
- Sherry Schuh, New York City Housing Authority
- Lloyd Sederer, Department of Health and Mental Hygiene
- Fred Shack, HELP USA
- Bob Skallerup, Department of Homeless Services
- Reverend Terry Troia, Project Hospitality
- Joe Weisbord, Housing First!
- Amber Gay, Task Force Liaison

Community-Based Services and Resource Reinvestment
- P.V. Anantharam, Office of Management and Budget
- Robert Bishop, Pryor, Cashman, Sherman & Flynn LLP
- Peter Hoontis, West Side YMCA
- Sandra Jimenez, Department of Homeless Services
- Verona Middleton-Jeter, Henry Street Settlement
- Roger Newman, Department of Homeless Services
- Steve Pock, Department of Homeless Services
- Barbara Rosenberg, Department of Homeless Services
- Anne Teicher, Neighborhood Coalition for Shelter
- Nancy Wackstein, United Neighborhood Houses
- Anne Williams-Isom, Administration for Children's Services
- Pascale N. Graham, Task Force Liaison

Research and Quality Improvement
- Jeff Barnes, New York State Office of Temporary & Disability Assistance
- Lauren Bholai-Pareti, Council on Homeless Policies and Services
- Carol Caton, Columbia University
- T. Edwards, Department of Homeless Services
- Kim Hopper, Nathan Kline Institute
- Gabby Kreisler, Office of the Mayor
- George McDonald, The Doe Fund
- Roy Mogilanski, Office of Management and Budget
- Muzzy Rosenblatt, Bowery Residents' Committee
- Maryanne Schretzman, Department of Homeless Services
- Beth Shinn, New York University
- Jessica McCabe, Task Force Liaison

Legislative Agenda
- Michelle Adams, Association for a Better New York
- Lauren Bholai-Pareti, Council on Homeless Policies and Services
- Clarke Bruno, Department of Homeless Services
- Alfred Cerullo III, Grand Central Partnership
- Peter Cobb, Fried, Frank, Harris, Shriver & Jacobson, LLP
- Rosemarie Coppola-Baldwin, Department of Homeless Services
- Maureen Friar, The Supportive Housing Network of New York
- John J. Gilbert III, Rudin Management Company
- Ellen Levine, Office of Management and Budget
- Steven Spinola, Real Estate Board of New York
- Joseph Strasburg, New York City Rent Stabilization Association
- Constance Tempel, Corporation for Supportive Housing
- Alan Wiener, American Property Financing

THE CITY OF NEW YORK

Michael R. Bloomberg
Mayor