

## **NEW YORK CITY SHELTER ACCESSIBILITY ADVISORY BOARD**

### **YEAR ONE REPORT TO NYC CITY COUNCIL**

**JANUARY 2026**

Local Law 23 of 2023 mandated the creation of a Shelter Accessibility Advisory Board. Nine members were appointed in 2024, and the first meeting was held in January of 2025. The Board's purpose is to recommend ways in which shelter services and programs can better meet the needs of individuals with disabilities navigating through the NYC shelter system through accommodation and inclusivity. The Board is constituted of advocates with disabilities who have successfully navigated through the NYC shelter system and representatives from government and nonprofit agencies who work with and assist people with disabilities.

Appointed Board Members include:

Lisanne Anderson

Beth Diesch

Cynthia English - Co-Chair

Asa Johnson - Co-Chair

Crystal Rivera

Jennifer Shaoul

Erica Strang

Mbacke Thiam

Charisma White

Though only mandated to meet quarterly, the Board engaged in ten (monthly) meetings in 2025, two of which were in person. In addition, teams of two or three Board members conducted four site visits to various shelter types across New York City. The site visits allowed Board members to see firsthand the positive changes that the Department of Homeless Services (DHS) has already implemented and also allowed the Board to identify further barriers that we recommend be addressed. Informed by site visits and the lived and professional experiences of members, the Board convened in person in December 2025 and January 2026 to collaboratively compile this report.

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**Access:**

**Barrier: ADA-Accessible Shelter Units** The Board noticed instances where a shelter resident with no accessibility needs had been placed in an accessible unit that was designated for individuals with disabilities.

**Recommendation:** Vacancy control should ensure that accessible units are identified and held for people with accessibility needs. In situations where capacity needs require placement in an accessible unit for a person who does not have a disability, DHS should make clear in writing that this placement is temporary and that they will be relocated when a more suitable placement is available. All best efforts are required to ensure residents with accessibility needs are getting placed in accessible placements.

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**Barrier: Inconsistent Access to Accessible Outdoor Recreational Spaces** Many shelters have minimal or no access to accessible and covered outdoor spaces for shelter residents to engage in recreational activities.

**Recommendation:** When feasible, all shelters should have accessible and covered outdoor spaces for recreational use. We recommend that existing shelters conduct an evaluation to determine if outdoor recreational space can be created within the structures and property already in use.

In addition, the Board finds that there is an insufficient variety of recreation activities available to people in shelter. We believe that helping clients to interact with each other enhances their socialization skills, may prevent feelings of isolation, and prepares them to lead more socially inclusive lives. Recreational therapy should be provided. The Board recommends recreation therapy in all shelters, especially those designated for people with mental health conditions.

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**Barrier: ADA Accessibility** Some units that are considered ADA-compliant are not necessarily fully accessible.

**Recommendation:** Assess shelters built pre-2010 ADA Standards to confirm that units identified as ADA-accessible meet ADA standards.

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**Barrier: Fire Safety** In-unit fire safety signs don't always contain specific instructions for people with mobility disabilities.

**Recommendation:** DHS should assess and re-position/update fire safety signage for people with disabilities as needed.

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## **Support:**

**Barrier: Self-Advocacy** Many shelter residents lack the ability to successfully self-advocate. The Board has encountered individuals who were unable to express themselves, in verbal or written correspondence, in a way that provided relevant information that was specific to a complaint or need.

**Recommendation:** DHS should explore grant funding to work with a nonprofit agency to develop a self-advocacy curriculum that can be piloted in DHS shelters. The DSS Office of Disability Affairs has already agreed to explore opportunities in this area.

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**Barrier: Office of the Ombudsman** When a shelter resident has a shelter-related complaint, they are encouraged to reach out to the Office of the Ombudsman. While the word "ombudsman" is theoretically appropriate, it is a difficult concept to understand and is not considered "plain language". It is a challenging word for those with cognitive disabilities, with low literacy, and those for whom English is not their primary language. Indeed, it is this Board's understanding that the translation of the word "ombudsman" can be misleading, leading clients to believe that they are acquiring legal representation from this office.

**Recommendation:** Explore options for renaming the Office of the Ombudsman using more accessible language that reflects the work that they do.

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**Barrier: High-Density Mental Health Shelters** Mental Health Shelters, also known as Behavioral Health Shelters, sometimes have too many residents, both in the facility and in units, making it difficult to meet their needs and move them to permanent housing.

**Recommendation:** As a best practice, Mental Health Shelters should ideally have 50, no more than 100, residents. We recommend that DHS make efforts to reduce density per unit to ten or fewer with new purpose-built facilities sheltering no more than four individuals per dorm for this population.

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**Barrier: Safety** The Board identified environmental safety concerns for vulnerable individuals, specifically regarding Transgender Nonconforming (TGNC) residents and residents with physical and cognitive disabilities. Such as a shelter located far from a public transit route, or the route is not well-lit.

**Recommendation:** DHS should require provider agencies to assess safety concerns in their community for individuals in their ILP that can be directly mitigated by creative and proactive staff support, such as shelter staff offering escorts to bus/train, as the TGNC-shelter is now doing. Vacancy control/ Intake facilities should take into consideration transportation accessibility needs when determining placements.

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### **Workforce:**

**Barrier: Under-Resourced Housing Specialists per Shelter Residents** A major barrier to exiting shelter is the limited availability of qualified housing specialists. Increasing the number of housing specialists on site—and ensuring they are trained in equity, fairness, and affordability standards—would shorten the time families and individuals spend in shelter. More specialists means more hands actively helping clients locate real units, complete applications, overcome bureaucratic delays, and access programs they are eligible for. Strengthening this support aligns with the long-term goal of reducing and ultimately phasing out reliance on the shelter system.

**Recommendation:** Implementing a ratio of 1 housing specialist to 50 shelter households.

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**Barrier: Staff Turnover Rate** High turnover rates prevent staff from building meaningful relationships with residents, maintaining continuity of care, and maintaining institutional knowledge and training. Experienced staff are better able to serve people with disabilities in shelter.

**Recommendation:** Extend the DSS Employee Assistance Program (EAP) to provider agency staff in order to prevent burnout and provide resources.

### **Additional recommendation:**

The Board encourages DHS to use data to inform decisions related to the development and operations of services pertaining to people with disabilities.

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## Amenities:

**Barrier: Lack of Access to WiFi in Shelter (“WiFi for All” Implementation)** The Board discovered that while some shelters provide access to WiFi, it is not universally accessible across the system.

**Recommendation:** We recommend the adoption of “WiFi for All”. It is essential to recognize that reliable internet access directly supports residents’ ability to secure stable housing. WiFi is not a luxury—it is a foundational tool for completing housing applications, conducting job searches, accessing benefits, communicating with caseworkers, and managing medical or legal appointments. Ensuring universal WiFi access in shelters increases residents’ self-sufficiency and accelerates their transition into permanent, equitable housing.

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**Barrier: Food Accessibility and Availability for Residents** Currently, meals and snacks are distributed on rigid schedules that do not reflect residents’ real needs. Additionally, shelter residents with reasonable accommodations for special diets do not always get meals that are properly labeled.

**Recommendation:** Food access inside shelters must be safe, consistent, and balanced. Increasing accessible, ready-to-eat nutritious snacks, including, but not limited to, fresh fruit, would ensure no resident goes hungry or is forced to wait for basic nourishment. In addition, DHS will schedule regular onsite audits to ensure that food labeling of special dietary meals meets DHS standards.

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On behalf of the Shelter Accessibility Advisory Board, thank you for your consideration.