



Testimony of Aqueelah Winston, Interim Chief of Intake, Assessment and Operational Capacity at the New York City Department of Homeless Services

**Before the New York City Council, Committee on General Welfare Hearing
March 9, 2026**

Good afternoon.

My name is Aqueelah Winston and I serve as the Interim Chief of Intake, Assessment, and Operational Capacity at the New York City Department of Homeless Services (DHS). I am accompanied today by my colleagues Nirah Johnson, Assistant Commissioner, Director Health and Homeless Services Integration, DHS, Rebecca Chew, Chief Program Officer, Human Resources Administration (HRA), and Cassandra White, Deputy Commissioner, Street Homelessness Solutions Division within DHS – as the breadth of this hearing encompasses the work of both agencies (DHS and HRA) within the Department of Social Services (DSS).

I would like to thank Committee Chair Hudson, the members of the Committee on General Welfare and the bill sponsors for holding today’s hearing and inviting us to speak.

We will speak to each of the introductions being heard today in turn. We would like to brief the Council on existing work being done by DHS and to highlight important considerations and concerns we believe the sponsors, members of the Committee on General Welfare, the broader Council, and stakeholders should keep in mind in assessing and amending these introductions.

Introduction 139

Introduction 139, sponsored by Council Member Cabán, would require the Department of Social Services (DSS) to provide confirmation notice in hard copy or electronically to applicants of public assistance regarding their benefits interview. The notice would include (at minimum) a confirmation number, the date, time and location of the interview, or the agency phone number from which the interview was conducted, if the interview was via telephone.

We recently provided testimony regarding this legislation during the General Welfare Committee Hearing on December 3rd, when it was last noticed by the Council as Introduction 1430 of 2025, and we’re happy to speak on it again today.

We support providing applicants with the information they need as they proceed through the benefits application process.

If I may briefly review the current process for interviewing for Cash Assistance (CA) and Supplemental Nutrition Assistance Program (SNAP) application and recertification interviews; the process proceeds along two tracks. One track is for linked CA and SNAP applications and recertifications and the other track is exclusively CA applications.

For CA and SNAP applications and recertifications, the process is as follows:

- The client submits an application or recertification and calls for an on-demand interview.
- At the end of the interview, the system automatically generates the *interview kept* status notification and the interview receipt (form FIA-1173).
- The *interview kept* status notification is available on Access HRA for SNAP immediately.
- The interview receipt (form FIA-1173) is placed in the print-to-mail queue to be mailed and is also electronically added to the case file for both SNAP and CA.
- The interview receipt (FIA-1173) is physically mailed within 1 to 5 business days
- The interview receipt (form FIA-1173) is available on Access HRA when it has completed the print-to-mail queue.
- Once mailed, the document becomes available in One Viewer and Access HRA.

For CA application and recertification interviews, the interview status is not currently available online. We would have to build the functionality to add interview status to our system.

For Cash Assistance, our assessment thus far is that ninety days for implementation would not be sufficient to make adjustments to information technology (IT) systems to implement the change this proposal requires.

DSS has tried to implement a version of what this bill would require with form FIA-1173 which confirms certain contact with HRA, and includes relevant data points as the client name, case number, and a description of the type of contact.

We would like to have further discussion with the Council about the scope of programs covered, and also suggest revisions to the data points required under the legislation – which are at variance with current operations.

Introduction 232

Introduction 232, sponsored by Council Member Hudson, would reduce the required housing history from two years to one year in order for families with children to demonstrate their eligibility for entry into the Department of Homeless Services (DHS) shelter system. It would additionally require DHS staff to upload all documents relevant to an applicant's housing history to a digital case record and communicate with an applicant about any missing documents through electronic methods. This bill would give families with children at least thirty days in temporary shelter pending a determination of their eligibility for shelter, subject to the approval of the State Office of Temporary and Disability Assistance. This bill would also require DHS to create an informational pamphlet listing examples of documents that could demonstrate proof of housing

history and ensure that such pamphlet is posted online and distributed to families with children at the PATH intake center.

We support efforts to enhance services to families with children households and to streamline their efforts to apply and obtain temporary housing assistance (THA).

As drafted, this bill presents potential concerns and may trigger a significant increase in the costs of providing THA. The bill is proposing a change to the THA application and eligibility determination processes that are standardized by state regulation and New York State Office of Temporary and Disability Assistance (OTDA) policy. As the bill recognizes, THA is extensively regulated by the OTDA. For that reason, DSS is concerned about alterations to eligibility requirements.

By promising “at least 30 days” of conditional emergency THA, there is concern that we are risking increased length of stays for households that are ultimately deemed ineligible for THA, and regardless of when DHS completes an eligibility determination. New York State does not reimburse NYC for THA provided to a household that is ultimately deemed ineligible. Currently, DHS is generally able to make eligibility determinations within 15 days (exceptions to this occur under various circumstances, including when a household is not cooperating with the evidentiary requirements). The 15-day duration limit allows DHS to budget temporary shelter not reimbursed by the State in a somewhat predictable way.

The two-year housing history requirement – which was the result of extensive negotiations and compromises between OTDA and advocates – helps DHS strike a delicate balance between creating a predictable cost structure for DHS while also helping the families who need it most. Note that the two-year housing history requirement also provides DHS both a more holistic understanding of clients' circumstances and the opportunity to afford families with children family mediation services encompassing a two-year housing history time period. Family mediation serves as a crucial tool that assists families avoid shelter altogether; we want to avoid unintentionally reducing family mediation’s capacity to assist clients in finding an alternative to shelter.

Overall, reducing the housing history requirement and extending the duration of emergency placement will extend the timeframe of emergency housing for households regardless of their eligibility for THA. Shelter capacity across the City would need to be increased for families with children as a result of this bill.

Fiscally, initial estimates note that reducing the required housing history from two years to one year would cost close to \$169 million per year. The extension of conditional emergency THA from 15 days to 30 days would be over \$7 million per year.

DHS currently publishes pertinent information on its publicly accessible website about acceptable evidence for proving housing history and the eligibility determination process. Producing paper pamphlets containing the same information would incur publication and translation costs. However, the agency is supportive of the Council’s proposal to ensure that information is available to ensure applicants are informed about the process.

The bill requirement to create a digital case record system that is accessible to DHS applicants and clients via a secure website and applications for phones and mobile devices has a costly impact, in building out a client-facing digital case record system, and in regular IT maintenance. Further, the bill does not account for the time required to plan, design and/or alter existing systems, test, and launch the digital case record functionality the bill requires.

Given these considerations, we do not believe this bill proposes an advisable course of action at this time.

Preconsidered Introduction 1352

Preconsidered Introduction 1352, sponsored by Council Member Abreu, would require the Commissioner of Homeless Services, in consultation with relevant New York City agency heads, to develop informational materials directed to hospitals pertaining to a Code Blue or Code Red alert. The materials would include information on agency resources during these alerts for individuals experiencing homelessness, recommended hospital procedures during these alerts, and contact information of the Department of Homeless Services (DHS) and other relevant agencies. The Commissioner would have to conduct outreach to provide hospitals with the materials for distribution to patients. The bill would also require the Commissioner to make best efforts to coordinate with hospitals during these alerts to identify discharged patients experiencing homelessness, assess what DHS resources they need, and make the resources available to them. Examples of DHS resources include direction and transportation to shelters and warming and cooling centers.

We are strongly in support of all efforts to engage our unsheltered neighbors and help keep them safe, especially during the extreme weather conditions that lead to Code Red and Code Blue alerts. DHS has had a long-standing partnership with NYC hospitals to mutually engage in care coordination activities for purposes of assisting individuals who have been in or require DHS shelter.

In the run up to the Code Blue and Code Red Seasons, an agency communication is sent to all local hospitals via the Greater New York Hospital Association and NYC Health and Hospitals central office, which provides a reminder about the impending “code blue” season. Additionally, the DSS Chief Medical Officer sends a letter to local hospitals highlighting the impending “code blue” season and the role for hospitals in such season. The communication asks that hospitals cooperate in allowing unsheltered individuals to stay in emergency waiting rooms (or other designated areas) to the extent possible, without being registered, unless they present with a medical need or ask to see a medical provider. DHS also consistently reminds hospitals not to discharge patients during code blue without having a DHS placement.

Regardless of season, DSS has long-standing guidance (the Institutional Referral Procedure) on hospital discharge, which is applicable at all times. This guidance was developed in close collaboration with the Greater New York Hospital Association, NYC Health and Hospitals, and private hospitals. Hospitals have been trained on the procedure and refer over 4,000 individuals a year who are either new to DHS, or who have not been in DHS shelter for over

a year. Hospitals are well aware of this procedure and DHS communicates frequently with hospitals regarding this procedure and individuals referred via the procedure and provides reminders and training.

In order to further support hospitals, DHS has also created a dedicated “hospital to shelter referral line” which is shared on the institutional referral form. DHS has greatly enhanced this referral program in recent years to ensure that clients are linked to care prior to discharge, including to Safe Options Support (SOS) Teams, mobile mental health teams and NYC Health and Hospitals safety net clinics, and has implemented a fast-track program for the most complex clients to enter the most appropriate shelter for their needs. DHS also works with hospitals on diversion efforts to help clients with a recent housing history to return to their housing.

The referral process includes the completion and submission of the institutional referral form to DHS, via encrypted email. The form includes pertinent demographic and clinical information, as well as the patient’s written consent to be referred to a DHS site. The patient’s consent is a crucial component of the referral process – it is what allows DHS to engage in care coordination in the first place.

DHS reviews these documents within 24hrs (48hrs if the referral is from a nursing home). As part of the Procedure, DHS first determines if the patient is medically appropriate for shelter - based on their physical and mental health characteristics, their ability to perform their ADLs, (activities of daily living) and available resources to serve the patient’s needs. Second, DHS works with the hospital to identify a placement option within the system which meets the client’s needs and, where possible, preferences. The vast majority of referrals are medically appropriate for shelter. We encourage hospitals to provide transportation and/or accompaniment for the most complex clients.

An important note here is that the Code Blue communication covers clients seen in the emergency department or admitted and being discharged. The formal institutional referral process only applies to persons admitted to the hospital. DHS’s main objective, as always, is to assist the most vulnerable New Yorkers in accessing shelter and services. We, along with our partners at NYC Health and Hospitals, do all that is possible under the law to offer homeless individuals accessing hospitals, a way to connect to services and housing, and begin to transition into permanent housing.

At DHS, we are always willing to implement new ideas and procedures which would further assist our Clients in moving along the trajectory towards permanent housing. As such, we are eager to have further discussion with the sponsor and Council about the contours of this bill.

Preconsidered Introduction 1353

Preconsidered Introduction 1353, sponsored by Council Member Abreu, would require the Commissioner of Homeless Services to make best efforts to coordinate with hospitals to make available supplies to patients experiencing homelessness, upon their discharge from the hospitals. The supplies during a Code Blue alert would include a mylar thermal blanket, a set of hand

warmers, a winter hat, and a pair of gloves. The supplies during a Code Red alert would include a mylar thermal blanket, a reusable water bottle filled with cold water, cooling wipes, and a bandana.

At DHS, we believe the best outcomes for our street homeless clients are achieved through connecting clients to housing and services. As discussed above, DHS has a robust institutional referral procedure designed to allow clients to seamlessly transition from their hospital bed to a shelter or safe haven bed. As also noted above, however, hospitals are only able to contact DHS about patients who are experiencing homelessness if the Client consents to such contact. This limitation does lead to concerns about how DHS would be able to implement this bill.

If NYC Health and Hospitals contacts us about a patient who is experiencing unsheltered homelessness, we would do everything possible to connect that client with a bed. If the client does not allow NYC Health and Hospitals to contact us, we would not have a way to connect the client to a bed and also could not hand out the supplies mandated in the bill.

The second concern has to deal with the volume of supplies we would need to give NYC Health and Hospitals and how we would track such supplies. We could give NYC Health and Hospitals fifty hand warmers, gloves, hats and blankets, but we don't know if they room to store such items, how they would track the items being handed out, and how they would prevent the items from going astray.

In light of these limitations, and the fact that NYC Health and Hospitals also hands out client clothing and warm weather gear, it might be best to continue working in coordination to attain the goals of this legislation. That being said, we would be happy to continue having conversations with the sponsor and the council at large regarding how to meet the goals of this bill.

Preconsidered Introduction 0008

Preconsidered Introduction 0008, sponsored by Council Member Restler, would require the Department of Homeless Services (DHS) to create a mobile application available to DHS staff and contractors that do street outreach work, that allows real-time tracking and reporting of all engagement with street homeless individuals. This bill would also require DHS to report to the council quarterly, the total number of unsheltered homeless persons, disaggregated by the location where they were first engaged by staff; the total number of unsheltered homeless persons who accepted services during the reporting period, disaggregated by the type of service; and the aggregate number of engagements that resulted in temporary placements or permanent housing.

For several years, DHS has been working to improve the digital case management systems for the unhoused population so that DHS outreach staff and contracted providers performing outreach services can enter, save, and access data and information in real time about the unhoused population.

The initial planning for the creation of a mobile app—essentially an upgrade to the current StreetSmart application – is already underway. StreetSmart is the database system of record used by DHS and contracted outreach providers for the street homeless population. It captures engagement and interaction data, and follow-up notes on unsheltered individuals encountered in streets and subways. Once information is entered in StreetSmart and a record is created, it becomes available to all DHS staff and contracted providers who have StreetSmart access.

DSS is supportive of efforts to improve and enhance case management systems and data collection practices, so that we can better analyze and report on needs and trends for the unhoused population. We would like to work further with the Council to ensure there is alignment between what the bill would require DHS to do and what data DHS can actually collect, produce and report on, and explain the technical implications of this bill.

We appreciate the opportunity to testify today and welcome any questions that you may have.

Thank you.