



NEW YORK CITY COMPTROLLER  
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# Review of the New York City Department of Homeless Services' Programs and Services

**MD22-105S | August 17, 2023**





THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
BRAD LANDER

August 17, 2023

To the Residents of the City of New York:

My office has conducted a review of the New York City Department of Homeless Services (DHS) to identify and assess key aspects of its homeless programs and services, including the populations served, the programs' intended outcomes, and the extent to which DHS is achieving those outcomes.

Some of the review's findings are as follows:

- In Fiscal Year 2022 (FY2022), DHS had an average daily population of more than 45,000 individuals in temporary shelter.
- Single adults, at 72%, represent the largest population served by DHS.
- The average length of stay in shelter for all populations far exceeds one year, with adult families having the longest average length of more than 28 months.
- There were almost 27,000 placements to permanent housing in FY2021 and FY2022, three-quarters of which were subsidized with a rental assistance grant.
- More than 22,000 asylum seekers applied for shelter through DHS as of April 2023.
- Data on applicants found ineligible for shelter, average lengths of stay for street homeless individuals, and asylum seekers is not publicly reported.

The report also makes several suggestions for improvement, including that DHS expand pathways to permanent housing for individuals resistant to and/or lacking capacity to enter and remain in shelter; develop effective strategies to reduce length of stay in shelters; and increase transparency by publicly reporting data for various metrics such as the number of those found ineligible for shelter, average lengths of stay for street homeless individuals, and asylum seeker census.

The results of the review have been discussed with DHS officials, and their comments have been considered in preparing this report. Their complete written response is attached to this report.

If you have any questions concerning this report, please e-mail my Audit Bureau at [audit@comptroller.nyc.gov](mailto:audit@comptroller.nyc.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Lander".

Brad Lander

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# Review of the New York City Department of Homeless Services' Programs and Services

MD22-105S

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## Introduction

The New York City Department of Homeless Services (DHS) is one of the largest non-federal social services agencies of its kind in the United States. With almost 2,000 employees and an annual budget of \$2.2 billion, DHS oversees over 300 shelters that accommodate a wide variety of population groups. These include traditional shelters, annexes, commercial hotels, Safe Havens, and Drop-In Centers, among others.

Ideally, when a person experiencing homelessness enters the shelter system, they are quickly and efficiently connected with services that will allow them to eventually transition to permanent housing. However, the process can be difficult to navigate, with different City agencies and contracted nonprofit groups responsible for different stages of intake, assessment, placement, and case management. Additionally, the steps involved vary by population.

DHS operates under enormous public and governmental pressure. As New York City experiences a polycrisis in the form of unaffordable housing, deepening inequality, a global economic downturn, and the ongoing COVID-19 pandemic, homelessness is straining City resources. The agency's mission to provide transitional housing and services to eligible families and individuals is arguably more critical than at any point in its history. In October 2022, at the peak of the surge in migrants seeking asylum, DHS reported the highest-ever number of homeless people living within the shelter system.

There is no standard publication that comprehensively reports on the intake, assessment, placement, and case management processes utilized by DHS to fulfill its mission. This review was undertaken to improve transparency and provide an overall picture of DHS' operation.

## Objectives

The objectives of this review were to identify and assess three key aspects of DHS' programs: the populations served; the programs' intended outcomes (e.g., shelter and/or permanent housing); and the extent to which DHS is achieving those outcomes.

## Discussion of Review Results with DHS

The matters covered in this report were discussed with DHS officials during and at the conclusion of this review. A preliminary report was sent to DHS and discussed with DHS officials at exit conferences held on May 12 and May 15, 2023. On June 5, 2023, we submitted a Draft Report to DHS with a request for written comments. We received a written response from DHS on June 23, 2023.

DHS' response has been fully considered and, where relevant, changes and comments have been added to the report. We note in this respect that in a number of instances, DHS' response references text that was included in the preliminary report but modified in the Draft Report to which they responded. DHS' response resulted in only minor changes to the Final Report.

DHS agreed with five of the review's suggestions for improvement, stating that four were already in place and ongoing, and disagreed with two suggestions.

The full text of DHS' response is included as an addendum to this report.

# Key Takeaways

## Single Adults are the Largest Population Served

According to data obtained from DHS, single adults represent the largest population served by DHS, making up 72% of the entrants into the system during Fiscal Year 2022.<sup>1</sup> Single adults are not screened for eligibility prior to entering the system.

Adult families and families with children are screened for eligibility before entering the system. In FY2022 they accounted for 28% of all shelter entrants. Of those screened for eligibility, DHS determined that only 20% of the applications received resulted in a determination that the applicants were eligible for temporary shelter over this period.<sup>2</sup>

## Average Length of Stay in Shelter Far Exceeds a Year

According to the FY2022 Mayor's Management Report (MMR), the length of stay for all three family types—(1) single adults, (2) adult families, and (3) families with children—increased each year from FY2020 through FY2022. In FY2022 the average length of stay for all populations far exceeded one year. Only street homeless stayed for less than one year.

All population groups also experienced significant increases between FY2021 and FY2022:

- Average length of stay for adult families increased from 773 days in FY2021 to 885 days in FY2022, and in FY2022 accounted for the longest average stay of all populations (2.3 years).
- Families with children stayed for an average of 520 days in FY2021. This increased to 534 days in FY2022.
- Single adults experienced the shortest average length of stay of 509 days (1.4 years) in FY2022, but this also increased from 483 days in FY2021.

There were some signs of improvement during the first part of FY2023. According to the Preliminary FY2023 MMR, during the first four months of FY2023 (July 2022 to October 2022) the average length of stay in shelter decreased for all family types by 14.7% for single adults, 12% for families with children, and 7% for adult families, when compared to the same period in FY2022.

## DHS Clients Must Generally Enter Shelter to Access Permanent Housing

DHS does not generally provide a pathway to permanent housing placement, except through shelter. Homeless clients handled by DHS must be willing to enter and remain in shelter until they

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<sup>1</sup> No testing was performed to validate the accuracy of the agency-reported information or figures presented throughout this report.

<sup>2</sup> Reasons for ineligibility included the applicant had another viable housing alternative to shelter stay, non-cooperation, and for adult families, no evidence of family unit status.

are placed. Given the lengths of stay noted above, this presents a significant potential barrier to permanent housing.

There does not seem to be a consolidated prioritization process for connecting people living in shelters with a permanent housing placement (other than for Veterans); DHS describes a process in which a client may be pursuing multiple options at one time.

## **Adult Families and Families with Children are Not Eligible for CityFHEPS and Special One-Time Assistance (SOTA) Until Deemed Eligible for Shelter**

Families in conditional placement (pending eligibility) qualify for and receive the same services as eligible families, but they are not eligible to participate in the CityFHEPS or SOTA voucher programs until 90 days after they are deemed eligible for shelter, and sometimes only after filing many applications.<sup>3</sup>

## **Permanent Housing Placements are Not Always Successful**

During FY2022, 12,757 clients were placed in permanent housing, but many were unable to remain housed and later returned to shelter. DHS considers a housing placement permanent if a client does not return to shelter within 30 days, and DHS only tracks rates of return within one year of placement. There is no data on returns to shelter more than one year after departure.

Single adults represented the largest population of clients placed in permanent housing, accounting for 55% of placements during FY2022, but they also accounted for the highest rate of unsubsidized return to shelter. One in five (22.1%) single adults who received a housing placement without a rental subsidy later returned to shelter within one year of exiting the system.

Adult families experienced the lowest unsubsidized return rate at 6.8%.<sup>4</sup>

## **Subsidized Placements are More Successful than Unsubsidized Placements**

Clients who leave shelter for a housing option with subsidized rent fare much better. The FY2022 average subsidized return rates, based on placements one year prior, were less than 5% for single adults and less than 1% for adult families and for families with children.

## **DHS Lacks Comprehensive Data on Social Services Provided to Clients in Temporary Shelter**

DHS requires intake staff to assess client needs, but it does not track the number of clients who receive substance use, mental health, medical, or employment services, and does not track the level or quality of services that are provided or the outcomes from services provided. DHS relies

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<sup>3</sup> On June 16, 2023, Mayor Adams issued emergency rules eliminating the 90-day length of stay requirement for New Yorkers in Shelter to be eligible for CityFHEPS vouchers.

<sup>4</sup> A subsidized placement is permanent housing obtained with a rental assistance subsidy, and an unsubsidized placement is any permanent housing obtained without a rental assistance subsidy.



on case notes which does not allow data to be aggregated. This means DHS is unable to systematically measure how such services impact housing outcomes or shelter return rates.

## **DHS Does Not Have a Single Data System for Tracking Engagements with Chronic Street Homeless**

DHS does not have a single data system for tracking all engagements with people living unsheltered on the street, so comprehensive data is not readily available. As a result, DHS may be hindered in determining the success of outreach efforts. DHS outreach expenditures for Calendar Year 2022 totaled \$61.4 million, which included outreach contracts totaling \$56 million.

## **DHS Does Not Track Diversion Efforts by Type**

DHS does not break out diversion figures by diversion strategy (e.g., family reunification, mediation with landlord, etc.) on an aggregate level, hindering its ability to track trends or success rates by type of diversion strategy deployed.<sup>5</sup>

## **Asylum Seeker Data is Not Made Public**

Although DHS continues to track the population of asylees in the shelter system, it does not publicize these numbers. The number of asylees is included in public reports within the broader categorical groups—single adults, adult families, or families with children.

## **DHS Efforts**

DHS has taken a number of steps to deal with the City's growing homeless population. The actions taken include the following:

- To help address the asylum seeker crisis in the City, DHS opened 135 emergency sites between June 2022 and May 2023.
- To aid street homeless individuals in obtaining apartments without first being in shelter, DHS initiated the Street-to-Home pilot program (discussed further on page 64).
- To help reduce the growing number of street homeless individuals in the City, DHS increased the number of clients placed in Safe Haven and stabilization beds by 33.5% during the first 4 months of Fiscal Year 2023 and added over 780 beds during CY2022.
- To help increase the number of subsidized exits, DHS has taken steps to increase CityFHEPS eligibility, including lowering the number of work hours needed to qualify.

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<sup>5</sup> DHS stated that diversion efforts are tracked. The auditors requested this information on May 16, 2023, but DHS did not provide it as of the release of this report.

# Overview

## Mission and Mandate

The mission of DHS is to prevent homelessness, address street homelessness, provide safe temporary shelter, and connect New Yorkers experiencing homelessness with suitable housing options. To accomplish this, DHS collaborates with a network of nonprofit partners that provide temporary shelter and services in the form of street outreach and shelter administration.

DHS works to prevent homelessness through diversion, addressing unsheltered homelessness, and assisting homeless New Yorkers who enter the shelter system in transitioning to permanent housing.<sup>6</sup> DHS' goals are to ensure that individuals and families have access to emergency shelter and services, facilitate exits and minimize clients' lengths of stay in temporary shelters, and minimize re-entries into the shelter services system.

Under right-to-shelter laws, New York City is mandated to provide temporary emergency shelter to anybody who “meets the need standard to qualify for the home relief program established in New York State,” or “by reason to physical, mental or social dysfunction, is in need of temporary shelter.”<sup>7</sup> DHS works to fulfill this mandate through emergency shelter options, which serve as a basic safety net for thousands of families and single adults. Any person or family who visits a DHS intake facility with nowhere else to go must receive a bed on the day they apply.

## Organizational Structure

In 2019, DHS was merged with the Human Resources Administration (HRA). Both entities operate as administrative units under the Commissioner of the Department of Social Services (DSS). Certain core services that are shared by both HRA and DHS are also provided under the DSS banner.

Three divisions within DHS are responsible for providing temporary housing assistance, shelter, and other services to families and individuals experiencing homelessness:

- The Division of Adult Services serves adult families and single men and women over the age of 18.
- The Division of Family Services serves families with children under the age of 18 or 19 if the child is in school, as well as pregnant people and families with pregnant people.
- The Division of Street Homeless Solutions (SHS) develops programs that serve people who are living unsheltered on the street and in subways. It provides social services to support people who are experiencing street homelessness, helping them move to a transitional setting or permanent housing, and addressing behavioral health, substance use, and other issues.

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<sup>6</sup> “Diversion” is a process through which DHS or contracted staff members meet with clients and attempt to find viable alternatives to entering the shelter system. This can include financial benefits, legal services, conflict mediation, rent arrears, and other options.

<sup>7</sup> The Callahan Consent Decree.

DHS also has a Placement Division which includes the Rehousing Support and Operations Division that is made up of four units:

- The Apartment Search Unit searches for and secures housing opportunities for DHS clients.
- The In Shelter Packet Creation Unit helps families and individuals successfully exit shelter. This unit is responsible for assessing housing options and providing housing referrals to clients as appropriate. Staff also escort clients to viewings and conduct walkthroughs, and assist clients in opening Public Assistance (PA) cases and resolving issues related to their PA cases.
- The Packet Review and Rental Processing Unit is responsible for, among other things, ensuring clients' eligibility for rental subsidies; assisting with move-out expenses and coordinating clients' transportation to permanency. The unit also interacts with HRA to enhance communications on rental payments.
- The Clearance and Apartment Review Unit assists in ensuring rehousing units are safe and legal. The unit conducts apartment/room clearances and inspections/walkthroughs for landlords, brokers, and shelter providers. The unit also manages an agency hotline dedicated to client/landlord complaints regarding housing issues.

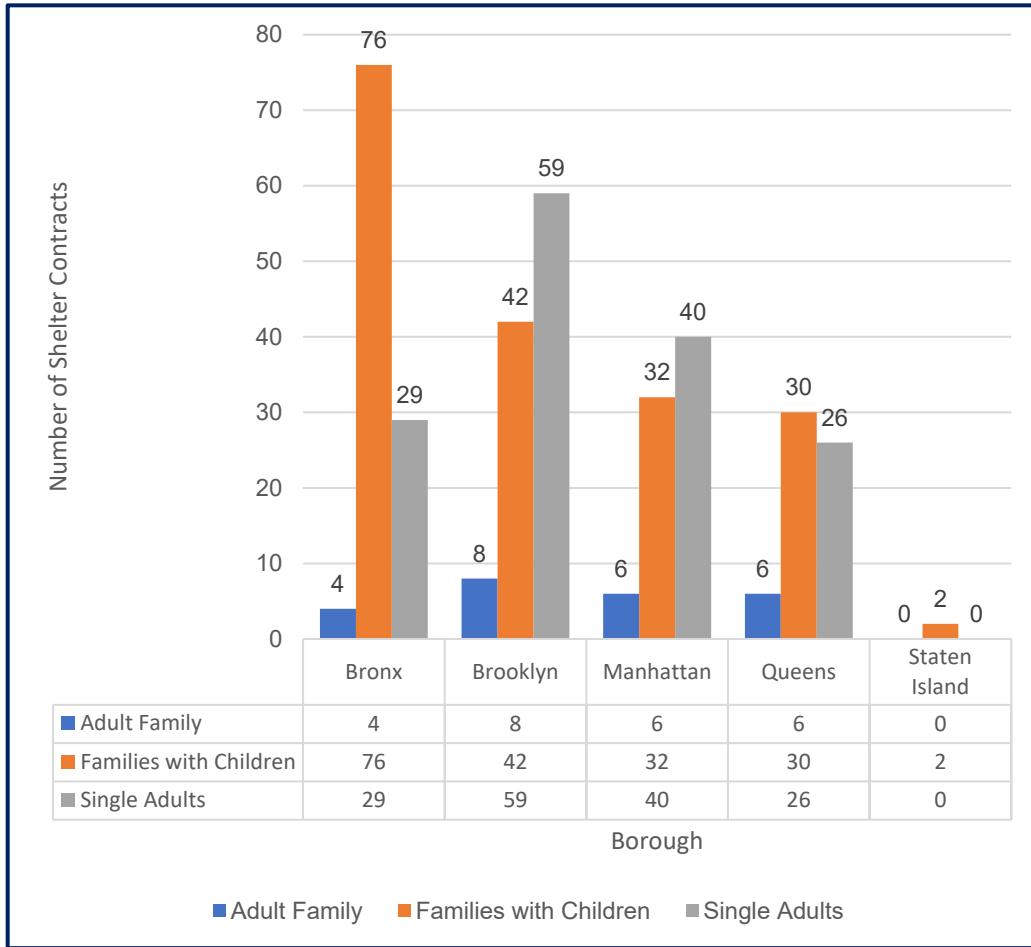
## Facility Types

DHS oversees a network of over 300 shelters throughout the five boroughs. (See Appendix I for a list of shelters by borough and community district as of April 30, 2023.) Most shelters are run by nonprofit contractors, and DHS directly runs one shelter for families with children, two shelters for adult families, and seven shelters for single adults.

As of April 5, 2023, 50% of all DHS shelters served families with children, while 43% served single adults and 7% served adult families. In response to auditors' request for a list of shelters, DHS instead provided a list of shelter contracts. According to DHS, some contracts can involve multiple buildings. However, DHS did not provide the number of facilities that were operating under these contracts.

Of the 360 contracts for facilities operated by DHS, the largest number of contracts were for facilities operating in the Bronx and Brooklyn, with 109 contracts each. Manhattan and Queens are next, with 78 and 62 facilities each. Staten Island accounts for the lowest number, with only two facilities. See Chart I for the number of facilities by borough, as of April 5, 2023.

**Chart I: Number of Shelter Contracts by Borough as of April 5, 2023\***



For adult families and families with children, capacity is tracked by unit. For single adults, capacity is tracked by bed. As shown in Chart II, Brooklyn has the highest bed/unit capacity with 14,412 beds/units followed by the Bronx with 11,293 beds/units. Staten Island has the lowest bed/unit capacity with only 234 beds/units.

**Chart II: Total Shelter Bed/Unit Capacity by Borough as of April 5, 2023**

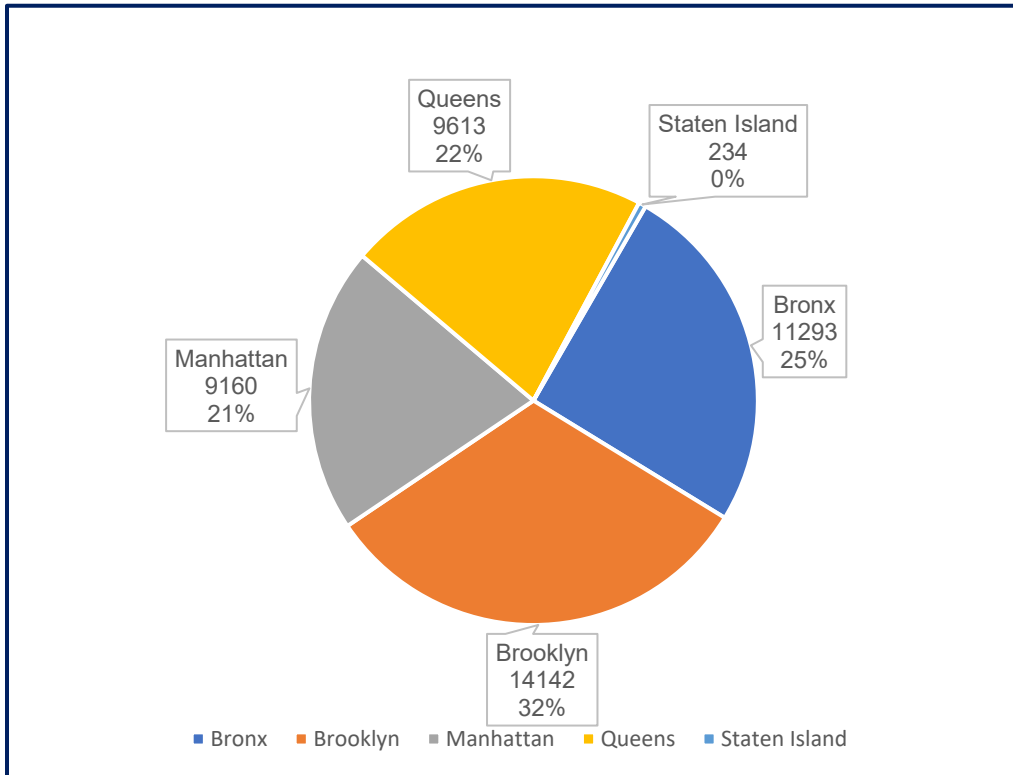
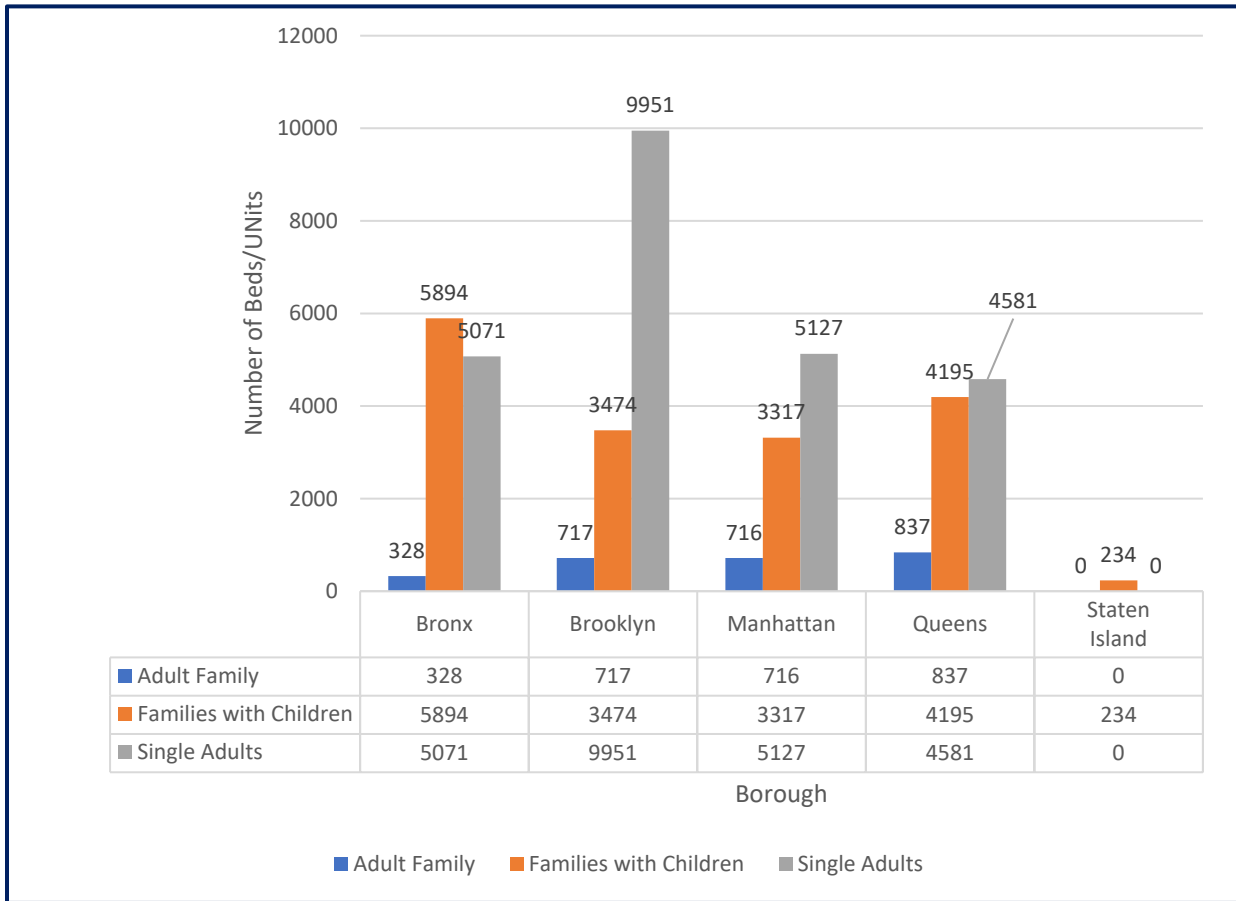


Chart III below shows the shelter capacity by borough and by family type. Brooklyn has the highest bed capacity for single adults, as well as Manhattan and Queens. The Bronx has the highest unit capacity for families with children.

**Chart III: Shelter Capacity by Borough**



There are many different types of shelters within the DHS system. Traditional shelters for single adults—which offer dorm-style or shared units and social services on site—are the most common, followed by commercial hotels, which provide rooms and serve the public at the same time. Each shelter type serves a different population, with different services and resources available.

Shelters for families with children typically provide individual units with self-contained bathrooms, and many Tier II shelters have in-unit kitchenettes. Adult families can be placed in either a unit similar to those offered to families with children, or a shelter with shared bathrooms. Single adult shelters are predominantly congregate shelters where people share sleeping, bathroom, and dining spaces.

Fifty-two percent of DHS shelters are certified shelters that operate pursuant to an operating certificate issued by the New York State Office of Temporary and Disability Assistance (OTDA), with an additional 21 shelters pending certification as of April 5, 2023. As of the same date, the remaining shelters were all managed by contracted vendors, with the exception of one shelter for families with children. The Street Homeless Division oversees seven contracted Drop-In Centers

and 25 Safe Havens, as well as 12 stabilization bed locations. See Table I for a breakdown of shelters by contract type.<sup>8</sup>

**Table I**

<b>Contract Types</b>		
<b>Type</b>	<b>Description</b>	<b>Number of Shelters as of 04/05/23</b>
<b>Division of Adult Services</b>		
City Run	Operated by DHS	9
Certified shelters	Operates pursuant to an OTDA-issued operating certificate. To be certified as a Tier II shelter a provider must submit an operational plan outlining how the provider will deliver all of the services required under Title 18, Part 900 of the New York Codes, Rules and Regulations.	78 6 pending
Contracted	Providers have a formal contract in place with the City to provide temporary shelter and services to DHS clients	44 37 pending* 4 not certified**
<b>Division of Family Services</b>		
City Run	Operated by DHS	1
Certified shelters	Operates pursuant to an OTDA-issued operating certificate. To be certified as a Tier II shelter, a provider must submit an operational plan outlining how the provider will deliver all of the services required under Title 19, Part 900 of the New York Codes, Rules and Regulations.	110 15 pending
Contracted	Providers have a formal contract in place with the City to provide temporary shelter and services to DHS clients	19 31 pending* 5 not certified**
Non-Contracted shelters	Sometimes unofficially or colloquially called “hotels” or “billing sites,” these shelters work with DHS through per diem arrangements to help meet the City’s legal obligation to provide temporary shelter. Families reside in their own apartment style units, generally with their own bathrooms and kitchens. They must have an operational plan in accordance with 18 NYCRR 352.39.	1
<b>Division of Street Homeless Solutions</b>		
Drop-In Centers	Located in all five boroughs and open 24/7, Drop-In centers allow people to come indoors, rest, bathe, and access services. Each center provides basic necessities such as three meals per day, clothing referrals, showers, and limited storage of property and valuables for those clients who are “on caseload” and engaging with Drop-In center staff.	7
Safe Havens	Provide a less restrictive alternative to traditional shelter for those living outdoors for an extended period. They offer the same services, but they are operated exclusively by nonprofit providers. There are no directly operated DHS safe havens. Safe havens offer a more relaxed setting as compared to the traditional single-adult shelter model.	25
Stabilization beds	Low-barrier beds (a unit classification with a more flexible structure and fewer rules than traditional shelters) for high-functioning clients. Clients that are not on caseload can be added and clients must be able to care for themselves. Case management is provided on-site and/or by outreach teams during scheduled visits. Beds are located in places like motels and YMCAs.	12***

\*Pending: in the award cycle and not yet registered.

\*\*Not Certified: a site for which an operating certificate from the State is in the process of being obtained.

\*\*\*The number of stabilization beds as of February 1, 2023.

## Process Flowcharts by Population

Single adults have multiple assessment sites (four for men and two for women), and can be considered for special population shelters, as shown in the Single Adults flowchart. Unlike single adults, adult families and families with children are conditionally placed in shelter while an

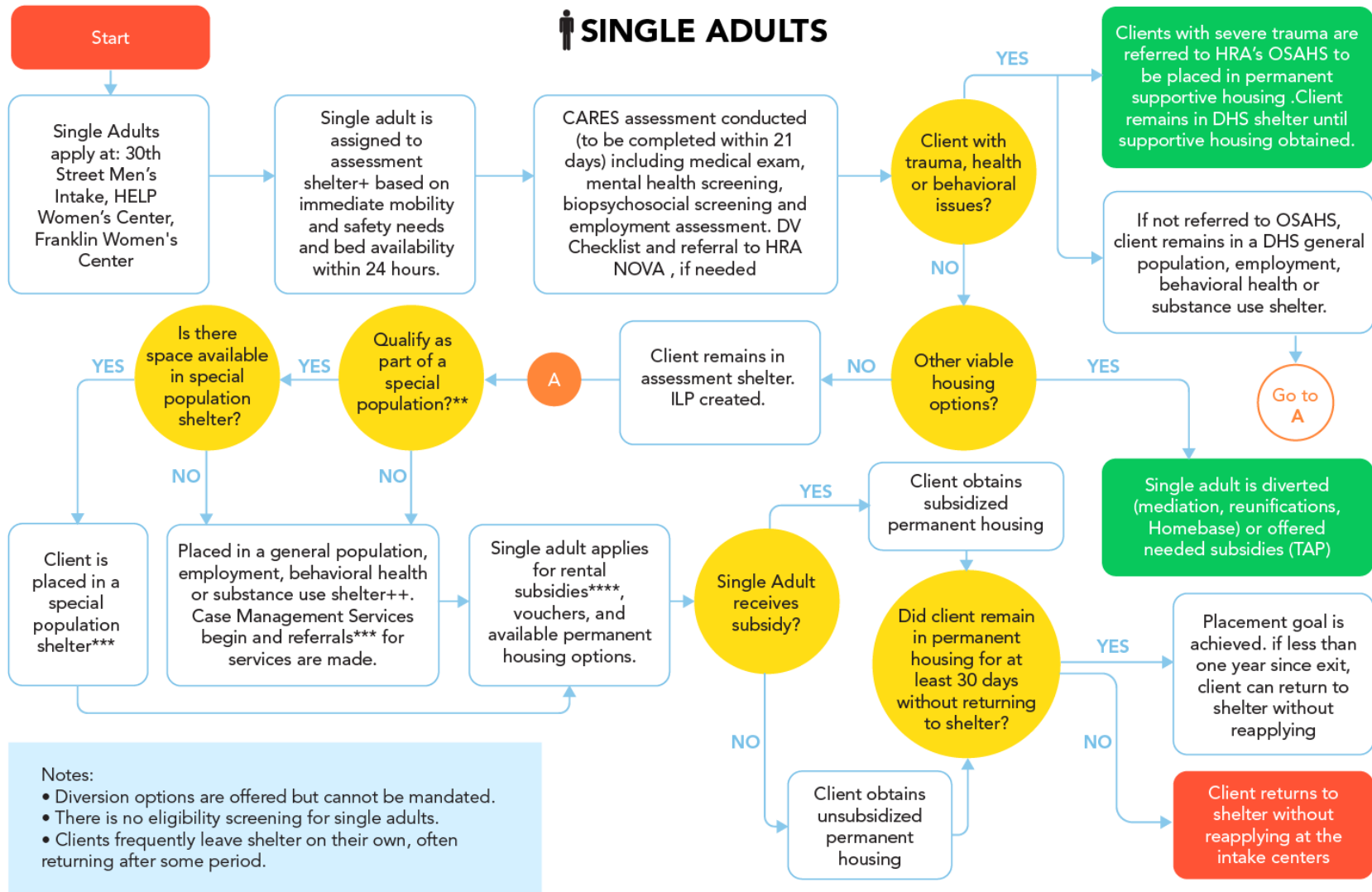
eligibility determination is made. During the intake and assessment process, all three family types, and street homeless clients receive case management services and receive referrals for services.

The following flowcharts outline the processes of intake, assessment, temporary shelter placement, service provision, and exit from shelter for single adults, adult families, families with children, and street homeless clients.

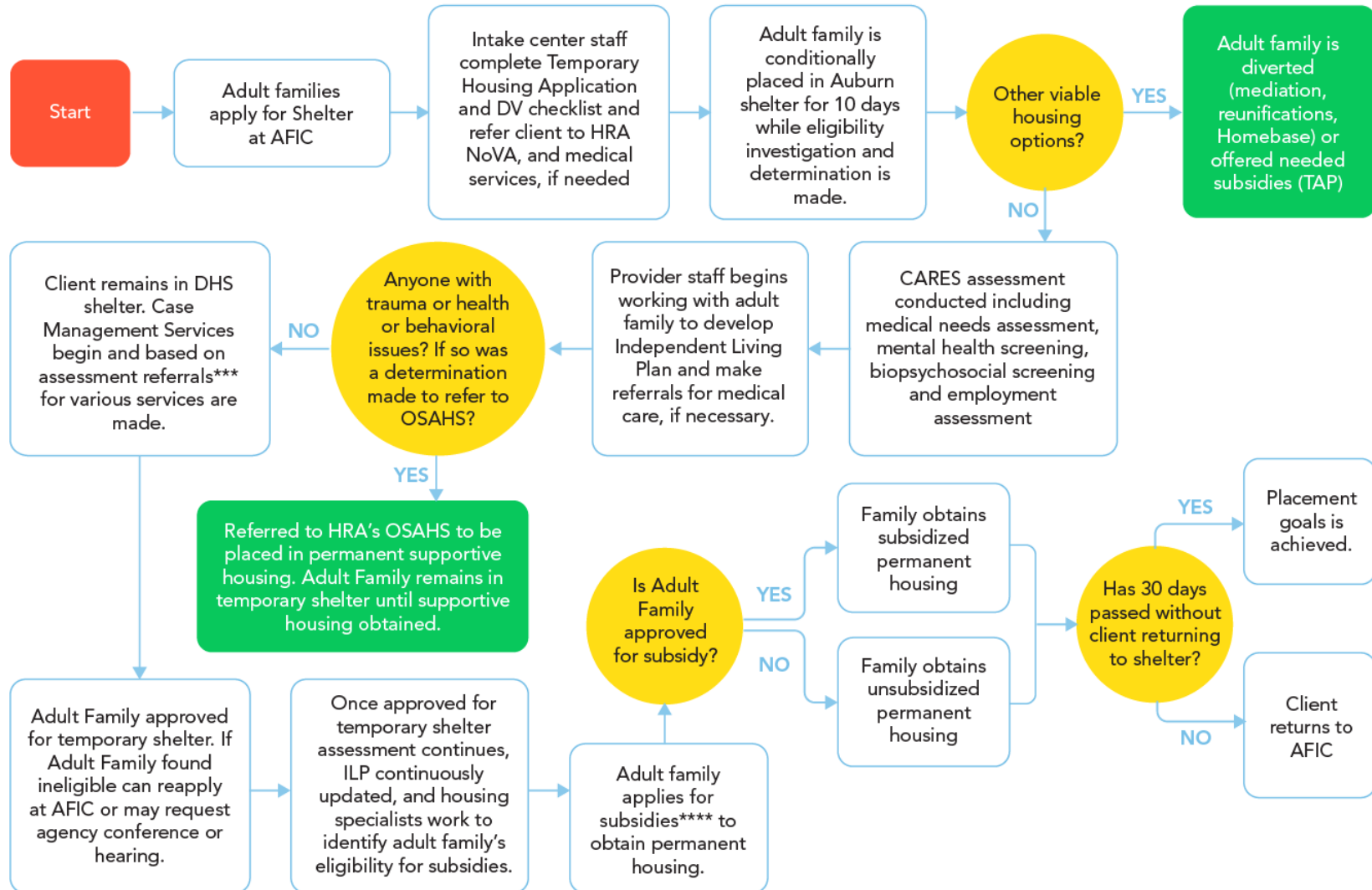
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<sup>8</sup> HRA's Office of Supportive and Affordable Housing and Services (OSAHS) makes referrals for Supportive Housing including congregate and scattered site housing.

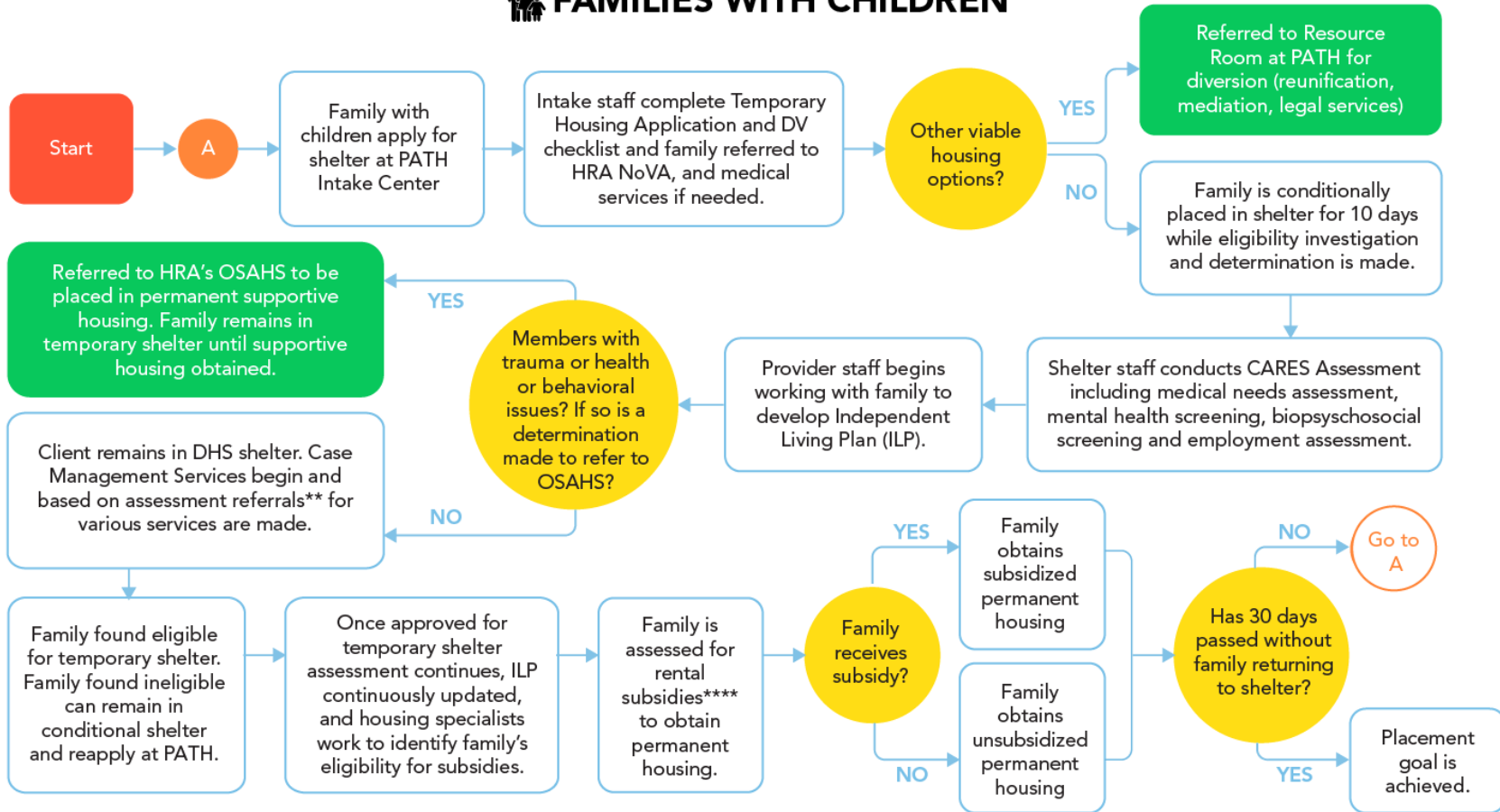




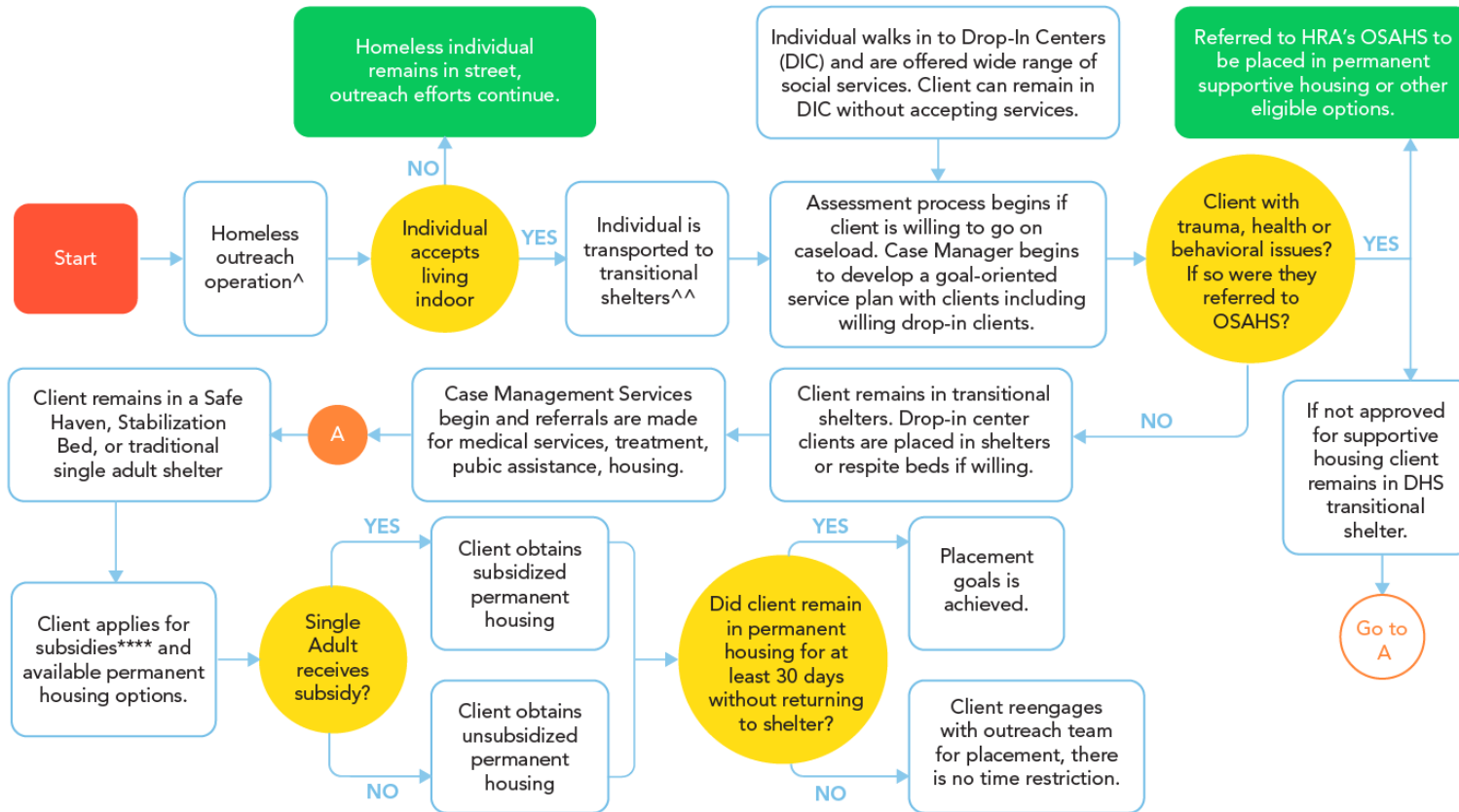
# ADULT FAMILIES



## **FAMILIES WITH CHILDREN**



## STREET HOMELESS SOLUTIONS



**^Outreach efforts**

1. DHS contracted outreach teams, Bowery Residents Committee, Breaking Ground, Bronx-Works, Manhattan Outreach Consortium, Project Hospitality, canvass people living outdoors and in subway stations to encourage them to come indoors.
2. Street Operations (NYPD, NYC Parks, NYPL, HHC, Encampment operations)
3. Referrals from 311, home-stat apps, public officials, community residents. People can report street homeless who may need assistance and outreach will go out to engage.

**^^SHS Transitional shelters**

1. Safe Havens
2. Drop-in Centers
3. Stabilization beds
4. Church beds/respite beds

## LEGENDS FOR FLOWCHARTS

### Subsidies

**CARES** = Client Assistance and Rehousing Enterprise System  
**CityFHEPS** = rental assistance program  
**DV** = Domestic Violence  
**EHV** = Emergency Housing Voucher  
**EOSD** = Enhanced One Shot Deal  
**HOME TBRA** = HOME Tenant-Based Rental Assistance  
**HUD-VASH** = Veterans Affairs Supportive Housing  
**NoVA** = HRA's No Violence Again Program  
**OSAHS** = HRA Office of Supportive and Affordable Housing and Services  
**PATH** = Prevention Assistance and Temporary Housing  
**SOTA** = Special One Time Assistance  
**TAP** = Travel Assistance Program  
**Section 8** = federal funding for subsidies to rent affordable housing

### +Assessment Sites for Men

1. 30<sup>th</sup> Street Men's Assessment Shelter
2. Schwartz Assessment Shelter
3. Atlantic Assessment Shelter
4. BRC McGuinness Assessment Shelter

### Assessment Sites for Women

1. Help Women's Center (co-located with the intake center.) As a result of the migrant influx HELP was temporarily designated to serve as a Men's Assessment Center
2. Franklin Women's Center (co-located with the intake center)

++Persons with disabilities get special accommodations

### \*\*Special Populations:

- Young adults (18-30) who identify as LGBTQI+
- Veterans
- Young Adults (18-25 years old)
- Other targeted age groups (45+, 50+, 55+)

### \*\*\*Referrals include but are not limited to:

Out-patient substance misuse treatment, mental health treatment, therapy, employment services, etc.

### \*\*\*\*Rental Subsidies:

EOSD, CityFHEPS, SOTA, Section 8, Affordable Housing, HUD-VASH, EHV, TAP, HOME TBRA

# Populations Served

For placement and case management purposes, DHS classifies the populations it serves into three general categories:

- Families with Children: A family with a child under the age of 18 or 19 if the child is in school, a pregnant person, or a family with a pregnant person.<sup>9</sup>
- Adult families: A family with no children under 18.
- Single Adults: Single men and women over the age of 18, with no other adults or minors.

Additionally, DHS uses a special designation, Street Homeless, for people who are unsheltered and living on the street, either aboveground or in the subway system. Although street homeless people can fall into any of the general categories, DHS has stated that the population includes only adults, and there are currently no street homeless families.

Certain vulnerable populations are also included within these general categories, such as veterans, LGBTQI+ people, domestic violence (DV) victims, people living with HIV/AIDS, and asylum seekers. These populations may be offered specialized services or directed to other resources or agencies. For example, DV victims and people living with HIV/AIDS are referred to HRA and veterans are referred for VA services.

In FY2022, DHS received 69,901 applications for shelter, according to data provided by the agency.<sup>10</sup> Single adults represented the largest population served, making up 72% of total entrants into the system and 62% of daily shelter households in FY2022. According to DHS, single adults are more likely to cycle in and out of the shelter system than adult families and families with children and are at a larger disadvantage for housing resources than the other two populations due to the disproportionately small share of studios and one-bedroom apartments available in the City.

## Asylum Seekers

DHS stated that starting in April 2022, the State of Texas began sending buses of migrant asylum seekers to New York City.<sup>11</sup> Buses arrived unannounced and unscheduled, and the people on them—most of whom had crossed into the United States via the southern border—were in need of shelter and care. By April 4, 2023, 22,002 asylum seeker households had applied for shelter through DHS. In response, the City opened 135 emergency sites between June 2022 and May 2023 for asylum seekers.

The City shelter system was overwhelmed by this surge. The shelter population reached its highest-ever daily population by October 5, 2022, with over 61,000 people recorded. Although other City agencies have since stepped in to help shoulder part of this burden, the number of

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<sup>9</sup> DHS indicated that the agency has not encountered unaccompanied minors experiencing homelessness.

<sup>10</sup> It should be noted that FY2022 data predates the influx of asylum seekers, which began in earnest in Fall 2022.

<sup>11</sup> Asylum seekers are non-citizens in the U.S. seeking to remain in the U.S. due to persecution or fear of persecution in their home country on account of race, religion, nationality, membership in a particular social group, or political opinion.

people in DHS shelters continued to grow.<sup>12</sup> On March 1, 2023, the daily population in DHS shelters reached 70,848 people.

Internally, as of April 1, 2022, DHS tracks the disposition of asylum seeker placements. However, for external reporting purposes, DHS reports figures for asylum seekers under the three broader applicable categories of homelessness (single adults, adult families, and families with children), so the number of asylees in DHS shelters cannot be determined. Of the 70,848 people recorded on March 1, 2023, 47,874 of them were adults and 22,974 were children. As of January 8, 2023, asylum seekers represented 28% of DHS' clients.

According to the Preliminary Fiscal Year 2023 MMR, during the first four months of FY2023, the average number of individuals in shelter per day increased by 20.8% compared to the same period in FY2022. This increase was primarily related to the influx of asylum seekers from the Southern United States border to the city.

The Preliminary Fiscal Year 2023 MMR also states that toward the end of FY2022 and continuing through the first four months of FY2023, the flow of asylum seekers drove a 41.8% increase in entries to shelter for families with children and a 104.7% increase for single adults.

For a more detailed analysis of the asylum seeker population within the DHS shelter system, see the report released by the Office of the Comptroller, [\*Accounting for Asylum Seekers: Overview of City Budgeting and Contracting to Provide Services for New Arrivals\*](#).

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<sup>12</sup> On October 7, 2022, the Mayor issued Emergency Executive Order 224, which directed New York City Emergency Management (NYCEM) to coordinate with the New York City Health and Hospitals Corporation (H+H) and other agencies to establish and operate temporary humanitarian relief centers known as "Humanitarian Emergency Response and Relief Centers" (HERRC). These facilities provide assistance for new arrivals, including respite, food, medical care, case management services, and assistance with accessing settlement options, including through connections to family and friends outside of New York City.

# The Pathway In

People who need shelter and housing assistance usually follow a set pathway to gain entry to the DHS system and access services, but the pathway differs to some extent by population served. The first step of this process consists of intake and assessment (or triage), after which many clients are diverted away from the system.

In FY2022, most applications for shelter were from families with children (57.8%), followed by single adults (34.3%). However, only a fraction of the families with children were determined eligible for temporary shelter, with just 1 in 5 applications approved. Similarly, only 1 in 10 adult family applications were approved. In FY2022, 11% of adult families and 19% of families with children were found eligible for shelter. DHS indicated that a number of these applications were duplicates; however, DHS did not provide the number of unique households represented by these applications.

## Intake

When a client enters intake, DHS staff gather demographic information (name, date of birth, age, etc.) from all new applicants who have never accessed the system before, as well as applicants who have been out of the system for a period of time (at least 30 days for adult families and families with children and at least one year for single adults).

During the intake process, DHS prepares a Temporary Housing Application (THA), which includes questions about the applicant's housing history, diversion options, the need for reasonable accommodations, and medical history.

As part of the intake process, an intake questionnaire, a prescreening questionnaire regarding possible diversion, and a medical and mental health screening is completed by shelter staff. Based on these limited assessments, staff enter information in CARES, the agency's system of record. Staff make note of a clients' psychiatric, medical, functional, and access needs, along with histories of substance use, if known. DHS stated that prior to conditional placement its intake staff meet with families with children and adult families to explore permanent housing opportunities including access to rental subsidies. If the client is not diverted, single adults and adult families are assigned to assessment sites. Families with children are assessed at their conditional shelter placements.

Adult families are required to provide a one-year housing history and families with children are required to provide a two-year history. Staff members also conduct a domestic violence (DV) checklist and indicate whether applicants served in the military to direct them to population-specific resources. The THA is used to sort clients for further assessment or divert them away from the program to outside resources. DHS also provides medical care, as needed.

Families with children and adult families are offered a conditional placement of up to 15 days within a shelter by DHS, while agency staff determine their eligibility. Single adults have no eligibility requirements for temporary shelter and will not be denied a shelter placement, though they will go through a similar intake process as other population groups before receiving that placement.



People who identify as having a disability can request a special accommodation at this juncture. People observed to be facing mental health or substance use challenges, or who report it themselves, are referred to DHS social workers for immediate assessment and to a medical provider for subsequent comprehensive evaluation, if necessary.

## Intake Locations

All families with children apply for temporary shelter at Prevention Assistance and Temporary Housing (PATH) Family Intake, which is operated by DHS, and located at 151 East 151st Street in the Bronx.

Adult families apply for temporary shelter at the Adult Family Intake Center (AFIC), located at 400-430 East 30th Street in Manhattan.

Single adults apply for temporary shelter at three different sites (clients can apply at any intake center based on how they identify and will be placed accordingly):

- 30th Street Men's Intake, located at 400 East 30th Street in Manhattan
- HELP Women's Center (co-located with an assessment center) located at 116 Williams Avenue in Brooklyn<sup>13</sup>
- Franklin Women's Center (co-located with an assessment center) located at 1122 Franklin Avenue in the Bronx

All intake sites are open 24 hours a day, 365 days a year.

## Street Homeless Clients

For street homeless clients, there is no traditional intake process. Instead, outreach teams make initial contact on the street or some other public setting. DHS contracts with five nonprofit street outreach providers, consisting of multiple teams that are deployed throughout the five boroughs.<sup>14</sup> Outreach teams attempt to encourage people to seek transitional shelter and other social services.<sup>15</sup> Each provider deploys outreach teams within their area of operations and tasks them with engaging, assessing, and encouraging people who are street homeless to take advantage of services.

Outreach teams canvass streets and subways and engage people experiencing homelessness. DHS stated that the goal is to move clients to permanent housing; however, such options may not be available, so clients are encouraged to accept placement in Drop-in Centers, Safe Havens, stabilization beds, or traditional adult shelter.<sup>16</sup> Once a client agrees to come inside, the outreach team contacts local Safe Haven programs to secure a placement. Safe Haven staff work closely with outreach teams, informing them of available beds at their sites. Individuals can also walk into Drop-in Centers on their own because there is no formal referral or intake process.

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<sup>13</sup> Due to the influx of asylum seekers, HELP was temporarily designated to serve as an assessment site for male asylum seekers.

<sup>14</sup> DHS contracts with Bowery Residents Committee Inc., Breaking Ground, BronxWorks, Manhattan Outreach Consortium, and Project Hospitality Inc., and each provider is responsible for specified areas of the City.

<sup>15</sup> Unlike traditional shelters, transitional shelters are targeted for street homeless clients and are less restrictive and have a more relaxed setting. See Table I on page 11 for facility types and descriptions.

<sup>16</sup> Clients transferred to traditional shelters are then tracked as single adults or adult families, if applicable.

Outreach teams are expected to maintain contact with their clients throughout their interactions with DHS. DHS requires vendors to continue checking in with them even after permanent placement, for between 3 to 12 months after exiting the shelter system.

According to the Outreach Homeless Population Estimate overseen by DHS, there were 3,439 individuals living on City streets and in subways as of January 2022. According to Open Data, DHS conducted 99,421 outreach engagements through outreach teams in FY2022. During that same year, DHS made 2,069 placements in Safe Havens and 1,311 in stabilization beds. Additionally, there were 421 subsidized exits and 63 unsubsidized exits from low-barrier beds.<sup>17</sup>

Although DHS stated that it uses a system called StreetSmart to track engagements with unsheltered clients, DHS also stated that it does not have a single data system for tracking all Street Homeless Solutions engagements, so comprehensive data is not readily available.<sup>18</sup> Therefore, the auditors were unable to determine the percentage of engagements that resulted in temporary placements.

In its response, DHS stated that outcome information will be available to DHS pending further systems development.

## Asylum Seekers

For asylum seekers, the process can be more complicated. Before September 2022, DHS used its existing intake centers for new asylum seekers/migrants trying to access DHS services. Asylum seekers made their own arrangements to get to the intake centers—a challenging task for many new arrivals with language access barriers, navigating an unfamiliar city.

In September 2022, DHS opened a centralized hub intake center at the Stewart Hotel, located at 150 West 31st Street. As of December 15, 2022, however, responsibility for operations at this location transitioned to Health + Hospitals (H+H) as a Humanitarian Emergency Response and Relief Center (HERRC).

Currently, asylum seekers can also apply for shelter at any DHS intake center based on their family or population type. DHS instituted a revised intake process for clients who appear to be asylum seekers or escapees from human trafficking. The standard shelter application and eligibility process for adult families and families with children involves investigating prior addresses; however, DHS has issued guidance to intake staff—*Intake Process for Asylum-Seekers, Asylees, and Victims of Human Trafficking*—requiring screening to determine asylee or escapee status and instructing them to omit this step if warranted, on the basis that conducting such an investigation could jeopardize the safety of the client.

## Assessment

After the initial intake, a client is assessed by DHS staff, a process that is somewhat like “triage” in that DHS staff determine the urgency of clients’ conditions and divert them away from the system when possible (see page 33 for more on diversion processes). The initial assessment

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<sup>17</sup> Low-barrier beds include Safe Haven beds and stabilization beds which are specifically targeted toward unsheltered individuals who may be resistant to accepting a bed in a traditional shelter.

<sup>18</sup> StreetSmart is a citywide case management system created for monitoring placements and outreach. It is used as a system of record for all providers of Street Homeless Outreach services.

when a client first arrives at an intake center is focused on immediate health, safety, disability, and housing needs, including whether other community-based housing options short of shelter entry are viable, with diversion from shelter as a potential outcome in such instances.

A more in-depth assessment of strengths and needs occur once a client is placed in shelter. For single adults this means specific assessment shelters that are designed to be short-term in nature and geared toward developing a more comprehensive picture of client service needs and existing resources.

Staff evaluate clients' housing and housing-related public assistance and care needs. This includes, but is not limited to: the availability of housing, the need for temporary housing assistance, employment and educational needs, the need for preventive or protective services, the ability to live independently, and the need for treatment of physical and mental health problems, including substance use. A conditional assessment is completed, by DHS or provider staff, within 48 hours of entry, and a complete assessment is conducted within 48 hours of an eligibility determination for adult families and families with children.

## Assessment Locations

For families with children and adult women, assessment staff meet with clients at the intake sites.

For adult men, the assessment may be conducted at the intake site or at another location, in which case DHS will provide MetroCards for transportation. There are four stand-alone assessment sites for men:

- 30th Street Men's Assessment Shelter
- Schwartz Assessment Shelter
- Bedford-Atlantic Assessment Shelter
- Bowery Residents' Committee McGuinness Men's Assessment Shelter

Single adults are assigned to an assessment shelter based on gender, immediate mobility needs, safety needs, and bed availability.

For adult families, the assessment is generally conducted at the Auburn Adult Family Assessment site but can be conducted at an adult family shelter.

Families with children and adult families are assigned to an emergency shelter placement on a conditional basis, pending the outcome of their applications for temporary emergency shelter. During this time, DHS investigates the family's housing history.

## Services Provided During Assessment

The assessment shelter provides the client with case management services, employment services, and housing assistance. Based on the outcomes of the assessment, shelter staff make referrals for medical services, cash assistance, possible diversion services, and DV services.

During assessments, DHS and provider staff begin working with clients to develop Independent Living Plans (ILP), which are mutually agreed upon plans intended to establish permanency. ILPs are periodically updated (at least once every two weeks) throughout each client's stay in shelter. ILPs are updated more frequently (on a weekly basis) for single adults and adult families who are

noncompliant or resistant to services and for families with children who remain in shelter for 9 months or longer.

ILPs are completed before a final determination of eligibility is made at Adult Family sites. ILPs are completed for all families with children within 10 days of entering shelter, regardless of eligibility status.

Families in conditional placement (pending eligibility) qualify for and receive the same services as eligible families, but they are not eligible for any of the subsidized rental voucher programs. Families cannot apply to participate in a CityFHEPS voucher program until (and unless) they are deemed eligible for shelter. This can be a lengthy process since some families who are initially deemed ineligible may need to reapply numerous times before they are deemed eligible. According to March 2023 DHS Local Law 37 reporting, over 57% of families with children submitted more than one application, with 7.2% submitting six or more applications. For adult families, over 61% submitted more than one application, with 17.5% submitting six or more applications.

Families in conditional placement do qualify for Project Reconnect, which consists of unlimited sessions with housing specialists and case workers to explore alternative placements and provide housing referrals.

For street homeless clients, an assessment is done on the street. In some instances, after completing an assessment, the outreach team that initially made contact or shelter staff may request that a client be placed directly into a traditional DHS shelter, bypassing the Adult Services intake and assessment process. However, Adult Services must approve all direct shelter placements into their shelter system.

Other vulnerable populations may receive additional support during the assessment process.

- **People with HIV/AIDS:** DHS does not screen for HIV, but clients who divulge that they have HIV at intake or during assessments can be referred to HRA's HIV/AIDS Services Administration (HASA), for HRA-administered emergency or transitional housing, case management services, and assistance with applying for public benefits.
- **DV victims:** DHS does not have dedicated DV shelters. When clients come to DHS intake centers, staff complete a DV checklist and interview, and refer victims to HRA's No Violence Again (NoVA) program for assessment and placement in a DV shelter, if space is available.<sup>19</sup> If space is not available, or if clients time out of HRA's DV shelters, they can receive shelter from DHS.<sup>20</sup> DHS has a bypass policy in place for DV clients coming from HRA, and these people are directly admitted to shelter. DHS houses DV clients in general shelters, in areas where their safety is not a concern.
- **Veterans:** Intake staff also refer clients who indicate they have served in the military to Veterans Affairs (VA), which runs background checks to verify their statuses. Once confirmed, veterans are connected with a variety of housing and medical entitlements, such as pension benefits and public assistance.

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<sup>19</sup> Staff provide assessment, crisis counseling, shelter referral, and placement into domestic violence shelters for eligible clients at DHS Intake Centers: PATH (families with children), AFIC (adults families), and single adult intake sites. Crisis intervention, counseling, assessment, and referral services are also provided to families and individuals placed in DHS shelter locations.

<sup>20</sup> The duration of stay in DV shelters is limited to 180 days.

## Eligibility Requirements

Single adults have no eligibility requirements for shelter. DHS assigns single adult clients to shelter based on the CARES assessment and capacity.

Families with children are only eligible for temporary shelter if they meet family unit requirements and are experiencing an immediate housing crisis and have no viable housing options. Families with children found eligible for temporary emergency shelter are placed in general population shelters.

Adult families are eligible for temporary shelter if they provide evidence of their family unit status and prove that they have no other viable housing alternatives. Eligible family units include legally married couples, domestic partners, two or more adults that share a family relationship (e.g., siblings, grandparent and grandchild) and two or more adults who share a “caretaker” relationship. The individuals also must have resided together for 180 days prior to application.

Clients may be found ineligible for temporary shelter if one or more of the following conditions are met:

- DHS determines that client has other viable housing alternatives, such as doubling up with family.
- Client is noncooperative.
- Family unit status does not meet criteria (for example, an adult family unit should be adults legally married, or adults who are domestic partners, or two or more adults with family relationship (siblings, grandparents with grandchildren, and have resided together for 180 days prior to application).

Clients found ineligible for temporary shelter may challenge the determination by requesting an agency conference and/or a State Fair Hearing.<sup>21</sup> Families with children can also reapply at PATH without leaving conditional shelter and adult families can reapply at AFIC.<sup>22 23</sup>

## Application Data

In FY2022, DHS received 69,901 applications for shelter, 92% of which were from families with children and single adults. DHS did not provide the number of unique households represented by these applications. Chart IV below provides a breakdown of applications by population type. Families with children represent the largest group of applicants—they account for nearly 60%.

However, as shown in Chart V, less than 20% of the applications submitted by families with children were accepted, meaning that the families were deemed eligible. As shown in Chart VI, only 11% of the applications submitted by adult families were accepted.

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<sup>21</sup> A State Fair Hearing is overseen by the New York Office of Temporary and Disability Assistance and allow clients to tell an administrative judge why they think DHS’ decision is wrong. Clients have 60 days to request a hearing after being found ineligible.

<sup>22</sup> This is the current policy for PATH instituted at the outset of COVID. Clients have until 5 p.m. the following day after having been served an ineligible notice to reapply from their conditional placement.

<sup>23</sup> According to the Coalition for the Homeless report, *State of the Homeless 2022: New York at a Crossroads*, the eligibility determination requirement that homeless families provide documentation of every place they have stayed in the past year (for adult families) or two years (for families with children) is challenging for families who have lived doubled-up or unsheltered.

DHS stated that one reason an application from families may result in a determination of ineligibility is due to lack of evidence of family unit status, or because DHS has determined they have other viable housing alternatives, or due to "non-cooperation."<sup>24</sup> According to data received from the agency, of the 28,014 family with children applications with an "ineligible" determination in FY2022, 23,903 (82%) were found ineligible due to non-cooperation (e.g., provided incomplete housing history, failure to cooperate, failure to meet criteria for family make up). The remaining 4,921 (18%) applications were found ineligible because they had other housing options available. Of the 4,162 adult family applications with an "ineligible" determination that year, 4,010 (96%) were found ineligible due to non-cooperation and the remaining 152 (4%) were found to have other housing options.

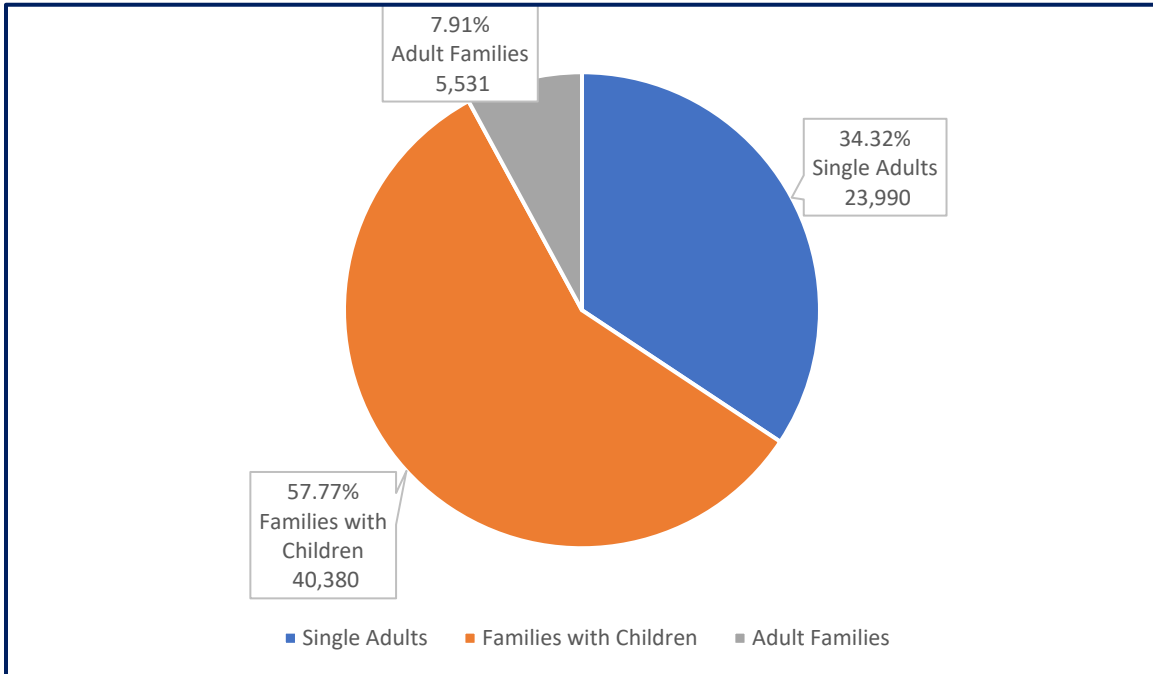
According to the Coalition for the Homeless' *State of the Homeless 2022* report, many families are caught in a cycle of applying and reapplying for shelter when they are incorrectly found ineligible.<sup>25</sup> The report also notes that the monthly average shelter eligibility rate (the percentage of applicants found eligible) has plunged in recent years, and that an average of 13% of families with children and 30% of adult families found eligible each month for temporary housing had to submit six or more applications before being deemed eligible. DHS attributed this eligibility rate decline to the phone reapplication process instituted by the agency in March 2020 at the start of the COVID-19 pandemic. As a result of this process, there was an increase in the number of reapplications, many of which lacked the information and documentation needed to accurately determine the need for emergency shelter.

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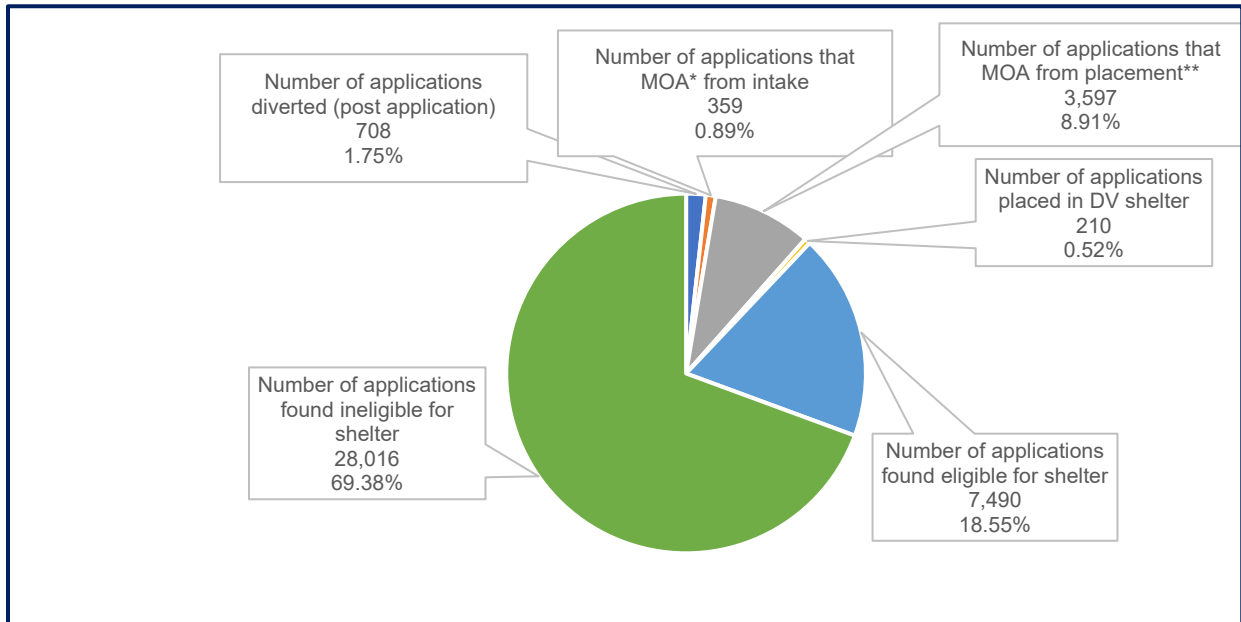
<sup>24</sup> "Non-cooperation" means an ineligible determination rendered when an applicant does not provide or substantiate housing history, does not submit necessary documentation, or does not attend necessary appointments required for DHS to accurately determine the need for emergency shelter.

<sup>25</sup> The Coalition for the Homeless is an advocacy and direct service organization helping homeless individuals and families.

**Chart IV: Applications for Shelter in Fiscal Year 2022**



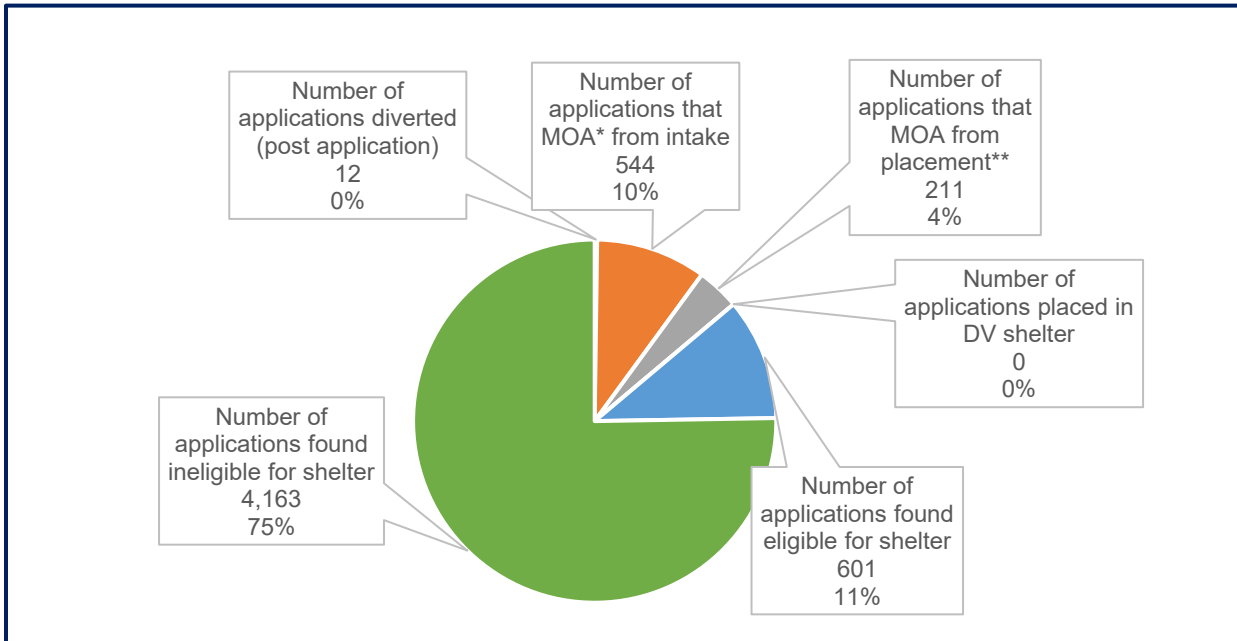
**Chart V: Families with Children – Fiscal Year 2022 Application Outcomes**



\* MOA: Applicant made own arrangements.

\*\*MOA from placement: Cases where clients leave prior to being found eligible.

**Chart VI: Adult Families – Fiscal Year 2022 Application Outcomes**



\* MOA: Applicant made own arrangements.

\*\*MOA from placement is for cases where clients leave prior to being found eligible.

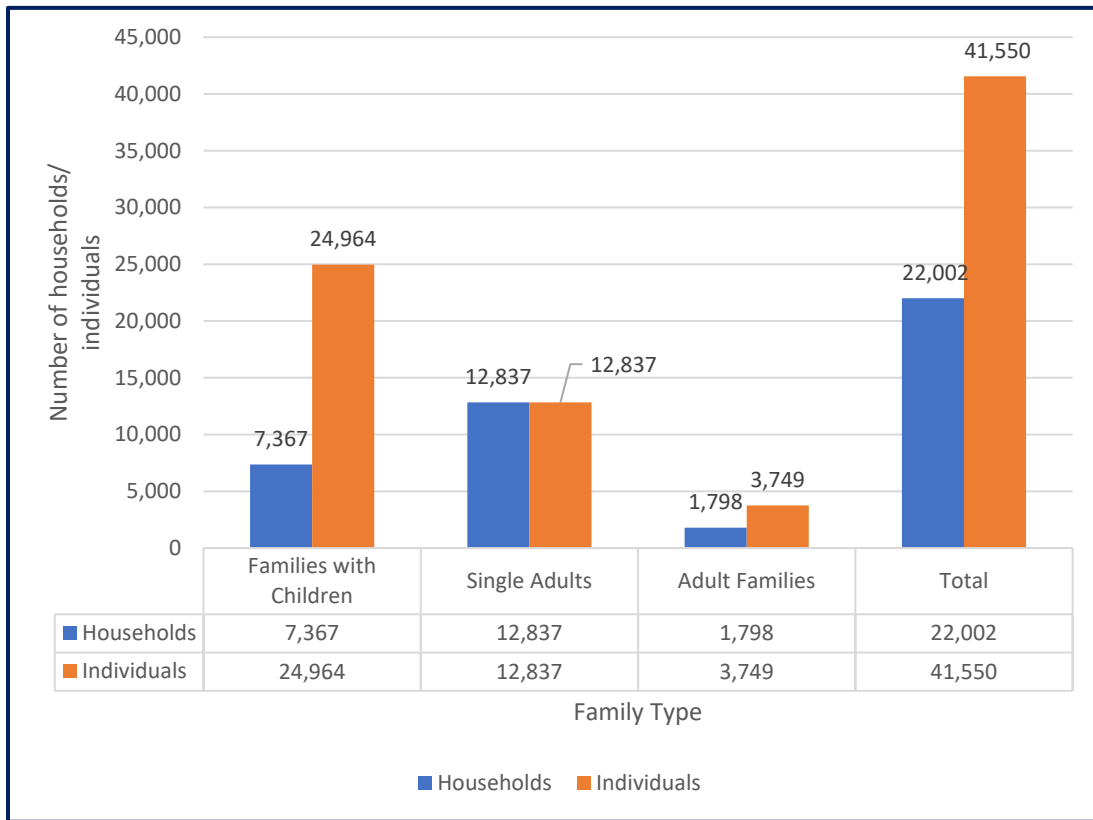
## Asylum Seeker Application Data

The number of asylum seeker applicants has significantly increased since January 2023. By January 4, 2023, 15,687 asylum seeker households had applied for shelter through DHS. By April 4, 2023, this number had grown to 22,002.

As shown in Chart VII below, 22,002 households, composed of 41,550 individuals, had applied for shelter by that date.



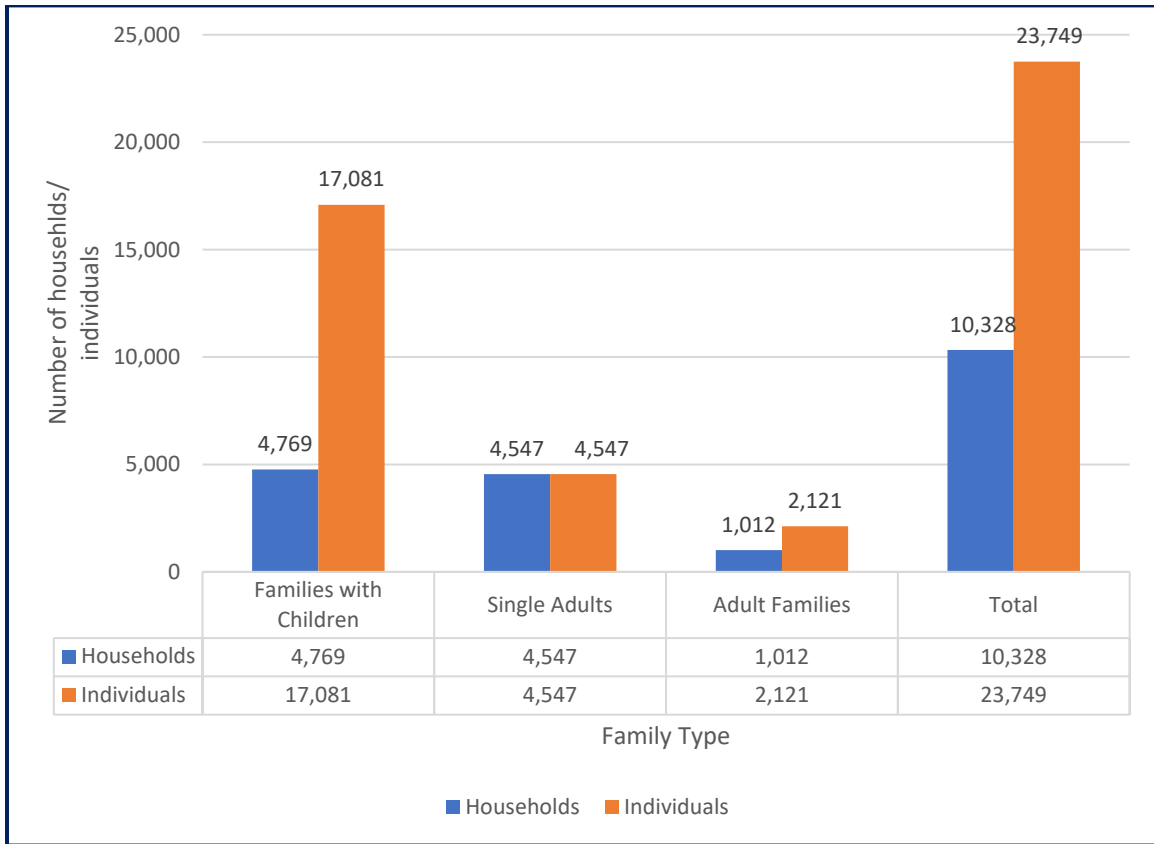
**Chart VII: Asylum Seeker Applicants as of April 4, 2023\***



\*Daily count includes applications for anyone identified as an asylum seeker. This number is duplicated and reflects all applications by asylum seekers, not just first-time applications.

As shown in Chart VIII below, of April 4, 2023, 10,328 households, composed of 23,749 individuals, were residing in shelters.

**Chart VIII: Asylum Seekers in Shelter as of April 4, 2023**



According to DHS officials, some asylum seeker households went through the intake process but never spent any time in shelter (i.e., they never checked into their shelter placement after leaving intake). DHS has stated that the majority of asylum seeker households exited on their own and the agency has no information on where they are staying.

## Diversion

During assessment, agency staff work with clients to identify viable alternatives to entering the shelter system—a process known as “diversion.”

Homelessness diversion staff works with applicants to find alternate housing options, including assessing eligibility for financial diversion benefits, HRA’s Homebase services, assisting with HRA benefits applications, and rent arrears.<sup>26</sup>

Diversion takes many forms:

- **Homebase:** Individuals residing in the community who are considered at risk of becoming homeless, including those who apply while still in a lease, may be referred to Homebase. Homebase provides homelessness prevention resources and legal services to clients, to

<sup>26</sup> Homebase is an HRA program that provides New Yorkers experiencing housing instability with various homeless prevention services, including legal services, and provides aftercare services to people entering permanent housing from DHS shelters. (Please see the glossary in Appendix III for a more detailed description.)

help avoid eviction or to gain access to short-term financial assistance, for example to pay back rent.

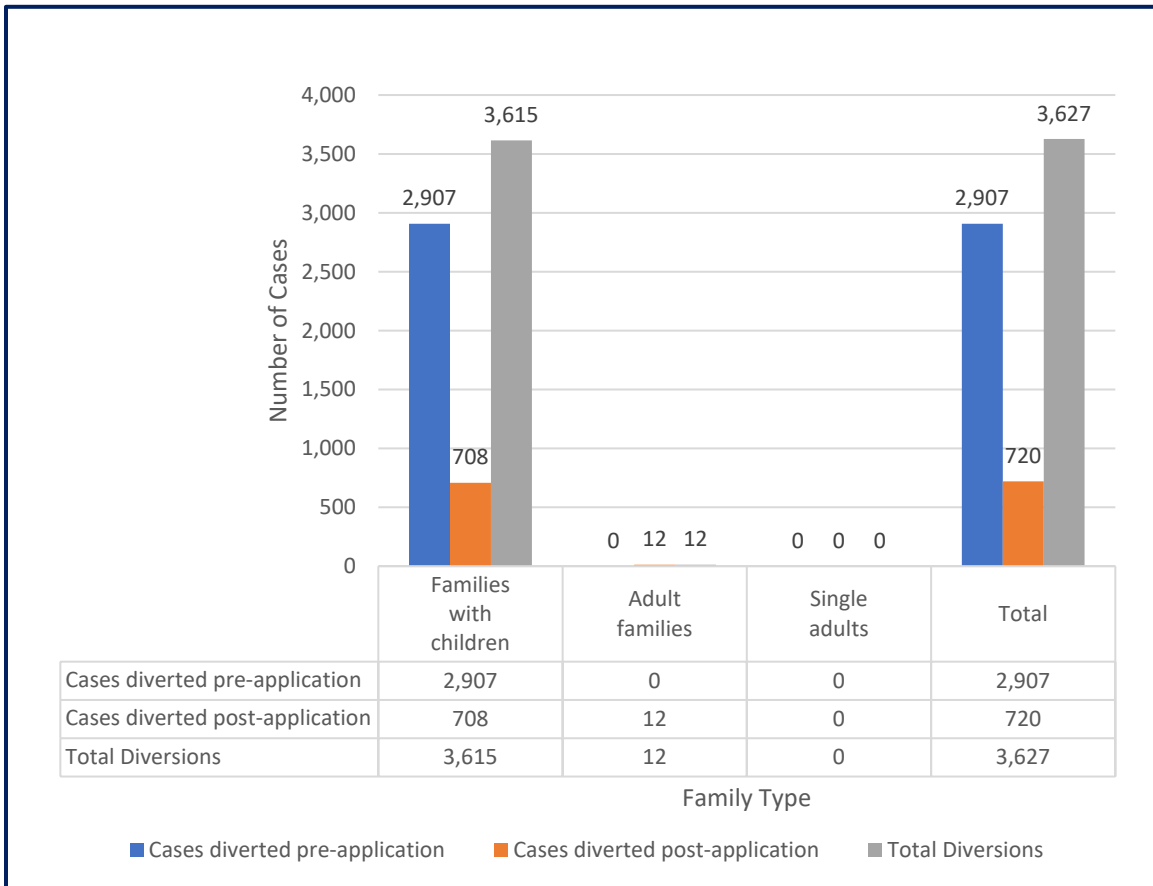
- **One-Shot Deal:** Clients who are eligible can receive emergency cash assistance to pay rental arrears or bills.
- **Enhanced One-Shot Deal (EOSD):** Clients who are working or have enough income to make future rent payments, based on their rent not exceeding 50% of the household income, can request an “EOSD.” Income includes employment or Social Security Income (SSI), Social Security Disability, etc. If a household’s income is based on SSI, only 40% of SSI can be applied to the rent.
- **Family Mediation:** For clients with family in New York City, DHS may help reconnect them through mediation, with a view to providing them with an alternative place to stay.
- **Rental Dispute Mediation:** For clients at risk of eviction, DHS may help mediate conflicts with landlords after eviction hearings. This is usually accomplished by providing clients with incentives and subsidies to help them maintain housing.
- **Project Reconnect:** For clients who have viable housing options outside New York City, DHS may purchase them a one-way ticket as part of the program.

Diversion can take place at any point in the process, but according to DHS, pre-application diversions only occur for families with children.

Families with children have access to a Resource Room on-site at PATH where staff are available to help divert families with children from shelter through homelessness prevention services. The Resource Room is staffed with a team of licensed social workers who offer services based on a family’s individual needs, including housing advice, employment referrals, benefits advocacy, relocation services, family mediation, and crisis counseling. Resource Room staff members assist them by developing housing plans and linking them to support services.

As shown in Chart IX, there were 3,627 diversions in FY2022, with 2,907 (80%) of those occurring pre-application for families with children and 720 (20%) occurring post-application for both families with children and adult families.

**Chart IX: Fiscal Year 2022 Diversions by Family Type**



0 = Not applicable. DHS stated there are no pre-application diversions for adult families and no eligibility process for singles, so there are not any eligibility outcomes (e.g., diversions)

DHS stated that it does not break out diversion figures by diversion strategy (e.g., family reunification, mediation with landlord). DHS does track diversion as an application outcome for families with children and adult families.

According to DHS, asylum seeker diversions did not include any single adults. They included:

- One family with children in FY2022 and 13 families with children in FY2023.
- One adult family in FY2023. DHS did not provide diversion figures for adult families for FY2022.

DHS officials noted that the same strategies and opportunities to divert asylum seekers do not exist. For example, many asylum seekers do not have the same placement options because they lack prior housing in the U.S., do not have friends or family they can be placed with, and do not qualify for many of the assistance programs available to other clients.

# Services in the System

After clients clear the intake and assessment processes, they are placed in a shelter. Shelters are located in all five boroughs, and many offer specialized services for different population groups.

Single adults and adult families go through distinct intake and assessment processes. Once they have completed assessment, DHS assigns these clients to shelter. DHS assigns families with children to a shelter placement once they complete intake.

In addition to general population shelters, the single adult system has program-specific and specialized shelters that tailor services to address targeted client needs. While adult families and families with children do not have program shelters, shelters offer a variety of services onsite. At a minimum, all shelters offer case management. If clients need services that DHS does not offer, shelters have linkages with offsite providers to which shelters can refer clients.

Once placed, clients have access to medical and case management services, which include programs related to substance use, mental health, education, and employment. Clients can also access certain benefits, such as public assistance, and begin the process of attaining benefits and, ideally, permanent housing.

The review found that the average length of stay for all family types in FY2022 exceeded one year, with adult families staying the longest—on average, over 28 months. Families with children stayed over 17 months, and single adults stayed over 16 months.

DHS had an average daily population of 45,563 individuals in temporary shelter in FY2022, a decrease from the daily average of 52,409 in the prior year. However, these numbers are dwarfed by recent trends, given the population surge of fall 2022.

## Street Homeless

Transitional shelters for street homeless people include:

- **Drop-In Centers:** Located in all five boroughs and open 24/7, allows people to come indoors, rest, bathe, and access services. Each center provides basic necessities such as three meals per day, clothing referrals, showers, and limited storage of property and valuables for those clients who are “on caseload” and engaging with Drop-In center staff.
- **Safe Havens:** Provide a less restrictive alternative to traditional shelter for those living outdoors for an extended period. They offer the same services as traditional shelters, but they are operated exclusively by nonprofit providers. There are no directly operated DHS Safe Havens. Safe havens offer a more relaxed setting as compared to the traditional single-adult shelter model.
- **Stabilization beds:** Low-barrier beds (a unit classification with more flexible structure and fewer rules than traditional shelters) for high-functioning clients. Clients must be on DHS’ caseload and be able to care for themselves. The majority of stabilizations beds are funded through stand-alone contracts and have onsite social services. For a small subset of stabilization beds, case management is provided by outreach teams during scheduled visits. Beds are located in places like motels and YMCAs and are staffed by security and operations personnel.

For street homeless clients, there are no eligibility requirements to enter Drop-In Centers, and all are welcome. Drop-In Centers do not have on-site beds, but Respite Bed Coordinators work with local churches and synagogues to place Drop-In clients in respite beds, which are staffed by volunteers. To meet the overnighting needs of some Drop-In Center clients, some sites have respite beds; availability is dependent on the number of volunteers on staff on a given night. People staying in respite beds must be screened for tuberculosis and receive other medical and psychiatric screening from Drop-In Center staff.

People who have been living on the street can be placed in a Safe Haven vacancy, or stabilization bed, also known as low-barrier beds. Placement of unsheltered individuals into available capacity is managed on a case-by-case basis through each outreach worker's engagement of the individual in need. Placement determinations are based on client willingness to accept the placement offer, medical and behavioral health service needs, prior shelter history, and available capacity.

In FY2022, DHS placed 2,069 street homeless clients in Safe Havens, and 1,311 in stabilization beds. DHS officials stated that there are a small number of low-barrier beds operated by outreach providers that are not included in the above figures.

According to *State of the Homeless 2022*, people who have negative experiences in large congregate shelters are often more willing to accept a bed at a Safe Haven or a stabilization bed. Safe havens have a capacity of approximately 1,843 per day while stabilization beds have a capacity of 1,327 per day. According to the HOPE count, as of January 25, 2022 there were approximately 3,439 street homeless individuals. DHS stated that it works to maintain excess capacity sufficient to meet the daily demand of those requesting placement and has not encountered a situation where requests were unmet due to lack of capacity.

By expanding and creating additional Safe Havens and stabilization beds, DHS could get more street homeless clients to move indoors. Because these sites may be the first (and sometimes only) interactions that street homeless people have with the DHS shelter system, they are key conduits that allow clients to access City resources. As of March 2023, the census was 1,668 people in Safe Havens and 1,034 people in stabilization beds. Therefore, a total of 2,702 of the available 3,170 beds were occupied as of March 2023.

According to the Preliminary FY2023 MMR, the average number of clients placed in Safe Haven and stabilization beds increased 33.5% during the first four months of FY2023, due to increased capacity, with over 700 beds added in CY2022.

## Temporary Shelter Placement

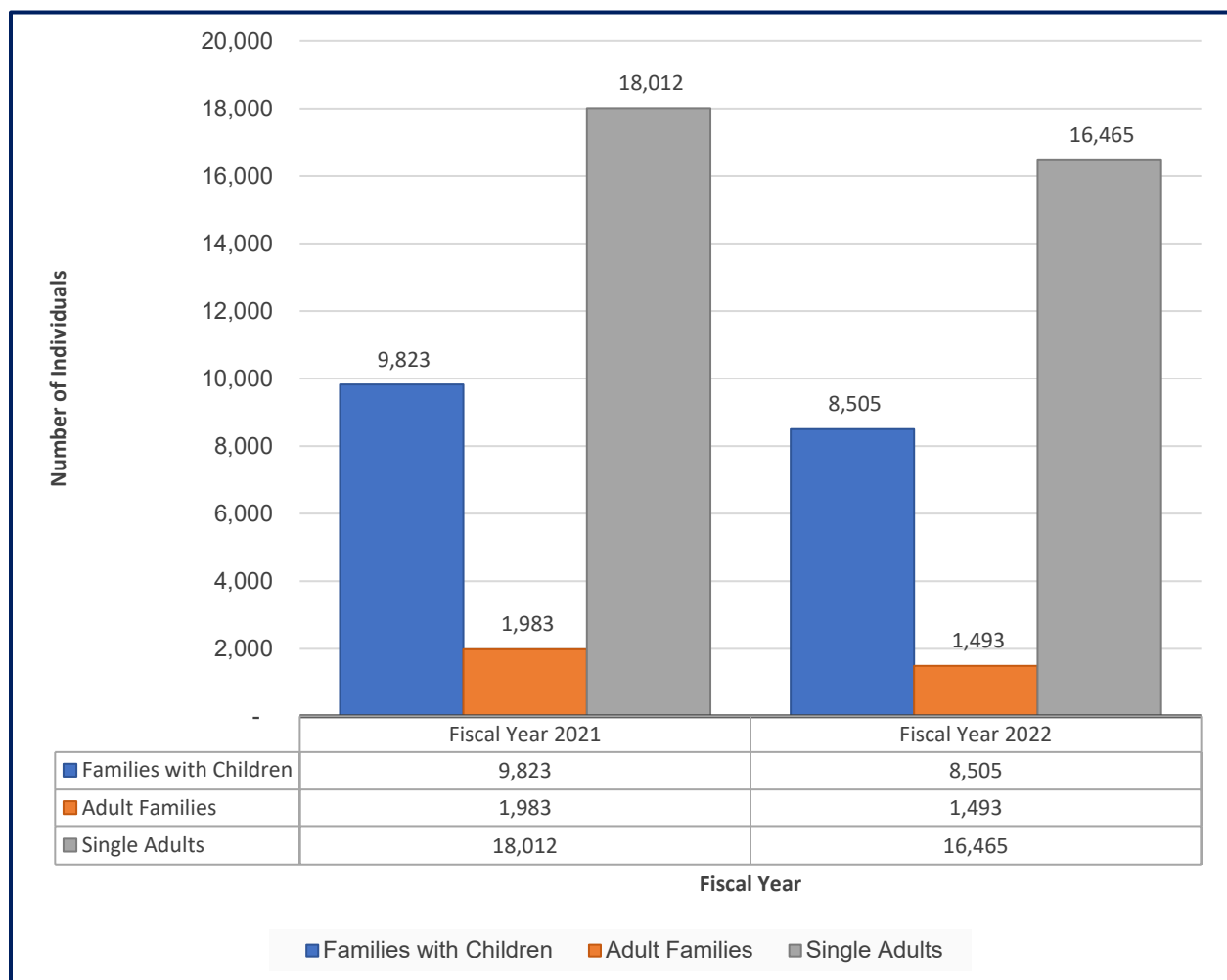
During intake and assessment processes, DHS tries to match clients with temporary shelter placements that best suit their needs, depending on availability and reasonable accommodation requests. In addition, for families with children, placement is made in proximity to the youngest child's school. Temporary shelter is the first step to permanent housing for many clients accessing DHS housing assistance. Exceptions include veterans, street homeless clients, domestic violence victims, clients in commercial hotels, and individuals who seek housing assistance through

Homebase.<sup>27</sup> For those who enter and are unable or unwilling to stay until permanent placement, the average length of stay in shelter also presents potential barriers to permanency.

In its response, DHS stated that the agency also has a Housing First initiative for those experiencing street homelessness. This was the very first mention by DHS of such an initiative, despite many months of consultation with DHS officials; the information provided in response to the draft report is unsupported by details or data which would allow the auditors to include it in this report.

In FY2022, DHS had an average daily population of 45,563 individuals in temporary shelter, a decrease from the daily average of 52,409 in FY2021. Percentages of family type are consistent in both years—in both periods adult families account for less than 10%, single adults account for around 60%, and families with children represent approximately one-third. See Chart X for detail.

**Chart X: Average Daily Number in Shelter by Family Type – Fiscal Years 2021-2022**



<sup>27</sup> According to DHS, about one-third of all CityFHEPS vouchers are issued to “in community” recipients and the City allocated Emergency Assistance Vouchers to agencies other than DHS in order to reach families and individuals who are not in shelter.

On a limited basis, DHS uses shelters geared to certain populations, for example:

- **Veterans:** Military veterans are referred to the Veterans Service Unit. DHS has a veteran shelter for men located in Long Island City, and women are placed in the Tillary shelter (if they do not have mobility issues) or in the Eldert Lane shelter. Adult family veterans are placed at one of two sites, Star Bright Family Residence or Beach Residence. DHS does not have a separate VA shelter for families with children.
- **LGBTQI+ People:** DHS has just one shelter for LGBTQI+ people, located in the Bronx and reserved for young people (ages 18 to 30). Otherwise, individuals are housed according to the gender and population with which they identify. DHS also has set-aside beds in shelters in some boroughs for LGBTQI+ clients and indicated that it has additional beds coming online at some point in the future. LGBTQI+ families are not housed separately—there are no set-aside beds or separate facilities.

Many unsheltered people need access to mental health services. According to the Coalition for the Homeless' *State of the Homeless 2022* report, thousands of New Yorkers, including many struggling to survive without housing, are not able to access needed mental health care. The report states that less than 3% of the 93,925 adults eligible in December 2021 to receive enhanced Medicaid mental health services in New York City (many of whom are also homeless) actually received such care in the preceding 12 months.

One major complication in meeting mental health needs is that beds in mental health and substance use shelters are limited. According to an audit conducted by the New York State Comptroller's Office, issued in December 2022, 26% of clients diagnosed with a serious mental illness were not placed in a mental health shelter, and 49% of clients diagnosed with substance or alcohol abuse issues were not placed in a substance abuse or mental health shelter. That audit also found that DHS does not have adequate policies and procedures standardizing placement of clients in specialized shelters based on assessment results, diagnoses, or other factors.<sup>28</sup>

Placements for special populations are provided on a first come, first served basis. If there is no availability, clients are placed in general population shelters.

## Asylum Seekers

DHS opened new shelters and hotels for asylum seekers. Hotels are used essentially for an emergency response and most are paid via provider contracts. At the beginning of the crisis, DHS housed asylum seekers in any shelters where beds were available because there was not an option for sanctuary sites at that time. DHS currently houses asylum seekers in shelters it designates as sanctuary sites, run by DHS contracted providers, and tried to move all asylum seekers from traditional shelters into these sanctuary sites.

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<sup>28</sup> In response to the review, DHS stated that it relies on community-based clinical providers, hospitals, and psychiatric institutions to attend to the complex needs of clients in shelters. The agency further stated that in many cases connecting clients to medical care outside of shelter is preferable so that care can be continued after exit.



## Length of Stay in Temporary Shelter

The review found that the average length of stay for all family types far exceeded one year.<sup>29</sup> Adult families had the longest average length of stay—over 28 months. Families with children averaged over 17 months, and single adults more than 16.

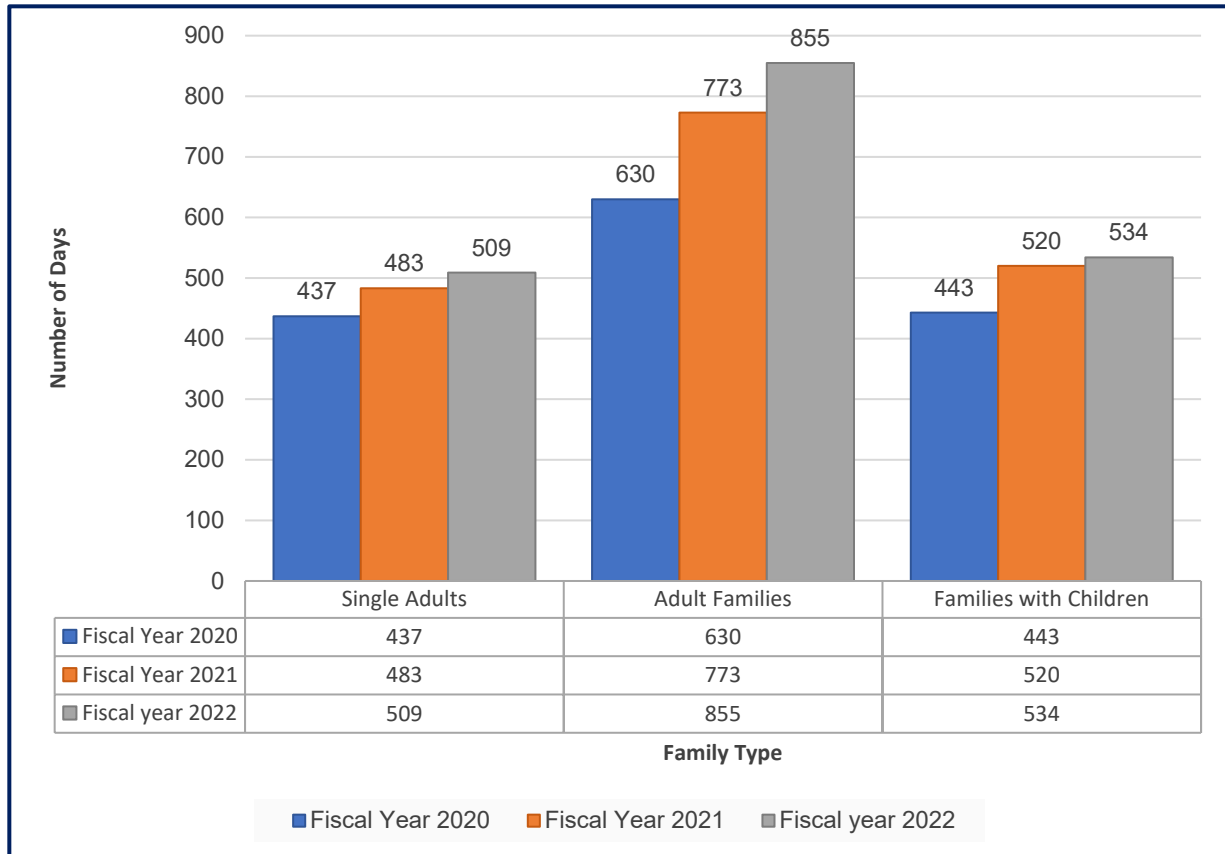
According to DHS, many people remaining in shelter for extended periods of time have numerous issues (e.g., disabilities, medical needs) that hinder their ability to access permanent housing options. Adult families are more challenging to place because many require or would greatly benefit from supportive housing that is only available to this population on a very limited basis. Additionally, families with children feed into this system when aging out occurs. It is also challenging to find ADA-accessible apartments for medically frail clients with limited mobility.

Between FY2020 and FY2022, length of stay increased for all three population types, as shown below in Chart XI.

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<sup>29</sup> Length of stay is measured as the time from the first date of application to the date the client exits the shelter system (i.e., no longer receiving DHS placement assistance). According to the *Division of Adult Services Program Analysts Manual*, Adult Services considers any length of stay lasting over nine months “long-term.” Officials from the Division of Families with Children stated that the length of stay in temporary shelter this population is usually a period of up to 12 months (a full calendar year), so they track and review cases that go beyond 365 days.

**Chart XI: Average Length of Stay in Days by Population Type**



Adult families accounted for the greatest increase, from 630 days in FY2020 to 855 days in FY2022, a 225-day increase. In FY2022, adult families had the longest average length of stay with 855 days (2.3 years), while single adults had the shortest average length of stay with 509 days (1.4 years).

According to the Preliminary Fiscal Year 2023 MMR, during the first four months of FY2023 (July 2022 to October 2022) the average length of stay in shelter decreased for all family types. It decreased by 14.7% for single adults, 12% for families with children, and 7% for adult families when compared to the same period in FY2022. DHS indicated that the marked increase in new entrants, compared to the same period in the prior year, led to a change in proportion of clients with shorter term stays, and a growth in exits contributed to the lower average length of stay.

According to DHS officials, DHS does not have established aggregate goals or targets for length of stay, but the goal is to have the shortest length of stay possible. DHS officials added that DHS is legally mandated to provide temporary shelter, and this does not lend itself well to targets. Nonetheless, shelter staff do cite goals and targets for placement in the ILPs created for their individual clients. DHS officials also stated that targets are established for each site for the number of clients to be moved out of shelter.

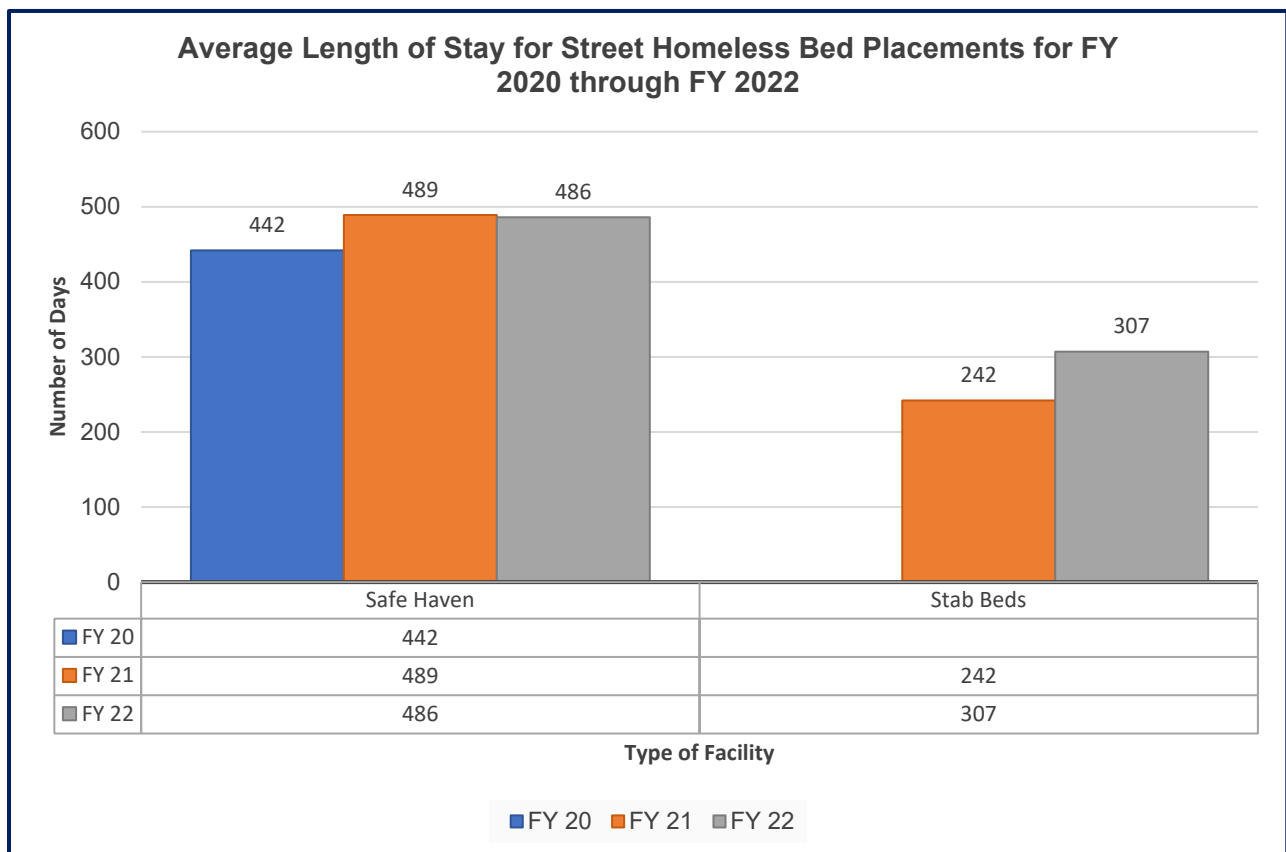
According to the Coalition for the Homeless report, excessive lengths of stay are due in part to staffing shortages and administrative delays. The report indicates that housing specialists are

often overwhelmed by large caseloads. However, DHS stated a significant housing shortage and income considerations play more major roles contributing to length of stay.

## Length of Stay for Street Homeless

The average length of stay in Safe Havens was over 400 days in both FY2021 and FY2022, while the stay in stabilization beds was 242 and 307 days, respectively. DHS also provided length of stay information for Safe Havens and stabilization beds. Drop-In Centers do not have beds. The average length of stay during the period covering Fiscal Years 2020 through 2022 is shown below in Chart XII. (DHS did not start tracking stabilization bed data until FY2021.)

**Chart XII: Average Length of Stay for Street Homeless Bed Placements – Fiscal Years 2020-2022**



This data is the average number of days clients spent in each of these facility types in the 4 years prior to the month the data was generated.

As shown, length of stay in Safe Havens has been relatively consistent in FYs 2021 and 2022, while length of stay in stabilization beds increased by 65 days (27%) over that period. According to DHS officials, length of stay for this population is regarded differently than it is for families. For street homeless individuals, every evening spent in a low-barrier bed is an evening when they are not sleeping on the streets.

## Case Management Services

Clients receive case management and medical services while in conditional placement.

DHS aligns services with clients' specific needs and eligibility. In many cases, services will be tied to family or shelter type. For example, childcare support is only relevant for families with young children and only veterans can be referred for VA services.

However, no client is denied needed services because of shelter type, and clients in need of services not available onsite receive referrals to access services in their communities. For example, all clients at mental health shelters require access to mental health services, but clients in other shelter types may also require mental health services. Clients in need of services that aren't available at one shelter may receive referrals allowing them to access outside programs (e.g., outpatient care and counseling).

DHS has a limited number of special population, behavioral health, and substance use shelters that offer specialized services for single adults. Of the 24,730 single beds capacity as of April 5, 2023, 5,363 (22%) were in behavioral health shelters and 1,176 (5%) were in substance use shelters. Please see Table II below for a breakdown of shelters by program class.

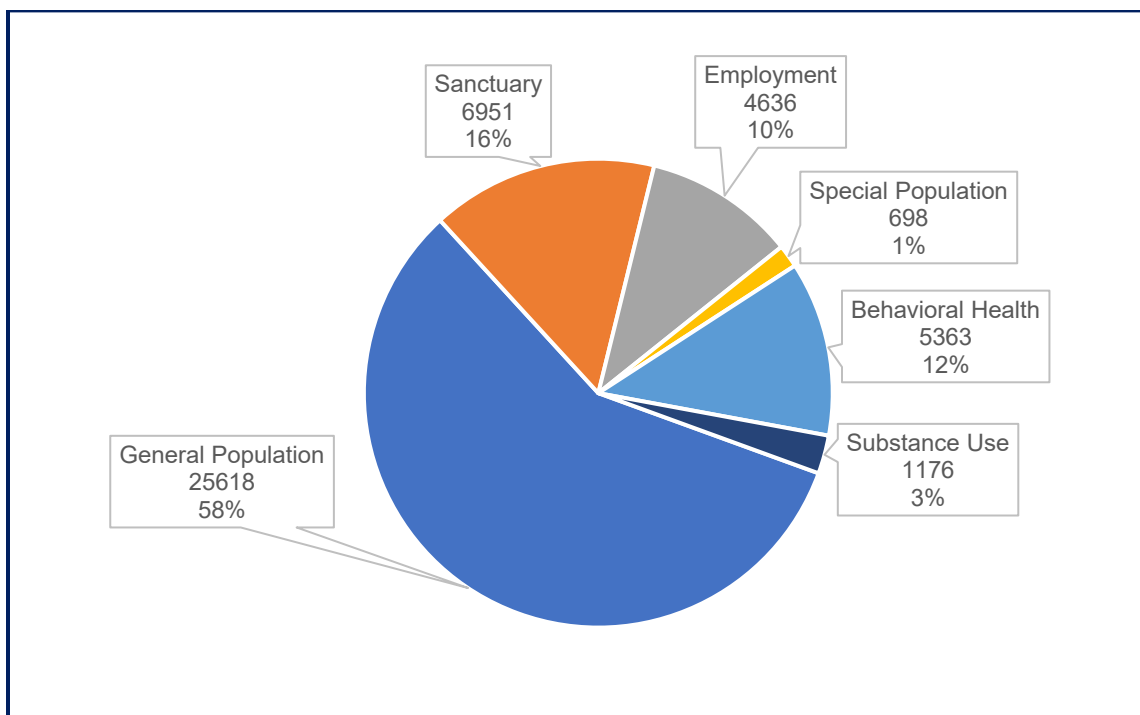
Table II

Categories of Program Classes*				
Program Class	Description	Family Types Served	Number of Shelters as of 04/05/23	# of Units or Beds
<b>Adult Families</b>	Serves all adult families, including those with certain employment, behavioral, and substance use service needs.	Adult Families	16	1,921 units
<b>Families with Children</b>	Serves all families with children, including those with certain employment, behavioral, and substance use service needs	Families with Children	156	13,373 units
<b>General Population</b>	serves clients who do not have specific employment, behavioral health, or substance use service needs. Most DHS shelters for single adults are general population shelters.	Single Adults	65	10,324 beds
<b>Employment</b>	helps employable clients find jobs and employed clients keep them. Generally, for clients in employment shelters, a steady income is the primary barrier to permanency.	Single Adults	20	4,636 beds
<b>Special Population</b>	provides dedicated supports to specific populations, including veterans, young adults (18-25 years old), other targeted age groups (45+, 50+, 55+), and young adults (18-30) who identify as LGBTQI+. These specialized shelters require that the prospective client be screened and interviewed.	Single Adults	9	698 beds
<b>Behavioral Health</b>	for clients with substance use history, mental health challenges, or both. Clients may be assigned to behavioral health shelters based on diagnoses made at assessment or by another agency, or who have self-reported a mental illness or a substance use disorder.	Single Adults	40	5,363 beds
<b>Substance Use</b>	for clients with substance use history. Clients assigned to Substance use shelters have been either diagnosed at assessment or by another agency, or have self-reported a substance use disorder.	Single Adults	7	1,176 beds
<b>Sanctuary</b>	Shelters designated by DHS for asylum seekers	Asylum Seekers	47	2,533 beds 4,418 units
<b>TOTAL</b>			<b>360</b>	<b>24,730 beds</b> <b>19,712 units</b>

\*The data provided by DHS was each unique shelter contract, but not necessarily a unique building. Some shelter contracts can have multiple buildings.

As shown in Chart XIII, general population shelters have the greatest number of beds, followed by sanctuary shelters and employment shelters.

**Chart XIII: Bed/Unit Capacity by Program Type**



All family with children and adult family shelters are general population shelters. DHS directly runs one shelter for families with children, one for adult families, and seven for single adults. All shelters directly run by DHS are staffed by agency personnel, except for security and medical staff. However, the majority of the shelters are operated and staffed by contracted or non-contracted providers.

Once clients arrive at their shelter placement, case managers work with them to update the ILP biweekly or weekly as needed, outlining goals to exit temporary shelter. Case managers also assess whether clients have medical needs and provide community referrals, if necessary. Some examples of referrals include methadone and other substance use treatment, medical treatment, mental health treatment, employment services, financial counseling, job training, and independent living skills. Case managers also assist with advocacy and referrals to HRA for families to apply for benefits.

Families with children receive assistance with educational needs for their children, as well as referrals for employment services and childcare services for children under school age. Every shelter for families with children has assigned Department of Education (DOE) staff to help enroll children in a school within the shelter community. In addition, if the shelter does not have childcare on site, the case manager connects the family to community childcare or an Administration for Children's Services (ACS) subsidized childcare program.

Asylum seekers in non-kitchen facilities receive three meals per day. Providers also refer asylum seekers to other services as needed, such as legal services to help with immigration.

For street homeless clients, Drop-In Centers, Safe Havens, and stabilization beds offer social services, including case management, group workshops, medical services, treatment referrals, independent living skills, crisis intervention, harm reduction models, socialization opportunities, and housing assistance. At these facilities, case managers also work with the clients on goal-

oriented service plans. Clients receive help with employment, entitlements, public assistance, or other benefits and/or assistance.

Drop-In Center staff also transport eligible and willing clients to respite beds at local churches, synagogues, or other houses of worship. Street homeless clients using stabilization beds are provided case management on-site and/or by outreach teams during scheduled office visits.<sup>30</sup>

DHS stated that it does not track the number of clients who received substance use, mental health, medical, or employment services—except in case notes and in ILPs. This limits DHS' ability to track and analyze overall outcomes from these services.

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<sup>30</sup> Low-barrier beds for high functioning clients experiencing street homelessness. Clients must be able to care for themselves. Stabilization beds are in buildings that are staffed 24/7 by security and operations personnel and are in places like motels and YMCA's.

## Coordination of DHS Services with Other City Agencies

The review of DHS divisions and the populations they serve identified no duplication or overlap among the divisions.<sup>31</sup> However, the auditors did identify several areas in which more than one agency works, including domestic violence victims, asylum seekers, and clients with HIV/AIDS.

Domestic violence victims can receive temporary shelter from HRA or DHS. If there are no beds available in HRA's designated domestic violence shelters, or if the individuals time out (exceed 180 days) of the HRA designated shelters, they are housed in DHS shelters.

Asylum seekers can be housed in HERRCs run by NYCEM and H+H or in DHS shelters. Asylum seekers who arrive on organized/semi-organized buses at the Port Authority bus terminal are sheltered in HERRCs when capacity is available. HERCC intake centers include the Row, Stewart, and Watson hotels in Manhattan, and the Brooklyn Cruise Terminal. Asylum seekers who arrive on an ad hoc basis at DHS intake sites are offered the opportunity to go to HERRCs (again, if space is available), but may also remain with DHS.<sup>32</sup> If HERRCs are at capacity, asylum seekers will be sheltered at DHS. DHS officials stated that the agency has a legal mandate to provide temporary shelter and cannot run out of capacity.

Homeless clients with HIV/AIDS are not required to disclose their medical information to DHS. However, if they choose to do so, they will be referred to HRA's HIV/AIDS Services Administration (HASA) for emergency or supportive housing. HASA clients who come to DHS and say that they have HIV/AIDS are always housed in HRA-administered emergency or transitional housing.

DHS officials indicated that DV and HASA are designed to serve specific populations but that clients are not required to enter these shelters. These individuals can choose to come to DHS if they prefer.

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<sup>31</sup> For the purposes of this report, closely mirroring the definitions employed by the Government Accountability Office (GAO), the following definitions for these terms apply: "Duplication" occurs when two or more agencies (or organizational units within an agency) are each independently engaged in the *same* type of program or activity and/or provide the *same* service to the *same* beneficiaries (target population). "Overlap" occurs when multiple agencies (or organizational units within an agency) engage in the provision of *similar* services and/or target *similar* beneficiaries.

<sup>32</sup> All asylum seekers who arrived prior to September 2022 (the date the first HERRC opened) were housed in DHS shelters.



# The Pathway Out

Once people experiencing homelessness have entered the shelter system, DHS' main objective is to help them find suitable permanent housing.<sup>33</sup>

When a client is placed in temporary shelter, they are connected with staff members who assist them in navigating the exit process. Contracted shelter providers are primarily responsible for rehousing clients, but DHS' Rehousing Support Unit provides technical support to these staffers, assisting them in transitioning clients to permanent housing.

Within each shelter, Housing Specialists work with clients to determine the availability of subsidies and housing options for which they might be eligible, and help clients complete any applications or screening processes associated with individual programs. Rental subsidies can include a wide range of different programs, such as CityFHEPS, public housing, supportive housing, and others.

Each program is different, but a client may potentially be eligible for multiple subsidies. When this is the case, application processes can proceed at the same time. For example, a client may be on the New York City Housing Administration (NYCHA) waitlist, while also searching for private sector housing with CityFHEPS. The next step depends on which subsidy the client chooses: for public housing, the client needs to be called from the waitlist; for CityFHEPS, they can identify a unit at any time.

Processing begins once a client identifies a unit in the private sector, or is referred to a unit through supportive housing, the Housing Preservation Department (HPD), or NYCHA. DHS and HRA process CityFHEPS and some other subsidies, including Special One Time Assistance (SOTA), Enhanced One Shot Deal (EOSD), and Pathway Home; public housing, Emergency Housing, and traditional Section 8 vouchers are processed through the City's housing agencies (NYCHA and HPD). DHS works with NYCHA and HPD to link clients to their affordable housing options.

The overwhelming majority of shelter exits were facilitated by rental assistance subsidies, accounting for 76% of all DHS-subsidized placements in FYs 2021 and 2022. Across all three population categories, the average return rate was 1.9% for subsidized placements and 14.7% for unsubsidized placements. Families with children had the lowest subsidized return rate (0.4%), while adult families had the lowest unsubsidized return rate (6.8%).

According to DHS, rental assistance subsidies are the most effective tool available to help families transition to permanent housing. The available data (as demonstrated in this section) supports this claim. However, the need often outweighs the supply. According to the Coalition for the Homeless' *State of the Homeless* report, only one out of every four eligible households can obtain Section 8 housing vouchers. In addition, DHS officials stated that there are not enough supportive housing units and there are huge constraints due to the available rental market. Further, NYCHA placements made up only 8.1% of the FY2022 subsidized placements, with Emergency Housing Voucher placements (through NYCHA and HPD) making up another 4.8% of placements. DHS indicated that CityFHEPS is available to all shelter clients who qualify, unlike Section 8 of NYCHA, which are externally limited resources.

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<sup>33</sup> In its response, DHS states, "The suggestion that DHS should provide a pathway to permanent housing for other New Yorkers – **who are not experiencing homelessness** (see page 44 of the Draft Report) is absurd." [Emphasis in original.] The Draft Report presents no such argument.

DHS does not generally provide a pathway to permanent housing placement, except through shelter. Exceptions include veterans, certain street homeless clients, domestic violence victims, and clients in commercial hotels. In addition, some clients may be diverted through mediation efforts or access rental assistance subsidies and rental assistance through Homebase. The remaining Homeless clients handled by DHS must be willing to enter and remain in shelter until they are placed. Given the lengths of stay noted above, this presents a significant potential barrier to permanent housing. However, there are two programs, Street-to-Home and veterans supportive housing, where individuals can receive permanent housing without first being in shelter. These programs are discussed in more detail on page 64 of this report.

There does not seem to be a consolidated prioritization process for connecting people living in shelters with a permanent housing placement (other than for Veterans); DHS describes a process in which a client may be pursuing multiple options at one time. DHS indicated that given the range of subsidies, each with their own eligibility requirements and processes, and consideration of client choice, providers work with individuals and families to help them identify the best pathway for exiting shelter to permanent housing.

## Subsidized and Unsubsidized Exits

There are two broad categories of permanent housing placements: subsidized and unsubsidized. A subsidized placement uses a rental assistance grant to move a client to permanent housing, while an unsubsidized placement does not. Most placements are subsidized.

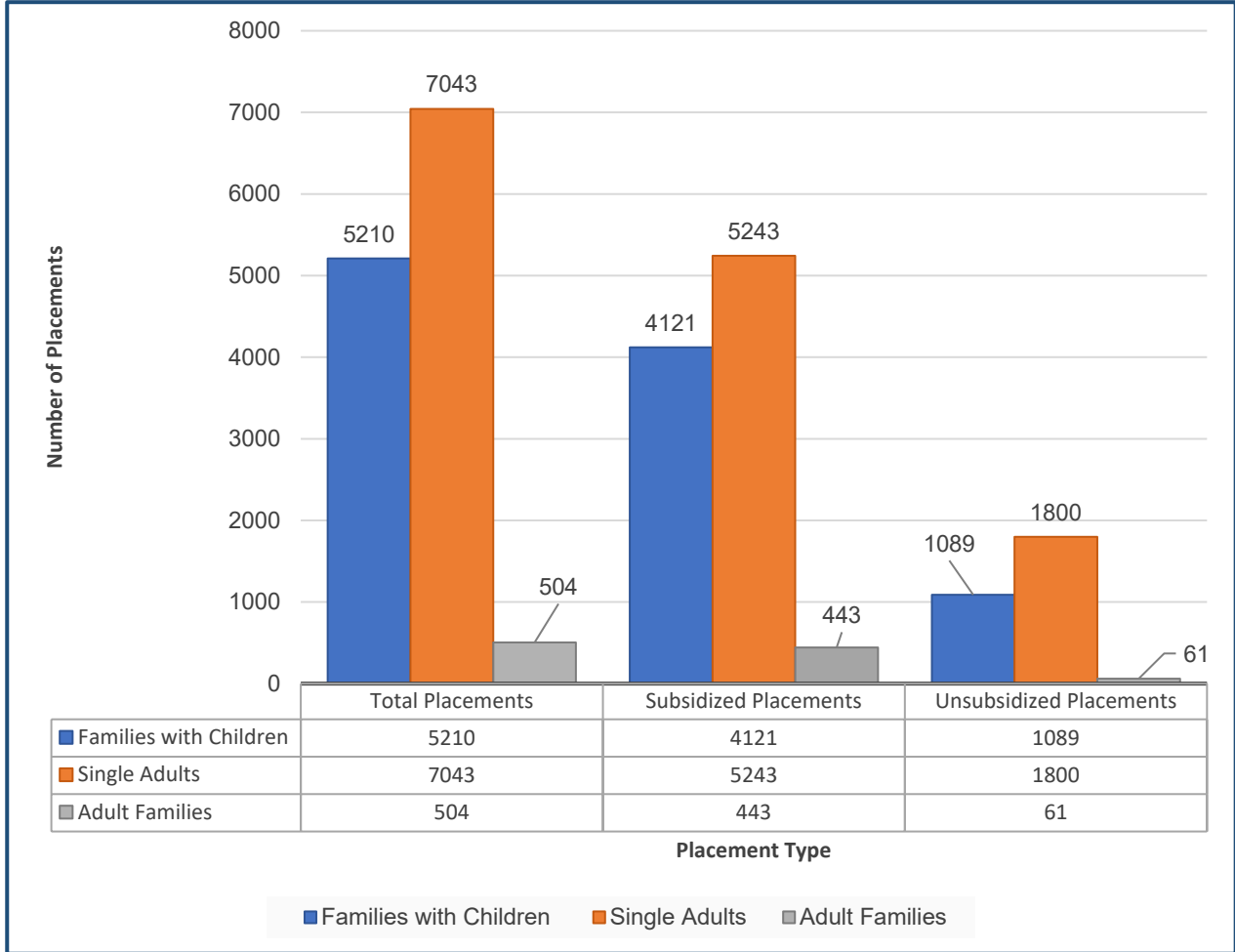
In FYs 2021 and 2022, there were 14,226 and 12,757 permanent placements, respectively, for a total of 26,983 placements. Of these, 20,450 (76%) were subsidized.

Subsidized placements are more likely to be successful; clients who are placed in unsubsidized housing have a much higher exit rate within the one-year period DHS tracks them. Single adults had the highest number of unsubsidized exits to permanent housing in both years, as well as the highest number of instances where clients exited on their own, followed by families with children and adult families.<sup>34</sup> Single adults had the highest number of both subsidized and unsubsidized placements in FY2022, as illustrated in Chart XIV below.

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<sup>34</sup> Exits unknown refers to instances where clients leave the DHS shelter system either before (during intake) or after shelter placement.

**Chart XIV: Fiscal Year 2022 Subsidized and Unsubsidized Placements**



## Exits Unknown

Many clients leave shelter before receiving a subsidized placement, categorized by DHS as "exits unknown." Instances where clients exited on their own made-up 52% of the FY2021 exits. DHS was unable to provide exit on own data for single adults for FY2022 because exits work differently for singles because they can return to their shelter placement for up to a year after they exit. Therefore, DHS data about exits unknown where the client remained out of shelter for one year was not available for FY2022. Without accounting for single adults, which made up the largest population of exits in FY2021, exits unknown for families with children and adult families were 14% of the exits.

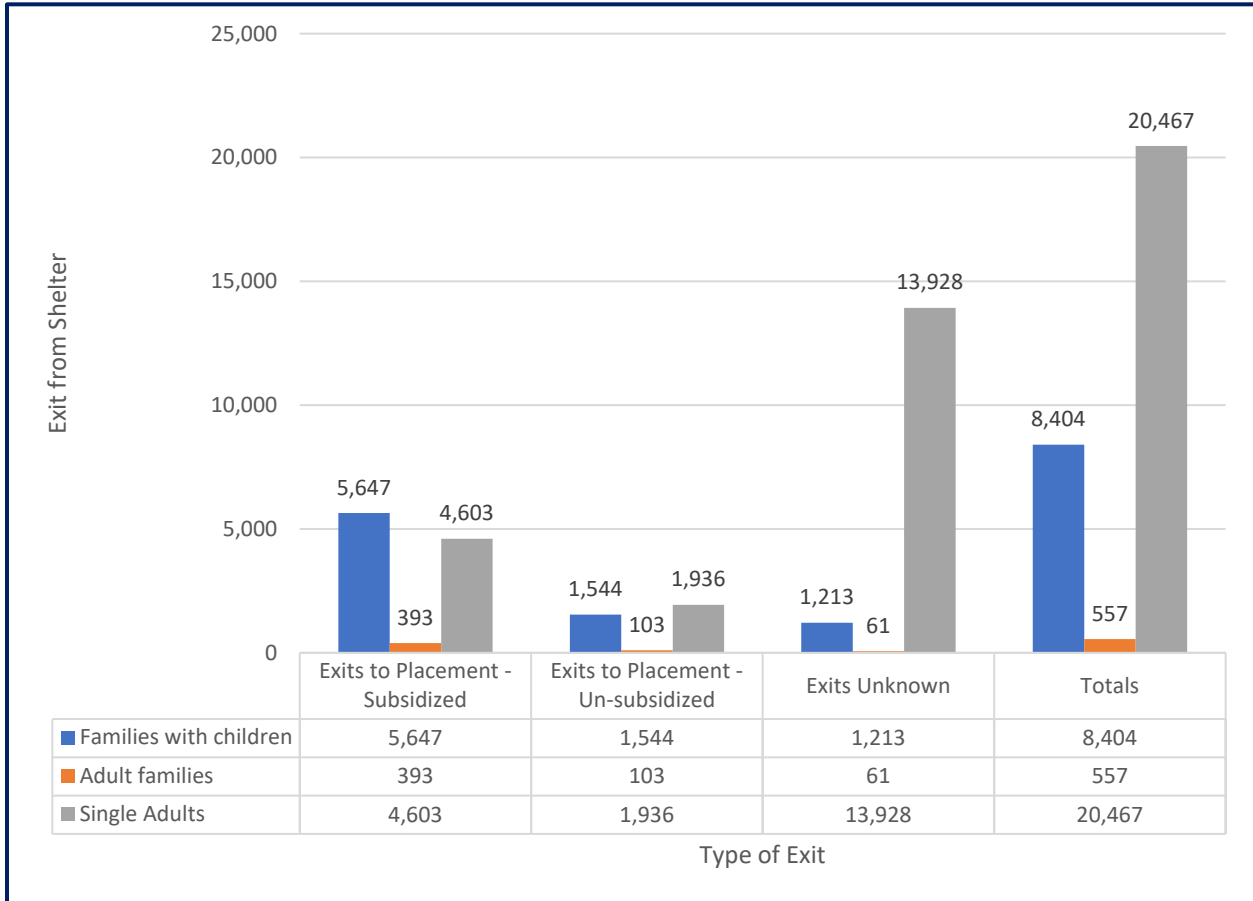
In addition, 68% of the street homeless client exits from low-barrier beds were instances where clients exited on their own.

## Exits from Shelter

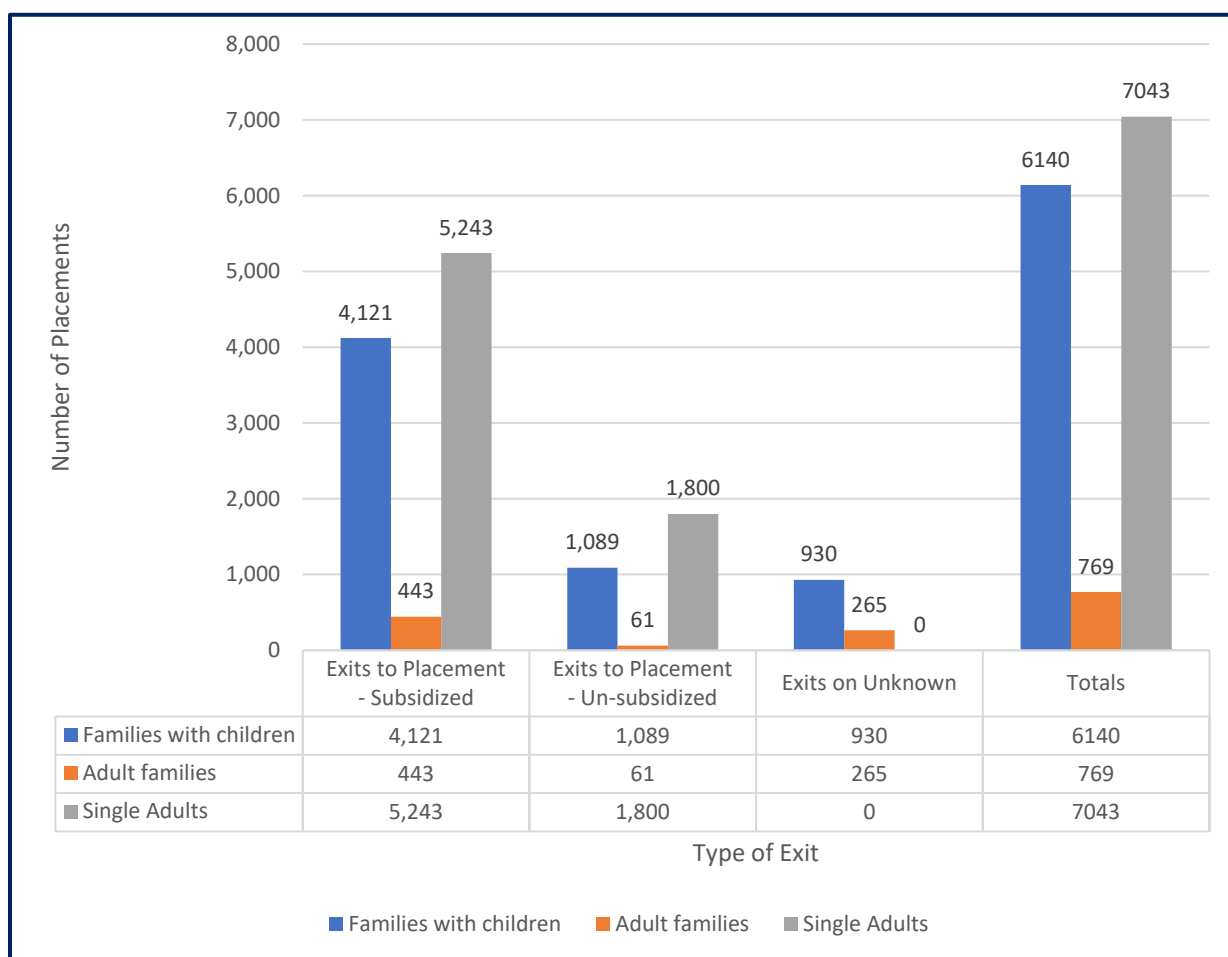
Forty-eight percent of the exits from shelter in FY2021 were exits to placements, with 10,643 subsidized and 3,583 unsubsidized placements. Families with children had the highest number

of subsidized exits to permanent housing in FY2021 (5,647), while single adults had the highest in FY2022 (5,243), as shown in Charts XV and XVI below.

**Chart XV: Fiscal Year 2021 Exits from Shelter**



**Chart XVI: Fiscal Year 2022 Exits from Shelter**



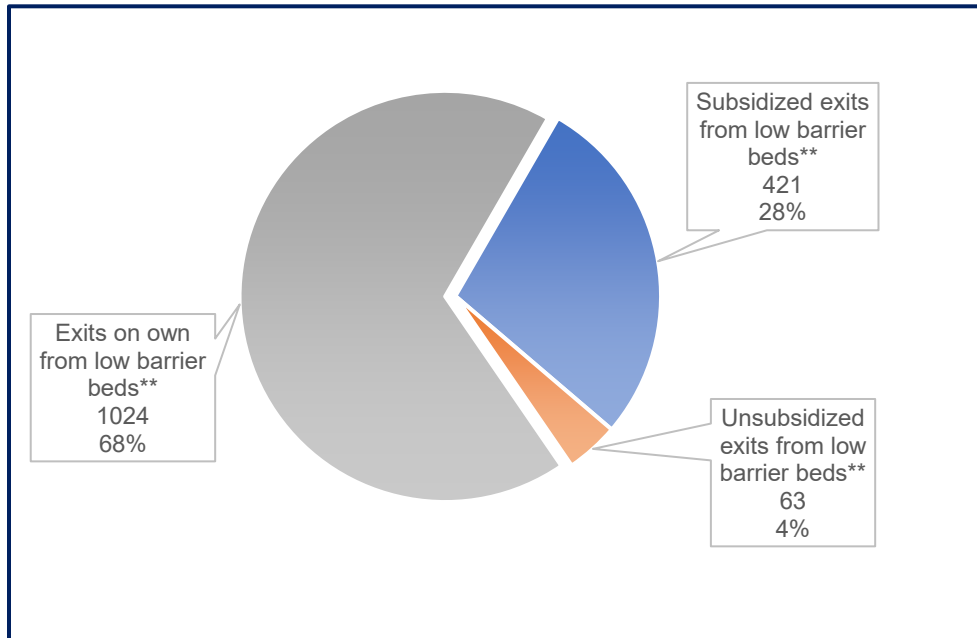
There were no single adult exits unknown in FY2022 because exits work differently for single adults. They can return to their shelter placement for up to a year after exit. DHS indicated that there is no data available for FY22 for single adult is because the agency still considers such individuals to be active clients.

According to the Preliminary Fiscal Year 2023 MMR, exits to permanent housing increased for all three populations (single adults, adult families and families with children), with the largest increase in the subsidized exit category. Placements increased by 34.5% for single adults, 19.7% for adult families, and 22.5% for families with children, during the first four months of FY2023 (July to October 2022). DHS attributed the growth in single adult subsidized exits to increases in rent levels for City funded housing vouchers (which went into effect in September 2021). Increases in supportive housing and Emergency Housing Voucher (EHV) program placements contributed to the growth in subsidized exits over the prior period.

According to DHS, 1,505 street homeless clients exited from low-barrier beds in connection with the Street Homeless Program in FY2022. Clients with unknown exits made up the majority (68%)

of the low-barrier bed exits. Only 28% of the street homeless clients had subsidized exits. See Chart XVII for a breakdown of exits by street homeless clients.

**Chart XVII: Street Homeless Exits from Low Barrier Beds Fiscal Year 2022**

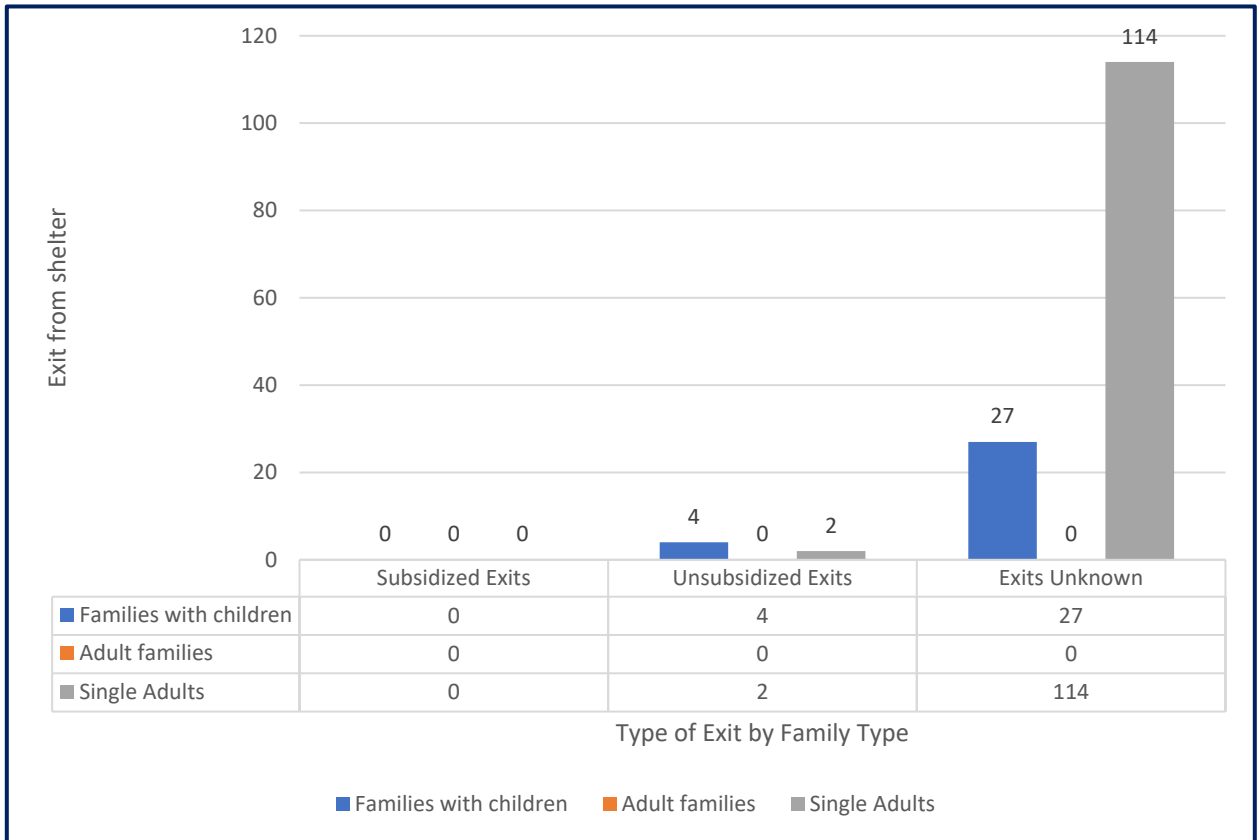


\*\*Only includes instances where the client did not return for at least 30 days.

DHS did not collect much data related to asylum seekers before the surge in arrivals. Of the 5,882 asylum seekers who exited the DHS system during FY2023, the vast majority exited the system on their own.

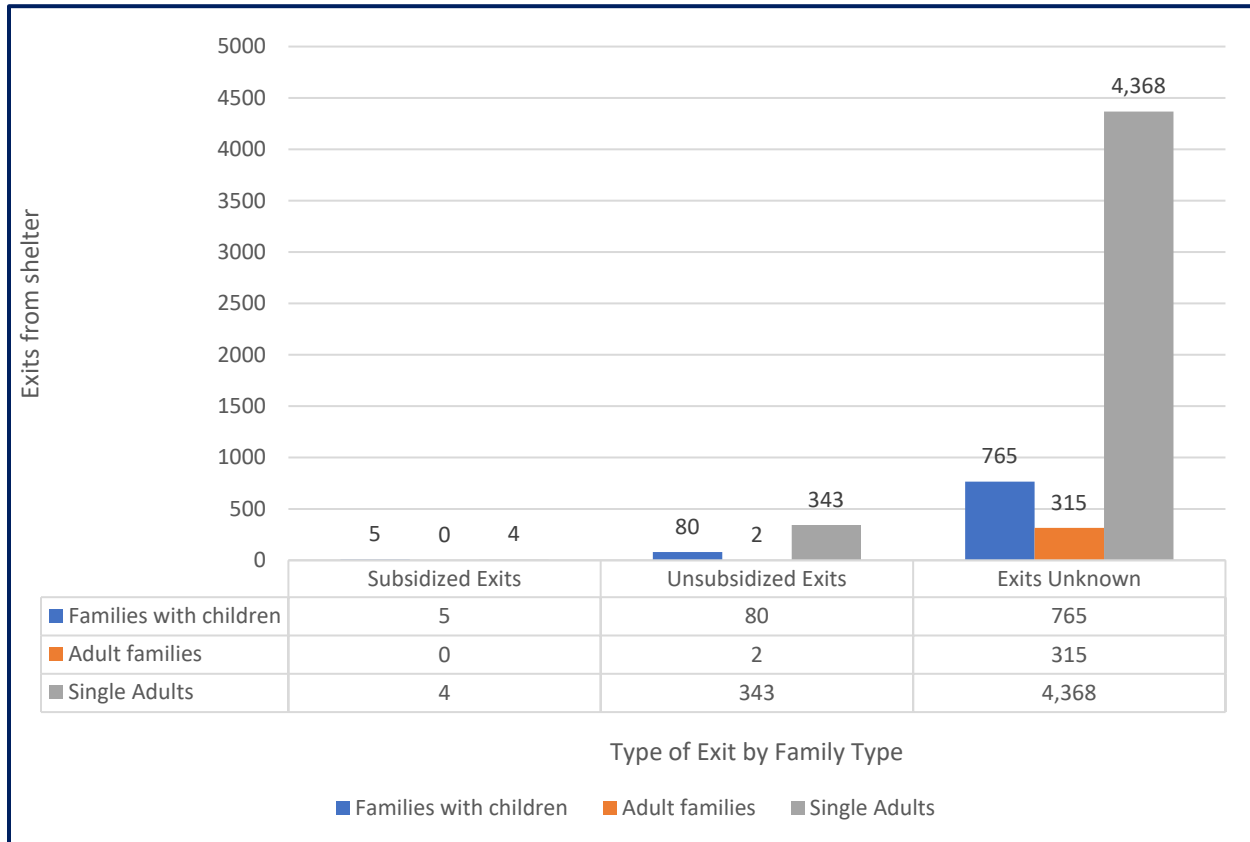
As shown in Charts XVIII and XIX, asylum seekers have a very low number of subsidized exits, with none in FY2022 and only nine in FY2023.

**Chart XVIII: Fiscal Year 2022 Asylum Seeker Exits from Shelter\***



\*Exits for asylum seekers that have not returned to shelter at the time the figures were run. DHS did not provide any figures for adult families for FY2022.

**Chart XIX: Fiscal Year 2023 Asylum Seeker Exits from Shelter**



Typically, asylum seekers are not eligible for subsidies under state law. Even with subsidies, a landlord may be reluctant to rent to an asylum seeker based on source of income, immigration status, and lack of documentation, even though the Fair Housing Act prohibits this kind of discrimination. These hurdles make entering permanent housing a serious challenge for asylum seekers. DHS officials also indicated that time is needed to work with asylum seeker clients and that recent arrivals do not have the same paths as other populations.

See the Comptroller’s report, *Accounting for Asylum Seekers*, for a detailed overview of the difficulties faced by asylum seekers in exiting the shelter system.

## Subsidy Programs

There are many different rental assistance subsidy programs available to DHS clients, some of which are listed below. Please see Appendix II for a complete list and more detailed descriptions, as well as eligibility requirements.

- **CityFHEPS:** A supplement to help individuals and families find and keep housing.
- **Enhanced One Shot Deal (EOSD):** A one-time payment that clients use to find permanent housing.
- **Section 8:** Federal funding for subsidies for clients to rent affordable housing.

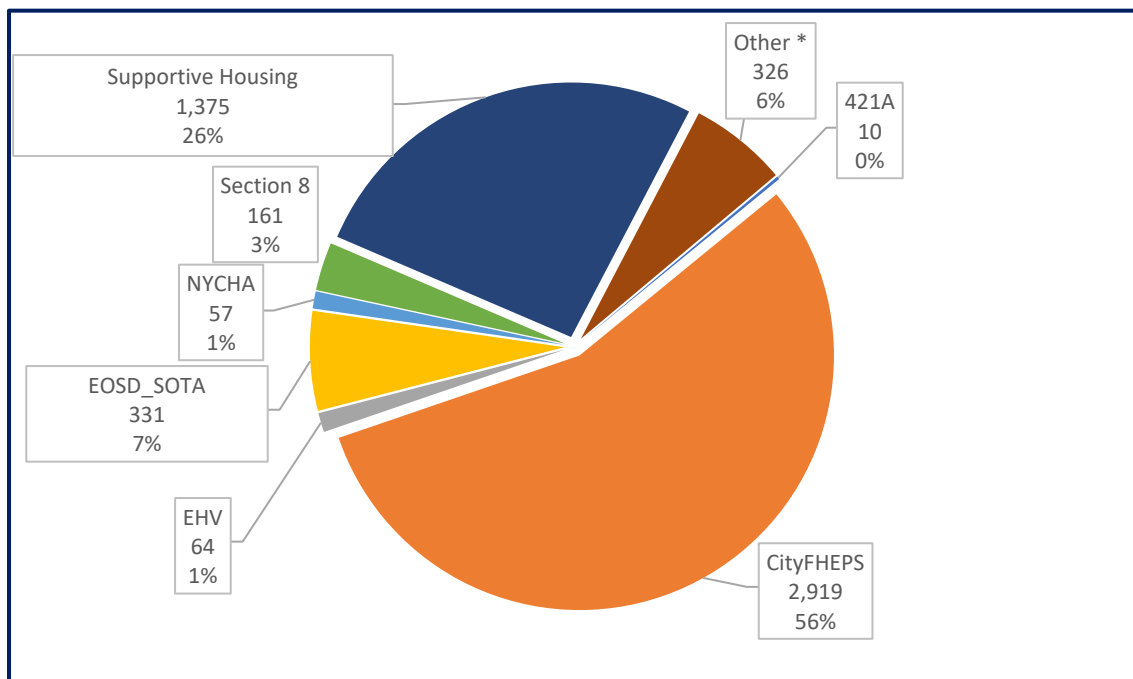


- Supportive Housing:** A combination of affordable housing and support services designed to help individuals and families use housing as a platform for health and recovery following a period of homelessness, hospitalization, or incarceration or for youth aging out of foster care, as well as individuals with serious mental illness with a co-occurring substance use disorder.

As indicated by DHS, CityFHEPS made up the largest subsidized placements in FY2022 with 5,577 (57%). Supportive housing accounted for the second largest number of permanent placements with 1,574 (16%).

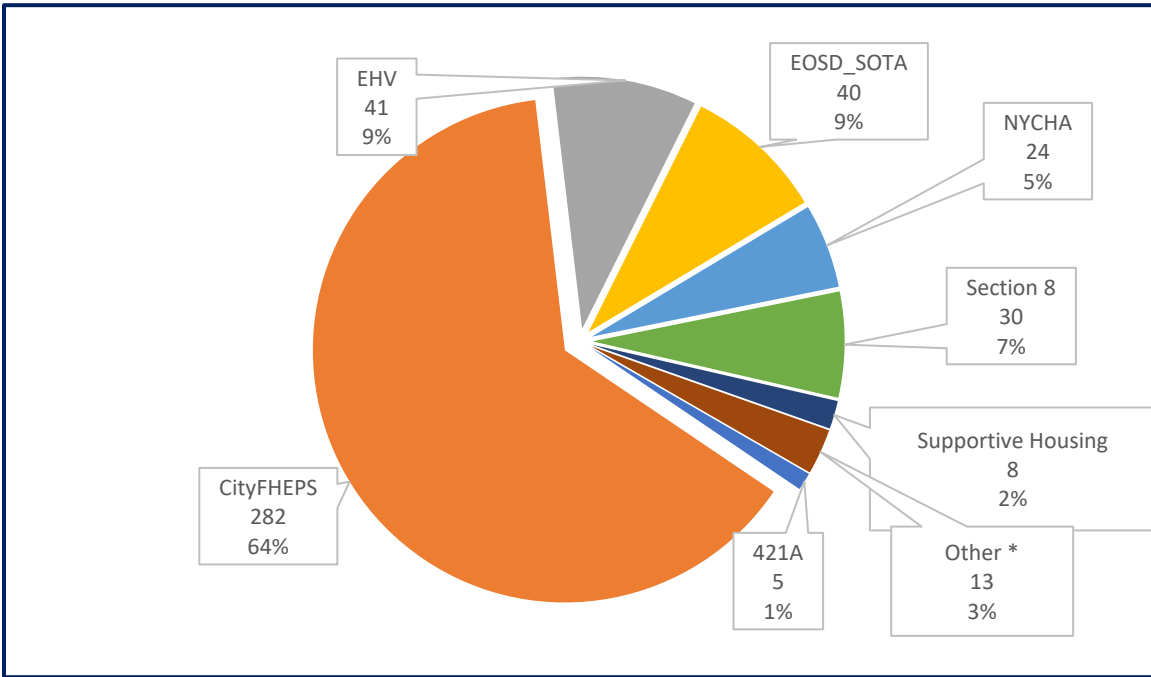
The breakdown of the various categories of subsidized placements by family type is shown in Charts XX, XXI, XXII and XXIII.

**Chart XX: Single Adult Subsidized Placements**

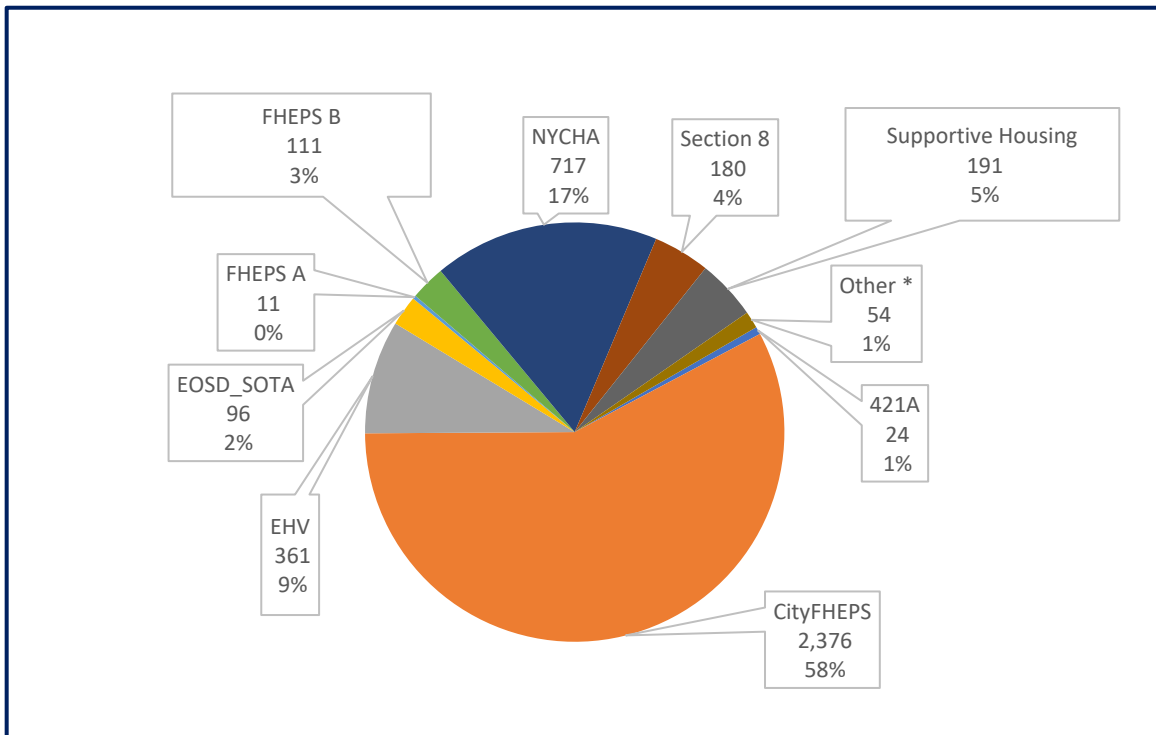


\*Other includes placements to Adult Home/Care Facility, Nursing Home, Flexible Fund, Pathway Home, HUD/VASH, HPD, Special Initiative—SARA, HPD Section 8.

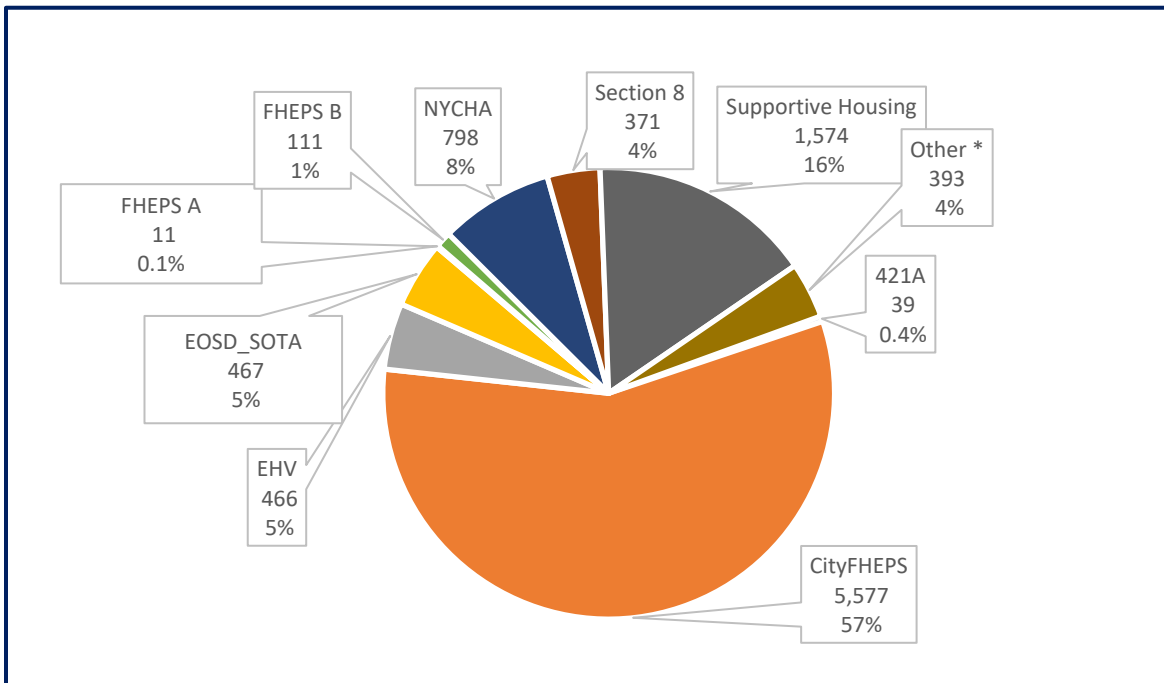
**Chart XXI: Adult Families Subsidized Placements**



**Chart XXII: Families with Children Subsidized Placements**



**Chart XXIII: Fiscal Year 2022 Total Subsidized Exits**



CityFHEPS offered critical relief to over 5,500 households in FY2022, and the City has taken steps in recent months to expand the program’s reach and applicant eligibility. (See “Strategies Employed by DHS to Mitigate Barriers.”)

According to NYC Open Data, through December of FY2023, 5,805 households have received subsidized placements, with 77% of the households receiving CityFHEPS subsidies.

## Supportive Housing

Many individuals and adult families, due to age, disability, behavioral health history, and substance use issues are best served in a supportive housing setting. DHS refers clients to HRA’s Office of Supportive and Affordable Housing and Services (OSAHS), which can provide permanent housing solutions for people who are experiencing homelessness due to these issues. Clients may remain in DHS shelters until their application is approved and supportive housing is obtained, or they may pursue other housing and service options as well.

The process of referring families for supportive housing starts at the shelter, after staff have met with the family to complete the biopsychosocial assessment. Individual adults need to complete an application to be found eligible for supportive housing. Shelter staff complete the applications for HRA review and approval.

Each client referred to OSAHS is assessed by HRA and given a vulnerability score of high, medium, or low, which is uploaded into PACTWEB, HRA’s supportive housing database.<sup>35</sup> This

<sup>35</sup> The vulnerability score is based on the outcome of the assessment, client’s age, disability, behavioral health history, and substance use issues.

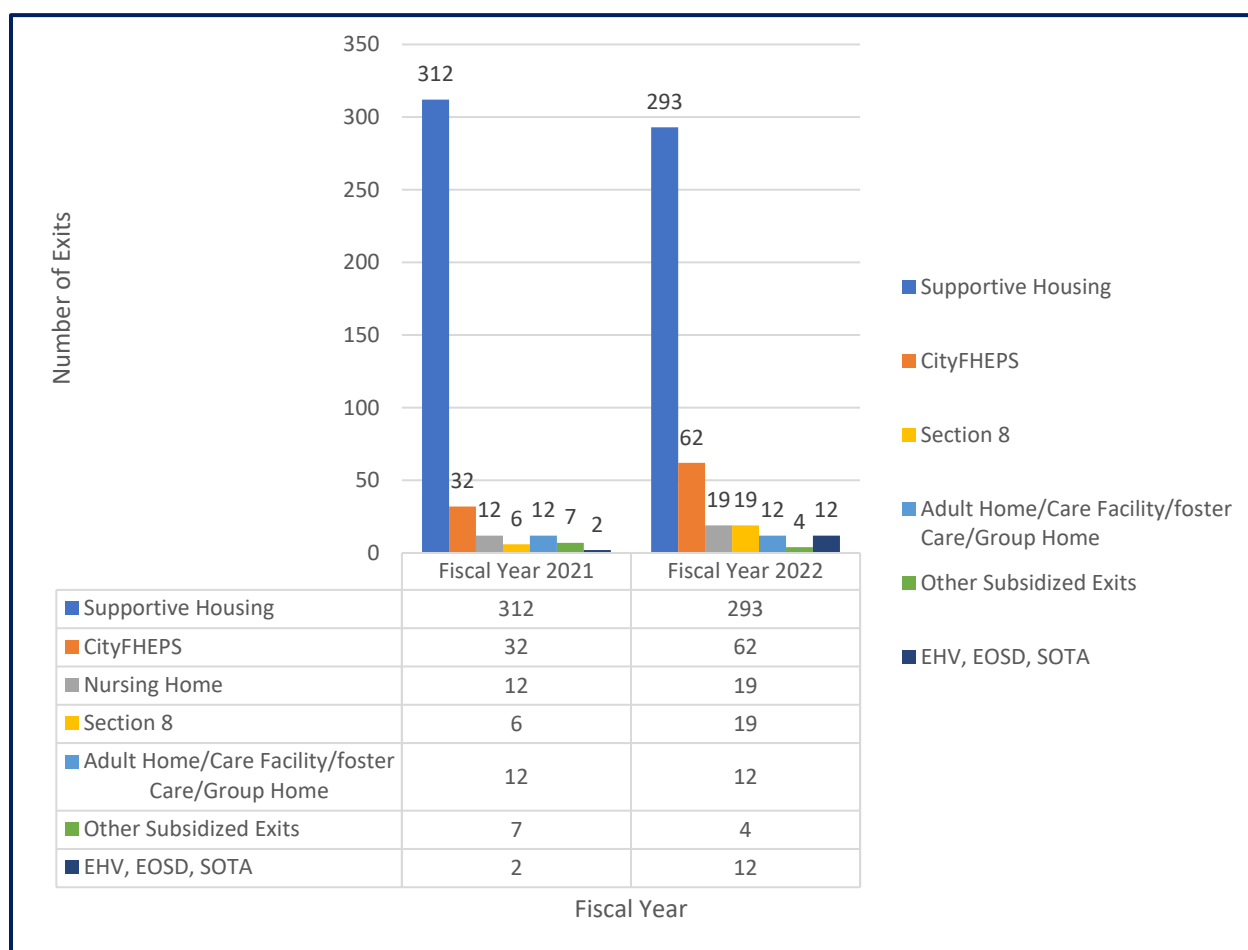
score informs providers which housing options are appropriate for clients when vacancies become available. This is completed in conjunction with the individual’s Supportive Housing Application.

HRA reviews and approves supportive housing applications based on eligibility and a family interview, and the unit size must match that of the family. All supportive housing units are defined with a particular population in mind and most supportive housing requires that the client have a medical diagnosis necessitating the need for that housing, as well as additional eligibility requirements. (Please see Appendix II for the eligibility requirements for the various supportive housing models.) The supportive housing portfolio is managed in combination by HRA, DOHMH, and New York State.

## Street Homeless

Street homeless clients rely most heavily on supportive housing when exiting the shelter system. Most subsidized exits for street homeless clients in FYs 2021 and 2022 were through supportive housing (75%), with only 12% exiting through CityFHEPS. The breakdown of street homeless subsidized exits by category is shown in Chart XXIV below.

**Chart XXIV: Subsidized Exits from Low-Barrier Beds Fiscal Years 2021 and 2022**



Though supportive housing makes up the bulk of exits for street homeless clients, these numbers are comparatively small when examining the street homeless population as a whole. Intake recorded 3,380 street homeless clients in Safe Havens and stabilization beds in FY2022; just 9% attained supportive housing.

According to DHS, the reasons individuals may be deemed ineligible for subsidies or be unable to use them are complicated. Individuals experiencing street homelessness may be found ineligible for a subsidy because they lack key documents or are not legally in the United States. Once an individual has received a subsidy, he/she may be unable to use it because of lack of housing supply that meets individual needs/preferences, among other reasons.

During FY2022, 12,757 clients across all population groups were placed in permanent housing. Of these, 1,574 (12%) were placed in supportive housing.

According to the Coalition for the Homeless report, at the same time that the unduplicated number of single adults sleeping in DHS shelters reached an all-time high in FY2021, the City provided the lowest annual number of supportive housing placements since FY2004. The report attributed the decline to inadequate supply and indicated that there is only one available supportive housing apartment for every five eligible applicants.

## Publicly Available Data

DHS publicly reports the yearly average number of individuals, adult families, and families with children in shelter per day and the number of each of these family types that entered shelter for the year as critical indicators in the MMR. DHS also reports the average length of stay for all three family types, and the yearly percentage of returns, both subsidized and unsubsidized, for each family type as critical indicators in the MMR. However, data about return to shelter after exit is limited; DHS does not publish the number of clients who return to shelter, only the percentages of exits who return.

DHS publicly reports the following data in NYC Open Data<sup>36</sup>:

- *Local Law 37 – DHS Report* is the average daily overnight census for Drop-In Centers and shelters, unduplicated census for Safe Havens and stabilization beds, eligible monthly number of entrants by family type, and percentage of families with children and adult families who submitted between one and six or more applications. This information is updated monthly.
- *Directory of Homeless Drop-In Centers* (last updated October 31, 2022)
- *DHS Daily Report* shows total numbers in shelter by family type and is updated daily.
- *Individual Census by Borough, Community District, and Facility Type* shows the number of individuals for each facility type by borough and community district and is updated monthly.
- *PATH and AFIC Monthly Eligibility Rate* shows the percentage of adult families and families with children eligible for shelter.

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<sup>36</sup> Open Data is free public data published by City agencies and other partners.

- *Local Law 217 of 2017 Report* is a quarterly report that counts unsheltered homeless individuals who have been engaged by Street Outreach teams.
- *Local Law 19 of 1999 Report – Monthly Placements* is a quarterly report on families relocated to permanent housing for all three family types.
- *DHS Data Dashboard* is a quarterly report on demographics of families and individuals residing in the DHS shelter system.
- *Special Initiatives Moveouts and Placements* is a quarterly report on exits by subsidy type.

Auditors reviewed the Mayor’s Management Report and Open Data. DHS captures but does not appear to publicly report the following data:

- Number of individuals and families found ineligible for shelter;
- the number of diversions;
- the number of asylum seekers in shelter;
- average length of stay for street homeless clients;
- the number of clients who exit on their own before receiving a subsidized placement; and
- subsidized and unsubsidized exits for street homeless clients.

Publicly reporting performance data helps to measure and provide transparency on whether services are being delivered efficiently, effectively, and expeditiously. Publicly reported information also provides data on DHS’ services and goals.

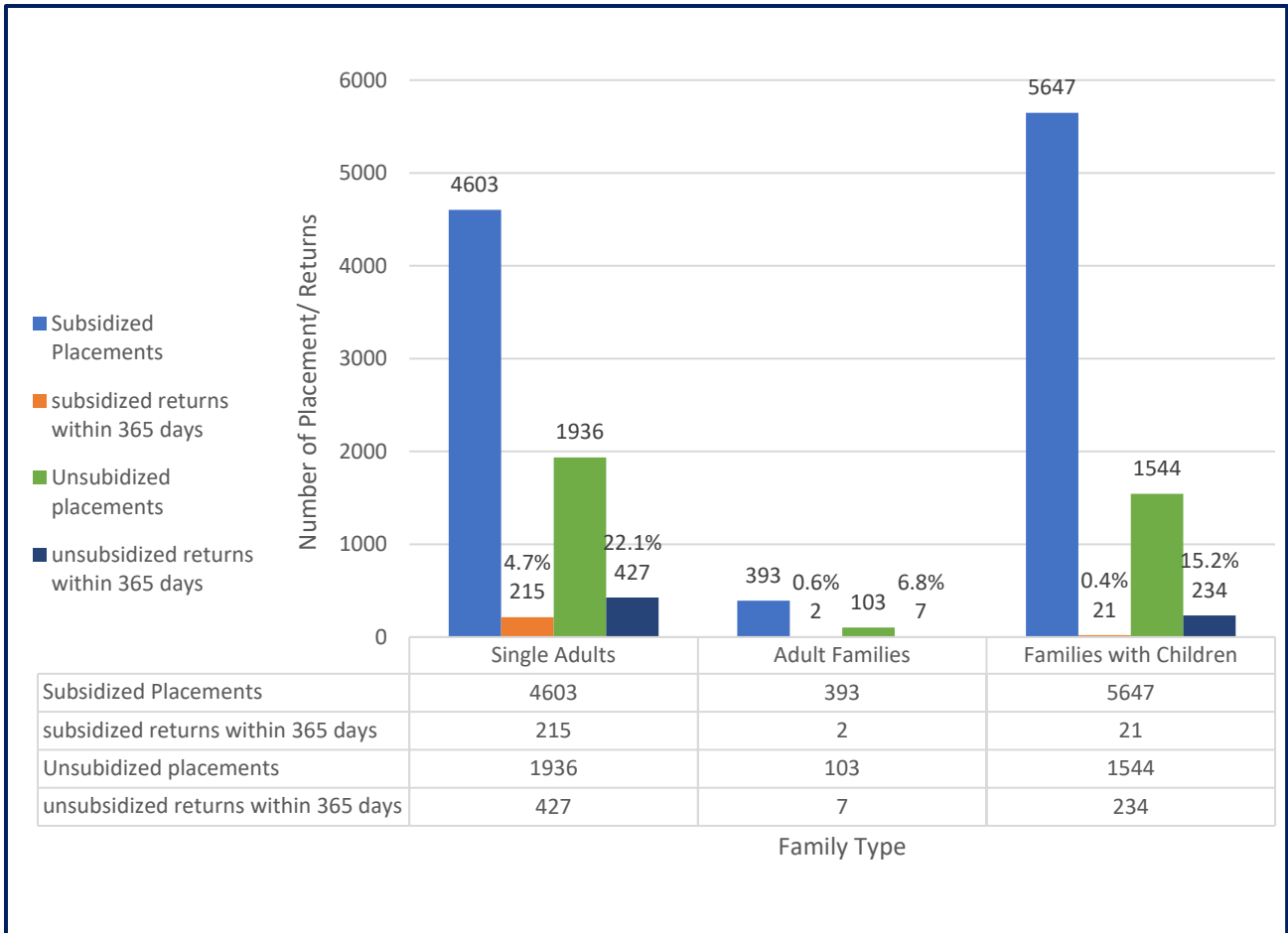
## Data Not Captured

DHS does not have a single data system to track outreach engagements with people living unsheltered on the street. Currently, StreetSmart does not track all street homeless engagements. DHS does not track figures by diversion strategy, nor does it track, on an aggregate level, the number of clients who receive substance use, mental health, medical, or employment services or the outcomes from those services. DHS indicated that it is working to integrate the StreetSmart and CARES systems to enhance the tracking of engagements of unsheltered clients.

## Rates of Return

DHS tracks returns to shelter that occur within one year of exiting the system. DHS does not track returns after one year. As Chart XXV shows, single adults had the highest return rates for both unsubsidized and subsidized placements. Families with children had the lowest annual return rate with 0.4% for subsidized placements and adult families had the lowest return rate for unsubsidized placements with 6.8%. Single adults also had the highest return rates that year—4.7% for subsidized housing and 22.1% for unsubsidized housing.

**Chart XXV: Fiscal Year 2022 Subsidized and Unsubsidized Return Rate within One Year**



According to the Preliminary Fiscal Year 2023 MMR, during the first four months of FY2023, returns to shelter within one year increased by 2.2% for single adults and remained flat for families with children and adult families.

DHS has stated that rent subsidies are the most effective tools they have when connecting clients with permanent placement, a claim that is supported by the available data.

DHS stated that return rates have dropped dramatically year after year, driven by the increase in subsidized exits. DHS also stressed its limited role in ensuring the sufficiency of subsidized options, noting the involvement of Federal and State governments, in addition the City.

# Barriers to Achieving Permanent Housing

DHS officials have said that the volatile and unaffordable housing market is the biggest challenge they face in placing homeless clients in permanent housing. Additionally, they pointed to the extremely low supply and high demand for units that are affordable to clients.

DHS identified other barriers to placing clients in permanent housing, including the inability of some clients to live independently, mental health issues, a general unwillingness to participate in DHS programs, documentation requirements, and available supportive housing not matching the needs of families.

Officials further explained that the street homeless population is complex and connecting with this population is very challenging. Street homeless clients frequently lack documentation that landlords require, such as proof of good credit history and demonstration of prior rent payment. Undocumented households, including a large portion of asylum seekers, are not eligible for any subsidies, which makes it even more difficult for them to move out of shelter.

In addition, there are systemic barriers for people who do not wish to or are unable to enter and remain in the shelter system, and applicants who are only conditionally eligible or deemed ineligible.

DHS indicated that provider shelter staff track the barriers for each individual DHS client; these are documented in CARES case notes. DHS officials also pointed out that barriers are not static and can change, and that clients may be better stabilized the next day. Nonetheless, DHS is hindered in tracking these barriers on a comprehensive scale and identifying trends, because it does not collect this data in a format (e.g., a dedicated field in CARES) that would allow such analysis.

## Additional Barriers

According to a June 2022 Mayor's Office policy report, *Housing our Neighbors: A Blueprint for Housing and Homelessness*, source of income discrimination in the housing market can prevent individuals from using their vouchers quickly, and many households face additional barriers such as limited time and capacity to search for housing, accessibility challenges, and unmet language access needs.

This report also states that access to public assistance, rental subsidy vouchers, and affordable units often involve long and onerous processes involving extensive paperwork, in-person appointments, and time that people facing housing instability or homelessness simply do not have. The report goes on to say that these burdens cause people experiencing homelessness to live in shelter longer and sometimes allow the already limited affordable housing units to sit vacant for months.



## Strategies Employed by DHS to Lessen Barriers

DHS stated that its staff works closely with each client on a case-by-case basis to help address barriers specific to their circumstances and connects them to suitable rental assistance and housing solutions.

Following Mayor Adams' June 2022 release of the *Housing Our Neighbors* policy report, DSS/HRA held a public hearing on January 10, 2023, to propose changes to the CityFHEPS rules to expand the eligibility criteria for rental subsidies, and to reduce administrative burdens.

Specifically, the proposed changes would:

- Make single adults eligible when they are earning minimum wage and working full-time, even if their income is slightly higher than 200% of the federal poverty level.
- Reduce the monthly contribution by CityFHEPS tenants who move into single-room occupancy units from 30% of their income to a maximum of \$50 per month.
- Reduce the number of hours that families are required to work to become eligible for CityFHEPS from 30 to 14 hours per week.
- Create an option for CityFHEPS voucher holders who choose to secure an apartment that rents above the CityFHEPS maximum to use a voucher by paying up to 40% of their income.
- Expand SSI eligibility for CityFHEPS families from only an adult in the household to any household member, such as a child.
- Change the maximum room rental rate so it can be set at the discretion of the Commissioner, in consultation with the Office of Management and Budget.

The City has implemented two initiatives by which people can obtain permanent housing placement without having to enter a DHS shelter. In September 2022, DHS and HRA launched the Street-to-Home one-year pilot program. As part of this program, street homeless individuals get apartments without having to first enter shelter. The program connects street homeless individuals with permanent housing—private apartments with on-site counseling and other services. Individuals experiencing unsheltered homelessness are eligible for the program and, as of April 27, 2023, 65 individuals have been accepted into the program, 58 individuals are currently in the program, and 23 have signed leases.

In the other initiative, homeless veterans in need of short-term housing continue from DHS intake/assessment shelters to the Veteran Service Unit, where they receive referrals to transitional housing at one of two veteran specific facilities: Borden Avenue Veterans Residence, as short-term housing facility for male and female veterans and the Porter Avenue site, an employment facility for male veterans.<sup>37</sup> Additionally, eligible veterans can apply for the U.S. Department of Housing and Urban Development's Veterans Affairs Supportive Housing (HUD-VASH) program, which pairs rental assistance vouchers with VA case management for veterans, helping them to live successfully in their own apartments. In Fiscal Year 2022, there were a total 3,315 HUD-VASH vouchers in use in housing administered by HPD and NYCHA.

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<sup>37</sup> The Veteran Service Unit was created by the Mayor's Office of Veterans Affairs, the U.S. Department of Veterans Affairs, and DHS and works to provide comprehensive services to city veterans.

## Suggestions for Improvement

Based on this review, the auditors have identified several areas for improvement. DHS should:

1. Expand pathways to permanent housing for individuals resistant to and/or lacking capacity to enter and remain in shelter.

**DHS Response:** DHS stated that this suggestion was already in place and ongoing. However, DHS argued that this suggestion represents a misinterpretation of DHS' scope and mission, stating that the agency "is not charged with providing housing to those who are not homeless in shelter or homeless and unsheltered."

**Auditor Comment:** The suggestion urges DHS to expand existing pathways to permanent housing for those who are homeless and unsheltered, without the need to enter shelter. DHS' response that this is outside of its stated mission and scope is both troubling and contradictory. DHS already operates programs aimed at assisting those that are homeless and unsheltered, and in its response, DHS claims that a Housing First Initiative also exists, and DHS administers the Street-To-Housing Pilot, which seeks to assist the homeless and unsheltered. This suggestion asks DHS to expand such pathways.

2. Develop and implement effective strategies to reduce length of stays in shelter.

**DHS Response:** DHS stated that this suggestion is already in place and ongoing, stating that the agency "is continuously working to improve the strategies and tools that impact length of stay."

**Auditor Comment:** We applaud DHS' continuing efforts in this regard and look forward to seeing improvements reflected in future data.

3. Track return rates for more than one year to obtain a more complete picture of persons who exit the system and return beyond one year.

**DHS Response:** DHS disagreed with this suggestion, stating that it "believes that tracking return rates for more than one year will yield the same pattern of higher return rate for unsubsidized exits." DHS also stated, "To the extent households return beyond the 12 months, the factors are likely unrelated to the success of subsidies and are rather more related to other tangential issues, such as domestic violence or mental health."

**Auditor Comment:** Tracking return rates beyond one year would allow DHS to identify not only the actual pattern of return rates for subsidized and unsubsidized exits but also the actual number of persons who return to the shelter system, as well as the major factors contributing to such returns. Auditors therefore urge DHS to reconsider this suggestion.

4. Track the number of clients receiving the various types of services on an aggregate level in order to determine additional needs for services and to identify by population whether additional behavioral health and substance use shelters are needed.

**DHS Response:** DHS stated that this suggestion is already in place and ongoing, asserting that this information is tracked on an individual basis.

**Auditor Comment:** While DHS may track services and outcomes on an individual basis through case notes, it is not currently able to evaluate overall service delivery or related outcomes. This hinders DHS' ability to make decisions that are informed by data. The auditors therefore urge DHS to reconsider this suggestion.

5. Finalize the integration of StreetSmart and CARES so there is a single data system to track street homeless engagements, and outcomes from such engagements, to improve the capacity to track the use of low-barrier beds and determine the success of outreach efforts.

**DHS Response:** DHS agreed with this suggestion.

6. Track diversions by the various categories on an aggregate level in order to track trends by diversion category or population.

**DHS Response:** DHS stated that this suggestion is already in place and ongoing, asserting that the agency “does maintain tracking of diversion outcomes by case type.”

**Auditor Comment:** DHS’ response contradicts information provided by DHS officials during the review. The auditors were informed that the agency does not break out figures by diversion strategy and lacks supporting documentation or data that could be evaluated.

7. Increase transparency by publicly reporting data on adults and families found ineligible for shelter, length of stay and subsidized and unsubsidized exits for street homeless clients from low-barrier beds, and asylum seeker census.

**DHS Response:** DHS disagreed with this recommendation, stating that it publicly reports ineligibility information on an aggregate level for families. DHS also stated it does not disaggregate data by asylum seekers and non-asylum-seekers because the agency is mandated to treat all families and individuals seeking shelter equitably.

**Auditor Comment:** Auditors were unable to locate where ineligibility information is publicly reported, and DHS did not identify where this information can be found. With regard to asylum seekers, some of the challenges faced by this population are unique. In light of this and the marked influx of asylum seekers, it is of public interest to know the respective outcomes of asylum seekers in the DHS shelter system. Auditors therefore urge DHS to reconsider this suggestion, in the interest of increasing transparency.

# Scope and Methodology

We conducted this review in accordance with the responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

The scope of this review was July 2019 through January 2023. No testing was performed to validate the accuracy of the agency-reported information or to evaluate controls or their effectiveness.

To obtain an understanding of the organizational structure and operations related to DHS' management of the homeless programs, auditors obtained and reviewed organization charts of units in charge of managing these programs. To obtain an overview of all aspects of the process such as intake, diversion, shelter placement, outreach efforts, and permanency placement, auditors interviewed officials of the Division of Family Services, the Division of Adult Services, the Division of Street Homeless Solutions, the Division of Rehousing Support, and the Office of Performance Management & Data Analytics.

To gain an understanding of various programs administered by DHS to address homelessness, auditors reviewed policies and procedures related to the intake, assessment, and placement processes, and services provided to all program populations, the auditors reviewed the *Division of Family Services – Program Analyst Manual*, *Division of Adult Services – Program Analyst Manual*, and *Division of Street Homeless Solutions – Program Analyst Manual*. Auditors further reviewed state rules and regulations that governs the operations of shelters for families with children and adult shelters including: (1) *Administrative Directive 16-ADM-11 for Family with Children; Temporary Housing Assistance: Consolidation and Clarification of Policy*; (2) *Part 900 Shelters for Family with Children Regulation Shelters for Families with Children*; (3) *New York Codes, Rules and Regulations Part 491 Shelter for Adult*; (4) *New York Codes, Rules and Regulation – 18 CRR-NY 352.35 - Eligibility for temporary housing assistance for homeless person*. Auditors also reviewed DHS Stats Report and the Coalition for the Homeless report titled *2022 State of the Homeless*. In addition, the auditors obtained and reviewed relevant information related to the objective of the review from DHS' website.

Furthermore, with the rise of new migrant influx, auditors interviewed officials from the Office of Legal Affairs to determine DHS' handling of the situation as it pertained to the objective of the review. Auditors reviewed and summarized various news articles related to the current asylum seekers and migrant crisis; obtained and reviewed the new official policy *DHS-PB-2022-013 Intake Process for Asylum Seekers, Asylees, and Victims of Human Trafficking* published in October 2022; and reviewed the *Congregate HERRC Policies and Protocols* related to the handling of the asylum seekers.

To accomplish the review objective, auditors analyzed program data on homeless populations serviced through the different programs to determine the program goals, entry points, targeted population(s), types of services provided, intended outcome(s), and barriers to achieving those outcomes. Auditors further met with officials from the Rehousing Support Division to get a better understanding of its goals and mission to assist different homeless population in obtaining permanent housing. Auditors followed-up with agency officials to gather updated information on each program.

To document the understanding of various DHS programs for services designed to address homelessness and their outcome, auditors compiled flowcharts for the different populations

served by the DHS programs. In addition, auditors reviewed the following updated flowcharts on the intake and assessment process:(1) *DHS Adult Families Flow June 2022 High Level flow*; (2) *FWC DHS High-level Intake, Assessment, Shelter Process flow 9.8.2022*; (3) *SA DHS High-level Intake, Assessment, Shelter Process flow 9.2.2022*.

To determine the degree to which duplication and overlap existed among various programs, auditors analyzed various reports related to shelter application, outreach, client placements, and client exits. Auditors also discussed the client populations with the DHS divisions and their interaction with other DHS units and other agencies.

As part of the overall assessment, auditors reviewed and compared program data for Fiscal Years 2020, 2021, and 2022. The auditors summarized these data related to the different programs, services provided, target populations, program outcome, different subsidies available and used during placements, and shelter exits. To determine the number of shelter applications received, applicants diverted, eligible applicants, and outcome of shelter exits, auditors provided tables with requests for figures for specific categories from DHS for Families with Children, Adult Families, Single adults and Street Homeless. DHS reviewed the requested categories and made revisions to reflect the intake and exit process based on how information is tracked in CARES.

Auditors also reviewed the following data and reports provided by DHS:

- Drop-In Center Placements
- Safe Haven Placements
- Application reports by Intake center
- Outreach Placements
- One-year Client retention
- Client shelter Placement reports
- Client Exit reports
- Shelter Diversion reports
- Family Diversion
- Shelter Listing for Division of Family Services and Adult Family
- Subsidized Placements by Type
- Length of Stay by System
- Subsidized and Unsubsidized Return Rate, by System
- Entrants by System
- Asylum Seeker Cumulative and in shelter
- Emergency Openings

# Appendix I

## Shelters by Borough and Community District as of April 30, 2023

Borough	Community District	Adult Family Comm Hotel	Adult Family Shelter	Adult Shelter	Adult Shelter Comm Hotel	FWC Comm Hotel	FWC Shelter	Total
Manhattan	1	1						1
Manhattan	2					1		1
Manhattan	3		1	5	2		3	11
Manhattan	4	2		2	1	2	2	9
Manhattan	5		1	1	1	8	1	12
Manhattan	6			3		1		4
Manhattan	7		1	1		3	4	9
Manhattan	8			1		1		2
Manhattan	9			1			4	5
Manhattan	10			10			9	19
Manhattan	11			8			6	14
Manhattan	12			3		1		4
<b>Manhattan Total</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>35</b>	<b>4</b>	<b>17</b>	<b>29</b>	<b>91</b>
Bronx	1			5	2	1	6	14
Bronx	2		1				5	6
Bronx	3			7	1		7	15
Bronx	4			2	1	1	13	17
Bronx	5		1	4			8	13
Bronx	6	1		2	1	5	17	26
Bronx	7			5		1	4	10
Bronx	8				1		1	2
Bronx	9			2		1	6	9
Bronx	10						3	3
Bronx	11							0
Bronx	12			4		2	2	8
<b>Bronx Total</b>	<b>12</b>	<b>1</b>	<b>2</b>	<b>31</b>	<b>6</b>	<b>11</b>	<b>72</b>	<b>123</b>
Brooklyn	1		1	6	1	1		9
Brooklyn	2		1	4			1	6
Brooklyn	3	1		5	1	2	5	14
Brooklyn	4	1		1	2		4	8
Brooklyn	5	1		6	5		6	18
Brooklyn	6	1	1	2	3	1	1	9
Brooklyn	7			3	5	2	1	11
Brooklyn	8			3	1		5	9

Borough	Community District	Adult Family Comm Hotel	Adult Family Shelter	Adult Shelter	Adult Shelter Comm Hotel	FWC Comm Hotel	FWC Shelter	Total
Brooklyn	9			1			1	2
Brooklyn	12			1			1	2
Brooklyn	13				1		1	2
Brooklyn	14			1		1	1	3
Brooklyn	15				1		1	2
Brooklyn	16	1		4	7	2	13	27
Brooklyn	17				1	1	3	5
Brooklyn	18		1			1	2	4
<b>Brooklyn Total</b>	<b>16</b>	<b>5</b>	<b>4</b>	<b>37</b>	<b>28</b>	<b>11</b>	<b>46</b>	<b>131</b>
Queens	1	1		1	2	12	3	19
Queens	2		1		3	2	1	7
Queens	3		1		1	3	4	9
Queens	4				2		1	3
Queens	5			1			1	2
Queens	7			2				2
Queens	8			1			1	2
Queens	9			1				1
Queens	10			1	1	3		5
Queens	11				1			1
Queens	12	1	2	3	10	8	7	31
Queens	13			1	6		2	9
Queens	14		1	1	3		1	6
<b>Queens Total</b>	<b>13</b>	<b>2</b>	<b>5</b>	<b>12</b>	<b>29</b>	<b>28</b>	<b>21</b>	<b>97</b>
Staten Island	1						1	1
Staten Island	2					2		2
<b>Staten Island Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>
<b>Grand Total</b>	<b>55</b>	<b>11</b>	<b>14</b>	<b>115</b>	<b>67</b>	<b>69</b>	<b>169</b>	<b>445</b>

# Appendix II

Subsidies and Rental Assistance		
Subsidies and Rental Assistance	Description	Eligibility
CityFHEPS	CityFHEPS is a rental assistance supplement to help individuals and families find and keep housing. It is administered by the Department of Social Services (DSS), which includes both the DHS and HRA. CityFHEPS has replaced the LINC, SEPS, and CITYFEPS rental assistance programs.	Clients must apply for cash assistance, apply and accept any federal or state housing subsidy, including section 8 if eligible, be ineligible for FHEPS, and have a total gross income that does not exceed 200% of the federal poverty level. Families are required to work 14 hours a week to become eligible.
Emergency Housing Voucher (EHV)	The EHV Program helps families and individuals who are experiencing homelessness; at-risk of homelessness; fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; or recently homeless and at high risk of housing instability to find housing by subsidizing a portion of rent based on their income.	Individuals and families are eligible if they are: (1) Homeless, (2) At-risk of homelessness; (3) Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; (4) Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability, including clients in rapid rehousing and permanent supportive housing programs
Enhanced One Shot Deal (EOSD)	A one-time payment that helps employed clients find permanent housing. Clients may also be eligible for rent for up to four months, furniture allowance, security vouchers, storage fees and moving expenses.	Clients who are working or have enough income to make future rent payments based on their rent not exceeding 50% of the household income can request an "EOSD." Income includes employment or SSI, SSD, etc. If a household's income is based on SSI, only 40% of SSI can be applied to the rent. There is no shelter length requirement.
Special One-Time Assistance (SOTA)	This program offers some flexibility because it enables clients to move within New York City, to other counties within New York State, or outside the state.	Eligibility criteria include the following: (1) Families with children: The household must have been in shelter for at least 90 days. (2) Single adults and adult families: The household must have been in shelter for 90 days out of the last 365 days. (3) SOTA is only provided to households whom DSS has determined will likely have the future ability to pay the rent



<b>Subsidies and Rental Assistance</b>		
<b>Subsidies and Rental Assistance</b>	<b>Description</b>	<b>Eligibility</b>
		once they no longer have the SOTA grant to cover their rent. Households must have recurring income from employment, SSI or SSD benefits and a rent that does not exceed 40% of that current or projected income. If the household is moving within New York City (only), it must not be eligible for any federal, State or City rental subsidy.
Family Homelessness & Eviction Prevention Supplement A and B (FHEPS)	FHEPS A is a rent supplement for families with children who receive Cash Assistance and have been evicted or facing eviction and FHEPS B is a rental supplement for families who lost their housing due to domestic violence incident.	Families must also meet one of the following requirements: (1) be in a shelter; (2) be in a DHS shelter and eligible for HRA shelter; (3) be in DHS shelter and evicted in NYC sometime in the year before family entered shelter; (4) be currently in the process of being evicted in NYC within the last 12 months.
NYCHA Section 8	Provides assistance to eligible low- and moderate-income individuals and families so they can rent housing in the private market. This a NYC governmental program.	Eligibility for this program is based on a family's gross annual income and family size. Section 8 pays part of the rent for low- and moderate-income families who want to rent in the private market. Generally, families pay no more than 40% of their monthly income towards their rent. NYCHA pays the rest to the property owner.
Section 8	Also known as the Housing Choice Subsidy Program, provides federal funding for subsidies for eligible low-income individuals to rent decent, safe, and affordable housing in a neighborhood of their choice. Families pay a reasonable share of their income toward rent, and the subsidy makes up the difference, within specified limits.	An applicant must be within the appropriate income limits for their family size. At least one member of the applicant family must meet the documentation requirements of citizenship or eligible immigration status. Adult must have a total gross income that does not exceed 200% of the federal poverty level.
Supportive Housing	Supportive housing is affordable housing with supportive social services in place for individuals and families who are homeless or at risk of homelessness.	Eligibility: (1) 1+ years of documented chronic homelessness (1 consecutive year or experienced 4 episodes of homelessness within the last 3 years that accumulate to at least 1+ year) and chronic disabling condition; (2) Limited income earning potential; (3) Need for intensive case management.

<b>Subsidies and Rental Assistance</b>		
<b>Subsidies and Rental Assistance</b>	<b>Description</b>	<b>Eligibility</b>
Pathway Home	Program that enables families and individuals who are eligible to move in with friends or family members (“host families”). Pathway Home can help clients move from shelter back to the community or avoid shelter, if being released from the Department of Correction (DOC) and meeting the eligibility requirements, as quickly as possible by providing monthly payments to your host family for up to 12 months	<p>The program is open to all eligible families or individuals who have resided in shelter for at least 90 days or those who meet criteria for Department of Correction. The program is open to all eligible families or individuals who have resided in shelter for at least 90 days or those who meet criteria for DOC program.</p> <p>HRA and DHS will determine eligibility based on the following factors:            Currently living in a DHS shelter for 90 or more days or have a referral for CITYFHEPS.            Clients are qualified for the special DOC program.            Income is not more than 200% of the federal poverty level.            Client has an Active or Single-Issue Cash Assistance case.            Client has identified a qualifying residence and host family.</p>
Project Reconnect	A shelter diversion and rapid-exit program for unaccompanied adults experiencing homelessness. Individuals can receive one-way travel accommodations to another housing option anywhere in the world.	Unaccompanied adults experiencing homelessness who are 18 years of age and over and meet one of the following criteria: (1) New Arrivals to Low-Barrier Shelter: Those who present at low-barrier shelters for at least one week but have no prior documentation of homelessness, (2) Non-Recent Returners: Individuals who return to a low-barrier shelter for a least a week, after an extended absence from shelter (e.g., at least one month)
Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH)	A shelter diversion and rapid-exit program for unaccompanied adults experiencing homelessness. Individuals can receive one-way travel accommodations to another housing option anywhere in the world.	Must be a veteran and must be eligible for VA health care services to qualify.

## Supportive Housing Classifications

Type	Description	Eligibility
NY/NY I	The first NY/NY agreement (NY/NY I) was signed between former Mayor Dinkins and former Governor Cuomo on August 22, 1990. Between 1990 and 1993, it provided housing and services to 5,225 homeless persons with mental illness. Five hundred additional units were added to NY/NY I in 1993.	Homeless single adults with a Serious Mental Illness with a co-occurring substance use disorder. Must be homeless 14 out of the last 60 days. Individual has used DHS shelter system continuously for four or more months. Individual may be
NY/NY II	Second agreement (NY/NY II) was signed in 1999; adding 2,320 units of housing. These units have been developed by New York City and New York State under the terms of this agreement and were rolled out through 2004.	hospitalized/incarcerated and awaiting placement but must have used the shelter system immediately prior to being arrested or, individual is known to be homeless and resides on the streets, in parks, on the subways, or other public areas, or is a shelter user who does not meet the criteria above.
NY/NY III	In 2005, a third agreement added 9,000 units of housing: 7,500 of these units were for single adults and 1,500 units were for families. These units were developed by New York City and New York State under the terms of this agreement and were rolled out through 2016. The beds must be filled with chronically homeless individuals.	<p>General Eligibility criteria: (1) Be homeless and have been homeless (in shelter and/or on the streets) for 365 days out of the last two years, or (2) Be currently homeless and have been homeless (in shelter and/or on the streets) for two out of the last four years.</p> <p><b>NY/NY III – Population A</b> Supportive housing for chronically homeless single adults with a SMI or who have a SMI with a co-occurring substance use disorder.</p> <p><b>NY/NY III – Population B</b> Supportive housing for single adults who are presently living in NYS operated psychiatric centers or NYS operated transitional residences and who are at risk of street or sheltered homelessness upon discharge.</p> <p><b>NY/NY III – Population C</b> Supportive housing for young adults, 18-24 years of age, who have a SMI and are being treated in NYS licensed residential treatment facilities, State psychiatric facilities or leaving or having recently left foster care and are at risk of street or sheltered homelessness if discharged without supportive housing.</p> <p><b>NY/NY III – Population D</b> Supportive housing for chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a serious mental illness or a Mentally Ill Chemical Abuse (MICA) disorder</p> <p><b>NY/NY III – Population E</b> Supportive housing for homeless single adults who have completed a course of treatment or are successfully participating in treatment for a substance abuse disorder and are at</p>

## Supportive Housing Classifications

Type	Description	Eligibility
		<p>risk of street homelessness or sheltered homelessness and who need transitional supportive housing (that may include half-way houses) to sustain sobriety and achieve independent living.</p> <p><b>NY/NY III – Population F</b> Supportive housing for single adults who are homeless or at risk of homelessness and have completed a course of treatment or are successfully being treated for a substance use disorder.</p> <p><b>NY/NY III – Population G</b> Supportive housing for families Chronically homeless single adults who are persons living with HIV/AIDS (who are clients of HASA or who are clients with symptomatic HIV who are receiving cash assistance from the city) and who suffer from a co- occurring serious and persistent mental illness, a substance abuse disorder, or a MICA disorder. Effective January 22, 2013, there was a change in the homeless eligibility criteria to include HASA clients considered at serious risk of homelessness who lack the resources and support networks needed to obtain access to housing</p> <p><b>NY/NY III – Population H</b> Chronically homeless single adults who are persons living with HIV/AIDS and HASA service connected who suffer from a serious mental illness, a substance use disorder, or a co-occurring serious mental illness and substance use disorder, including those at serious risk of becoming chronically homeless that lack the resources and support networks needed to obtain access to housing.</p> <p><b>NY/NY III – Population I</b> Young adults (aged 25 years or younger) leaving or having recently left foster care or who had been in foster care for more than a year after their 16th birthday and who are at risk of street homelessness or sheltered homelessness.</p>
Level 2	<p>Level 2 Assisted Living Definition-<b>Moderate Level of Care</b>: This level of care refers to a resident who requires substantial assistance or support in one or more health care or personal care areas. This individual may be able to independently perform some Activities of Daily Living (ADLs) but need help with others.</p>	<p>This focuses on long-term care Medicaid eligibility for New Yorkers aged 65 and over who need substantial assistance or support.</p>
Community Care	<p>Community care programs and services vary in different states, counties, and communities. Most areas now have support services specifically designed for people with</p>	<p>Individual with mental health issues who are 18 years-old and above.</p>

### Supportive Housing Classifications

Type	Description	Eligibility
	Alzheimer's, stroke, Parkinson's, and other chronic health conditions. Each community, however, differs in the services available and their eligibility requirements.	
NY 15/15	In November 2015, Mayor de Blasio announced New York City's commitment to developing 15,000 units of supportive housing over the next 15 years. The NYC 15/15 program is a New York City-funded rental assistance program that assists eligible families or individuals that are homeless or at risk of homelessness by providing an affordable apartment and supportive services to help them move toward the goal of long-term stability. Assisted households are responsible for paying approximately 30% of their adjusted incomes towards their rent. HRA and DOHMH provide the social service provider a contract to offer onsite social services to NYC 15/15 participant households.	Must meet the Department of Housing and Urban Development's (HUD) criteria for Chronic Homelessness: Eligibility requirements for NYC 15/15 subsidy: (1) Head of Household (HoH) must be a member of a NYC 15/15-eligible population, and Supportive services are offered at the development for the served population but participation is not mandatory for tenancy; (2) Must be eligible to receive Rental Assistance Payments (RAP) based on household income and the gross rent of the apartment; (3) Must provide all requested information to HPD. The following are the eligible populations: adult single with chronically homelessness, families chronically homeless or at serious risk of becoming chronically homeless, in which the head of household suffers from SMI or SUD (Substance Use Disorder), young adult single (18-25 years of age), young adult families (18-25 years of age) who are pregnant or head of household.

# Appendix III

<b>Glossary of Terms</b>	
<b>Term</b>	<b>Description</b>
<b>421A</b>	Tax benefits are given to owners who construct new buildings or create residential units in previously commercial buildings. The receipt of tax benefits places these buildings under rent regulations must contain 20% affordable units. DHS indicated that this is no longer an active program.
<b>Adult families</b>	A family without minor children, including couples who are legally married or have a domestic partnership, or in which one applicant is medically dependent on the other.
<b>Adult Family Intake Center (AFIC)</b>	The DHS intake center for all adult families seeking temporary, emergency shelter. AFIC is located at 400-430 East 30th Street, New York, NY 10016
<b>Annexes</b>	A facility created to fulfill an emergency capacity need. An annex is run by a “parent” traditional shelter, which is larger and more heavily staffed.
<b>Behavioral Health Shelter</b>	Shelter for clients with substance use history, mental health challenges, or both.
<b>Cash Assistance</b>	Federally funded cash assistance under the Temporary Aid to Needy Families Program (TANF).
<b>Client Assistance and Rehousing Enterprise System (CARES)</b>	DHS system of record that tracks and stores client information, shows available units within the shelter system by way of the Building Compliance System (BCS) and shares relevant social services data across agencies
<b>Certified shelters</b>	Shelters pursuant to an OTDA issued operating certificate. To be certified as a Tier II shelter, specifically, a provider must submit an operational plan outlining the provider’s plans for providing all of the services required under Part 900.
<b>Certified Tier II shelters</b>	Private units with bathrooms and cooking facilities; onsite social services and administrative staff; and the provision of childcare, after-school programs, and medical or mental health services (on or offsite).
<b>CityFHEPS</b>	CityFHEPS helps eligible individuals and families pay rent for up to four years with extensions granted. Launched in October 2018, CityFHEPS consolidated Living in Community (LINC) 1-5, CityFEPS, and Special Exits and Prevention Supplement (SEPS) rental assistance programs.
<b>Commercial Hotels</b>	Businesses currently operating as hotels serving the general public.
<b>Department of Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH)</b>	A rental subsidy for veterans that combines Housing Choice Voucher (HCV) rental assistance with case management and clinical services provided by the federal Department of Veterans Affairs (VA).
<b>Diversion</b>	It is a tool used by the staff that helps clients identify alternatives to temporary shelter. Clients can be diverted both pre and post application.
<b>Division of Adult Services</b>	Provides temporary housing assistance and other services to adult families (families with no minor children), single adult men (over the age of 18 with no other adults or minors), and single adult women (over the age of 18 with no other adults or minors).

## Glossary of Terms

Term	Description
<b>Division of Family Services</b>	Provides temporary housing assistance or shelter and other services for families with a child under the age of 21, a pregnant individual, or a family with a pregnant individual.
<b>Division of Street Homeless Solutions</b>	Works to develop programs that serve people living on the streets and provides a continuum of social services to engage and support people who are experiencing street homelessness, helping them transition from life on the streets and into a transitional setting or permanent housing, and addressing behavioral health, substance use, and other issues.
<b>Domestic Violence (DV)</b>	A pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, or cohabitation.
<b>Drop-In centers</b>	Located in all five boroughs and open 24/7, allowing people to come indoors, rest, bathe, and access services. Each center provides basic necessities such as three meals per day, clothing referrals, shower, and limited storage of property and valuables for those clients who are “on caseload” and engaging with drop-in center staff.
<b>Emergency Housing Voucher Program (EHV)</b>	Housing program helps families and individuals who are experiencing homelessness; at-risk of homelessness; fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; or recently homeless and at high risk of housing instability to find housing by subsidizing a portion of rent based on their income.
<b>Encampment operations</b>	Teams composed of DHS staff canvass neighborhoods looking for signs of makeshift shelter construction to clean up these areas and offer alternative shelter.
<b>Enhanced One Shot Deal (EOSD)</b>	A one-time payment that helps employed clients find permanent housing. Clients may also be eligible for rent for up to four months, furniture allowance, security vouchers, storage fees and moving expenses.
<b>Employment Shelter</b>	Shelters to help employable clients find jobs and employed clients keep them. Generally, for clients in employment shelters, a steady income is the primary barrier to permanency.
<b>Family Homelessness &amp; Eviction Prevention Supplement (FHEPS)</b>	A rent supplement for families with children who receive cash assistance and have been evicted or are facing eviction, who lost their housing due to a domestic violence situation, or who have lost their housing because of health or safety issues.
<b>Families with children</b>	A family comprised of at least one adult with a minor child, or a pregnant individual.
<b>General Population Shelters</b>	Shelter serves clients who do not have specific employment, behavioral health, or substance use service needs. Most DHS shelters for single adults are general population shelters.
<b>HIV/AIDS Services Administration (HASA)</b>	The HASA program is administered by HRA. HASA connects people with HIV/AIDS to services that help them live healthier and independent lives.
<b>HOMEBASE</b>	An HRA program that provides New Yorkers experiencing housing instability in the community with various homeless prevention services and provides aftercare services to families and individuals exiting NYC DHS shelter to permanent housing. Individuals may be eligible for Homebase services if they are at imminent risk of entering the New York City shelter system, are low-income, and want to remain stably housed in their community.

## Glossary of Terms

Term	Description
<b>Housing Emergency Referral Office (HERO)</b>	The DHS Team that locates available shelter units for homeless individuals and families applying for shelter. HERO operates 24/7/365.
<b>Human Resource Administration (HRA)</b>	The New York City Human Resources Administration/Department of Social Services (HRA/DSS) is dedicated to fighting poverty and income inequality by providing New Yorkers in need with essential benefits such as Food Assistance and Emergency Rental Assistance
<b>Humanitarian Emergency Response and Relief Center (HERRC)</b>	HERRCS provide temporary refuge for adults who are seeking asylum in New York City and are run by New York City Emergency Management and Health+Hospitals Corporation.
<b>Independent Living Plan (ILP)</b>	A detailed plan developed between a client and case manager, outlining relevant goals to exit shelter and return to self-sufficiency that is usually completed either weekly or bi-weekly.
<b>Length of stay in shelter (LOS)</b>	The amount of time that an individual or family resides in a shelter.
<b>Mayor's Management Report (MMR)</b>	The Mayor's Management Report (MMR), which is mandated by the City Charter, serves as a public account of the performance of City agencies, measuring whether they are delivering services efficiently, effectively, and expeditiously.
<b>NYC Health + Hospitals (H+H)</b>	H+H is the nation's largest municipal health care delivery system in the United States dedicated to providing the highest quality health care services to all New Yorkers with compassion, dignity, and respect, and regardless of immigration status or ability to pay.
<b>NYC Emergency Management (NYCEM)</b>	NYCEM helps New Yorkers before, during, and after emergencies through preparedness, education, and response.
<b>New York City Housing Authority (NYCHA)</b>	It is the largest public housing authority in North America, was created in 1935 to provide decent, affordable housing for low- and moderate-income New Yorkers.
<b>No Violence Again (Nova)</b>	An HRA program that assesses a person's eligibility for domestic violence services
<b>Non-Contracted shelters</b>	These facilities are paid a per diem rate for social services. They must have an operational plan in accordance with 18 NYCRR 352.39. Sometimes unofficially or colloquially called "hotels" or "billing sites," families reside in their own apartment style units, generally with their own bathrooms and kitchens.
<b>Office of Supportive and Affordable Housing and Services (OSAHS)</b>	It is an HRA office that provide permanent housing solutions for those who are experiencing homelessness due to these issues.
<b>Office of Temporary and Disability Assistance (OTDA)</b>	A State oversight agency tasked with providing funds for food assistance, providing heating assistance, overseeing New York State's child support enforcement program, determining aspects of eligibility for Social Security Disability benefits, supervising homeless housing/services programs, and providing assistance to certain immigrant populations.
<b>Outreach</b>	Outreach teams proactively canvas and engage people living outdoors and in subway stations and link them with shelter options.



<b>Glossary of Terms</b>	
<b>Term</b>	<b>Description</b>
<b>Pathway Home</b>	Subsidy designed to help families move out of temporary housing through reunification with friends or relatives. The program pays the client family's portion of the rent to the "host" family, in addition to a security deposit.
<b>Placement Assistance and Client Tracking System (PACTWEB)</b>	HRA's supportive housing database
<b>Prevention Assistance and Temporary Housing (PATH)</b>	City's intake center for all families with children and pregnant woman seeking temporary, emergency shelter. PATH is located at 151 East 151st Street, Bronx, New York 10451
<b>Project Reconnect</b>	Individuals can receive one-way travel accommodations to another housing option anywhere in the world.
<b>Respite Beds</b>	Beds that are typically in local churches and synagogues and are staffed by volunteers.
<b>Safe Havens</b>	less restrictive (more lenient curfew restrictions and flexible program requirements) alternative to traditional shelters and are operated by non-profit providers.
<b>Section 8</b>	Also known as the Housing Choice Subsidy Program, provides federal funding for subsidies for eligible low-income individuals to rent decent, safe, and affordable housing in a neighborhood of their choice. Families pay a reasonable share of their income toward rent, and the subsidy makes up the difference, within specified limits.
<b>Single adults</b>	An adult man or woman who seeks shelter independently, without being accompanied by other adults or minors.
<b>Special One-Time Assistance (SOTA)</b>	A program that provides rent up front for a client moving into an apartment. The program allows clients to move out of shelter to housing within New York City, to other counties in New York State, or outside the state.
<b>Special Population Shelter</b>	Provide dedicated supports to specific populations, including veterans, young adults (18-25 years old), other targeted age groups (45+, 50+, 55+), and young adults (18-30) who identify as LGBTQI+.
<b>Stabilization beds</b>	Low-barrier beds for high functioning clients experiencing street homelessness. Clients must be able to care for themselves. Stabilization beds are in buildings that are staffed 24/7 by security and operations personnel and are in places like motels and YMCA's.
<b>State Fair Hearing</b>	It is a process overseen by the New York Office of Temporary and Disability Assistance and allow clients to tell an administrative judge why they think DHS' decision is wrong. Clients have 60 days to request a hearing after being found ineligible.
<b>Substance Use Shelter</b>	Shelter for clients with substance use history. Clients assigned to Substance use shelters have been either diagnosed at assessment or by another agency or have self-reported a substance use disorder.
<b>Supportive Congregate Housing</b>	Affordable housing with supportive social services all in one building where each tenant has his/her own individual room or apartment. Tenants have their own lease and pay rent directly to the landlord. Tenants are responsible to contribute 30% of their income towards rent and utilities. Social services staff are on-site and provide personalized support plans to each household.
<b>Supportive Housing</b>	Supportive housing typically comes in two setting model types: congregate (the only one developers work with) and scattered-site.

### Glossary of Terms

Term	Description
<b>Supportive Scattered Housing</b>	Apartments scattered throughout the city in different buildings owned by private landlords. Non-profit providers hold contracts with government agencies to secure safe affordable units for tenants to move into and to also provide the social services support needed by tenants.



**Department of  
Social Services**

Human Resources  
Administration

Department of  
Homeless Services

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June 23, 2023

Ms. Maura Hayes-Chaffe  
Office of the City Comptroller  
1 Center Street, Room 1100  
New York, NY 10007

**Re: Agency Response to the Draft Report on the Review of New York City  
Department of Homeless Services' Programs and Services MD22-105S**

Dear Ms. Hayes-Chaffe,

We have received the draft report for the New York City Comptroller's Review of DHS' Programs and Services (MD22-105S). Please find enclosed our Agency response, which identifies the actions taken in accordance with the plan to address the suggestions noted in the report, or the reasons why we disagree with the suggestions.

The NYC Department of Homeless Services (DHS) appreciates the NYC Comptroller's interest in understanding DHS programs and services. This indicates to us a clear recognition of the importance of our work and the complex, interconnected nature of the Agency's many programs, populations served, and the broad array of services that DHS provides as the largest homeless services agency in the nation. Although NYCC's review covers much about DHS, it also contains errors and fundamental misunderstandings about the scope and breadth of the work that DHS performs. There are inaccuracies related to our mission, the population served, the charter requirements for DHS, and the eligibility and other processes mandated by the NY State law and regulation. We are deeply concerned that the report presents an inaccurate representation of our Agency's structure and operations at a time of unprecedented resources that the City and DHS/DSS have committed to the national crisis of homelessness. The report ignores the unique status of NYC (and DHS's role) as the only big city that has avoided the painful experience of unsheltered homelessness far outpacing sheltered homelessness. NYC avoided this through a responsible balance of resources, including no rationing of shelter services, practical and humane eligibility criteria, and the first-ever local housing voucher subsidy program.

- Specific among the inaccuracies, the report states that “[t]here generally is no DHS pathway to permanent housing placement, except through shelter.” The mission of DHS is to prevent homelessness, whenever possible, to interact with individuals experiencing street homelessness with the goal of finding temporary shelter, to provide safe temporary shelter, and to connect New Yorkers experiencing homelessness to sustainable housing. The report does not acknowledge the efforts and responsibilities of the housing agencies in NYC, the responsibility of the federal government, the opportunities for achieving or maintaining permanent housing that exist through the DSS/DHS/HRA homelessness prevention programs and diversion efforts, and legal assistance funded by DSS. Additionally, the report does not acknowledge the hundreds of millions of dollars that HRA spends annually on emergency rent arrears, State FHEPS, HASA rent subsidies, and other programs to prevent homelessness, such as City FHEPS, for which each year the third of vouchers is in-community. The report also ignores the fact that individuals experiencing street homelessness do not need to enter shelter to be placed in permanent housing and does not reference the Agency’s Housing First initiative for those experiencing street homelessness.
- The report also inaccurately states that, “There does not seem to be a process for prioritizing people living in shelters for permanent housing placement.” This is a fundamental misunderstanding of the process to permanent housing and the work DHS does to fulfill this aspect of its mission. DHS providers work with individuals and families to help identify the best pathway for exiting shelter to permanent housing. Our providers encourage clients to take advantage of the best options for them and assist with meeting the eligibility criteria for a range of permanent housing options. A single prioritization list of all clients across the system does not exist because it does not make sense operationally, would not help client outcomes, and is incompatible with the individualized, shelter-based support system which we have created with our providers.
- Thirdly, the report suggests that the Agency develop and implement “effective” strategies for reducing length of stay in shelter, implying that this is not among DHS’s most critical goals. DHS works continuously to improve and refine the strategies and tools that impact length of stay. Average lengths of stay in shelter are a function of myriad factors, including the private housing market, client characteristics (including immigration status, credit history, income, special needs, mental health status, deinstitutionalization, domestic violence, and the scarcity of non-City funded subsidized housing). DHS cannot be compared to

other states or cities that may not face these same issues or that place time limits on how long the individuals experiencing homelessness can stay in shelter.

- Data from the NYC Housing Vacancy Survey have, for many years, shown that vacancy rates in rental units financially accessible to DHS clients hover around one or two percentage points. DHS clients are competing in the market with those who are not experiencing homelessness and who may have stronger employment, credit, and lease-holding history. Not only does NYC have the largest supportive housing program in the nation, but the City also has the only municipally funded housing voucher program. Using these resources, DHS has innovated strategies that target long-term stayers, such as the medically frail, among other examples. DHS continues to implement such strategies and search for new ones. The inference that the Agency does not do so is incorrect.
- Further, the report indicates that, “By expanding and creating additional Safe Havens and stabilization beds, DHS could get more street homeless clients to move indoors.” The report fails to note that 620 stabilization beds and 164 Safe Haven beds (for a total of 784 new low-barrier beds) have been added since Mayor Adams took office. Also, though low-barrier beds are an important link to the DHS system, it is not accurate to state that they are usually the first and only interaction between unsheltered clients and DHS staff. On the contrary, outreach work to unsheltered individuals is ongoing and often necessitates multiple interactions over extended periods of time, through which rapport and trust are established by way of purposeful engagement geared toward an honest understanding of needs and similarly honest communication of existing resources.

Additionally, NYCC suggests the finalization of the integration of StreetSmart and CARES. As was discussed during meetings between the NYCC audit team and DHS staff, this integration is already in process. The process takes time and requires technical and program resources to ensure successful integration and enhancements. However, the report failed to note that the DHS Street Homeless Solutions (SHS) division already has tools and systems in place that outreach teams use to track engagement and outcomes, and that this outcome information is available to DHS pending further systems development.

DHS appreciates that NYCC has few, if any, direct critiques of the Agency and its programs that were discovered through this review. Rather, the most pointed critiques contained are direct quotes from a report issued by the Coalition for the Homeless. We

are troubled by the NYCC's simple reiteration of the Coalition's critiques without evaluating those critiques through the NYCC review process.

Lastly, we would respectfully ask the NYCC consider making future reviews narrower in scope. While we understand the need for external audits and normally appreciate the feedback, we believe the scope of this review to be too broad both for the NYCC auditing team (as there are fundamental misunderstandings and inaccuracies about DHS operations, charter responsibilities and legal mandates in the Draft Report) and for our Agency. A narrower review, as is usually the case, would allow for a more comprehensive evaluation and would provide feedback based on accurate information, instead of requiring DHS staff to correct multiple basic misunderstandings and repeatedly explain key functions, operations, and responsibilities across the entire agency.

We are confident that our response to this review demonstrates the Agency's commitment to continually improving our operations as well as to educating the NYCC on DHS's important and complex mission. Should you have any questions regarding the enclosed, please contact Victoria Arzu, Assistant Director of the DSS External Audit Facilitation at 929-221-7067. We thank NYCC for their partnership as we continue our critical mission.

Yours sincerely,

*Christine Maloney*

Christine Maloney  
Deputy Commissioner, Office of Audit & Quality Assurance Services

Enclosures

NYC DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF AUDIT SERVICES  
CORRECTIVE ACTION PLAN

Audit Name: Review of New York City Department of Homeless Services’ Programs and Services – Draft Report Response  
Audit Number: MD22-105S

Date: 06-23-2023

Auditor’s Suggestions For Improvements	Agency Response	Responsible Unit	Agency Corrective Action	Target Date
<p><b>Suggestion 1:</b></p> <p>Expand pathways to permanent housing for individuals resistant to and/or lacking capacity to enter and remain in shelter.</p>	<p>Already in Place and Ongoing</p> <p>DHS employs a broad array of prevention and shelter services, all of which focus on helping individuals experiencing homelessness attain permanent housing.</p> <p>The recommendation fundamentally misinterprets DHS’s scope and mission. DHS is not charged with providing housing to those who are not homeless in shelter or homeless and unsheltered. The unsheltered homeless do not have to enter shelter in order to be placed in permanent housing, and DHS’s Street Solutions Unit and outreach vendors work with these clients where they are to find permanent housing options for them. The suggestion that DHS should provide a pathway to permanent housing for other New Yorkers – <b>who are not experiencing homelessness</b> (see page 44 of the Draft Report) is absurd. Those who are not experiencing homelessness may use tools offered by HPD and NYCHA, which are the <b>housing</b> agencies. DHS is the agency serving those facing the unavoidable crisis of homelessness.</p> <p>That said, DHS and HRA collaborate closely on several homelessness prevention initiatives, such as HomeBase referrals, issuance of in-community CityFHEPS vouchers, access to emergency rent arrears, and other benefits, and providing legal assistance to those facing eviction.</p> <p>To address the specific inference related to unsheltered New Yorkers, we note that NYC’s provision of shelter services is a complex system with diverse service provision depending on need. DHS is laser focused on supporting clients who are unsheltered and has different facilities that offer varying levels of services based upon these needs.</p>			

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Auditor’s Suggestions For Improvements	Agency Response	Responsible Unit	Agency Corrective Action	Target Date
	<p>These include Safe Havens, which offer services with low-barrier access and limited rules and restrictions, while providing high levels of service. Stabilization Beds, which also offer low-barrier access services with limited rules and restrictions, are available for clients with lesser service needs; and Drop-in Centers, which are open around the clock, are available for those who wish to stay inside for a brief period of time, while taking advantage of basic necessities, such as showers and meals.</p> <p>In addition, as part of its constantly evolving process to improve and refine its service delivery models, the Agency recently implemented a Street-to-Home Pilot program to bring unsheltered New Yorkers straight to permanent housing. As part of this program, individuals experiencing street homelessness can access apartments without having to wait for shelter. In another initiative, the Agency’s Veteran Service Unit refers veterans experiencing homelessness directly to transitional housing. Additionally, eligible veterans can apply for the U.S. Department of Housing and Urban Development’s Veterans Affairs Supportive Housing (HUD-VASH) program, which pairs rental assistance vouchers with VA case management support to provide assistance in living in apartments and the community successfully.</p>			
<p><b>Suggestion 2:</b></p> <p>Develop and implement effective strategies to reduce length of stays in shelter.</p>	<p>Already in Place and Ongoing</p> <p>The Agency already performs this function and is continuously working to improve the strategies and tools that impact length of stay. Average lengths of stay in shelter are a function of myriad factors, including the private housing market, client characteristics (including immigration status, credit history, income, special needs, mental health status, and availability of non-City funded subsidized housing).</p>			



**NYC DEPARTMENT OF SOCIAL SERVICES  
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Auditor’s Suggestions For Improvements	Agency Response	Responsible Unit	Agency Corrective Action	Target Date
	<p>Ensuring clients exit shelter to permanent housing is top priority for DHS. As such, staff work with families and individuals by developing Independent Living Plans (ILPs) and meeting with these clients to ensure appropriate services are in place with a goal towards permanent housing.</p> <p>For many coming to DHS, homelessness stems from a variety of factors (domestic violence, trauma, addictions, mental health issues, etc.). It is important to understand that families and individuals experiencing homelessness do not follow a linear path to achieving permanency, and it may take longer for some than others, based on their individual service needs, strengths, community and financial resources, and individual and family dynamics.</p> <p>Additionally, it is critical to acknowledge that the demand for apartments by our clients and others experiencing housing insecurity, far outpaces the actual supply of safe, affordable apartments in NYC.</p> <p>Data from the NYC Housing Vacancy Survey have for many years indicated that the vacancy rates in rental units financially accessible to DHS clients have hovered around one or two percentage points. DHS clients are competing in the market with those who are not experiencing homeless and who likely have stronger employment, credit, and lease-holding history. Not only does NYC have the largest supportive housing program in the nation, but the City also has the only municipally funded housing voucher program. Within these programs, DHS has innovated strategies that target long-term stayers, such as the medically frail, among other examples. DHS continues to implement such strategies and search for new ones. The inference that the agency does not do so is incorrect.</p>			

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<p><b>Suggestion 3:</b></p> <p>Track return rates for more than one year to obtain a more complete picture of persons who exit the system and return beyond one year.</p>	<p>Disagree (with an explanation)</p> <p>DHS believes that tracking return rates for more than one year will yield the same pattern of higher return rate for unsubsidized exits, as is evidenced in graphs starting on page 46 of the City Comptroller’s report. As the data consistently show, return rates for subsidized exits are extremely low compared to those for unsubsidized units, making it clear that the most important part of housing stability is the subsidy – e.g., the money to pay monthly rent. To the extent households return beyond the 12 months, the factors are likely unrelated to the success of subsidies and are rather more related to other tangential issues, such as domestic violence or mental health.</p> <p>DHS considers it a success when a family/individual exits shelter to permanent housing or another housing arrangement (e.g., supportive housing, family reunification, etc.). A variety of factors (e.g., economic, personal, etc.) may contribute to a family/individual returning to the shelter system at any point in time. But it is important to understand that a return to shelter for a family/individual within one year, whether the return was subsidized or unsubsidized, yields useful information for DHS that will not likely change after the one-year mark.</p>			

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**Date: 06-23-2023**

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<p><b>Suggestion 4:</b></p> <p>Track the number of clients receiving the various types of services on an aggregate level in order to determine additional needs for services and identify by population whether additional behavioral health and substance use shelters are needed.</p>	<p>Already in Place and Ongoing</p> <p>DHS tracks this information on an individual basis. The primary mission for DHS is to assess the unique needs of each individual and family experiencing homelessness and to provide the tailored services that the household needs. DHS uses assessments, social work, and mental health professionals, caseworkers, and Independent Living Plans (ILPs) to track and document these needs.</p> <p>DHS and provider partners consistently monitor these unique needs to ensure appropriate services are in place. Services based on need are accessible to clients in shelter or in the community, regardless of shelter type.</p> <p>In addition, DHS performs analyses of the populations and characteristics, as needed, to develop and tailor services, which the NYCC’s suggestion does not consider. For example, DHS and HRA developed the Master Lease housing model based on the assessment of data showing that a number of long-term stayers in single adult shelters required light touch on-site services to be stabilized in permanent housing due to their medical needs.</p>			

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<p><b>Suggestion 5:</b></p> <p>Finalize the integration of StreetSmart and CARES so there is a single data system to track street homeless engagements, and outcomes from such engagement, to improve the capacity to track the use of low- barrier beds and determine the success of outreach efforts.</p>	<p>Agree</p> <p>As mentioned to the NYC Comptroller’s auditing team, DHS has already begun and continues to work on the integration of StreetSmart and CARES systems.</p> <p>It is important to set expectations about this process taking time and requiring technical and program resources to ensure successful integration and enhancements.</p> <p>In the meantime, the DHS Street Homeless Solutions (SHS) division has tools and systems in place that outreach teams use to track engagement and outcomes.</p>	<p>DHS Programs ITS</p>	<p>Finalize integration of CARES &amp; StreetSmart</p>	<p>Discussions on the integration of StreetSmart and CARES are ongoing.</p>

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<p><b>Suggestion 6:</b></p> <p>Track diversions by the various categories on an aggregate level in order to track trends by diversion category or population.</p>	<p>Already in Place and Ongoing</p> <p>DHS does maintain tracking of diversion outcomes by case type. Given the complex and multiple strategies that may be employed in diversions, DHS believes that the current level of tracking information is appropriate.</p>			

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<p><b>Suggestion 7:</b></p> <p>Increase transparency by publicly reporting data on adults and families found ineligible for shelter, length of stay and subsidized and unsubsidized exits for street homeless clients and asylum seeker census.</p>	<p>Disagree (with an explanation)</p> <p>DHS publicly reports this information on an aggregate level for families and notes that there are no ineligible determinations for single adults.</p> <p>Additionally, while it is technically possible to disaggregate data by asylum seekers and non-asylum-seekers, DHS does not report this way as it is mandated that we treat all families and individuals seeking shelter equitably and under the relevant regulations and legal standards, as well as according to the individual needs of single adults and families.</p>			





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