

Status Report on Implementation

Overview

The City of New York is implementing a citywide plan, *Uniting for Solutions Beyond Shelter*, to end chronic homelessness in five years. This plan represents the first-ever effort in the City to bring together the public, nonprofit, and business sectors in a coordinated campaign to address homelessness. The plan's objectives include initiatives to better serve individuals and families who are at-risk of homelessness or who become homeless, as well as ensure that the City and its citizens are maximizing public resources. The plan has nine points – encompassing 60 initiatives – that seek to:

- Overcome Street Homelessness;
- Prevent Homelessness;
- Coordinate Discharge Planning;
- Coordinate City Services and Benefits;
- Minimize Disruption to Homeless Families and Children;
- Minimize Duration of Homelessness;
- Shift Resources into Preferred Solutions;
- Provide Resources for Vulnerable Populations to Access and Afford Housing; and,
- Measure Progress, Evaluate Success, and Invest in Continuous Quality Improvement.

Mayor Michael R. Bloomberg released the plan in June 2004 and a more detailed implementation schedule in September 2004. Some of the key commitments in the plan included:

- a targeted reduction in street homelessness and the shelter population by two-thirds in five years; and,
- eliminating chronic, or long-term, homelessness on City streets and shelters in five years.

Public agencies, in partnership with nonprofit providers, developed workplans for all of the initiatives which listed responsible stakeholders and timeframes for task implementation.

In the eight months since the implementation plan's release, the majority of the initiatives have begun implementation. Some major milestones achieved:

- The first-ever citywide Homeless Outreach Population Estimate (HOPE) was conducted and resulted in the first statistically sound estimate of the number of individuals living in the streets and public spaces in the five boroughs;
- HomeBase, the City's community-based homeless prevention program, has been launched in six high-need community districts and has already served close to 750 households;
- Thirty Medicaid pre-screeners began screening inmates at Rikers Island for Medicaid prior to discharge;
- Path (Prevention Assistance and Temporary Housing) Office opened to serve all single pregnant women and families with children who are applying for shelter for the first-time and its intake process reflects the Special Master Panel report recommendations;
- Housing Stability Plus, the City's rental assistance plan to provide a supplement to families, adult families without children, and single adults residing in shelter, as well as families prepared to reunify with children in foster care in need of adequate housing, was approved by the State and implemented; and,
- The Health of the Homeless Report has been undertaken and will be available shortly.

This report provides a status update on the 5 year plan. Highlights, particularly around the milestones noted in the implementation schedule, are summarized.

Chapter 1: Overcome Street Homelessness

Top Accomplishments

- A multi-disciplinary Citywide Outreach/Drop-In Center Coordinating Council has been formed and three workgroups have been established under them.
- The first-ever citywide HOPE (Homeless Outreach Population Estimate) was conducted in early March 2005, resulting in a citywide baseline of individuals living in the street and public spaces throughout the five boroughs.
- A comprehensive construct of outreach providers and drop-in centers has been developed that outlines funding streams and service areas.

One of the chapter's major initiatives was the creation of the Citywide Outreach/Drop-in Center Coordinating Council. The Council, chaired by the Department of Homeless Services Commissioner Linda Gibbs and Department of Health and Mental Hygiene Executive Deputy Commissioner Lloyd Sederer, is composed of representatives from provider organizations engaged in outreach and drop-in services, the business community, and consumers of homeless services. The Council had its first official meeting in October 2004 which brought together a number of other government and community-based organizations involved in serving street homeless individuals. One of the major tasks of the Council was to establish working groups that would help guide the remaining eight initiatives in this chapter. Each workgroup, co-chaired by members of the Coordinating Council, is composed of Council members, attendees of the first meeting, and additional providers and consumers. The three workgroups meet regularly to accomplish the goals laid out in the 5-Year Plan. The three workgroups are focusing on three separate areas:

- Who are They – to identify characteristics of homeless individuals living on the street;
- How do We Reach Them – to identify and replicate best service practices for street homeless individuals; and,
- Where do They Go – to identify entry points into the shelter services system and housing options for these targeted individuals.

To ensure a streamlined approach and to minimize duplicative efforts across the workgroups, the workgroup co-chairs participate in routine conference calls and all the members of the Coordinating Council meet every other month to discuss progress. Results from one workgroup included a sharper focus on permanent housing within outreach and drop-in work; outreach teams have added a housing specialist to their staff.

Challenges

One of the initiatives focused on the creation of a clinical database to help coordinate services delivery. Some of the tasks within this initiative have been delayed due to procurement constraints. Work continues to bring this task on-line.

Another initiative targeted the decentralization of men's intake, as intake for homeless men is currently done at one site. After participating in an analysis with an external consultant, a different intake model is being explored which now includes prevention and diversion services for individuals. Therefore, the timeline associated with this initiative is being revised.

Chapter 2: Prevent Homelessness

Top Accomplishments

- In six months, HomeBase has served nearly 750 clients, with only seventeen entering shelter.
- Routine data and information, including weekly matches by community on households seeking shelter and hot spot maps by community, are shared with HomeBase providers.
- Recidivism data is routinely collected and analyzed.

HomeBase providers are serving some of the highest-need communities in the City – the South Bronx, East Harlem, Jamaica, Bushwick, and Bedford-Stuyvesant. Providers deliver comprehensive prevention services such as mediation, assistance accessing benefits and care, and, in some cases, cash assistance as part of a service plan to stabilize the household.

A major accomplishment of the HomeBase program has been the development of a unique data sharing arrangement between DHS and the community providers. DHS routinely provides data and information to assist the providers in targeting their services, including weekly lists of names and addresses of families who sought shelter from their community, maps indicating community hot spots for families seeking shelter, demographic profiles of families seeking shelter from the community, and comparison data on shelter entrants from other high need CDs. DHS has also developed and supplied a comprehensive database so that standardized data and information is captured for all households in the program. The database has revealed that the population served so far has consisted mostly of households facing eviction and has not quite mirrored the population entering the shelter system, namely “doubled-up” situations. The first Quarterly Evaluation of HomeBase providers has also been completed.

Another chapter initiative is The Bronx Housing Court project (a collaboration with the United Way of New York City, Legal Services of New York, and Women in Need) which has begun its program to provide legal and social services to families facing eviction in one high risk Bronx community. The project is also developing a data system to track families and outcomes.

DHS committed to expanding aftercare services as part of its prevention agenda to minimize recidivism among individuals and families leaving shelter. As part of its expansion, DHS developed an extensive system of tracking aftercare referrals and services in order to better understand the dynamics of providing aftercare. The database shows strong work by shelters to refer families for the service and that few families receiving services have returned to shelter. Over 5,400 families have been referred for aftercare services since March 2004, with half having been engaged in those services.

Challenges

One chapter initiative focused on developing and implementing a program that provided brief legal services to families at-risk of eviction. Annual targets were developed for legal providers; only one provider (out of six) is on target to meet its annual goals. DHS has completed an initial evaluation of the outcomes of brief legal services and is developing another method to better track client outcomes.

Other initiatives within this chapter included implementation of client self-advocacy training and conducting focus group research in high-risk communities. The self-advocacy training curriculum is fully developed and will begin in the next few months. The research task has shifted to target providers within different communities to discuss best practices and service interventions.

Chapter 3: Coordinate Discharge Planning

Top Accomplishments

- Housing has been included as a domain in the Correction discharge planning form and process.
- Thirty Medicaid pre-screensers began screening inmates at Rikers Island for Medicaid prior to discharge.
- Seventy clients have been placed into housing through the joint case conferencing implemented in October between DHS and the State Office of Parole.

Partnering with the State Office of Parole and the Division of Criminal Justice Services, DHS has developed a strategy for decreasing homelessness for parolees. It combines building on the existing pilot project with DHS and Parole and enhancing pre-release discharge planning and family reunification efforts at a select number of prisons. Parole recently committed to reduce the number of parolee new entrants coming to shelter by 20% over the next year.

The agencies have also begun working with the State Office of Alcoholism and Substance Abuse Services (OASAS) with a goal of connecting homeless parolees with substance abuse issues to treatment services. Through this collaboration, several clients have been placed into residential drug treatment programs, and an ongoing process has been established for identifying clients in need of treatment and making referrals.

Another discharge planning initiative focuses on work with the State Office of Mental Health (OMH). A plan with OMH is being formalized and operationalized to better coordinate the care of seriously mentally ill parolees in shelter and to enhance efforts to identify alternatives to shelter for this vulnerable population.

Reducing discharges from hospitals to the shelter system presents particular challenges. Since hospitals are not centralized into one administrative body, developing a large scale strategy in this area has proved more complex. To move forward with the work, DHS has begun outreach to individuals and existing groups that currently focus on hospital discharges such as American Psychiatry Association's New York City district branch and DHS' Program Referral Unit hospital workgroup. An additional focus on a subset of institutions has also been identified, beginning with Bellevue Inpatient psychiatry. This collaboration aims at placing mentally ill homeless patients into supportive housing.

Over the past several months, DHS and the Administration for Children's Services have collaborated to implement initiatives to identify and assist families involved or at-risk of involvement in the child welfare system that enter shelter. A screen has been created to identify all family shelter applicants with open, active welfare cases. In addition to the universal screen, several other outcomes focused on training and information sharing have been achieved, including routine data matches between the two service systems.

Challenges

Inter-agency collaboration among senior levels of staff at SOP, DOC, and DHS has been successful. The next phase of the work is to ensure that field staff, including parole officers, support the goals and strategies. A new training initiative is being developed to facilitate this part of the work. Another challenge has been to sustain the high level of engagement in the absence of immediate outcomes.

Chapter 4: Coordinate City Services and Benefits

Top Accomplishments

- The Bedford Stuyvesant Neighborhood Integration pilot under the One-City Strategy workgroup has been initiated, with one of the primary objectives being cross-agency case conferencing to maximize service coordination for clients.
- Voluntary rapid HIV testing was implemented in the single adult men's assessment shelter site.
- As part of a prevention campaign, DHS and DHMH distributes free condoms to all shelter, drop-ins, and outreach teams, with close to 40,000 being distributed to date.

One of the primary objectives of this chapter's work is to ensure clients access all the benefits they may be eligible for. To establish the baseline, the number of single adults in receipt of public assistance and SSI has been identified for the first time; the number of families in receipt of public assistance had already been tracked for some time. Data matches have begun with the Department of Veterans Affairs to identify all clients who may be eligible for Veterans benefits. The Social Security Administration's HOPE awardees are conducting in-reach in city shelters and drop-in centers to identify and enroll clients into SSI. Video conferencing is being piloted in Family Services to streamline the public assistance recertification process.

One of the main initiatives within the Bedford Stuyvesant Neighborhood Integration pilot is cross-agency case conferencing. This case conferencing will better serve New Yorkers who have needs that are served by multiple agencies, as well as help the City determine how agencies can work together to streamline social services. Over \$400,000 in private donations have been secured for this project, which has allowed the

Agenda for Children Tomorrow, the organization charged with administering the project, to open an office in Bedford Stuyvesant and hire project staff.

To improve the health of New York's homeless population, provisions from the Department of Health's Take Care New York initiative have been adopted within the shelter services system. Data matches with ACS, DOH, and DHS will identify clients who would be well-served by specific Take Care New York initiatives. To ensure safe shelters, lead examinations in family facilities have occurred. Working in conjunction with ACS and DOH to promote child safety, DHS has initiated trainings on crib safety, which include training videos and literature for staff. Educational material on each of Take Care New York's 10 initiatives has also been distributed to medical clinics at family and adult facilities.

Challenges

The work centers on collaboration and coordination between public agencies. There has been considerable progress across many of the initiatives. An ongoing challenge will be to maintain progress and continue to move the work forward.

Chapter 5: Minimize Disruptions to Families who Experience Homelessness

Top Accomplishments

- A facility was renovated to create Path and opened within a five-month timeframe.
- The Path intake process reflects the majority of the McCain Special Master Panel eligibility report recommendations.
- All Path applicants who apply during business hours get conditionally placed the same day (historically, the process could take on average two days).

Several major milestones have been achieved in this chapter. A new intake site for first-time family shelter applicants was opened on November 18, 2004. This temporary intake site, called the Prevention Assistance and Temporary Housing (Path), serves all single pregnant women and families with children who are applying for shelter for the first-time. The office design and program approach reflect the recommendations of the McCain Special Master Panel. It offers:

- multiple opportunities for families to access prevention services,
- an enhanced social work component, and;
- a midpoint eligibility assessment conference, where families are apprised of the likely outcome of their eligibility determination.

DHS client advocates are also on-site to assist families and a new Administration for Children's Services Family Services Team is stationed there to partner with DHS staff to address family and children's needs.

Families who apply for shelter at Path during business hours are being placed into conditional placements the same day. This builds on the success of the streamlined triage process that had been implemented in Spring 2004 at the Emergency Assistance Unit for two populations – first-time applicants and applicants who were resubmitting an application for shelter at least 30 days after a prior application. When that pilot began, approximately 25% of those applicants were experiencing zero overnights, that percentage is now approximately 90% with the remainder experiencing only one overnight. DHS has also worked with providers to ensure that placement and referral restrictions are lifted. DHS continues to make progress in placing families in shelters in or near their youngest-child's school district. Since September 2004, DHS has placed at approximately 35% of families in the targeted school district, with an additional 35-40% placed in the targeted school region.

Challenges

Reflecting the Special Master Panel recommendations, Path operates during business hours. The Panel recommended incentivizing the process to help reinforce business hour operations. Approximately half of Path families are arriving after business hours and receiving overnight shelter. DHS will continue to develop strategies to address this issue. Staffing is structured to reflect the improved intake process. DHS is examining staff shifts to better reflect actual applicant patterns such as applications later in the business day and earlier in the week.

Chapter 6: Minimizing the Disruption of Homelessness

Top Accomplishments

- An analysis of the adult family without children population was conducted.
- Partners for Permanency - a project piloted in 6 single adult shelters – was initiated in Adult Services, resulting in participating shelters reducing the number of 9-month stayers by 26% over a six-month period.
- The Mobile Services Model initiative was redefined and is being implemented.

In an effort to better understand the barriers that contribute to extended lengths of stays, milestones were developed in the case management model. Data on long term stayers is now also being tracked and reviewed routinely. An analysis of adult families has also been conducted. The family performance investment program now incorporates providers who serve this population.

This winter, Adult Services began Partners for Permanency within 6 shelters. The initiative established a multidisciplinary team of DHS staff to work with each participating shelters to establish case record review teams and improve case management. The project focused on clients who had been at their current shelter for 9 or more months, but resulted in improved casework for all clients in those sites. As a result of this work, the participating shelters greatly increased their permanent housing placements and reduced their number of 9-month stayers by 26% over a six-month period.

The Mobile Bridge Services Model has been refocused on in-shelter support and aftercare. A centralized referral source for single adult case management services has been identified – the Center for Urban Community Services Single Point of Access/Case Management Program. Training of DHS staff has begun. This resource enables shelters and clients to have almost immediate access to case management supportive services. This program is being utilized without additional costs to DHS while creating additional opportunities for single adults to access services and housing.

Challenges

The initiatives are linked with other chapter initiatives and coordination will be critical.

Chapter 7: Shift Resources into Preferred Solutions

Top Accomplishments

- Accenture is providing pro-bono analysis of the homeless system financial needs and funding streams.
- A methodology and criteria for resizing the shelter system is being developed.

This chapter's work focuses on the development of mechanisms that will help the City identify the funding required to meet the 5 year plan's goals and subsequently track actual reinvestments. Accenture is working with DHS to map the agency's current financial position and to target future financing. While this model will serve as a theoretical blueprint, a framework is being established to monitor savings generated by the plan and their subsequent reinvestment.

An analysis of interagency funding collaborations has been completed, and the development of novel claiming strategies to increase reimbursement has begun. Many of the funding sources that appear available to

fund programmatic initiatives are not sufficiently funded to cover the 5-year plan needs without drastically cutting other appropriations. DHS will continue efforts to identify programs and funding to cover current and new homeless service programs. DHS is also examining shelter conversion and resizing issues among single and family sites. Permanent housing convertibility, shelter capacity needs, and other programmatic needs are helping frame discussions.

Challenges

A broad range of funding streams has been researched and some of the streams do not meet program needs. In some cases, although the program can be reimbursed by the existing funding stream, there is very little available money to increase the appropriation. In other cases, programs do not fit the funding parameters of existing reimbursement streams. DHS and its partners have been successful to date in funding demonstration projects by obtaining waivers of current federal/state reimbursement limitations or by creating new funding streams. DHS continues to be committed to those efforts.

Chapter 8: Provide Resources for Vulnerable Populations to Access and Afford Housing

Top Accomplishments

- The City implemented Housing Stability Plus (HSP) immediately after obtaining state approval; families began moving to permanent housing through HSP within one week of that approval.
- Approximately 1,400 families and 30 singles have obtained permanent housing through HSP through the end of April.
- The City has developed a proposal for a third New York/New York agreement to create 9,000 units of supportive housing for adults and families with serious and persistent mental illness, disabling substance abuse disorders, HIV/AIDS, and other challenges to independent living.

The Department of Homeless Services, Human Resources Administration, Department of Housing Preservation and Development, Administration for Children's Services, New York City Housing Authority, Office of Management and Budget, and the Mayor's Office designed and implemented a new coordinated rental assistance strategy. On October 19, 2004, the City announced that homeless families living in shelter would no longer receive priority for Section 8 and NYCHA public housing. On the same day, the City submitted Housing Stability Plus (HSP), its plan to provide a shelter supplement to families, adult families without children, and single adults residing in shelter, and families prepared to reunify from foster care in need of adequate housing to do so, to the State Office of Temporary and Disability Assistance. Housing Stability Plus, which provides the aforementioned populations with a five year supplement to the Public Assistance shelter allowance that decreases in 20 percent increments each year, was approved by OTDA on December 9, 2004.

Immediately following State approval for HSP, DHS began moving families from shelter to permanent housing. Implementation for single adults and adult families followed shortly thereafter. By the end of April 2005, TBI. The administrative burden of the family housing application process has been reduced from three or more months under EARP to a matter of a few weeks under HSP.

A group of Mayoral agencies has met since September 2004 and has developed a detailed proposal for a third New York/New York Agreement in which the City and the State would partner to create 9,000 new units of supportive housing to address chronic homelessness in NYC. Whereas the previous NY/NY Agreements created housing resources for homeless single adults with serious and persistent mental illness, the proposed agreement broadens the target populations to include adults and families with serious and persistent mental illness, disabling substance abuse disorders, HIV/AIDS, and other challenges to independent living. The City has developed a proposed allocation of units among the target populations, created a preliminary cost analysis of the proposal, and explored financing sources that have not previously been used to fund supportive services in housing. HPD and DHS have also convened an External Advisory Group, consisting of providers and other relevant parties, that advises the City on the proposal and potential funding resources. In January

2005, DHS Commissioner Gibbs, HPD Commissioner Donovan, and DOCP Commissioner Horn presented the City's NY/NY III proposal to the State Interagency Task Force on Special Needs Housing, opening a dialogue with the State on the proposal. The City hopes to continue this dialogue through planning sessions with the Governor's office and representatives of the various State agencies.

HPD, through the implementation of its LAMP and MIRP programs, has developed a group of service-enriched housing units by requiring developers receiving certain City benefits to set-aside a portion of the apartments in their developments for homeless families and singles. DHS has worked with HPD and the developers/landlords to create a referral process to match DHS clients requiring service-enriched housing to these resources. As many as 880 units will be made available to DHS clients through these programs by Fiscal Year 2008.

Challenges

The New York/New York proposal represents a very ambitious increase to the portfolio of supportive housing in New York City. Given the fiscal positions of the City and the State, it will be challenging to increase spending to the level needed to develop the 9,000 units proposed by the City. However, if the units are targeted to chronically homeless clients who use a disproportionate share of Medicaid and institutional resources, the long-term fiscal impact of NY/NY III is minimally cost-neutral, if not cost avoiding. Additionally, the previous NY/NY Agreements were targeted to homeless single adults with serious and persistent mental illness. The current proposal expands the target populations, which will mean getting the buy-in and support of a broader range of constituencies.

While the State expeditiously approved HSP and extended the program to adults without children through a demonstration waiver, a provision proposed by the City to provide a transitional benefit to participants moving from Public Assistance to work was not funded. DHS, HRA, and other City partners continue to advocate for the funding of this provision.

Chapter 9: Measure Progress, Evaluate Success, and Invest in Continuous Improvement

Top Accomplishments

- The Research Advisory Board has been formed and meets monthly.
- The Health of the Homeless Report has been undertaken and will be available shortly.
- Community level data is tracked for shelter entrants and demand and shared with prevention providers.

The initiatives in this chapter focus on research and quality improvement. Many of the initiatives have already achieved several milestones. A Research Advisory Board comprised of 15 academics, practitioners, and advocates has convened monthly since September to advise DHS staff on agency developments and initiatives. The goals of the Board include helping set the research agenda, identifying gaps in knowledge and research, helping analyze and interpret data, and convey new research and knowledge from the field.

The Department of Information Technology has convened a task force of agency Chief Information Officers to discuss cross-agency data issues. DHS has also compiled a comprehensive list of all agency data matches to determine if the correct data is being collected and identify additional agencies to collect other relevant information; DHS currently conducts 23 routine data matches with eight city and state agencies.

DHS is also collaborating with DoHMH to collect data in order to advance the health of the homeless and to advance DoHMH's Take Care NY initiative in shelters. The agencies have collectively produced a "Health of the Homeless" report, a study that matched DHS data with DoHMH data to observe mortality and morbidity rates, health indicators including HIV and TB, hospital utilization, and other relevant data. The report will be released in the next few months.

Efforts to develop and implement an evaluation of HomeBase, our new community-based prevention programs, have been successfully accomplished. DHS has drawn on the results from the Vera Homeless Prevention Research Initiative to inform prevention strategies as well as evaluation methods. Specifically, DHS has used the geographic analysis to provide baseline community-level information, used survey findings to inform prevention program design and refine homelessness risk-factors, and used recidivism findings to inform aftercare strategies.

Other significant evaluation progress includes geocoding in the adult system. To date, over 6,000 single adult addresses have been tracked. Once fully-implemented, the geocoding of addresses for adult entrants will allow for monthly reports and maps that will track neighborhood patterns of homelessness. The data gathered to date has identified approximately a third of entrants coming from housing concentrated in certain communities.

Challenges

The initiatives in this chapter focus on improving service delivery through analysis and evaluation. Fortunately, cross-agency collaboration has led to several successes within this chapter. At this time, there have not been significant delays or challenges.

Conclusion

The strategic planning process to articulate a multi-year citywide plan to end chronic homelessness began in October 2003. The planning process culminated in a two-day working conference in March 2004. One year later, the initiatives in the five-year are well underway. Priorities continue to be refined and some of the initiatives may be merged. As the implementation work deepens, the focus within each of the initiatives will sharpen.