

**Testimony of Erin Drinkwater Deputy Commissioner
Department of Social Services**

**Before the New York City Committee on General Welfare
Oversight – COVID-19 Response for New Yorkers Experiencing Homelessness
April 23, 2020**

Good afternoon Chairperson Levin and members of the General Welfare Committee. My name is Erin Drinkwater and I am the Deputy Commissioner for Intergovernmental and Legislative Affairs for the Department of Social Services. Thank you for this opportunity to testify today about the agency's COVID-19 response for New Yorkers experiencing homelessness as you consider legislation related to our agency's services.

At the outset, I want to acknowledge the work of the staff of the Department of Social Services/Human Resources Administration (DSS/HRA) and the DSS/Department of Homeless Services (DHS) as well as our contracted provider staff who are on the frontline, including providing shelter and services to those with no other place to go and connecting New Yorkers in need to essential resources to help make ends meet, which is even more important in these extraordinary times.

As our City confronts this virus, we are marshalling every tool and resource at our disposal to meet this moment and protect the New Yorkers who we serve. From developing protocols with Health and Hospitals to ensure anyone who needs it can access care, to opening hundreds of dedicated isolation units at commercial hotels, to proactively relocating vulnerable New Yorkers and strategically transferring single adults out of larger shelters, we have responded to an unprecedented crisis with unprecedented action.

Since this crisis began, we've responded with speed and a comprehensive scope, taking extraordinary steps to change how we provide benefits and client services. HRA has been focused on making it easier for clients to access and stay connected to benefits, including eliminating all adverse case actions during this time. DHS's agency-wide planning began in February recognizing the unique challenges facing New Yorkers experiencing homelessness who are both sheltered and unsheltered.

On March 3, 2020, DHS provided information and the Department of Health and Mental Hygiene (DOHMH) guidance to providers at our Executive Directors shelter meeting. As a follow up, on March 4, 2020, we issued our first agency specific guidance which included a COVID-19 advisory letter from DHS. Since these initial communications, we have continued to provide regular updates on evolving health guidance, stand up isolation locations as required to meet the need, hold weekly meetings with shelter medical directors hosted by the DHS Office of the Medical Director, and distribute PPE as it has become available in the supply chain as well as face coverings.

On March 23, 2020 we hosted our first Commissioner's call with over 400 elected officials, providers, community-based organizations, and advocates to share critical information about our client services

during this crisis. Since then, we've held weekly Commissioner's calls and we send a weekly follow up communication that includes a recording of the week's call and important new information related to questions asked on the call. Each week this update is sent to over 4,000 elected officials, providers, community-based organizations, and advocates.

In the April 16 NY Times daily report¹, we were credited with our transparency in reporting:

The city's Department of Homeless Services is tracking and releasing information about confirmed virus cases and deaths. Other city and state agencies that run group shelters. . . have not disclosed that information.

This report also noted our efforts "to try to contain the virus's spread, the city's plans call for moving about 2,500 single adults — including people over 70, those with underlying health conditions and those staying in the 10 most densely populated city shelters — to hotel rooms by month's end."²

New Yorkers Experiencing Sheltered Homelessness

Ensuring that the agency is providing up to date guidance to our providers has been critical in order to ensure they have essential direction to identify signs and symptoms of COVID-19 and COVID-like illness and immediately connect clients to care.

Since the beginning of March, we have provided guidance by email distribution as well as uploading the guidance to the DHS provider portal. This includes factsheets and tips ranging from general information about the virus to cleaning and social distancing protocols to up to date guidance on COVID19 screening for those clients in shelters as well as those who are unsheltered. We've included information on Provider Social Distancing FAQ, Mask Guidance and Face Covering FAQ.

Topics of the guidance also include the DHS COVID19 Isolation Plan and Best Practices, including Isolation Site Guidance and workflows including the Isolation Advisory Letter to Clients, Hospital Protocol Discharge to Isolation and DHS Isolation Discharge Criteria and the Isolation Discharge Process.

And we've been working closely with our providers to ensure their financial stability, including sharing central City guidance related to increased service costs as a result of the COVID emergency and developing new work scopes and budgets to account for the increase in COVID related needs.

DSS-DHS-HRA remains ready and prepared to connect clients to the medical services they may need for any reason, including those relating to COVID19 or COVID19-like illness. We continue to convey the City's latest guidance from Health experts to our social service provider partners, including our shelter providers, such as: what signs/symptoms they should be on the lookout for, next steps, best practices for discussing the matter with clients, next steps for connecting clients to care, and how to report up any concerns promptly if they arise. DSS also continues to communicate to clients these same instructions regarding the signs/symptoms of COVID and practices to avoid transmission, encouraging them to speak up if and when they feel at all sick or experience any of the identified symptoms

¹ <https://www.nytimes.com/2020/04/16/nyregion/coronavirus-new-york-update.html>

² Ibid

Social Distancing and Isolation

Each day, we are adapting in shelter to increase social distancing and limit gatherings. Every single day our teams are working in lock step across government and in partnership with providers to ensure we have up to date plans that are responsive to real-time evolving needs and a changing situation which includes implementing social distancing strategies across our system.

It is important to remind the Committee, and those watching that those individuals in family and adult family shelters live in separate units, not congregate settings, accounting for approximately three-quarters of our system that currently houses approximately 58,000 people.

For locations providing shelter to single adults, which is the focus of today's hearing, dorms tend to be on average 8-12 beds per room. In these single adult congregate locations, of which there are approximately 100 (out of approximately 450 shelter locations citywide), we continue to modify our approach to services and programs to increase social distancing. For example, while clients were not required to leave their shelters during the day prior to COVID-19, they did have to leave their dorm rooms for unit cleaning. We adjusted this requirement to increase client access to units throughout the day and allow for increased social distancing. We also extended and staggered meal times to limit gatherings in dining areas.

Screening protocol and connecting to care

DSS/DHS developed multi-pronged responses for implementing City and DOHMH guidance on isolation and COVID19 virus mitigation. The use of commercial hotel rooms has been and continues to be an essential part of these strategies, with more than 700 commercial hotel beds available for isolation and more being brought online as we build out our arsenal for fighting this virus.

DSS/DHS developed a screening protocol with Health and Hospitals (H+H) to ensure shelter providers and staff have a clear protocol for identifying clients who are experiencing possible symptoms and promptly connecting them to assessment and hospital care as needed. DHS follows City guidance, which applies to all New Yorkers regardless of housing status, to only seek hospital care if urgently needed. As such, we developed and are utilizing the H+H protocol for immediately connecting clients to hospital care as the situation or their symptoms require. If there is an onsite medical provider, the medical provider will coordinate with H+H to determine what level of care is needed — hospitalization or an isolation placement; otherwise, shelter providers use a tele-medicine screen, and clients are referred to either the emergency room or to an isolation site, depending on their needs.

Recognizing the demands on the healthcare system across the city, we developed and implemented a clear protocol for isolation for any symptomatic individuals. This protocol is utilized for any client who expresses experiencing COVID-like symptoms or mild illness to refer them to an isolation site for monitoring and recovery, including isolating them at their shelter pending transportation and then transporting them to an isolation site directly so that clients who express experiencing symptoms do not remain on-site at congregate locations.

Isolation Hotels

In mid-March DSS/DHS first converted a free-standing shelter with rooms to a temporary isolation site and then began transitioning two of its existing commercial hotel locations for use as isolation hotels. This

quickly allowed the agency to move to isolate confirmed and suspected COVID-19 positive cases where hospitalization is not required as well as individuals exhibiting COVID-like symptoms and/or mild illness.

DSS/DHS has brought online units specifically for isolation and this week, we have more than 700 isolation beds available across five locations, and we are bringing on additional beds at additional hotels as necessary to meet the need and evolving guidance on isolation length of stay requirements.

As of April 21, there are approximately 400 total individuals in DSS-DHS isolation beds, including individuals who were tested and confirmed positive, but did not require hospitalization, as well as individuals who have exhibited COVID-like symptoms or mild illness who have not been tested but who are being isolated for monitoring and recovery, aligning with latest City guidance from Health experts. We are pleased to report that this number has decreased as more of our clients are able to be discharged after completing their isolation and departing without symptoms.

As of April 21, 453 total individuals have completed and departed isolation, including 160 confirmed-positive discharge cases as well as previously-symptomatic individuals, who we isolated for monitoring and recovery and who have left isolation after the required period, including no longer exhibiting symptoms.

Protecting Vulnerable New Yorkers

Even in the midst of this pandemic, we continue to focus on permanent housing placements, which are the best long-term option for our clients. We have rolled out a virtual walk-through permanent housing inspection process to continue move outs, and we are creating new housing opportunities for households experiencing homelessness through master leasing and collaboration with the Department of Housing Preservation and Development. Between March 1 and April 20, we've moved over 1,100 individuals into permanent housing, including over 500 from our Single Adult system through subsidized moves.

Utilizing existing DHS shelter capacity, we also began strategically transferring some of our most vulnerable clients in congregate shelters who are not sick and/or are non-symptomatic/asymptomatic at this time. Out of an abundance of caution, DHS began this relocation initiative for clients 70+ years old in congregate shelters using three existing DHS commercial hotel locations. This initiative is not without its challenges to execute in the middle of a pandemic. For example, during this initiative, at one of our Single Adult locations dedicated to seniors about half the residents opted not to relocate into hotels. Nevertheless, those clients who chose not to relocate are still better off as a result of the relocation of the other half of the residents because they are in a less dense environment. We expect to complete this 70+ initiative this week and move as many of these clients as agree to do so.

Building on what we have learned through the 70+ effort as well as our school proximity opt-in move initiative for families that we began in 2018, we are also proactively relocating New Yorkers from 10 larger shelter locations, including assessment shelter locations, to commercial hotel units, where they can isolate during this crisis. We anticipate that this initiative could further protect another 1,500 individuals identified for relocation from these sites. At the same time, there is the associated benefit of reduced density and greater social distancing for those clients who remain in these traditional shelters.

DHS' tiered approach focuses on targeting need based on individual vulnerability risk as well as individual site configuration. As we've stated at previously, we inherited a haphazard system and therefore our response to mitigating this crisis among our single adult clients requires careful consideration of the

individual needs of our clients coupled with protecting the public health during this global pandemic, which could be endangered during a mass migration of all clients in congregate shelters.

Overall in our single adult shelter system, out of the approximately 17,000 people in shelter, more than 3,500 individuals are in commercial hotel rooms and non-congregate shelter through our pre-COVID program for employed or employable clients and others who do not need a high level of services. Through our isolation, 70+ and density reduction initiatives, another approximately 2,500 single adults are being moved from congregate shelters to commercial hotels. Through all of our hotel initiatives, as of yesterday, 5,000 single adults are now in commercial hotels. Accordingly, in short order when we complete this phase of priority relocations this week, approximately 6,000 – or one-third – of the single adults in shelter will be in commercial hotel rooms. But we are not stopping there, as we have communicated on our weekly Commissioner’s calls, we will continue to relocate clients from congregate shelters to commercial hotels on a priority basis for the most vulnerable clients and for clients in locations that require greater density reduction for social distancing.

We will continue to initiate these transfers as quickly as possible and explore additional populations for relocation and policy responses to this evolving situation.

Protective and Preventive Resources

DSS/HRA/DHS faces the same larger supply chain issues across the City and indeed country. As the Mayor has stated, hospitals are where supplies are most urgently needed and continue to be prioritized. That said, as early as March 7, we distributed a supply of surgical masks for shelters to use for those clients exhibiting symptoms and we were able to obtain nearly 94,000 KN95 masks for shelter staff on April 6. In addition to this delivery, we secured half-a-million more masks that we pushed out to front-line DHS and HRA staff, including DHSPD Peace Officers and HRA client-facing centers, along with hand-sanitizer. We also distributed gloves to DHSPD Peace Officers and at HRA client-facing centers, to protect staff who by the nature of their work are not able to maintain social distancing. As guidance from the Health experts changed, we secured our first shipment of face coverings for clients in shelter and continue to source appropriate face coverings for our clients pursuant to the City’s latest guidance on cloth/non-surgical face-coverings for New Yorkers.

We’ve also bolstered our existing medical clinic staffing at DHS intake centers through the procurement of new nursing staff to conduct COVID19 and COVID-like illness screening at the front door to the shelter system 24/7. We were able to obtain thousands of disposable thermometers, which have been distributed to all shelter locations citywide, though we recognize this supply is only expected to get us through the next couple of days – and we are continuing to work with our City agency partners to increase our supply. In addition to these disposable thermometers, we obtained 200 reusable thermometers, which have been distributed to our intake, assessment, and isolation sites, ensuring we are able to rapidly check someone’s temperature if they indicate they are not feeling well and/or express symptoms, so we can connect them immediately to care and/or isolation as appropriate. We continue our efforts to expand and strengthen these capabilities and OEM is actively working to procure additional thermometers for us.

New Yorkers Experiencing Unsheltered Homelessness

Outreach to New Yorkers experiencing unsheltered homelessness remains an essential service and outreach workers are essential workers connecting New Yorkers experiencing unsheltered homelessness with services. DHS continues to convey the City’s latest guidance from Health experts to our social service

provider partners, including our outreach providers under the HOME-STAT program, such as: what signs and symptoms they should be on the lookout for, next steps, best practices for discussing the matter with clients, next steps for connecting clients to care, and how to report up any concerns promptly if they arise.

As of the night of March 9, DHS rolled out a street homeless screening process to hundreds of street outreach workers to identify street homeless individuals who may be experiencing possible symptoms and connect them to testing and assessment at Health+Hospitals. DHS HOME-STAT outreach teams continue their 24/7/365 outreach engaging known homeless New Yorkers as well as other New Yorkers they encounter on the street to obtain more information, including about their living situations in order to help them get back on their feet. Similar to DHS's extreme weather protocols, during the COVID-19 pandemic, outreach teams prioritize a health-protection and a risk-prevention approach. As a part of their round-the-clock, ongoing operations they integrated DOHMH guidance into their outreach practice, asking clients about their health and wellbeing, including questions aimed at determining whether individuals have experienced any COVID19 symptoms.

If any individual affirms they are experiencing symptoms, outreach teams contact EMS for transport to an H+H facility and report the interaction to DHS. As of April 20, DHS outreach teams have conducted more than 15,000 engagements on the topic of COVID19, including surveying clients in each of those engagements regarding whether they are experiencing any symptoms. As a result, those outreach teams have made 12 referrals to care, including transporting each of these 12 clients to H+H locations for further investigation – all these transports have been voluntary. At this time, these referrals have not resulted in any positive cases.

As part of our concerted, coordinated response to the evolving situation in New York City as relates to COVID19, we proactively provided outreach teams with resources for clients and staff alike. We made PPE face masks available to our outreach teams, similar to our shelter providers. We've also given our outreach teams new resources to distribute to unsheltered New Yorkers as we continue to engage them for services, evaluate them for any signs of symptoms, and emphasize that we are here to support them, including cleansing wipes and new socks. And to ensure New Yorkers living unsheltered can access facilities to maintain basic hygiene, the City is temporarily deploying portable toilets and hand washing stations in 12 locations across the 5 boroughs, including 3 toilets and 2 hand-washing stations per location. Locations were chosen based on input from outreach teams identifying specific spots where they were most needed. As we have announced previously, we are also bringing on an additional 75 safe haven beds beginning tomorrow and 120 new stabilization beds to help bring more clients experiencing street homelessness inside beginning next week.

COVID19 and DHS

As of April 21, there were 639 total positive cases DHS is tracking, including 556 cases among sheltered New Yorkers across 158 shelter locations. 453 of these cases are for Single Adults residing in 94 Single Adults shelters locations. 107 of these Single Adults cases were located at assessment sites, meaning these cases were identified and individuals were connected to care before being placed into any ongoing shelter. This also includes 103 cases among families (including Families with Children and Adult Families).

As of April 21, there are 25 confirmed positive cases of COVID-19 among the New Yorkers in our programs for clients who have come in from the streets. 19 connected to care from nine of our sites dedicated to serving unsheltered New Yorkers, such as Safe Havens and/or Drop-In Centers, which followed the same symptoms identification and isolation protocol as shelter providers outlined above. And 6 individuals, who

visited the hospital on their own, were reconnected to us by Agency partners. Additionally, we are tracking 58 Agency referrals which connect unstably housed individuals to care/isolation, via referral from partner agencies.

In accordance with DOHMH guidance, we've comprehensively cleaned locations in which a client has tested positive. Further, these shelters are actively monitoring other clients and staff for anyone who expresses they may be experiencing symptoms. And systemwide, we remain in close contact with shelters and provider partners related to any individuals who may feel sick or be concerned about symptoms.

Finally, it is with great sadness that I report that as of April 21, there were 48 deaths across our system related to CVOID19. On behalf of the agency, we mourn those lives lost and offer our heartfelt condolences to these individuals' family, friends, as well as the clients and staff during this difficult time.

Proposed Legislation

As always, we look forward to discussing the proposed legislation with the Council to reach an appropriate resolution. In that process, we ask that you consider the following challenges that the proposed legislation presents:

- DOHMH released new guidance with respect to congregate shelters and isolation, a copy of which is attached. In part, the guidance provides for the use of double-occupancy commercial hotel rooms. The proposed legislation requires the use of single-occupancy hotel rooms. The cost implications for the City are as follows.
- Pre-COVID19, including social services, DHS had been paying \$17 million per month to rent approximately 3,500 beds in double-occupancy hotel rooms for single adults. Under the legislation requiring single-occupancy, that cost would increase to \$28 million per month, for additional hotel rooms and incremental costs for security and operations.
- DHS has been paying \$5.5 million per month to rent approximately 700 beds in double-occupancy hotel rooms at isolation sites, including medical services and operations costs. Double-occupancy is consistent with the DOHMH guidance. Under the legislation requiring single-occupancy, this cost would increase to \$8.5 million per month.
- Under the DHS 70+ and density reduction initiatives, DHS will be paying \$7 million per month to rent and provide incremental services for beds in double-occupancy hotel rooms at isolation sites. Double-occupancy is consistent with the DOHMH guidance. Under the legislation requiring single occupancy, this cost would increase to \$11 million per month.
- Rehousing the remaining 13,000 residents of congregate shelters in single occupancy commercial hotel rooms under the legislation would cost \$64 million per month, including incremental costs such as security, maintenance and meals, which are more expensive to provide in hotels. As we have found in the 70+ and density reduction initiative, not all clients will want to relocate and not all clients can have their mental health and substance use needs met in commercial hotel rooms as opposed to a shelter environment. The legislation makes no provision for addressing these client service needs. Accordingly, the City would have to pay to both maintain shelter operations at existing sites and appropriately staff commercial hotels with social services staff, operational staff and security. While the costs for rooms would decline in these circumstances, services costs would increase on a per client basis.
- We would also expect significant costs for transportation, logistical coordination and Agency administrative costs that we have not quantified in the limited time since the bill was provided

two days ago and introduced yesterday but would pose another pressure on the budget at this difficult and uncertain time in terms of the City's financial footing.

- In total, we estimate the cost of this legislation, exclusive of costs for sites we have already committed to for isolation and reducing density to increase social distancing, to be over \$82 million per month or \$495 million over the course of 6 months.
- In selecting hotel sites to transfer clients out of congregate shelters, we will need to select hotels located as close as possible to where clients have been residing so that we can provide an opportunity to be rehoused as close as possible to where their services are. In doing so, we will need support for these site selections which, as we know from past experience, have generated significant opposition.
- Lastly, the Law Department has concerns about this bill, as it relates to DHS' role as an agent of the state and recent gubernatorial executive orders addressing the current health emergency.

To close, when we complete the priority relocations this week, approximately 6,000 – or one-third – of the single adults in shelter will be in commercial hotel rooms. And as we've stated we are not stopping there, we will continue to relocate clients from congregate shelters to commercial hotels on a priority basis for the most vulnerable to continue to safeguard the health and safety of our clients. I now welcome any questions that you may have. But in conclusion, I want to again extend my gratitude to our essential staff, including provider partners, shelter staff, and outreach teams, who continue to report for duty to support our City's most vulnerable residents. We applaud the efforts of our social services 'first responders' on the frontlines, helping so many get through this unprecedented time and get back on their feet—and we are redoubling these efforts each day.