

# FY 2019 Borough Budget Consultations

## Manhattan - Department of Homeless Services

Meeting Date 9/20/2017

### AGENDA ITEM 1 : General Agency Funding Discussion:

The purpose of holding the Borough Budget Consultations is to provide Community Boards with important information to assist in drafting their statement of District Needs and Budget Priorities for the upcoming fiscal year. As you know, Community Board Members are volunteers who may not be familiar with the budget process and how agencies' programs are funded. At the same time, Community Board members are very knowledgeable about local service needs.

This year's Manhattan agendas have Agencies begin the consultation with a presentation of their goals, funding decision process, and highlights of their funding needs.

Then, the agenda continues with Community Boards asking about specific program funding.

Lastly, the agendas include Boards' requests on district-specific budget questions. We request that the agency respond in writing, but have any further discussions on these items with the Community Boards outside of the consultation.

For the General Agency Funding Discussion, please provide written responses and please be prepared to present on the following topics for 10-15 minutes at the beginning of our Consultation:

1. Explain the process the agency uses to formulate goals and budget priorities.
2. What are the current proposed FY18 and FY19 service and operational goals and proposed funding?
3. Which programs is the agency adding, dropping, or changing for FY18 and projected for FY19?

### AGENCY RESPONSE:

1. Budget priorities and goals are based on Mayoral priorities, legal mandates and the Department of Homeless Services' core mission: to prevent homelessness before it occurs, address street homelessness, provide safe high-quality shelter, and assist New Yorkers in transitioning from shelter and street homelessness to permanent housing. DHS collaborates with non-profit partners to provide temporary shelter, social services and supports to help individuals and families transition rapidly into housing in the community. In April 2016, Mayor de Blasio announced a major restructuring of homeless services in New York City by creating an integrated and streamlined management structure for DHS and the Human Resources Administration (HRA) under the Commissioner of the Department of Social Services. Through integrated management for HRA and DHS, client services can be provided more seamlessly and effectively, with the City leveraging shared services functions across agencies, resulting in improved day-to-day management and an integrated mission across agencies. There is no one-size-fits-all solution to the citywide challenge of homelessness—and as part our individualized prevention-first strategy for addressing this challenge, DHS continues to utilize a number of aggressive tools to address each household's unique needs and prevent families on the verge of homelessness from entering shelter by helping them remain housed as they stabilize their lives. Strengthened by the DHS-HRA integration, DHS' intensified focus on prevention ensures individuals and families are initially and immediately engaged by both shelter-intake staff and prevention-services staff under one roof. In February 2017, the Mayor announced his comprehensive plan to turn the tide on homelessness, neighborhood by neighborhood. To address and transform a shelter system that expanded in a haphazard way over the past four decades, the Mayor's plan will completely end the use of all 360 cluster sites and hotel facilities citywide, while opening a smaller number of 90 new and more effective traditional shelters. This will reduce the number of Department of Homeless Services' facilities by 45 percent across New York City and allow us to maintain a vacancy

rate to ensure the flexibility we need to implement a more equitable, borough-based system that takes into account the individual needs of the children and adults we must shelter. The plan's guiding principle is community and people first, and giving homeless New Yorkers, who come from every community across the five boroughs, the opportunity to be sheltered closer to their support networks and anchors of life, including schools, family, houses of worship, and communities they called home in order to more quickly stabilize their lives.

2. The Department of Homeless Services' core mission is preventing homelessness before it occurs, addressing street homelessness, providing safe high-quality shelter, and assisting New Yorkers in transitioning from shelter and street homelessness to permanent housing. DHS collaborates with non-profit partners to provide temporary shelter, social services and supports to help individuals and families transition rapidly into housing in the community. In April 2016, Mayor de Blasio announced a major restructuring of homeless services in New York City by creating an integrated and streamlined management structure for DHS and the Human Resources Administration (HRA) under the Commissioner of the Department of Social Services. Through integrated management for HRA and DHS, client services can be provided more seamlessly and effectively, with the City leveraging shared services functions across agencies, resulting in improved day-to-day management and an integrated mission across agencies. There is no one-size-fits-all solution to the citywide challenge of homelessness—and as part our individualized prevention-first strategy for addressing this challenge, DHS continues to utilize a number of aggressive tools to address each household's unique needs and prevent families on the verge of homelessness from entering shelter by helping them remain housed as they stabilize their lives. Strengthened by the DHS-HRA integration, DHS' intensified focus on prevention ensures individuals and families are initially and immediately engaged by both shelter-intake staff and prevention-services staff under one roof. In February 2017, the Mayor announced his comprehensive plan to turn the tide on homelessness, neighborhood by neighborhood. To address and transform a shelter system that expanded in a haphazard way over the past four decades, the Mayor's plan will completely end the use of all 360 cluster sites and hotel facilities citywide, while opening a smaller number of 90 new and more effective traditional shelters. This will reduce the number of Department of Homeless Services' facilities by 45 percent across New York City and allow us to maintain a vacancy rate to ensure the flexibility we need to implement a more equitable, borough-based system that takes into account the individual needs of the children and adults we must shelter. The plan's guiding principle is community and people first, and giving homeless New Yorkers, who come from every community across the five boroughs, the opportunity to be sheltered closer to their support networks and anchors of life, including schools, family, houses of worship, and communities they called home in order to more quickly stabilize their lives. The DHS budget as of FY18 Adoption is \$1.6 billion (\$889 million City funds) in Fiscal Year 2018 and \$1.6 billion (\$898 million City funds) in Fiscal Year 2019. The DHS headcount is funded at 2,473 positions in FY18 and FY19.

3. A major initiative in FY18 and FY19 is rate reform for shelter providers. \$146 million (\$80 million in City funds) has been added since Executive FY17 Plan to ensure all contracted providers can provide consistent and high quality levels of services and are able to maintain their facilities in accordance with City and State standards for operations. Other initiatives include Thrive (\$34 million); the FY16 and FY17 COLAs (total of \$11 million); and the FY18 provider wage adjustment (\$5.7 million in FY18 growing to \$10.7 million in FY19, although this is inclusive of non-shelter providers as well). The Jan 17 Plan added Adult shelter enhancements of \$9 million for not-for-profit providers; \$17 million was added for security at mental health shelters in the Jan 17 and Executive 17 Plans; and \$5 million is provided annually for one-time shelter maintenance and repair costs that are not capitolly eligible. Taken together, these investments for not-for-profit shelters total over \$200 million when fully annualized.

## **MEETING NOTES:**

### **COMMENTS:**

What is rate reform? - HRA: We are looking at all shelter providers and asking them to provide a level of services that is higher than it was previously based on models. Everything over and above rent costs is for social services, security, etc.

### **FOLLOW-UP:**

## **AGENDA ITEM 2 : Safety in Larger Shelters**

There are homeless individuals who refuse shelter in large dormitory-style facilities and wait for smaller safe haven beds. Additionally, some of these larger shelters are perceived as unsafe for residents because of drugs, as well as for the neighbors. Will there be funding to create separate units within existing shelter facilities, which would enhance perceived safety for the residents?

## **AGENCY RESPONSE:**

a. HOME-STAT focuses on connecting with each individual living on the street—who may be resistant to accepting other services, including traditional shelters—with the unique combination of services that will enable them to transition off the streets. All street homeless outreach teams have licensed clinicians who work with clients on the streets. In addition to receiving on-going case management, people are assessed for immediate risk/crisis during each encounter. The teams also have psychiatrists who perform psychiatric evaluations on the streets and thereby help us understand and better meet the individual needs of each street homeless New Yorker. These clinicians and psychiatrists help our outreach teams connect with the clients who are difficult to engage, in many cases due to significant mental health challenges. Accepting outreach efforts, including services that will help homeless New Yorkers transition indoors from the streets, is voluntary, but we remain undeterred in our efforts to engage them proactively and aggressively, and offering assistance and services, until we make the connection that will help them transition off the streets. Our teams continue to reach-out to these New Yorkers to offer services and help them come indoors.

As we continue to redouble and enhance proactive street outreach efforts, DHS has opened or is opening more low-threshold facilities dedicated to serving street homeless New Yorkers. We have brought on 425 beds since 12/2015 for this population and anticipate another 285 coming online by the end of the year as we open additional drop-in centers and safe havens. Drop-In Centers and Safe Haven programs are low-barrier services specifically targeted toward homeless individuals who may be resistant to accepting other services, including traditional shelters. Drop-in Centers provide baseline services with the goal of meeting immediate needs for individuals, such as showers, meals, and clothing. They also have on-site case management services and provide an emergency overnight option or a referral to a respite bed at local houses of worship. Transitional housing options, called Safe Havens, are geared toward chronic street homeless individuals. Safe Havens are low-barrier programs that only take referrals from street outreach teams and include overnight beds, and have physical and program characteristics more suitable for engaging service-resistant street homeless New Yorkers. Both Drop-In Centers and Safe Havens are equipped with on-site services and outreach staff who work closely with the clients to deepen those relationships, stabilize their lives, and encourage them to transition further off the streets, and ultimately into permanent housing. These facilities are often the first step towards bringing street homeless New Yorkers indoors.

b) Drop-In Centers and Safe Haven programs are low-barrier services specifically targeted toward homeless individuals who may be resistant to accepting other services, including traditional shelters. Drop-in Centers provide baseline services with the goal of meeting immediate needs for individuals, such as showers, meals, and clothing. They also have on-site case management services and provide an emergency overnight option or a referral to a respite bed at local houses of worship. Transitional housing options, called Safe Havens, are geared toward chronic street homeless individuals. Safe Havens are low-barrier programs that only take referrals from street outreach teams and include overnight beds, and have physical and program characteristics more suitable for engaging service-resistant street homeless New Yorkers. Both Drop-In Centers and Safe Havens are equipped with on-site services and outreach staff who work closely with the clients to deepen those relationships, stabilize their lives, and encourage them to transition further off the streets, and ultimately into permanent housing. These facilities are often the first step towards bringing street homeless New Yorkers indoors. In addition to redoubling and enhancing proactive street outreach efforts, DHS has opened or is opening more low-threshold facilities dedicated to serving street homeless New Yorkers. We have brought on 425 beds since 12/2015 for this population and anticipate another 285 coming online by the end of the year.

## **MEETING NOTES:**

### **COMMENTS:**

DHS - We are paying for rooms and for space and there are economies of scale we have to meet and state

regulations that we have to follow for single adults in shelters. By bringing the NYPD on we are taking a more holistic approach to managing shelter safety than trying to break up larger shelters.

**FOLLOW-UP:**

### **AGENDA ITEM 3 : Drop-In Center Site**

Has a Manhattan drop in center site been identified?

**AGENCY RESPONSE:**

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**MEETING NOTES:**

**COMMENTS:**

A West 14th Street facility will open in the near future a date is yet to be determined and it will have 75 beds for a drop-in center and it will have a safe haven as well.

There will be another facility on the Beth Israel campus on 17th Street that will open in or around January. We are still exploring how to serve homeless individuals with dogs. Service animals and emotional support animals can be accommodated in city facilities. Service animals perform a task for an individual that cannot perform the task themselves. We have a process and will be issuing new guidance to our facilities. We ask that the animal is registered with the city and be inoculated, but an individual does not need a card stating that the animal is a service animal. Medical documentation for people is required for emotional support animals.

**FOLLOW-UP:**

### **AGENDA ITEM 4 : CITYFEPS Rent Supplement**

Did CITYFEPS rent supplement program increase in fy18 and is more planned fy19. Would this be considered one of the most effective funding uses to prevent homelessness.

**AGENCY RESPONSE:**

Thank you for your question. However, this is not a DHS matter. This questions will be answered by HRA during the HRA budget consultation session.

## **MEETING NOTES:**

### **COMMENTS:**

### **FOLLOW-UP:**

## **AGENDA ITEM 5 : Outreach Staff and Caseload**

A. DHS increased funding and expanded staff for street outreach workers. Outreach workers have also reported that after a certain number of outreach engagements per week, there is backlash and protests of harassment. What is optimum effective outreach engagements per week and has that number been reached. How exactly will increased outreach staff funding be used for fy18 and is there increase planned for fy19. Last year DHS reported an average of 27-client caseload for outreach workers. Has this increased or decreased and what is the optimum caseload number?

B. Last year the “ snapshot” number of clients on caseload at the time of budget consults was 790 on caseload and 232 prospective clients. What is number this year?

C. The fy18 DHS report on the executive budget reported funding for 17 outreach workers as part of Homestat. Please clarify—is this in addition to MOC outreach. Please clarify how many outreach staff there are in total and identify different categories, responsibilities, and funding allocations.

## **AGENCY RESPONSE:**

Please see attached.

## **MEETING NOTES:**

### **COMMENTS:**

We have adequate funding to meet the needs of street homeless. We can follow up about the ratio of street homeless to outreach workers.

### **FOLLOW-UP:**

## **AGENDA ITEM 6 : "Crusties" Program 1**

At last year’s consult meeting there was a specific question regarding seasonal "traveler" street homeless, who identify themselves as “ crusties.” The agency response was for homeless in general and did not discuss programs or plans for this subset of the homeless population that do not respond to MOC outreach efforts. There are still no programs funded and seemingly no attempts to resolve how to engage this population. Is DHS willing to fund explorations to work with this population that in some areas generate the most complaints and impact the community more than any other street homeless?

## **AGENCY RESPONSE:**

DHS is in the process of collecting data and developing additional interventions to address the needs of this population as appropriate.

## **MEETING NOTES:**

### **COMMENTS:**

Our outreach teams work creatively with folks who tend to be more transient and more visibly present in summer

months. Our outreach teams are working on harm reduction and doing joint operations with Parks, the Mayor's Alliance on Animals, NYPD, etc.

DM Stetzer: It would be good to know if there is any way that community boards can advocate for funding for these service resistant populations?

HRA: Thus far we have not found best practices from other cities to implement for these populations.

**FOLLOW-UP:**

**AGENDA ITEM 7 : "Crusties" Program 2**

Section Two: Specific Agency Program (Capital & Expense) Questions:

Expense

4. The community separates seasonal Crusties from year-round New Yorker homeless. This has become more pronounced and more of an issue. Crusties also seem immune to outreach engagement. What funding/programs are being planned to develop successful outreach to this population?

**AGENCY RESPONSE:**

DHS outreach teams engage all street homeless clients with the hopes that they will accept services that meet their individual needs. HOME-STAT focuses on connecting with each individual living on the street—who may be resistant to accepting other services, including traditional shelters—with the unique combination of services that will enable them to transition off the streets. All street homeless outreach teams have licensed clinicians who work with clients on the streets. In addition to receiving on-going case management, people are assessed for immediate risk/crisis during each encounter. The teams also have psychiatrists who perform psychiatric evaluations on the streets and thereby help us understand and better meet the individual needs of each street homeless New Yorker. These clinicians and psychiatrists help our outreach teams connect with the clients who are difficult to engage, in many cases due to significant mental health challenges. Accepting outreach efforts, including services that will help homeless New Yorkers transition indoors from the streets, is voluntary, but we remain undeterred in our efforts to engage them proactively and aggressively, and offering assistance and services, until we make the connection that will help them transition off the streets. Our teams continue to reach-out to these New Yorkers to offer services and help them come indoors. Additionally, DHS has Safe Haven/Drop-In programs for street homeless individuals in this area.

Drop-In Centers and Safe Haven programs are low-barrier services specifically targeted toward homeless individuals who may be resistant to accepting other services, including traditional shelters. Drop-in Centers provide baseline services with the goal of meeting immediate needs for individuals, such as showers, meals, and clothing. They also have on-site case management services and provide an emergency overnight option or a referral to a respite bed at local houses of worship. Transitional housing options, called Safe Havens, are geared toward chronic street homeless individuals. Safe Havens are low-barrier programs that only take referrals from street outreach teams and include overnight beds, and have physical and program characteristics more suitable for engaging service-resistant street homeless New Yorkers. Both Drop-In Centers and Safe Havens are equipped with on-site services and outreach staff who work closely with the clients to deepen those relationships, stabilize their lives, and encourage them to transition further off the streets, and ultimately into permanent housing. These facilities are often the first step towards bringing street homeless New Yorkers indoors. In addition to redoubling and enhancing proactive street outreach efforts, DHS has opened or is opening more low-threshold facilities dedicated to serving street homeless New Yorkers. We have brought on 425 beds since 12/2015 for this population and anticipate another 285 coming online by the end of the year.

**MEETING NOTES:**

**COMMENTS:**

**FOLLOW-UP:**

**AGENDA ITEM 8 : Security of Area Neighborhoods and Shelters**

Regarding security, at last year's consult DHS said it would follow up on best way forward regarding monitoring block or immediate area of shelters. What has been result?

**AGENCY RESPONSE:**

a) DHS continually partners with providers to conduct canvasses in and around the shelter in support of the "Good Neighbor Policy."

b) Surveys in and around the shelter, in accordance with the "Good Neighbor Policy," are an on-going process.

**MEETING NOTES:**

**COMMENTS:**

Some sites have DHS officers that can patrol up and down the block, but sites that do not have DHS officers have private security personnel who cannot patrol the surrounding areas. Community engagement personnel can help in this area. DHS cannot take on security outside of shelters because we are a social service agency.

DM Bodine: Is it correct that there is a security assessment performed by NYPD for every site?

HRA: Yes.

Mark Diller: I appreciate that your mission is to create safe spaces inside shelters, but what about the spaces outside of shelters since they impact the community assessment and perception of shelters.

DM Stetzer: We want more DHS police outside shelters and they can do more than private security. Just partnering with NYPD does not work.

HRA: There are 940 DHS peace officers, which is double the number from 2013. DHS security is overseen by NYPD. One NYPD recommendation was to increase DHS peace officers, which we did. Mental health facilities are the priority for DHS peace officer assignment, but NYPD assigns officers based on their own assessments. FJC (private security) officers are present at hotels.

DM Stetzer: Am I correct that the funding for DHS peace officers in part determines how many DHS facilities are covered by DHS peace officers?

HRA: Yes. That is correct.

People must be chronically street homeless to be placed directly into shelters.

**FOLLOW-UP:**

**AGENDA ITEM 9 : District Specific Budget Questions 1**

CB 3 and neighbors believe that 3rd Street Men's Shelter would be vastly improved if DHS police were assigned instead of private security. The shelter attracts drug dealers and there is a K2 problem. Shelter residents have complained of drugs and safety concerns in the shelter. Current bureaucratic rules prohibit assigning DHS police to this adult men's shelter although all involved in this facility agree that it would greatly improve the shelter for both neighborhood resident and shelter residents. There are street

homeless that are afraid to be in this shelter. What is the difference between the cost of private security and DHS police.

**AGENCY RESPONSE:**

Under the de Blasio Administration, DHS has doubled the previous (FY13) investment in DHS shelter security, with a total annual security budget of \$217 million for fiscal years 2017 and 2018 (\$48M for DHS Peace Officers, \$92M for FJC contracted security, and \$77M for provider-contracted security

**MEETING NOTES:**

**COMMENTS:**

**FOLLOW-UP:**

**AGENDA ITEM 10 : District Specific Budget Questions 2**

What is the status of the Mayor's announced closure of the Aladdin shelter at 317 W 45th St.?

**AGENCY RESPONSE:**

The Aladdin, which currently serves 65 adult families, will be phased out over the course of the Mayor's 5-year plan as a result of feedback from our clients during the 90-day review. The homeless New Yorkers sheltered there will be transitioned to permanent housing or moved to other facilities as we increase high-quality shelter capacity across the five boroughs. As we implement the Mayor's borough-based plan and reimagine our shelter portfolio, we will be evaluating capacity and need in every community across the five boroughs—and in addition to ending the use of all clusters and commercial hotels, we will phase out a small number of other facilities, including this location. Communities will be the first to know as we identify sites for opening or closure.

**MEETING NOTES:**

**COMMENTS:**

**FOLLOW-UP:**

**ADDITIONAL NOTES:**

DHS: Street outreach and canvassers are different. Canvassers collect data to help understand homeless populations in communities.

DM Stetzer: How do we get the information that canvassers collect?

DHS: We have been in conversations with our operations folks about how to roll out this information. The canvass program is under Homestat. We will work on getting this data to you.

DM Bodine: I appreciate the answer/response about the Aladdin Shelter closing, but can you tell us more about this?

DHS: The Mayor's highest priority is to close cluster site housing. We are assessing provider performance and looking at shelters that are contracted and non-contracted. Some shelters are not contracted because they were brought on on an emergency basis to increase capacity. We use contracts to help improve shelters and the services that they provide. We



are in the process of determining whether to get non-contracted shelters into contracts or ending our relationships and closing these shelters because of poor performance. Aladdin is one of the non-contracted shelters that we have decided to close.

DM Bodine: What aftercare programming is provided for those who move out of shelters into 80/20 affordable housing?

DHS: For the most part, we place individuals from shelters into housing through FEPS and rental assistance programs, and relatively few are placed into 80/20 affordable housing units, but the general aftercare program is available for different populations placed into different types of housing, including those placed into 80/20. Aftercare programs could be strengthened.

DM Stetzer: What is the plan to keep families in shelters near their home districts.

DHS: We are opening 90 shelters over the next 5 years to close cluster sites and commercial hotels. We try to adhere to state regulations that require us to take families with children and put them as close to their home districts as possible. As we open more shelters, families with children will be closer to their home districts and schools.

**How exactly will increased outreach staff funding be used for fy18 and is there an increase planned for FY19?**

Through HOME-STAT, we have more than doubled our investment in street outreach efforts, including bringing online new dedicated capacity with hundreds of beds at Safe Havens and Drop-In Centers (and hundreds more on way by end of year). At the same time, we have also doubled number of street homeless outreach workers—from 191 to 387. Our outreach teams canvass the five boroughs 24/7/365, proactively engaging street homeless New Yorkers, encouraging them to accept services and transition indoors, and oftentimes spending months building relationships by making regular—typically daily—contact with street homeless New Yorkers: getting to know them, building trust, and sharing information about the resources available to them. Resources and services made accessible to these New Yorkers during proactive engagement include but are not limited to crisis intervention, case management, and assistance with vital documents, income and employment when applicable. Last year, through this work, our outreach teams helped bring 865 individuals off the streets across the five boroughs (March/April 2016 through May 2017).

At this time, we have a total of 387 contracted Outreach staff funded predominantly through CTL. With a dedicated not-for-profit provider for each borough:

- Manhattan: Manhattan Outreach Consortium (MOC), led by CUCS, includes:
  - CUCS
  - Goddard Riverside
  - Breaking Ground
  - Bowery Residents Committee (BRC)—subways and parts of Manhattan
- Brooklyn: Breaking Ground
- Queens: Breaking Ground
- Bronx: BronxWorks
- Staten Island: Project Hospitality

HOME-STAT outreach teams working around the clock across the five boroughs have helped 865 New Yorkers living on the streets transition indoors since the start of the HOME-STAT program.

Helping homeless New Yorkers transition off the streets is a top priority that we share with our dedicated not-for-profit partners who coordinate our persistent and compassionate outreach efforts across the five boroughs. Together, we remain united, undeterred, and committed to continuing to improve our outreach efforts.

In addition, DHS has 56 HOME-STAT staff, consisting of 50 canvassers and 6 supervisors that are responsible for supporting the contracted Outreach Team citywide. They are responsible for a weekly general canvass of Manhattan, targeted joint operations with the NYPD and other agency partners (including but not limited to DSNY, DOT, and DOHMH), and for gathering data from panhandling surveys in hospitals and libraries. DHS is also increasing resources for the Street Medicine program, in which a team of mobile Nurse Practitioners offers medical assessments and minimally invasive treatments to homeless people where they live, including providing medical care to those on the street who are in need of medical attention. Some of the services they provide on the street are: risk assessments, wound care, referrals to medical and mental health providers, administration of antibiotics and blood pressure and diabetes screening. These staff perform street check-ups that include foot examinations, blood-sugar evaluations, administration of flu vaccines, blood pressure screenings, wound dressings, and temperature checks. Additional medical supplies include peak flow meters to measure lung capacity, all types and sizes of bandages, creams, antibiotics, medical grade toenail clippers, EpiPens, a suture removal kit, glucometers, laptops so they can chart without having to go back to the office, as well as a stethoscope and antiseptics.

At the same time, as we continue to redouble and enhance proactive street outreach efforts, DHS has opened or is opening more low-threshold facilities dedicated to serving street homeless New Yorkers. We have brought on 425 beds since 12/2015 for this population and anticipate another 285 coming online by the end of the year as we open additional drop-in centers and safe havens. Drop-In Centers and Safe Haven programs are low-barrier services specifically targeted toward homeless individuals who may be resistant to accepting other services, including traditional shelters. Drop-in Centers provide baseline services with the goal of meeting immediate needs for individuals, such as showers, meals, and clothing. They also have on-site case management services and provide an emergency overnight option or a referral to a respite bed at local houses of worship. Transitional housing options, called Safe Havens, are geared toward chronic street homeless individuals. Safe Havens are low-barrier programs that only take referrals from street outreach teams and include overnight beds, and have physical and program characteristics more suitable for engaging service-resistant street homeless New Yorkers. Both Drop-In Centers and Safe Havens are equipped with on-site services and outreach staff who work closely with the clients to deepen those relationships, stabilize their lives, and encourage them to transition further off the streets, and ultimately into permanent housing. These facilities are often the first step towards bringing street homeless New Yorkers indoors.

**Last year the “ snapshot” number of clients on caseload at the time of budget consults was 790 on caseload and 232 prospective clients. What is number this year?**

Today, our dedicated and persistent HOME-STAT outreach teams, who canvass the five boroughs engaging homeless New Yorkers 24/7/365 and encouraging them to accept services and transition indoors, know more than 2,000 individuals by name who are confirmed to be homeless and living on the streets and are providing the resources and case management services needed to build the strong relationships that will help these individuals transition from the streets to a home. Additionally, those outreach teams are actively engaging more than 1,500 individuals encountered on the streets to evaluate their living situations and determine whether they are homeless as well as what supports they may need. Now that (the City's first-ever) by-name list of the individuals who are living on the streets is so comprehensive, we believe that that by-name list provides the single most precise understanding of the individuals living on the streets in real time, as the list changes by the minute, with every successful engagement and every successful permanent housing placement, reflecting the dynamic nature of the outreach and engagement performed around-the-clock by our teams.

Additionally, through HOME-STAT, we have more than doubled our investment in street outreach efforts, including bringing online new dedicated capacity with hundreds of beds at Safe Havens and Drop-In Centers (and hundreds more on way by end of year). At the same time, we have also doubled number of street homeless outreach workers—from 191 to 387. Our outreach teams spend months building relationships by making regular—often daily—contact with street homeless New Yorkers: getting to know them, building trust, and sharing information about the resources available to them. Resources and services made accessible to these New Yorkers during proactive engagement include but are not limited to crisis intervention, case management, and assistance with vital documents, income and employment when applicable. Last year, through this work, our outreach teams helped bring 865 individuals off the streets across the five boroughs (March/April 2016 through May 2017).

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HOME-STAT outreach teams are working around the clock across the five boroughs have helped 865 New Yorkers living on the streets transition indoors since the start of the HOME-STAT program.

Helping homeless New Yorkers transition off the streets is a top priority that we share with our dedicated not-for-profit partners who coordinate our persistent and compassionate outreach efforts across the five boroughs. Together, we remain united, undeterred, and committed to continuing to improve our outreach efforts.

In addition, DHS has 56 HOME-STAT staff, consisting of 50 canvassers and 6 supervisors that are responsible for supporting the contracted Outreach Team citywide. They are responsible for a weekly general canvass of Manhattan, targeted joint operations with the NYPD and other agency partners (including but not limited to DSNY, DOT, and DOHMH), and for gathering data from panhandling surveys in hospitals and libraries. DHS is also increasing resources for the Street Medicine program, in which a team of mobile Nurse Practitioners offers medical assessments and minimally invasive treatments to homeless people where they live, including providing medical care to those on the street who are in need of medical attention. Some of the services they provide on the street are: risk assessments, wound care, referrals to medical and mental health providers, administration of antibiotics and blood pressure and diabetes screening. These staff perform street check-ups that include foot examinations, blood-sugar evaluations, administration of flu vaccines, blood pressure screenings, wound dressings, and temperature checks. Additional medical supplies include peak flow meters to measure lung

capacity, all types and sizes of bandages, creams, antibiotics, medical grade toenail clippers, EpiPens, a suture removal kit, glucometers, laptops so they can chart without having to go back to the office, as well as a stethoscope and antiseptics.

At the same time, as we continue to redouble and enhance proactive street outreach efforts, DHS has opened or is opening more low-threshold facilities dedicated to serving street homeless New Yorkers. We have brought on 425 beds since 12/2015 for this population and anticipate another 285 coming online by the end of the year as we open additional drop-in centers and safe havens. Drop-In Centers and Safe Haven programs are low-barrier services specifically targeted toward homeless individuals who may be resistant to accepting other services, including traditional shelters. Drop-in Centers provide baseline services with the goal of meeting immediate needs for individuals, such as showers, meals, and clothing. They also have on-site case management services and provide an emergency overnight option or a referral to a respite bed at local houses of worship. Transitional housing options, called Safe Havens, are geared toward chronic street homeless individuals. Safe Havens are low-barrier programs that only take referrals from street outreach teams and include overnight beds, and have physical and program characteristics more suitable for engaging service-resistant street homeless New Yorkers. Both Drop-In Centers and Safe Havens are equipped with on-site services and outreach staff who work closely with the clients to deepen those relationships, stabilize their lives, and encourage them to transition further off the streets, and ultimately into permanent housing. These facilities are often the first step towards bringing street homeless New Yorkers indoors.