



Testimony of

Coalition for the Homeless

and

The Legal Aid Society

on

Oversight: Unsheltered Homelessness in New York City

submitted to

The New York City Council Committee on General Welfare

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The Coalition for the Homeless and The Legal Aid Society (LAS) welcome this opportunity to testify before the New York City Council’s Committee on General Welfare regarding unsheltered homelessness in New York City.

This hearing comes at a critical moment: Over the past weeks, Mayor Adams’ subway and sweeps policies have upended the lives of hundreds of homeless New Yorkers throughout the city, destroying their belongings, inflicting trauma, disrupting their access to services, and failing to help people move into permanent housing or shelter beds in private, single-occupancy rooms where they feel safe. This approach is counterproductive, and makes it much harder to connect people with housing, shelters, and services. These Giuliani-era tactics were tried decades ago and failed, only worsening our city’s homelessness crisis and harming the people involved. Notably, prior mayors conducted thousands of sweeps, but many New Yorkers continue to reside on the streets because the City has failed to offer them a safer alternative.

The solution to homelessness is housing. The City should invest in affordable permanent housing where our homeless neighbors can reside in peace, away from the elements and other dangers on the street. We implore the City to immediately offer real permanent housing and safe, private shelter options to people, and to cease these cruel, pointless, and ineffective sweeps.

The following testimony is largely excerpted from the Coalition’s recently released report [*State of the Homeless 2022: New York at a Crossroads*](#), which provides more details about the causes of and solutions to homelessness, and grades the City and the State on their efforts to address this crisis.

Equipping Outreach Teams with Necessary Resources

“Being a womxn, one is safer blending in. Outreach workers never recognized me as being unsheltered. Every time we passed each other at the E train’s World Trade Center subway stop, they always went after other people, ones who stood out as being unsheltered and were not trying to blend in. They also were not trying to go into shelter. Yet those of us trying to find safety, fleeing from abusers, and seeking help, kept being turned away from social workers who didn’t have housing resources, cops because an assault happened over two hours earlier, or case workers because we didn’t look like the right fit.”

K.C., who was homeless from November 2011 to 2014 and again from 2018 to December 2019

Despite New York City’s right to shelter, thousands of people sleep on the streets, in the transit system, or in other places not meant for human habitation. The City’s annual point-in-time estimate of unsheltered New Yorkers (the “HOPE survey”) is a vast undercount, and no accurate census of this population has ever been achieved.¹

¹ For details on the HOPE survey’s methodological shortcomings, see the Coalition’s briefing paper “Undercounting the Homeless” <https://www.coalitionforthehomeless.org/wp-content/uploads/2014/06/BriefingPaper-UndercountingtheHomeless2010.pdf>

The City contracts with several nonprofit agencies to conduct outreach to people staying on the streets and in the transit system, and to encourage them to move indoors to a shelter or drop-in center. These teams work day and night to speak with unsheltered New Yorkers and connect them to resources, but they are often underfunded and have large caseloads. The State has historically left the City to fund these teams, but in January 2022, Governor Hochul announced that the State would also fund new “Safe Options Support” (SOS) teams to supplement the City’s outreach efforts.

However, even the best-trained outreach teams can only be effective if they are able to offer unsheltered people what they want and need. The main option outreach teams offer is transportation to a large congregate shelter, which many people on the streets already have experienced and have made a conscious decision to avoid (particularly during the pandemic). According to interviews conducted by the Coalition for the Homeless, the majority of unsheltered New Yorkers surveyed had in fact tried the municipal shelter system and reported that it did not meet their needs.²

Even if people are willing and ready to come in off the streets, outreach teams cannot always quickly connect them to an appropriate bed: They often encounter delays and bureaucratic hurdles that stand in the way of their access to low-barrier shelter beds or permanent housing. The lack of these resources, discussed in more detail below, is frustrating for both outreach workers and unsheltered New Yorkers, and is the main impediment to the City’s and State’s efforts to reduce the number of people sleeping rough in the transit system, on the streets, and elsewhere.

Furthermore, many unsheltered New Yorkers are understandably wary of engaging with outreach team members because they have been disappointed by prior experiences, or see them as collaborating with the police, who are often lingering nearby if not standing immediately beside outreach workers. It usually takes multiple engagements to build trust with people who have been repeatedly failed by the systems that are purportedly there to help them.

It is also unlikely unsheltered New Yorkers will engage if the outreach teams and materials are not available in their language. While street outreach teams occasionally have staff members who are able to speak languages other than English, notices for encampment sweeps and other information are only available in English, thereby leaving clients who speak other languages and dialects in the dark. The City should comply with Local Law 30 regarding translations of important documents and notices. At a minimum, outreach teams should provide required interpretation during interactions, but teams should also include staff members who can speak in languages consistent with those that are common in their outreach areas.

Equipping outreach teams with essential items like socks, care kits, and water can help them develop a rapport with people on the streets, who may be more willing to engage with the teams offering these small but important comforts. However, for years the City and some providers have resisted offering these items to people in need because of a misguided view that doing so

² See the Coalition’s April 2021 report “View From the Street: Unsheltered New Yorkers and the Need for Safety, Dignity, and Agency” <https://www.coalitionforthehomeless.org/wp-content/uploads/2021/04/View-from-the-Street-April-21.pdf>

would deter them from moving indoors – rather than recognizing that the lack of appropriate indoor options is the main reason people stay outside. There has been limited progress on this issue in recent years, such as the occasional distribution of socks, and some outreach teams have raised private funds to purchase essential items. Providing essential personal items to people sleeping on the streets is the more humane approach, and it enhances the ability of outreach teams to establish trust with those whom they serve.

More critical, however, is the need to remove law enforcement officers from the outreach process. Outreach must be conducted only by trained professionals and peers who are able to develop relationships with unhoused individuals, learn what they need, and connect them with the necessary resources.

Access to Low-Barrier Shelters

“I used to sleep unsheltered on the streets, subways, and elsewhere, although not recently. I wish I would’ve had constructive outreach done to offer me access to Safe Havens and stabilization beds as well as restroom access rather than being criminalized as a homeless person in lieu of housing assistance.”

W.T., who was homeless from May 2006 to November 2021

The success of outreach teams largely depends upon the immediate availability of low-barrier shelters. For most unsheltered New Yorkers, Safe Havens and stabilization beds³ are a welcome alternative to the main congregate shelter system because they typically have more flexible rules, do not have a strict curfew, offer more privacy, and have a higher ratio of staff to residents. People who have had negative experiences in large congregate shelters are often more willing to accept the offer of a Safe Haven or stabilization bed, but the demand for these low-barrier options exceeds the supply, particularly when an individual requires a shelter placement that is close to the location of a resource they need, like a health clinic. **There are currently approximately 1,200 stabilization beds and 1,600 Safe Haven beds – nearly all of them full every night, while thousands of individuals still bed down on the streets and in the subway.**

Although the City has opened more Safe Haven and stabilization beds during the pandemic, some of those sites have recently closed or switched to other shelter types. This has caused confusion and disruption among vulnerable residents, and some have returned to the streets during these moves. Meanwhile, others who remain unsheltered on the streets are not consistently offered quick access to low-barrier shelters. **Adding outreach workers without expanding Safe Haven and stabilization bed capacity will not help people come in off the streets.**

³ Safe Havens offer specialized overnight beds with physical and program characteristics specifically meant to address unsheltered individuals’ unique needs, including smaller physical settings, as well as more hands-on case management. Similarly, stabilization beds are private rented rooms where unsheltered New Yorkers may stay before being connected to permanent housing or a long-term transitional setting. Case management in stabilization bed facilities is provided by outreach teams. Outreach teams refer unsheltered individuals directly for placement in Safe Havens and stabilization beds.

As part of “The Subway Safety Plan,” Mayor Adams promised to open nearly 500 new stabilization and Safe Haven beds in 2022 – but the Mayor surged police into the transit system before adding this new capacity, and some of the new beds are in congregate dorms rather than single-occupancy rooms that most people on the streets prefer.⁴ Notably, the State has not adequately supported efforts to expand these types of shelters, leaving the City as the sole funder. The result is that people in crisis are simply pushed further into the margins of the city, unable to get the help they need.

The City’s own outreach data underscore the necessity of expanding the supply of low-barrier shelters. Starting in May 2020 when then-Governor Cuomo ordered the subways temporarily closed overnight, outreach teams conducted targeted engagement of homeless New Yorkers at the last stations of certain subway lines. During the next 21 months, **9,231 unique individuals** accepted offers of transportation to various types of shelters and drop-in centers. Given that this is *only* those homeless individuals who spoke to outreach teams in end-of-line subway stations, and of those, only the fraction who accepted offers of transportation to indoor accommodations, this figure suggests there is likely a much larger unsheltered population than is estimated in the City’s annual point-in-time HOPE reports – the most recent of which claimed that the number of unsheltered New Yorkers dropped from 3,857 in January 2020 to 2,376 in January 2021. Furthermore, an alternate HOPE methodology used during the pandemic casts further doubt on the claims that the number of unsheltered homeless people declined during this period.⁵ **After being transported from end-of-line subway stations, people were most likely to accept the offer of a stabilization bed (65 percent of people accepted placement), and were most likely to remain long-term in Safe Havens.** However, the vast majority of people were only offered placement in the main congregate shelter system, where the long-term retention rate for those accepting placements was just 24 percent, versus 63 percent for the rarely offered Safe Havens. By expanding access to single-occupancy Safe Haven and stabilization beds, the City could help more people move indoors to settings where they feel safer and substantially increase the effectiveness of its outreach efforts.

*Outcomes from End-of-Line Outreach May 2020-January 2022
Cumulative May 5, 2020, to January 31, 2022*

	Shelter	Safe Haven	Stabilization Bed	Drop-In Center	Total
Accepted Referral to Shelters	7,625	160	674	772	9,231
Accepted Placement After Being Transported	2,524	59	436	86	3,105
Still in Placement (as of February 15, 2022)	595	37	164	-	796
% Accepted Placement	33.1%	36.9%	64.7%	11.1%	33.6%
% Accepted Who Are Still in Placement	23.6%	62.7%	37.6%	0.0%	25.6%

Source: Department of Homeless Services

⁴ <https://www1.nyc.gov/assets/home/downloads/pdf/press-releases/2022/the-subway-safety-plan.pdf>

⁵ Acknowledging that the HOPE 2021 survey did not use volunteers and took place over multiple nights, the City’s own press release noted, “As a result of the adjustments due to the pandemic, comparing to prior years’ estimates is not exactly apples to apples.” <https://www1.nyc.gov/site/dhs/about/press-releases/hope-2021-05-20.page>

Access to Psychiatric Services

It is apparent to any New Yorker who has ridden the subways or walked the city's streets that countless neighbors are not connected to the mental health care they need. High-profile tragedies, like a fatal subway shoving incident in January, prompt renewed discussions about serious mental illness, but often fail to address the underlying barriers that prevent people from accessing care even on a voluntary basis. Instead of fixing access to mental health care, Mayor Adams and Governor Hochul are leading with an oft-repeated plan to flood the NYC transit system with police and outreach teams. But more police officers and outreach teams cannot create adequate inpatient psychiatric bed capacity, more low-barrier stabilization and Safe Haven beds, truly on-demand primary mental health care, or enough supportive housing for everyone who qualifies and wants it.

The hard truth is that thousands of New Yorkers, including many struggling to survive without housing, are not able to access the mental health care they need. Of the 93,925 adults eligible in December 2021 to receive enhanced mental health services in New York City under the State's Medicaid managed care program for those with serious mental illnesses, only 2,179 (a meager 2.3 percent) actually received such care in the prior 12 months.⁶ The lack of access to outpatient mental health care is largely due to the funding of public mental health care almost exclusively through Medicaid via contracts with managed care companies that block access to care instead of fostering access to it. Although new mobile mental health treatment teams have been added over the years and more will be deployed this year, many individuals continue to fall through the cracks.

Furthermore, State inpatient psychiatric centers once served roughly 93,000 New Yorkers, but today the number of State psychiatric hospital beds has dwindled to 2,330, of which about 1,000 are in New York City.⁷ Of the 3,763 acute and long-term psychiatric beds for adults in New York City, 72 percent⁸ are in acute care hospitals that offer only short-term care (only a week on average). As of 2018, the city had nearly 950 fewer psychiatric inpatients on average each day than it had in 2012 (3,171 vs. 4,115).⁹

The dearth of inpatient beds has worsened during the pandemic as some psychiatric units were repurposed for COVID-19 care, and 600 beds in NYC alone have not yet returned to psychiatric service. Outpatient services have also been more difficult to access due to a shift to telemedicine, clinic closures, and the aforementioned managed care problems.

The serious deterioration in access to mental health care has led to predictable results: As of 2019 and averaged across all inpatient facilities, one in five psychiatric inpatients was readmitted within 30 days, and nearly one in three was readmitted within 90 days.¹⁰ Similarly bleak statistics show that too many individuals also return to Emergency Departments too frequently,

⁶ https://omh.ny.gov/omhweb/bho/hcbs_access_dashboard.pdf

⁷ <https://omh.ny.gov/omhweb/special-projects/dsrip/ccudb.html>

⁸ Ibid.

⁹ <https://omh.ny.gov/omhweb/tableau/county-profiles.html>

¹⁰ Ibid.

undoubtedly because at least some have been discharged not to a stable home, but to a shelter or the streets.

While much of the public discourse has centered around involuntary treatment,¹¹ in reality many people with serious mental illnesses are not able to access care even when they seek it because of the loss of inpatient psychiatric beds, barriers related to managed care for outpatient services, and the failure to connect people to the long-term supports and stable housing they need to succeed. Proposals to divert mental health crisis calls from the police to EMTs are a step in the right direction, but further reforms must be made in order to address the underlying factors that lead to mental health crises.

Housing for Unsheltered Individuals

What unsheltered homeless individuals want and need are homes, but too often, they encounter insurmountable barriers that stand in the way of their access to permanent affordable housing and housing with onsite support services. Too many housing options elude them due to arbitrary and biased assessments, exhaustive documentation requirements, onerous pre-conditions for residency such as sobriety requirements, treatment plan compliance mandates, credit score checks, and adequacy of income thresholds, as well as many forms of illegal discrimination.

One housing model that was once used in New York City to help people move directly from the streets to apartments where they could receive mobile mental health services on a voluntary basis, sometimes referred to as “housing first” or the “Pathways” model, fell out of favor due to costs and alleged malfeasance by one provider. New York State stopped funding it, but the model is proven to work, has been replicated elsewhere, and has enabled many individuals to regain housing and psychiatric stability after moving indoors.

Governor Hochul recently announced her intention to create 500 new “supported” housing beds in apartments for unsheltered people with mental illnesses engaged by new subway outreach teams set to start operations later this year. But while the State plans to provide \$12.5 million per year for the beds, the units are not open yet, and they will be staffed by the same teams of workers that are supposed to be conducting outreach. In addition, this housing is apparently not intended to be permanent, but rather an interim placement while applications for traditional supportive housing with onsite services are prepared and reviewed. A more adequate supply of such housing and a more robust staffing plan are needed. The teams could easily make use of 1,000 or more beds, and they should be adequately staffed with dedicated mobile mental health teams that are not pulled in two directions at once: outreach and residential support. This would cost closer to \$50 million per year.

Supportive housing has been proven to help people with serious mental illnesses, substance use disorders, or other challenges achieve long-term stability. New York pioneered this model under the principle that people need the foundation of stable housing in order to address their health and other needs. Ideally, eligible individuals would be quickly connected to housing in which they can avail themselves of voluntary onsite support services. In practice, however, government

¹¹ For more information, see our “Fact Check on Homelessness and Mental Health Care” <https://www.coalitionforthehomeless.org/wp-content/uploads/2022/02/Fact-Check-on-Homelessness-and-Mental-Health-Care.pdf>

policies meant to ration the scarce resource of supportive housing have created numerous and needless obstacles that make access to this enriched type of housing nearly impossible for unsheltered New Yorkers.

For example, people seeking supportive housing must produce documentation to prove that they are homeless, which can be difficult for those who are disconnected from City-contracted outreach workers. The eligibility process for supportive housing can take months, all while an applicant is sleeping rough on the streets. The interview and placement process for supportive housing poses its own vexing challenges.

The City and State must both expand the supply of supportive housing and streamline the process for accessing it so that people can move indoors more quickly, and must adequately fund comprehensive services for those who are housed.

Similarly, the process for obtaining housing vouchers is needlessly cumbersome for people staying on the streets. Many unsheltered New Yorkers do not have mental illnesses or other challenges that could qualify them for supportive housing, and they simply need help affording an apartment. However, they often languish for months and even years on the streets as they attempt to navigate administrative hurdles and documentation requirements in order to access Federal Section 8 vouchers or other subsidies like CityFHEPS.

In response to pressure from homeless New Yorkers and advocates, in 2021 the City eliminated a requirement that unsheltered New Yorkers be connected to outreach teams for 90 days before becoming eligible to receive a CityFHEPS voucher. This commonsense policy change will help people move off the streets and into permanent housing more quickly. However, only individuals connected to DHS-funded outreach workers can access CityFHEPS vouchers. In addition, staffing shortages in City agencies have exacerbated delays in application processing and inspections before people can move into an apartment. Further reforms are needed to ensure that all unsheltered New Yorkers can swiftly access housing. Given the risks of sleeping unsheltered, the City and State must eliminate all barriers that prolong homelessness for those who sleep rough in New York City.

Restroom Access for Unsheltered Individuals

New Yorkers have long bemoaned the lack of access to clean restrooms open and available to the public. The issue is particularly important for those living on the streets, who are deprived of any place in which to wash, use the toilet, and attend to their personal needs.¹² The lack of public bathroom facilities in our city is unhealthy and degrading, and indicates a callous disregard for the basic humanity of those struggling for survival on our streets.

This problem was exacerbated during the pandemic, as many businesses and facilities that had previously allowed people to use their restrooms reduced their hours or closed entirely. In response to advocacy from homeless New Yorkers and advocates, the City temporarily deployed portable toilets during the first few months of the pandemic, but failed to ensure their proper

¹² See also “‘Do We Not Bleed?’ Sanitation, Menstrual Management, and Homelessness in the Time of COVID,” *Columbia Journal of Gender and Law*, Volume 41, No 1
<https://journals.library.columbia.edu/index.php/cjgl/article/view/8838>

maintenance and soon removed them following reports of vandalism. Non-profit organizations, including Doctors Without Borders and Shower Power (both in partnership with the Coalition for the Homeless), stepped up with their own portable showers and toilets in the face of government inaction.

There are some quick steps the City could take to mitigate the problem, such as pulling the automatic self-cleaning toilets it has out of storage and installing them in high-need areas. Similarly, the State-run MTA has been slow to reopen restrooms in subway stations closed at the start of the pandemic – even as agency leaders complain of people urinating and defecating in the transit system.

Public restrooms would benefit all people who live in or travel through the city, including those with health issues, older adults, and young children. But they would particularly benefit homeless New Yorkers who simply need a safe, clean place to fulfill basic bodily functions. Rather than vilifying people who must resort to the demeaning necessity of having to urinate or defecate in public, City and State officials should ensure that every person has a dignified, clean place to relieve themselves.

Protecting the Rights of Unsheltered Individuals

Unfortunately, rather than connecting people to the low-barrier shelters and permanent housing they want and need, the City and State have continued to criminalize unsheltered homeless individuals and rely heavily on policing strategies to push people out of sight. We have seen time and time again that these strategies do not work, and merely make it more difficult to engage those in the most desperate need and provide them with shelter, services, and housing.

One of Mayor Adams' first actions in office was to surge police officers into the transit system, while unconvincingly reassuring the public that NYPD would not be the primary point of contact with homeless New Yorkers. This was the latest escalation in an ongoing campaign to enforce rules against so-called “quality of life” offenses that disproportionately ensnare people who are trying to survive on the streets and in the subways, leading to arrests, fines, and incarceration.

For example, former Governor Cuomo's spring 2020 decision to temporarily close the subways overnight was a thinly veiled move to force homeless New Yorkers, whom he called “disgusting,” out of the transit system. Even after former Mayor de Blasio pledged to remove police from homeless outreach in 2020, the City used wide discretion to involve NYPD in sweeps and other outreach efforts throughout the end of his administration. Mayor Adams' subway safety plan goes a step further, by pairing police officers with outreach teams and increasing enforcement of transit rules that specifically target homeless New Yorkers.

Mayor Adams' aggressive encampment-clearing initiative is a further effort to push homeless people out of sight, but the administration has failed to offer people a better, safer alternative to the streets. City agencies conducted thousands of street sweeps last year and have doubled down on sweeps under Mayor Adams, in direct violation of pandemic guidance from the Centers for Disease Control and Prevention to allow people to remain where they are unless individual housing options are available: “Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for

infectious disease spread.”¹³ Completely ignoring this guidance, the City regularly sends workers from the Department of Sanitation and other agencies to dispose of personal belongings and force unsheltered individuals to move somewhere else. But without offering them the single-occupancy, low-barrier shelter beds and permanent housing they want and need, the City has often been merely moving people without homes from one street corner to the next. The City has also been repeatedly sweeping the same locations, trapping people in a cruel cycle of displacement. These sweeps can also impede the work of outreach teams: Forcing people to move away from their familiar locations can sever their ties with outreach workers who might not be able to find them again, and the trauma of sweeps can break the trust outreach teams work so hard to build.

Policing and sweeps do not address the reasons someone is sleeping on the streets, and can actually push people further away from the help they need. Instead, City and State officials should cease all sweeps and expand access to private, low-barrier shelters and housing so that outreach teams can quickly connect people to a better option than the streets and subways.

Recommendations

In order to help unsheltered homeless New Yorkers, Mayor Adams must:

- Prohibit NYPD from responding to 311 calls requesting assistance for homeless individuals and remove NYPD from all homeless outreach functions. Calls to 311 should only result in the deployment of properly trained DHS-contracted outreach workers.
- Implement the CCIT-NYC (ccitnyc.org) campaign’s proposal for non-police responses to mental health crises.
- Adopt a client-centered, harm reduction approach to outreach for unsheltered homeless individuals, including trained peers on outreach teams and equipping each team with essential items such as socks, hand sanitizer, menstrual products, backpacks, clothing, and coats.
- Ensure notices are translated into multiple languages in compliance with Local Law 30 and provide required interpretation during outreach and other interactions with unsheltered New Yorkers.
- Cease encampment-clearing operations and street sweeps and focus instead on connecting people to resources they want, including low-barrier shelters and permanent housing.
- Open at least 3,000 new Safe Haven and stabilization beds in single-occupancy rooms and offer them to all unsheltered homeless individuals, with a focus on expanding the number of these facilities for women and transgender or gender-non-conforming individuals, and increase drop-in center capacity citywide.
- Allow individuals with disabilities or chronic/severe medical issues to enter Safe Havens without first proving they have been on the streets for a certain length of time.
- Open a sufficient network of public restrooms and 24-hour warming and cooling centers throughout the city with proper air filtration and ventilation, appropriate safety protocols, and adequate personal protective equipment.

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html#facility-encampments>

- Administratively clear all summonses for “quality of life” offenses issued to people as a result of their homeless status.
- Expand the number of overdose prevention centers and ensure that lifesaving harm reduction services are readily available to all New Yorkers.

Mayor Adams and Governor Hochul should together:

- Halt the deployment of additional police in response to homeless people located in transit facilities and trains.
- Reopen 600 NYC inpatient psychiatric unit beds that had been diverted to COVID-19 care, and assure that all admissions, whether for observation or inpatient care, include full care management and discharge planning services.
- Expand access to low-barrier physical and mental health care, including virtual care and street medicine.
- Ensure that any procurement of Medicaid managed care contracts includes robust requirements for the competent and timely provision of integrated health and mental health care for all Health and Recovery Plan (HARP)-eligible individuals, including those who are homeless.
- Expand integrated health clinic availability for sheltered and unsheltered homeless individuals and families, including through any alternate Medicaid payment mechanisms.
- Prevent further loss of acute care and long-term psychiatric inpatient beds and collaborate on strategies to reduce barriers to both inpatient and outpatient psychiatric care.
- Avoid characterizations of homeless people that stereotype them as mentally ill and violent.

Legislation

The Coalition for the Homeless and The Legal Aid Society support the three pieces of legislation presented today, and thank the Council for their commitment to clear information and greater accountability around homelessness and housing.

The Coalition and LAS support the passage of **Intro. 211**, which would increase transparency and create an opportunity for more nuanced analyses of where New Yorkers go once they leave any of the City-administered shelter systems. Current reporting is inadequate and not specific enough to be useful, which forces advocates to submit Freedom of Information Law (FOIL) requests to City agencies to glean information about exits to permanent housing. These FOIL requests have often resulted in cumbersome delays and even litigation in order to receive vital data that City agencies should be regularly tracking, analyzing, and disseminating. Requiring the Mayor’s Office of Operations to report broadly and clearly on these exits across all systems will show where ongoing investments into permanent housing should be focused and whether homeless New Yorkers in various systems have equitable access to deeply subsidized affordable, long-term housing. Requiring the Mayor’s Office of Operations to report on the financings, starts, and completions of permanent housing for those exiting City-administered facilities is essential to ensuring all further planning and investments meaningfully address homeless New Yorkers’ needs.

The Coalition and LAS also support increased transparency regarding the full scope of homelessness in New York City, and **Intro. 212** will help make the data on the City’s various shelter systems more accessible and comprehensive by including populations that are too often

forgotten in public discourse and resource allocation. We were disappointed that this bill did not pass in the prior Council term, and we have been collaborating with other advocates on language changes that could make the bill even stronger.

Together, these two bills will enhance transparency and accountability regarding the scope of the homelessness crisis and the City's progress in helping people move into housing. Since both Intro. 211 and Intro. 212 amend Section 3-113 of the Administrative Code of the City of New York, the Council should ensure that the language related to census reporting and exit reporting is consistent in both bills, or consider combining these two bills into a single piece of legislation. We look forward to working with the Council to pass comprehensive reporting requirements.

Similarly, the **pre-considered introduction T2022-1077** would require the Department of Homeless Services and the Human Resources Administration to track and report certain data regarding rental assistance programs, including CityFHEPS. Rent subsidies are an essential tool in the fight to end homelessness, and the City must track and report data on the outcomes of households who use subsidies to ensure the programs are effective at keeping people housed and identify any barriers to stability. The Coalition and LAS support this bill, which would help City officials continually monitor and improve these vital rental assistance programs.

Conclusion

We thank the General Welfare Committee for the opportunity to testify on this important topic and the legislation, and for the Council's dedication to addressing the crisis of mass homelessness in New York City.

About The Legal Aid Society and Coalition for the Homeless

The Legal Aid Society: The Legal Aid Society (LAS), the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform. This dedication to justice for all New Yorkers continues during the COVID-19 pandemic.

The Legal Aid Society has performed this role in City, State, and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 2,000 attorneys, social workers, paralegals, and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, LAS provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

LAS's legal program operates three major practices — Civil, Criminal, and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by LAS's Pro Bono program. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal

services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. In addition to the annual caseload of 300,000 individual cases and legal matters, LAS's law reform representation for clients benefits more than 1.7 million low-income families and individuals in New York City and the landmark rulings in many of these cases have a State-wide and national impact.

The Legal Aid Society is uniquely positioned to speak on issues of law and policy as they relate to homeless New Yorkers. The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the *Callahan* and *Eldredge* cases. The Legal Aid Society is also counsel in the *McCain/Boston* litigation in which a final judgment requires the provision of lawful shelter to homeless families. LAS, in collaboration with Patterson Belknap Webb & Tyler, LLC, filed *C.W. v. City of New York*, a federal class action lawsuit on behalf of runaway and homeless youth in New York City. Legal Aid, along with institutional plaintiffs Coalition for the Homeless and Center for Independence of the Disabled-NY (CIDNY), settled *Butler v. City of New York* on behalf of all disabled New Yorkers experiencing homelessness, and Legal Aid is currently using the *Butler* settlement to prevent DHS from transferring disabled homeless New Yorkers to congregate shelters without making legally required reasonable accommodations. Also, during the pandemic, The Legal Aid Society along with Coalition for the Homeless continued to support homeless New Yorkers through litigation, including *E.G. v. City of New York*, Federal class action litigation initiated to ensure WiFi access for students in DHS and HRA shelters, as well as *Fisher v. City of New York*, a lawsuit filed in New York State Supreme Court to ensure homeless single adults gain access to private hotel rooms instead of congregate shelters during the pandemic.

Coalition for the Homeless: Coalition for the Homeless, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless and at-risk New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to address the crisis of modern homelessness, which is now in its fifth decade. The Coalition also protects the rights of homeless people through litigation involving the right to emergency shelter, the right to vote, the right to reasonable accommodations for those with disabilities, and life-saving housing and services for homeless people living with mental illnesses and HIV/AIDS.

The Coalition operates 11 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term, scalable solutions and include: Permanent housing for formerly homeless families and individuals living with HIV/AIDS; job-training for homeless and low-income women; and permanent housing for formerly homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition's mobile soup kitchen, which usually distributes 800 to 1,000 nutritious hot meals each night to homeless and hungry New Yorkers on the streets of Manhattan and the Bronx, had to increase our meal production and distribution by as much as 40 percent and has distributed PPE and emergency supplies during the COVID-19 pandemic. Finally, our Crisis Services Department assists more than 1,000 homeless

and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries. In response to the pandemic, we are operating a special Crisis Hotline (1-888-358-2384) for homeless individuals who need immediate help finding shelter or meeting other critical needs.

The Coalition was founded in concert with landmark right-to-shelter litigation filed on behalf of homeless men and women (*Callahan v. Carey* and *Eldredge v. Koch*) and remains a plaintiff in these now consolidated cases. In 1981, the City and State entered into a consent decree in *Callahan* through which they agreed: “The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter.” The *Eldredge* case extended this legal requirement to homeless single women. The *Callahan* consent decree and the *Eldredge* case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed monitor of municipal shelters for homeless single adults, and the City has also authorized the Coalition to monitor other facilities serving homeless families. In 2017, the Coalition, fellow institutional plaintiff Center for Independence of the Disabled – New York, and homeless New Yorkers with disabilities were represented by The Legal Aid Society and pro-bono counsel White & Case in the settlement of *Butler v. City of New York*, which is designed to ensure that the right to shelter includes accessible accommodations for those with disabilities, consistent with Federal, State, and local laws. During the pandemic, the Coalition has worked with The Legal Aid Society to support homeless New Yorkers, including through the *E.G. v. City of New York* Federal class action litigation initiated to ensure WiFi access for students in DHS and HRA shelters, as well as *Fisher v. City of New York*, a lawsuit filed in New York State Supreme Court to ensure homeless single adults gain access to private hotel rooms instead of congregate shelters during the pandemic.