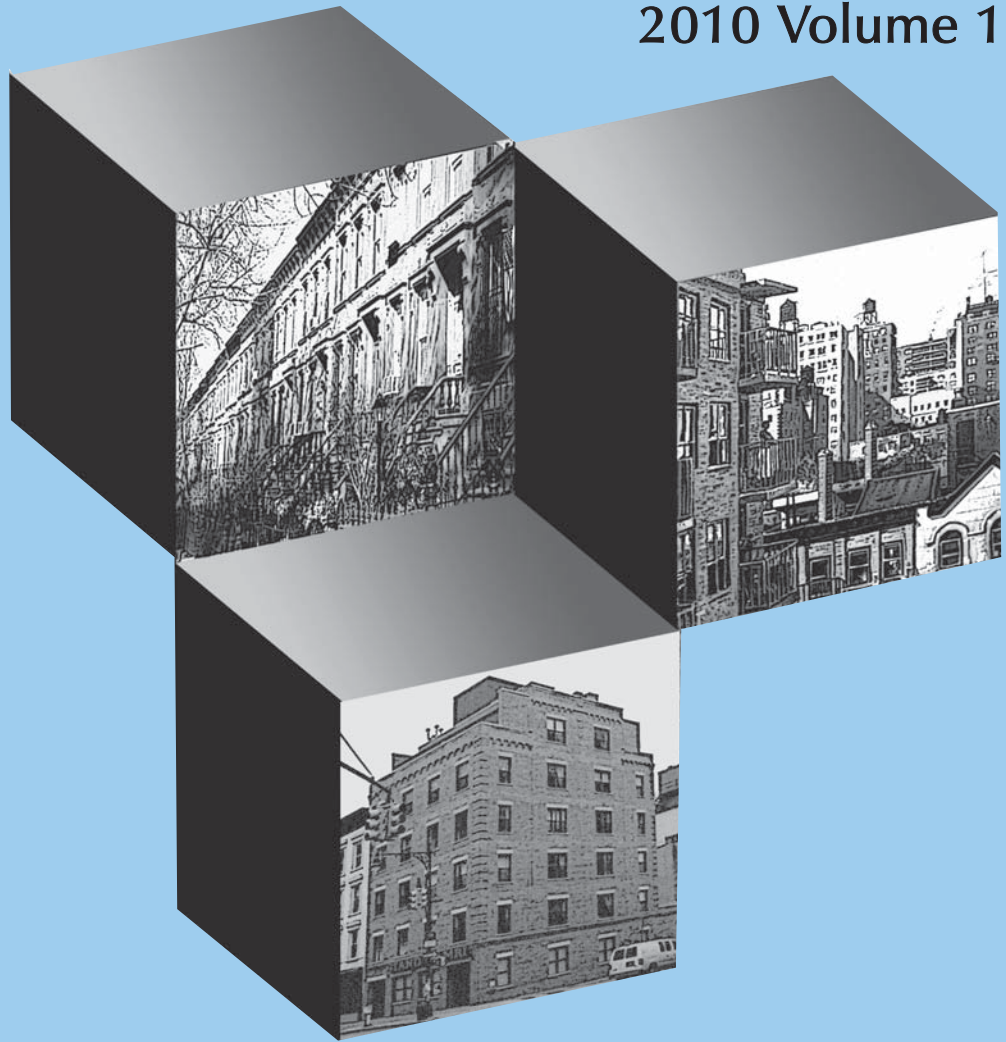


# Proposed Consolidated Plan

2010 Volume 1



**NYC** PLANNING  
DEPARTMENT OF CITY PLANNING CITY OF NEW YORK

*Effective as of October 8, 2009*

# Proposed Consolidated Plan

2010  
Volume I



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# Proposed 2010 CONSOLIDATED PLAN

October 8, 2009

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# *Executive Summary*

## *Proposed 2010 Consolidated Plan*

### Introduction

The *Proposed 2010 Consolidated Plan* is the City of New York's annual application to the United States Department of Housing and Urban Development (HUD) for the four Office of Community Planning and Development entitlement programs: Community Development Block Grant (CDBG), HOME Investment Partnership (HOME), Emergency Shelter Grant (ESG), and Housing Opportunities for Persons with AIDS (HOPWA).

New York City's Consolidated Plan Program Year 2010 begins January 1, 2010 and ends December 31, 2010. According to federal Consolidated Plan regulations, localities are required to submit their Proposed Plan no later than 45 days prior to the start of the Program Year (November 15, 2009).

In addition to its One-Year Action Plan for the 2010 Consolidated Plan Program Year, the Proposed Plan contains New York City's submission to HUD of its Five-Year Strategic Plan for Consolidated Plan Years 2010-2014. Therefore, the *Proposed 2010 Consolidated Plan* consists of four volumes: Volume 1. Community Profile, and Supportive Housing Continuum of Care; Volume 2. Five-Year Strategic Plan: Priorities and Actions; Volume 3. Action Plan: One Year Use of Funds; Volume 4. Other Actions; Summary of Citizens' Comments, and Appendices.

### Citizen Participation

#### In the Consolidated Plan Formulation Process

In accordance with federal regulations 24 CFR 91.105(e)(1), regarding Consolidated Plan citizen participation requirements, the City of New York conducted a public hearing to solicit comments on the formulation of the Proposed 2010 Consolidated Plan on April 14, 2009.

New Yorkers were invited to attend and participate in the formulation and development of the Consolidated Plan in several ways. Over 2,200 notification letters were sent to New York City residents, organizations and public officials inviting participation in the public hearing. In addition, notices of the previously mentioned activity were published in three local newspapers, one English-language, a Spanish-language, and a Chinese-language daily, each with citywide circulation. Furthermore, a notice was placed as a public service message on the New York City-operated local cable television access channel. The respective notices included relevant Plan-related information so that informed comments are facilitated.

The summarized citizens' comments and agencies' responses are provided at the end of this Executive Summary.

Over the past several Consolidated Plan program years, there has been a decrease in participation in New York City's Consolidated Plan Citizen Participation process. The decrease may be attributed to several factors. First, the steady decrease in federal formula entitlement funds appropriated by Congress for municipalities over the past several years has left New York City little or no opportunity to fund new initiatives or activities proposed or advocated by the public. This is due to the fact that the entitlement grant monies received are used to maintain the activities of the City's existing programs at or near their previous levels.

Second, the formula entitlement funds are used in combination with other funding sources, such as City Capital and Tax Levy funds, and are therefore guided by the City's budget formulation process. The City's Charter-

mandated budget process provides numerous opportunities for citizens to provide input. The public and nonprofit organizations use the budget formulation process to advocate for and make recommendations regarding the City's use of HUD entitlement funds as part of a range of potential city, state and federal funding sources to address their needs. The Consolidated Plan is a reflection of the decisions made in that process. The budget formulation schedule is fully described in Volume 4 of the Proposed Consolidated Plan, Part IV.A., Citizen Participation Plan. In addition, the New York City Independent Budget Office (IBO) has a pamphlet: *The Road to Adopting New York City's Budget*, which provides a brief overview of the process and contact information regarding the various local government entities which contribute to or provide input regarding the City's proposed budget. The pamphlet is available on the web at: <http://www.ibo.nyc.ny.us/IBORoadmap.pdf>.

Lastly, as a result of the overall decrease in the amount of federal formula entitlement funds the City has received, the public and nonprofit organizations have used the City's budget formulation process to petition the Council to increase the City's allocation of its own funds to various programs in order to offset the reductions in the amount of federal entitlement monies allocated/budgeted to the respective programs.

#### In the Public Comment Review Period and Public Hearing

In order to notify the public of the release of the Proposed Consolidated Plan for public review and of the federally-required public hearing on the contents of the document, the City utilized the same notification methods as it did to announce the public hearing for the formulation of the Proposed Plan. In addition, copies of the *Proposed 2010 Consolidated Plan* were mailed to both the Chairperson and District Manager of each of the City's 59 Community Boards.

To provide public access to the document, copies of the *Proposed 2010 Consolidated Plan* can be obtained at the **City Planning Bookstore**, 22 Reade Street, New York, New York 10007, Phone: 212-720-3667, (**Monday 12:00pm to 4:00pm, Tuesday through Friday 10:00am to 1:00pm**) or any of the New York City Department of City Planning borough offices. (See end of summary for the locations of the Department of City Planning borough offices.)

In addition, copies of the Proposed Consolidated Plan were made available for reference in the City's Municipal Reference & Research Center (the City Hall Library), and the main public library in each of the five boroughs. (The locations of the respective libraries are provided at the end of the Summary).

Furthermore, the Department of City Planning posted the *Proposed 2010 Consolidated Plan* on the Department's website in Adobe Acrobat format for review by the public. The Internet-based version may be accessed at:

**<http://www.nyc.gov/planning>**

Public comments received from the public comment period, the public hearing and agencies' responses will be incorporated into the version of the Proposed 2010 Consolidated Plan submitted to HUD

#### Institutional Structure

The New York City Consolidated Plan serves not only as the City's application for federal funds for four HUD Office of Community Planning and Development formula programs (CDBG, HOME, ESG and HOPWA), but also as the HOPWA grant application for three (3) surrounding counties within the New York Eligible Metropolitan Statistical Area (EMSA): Putnam; Rockland; and, Westchester. The County of Westchester

administers the HOPWA funds for the cities of Mount Vernon, New Rochelle, and Yonkers which are incorporated within its boundaries.

The New York City Department of City Planning is the lead agency in the City's Consolidated Plan application process and is responsible for the formulation, preparation and development of each year's proposed Consolidated Plan. City Planning coordinates Plan-related activities between the Consolidated Plan Committee member agencies and the federal government.

The four federal entitlement programs, CDBG, HOME, HOPWA and ESG, are administered by the following City agencies respectively Office of Management and Budget (OMB), the Department of Housing Preservation and Development (HPD), the Department of Health and Mental Hygiene – Bureau of HIV/AIDS Prevention and Control (DOHMH-BHAPC), and the Department of Homeless Services (DHS).

In addition, the New York City Housing Authority (NYCHA), using primarily Public Housing Capital funds, administers public housing new construction, rehabilitation and modernization activities, and home ownership opportunity programs, along with a Section 8 rental certificate and voucher program for its tenant population.

Furthermore, the City of New York's Continuum of Care for the Homeless and Other Special Needs Populations is administered by various City agencies, each according to their respective area of expertise. The supportive housing programs and services are funded primarily with City (capital and/or expense) and/or State funds.

The Department of Homeless Services (DHS) coordinates social and physical services for homeless families and individuals. Programs for runaway and homeless youth and children aging out of foster care are administered by the Department of Youth and Community Development (DYCD) and Administration for Children's Services (ACS), respectively.

The Human Resources Administration (HRA) provides a range of public benefits and social services which assist in homeless prevention and/or diversion. These are often delivered in conjunction with government sponsored housing efforts. Through HRA's HIV/AIDS Administration (HASA), HRA provides emergency and supported housing assistance and services for families, single adults and children with HIV-related illness or AIDS. The City's Department of Health and Mental Hygiene - Division of Mental Hygiene, along with the State's Offices of Mental Health (OMH), Office of Mental Retardation/Developmental Disabilities (OMRDD), and Office of Alcoholism and Substance Abuse Services (OASAS), plans, contracts for, and monitors services for these disability areas and provides planning support to OASAS in the field of substance abuse services. Several other City agencies address the concerns of targeted groups of citizens by providing housing information and supportive housing services assistance, such as the Department of the Aging (DFTA) (the elderly and frail elderly), the Mayor's Office for People with Disabilities (MOPD) (persons with a disability), and the Mayor's Office to Combat Domestic Violence (MOCDV) (victims of domestic violence).

## Part I: Community Profile

### Population Profile

New York City's total population in 2005-2007 was 8,246,310 (according to the U.S. Census Bureau's American Community Survey (ACS) 3-Year Estimates). The City continued the trend towards diversity first reported in the 1990 Census: no one racial or ethnic group comprised more than half of the total population. Between 2005-2007, the number of whites and Hispanics remained the same at 35 percent (2,901,098) and 27 percent (2,260,141), respectively, of the City's total population. The Asian population now represents approximately 12 percent (945,004), while Black or African-American decreased to approximately 24 percent (1,952,817) of the total.

Compared with most of the country, New York City has a large share of both high-income households and low-income households. Approximately 35 percent of New York households have incomes at or above \$75,000, reflective of the rest of the U.S. (31 percent). However, 15 percent of the City's households have incomes below \$15,000, compared with only 13 percent in the rest of the country. The share of New Yorkers below the poverty line decreased from 21 percent in 1999 to 19 percent in 2005-2007. Between 1999 and 2005-2007, the population under 18 years and adults 18 to 64 experienced a decrease in the number of persons below the poverty line. However, the elderly (65 years and over) population below the poverty line increased by 15 percent from approximately 160,000 to 184,000.

New York City has the largest immigrant population of any city in the United States. According to the 2005-2007 ACS, there were over 3 million foreign-born persons living in New York City, constituting 36.9 percent of the total population. Nearly 1.5 million of the 3 million foreign-born persons living in New York City were naturalized citizens. Almost one-fifth of foreign-born New Yorkers in 2005-2007 were recent arrivals, having come into the country in 2000 or later. The median age for immigrants to New York City arriving after 2000 was 29 years, slightly below the figure of 31 years for the general population reported in the 2005-2007 ACS.

The median household income for foreign-headed households increased to \$44,700 or 28 percent over the 2000 median of \$35,000. However, this median household income was \$7,700 lower than that for native-headed households: \$44,700 compared with \$52,400. In percentage terms, the gap has increased slightly, with the foreign-headed household median about 85 percent of that for native-headed households, as compared to approximately 88 percent in 2000 and 90 percent in 1990.

There were over 3.1 million households in New York City according to the 2008 Housing Vacancy Survey (HVS). Of City households, 67 percent, or 2,082,000 are renters and 1,019,000 or 33 percent, are owners.

Households headed by a white non-Hispanic householder made up 43 percent of all the households in the city. Black (non-Hispanic) households were 22 percent of all households, and Hispanic householders (all races) were 23 percent of all households. Asian households were 10 percent of all households. Household sizes in these three last groups were larger than for whites.

Renter households in the City in 2008 were headed by 37% white householders, 29% Hispanic, 24% black and 9% Asian householders. Among all the combinations of HUD's Household Type and race/Hispanic origin, the larger components of renter households are: White "all other" (15.8%), Hispanic "small related" (15.1%), White "small related" (12.3%), and Black "small related" (11.9%).

Owner households in the City are predominantly White (56%), followed by 19% Black, 13% Asian and 12% Hispanic. The larger components of all owner households by HUD's Household Type and race/Hispanic origin are: White "small related" households (24.9%), White "small elderly" (17.7%), White "all other" (10.4%) and Black "small related," 8.9%.

### Housing Profile

According to the 2008 HVS, the total number of housing units in New York City was 3,328,000 in 2008, up from 3,261,000 in 2005. The total number of renter-occupied and vacant available for rent units was 2,144,000 in 2008 and the total number of owner-occupied and vacant for sale units was 1,046,000. In 2008, the rental vacancy rate in New York City was just 2.91 percent, as 62,499 vacant units were available for rent out of 2,144,451 occupied and vacant available rental units. This is little change from the 64,737 vacant available rental units in 2005, and indicates the very serious shortage of vacant available for rent housing units in the City.



Rental stock dominates the overall housing stock in the City, which was about two-thirds rental units (64.4 percent of all occupied and vacant housing units in the City), with the remaining one-third being either owner units (31.4 percent) or vacant units not available for sale or rent (4.1 percent) in 2008. Rental units are 67.2 percent of the occupied and vacant available housing stock in the City.

#### Housing Problem by HUD Income Categories

The following analysis is by HUD-defined income categories: extremely low-, very low-, other low-, and moderate/middle-income New York City households. In this discussion “Any Housing Problem” among renters consists of rent burden (gross rent/income ratio) greater than 30 percent, or physically poor housing condition, or overcrowding (more than one person per room). For owners, “Any Housing Problem” consists of overcrowding and/or physically poor housing conditions. “Physically poor” housing means a housing unit that is either: in a dilapidated building, or lacks a complete kitchen and/or bath for exclusive use, or has four or more maintenance deficiencies, or is in a building with three or more types of building defects. The data presented here is not the full extent of the City’s overall housing needs. However, it constitutes fundamental housing needs data for units that would be eligible for federally-funded housing activities under HUD income eligibility limits.

#### Extremely Low-Income (0-30% MFI)

According to the 2008 HVS, 76.3 percent of extremely low-income renters experience some housing problem, particularly among large related households, where 92 percent experience some housing problem. Overall, about 10.1 percent of extremely low-income renter households live in crowded conditions (more than 1.0 person per room). Crowding in owner-occupied extremely low-income households is very low. About 10% of all extremely low-income renter households rent units in physically poor condition. The highest incidence of this problem is among large related households, where 15 percent rent physically poor units. Very few extremely low-income owner households live in physically poor housing. 90 percent of extremely low-income renters experience housing cost burden over 30 percent, including 75 percent who suffer from extreme cost burden (over 50 percent of income).

#### Very Low-Income (31-50% MFI)

Of very low-income renter households, 12.4 percent, or 40,000 households, live in crowded conditions. This problem is most concentrated in large related households, where 64 percent live in crowded units. The rate of crowding in very low-income owner households is very low. Of these very low-income renter households, 9.2 percent, or 30,000 households, live in physically poor conditions. Virtually no owner-occupied households at this income level occupy physically poor housing. Eighty-one percent of very low-income renters in this income range suffer from housing cost burden, with 41 percent suffering from extreme cost burden.

#### Other Low-Income (51-80% MFI)

Of Other low-income renter households, 12.2 percent live in crowded conditions. The crowding problem is particularly severe among large related households, where 66.6 percent live in crowded units. Nine percent of these low-income renter households at 51 – 80% MFI live in units that are physically poor. The highest incidence occurs among small related households where 10 percent rent physically inadequate units. Fifty-one percent of renters in this low-income income range suffer from housing cost burden, including 10 percent with extreme cost burden.

#### Moderate/Middle-Income (81-120% MFI)

Among these moderate/middle-income renters, 8 percent of the units were physically poor in some manner. Large related households experienced the highest incidence of the household types, at 13 percent in physically poor housing. The incidence of crowding for renters, 10.5 percent, is similar to that of all renter households (10.1 percent). In this income range, which straddles HUD's median income by household size for the area, 20 percent of renter households had a cost burden.

#### Public Housing Profile

As of June 30, 2009, the New York City Housing Authority (NYCHA) operated 178,986 units of conventional low-income public housing. 158,847 of these apartments are federally subsidized, while the remainder are State and City subsidized developments. NYCHA operates 10,100 apartments exclusively for seniors in 42 senior-only developments and an additional 14 senior-only buildings located in family developments. As of June 30, 2009, over 93% of NYCHA apartments are over 30 years old.

NYCHA's stock is expected to decrease slightly during the next five years through the sale of 262 FHA repossessed homes and 231 Multifamily Homeownership Opportunity Program (MHOP) apartments.

NYCHA's official public housing resident population was 401,357, as of January 1, 2009. It should be noted that this figure does not include unauthorized persons living doubled up in Public Housing or Section 8 Transition households in the City and State developments.

#### Supportive Housing Continuum of Care the Homeless and Other Special Needs Populations

This section describes the City's Supportive Housing Continuum of Care for Homeless and Other Special Needs Populations. The Supportive Housing Continuum of Care for the Homeless describes the activities which address the needs of homeless individuals and families, to prevent low-income individuals and families from becoming homeless, to help homeless persons make the transition to permanent housing and permanent living. The Supportive Housing Continuum of Care for Other Special Needs Populations addresses the special needs of nonhomeless persons, such as the Mentally Ill, the Chemically Dependent, and the Mentally and Developmentally Disabled, Persons with HIV/AIDS, Victims of Domestic Violence, the Elderly and Frail Elderly, and Persons with Physical Disabilities.

The City of New York uses its Emergency Shelter Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA) formula entitlement funds to provide emergency shelter to homeless families and individuals, and supportive housing for persons living with HIV/AIDS, respectively. It should be noted that both the City and the State of New York provide a significant portion of the monies used to operate the supportive housing programs for the other special needs populations.

Since 2005 the Department of Homeless Services (DHS) has conducted an annual city-wide estimate of the street homeless population, the Homeless Outreach Population Estimate, or HOPE. The January 2009 HOPE estimated there were 2,328 unsheltered individuals within the City of New York.

DHS's homeless Shelter System is divided into two functional components: Division of Family Services and the Division of Adult Services, respectively. The Division of Family Services oversees the emergency family shelter system for families with children or pregnant women in New York City. The Division of Adult Services provides services to single adults and adult families without children who are a legal family through marriage or verifiable co-dependence.

In City Fiscal Year (CFY) 2009, families with children constituted 85% of the total number of families in the DHS shelter system, adult families (without children) constituted 15%. A total of 26,353 families were provided shelter with 91,255 individuals making up those families. Homeless families (adults with minor children or pregnant women) receive transitional services in transitional family residences that come in a variety of models, most of which offer apartment style units and a wide array of support services. As of August 26, 2009, the Division of Family Services provided temporary shelter in 74 Tier II shelters, 48 hotels, and 10 cluster sites. Of these facilities, 5 are being operated directly by DHS. The average number of families with children in shelter per day in CFY09 was 7,948. The average length of stay for these families was 281 days.

Beginning in 2009, transitional housing operations for adult families (families without minor children) moved to the Division of Adult Services. This division oversees 16 adult family residences. The average number of adult families in shelter per day in CFY09 was 1,276. The average length of stay for these families was 370 days.

The Division of Adult Services oversees the Agency's shelter system of emergency and transitional housing facilities for single adult men and single adult women. As of the end of CFY 2009, there are 50 facilities with 7,490 beds in use. There are 26 facilities for women (2,082 beds) and 32 for men (5,408 beds), eight of which are co-ed facilities (*for homeless adult families without minor children*). Four of these facilities are operated directly by the Department of Homeless Services and the rest are operated by non-profit organizations under contract with DHS. In CFY 2009, an average of 7,212 single adults (5,183 men and 2,029 women) resided in the shelter system each night including DHS Safe Havens and veteran's short-term housing, and a total of 29,124 unique individuals (22,079 men and 7,045 women) were provided temporary housing during the year.

Due to New York State laws on the confidentiality rights of persons who are HIV-positive or have AIDS, there is no count of persons living with AIDS or related diseases who are in the shelter system available. Persons who have identified themselves as such are referred to other supportive housing arrangements for people living with AIDS/HIV.

New York City remains the HIV epicenter of the United States (US). In 2007, New York City comprised 3.2% of the United States population, but accounted for 9.3% of new AIDS diagnoses, 10.9% of new HIV diagnoses, 14.3% of AIDS deaths in the nation and 18.6% of people living with HIV/AIDS. More recently, the New York City Department of Health and Mental Hygiene (DOHMH) reports that as of June 30, 2008, there were 104,234 New Yorkers living with HIV/AIDS.<sup>1</sup> In the first half of 2008, 1,407 New Yorkers were newly diagnosed with HIV (non-AIDS) and an additional 1,603 were newly diagnosed with AIDS. Within the NYC EMSA, more than 108,000 people were living with diagnosed HIV/AIDS at the end of 2007.<sup>2</sup>

HIV prevalence in NYC is neither evenly distributed throughout the 5 boroughs, nor among sub-populations. Unfortunately the lowest-income communities of NYC also have the highest proportion of minority racial/ethnic groups, and the most concentrated HIV/AIDS prevalence areas. Therefore, it is just as important to account for race/ethnicity as a transmission risk factor in these disproportionately affected areas. Through the first half of 2008, Blacks and Hispanics together represented 77.2% of all persons living with HIV/AIDS in NYC. Meanwhile, the proportion of newly diagnosed AIDS cases in NYC among Whites decreased from 48.8% in 1981 to 14.5% in the first half of 2008. Blacks comprised more than half of persons newly diagnosed with HIV

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<sup>1</sup> HIV Epidemiology and Field Services Program, New York City Department of Health and Mental Hygiene. HIV Epidemiology and Field Services Semiannual Report. April 2009.

<sup>2</sup> Bureau of HIV/AIDS Epidemiology, New York State Department of Health. New York State HIV/AIDS Surveillance Annual Report. May 2009. [http://www.health.state.ny.us/diseases/aids/statistics/annual/2007/2007-12\\_annual\\_surveillance\\_report.pdf](http://www.health.state.ny.us/diseases/aids/statistics/annual/2007/2007-12_annual_surveillance_report.pdf)

or AIDS in the first half of 2008 (51.2%). Viable prevention, treatment, and care approaches that intervene at multiple levels for these populations should continue to be a priority.

The high prevalence of HIV/AIDS in the NYC EMSA among people who are homeless or unstably housed significantly increases the cost and complexity of NYC's HIV/AIDS care system. Without safe, appropriate shelter, persons with AIDS are unable to adhere to complex antiretroviral drug regimens and also are exposed to conditions that threaten their health and well-being.

## Part II: Five-Year Strategic Plan

It is important to note the 2008 HVS data regarding housing conditions (overcrowding, housing quality, and rent burden), the homeless populations, and persons living with HIV/AIDS data that are described in Volume 1., Part I., Community Profile represents the City of New York's actual housing needs in terms of the creation, rehabilitation and retention of affordable housing and supportive housing. While the City has made progress in addressing these needs, the level of housing needs cannot be totally remedied within the next five years without a substantial increase in the level of federal funds appropriated to HUD by Congress.

In addition, the City cannot predict future Congressional appropriations for HUD formula entitlement programs, and as an extension, the level of accomplishment that would be achieved through the expenditure of potential federal monies. Therefore, to obtain its five-year Performance Indicator projections, the City has multiplied by five its proposed annual accomplishment data for the formula entitlement-funded program activities expected to be funded in the 2010 Consolidated Plan program (flat-level funding method).

For the 2010-2014 Consolidated Plan Strategic Plan the City of New York is required to use HUD's Performance Outcome Measurement System. The Performance Outcome Measurement System was developed to enable HUD to collect and aggregate standardized performance data on entitlement-funded activities from all entitlement grantees nationwide for use in reporting to Congress on the effectiveness of its formula entitlement programs.

The outcome performance measurement system includes objectives, outcome measures and performance indicators that describe the intended outputs of the various entitlement-funded activities. There are three (3) objectives: creating Suitable Living Environments; providing Decent Affordable Housing; and, creating Economic Opportunities. When combined with the three (3) performance outcome categories of: Accessibility/Availability; Affordability; and, Sustainability, the following nine (9) performance measurement statements are created:

- Accessibility for the purpose of providing Decent Affordable Housing
- Affordability for the purpose of providing Decent Affordable Housing
- Sustainability for the purpose of providing Decent Affordable Housing
- Accessibility for the purpose of creating Suitable Living Environments
- Affordability for the purpose of creating Suitable Living Environments
- Sustainability for the purpose of creating Suitable Living Environments
- Accessibility for the purpose of creating Economic Opportunities
- Affordability for the purpose of creating Economic Opportunities
- Sustainability for the purpose of creating Economic Opportunities

In addition to determining the performance outcome measurement, the System requires entitlement grantees to collect and enter accomplishment data into the HUD Integrated Disbursement and Information System (IDIS) according to eighteen (18) federally-defined Performance Indicator categories. Performance Indicator

categories encompass housing construction and rehabilitation, public services and facilities, business/economic development, and homelessness prevention-related activities.

It is important to note that while the eighteen Performance Indicator Categories are designed to capture a majority of the eligible entitlement-funded activities a grantee may undertake, they do not capture every eligible activity. Therefore, due to the limitations of the Performance Indicators there are entitlement-funded strategic objectives that the City of New York intends to address in the 2010-2014 Consolidated Plan Program Years that will not be captured by the Performance Outcome Measurement System. The City has categories these strategic objectives as *N/I* - No Appropriate Indicator, or *N/A*- Not Applicable.

As a result of the Performance Outcome Measurement System's inability to categorize all eligible entitlement-funded activities, the City will reflect the proposed accomplishments by identifying the specific activity undertaken by the program within the given Consolidated Plan Program Year's One-Year Action Plan.

For Consolidated Plan Program Years 2010-2014, the City of New York has identified:

- Four formula entitlement-funded strategic objectives that aim to increase or improve *Accessibility to Decent Affordable Housing* which will result in: 189,540 persons assisted with new/improved access to services (cumulative); 90 rental or owner-occupied units made accessible to persons with disabilities; 5,605 homeownership units constructed; and 250 first-time homebuyers provided with direct financial assistance.
- Eleven formula entitlement-funded strategic objectives that aim to provide or increase *Decent Affordable Housing* which will result in over approximately: 4,385 rental units rehabilitated to bring them from substandard to standard condition; 1,226,140 households provided with legal assistance to prevent homelessness; 6,250 homeless persons given overnight shelter; 339 persons living with AIDS provided with tenant-based rental assistance; 44,500 persons living with AIDS provided with supportive services; and 4,150 persons living with AIDS provided with supportive housing.
- Three formula entitlement-funded strategic objectives that aim to *Sustain Decent Housing* which will result in: 106,755 rental units rehabilitated; 6,420 owner-occupied units rehabilitated to be lead-safe compliant; and 37,500 housing units served through an anti-drug effort.
- Seventeen formula entitlement-funded strategic objectives that aim to increase the *Availability/Accessibility to a Suitable Living Environment* which will result in: 1,461,080 persons assisted with new/improved access to services; 2,325 homeless persons given overnight shelter; 50 public facilities rehabilitated; 11,000 persons provided new/improved access to a facility; and 50,562,100 individuals served through recreational programs.
- One formula entitlement-funded strategic objective to increase *Affordability of a Suitable Living Environment* which will result in: 2,855 persons assisted with a new/improved access to services.
- Five formula entitlement-funded strategic objectives that aim to increase or improve the *Sustainability of a Suitable Living Environment* through the: home repairs for 11,000 elderly homeowners; the façade renovation for 60 owner-occupied historic homes; renovation to 15 commercial façades on historic buildings; and, 500 demolitions to remove slum or blighted conditions as part of geographically targeted revitalization effort; 40 cultural organizations assisted through capacity building efforts; and 185,000 persons educated about the Bronx River.
- Three formula entitlement-funded strategic objectives that aim to increase the *Availability/Accessibility to Economic Opportunity* which will result in: 1,257,750 persons assisted with new/improved access to literacy, educational or vocational services; 17,500 existing businesses assisted; 20,000 new businesses assisted; and 11,500 persons served through Business Basics Training.
- Three formula entitlement-funded strategic objectives for which there is No Appropriate Performance Indicator (N/I); and five strategic objectives for which a Performance Indicator is Not Applicable (N/A).

### Part III: One-Year Action Plan

#### Summary of Annual Use of Grant Funds

For the 2010 Program Year, the City expects to receive approximately \$436,492,300 from the four HUD formula grant programs; \$251,179,000 for CDBG, \$124,733,300 for HOME, \$52,654,400 for HOPWA, and \$7,925,600 for ESG.

These funds are primarily targeted to address the following eligible activities: housing rehabilitation and community development to maximize the preservation of the City's housing stock; the City's continuum of care for homeless single adults and homeless families; and housing opportunities and housing support services for persons with HIV/AIDS.

Housing and Urban Development entitlement grants provided to the City of New York are expected to achieve the following objectives and outcomes:

#### Community Development Block Grant

- Four programs expect to receive an accumulative total of \$1,040,000 for the purpose of providing accessibility to decent affordable housing.
- Nine programs expect to receive an accumulative total of 57,076,000 for the purpose of providing affordability for decent affordable housing.
- Four programs expect to receive an accumulative total of \$39,745,000 for the purpose of providing sustainability of decent affordable housing.
- Eleven programs expect to receive an accumulative total of \$25,487,000 for the purpose of creating/improving accessibility to suitable living environments.
- One program expects to receive a total of \$3,292,000 for the purpose of creating/improving affordability for suitable living environments.
- Five programs expect to receive an accumulative total of \$7,348,000 for the purpose of creating/improving sustainability of suitable living environments.
- Four programs expect to receive an accumulative total of \$5,996,000 for the purpose of creating/improving accessibility to economic opportunity.
- Three programs for which there is no appropriate HUD Performance Indicator and, therefore, no applicable HUD defined outcome/objective statement, expect to receive an accumulative total of \$63,584,000 to undertake CDBG-eligible activities.
- The remainder of CDBG funds, \$43,757,000, will be used for program administration and planning and, therefore, HUD-defined outcome/objective statements are not applicable.

#### HOME Investment Partnership

- Eight programs expect to receive an accumulative total of \$92,504,742 for the purpose of providing accessibility to decent affordable housing.
- Four programs expect to receive an accumulative total of \$18,392,125 for the purpose of providing affordability of decent affordable housing.
- One program expects to receive approximately \$1,363,110 for the purpose of providing sustainable decent affordable housing.
- The remainder of HOME funds, approximately \$12,473,300, will be used for program administration and planning and, therefore, is not applicable to HUD defined outcome/objective statements.

Emergency Shelter Grant

- Three programs expect to receive an accumulative total of approximately \$7,925,600 for the purpose of creating accessibility to suitable living environments.

Housing Opportunities for Persons with AIDS

- Three programs expect to receive an accumulative total of approximately \$48,487,000 for the purpose of providing affordability of decent affordable housing.
- The remainder of HOPWA funds, approximately \$1,449,600, will be used for program administration and planning and, therefore, is not applicable to HUD defined outcome/objective statements.

Summary of Funding from All Sources

In total, over **\$2.164 billion** in combined funds is expected to be received in 2010. The four formula grants previously discussed account for approximately **\$436.492 million** of this figure.

Other Federal Funds include New York City Housing Authority (NYCHA) public housing authority funds and HUD Competitive Grant program monies.

Summary Table of Funding Sources

	Amount City Expects to Receive in 2010	Amount City Expects to be Received by Other Entities in 2010
Total Federal		
CDBG	\$ 251,179,000	\$ 0
HOME	\$ 124,733,307	\$ 0
ESG	\$ 7,925,555	\$ 0
HOPWA	\$ 52,654,359	\$ 0
NYCHA Funds	\$ 0	\$ 756,738,365*
HUD Competitive	\$ TBD	\$ TBD
Total State	\$ 14,000,000	\$ 17,700,000
Total City	\$ 839,410,601	\$ 0
Total Private	\$ 0	\$ 100,230,125
<b>Total All Sources</b>	<b>\$ 1,299,902,822</b>	<b>\$ 874,668,490</b>

\* Includes \$423,284,300 in Public Housing Capital Funds-American Recovery and Reinvestment Act funds

Summary of Citizens' Comments

Comments from the Public Hearing on the Formulation of the Proposed Consolidated Plan

Three persons provided comments.

One person advocated for the use of HOPWA funding for continued legal services to prevent eviction of persons living with AIDS from their rental units. The speaker indicated the current HOPWA contract with a legal service provider for such services had reached its expiration.

In response, the current funding for HIV/AIDS housing-related legal advocacy supported by the City of New York's Housing Opportunities for Persons with AIDS (HOPWA) program was a one-time appropriation in order to support the efforts of legal advocacy providers to assist persons with HIV/AIDS and their families who were facing eviction. Although the program has been successful at serving persons with HIV/AIDS and their families, there is currently no additional HOPWA funding available with which to continue these programs. However, a

portion of the City’s Homelessness Prevention and Rapid Re-Housing Program (HPRP) grant has been allocated to anti-eviction services. Specifically, funding will support legal assistance and social services to low-income persons living with HIV/AIDS who have difficulty maintaining safe, appropriate permanent housing.

Another speaker, a president of a local development corporation, petitioned on behalf of his organization for an increase in CDBG funding for economic development programs. The speaker indicated an increase in funding would assist the organization in furthering economic development programs focused on retaining and creating jobs within the Jamaica community.

The City of New York notes that the CDBG-funded Avenue NYC Program has received an additional \$500,000 in CD funding only for the City Fiscal Year 2010.

The last speaker advocated funding for programs that provide housing and assistance to women and children in the shelter system, specifically for victims of domestic violence. The speaker was of the opinion this homeless subpopulation is often over-looked and as a result, shelter/housing programs for victims of domestic violence are under-funded.

In response, the City has several programs that help homeless families transition from shelter to permanent housing. These programs are Advantage, NYCHA housing and Section 8. Although these programs are not specific to domestic violence survivors, these programs provide resources to help clients attain permanency and self-sufficiency.

**Additional Information**

Copies of the *Proposed 2010 Consolidated Plan* can be obtained at the following Department of City Planning offices:

<p><b>Bronx Office</b> 1 Fordham Plaza, 5th floor Bronx, New York 10458 Contact: Kim Canty (718) 220-8500</p>	<p><b>Queens Office</b> 120-55 Queens Boulevard, Room 201 Queens, New York 11424 Contact: Brunilda Rivera (718) 286-3169</p>
<p><b>Brooklyn Office</b> 16 Court Street, 7th floor Brooklyn, New York 11241 Contact: Gleno Holder (718) 780-8280</p>	<p><b>Staten Island Office</b> 130 Stuyvesant Place, 6th floor Staten Island, New York 10301 Contact: Patti Thode-Nolan (718) 556-7240</p>

Copies of the *Proposed 2010 Consolidated Plan* are available for reference at the following public libraries:

<p><b><i>NYC Municipal Reference &amp; Research Center</i></b> 31 Chambers Street, Suite 110 New York, NY 10007 (212) 788-8590</p>	<p><b><i>Science, Industry and Business Library</i></b> 188 Madison Avenue at 34<sup>th</sup> Street New York, N.Y. 10016 (212) 592-7000</p>
<p><b><i>Mid-Manhattan Library</i></b> 455 Fifth Avenue (at 40<sup>th</sup> Street) New York, N.Y. 10016 (212) 340-0863</p>	<p><b><i>Bronx Reference Center</i></b> 2556 Bainbridge Avenue Bronx, N.Y. 10458 (718) 579-4257</p>
<p><b><i>(Brooklyn) Central Library</i></b> Grand Army Plaza Brooklyn, N.Y. 11238</p>	<p><b><i>Queens Central Library</i></b> 89-11 Merrick Boulevard Jamaica, N.Y. 11432</p>



(718) 230-2100	(718) 990-0778/0779/0781
<b><i>St. George Library Center</i></b> 5 Central Avenue Staten Island, N.Y. 10301 (718) 442-8560	

Any questions or comments concerning the City’s Consolidated Plan may be directed to:

Charles V. Sorrentino  
New York City Consolidated Plan Coordinator  
Department of City Planning  
22 Reade Street, 4N  
New York, New York 10007  
Phone (212) 720-3337  
FAX (212) 720-3495

**INTRODUCTION**  
**to**  
**PROPOSED 2010 CONSOLIDATED PLAN**  
**(Volumes 1, 2, 3 and 4)**

This is the City of New York's *Proposed 2010 Consolidated Plan* which serves as the City of New York's official application for the four U.S. Department of Housing and Urban Development (HUD) Office of Community Planning and Development entitlement programs: Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), Emergency Solutions Grant (ESG) (formerly known as Emergency Shelter Grant), and the Housing Opportunities for Persons with AIDS (HOPWA) for the program year beginning January 1, 2010 and ending December 31, 2010. In addition, the Proposed Plan serves the City's submission to HUD of its five-year strategic plan for Consolidated Plan Years 2010 - 2014.

The Consolidated Plan was prepared in accordance with the most recent version of the U.S. Department of Housing and Urban Development's Rule 24 CFR Part 91, et. al., Consolidated Submission for Community Development Planning and Development Programs, originally published in the Federal Register on February 9, 2006, with minor modifications in the years thereafter.

The Consolidated Plan combines five separate documents previously submitted to HUD by the City: The Comprehensive Housing Affordability Strategy (CHAS), which defines the use of federal funds for housing, homeless assistance, supportive housing and community development programs, with the applications for the CDBG, HOME, ESG, and HOPWA formula entitlement programs. According to HUD, consolidation of these documents will "eliminate duplication of effort and reduce the paperwork burden" on local jurisdictions.

The City has reorganized the document, rather than following the strict order of the HUD Rule, to reduce repetition and to facilitate public understanding. However, all of the required elements are included.

The *Proposed 2010 Consolidated Plan* consists of five sections in four volumes: The Executive Summary, Community Profile, Five-Year Strategic Plan: Priorities and Actions, Action Plan: One-Year Use of Funds, and Other Actions. In addition, there are seven appendices: Definitions, Acronyms and Abbreviations, Maps of Community District Eligible Census Tracts and Minority Populations, Dictionary of Program Description Variables, Alphabetical Index of Programs; Resources for Prospective Homebuyers; and, the City of New York's unified response to the "Questionnaire for HUD's Initiative on Removal of Regulatory Barriers".

Volume 1 contains the Executive Summary and Community Profile. The Executive Summary summarizes the City's: intended performance measurements outcomes and objectives for the upcoming Consolidated Plan program year, the citizen participation process; the public's comments and views received during the public hearing on the formulation of the Proposed Consolidated Plan; and, the Agencies' responses.

The Community Profile describes New York City's estimated population and racial/ethnic composition, the composition of low- and moderate-income households (renter and owner), and an analysis of New York City's housing market in terms of: housing availability/vacancy; housing quality, including physical defects and overcrowding; and housing costs, including contract rents and households suffering from cost burden. In addition, the Profile describes the New York City Housing Authority's (NYCHA's) public housing population, its housing unit inventory by number of bedrooms and age of physical plant, and the Authority's conventional and Section 8 waiting lists.

The Community Profile also includes New York City's Supportive Housing Continuum of Care for the Homeless and Other Special Needs Populations. It describes the activities the city will undertake to address the needs of homeless individuals and families, to prevent low-income individuals and families from becoming homeless, to help homeless persons make the transition to permanent housing and permanent living. The Supportive Housing Continuum of Care for Other Special Needs Populations addresses the special needs of nonhomeless persons, such as the Mentally Ill, the Chemically Dependent, and the Mentally Retarded and Developmentally Disabled, Persons with HIV/AIDS, Victims of Domestic Violence, the Elderly and Frail Elderly, and Persons with Physical Disabilities. The supportive housing programs are funded primarily with City (capital and/or expense) and/or State funds; these proposed allocations have been inserted into the Supportive Housing narrative.

Volume 2 describes the Five-Year Strategic Plan. The Five-Year Strategy describes the City's priorities and proposed actions for Consolidated Plan years 2010 - 2014 which relate to: housing funded by HUD and the City including NYCHA public housing, transitional housing, permanent housing, and homeless prevention programs; CDBG-funded non-housing activities; and actions to address the needs of persons with HIV/AIDS, the elderly, and persons with a disability.

Volume 3 has the Action Plan, and has been designed to reflect HUD's reporting requirement called the Integrated Disbursement and Information System (known as "IDIS"). The Action Plan contains a description of the City's intended use of entitlement funds to address affordable housing, homelessness, supportive housing services and community development needs. A Summary Table lists the amount expected to be received for each program by the following categories: i) the four HUD formula/entitlement programs; ii) New York City Housing Authority (NYCHA) funds, including the Public Housing Capital Fund Program, and other public housing competitive programs; iii) HUD Competitive Funds, including Section 202 Supportive Housing for the Elderly, and Section 811 Supportive Housing for Persons with Disabilities; iv) State Funds; v) City matching and non-matching Funds; and vi) Private funds.

Included are the Program Descriptions for each program which are described and catalogued according to the six types of funding sources. In addition, a chart has been provided corresponding to each program description on the administrating agency, funding source and amount, program activity, eligible household types, and eligible income type. For each formula/entitlement program, the number of proposed accomplishments, a HUD requirement, have been reported in the charts. In addition, the formula/entitlement program variable tables have been expanded to include the federally-required performance outcome measurement system variable table data: the proposed outcome objective code; the proposed outcome and objective statement; and, the proposed performance indicator, respectively.

As a result of the City's implementation of HUD's Outcome Performance Measurement System in the *Proposed 2010 Consolidated Plan*, the proposed accomplishments listed in the Accomplishment Chart have been modified from the original set of federally-defined accomplishment categories to reflect the accomplishment data required to be collected and entered into the HUD Integrated Disbursement and Information System (IDIS) for use by the Department in its annual report to Congress. Unfortunately, some new indicators do not adequately represent the eligible activities undertaken by certain entitlement-funded City programs. The chart includes a clarification in parentheses where necessary.

The definitions for the variables listed in the charts above the program descriptions can be found in Appendix 4, titled, "Dictionary of Program Description Variables."

Volume 4, Other Actions fulfills the Cranston-Gonzalez Housing Act's Comprehensive Housing Affordability Strategy statutory requirements that address: A. Citizen Participation, which includes the Budgetary and Community Boards Needs Assessment calendars, and a description of the citizen participation outreach activities conducted by the Consolidated Plan Committee member agencies in their respective areas of expertise; B. Relevant Public Policies that foster and maintain affordable housing, or remove barriers to affordable housing; C. NYCHA activities; D. the Elimination and Treatment of Lead-Based Paint Hazards; E. the City's Anti-poverty Strategy; F. Institutional Structure; G. Governmental Coordination between public and private housing and social service agencies; H. the HOME HUD requirements; I. HOPWA Eligible Metropolitan Statistical Area (EMSA) Grantee requirements; J. the Certificate of Consistency Chart; K. the HUD required Certifications; L. Monitoring; and, M. the Summary of Citizen Comments, which summarizes the spoken and written testimony from the public hearing on the formulation of the Proposed Plan and the Agencies' responses. The seven previously mentioned Appendices are contained in this Volume.

A public comment period on the *Proposed 2010 Consolidated Plan* began October 8, 2009 and extends for 30 days to November 6, 2009. Comments should be submitted by close of business November 6<sup>th</sup> to Charles V. Sorrentino, Consolidated Plan Coordinator, Department of City Planning, 22 Reade St., 4N, New York, NY 10007 (FAX (212) 720-2495, email [csorren@planning.nyc.gov](mailto:csorren@planning.nyc.gov)). The Proposed Plan will incorporate a summary of public comments as well as responses by the appropriate City Agencies in the version submitted to HUD on November 16, 2009.

## **I. COMMUNITY PROFILE**

The City of New York continues to experience a number of significant housing problems, including a severe shortage of rental housing, and a particularly serious rental “affordability gap” between the amount of money most households can reasonably afford to spend for housing and the actual cost of the housing which is available to them for rent. In addition, while the vast majority of the housing in New York City continues to be in very good condition, a considerable number of properties (often concentrated in particular areas) are suffering from serious structural or maintenance problems, or both.

In many ways, the City’s housing situation continues to reflect its unusual history as the nation’s largest city and the tremendous growth in population and density that it experienced in the end of the 1800’s and the first half of the twentieth century. In fact, despite some notable gains in ownership housing in recent years, the City continued to be overwhelmingly a city of rental housing (64.4%). Despite much recent development, 72 percent of the city’s housing units were built before 1947, and in direct contrast to the rest of the country, half (48.8%) of the City’s housing units are in larger buildings with twenty or more units. The City’s housing situation also reflects the unique make-up of its citizens. In fact, New York City’s population and family structure are constantly undergoing changes reflecting factors such as immigration, HIV/AIDS, substance abuse, and an increasingly needy elderly and disabled population.

As one might expect, the relative quality of New Yorkers’ housing is directly related to household income and the ability to secure housing at higher rents or purchase prices. Similarly, the most severe affordability burdens are found among the low and moderate income households. While inadequate housing conditions exist throughout the City and across many different building types, the most pressing problems continue to be centered in those areas where the housing stock is relatively old, where there are concentrations of low and moderate income households.

The current economic recession has created new challenges in the housing market. The number of units authorized by new residential building permits has fallen sharply, marking a halt of New York’s recent real-estate boom. In 2005, the median monthly units permitted totaled 2,737, compared with a median monthly units permitted of only 393 in the first six months of 2009. While housing development of all price ranges has stalled citywide, new challenges for affordable housing development have emerged even more sharply: decreases in city revenues; a tightened lending environment; a decrease in demand for Low- Income Housing Tax Credits; as well as the effectiveness of other market-based tools such as inclusionary housing.

In addition to the housing market, the economic recession has directly impacted New York’s neighborhoods and people. Many communities now face increased risk of destabilization. The presence of foreclosed homes, as well as stalled or vacant construction sites can contribute to declining property values, deteriorating housing conditions, and abandonment. New York has not escaped the impact of the national mortgage foreclosure crisis, and many New York residents now risk losing their homes. The volume of foreclosure filings in 2007 and 2008 represents the highest annual rates in recent history, with nearly 14,000 filings in each year—more than double the citywide volume of foreclosure filings in 2005. Foreclosures are highly concentrated in specific neighborhoods; in the first six months of 2009, more than half all foreclosure filings took place in ten neighborhoods, with communities in South East Queens, Central Brooklyn, and Northern Staten Island experiencing the greatest impact.

In addition to these new challenges, the familiar problem of high demand for affordable housing for low-, moderate- and middle-income households remains. The selected initial findings from 2008 Housing and Vacancy Survey (HVS) report that the vacancy rate for private non-regulated units was 4.75% in 2008, while the vacancy rate for units with monthly rents between \$500 and \$799 was 1.50%, and 2.15% for units with rents between \$800 and \$999.

While many of the City's housing problems have persisted, there have been some notable improvements in recent years; many of which can be documented through the HVS. For example, overall neighborhood conditions have improved significantly. In addition, the combination of previously lost units that have been returned to the stock through gut rehabilitation and changes in use or physical characteristics, and the addition of newly constructed accommodations have once again brought about a net increase in the total number of housing units in the City. Furthermore, neighborhood conditions improved as measured by a decline in the proportion of renter-occupied units on the same street as a building with broken or boarded-up windows (boarded-up buildings). As will be shown throughout this document, much of this success can be traced directly to the City's own landmark effort to upgrade and preserve existing housing while at the same time spurring the production of new affordable units.

This chapter provides a statistical description of the City's population and households and a description of housing needs and needs for supportive services over the next five years including: the nature and extent of homelessness; the need for assistance to extremely low-income, very low-income, low-income, and moderate income renters and owners; the condition of the public housing stock and the needs of its population; the projected growth and future needs of the HIV/AIDS, elderly, and disabled populations; and the difficulties of providing affordable housing in New York's very high cost environment.

## A. New York City Housing Needs

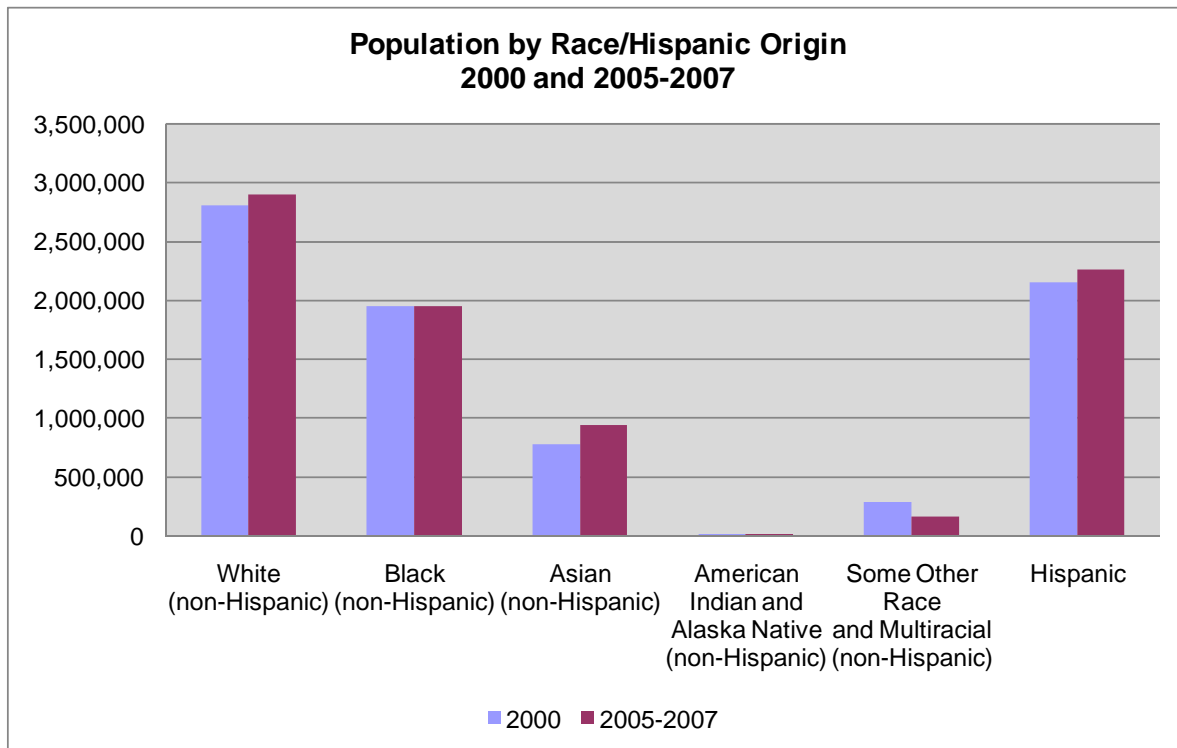
### 1. Population and Household Trends

#### Population

New York City's total population in 2005-2007 was 8,246,310 according to the U.S. Census Bureau's American Community Survey (ACS) 3-Year Estimates. This represented an increase of 238,000 or 3.0 percent, over the 2000 population count of 8,008,278. The city's entire population is divided into the standard race/Hispanic groups: white nonhispanic, black nonhispanic, Asian nonhispanic, American Indian and Alaskan Native nonhispanic, some other race nonhispanic, multiracial nonhispanic, and Hispanic (figure 1). These groups will be referred to as white, black, Asian, American Indian and Alaskan Native, other, multiracial, and Hispanic. From 2000 to 2005-2007, the city's white population increased by 3.2 percent from 2,810,842 to 2,901,098. The black or African-American, remained steady at approximately 1,952,817. The Asian population increased 21 percent from 780,780 to 945,004. Persons of some other race or with a multiracial background decreased by 43 percent from 290,180 to 165,940. The Hispanic population increased by 5 percent to 2,260,141.

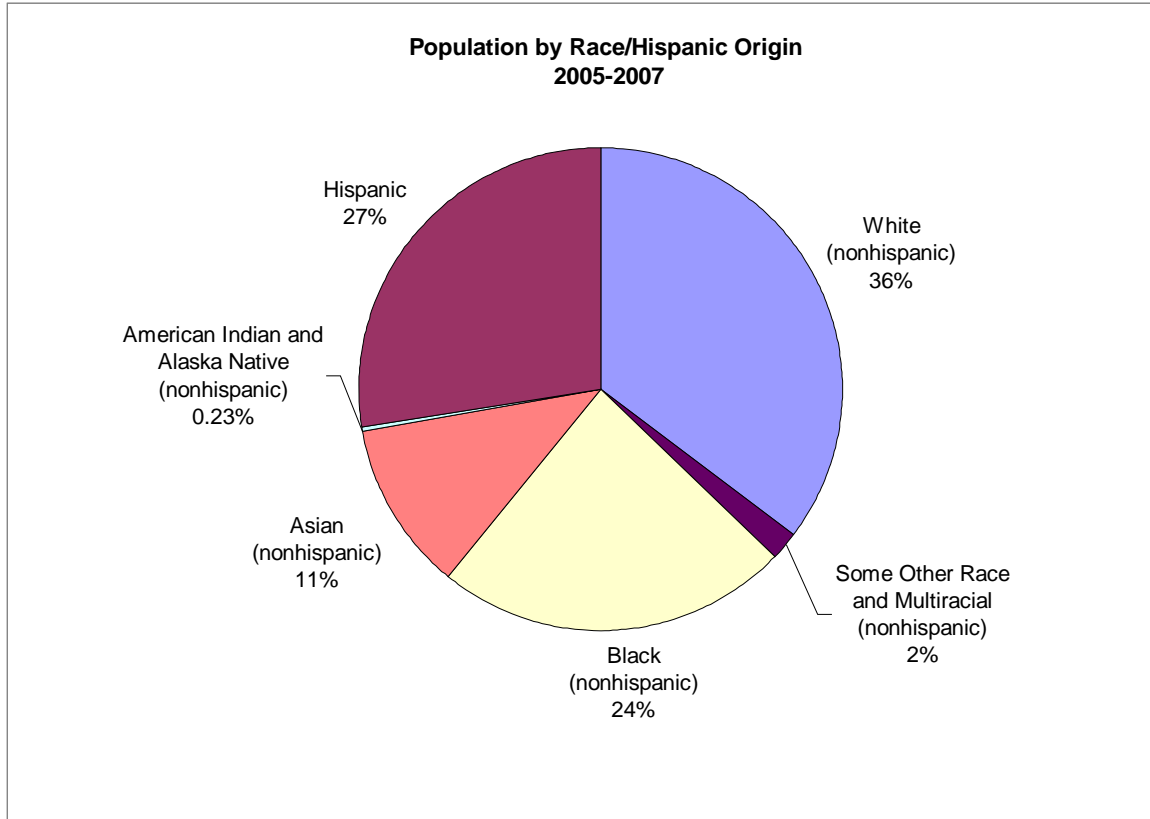
The city continued the trend towards diversity first reported in the 1990 Census: no one racial or ethnic group comprised more than half of the total population (figure 2). Between 2000 and 2005-2007, the number of whites and Hispanics remained the same at 35 percent and 27 percent, respectively, of the city's total population. The Asian proportion increased from 10 percent to 12 percent. Black or African-American decreased from 25 percent to 24 percent of the total.

FIGURE 1



Source: U.S. Census Bureau, 2005-2007 American Community Survey

FIGURE 2



Source: U.S. Census Bureau, 2005-2007 American Community Survey

## Household Trends

The following Household Trends and Housing Market Analysis descriptions are based on data collected in the 2008 New York City Housing and Vacancy Survey (HVS) unless otherwise indicated. The HVS is conducted tri-annually by the U.S. Census Bureau under contract to the City of New York to ascertain the City's rental vacancy rate and the supply and condition of its housing stock. Since population data from the 2008 HVS are not finalized, all 2008 HVS data are based on housing units and households. Population data is from the U.S. Census Bureau, 2005-2007 American Community Survey (ACS) 3-Year Estimates, unless otherwise indicated.

The configuration and distribution of household size within a given population heavily influences the demand for housing. It is important to understand the city's population and household composition to understand the demand-side of the city's housing market. HUD has separated types of households into different categories related to size and ownership. Renter groups include four categories: elderly (one or two person households); small related households (two to four persons); large related households (five or more persons) and other households (including single person households and two or more persons not related). Owner groups include two categories: elderly and all other households.

The mean household size in 2008 was 2.6. Thirty-four percent of all City households are one-person households and 29 percent have two persons, for a total of 63 percent one- or two-person households. In 2008, 58 percent of owner-occupied units and 66 percent of renter-occupied units contained just one or two persons. Small households dominate in Manhattan's housing stock where 50 percent of all occupied housing units contain just one person, compared to 33 percent in the Bronx and 30 percent incidence of singles in Brooklyn and 25 percent in Queens and Staten Island.



There were over 3.1 million households in New York City in 2008. Of City households, 67 percent, or 2,082,000 are renters and 1,019,000 or 33 percent, are owners.

Households headed by a white non-Hispanic householder made up 43 percent of all the households in the city. Black (non-Hispanic) households were 22 percent of all households, and Hispanic householders (all races) were 23 percent of all households. Asian households were 10 percent of all households. Household sizes in these three last groups were larger than for whites.

Applying the HUD household types, among all City households, 19 percent are small elderly; 46 percent are small related households; 8 percent are large related and 27 percent are “Other” households. All “Other” households are comprised of 85 percent single-person households.

Among households that rent, applying the HUD household types, 17 percent are one- or two-person elderly households, 45 percent are small related households, 8 percent are large related households, and 31 percent are “other” households. Of New York City’s owner-households twenty-five percent are small elderly households.

Compared to other major groups, White non-Hispanics<sup>1</sup> were more likely to live in one-person household situations. 42 percent of all White non-Hispanic households (48 percent of renters and 32 percent of owners) are comprised of one person only. This reflects a large number of older persons and a significant number of younger single persons. A couple headed 43 percent of white households, while 33 percent of white households were single female-headed.

Of Asian households, 61 percent were headed by a couple and 21 percent had a female householder with no spouse.

Couples headed 40 percent of all Hispanic households and 32 percent of non-Hispanic Black households. Single female-headed households accounted for 41 percent of all Hispanic households and 47 percent of Black households.

One third (34%) of non-Hispanic Black households were single-person households, a greater percentage than Asians (18%) and Hispanics (27%), but less than non-Hispanic Whites (42%).

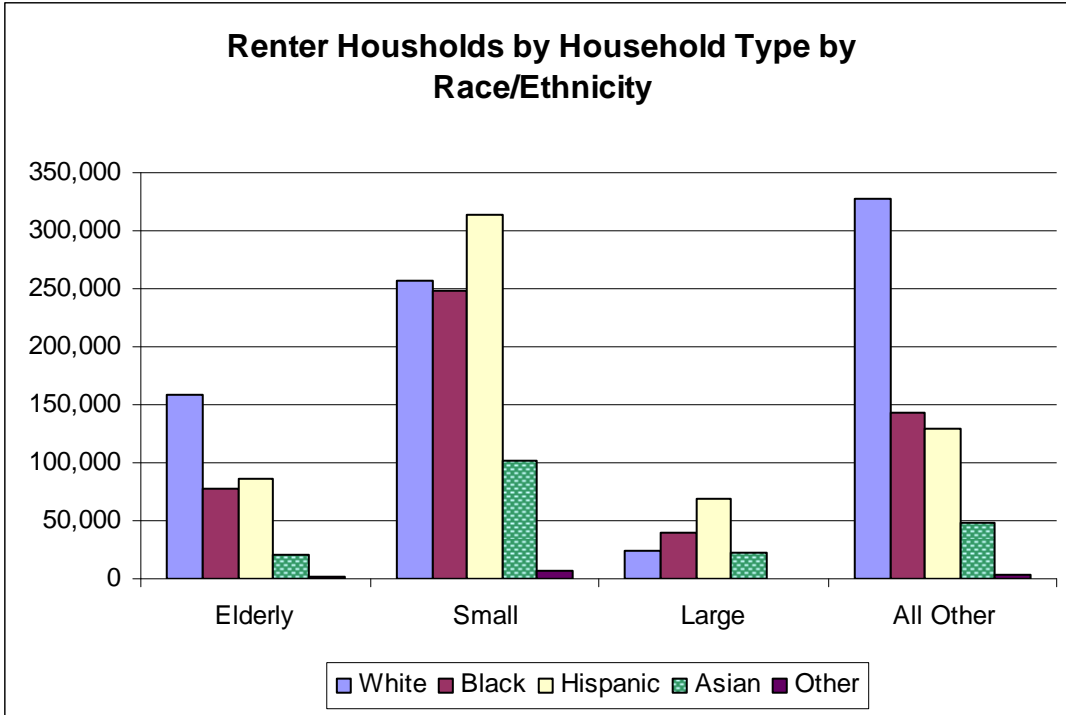
**Renter** households in the City in 2008 were headed by 37% white householders, 29% Hispanic, 24% black and 9% Asian householders. Among all the combinations of HUD’s Household Type and race/Hispanic origin, the larger components of renter households are: White “all other” (15.8%), Hispanic “small related” (15.1%), White “small related” (12.3%), and Black “small related” (11.9%).

**Owner** households in the city are predominantly White (56%), followed by 19% Black, 13% Asian and 12% Hispanic. The larger components of all owner households by HUD’s Household Type and race/Hispanic origin are: White “small related” households (24.9%), White “small elderly” (17.7%), White “all other” (10.4%) and Black “small related,” 8.9% percent of all City owners.

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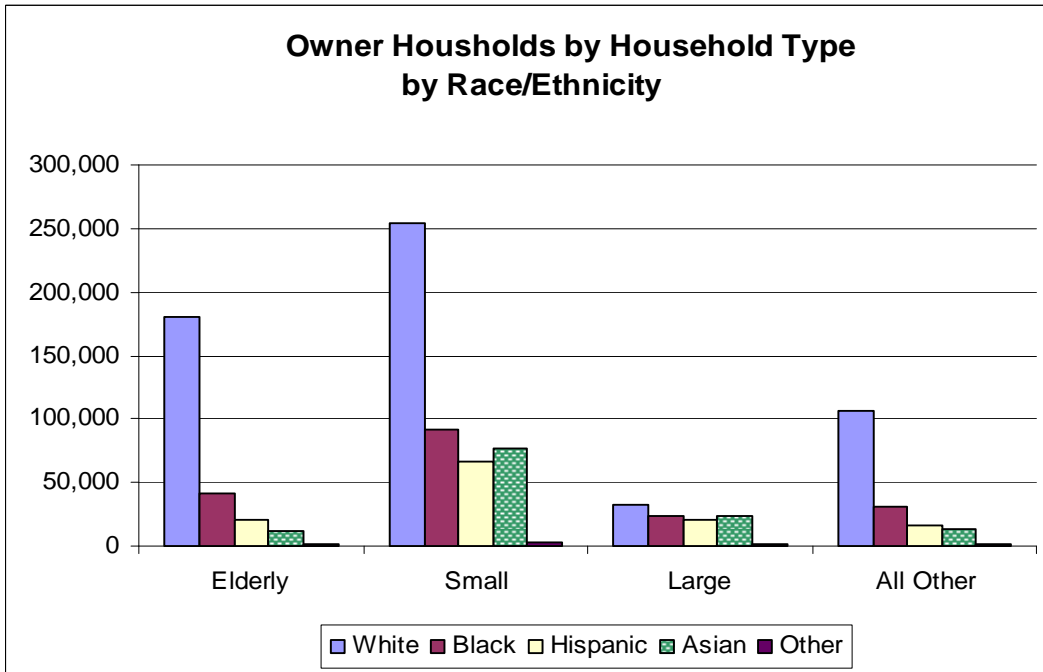
<sup>1</sup> HVS data on race/ethnicity extracts all Hispanics first, so all other categories are non-Hispanic.

FIGURE 3



Source: 2008 Housing Vacancy Survey

FIGURE 4



Source: 2008 Housing Vacancy Survey

a. Income

The adjusted 2008 Primary Metropolitan Statistical Area (PMSA) median household income equivalent, established by the Housing and Urban Development (HUD) applicable to the 2008 New York City Housing and Vacancy Survey (HVS) data for the Section 8 Program, was \$58,700, based on projections from 2005 American Community Survey (ACS) income data. Compared with most of the country, New York City has a large share of both high-income households and low-income households. According to the 2005-2007 ACS, approximately 35 percent of New York households have incomes at or above \$75,000, reflective of the rest of the U.S. (31 percent). However, 15 percent of the city's households have incomes below \$15,000, compared with only 13 percent in the rest of the country. The share of New Yorkers below the poverty line decreased to from 21 percent in 1999 to 19 percent in 2005-2007. Between 1999 and 2005-2007, the population under 18 years and adults 18 to 64 experienced a decrease in the number of persons below the poverty line. However, the elderly (65 years and over) population below the poverty line increased by 15 percent from approximately 160,000 to 184,000.

As reported in the 2008 New York City Housing and Vacancy Survey (HVS)<sup>2</sup>, all White non-Hispanic households, followed by Asian households had the highest median incomes among the major racial/ethnic groups in New York in 2007, with \$62,885 and \$48,000, respectively. Black households had a median income that is 56 percent that of Whites (\$35,000), and Hispanics collectively had a median income of \$32,000, or 51 percent that of whites.

In 2007, 19 percent of all NYC households had incomes below the poverty level. Hispanic households had the highest concentration of poverty among the city's ethnic and racial groups, as 27 percent of all Hispanic households had incomes under the poverty level. Twenty-four percent of Non-Hispanic Black households, 16 percent of Non-Hispanic Asian households, and 12 percent of Non-Hispanic White households were below the poverty line.

Among renters, 23 percent of households lived below the poverty line: thirty percent of Hispanic renter households, 28 percent of Black renter households, 21 percent of Asians, and 14 percent of White renter households had 2007 incomes below the poverty level. Among owners, 9.5 percent of households lived below poverty level.

Extremely Low-Income (0-30% MFI)

There were over 761,000 extremely low-income households in New York City. Eighty-two percent of these households (620,000) are renters. Among renter households at this extremely low income level, one third are elderly 1 and 2 person households, 34 percent are small related households, 8 percent are large related households, and 25 percent are "other" households. Fifty-three percent of extremely low income homeowner households are elderly.

Very Low-Income (31-50% MFI)

About 426,000 very low income households reside in New York City. Seventy-six percent of these households rent their housing units. Among the renter households at this income level, 18 percent are elderly one and two member households, 47 percent are small related households, 11 percent are large related households, and 24 percent are "other" households. At this very low income level, 50 percent of the owner households are elderly.

Other Low-Income (51-80% MFI)

Approximately 518,000 New York City households have incomes from 51 to 80 percent of the HUD area median family income for their household size. Of these, 72 percent rent their housing units. Among those households that rent, 8 percent are elderly 1 and 2 member households, 52 percent are small related households,

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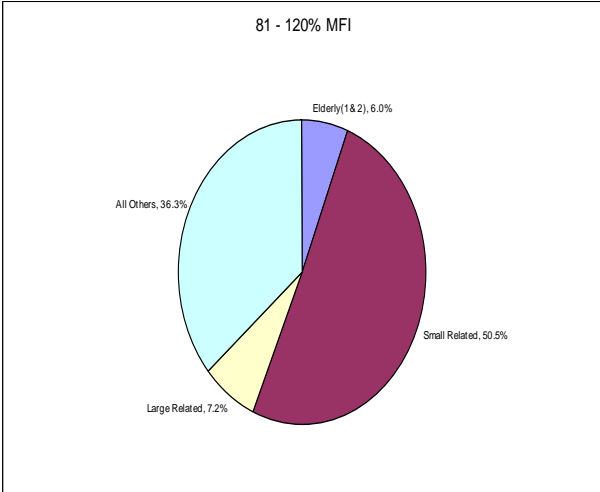
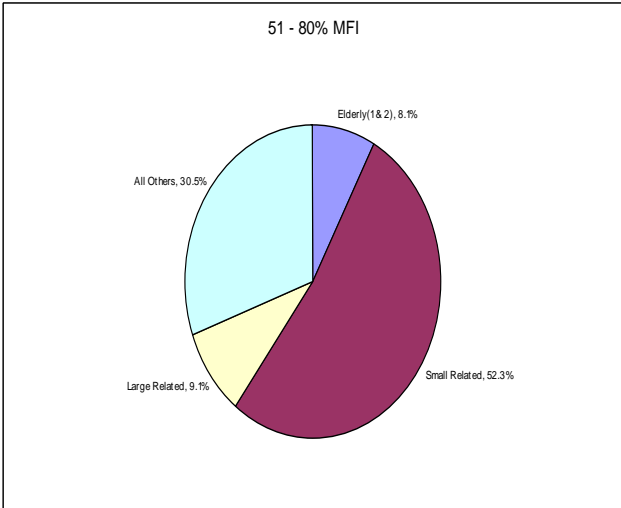
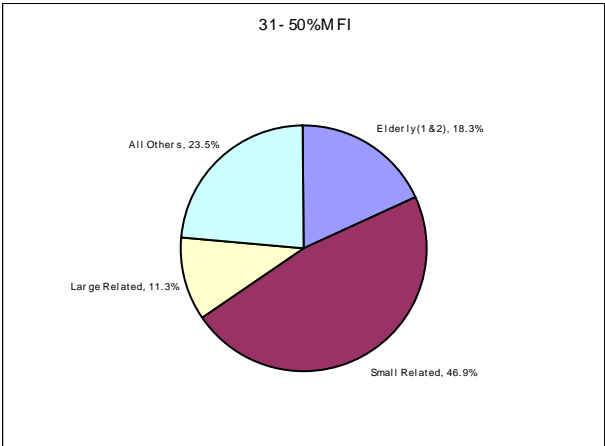
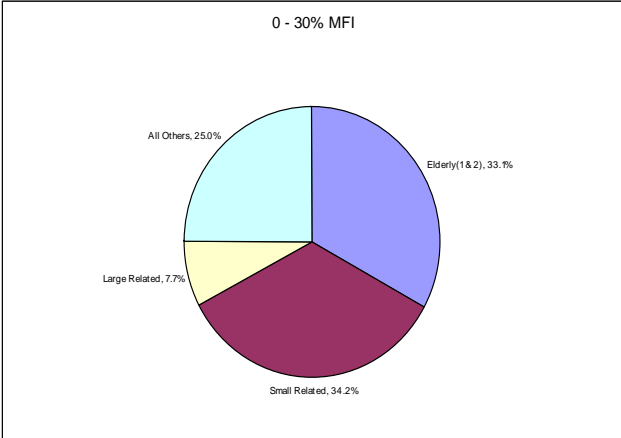
<sup>2</sup> U.S. Bureau of the Census, 2008 New York City Housing and Vacancy Survey. Note that HVS data cover only New York City, not the New York City PMSA. Income data are for the year before the survey.

9 percent are large related households, and 31 percent are "other" households. Of homeowner households at this income level, 31 percent are elderly and 44 percent are small related households.

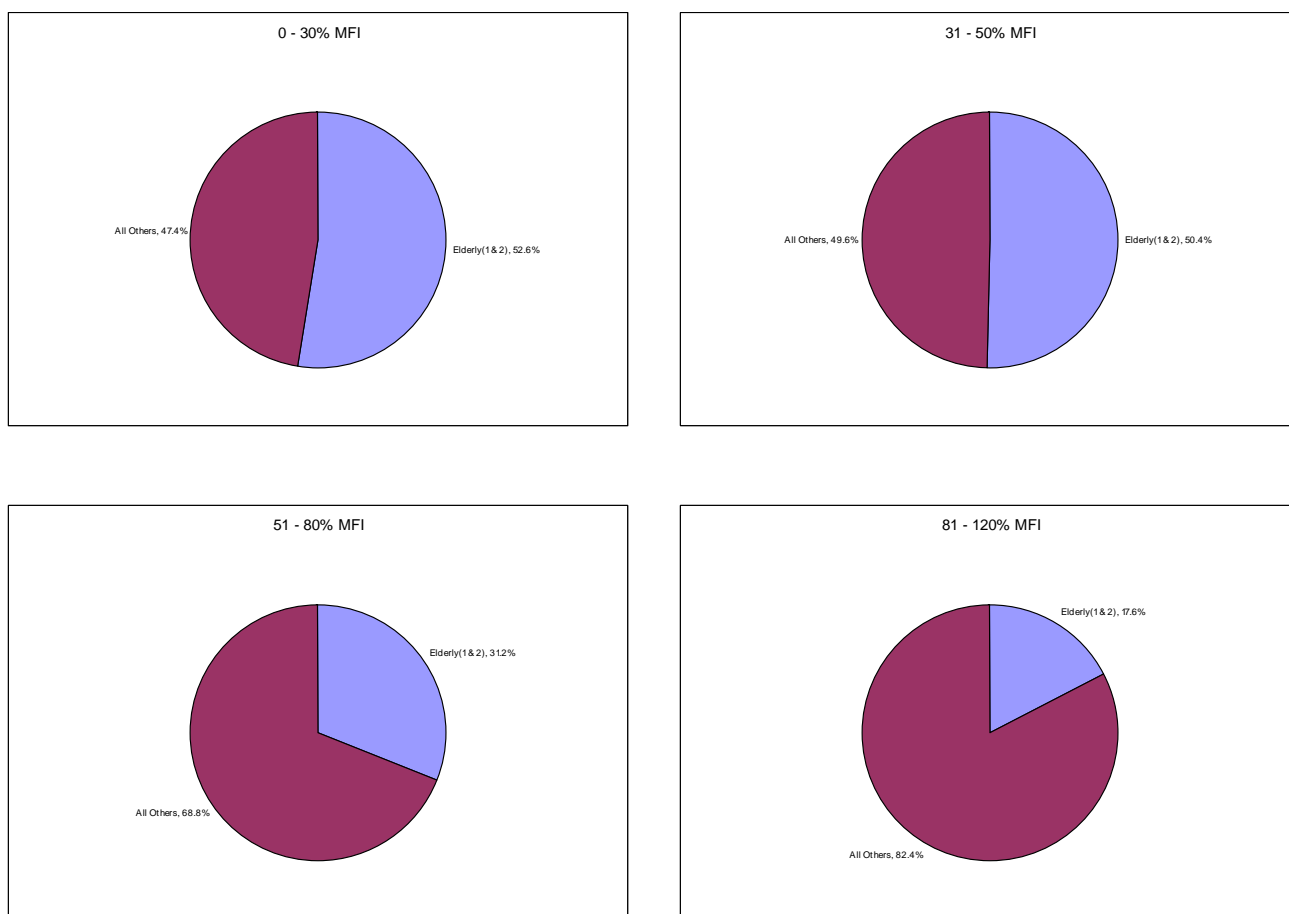
Moderate/Middle Income (81-120% MFI)

According to the HVS, about 496,000 moderate/middle income households were reported in New York City in 2008. At this income level, 64 percent were renters, compared to 67 percent citywide, while 36 percent were owners. Among all and renter households at this income level, fifty-one percent are small related households. Among owners, 53 percent are small related households.

**FIGURE 5  
Renter by Income by Household Type**



**FIGURE 6**  
**Homeowner by Income by Household Type**



**b. Special Categories**

**1. Immigrant Arrivals**

New York City has the largest immigrant population of any city in the United States. As indicated in the 2007 Consolidated Plan Affirmatively Furthering Fair Housing (AFFH) statement, more than one-third of the City's population now is foreign-born. According to the 2005-2007 ACS, there were over 3 million foreign-born persons living in New York City, constituting 36.9 percent of the total. The 2000 Census showed 2,871,032 foreign-born versus the 2005-2007 ACS foreign-born total of 3,028,148 persons. The gain of 157,116 foreign-born persons is a 5.5 percent increase. Nearly 1.5 million of the 3 million foreign-born persons living in New York City were naturalized citizens. Almost one-fifth of foreign-born New Yorkers in 2005-2007 were recent arrivals, having come into the country in 2000 or later. Twenty-one percent of foreign-born Asians and foreign-born Hispanics came to the United States in 2000 or later, evidence of the heavy recent immigration from the Asia and Latin America. Seventeen percent of foreign-born blacks and 16 percent of foreign-born whites arrived in 2000 or later. In 2005-2007, the top five source countries for the city's foreign-born population are the Dominican Republic, China, Jamaica, Mexico, and Guyana.

Another measure of the impact of immigrant communities is the number of people speaking a language other than English at home. According the 2005-2007 ACS, the number of persons age 5 years and over speaking a language other than English at home was over 3.6 million, constituting 44 percent of the entire city population. This represents an increase of 3 percent from 2000 to 2005-2007. Over half of this population, or 1.86 million,

was proficient in English, which is a 7.9 percent increase since 2000. Of the 3.6 million persons, 51.0 percent spoke Spanish (1.9 million persons), and 24.3 percent spoke an Asian or Pacific Island language (885,509 persons) at home. Twenty-five percent, or approximately 900,000 of all persons age 5 and over spoke a language at home other than English, Spanish, or an Asian or Pacific Island language.

Since the search for economic opportunity is more likely to take place early in the life-cycle, immigrants tend to be notably younger than the general population. The median age for immigrants to New York City arriving after 2000 was 29 years, slightly below the figure of 31 years for the general population reported in the 2005-2007 ACS. The relative youthfulness of immigrants was due less to the presence of children under 18 years than to the relative youth of adults aged 18 years and over. Seventeen percent of immigrants who were between 18 and 24 years of age compared to 10 percent for the general population of the city. Forty percent of all immigrants to the city were 25 to 44 years of age, compared to 49 percent of immigrants arriving in 2000 or later. Twenty-six percent of the native-born population was between 25 to 44 years of age. Female immigrants increasingly outnumber male immigrants to the city. The sex ratio of immigrants coming to New York City was 92 males per 100 females, up from 91 in 2000. The sex ration of immigrants arriving in 2000 or later was 95 males per 100 females. The sex ratio of the total city population was 91 males per 100 females.

According to the 2005 New York City HVS, there were at least 934,000 immigrant-headed households in the city. However, this number is based on a sample survey in which 537,000 households or 18 percent of respondents did not answer the question of whether the householder was foreign born. In addition, of those who responded that the householder was foreign born, another 60,000 households did not answer whether they were immigrants (as opposed to foreign students, diplomats, or foreigners in the U.S. for business). Therefore, it is likely that immigrant households comprise a higher percentage of all households in the city. In addition, immigrant households were defined as those households in which the person renting or owning the housing unit was an immigrant. Therefore, the survey does not identify the number of households that were part or predominantly immigrant but are rented or owned by a U.S. citizen.

The 2005-2007 ACS showed that the median household income for foreign-headed households increased to \$44,700 or 28 percent over the 2000 median of \$35,000. However, this median household income was \$7,700 lower than that for native-headed households: \$44,700 compared with \$52,400. In percentage terms, the gap has increased slightly, with the foreign-headed household median about 85 percent of that for native-headed households, as compared to approximately 88 percent in 2000 and 90 percent in 1990.

A large number of recent immigrants are primarily clustered in neighborhoods where the housing stock is relatively old. Immigrants with their high labor force participation and common practice of pooling incomes of multiple workers in the same household, provide an important economic underpinning to the city's rental housing stock. Just as immigration has enabled the city to avoid dramatic population losses since 1980, so it has enabled the city to avoid dramatic housing losses, in precisely the portion of the housing stock—privately constructed and owned rental housing—most vulnerable to abandonment. According to the 2005 HVS, foreign-born householders occupied half of all rental units. Of rent-stabilized units, foreign-born householders occupied 55.4 percent.

High levels of housing occupancy, higher average household size, and limited financial resources in immigrant communities have resulted in levels of housing overcrowding that have not been seen since the 1950s. Overcrowding, as defined by federal standards, occurs when there is more than one person per room in a housing unit. Between 2000 and 2005-2007, the percentage of occupied housing units in New York City designated as overcrowded decreased from 14.0 to 7.9 percent. However, foreign-born persons remain much more likely to live in overcrowded housing units (13.0) than their native-born counterparts (4.0 percent) do.

## 2. Female Householders with Children

According to the 2005-2007 ACS the number of female-headed households with own children but no other adult was 299,139, which represented 9.9 percent of all New York City households. Families with female householders are comprised of 38.8 percent black or African-American, 43.9 percent Hispanic, 11.8 percent white, 3.3 percent Asian, and 1.9 percent some other race or multiracial. Female head of households who are American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander comprised the remainder of these families.

The 2000 Census indicated women have assumed responsibility for children who are not their own, but are, perhaps, their grandchildren or other relatives. The number of female householders with related children<sup>3</sup> under 18 decreased from 377,304 in 2000 to 360,921 in 2005-2007, a decrease of 4.3 percent. This could indicate a change in the trend indicated between censuses where the number of female householders with related children increased by 17.1 percent from 1990 to 2000 and by 4.1 percent from 1980 to 1990. Female-headed families with related children under 18 now constitute 20.4 percent of all New York City families. The 2005-2007 ACS also showed that the number of nonfamily households is approximately 813,400 or 39.6 of all households in New York City. Nineteen of all households in the city are female householders living alone.

According to the 2005-2007 ACS data, the number of families in New York City below the federal poverty level was 16.1 percent (294,263) of the city's total. Female and male headed households with related children represent approximately 58.3 percent and 7.6 percent, respectively of all the families below the poverty level. In 2005-2007, the median family income for the city was \$56,321. However, for female-headed households living with their own children their income was \$23,814 or 42.3 percent of the median.

According to the 2008 HVS, 18.5 percent of all NYC households lived below the poverty level. The rate was 22.9 percent for renters and 9.5 percent for owner households. Among renters, 34.1 percent of single female-headed households had incomes below the poverty level, compared to 13.9 percent of couple-headed households.

According to the 2008 HVS, 50 percent of single elderly households and 45 percent of single households with minor child paid more than fifty percent of income for rent, higher than any other household group, and considerably higher than the 29.4 percent of all renters with that rent burden. The median gross rent/income ratio for single elderly households was 50.6.

In 2008, according to the HVS, the median gross rent for single parent renter households was \$951, which was 90 percent of the City's median gross rent, while the annual income of this group was \$18,888, just 52 percent of the City's median renter household income. The median gross rent income ratio for these single parent renter households was 46.8.

## 2. Housing Market Analysis

### a. General Characteristics

This section addresses the city's housing inventory and households. In New York City, unlike most other cities, the housing inventory is predominantly rental housing (64 percent). The market in the city has been characterized by a very low vacancy rate for many years: 2.91 percent in 2008, 3.09 percent in 2005 and 2.94 percent in 2002. Most of the vacancies are at higher rent levels. For rents under \$700 per month, the vacancy rate in 2008 was less than one percent. Between \$700 and \$1,199 per month rent, the vacancy rate was 2.56

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<sup>3</sup> Related children include own children and all other persons under 18 years of age in the household regardless of marital status who are related to the householder (except the spouse of the householder). Statistics for families with related children will tend to be higher than statistics describing families with own children.

percent, and over \$1,200 the vacancy rate was still less than 5 percent at 4.89%. The extreme shortage of affordable housing has intensified the problem of rent burden for many groups.

According to the 2008 HVS, Public Housing provided 185,000 units of low-income housing in 2008. However, this is not nearly enough. The cumulative number of NYCHA waiting list applicants is approximately 119,162. Nearly 90% of NYCHA's dwelling units are over 30 years old -- many in need of modernization.

The Section 8 program provides additional housing assistance for low-income families in private housing. Over 30,400 landlords participate in the NYCHA Section 8 Program. Other assisted housing include the Section 202 program for the elderly, the Section 811 program for persons with disabilities and New York City's capital housing programs.

The city also has a variety of facilities to help shelter the homeless. For families, these facilities include transitional shelters, hotels and specialized residences. For individuals, the city provides transitional shelters, reception centers, assessment centers, and support services.

The city's inventory includes housing with support services for non-homeless persons with special needs: people with disabilities, the elderly, the frail elderly and persons with AIDS. It covers adult homes, family-type homes for adults, SRO residences, enriched housing, an assisted living program, independent-living apartments for the elderly.

#### b. Housing Inventory

According to the 2008 HVS, the total number of housing units in New York City was 3,328,000 in 2008, up from 3,209,000 in 2002 and 3,261,000 in 2005. The total number of renter occupied and vacant available for rent units was 2,144,000 in 2008 and the total number of owner occupied and vacant for sale units was 1,046,000.

Through various preservation programs administered by HPD, 36,909 units were rehabilitated during the period between July 1, 2002 and June 30, 2009. In addition, during the same period HPD assisted the creation of 23,103 affordable new housing units through its new construction rental and homeownership programs which also contributed to the net increase in supply. The City worked to encourage the production of 55,139 new housing units through the basic 421-a and 421-b Partial Tax Exemption Programs between July 1, 2002 and June 30, 2009. These programs both contributed additional affordable housing units to the City's inventory and also contributed to the improvement in housing conditions seen across the City.

The net increase of about 120,000 housing units in the City between 2002 and 2008 resulted from an increase of 60,000 units in the rental sector, an increase of 49,000 owner units and an increase of 11,000 in the number of vacant units not available for sale or rent.

Notwithstanding the increase in ownership units, the composition of the housing inventory by tenure shows that the rental stock still dominates the overall housing stock in the City, which was about two-thirds rental units (64.4 percent of all occupied and vacant housing units in the City), with the remaining one-third being either owner units (31.4 percent) or vacant units not available for sale or rent (4.1 percent) in 2008. Rental units are 67.2 percent of the occupied and vacant available housing stock in the City.

In 2008, of the occupied and vacant available housing units in the City, almost three in ten, or 928,000 housing units, were in Brooklyn (29.1 percent), while one quarter each were in Queens, 813,000 (25.5 percent), and Manhattan 784,000 (24.6 percent). Another 15.5 percent, or 495,000 units, were in the Bronx and the remaining 171,000 units (5.4 percent) were in Staten Island.



In New York City in 2008, one-third of all householders owned their housing unit (32.9 percent). The City's homeownership rate has increased steadily from 29.0 percent in 1993.

The homeownership rate for each racial and ethnic group varies widely. For whites the homeownership rate was 42.7 percent in 2008. The ownership rate for Blacks was 27.1 percent, while the rate for Hispanics was 17.0 percent and the rate for Asians was 39.5 percent.

In terms of building size, some 57 percent of the 2,144,451 occupied and vacant rental units in New York City were located in buildings of twenty or more units, including 20 percent in buildings with one hundred or more units. Forty-three percent were located in buildings with fewer than twenty units, including 27 percent in buildings of 5 or fewer units.

Studios comprised 8.5 percent of occupied and vacant available rental units in the City in 2008, while more than two-fifths (41.2 percent) were one-bedroom units. Thus, about half of all rental units were small units. Comprising the other half, 36 percent were two-bedroom units and just 14.6 percent had three or more bedrooms.

In 2008, 1,023,247 occupied and vacant available rent stabilized units<sup>4</sup> comprised the largest single category of rental housing, at 47.7 percent of the rental stock in the City, down from 48.6% in 2002.

Rent controlled units<sup>5</sup> in the City numbered 39,901, or just 1.9 percent of occupied and vacant available rental units in 2008, as their number has steadily dwindled from 59,324 in 2002. Public and other regulated rental units comprised 14.4 percent of the rental housing stock in 2008.

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<sup>4</sup> In NYC rent stabilized apartments are those apartments in buildings of six or more units built between February 1, 1947 and January 1, 1974. Tenants in buildings of six or more units built before February 1, 1947, who moved in after June 30, 1971 are also covered by rent stabilization. A third category of rent stabilized apartments covers buildings with three or more apartments constructed or extensively renovated since 1974 with special tax benefits. Generally, these buildings are stabilized only while the tax benefits continue. Based on review of data on maintenance and operations costs and other housing market data, the NYC Rent Guidelines Board sets maximum rates for rent increases once a year.

Like rent control, stabilization provides other protections to tenants besides limitations on rent increases. Tenants are entitled to receive required services and to have their leases renewed and may not be evicted except on grounds allowed by law. Leases may be entered into and renewed for one- or two-year terms at the tenant's choice. Owners are also required to register units annually with the State Division of Housing and Community Renewal. Owners must provide tenants with a copy of the annual registration. If a tenant's income rises above \$175,000 for 2 consecutive years and the rent is \$2,000 or more, the apartment may become not stabilized. A vacant stabilized apartment whose legal rent rises to \$2,000/month or more also becomes not-stabilized, unless the unit/building continues to receive certain tax benefits.

<sup>5</sup> The rent control program generally applies to residential buildings constructed before February 1947 in municipalities that have not declared an end to the post war rental housing emergency. In New York City a rent controlled unit that is vacated by the death or voluntary departure of the tenant is no longer rent controlled. Under certain conditions it may become rent stabilized.

Rent control limits increases in rent an owner may charge for an apartment and restricts the right of an owner to evict tenants. It also obligates the owner to provide essential services and equipment. In NYC, rent control operates under the Maximum Base Rent (MBR) system. A maximum base rent is established for each rent controlled apartment and is adjusted every two years to reflect changes in operating costs. Owners who certify that they are providing services and have removed violations may raise rents up to 7.5% each year until the MBR limit is reached.

The unregulated rental stock has increased to 36 percent of the rental housing stock in 2008 from 32 percent in 2002.

Of the 1,070,000 units in all the City's multiple dwelling buildings (three or more units in structure) with elevators, 535,000 units, or 50 percent were determined to be accessible to people with physical disabilities requiring use of a wheelchair<sup>6</sup>. This is considerably up from 454,000 units or 43% of all such units in 2002. The primary factor remaining in lack of accessibility is still presence of stairs, either between the sidewalk and the elevator or the sidewalk and the residential unit, although all 5 factors have seen improvement in recent years.

Among units in multiple dwellings without elevators ("walk-ups"), the number of accessible units was very small. In 2008, of the 879,000 units in such buildings, for which full information about all criteria was available, only 28,000 units, or 3.2% met all three HVS accessibility criteria for buildings without elevators, still an increase from the 16,000 units, or 1.8% that were accessible in 2002. The primary impediment to a higher percentage of these units being totally accessible was the presence of stairs between the sidewalk and the residential unit.

### c. Housing Availability/Vacancy Rates

The vacancy rate for rental housing units in New York City during the period between February and June 2008 was 2.91 percent, similar to the 3.09 percent rate in 2005, and well below 5.00 percent, the rental vacancy rate standard used to determine a housing emergency for New York City.

In 2008, the rental vacancy rate in New York City was just 2.91 percent, as 62,499 vacant units were available for rent out of 2,144,451 occupied and vacant available rental units. This is little change from the 64,737 vacant available rental units in 2005, and indicates the very serious shortage of vacant available for rent housing units in the City.

Vacancies are extremely limited in all asking rent categories below \$1,250, ranging from just 1.50 percent for rents of \$500 to \$799, to 2.15 percent for units at \$800-\$999 and 3.92 percent for units at \$1,000-\$1,249. The vacancy rate does not rise above 5.00 percent until the asking rent rises above \$2,500.

The vacancy rate for rent stabilized units (including Pre- and Post-1947 construction) was 2.15 percent, well below 5.00 percent, as in 2002 and 2005.

In 2008, approximately 183,000 rental units were physically decent and renting at levels within the Public Assistance Maximum Shelter Allowance, but virtually all (99 percent) of these were occupied. (In defining physically decent units, the following were excluded: units with incomplete kitchen and/or bathroom facilities, units in dilapidated buildings, units in buildings with three or more building defects, and units with four or more maintenance deficiencies.) For these units the number of vacancies was too small to report a vacancy rate. Virtually all of the very few vacant units were public housing or HUD-subsidized units. Considering the very long waiting list for public housing units, it is clear that very poor households seeking affordable, decent housing in the City find it extremely difficult to meet their housing needs.

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<sup>6</sup> For the HVS the Census Bureau collects data on five selected structural characteristics of residential buildings and units to estimate the number and characteristics of units accessible to physically handicapped persons who require a wheelchair. The five structural characteristics include: (1) street/inner lobby entry at least 32 inches wide and cab at least 51 inches deep (in buildings with elevators); (2) residential unit entrance of the same width; (3) elevator door at least 36 inches wide (in buildings with elevators); (4) no stairs between the sidewalk and a passenger elevator (in buildings with an elevator); and (5) no stairs between the sidewalk and the residential unit. The data report on accessibility when all five criteria are applied at once.

The vacancy rate for all owner units in 2008 was 2.53 percent, a noticeable increase from 1.52 percent in 2002. More than half (54 percent) of the owner vacant for sale units were in conventional homes in 2008, where the vacancy rate was 2.24 percent. The vacancy rate for private cooperatives was 2.18 percent in 2008, but the vacancy rate for condominium units in the City was 5.89 percent, a considerable increase in vacant available for sale condominium units from the very low number in 2005 and 2002. The number of vacant units in Mitchell-Lama cooperatives was too small to report a vacancy rate. This situation reflects that the owner housing market expanded since 2002.

d. Housing Quality (including neighborhood quality and overcrowding)

The quality of the structural condition of most renter-occupied units in New York City has improved further in recent years, thanks to concerted NYC investment in housing creation and preservation programs. The proportion of renter-occupied units in dilapidated buildings was just 0.6 percent, down from 1.0 percent in 1999, and 1.3 percent in 1996, as the City has continued to invest in housing preservation efforts.

Dilapidation as a structural problem in general is closely related to a building's structure type and age. In 2008, half the dilapidated occupied rental units in the City were in Old-Law or New-Law tenements, built before 1929.

The proportion of renter-occupied units in buildings with any of thirteen building defects -- grouped into four types (exterior wall defects, window defects, stairway defects, and floor/hall defects) -- in 2008 was 10 percent, covering 186,000 renter-occupied units. Although this is considerable improvement from 1996 when the rate was 11.4 percent, clearly more rehabilitation and upgrading efforts are required, particularly in these older tenement buildings where 60 percent of the housing defects occur.

Structural condition, as measured by one or more of 13 individual building defects, is associated with building age and structure class, as was the case with the dilapidation rate. In 2008, 14.5 percent of occupied renter units in Old-Law tenement buildings and 17.4 percent of units in New-Law tenement buildings were in a building with one or more building defects, compared to 10 percent for all renter occupied units and just 4.8 percent for units in buildings built after 1929.

Of rent stabilized units in buildings built before 1947, 15.7 percent were in a building with one or more building defects, compared to only 4.3 percent for rent stabilized units in buildings built in or after 1947 and 7.6 percent in all unregulated rental units.

Structural defects occur in the City at a noticeably higher rate in small and medium-sized rental buildings of 6 to 49 units, where about 15 percent of units have one or more defects, compared to 10 percent of all renter occupied units and lower rates in both larger and smaller buildings.

The quality of maintenance conditions of renter-occupied units in the City considerably improved from 1991 through 2005 and remained very good in 2008. The proportion of renter-occupied units with five or more deficiencies out of the seven deficiency categories declined from 7.7 percent in 1991 to 4.9 percent in 2005 and 4.4 percent in 2008. The proportion of all renter-occupied units with no maintenance deficiencies has increased from 38.2 percent in 1991 to 45.9 percent in 2008.

The level of maintenance conditions of renter-occupied units is associated with the structure class of the buildings where units were located. Particularly in New-Law tenement buildings, built between 1901 and 1929, 7.6 percent of units showed five or more maintenance deficiencies, compared to 4.4 percent for all renter occupied units. The higher proportion of deficiencies in this structure class indicates the equipment and facilities in these structures may be obsolete and require extensive upgrades and repairs in order to provide adequate housing services. By contrast, the rate of just 4.0 percent with five or more deficiencies in Old Law tenements in 2008 compared to 11.1 percent in 1996 suggests that many of these older buildings built before 1901, have been rehabilitated and upgraded during the recent period of increased housing investment.

Looking at maintenance conditions by rental categories, renter occupied unregulated units and Post-1947 rent stabilized units were in better condition than units in other categories. Of occupied rent unregulated units, 58.6 percent had no deficiencies and only 2.3 percent had five or more deficiencies. Of renter-occupied Post-1947 rent stabilized units, 47.2 percent had no deficiencies and just 2.8 percent had five or more deficiencies. Both categories, particularly unregulated units, showed better overall conditions than all rental units in the City, in which 45.9 percent had no deficiencies and 4.4 percent showed 5 or more.

On the other hand, pre-1947 stabilized rental units had a higher incidence of deficiencies, as maintenance conditions of rent stabilized units varied considerably by age category: Of occupied rent stabilized units in buildings built before 1947, 35.1 percent had no deficiencies, compared to 47.2 percent of post 1947 stabilized units. Also, 6.9 percent of pre-1947 stabilized units had 5 or more deficiencies (the highest of any rent regulatory category), compared to 2.8 percent of post-1947 units.

The other rental category with a comparatively high incidence of maintenance deficiencies is public housing. A relatively smaller proportion (34.9 percent) than most other categories has zero maintenance deficiencies and 5.5 percent of units have 5 or more deficiencies, compared to 4.4 percent of all renter occupied units.

Of occupied rent controlled units 41.3 percent had zero deficiencies.

There is a relationship between the maintenance conditions of occupied rental units and the size of their buildings. As with structural condition, small and medium sized multiple buildings have more problems. Renter occupied units in buildings of 20-49 units had the highest proportion with 5 or more maintenance deficiencies at 7.2 percent in 2008. Also, in buildings with 6-19 units 5.4 percent of units had five or more maintenance deficiencies, higher than for all renter occupied units (4.4 percent). Units in very small and larger buildings are in comparatively better condition: only 2.8 percent of units in buildings with 5 or fewer units and 2.8 percent of units in buildings of 100 or more units had 5 or more deficiencies.

The definition of “physically poor” housing units used by the City for many years in the Consolidated Plan is as follows: “A housing unit that is in a dilapidated building, or lacks a complete kitchen and/or bath for exclusive use, has four or more maintenance deficiencies, or is in a building with three or more types of building defects.” Applying this definition, in the City, 178,000 or 8.5 percent, of renter-occupied units were physically poor in 2008, a considerable improvement from the 224,000 (11.0 percent) just three years earlier and from 16.9 percent in 1991. Despite these improvements, it is still possible to identify sectors that still need attention.

Physical housing condition is related to the age and structure class of the dwelling. The highest number (67,000) and highest rate of incidence (12.6 percent) of “physically poor” renter occupied units are in New Law Tenements (built between 1901 and 1929). Another 48,000 physically poor units are located in Post 1929 multiple dwellings. This is a substantial number of physically poor units, although the rate of incidence in this category is just 6.6 percent. The number of such physically poor units in Old Law tenements was 19,000 in 2008, for an incidence of 9.7 percent of that category of housing, still higher than 8.5 percent for all renter occupied units. The number and incidence of physically poor units in OLD Law tenements has come down considerably since the previous Consolidated Plan, which may reflect considerable investment and upgrading in such old buildings by both the private and public sector in the last several years.

Of all the physically poor renter occupied units in the City in 2008, 42 percent were in New-Law tenement buildings; 30 percent were in multiple dwellings built after 1929, and 12 percent were in Old-Law tenement buildings.

The disproportionate occurrence of physically poor conditions also related to size of building is, again, in the middle-sized buildings of 6 to 49 units: While 8.5 percent of all renter occupied units were physically poor, in 6-19 unit buildings 11.1 percent were physically poor and in buildings of 20-49 units, the rate was 13.1 percent.

Of all physically poor renter occupied units, 52.8 percent were in buildings of 6 to 49 units, while only 36.9 percent of all renter occupied units are in buildings of that size.

Most physically poor units were low-rent units; the lower the rent, the more likely the unit was to be physically poor. Of physically poor renter occupied units, 46 percent had contract rents less than \$800 a month, while only 33 percent of all occupied renter units had such low-rents in 2008.

In terms of the occupants of physically poor units, Black and Hispanic renter households disproportionately occupied physically poor rental units in 2008: Thirty-seven percent of renter households in 2008 were white, but only twenty-two percent of renter households in physically poor units were white. While 53 percent of the renter households in the City were Black or Hispanic, 70 percent of renter households living in physically poor units were Black or Hispanic.

The lower the household income, the more likely it is that a household will live in physically poor housing. In 2008, households with incomes of less than \$25,000 a year occupied 43 percent of rental units in physically poor condition, but such low-income households occupied only 37 percent of rental units overall. Households with incomes of \$70,000 or more represented 25 percent of all renter households but occupied only 21 percent of physically poor rental units.

At 10.1 percent in 2008, New York City's crowding situation (more than 1 person per room) in renter households has not improved since 1991, when it was 10.4 percent, although it is slightly better since 2002 when it was 11.1 percent. At the same time, 3.9 percent of renter households were severely crowded (more than 1.5 persons per room) in 2008, the same as in 2002.

While 10.1 percent of the City's renter-occupied units overall were crowded in 2008, 12.3 percent of rent stabilized units in buildings built before 1947 were crowded. Unregulated units in regular rental buildings also were crowded at 10.1 percent. Crowding hardly exists in rent controlled units in New York City, partly because many rent controlled units are occupied by single-person elderly households and also because rent controlled units tend to be somewhat larger than many other categories of housing. Crowding is also less serious in the publicly subsidized or regulated categories: public housing (7.0 percent), Mitchell-Lama (4.8 percent) and HUD-regulated (7.5 percent).

Of the various renter household types, in 2008, adult households with minor children had by far the highest crowding rate: 32.9 percent were crowded. In fact, 70 percent of the crowded renter households in the City consisted of 148,000 adult households with minor children. Also, 10.9 percent of this household type were severely crowded (more than 1.5 persons per room), compared to 3.9 percent of all renter households. The source of this extremely high crowding rate was this household type's relatively large mean household size, 4.77 persons, compared to 2.53 persons for renter households overall.

#### e. Housing problems by Income Categories

The following analysis is by HUD defined income categories: extremely low, very low, other low, and moderate/middle-income New York City households. In this discussion "Any Housing Problem" among renters consists of rent burden (gross rent/income ratio) greater than 30 percent, or physically poor housing condition, or overcrowding (more than one person per room). For owners, "Any Housing Problem" consists of overcrowding and/or physically poor housing conditions. "Physically poor" housing means a housing unit that is either: in a dilapidated building, or lacks a complete kitchen and/or bath for exclusive use, or has four or more maintenance deficiencies, or is in a building with three or more types of building defects.

While 56.5 percent of all renter households experienced Any Housing Problem as defined above in 2008, large related households have the highest incidence at 83.1 percent, then small elderly households at 65.0 percent and

small related households at 53.1 percent. Half (50.4 percent) of “Other” renter households (predominantly single person households) experienced some housing problem as defined above in 2008.

The following data from the 2008 NYC Housing and Vacancy Survey are presented for income levels as a percent of the HUD area median income for the New York, NY HUD Metro Area, adjusted for each household’s size. The data collected in the 2008 HVS were for 2007 household income, so the 2008 HUD Area Median income of \$59,700, applicable to 2007 income data, was used.

High rent burden is a very serious housing problem for many renter households in New York City; the discussion of affordability and rent burden is covered in a later section of this document.

#### Extremely Low-Income (0-30% MFI)

According to the 2008 HVS, 76.3 percent of extremely low-income renters experience some housing problem, particularly among large related households, where 92 percent experience some housing problem. At this income level a high percentage of all major racial/ethnic groups: 73% of black households, 76 percent of Asians, 78 percent of Hispanic and of white renter households experience some housing problem. In terms of number, Hispanic renter households at this income level are the largest single group (37.5% or 177,000 households) among those with any housing problem.

Of extremely low-income homeowner households, 3.2 percent suffer from some housing problem.<sup>7</sup>

Overall, about 10.1 percent of extremely low income renter households live in crowded conditions (more than 1.0 person per room). This problem is particularly severe among large related households, where almost seven in ten (68.6% or 33,000 households) live in crowded units. Among Asian extremely low-income renters, 23.2 percent live in crowded conditions and 12.2 percent of Hispanic renter households at this income level are crowded. Crowding in owner-occupied extremely low income households is very low.

About 10% of all extremely low-income renter households rent units in physically poor condition. The highest incidence of this problem is among large related households, where 15 percent rent physically poor units. However, in terms of the number of households, 38 percent or 24,000 renter households in physically poor housing at this income level are small related households. Thirteen percent of Black and 11 percent of Hispanic extremely low income renter households occupy housing that is physically poor. Very few extremely low income owner households live in physically poor housing.

#### Very Low-Income (31-50% MFI)

Eighty-three percent of very low income renters experience some housing problem. Of large related renter households at this income level, 88 percent have some problem with their housing, as do 86 percent of “Other” households (predominantly single person households), 84 percent of small related households and 73 percent of small elderly households. A very high incidence of housing problems occurs among all ethnic groups at this income level, but the highest incidence occurs among Asian very low income renters (92 percent), followed by white renter households (84 percent), then Black and Hispanic households, both at 81 percent experiencing some housing problem. Of very low income homeowner households, 5.5 percent experience some housing problem.

Of very low income renter households, 12.4 percent, or 40,000 households, live in crowded conditions. This problem is most concentrated in large related households, where 64 percent live in crowded units. Crowding is particularly acute among Asian and Hispanic very low income renters, where, respectively, 21.6 and 15.5 percent live in crowded conditions. The rate of crowding in very low income owner households is very low.

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<sup>7</sup> Any housing problem for owners covers only physically poor conditions or crowding, not cost burden.

Of these very low-income renter households, 9.2 percent, or 30,000 households, live in physically poor conditions. Of the renter households in physically poor conditions, 45 percent are small related households, 24 percent are in “Other” households, 17 percent are small elderly and 14 percent are large related. However, the greatest incidence of this problem is among large related households with 12 percent in physically poor housing. Among the renter households at this income level in physically poor housing, 83 percent are either Black or Hispanic. Those two ethnic groups also have the highest incidence of living in physically poor housing, at 14 percent of blacks and 12 percent of Hispanics. Virtually no owner-occupied households at this income level occupy physically poor housing.

#### Other Low-Income (51-80% MFI)

Sixty-two percent of low-income renters at 51-80% MFI for their household size experience some housing problem. Of large related renter households in this income group, 83 percent have some problem with their housing. Among racial and ethnic groups in this income category, housing problems occur most for White renter households (68%), then Asians (65%), and both Black and Hispanic households where 59 percent have some housing problem. Among owners at this income level 6.9 percent experience a housing problem.

Of Other low-income renter households, 12.2 percent live in crowded conditions. The crowding problem is particularly severe among large related households, where 66.6 percent live in crowded units. Among racial and ethnic groups this problem is particularly acute among Hispanic and Asian Other low-income renters, where 18.5 percent and 17.5 percent, respectively, live in crowded conditions.

Nine percent of these low-income renter households at 51 – 80% MFI live in units that are physically poor. The highest incidence occurs among small related households where 10 percent rent physically inadequate units, and among those households in physically poor units at this income level, 61 percent or 20,000, are small related households. Black and Hispanic Other low-income renter households have the highest incidence of living in physically poor units, at 12 percent and 10 percent, respectively.

#### Moderate/Middle Income (81-120% MFI)

Thirty-five percent of renter households in this income range had some housing problem, according to the 2008 HVS. Large related households are the household type with by far the highest incidence of crowding (64 percent). Asian households in this income category were the racial/ethnic group with the highest incidence of housing problems, at 41 percent, closely followed by 40 percent of White households in this income category. For Hispanic renter households in this income range 35 percent experienced some housing problem and for Blacks the rate was 24 percent. About 6 percent of owner households in this income range experienced some housing problem.

Among these moderate/middle income renters, 8 percent of the units were physically poor in some manner. Large related households experienced the highest incidence of the household types, at 13 percent in physically poor housing. Of the racial/ethnic groups, Hispanic renter households were most vulnerable, as 12 percent lived in physically poor housing.

At this income level, the incidence of crowding for renters, 10.5 percent, is similar to that of all renter households (10.1 percent). Still, crowding is most severe among large related households, where 63.8 percent live in crowded conditions. Hispanic households at this income level were the racial/ethnic group most vulnerable to overcrowding, with 17.6 percent being overcrowded, while 14.9 percent of Asian renter households in this income category were crowded.

#### f. Overcrowding by Geography

Of the 2,082,000 renter-occupied units in the City, about 211,000 households, or 10.1 percent, were crowded (more than one occupant per room). Queens had the highest percentage of crowded renter-occupied units, at

13.9 percent. The Bronx also had a large percentage with 11.5 percent living in crowded conditions. In Brooklyn, the proportion of crowded renter households units mirrored the City's at 10.4 percent.

Manhattan's large number of single-person households brought the renter crowding rate to just 6.3 percent and Staten Island's rate of 8.1 percent was also lower than the City average and other surrounding boroughs.

Of the 1,019,000 owner-occupied units in the City, 3.6 percent, or 37,000 were crowded. The percentages of crowded owner-occupied units in all boroughs were much lower than the percentages for renter-occupied units. Owner households in Queens and the Bronx were highest at 4.9 percent and 4.6 percent, respectively. In Manhattan, with its large number of single-person households, just 2.2 percent of owner-occupied units were crowded.

g. Housing Cost

In 2008 the median monthly contract rent (excludes tenant payments for utilities and fuel) in the City was \$950. The median monthly gross rent, which includes utility and fuel payments, was \$1,057.

In the three years from 2005 to 2008, the median contract rent increased by 11.8 percent, from \$850 to \$950. This was a 1.6 percent increase after adjusting for inflation. During the same period, the median gross rent increased by 14.9 percent, from \$920 to \$1,057. This was an inflation-adjusted increase of 4.4 percent.

Median contract rents in the City in 2008 ranged from a low of \$387 for public housing units to \$2,200 for unregulated sublet rentals in coops/condos.

Renter occupied units with the lowest rents in the City were public housing and *in rem* units. However, after the City's concerted program to rehabilitate *in rem* units and return them to responsible owners in the private sector, the number of *in rem* units has been reduced to a very few thousand, so their median rent of \$357 should be interpreted with caution since the sample pool is small.

The \$387 median contract rent of public housing units was only 41 percent of the citywide median contract rent. Eighty-two percent of public housing units rented for less than \$600; another 14 percent rented for \$600 to \$799.

The median contract rent of rent-controlled units in the City was \$721 in 2008, 76 percent of the citywide median of \$950. Compared to the distribution of renter-occupied units in the City, more than twice the proportion of rent controlled units rented for less than \$600: 38 percent compared to 18 percent of all renter occupied units. Another 30 percent of rent controlled units rented between \$600 and \$999.

The median rent of all rent stabilized units, a category containing 48 percent of the renter occupied units in the City, was \$925, fairly close to the citywide median of \$950. However, the median rent of rent stabilized units in buildings built in 1947 or later was higher than for stabilized units in pre-1947 buildings: \$985-versus \$900.

In New York City in 2008, 47 percent of all renter occupied units rented for \$1,000 or more. Compared to 47 percent of all renter-occupied units, 49 percent of post-1947 rent stabilized and 39 percent of pre-1947 stabilized units rented for \$1,000 or more. Only 9 percent of post-1947 stabilized units and 14 percent of pre-1947 stabilized units rented for less than \$600 in 2008.

The median contract rent of all rent unregulated units was \$1,200 in 2008. However, within this category, the median contract rent was \$2,200 for the 23,000 unregulated sublet rental units in cooperatives and condominiums, compared to \$1,200 for the 693,000 unregulated units in regular rental buildings. Among sublet rental units in coops and condos, 58 percent rent for more than \$2,000 per month, while just 21 percent of unregulated units in rental buildings rent at that high level. Half of the unregulated units in regular rental



buildings rent for between \$1,000 and \$1,999 and one-quarter rent for \$600 to \$999. While 18 percent of all renter occupied units in the City rent for less than \$600, only 5 percent of all unregulated units rent at that level.

Among the remaining regulated renter units, the median contract rent of the 59,000 Mitchell-Lama rental units was \$800. Of Mitchell-Lama renter units, 29 percent rent for less than \$600; 41 percent rent in the mid-range of \$600 to \$999 and another 20 percent rent for \$1,000 to \$1,249.

In general, as rent decreases, the quality of rental housing decreases. In the City, the median contract rent for occupied rental units in non-dilapidated buildings in 2008 was \$950, or 19 percent higher than that of units in dilapidated buildings, which was \$800. The median rent was also \$950 for rental units in buildings with no building defects. However, the rent level declined steadily for units in buildings of lower quality: \$934 for units in buildings with one defect, \$900 for units in buildings with two defects, and \$881 for units in buildings with three or more defects. A similar pattern was maintained in the relationship between the maintenance condition of units and their rents. The median contract rent for units with no maintenance deficiencies was \$1,000. It was \$940 for units with one or two deficiencies, \$881 for units with three or four, and \$850 for units with five or more.

The relationship between rent and neighborhood condition is also discernable. The median contract rent for occupied rental units on a street where no boarded-up units were observed was \$960 in 2008, while, for units on streets where one or more boarded-up units were observed, it was \$900. The median rent for units occupied by tenants who ranked their neighborhood's physical residential condition as "excellent" was \$1,200. However, the rent level declines as the rating level declines: \$968 for units whose tenants ranked their neighborhood quality as "good", \$830 for units whose tenants ranked their neighborhood quality as "fair," and \$800 for units in neighborhoods ranked as "poor".

Unfortunately, many of the rents being charged for apartments in the City forced tenants to pay an excessive portion of income for rent. For example, the gross rent-income ratio for rent-subsidized households was 56.9 percent in 2008. In other words, the median gross rent of an apartment that a household receiving some kind of rent subsidy paid, as a combination of both the household's out-of-pocket rent and the rent subsidy, was 56.9 percent of the household's income. Even applying the standard of thirty percent of household income for rent, which is the rent-income ratio HUD uses for determining affordability in the Consolidated Plan and the Section 8 program, the affordability gap here was 26.9 percentage points. Clearly, many of these households could not have afforded the apartments they occupied without the subsidy they received, unless they had greatly reduced the least discretionary items of their expenditures, such as food, clothing, transportation, health and education for children.

The median income of all subsidized renter households was only \$15,000 in 2007, just 41 percent of the \$36,200 median household income of all renter households and 36 percent of the \$42,000 income of non-subsidized households.

Single elderly and single households with minor children were the poorest renter households. Their median household income was only \$11,088 and \$18,888, respectively in 2007. These income levels were just 31 percent and 52 percent of all renter households' median income.

## Cost Burden

Overall renter affordability is a very serious concern in the City. A household has a cost burden when they pay more than 30 percent of their income for gross rent. Extreme cost burden is paying more than 50 percent of income for gross rent.

The City's median gross rent/income ratio was 31.5 in 2008. More than half (52 percent) of the renter households in the City paid over 30 percent of their income for rent in 2008, and 29.4 percent were extremely rent burdened – paying more than 50% of their income for rent.

For renter households with incomes less than 50 percent of the HUD Area Median Income for each household size, the median gross rent/income ratio was 61.4 percent, and 62.1 percent of renter households at that income level are extremely rent burdened, paying more than 50 percent of their income for rent.

The most seriously rent burdened HUD Household Type are small elderly households, whose median gross rent/income ratio was 45. Of this household type, 70 percent exceed the affordable rent level of thirty percent of income set by HUD and 46 percent pay more than 50 percent of their income for rent.

In 2008, of the major racial/ethnic groups, Hispanic households had the highest median gross rent/income ratio, at 34.1 percent, compared to 31.5 percent for all renter households. Asian households paid a median 33.4 percent of income for rent and Black households paid 32.0 percent. The ratio for white renters was 29.1 percent, lower than the median ratio for the City as a whole.

Single elderly households paid the highest proportion of their income for rent of any household group: an unbearably high 50.6 percent in 2008, 19.1 percentage points higher than the average renter household in the City. The affordability gap for these single elderly households was 20.6 percentage points.

The rent burden for single households with minor children was also very serious in 2008: their gross rent-income ratio of 46.8 percent was 15.3 percentage points higher than the median rent-income ratio for the City. The consequent affordability gap for these households was 16.8 percentage points.

The highest median gross rent-income ratios by rent regulatory status in 2008 were for households in Other regulated units at 36.2 percent and rent controlled units at 35.5 percent and Mitchell-Lama units at 35.2 percent. Most of these residents are elderly with low, fixed incomes. The rent-income ratio for households in rent stabilized units was 31.7 percent, about the same as for all City renters.

The median gross rent-income ratio for households in rent unregulated units as a whole was 31.9 percent, the same as for unregulated rental units in regular rental buildings. However, the ratio for unregulated units in private cooperative and condominium buildings (sublet coops) was just 27.8 percent, the lowest of all rental categories. The ratio in public housing, administered by NYCHA was 28.2.

### Extremely Low-Income (0-30% MFI)

In 2008 in New York City, 90 percent of extremely low income renters experience housing cost burden over 30 percent, including 75 percent who suffer from extreme cost burden (over 50 percent of income).

None of the HUD Household Types in this income category are immune to this housing problem: among small related households, 93 percent suffer from cost burden over 30 percent, with 81 percent suffering from extreme cost burden. Among "Other" type households, 92 percent have cost burden over 30 percent, with 79 percent suffering extreme cost burden. Among large related households, 91 percent have cost burden over 30 percent, with 79 percent paying more than 50 percent for housing. Small elderly households have 86 percent paying more than 30 percent of income for rent, including 66 percent paying more than 50 percent for gross rent.

Eighty-three percent of both extremely low income White and Asian renter households suffer from extreme cost burden, more than any other group. Also, 71 percent of both Black and Hispanic renter households in this extremely low income group pay more than 50 percent of income for rent.

#### Very Low-Income (31-50% MFI)

Eighty-one percent of very low income renters in this income range suffer from housing cost burden, with 41 percent suffering from extreme cost burden. The predominantly single person households in the “Other” category suffer most acutely, as 88 percent have a cost burden over 30 percent; 59 percent pay more than 50 percent of income for rent. Eight-two percent of small related households pay more than thirty percent of income for rent. In this income range, 74 percent of small elderly and 71 percent of large related households pay more than 30 percent of income for rent.

This affordability problem is especially acute among White households, where 56 percent suffer from extreme cost burden. Asians and whites both suffer disproportionately from housing cost burden, as 91 percent of these very low income Asian renter households and 87 percent of white renter households spend more than 30 percent of their income on rent. Seventy-seven percent of Hispanic and 75 percent of Black renter households in this income range pay more than 30 percent of income for rent.

#### Other Low-Income (51-80% MFI)

Fifty-one percent of renters in this low-income income range suffer from housing cost burden, including 10 percent with extreme cost burden. This problem is still especially acute among the “Other” renter households, consisting of single persons, of whom 63 percent pay more than 30 percent of income for rent. Among White households, 66 percent in this income group experience cost burden, including 24 percent with extreme cost burden. In this income range 52 percent of Asian households also have a housing cost burden over 30 percent.

#### Moderate/Middle Income (81-120% MFI)

In this income range, which straddles HUD’s median income by household size for the area, 20 percent of renter households had a cost burden. Most affected again are the “Other” households of single persons where 36 percent pay more than thirty percent of their income for rent. White renter households in this income range were most affected, with 34 percent paying more than 30 percent of income for rent.

#### h. Cost Burden by Geography

According to the 2008 HVS, 52 percent of New York City renter households experienced a cost burden, paying more than 30 percent of their income for rent, and 29 percent pay a cost burden more than 50 percent. The percentage of renter households experiencing cost burden varied by borough. The Bronx is particularly hard hit by the cost burden on renter households, as 59 percent pay more than thirty percent of income for rent and 37 percent have a severe cost burden of more than 50 percent of income. Brooklyn renters also have a higher than City average cost burden as 53 percent of renter households pay more than 30 percent of income for rent. Queens mirrored the City’s percentage with 52 percent, followed by Manhattan and Staten Island each at 47 percent paying more than thirty percent of income for rent.

Variations in cost burden are a function of the gross rent for the household’s housing unit as well as differences in renters’ household income by borough. In fact, the City’s and all of the boroughs’ median renter incomes were all well below the HUD Median Family Income for the New York, NY Metropolitan Area of \$59,700. The 2008 NYC HVS reports the median renter household income for the City as \$36,200, which is 61 percent of the HUD Median Family Income for the New York, NY Metropolitan Area of \$59,700. In the Bronx the median renter household income was \$23,200 or just 39 percent of the HUD area median income and 64 percent of the Citywide renter median. It is thus not surprising that the Bronx has the highest incidence of rent burden and severe rent burden among the boroughs. Brooklyn’s median renter household income was \$34,000, lower than the citywide renter median and 57 percent of the HUD Area Median Income. Both Queens (\$40,100) and

Staten Island (\$40,000) had median renter incomes that were 67 percent and Manhattan's (\$51,000) was 85 percent of the HUD Area Median Family Income.

i. Concentrations of Racial/Ethnic Minorities and/or Low-Income Families

Racial/Ethnic Minorities Concentration

Please refer to Volume 4, Appendix 3, Maps for a spatial description of the City's minority population.

Low Income Concentration

According to the 2000 census, 21.3% of all New Yorkers had incomes below the poverty line. Consequently, approximately 11 percent of the city's census tracts are defined under HUD's threshold as areas of low-income concentration. The breakdown for each borough, using the HUD definition of low income concentration as a census tract with at least 40 percent of its population with incomes below the poverty level, is as follows:

Poverty Concentration by Borough

<b>BOROUGH</b>	<b>% BELOW POVERTY</b>	<b>% OF CENSUS TRACTS WITH 40% OR MORE BELOW POVERTY</b>
<b>Bronx</b>	<b>30.7</b>	<b>30.70</b>
<b>Brooklyn</b>	<b>25.1</b>	<b>10.98</b>
<b>Manhattan</b>	<b>20.0</b>	<b>12.50</b>
<b>Queens</b>	<b>14.6</b>	<b>1.78</b>
<b>Staten Island</b>	<b>10.0</b>	<b>3.64</b>
<b>Total</b>	<b>21.2</b>	<b>11.19</b>

Source: 2000 Census, STF3

**3. Revitalization Plans**

A brief description of the plans and a listing are given below.

Copies of the Business Improvement Districts and the Economic Development Zones are available for the public to review at the Municipal Reference and Research Center, 31 Chambers St., Room 112, New York, NY 10007.

In addition, a profile of the respect BIDS is available for downloading via the Internet at:

<http://www.nyc.gov/html/sbs/html/neighborhood/bid.shtml>

Maps of the Economic Development Zones are available via the Internet at:

<http://www.nyc.gov/html/sbs/nycbiz/html/incentives/zone.shtml>

a. Business Improvement Districts

A Business Improvement District (BID) is a financial mechanism that permits merchants and property owners to organize themselves into a geographic area (i.e. District) and in turn use the city's revenue collection powers to "tax" themselves. These funds are collected by the city and turned over to an organization of local property owners and merchants. The money is spent on capital improvements (street furniture, tree plantings, special lighting) and/or supplemental services (maintenance, sanitation, protection) beyond those services already

provided by the city. This, in turn, leads to increased commercial activity and a more vital and active business center. The BIDS are as follows:

**Bronx**

Fordham Road  
Kingsbridge  
Jerome-Gun Hill  
HUB/3rd Avenue

161st Street  
Southern Boulevard  
White Plains Road

**Brooklyn**

Bay Ridge 5th Avenue  
Bed-Stuy Gateway  
Brighton Beach  
Church Avenue  
Court-Livingston-Schermerhorn  
DUMBO Improvement District  
East Brooklyn  
86th Street Bay Ridge Flatbush Avenue  
Flatbush-Nostrand Junction  
Fulton Area Business (FAB) Alliance  
Fulton Street Mall

Graham Avenue  
Grand Street  
Kings Highway  
MetroTech  
Montague Street  
Myrtle Avenue Brooklyn Partnership  
North Flatbush  
Park Slope 5th Avenue  
Pitkin Avenue  
Sunset Park

**Manhattan**

Alliance for Downtown New York  
Bryant Park Corporation  
Columbus Avenue  
Columbus/Amsterdam  
East Midtown Partnership  
Fashion Center  
Fifth Avenue  
Flatiron/23rd Street Partnership  
47th Street  
Grand Central Partnership  
Hudson Square

Lincoln Square  
Lower East Side  
Madison Avenue  
NoHo NY  
125th Street  
Times Square Alliance  
34th Street Partnership  
Union Square Partnership  
Village Alliance  
Washington Heights

**Queens**

Bayside Village  
Downtown Flushing Transit Hub  
82nd Street  
Jamaica Center  
Long Island City  
Myrtle Avenue (Queens)

180th Street  
165th Street Mall  
Steinway Street  
Sunnyside Shines  
Sutphin Boulevard  
Woodhaven

**Staten Island**

Forest Avenue

b. Economic Development Zones

Economic Development Zones are severely distressed areas or in areas impacted by military base closings in the state which are provided with a variety of financial incentives and economic development benefits. These are designed to attract new businesses to these areas and to enable existing businesses to expand and create more jobs. The following is a list of Economic Development Zones:

Hunts Point, Bronx	Chinatown/Lower East Side, Manhattan
Port Morris, Bronx	East Harlem, Manhattan
East Brooklyn, Brooklyn	Far Rockaway, Queens
North Brooklyn/East Williamsburg, Brooklyn	South Jamaica, Queens
Southwest Brooklyn/Sunset Park-Red Hook, Brooklyn	North Shore, Staten Island
	West Shore, Staten Island

c. Section 197a Plans

Section 197a Plans are provided for under the City Charter. They permit communities to present plans for land use development in their communities. It is a guide for all city agencies to take pertinent action. The approved plans are:

Bronx Community District 8 Plan (River to Reservoir Preservation Strategy), Community Board 8, Bronx  
Partnership for the Future, Community Board 3, Bronx  
The Greenpoint Plan, Community Board 1, Brooklyn  
Red Hook Plan, Community Board 6, Brooklyn  
Williamsburg Waterfront Plan, Community Board 1, Brooklyn  
The Chelsea Plan, Community Board 4, Manhattan  
Stuyvesant Cove Plan, Community Board 6, Manhattan  
Comprehensive Manhattan Waterfront Plan, Borough-wide, Manhattan Borough President (sponsor)  
New Waterfront Revitalization Program, City-wide, Department of City Planning (sponsor)  
Queensboro Bridge Area, Community Board 8, Manhattan  
Hamilton Heights, Manhattanville, Morningside Heights, Community Board 9, Manhattan  
Plan for Eastern Section of Community District 6, Community Board 6 and East Side Rezoning Alliance (co-sponsors), Manhattan

d. Urban Renewal Plans

Urban Renewal is a municipal effort to facilitate the redevelopment of blighted areas of the City in accordance with a Plan -- the Urban Renewal Plan (URP) -- which spells out the objectives to be achieved. Urban Renewal Plans put forth proposed land uses, land acquisition, demolition, public and semi-public community facilities, and a proposed time schedule for effectuation of the Plan, as well as other information relevant to redevelopment of an Urban Renewal Area. Urban Renewal Plans are adopted by the City pursuant to the State Urban Renewal Law (Article 15, General Municipal Law).

Copies of urban renewal plans are available through a Freedom of Information Law (FOIL) request made to Donald Appel, Department of Housing Preservation and Development, 100 Gold Street, Room 5-U-9, New York, NY, 10038. Technical questions about urban renewal plans may be directed to Shampa Chanda, Assistant Commissioner for Planning, at (212) 863-6364.

e. Community District Housing Needs

At the start of the City Fiscal Year, each of New York City's 59 community boards conduct meetings to assess their respective community's needs. The meetings facilitate the formulation of the board's Statement of Community District Needs and Priorities. The District Needs Statements, as mandated by the City Charter, covers a variety of issues such as education, transportation, sanitation, police, parks and recreation, and housing, and provides a context for development and assessment of the community board's budget priorities. Pursuant to the City Charter, community boards submit annual expense and capital budget priorities which must be considered by City agencies in the preparation of their Departmental budget estimates. Please refer to Part IV., Other Actions, Section A., Citizen Participation Plan for a description of the City's budget process schedule.

Copies of the Community District Needs, by borough, are available for purchase at the Department of City Planning Bookstore, 22 Reade Street, New York, N.Y. 10007, (212) 720-3667.

## **B. New York City Housing Authority**

### **1. Public Housing Needs**

#### a. Public Housing Inventory

As of June 30, 2009, NYCHA operated 178,986 units of conventional low-income public housing. 158,847 of these apartments are federally subsidized, while the remainder are state and city subsidized developments. NYCHA operates 10,100 apartments exclusively for seniors in 42 senior-only developments and an additional 14 senior-only buildings located in family developments.

NYCHA's stock is expected to decrease slightly during the next five years through the sale of 262 FHA repossessed homes and 231 Multifamily Homeownership Opportunity Program (MHOP) apartments.

NEW YORK CITY HOUSING AUTHORITY  
 NYCHA DEVELOPMENTS AND APARTMENTS BY PROGRAM  
 (As of June 30, 2009)

PROGRAM	# OF DEVELOPMENTS	NUMBER OF APARTMENTS
Federal Conventional	309	157,973
Federal Section 8 Project Based	6	874
State	15	12,168
City	6	7,971
<b>TOTALS</b>	<b>336</b>	<b>178,986</b>

NYCHA UNITS BY NUMBER OF BEDROOMS  
 (As of June 30, 2009)

UNIT SIZE	# OF UNITS	PERCENTAGE
0BR	6,252	3.5%
1BR	39,890	22.3%
2BR	85,828	48.0%
3BR	40,143	22.4%
4BR	5,907	3.3%
5BR	937	0.5%
6+ BR	29	0.0%
<b>TOTALS:</b>	<b>178,986</b>	



NYCHA APARTMENTS BY BOROUGH  
(As of June 30, 2009)

BOROUGH:	NUMBER OF APARTMENTS
BRONX	44,567
BROOKLYN	58,726
MANHATTAN	53,883
QUEENS	17,308
STATEN ISLAND	4,502
TOTAL:	178,896

Vintage of Physical Plant

As seen in the next table, over 93% of NYCHA apartments are over 30 years old as of June 30, 2009. In addition, the larger high-rise developments are clustered at the older end of the spectrum. With only a few exceptions, the era of high rise construction ended in the late 1960s.

NYCHA APARTMENTS BY DEVELOPMENT COMPLETION DATE  
(As of June 30, 2009)

AGE RANGE	# OF DEVELOPMENTS	# OF APARTMENTS	AVERAGE # OF APARTMENTS PER DEVELOPMENT
At Least 60 Years Old	23	25,505	1,109
50 to 59 Years Old	62	73,860	1,191
40 to 49 Years Old	80	49,024	613
30 to 39 Years Old	86	18,726	218
20 to 29 Years Old	59	9,593	163
Under 20 Years Old	26	2,278	88
TOTALS:	336	178,986	

b. Section 504 Conversion

Under federal law, NYCHA is required to make 5 percent of its apartments, or approximately 9,100 apartments, accessible to persons with mobility impairments. These apartments will meet federal standards for wheelchair accessibility in the apartment interiors and have building entrances and elevators that are accessible as set forth in the Voluntary Compliance Agreement (VCA). As of June 30, 2009, NYCHA has converted 7,648 standard apartments to accessible apartments.

NYCHA also offers every public housing resident with a physical disability the right to request a “reasonable accommodation” which may include a transfer to another apartment that is accessible or non-structural modifications to their apartment (e.g. widened doorways, lowered kitchen sinks and counters, bathroom grab bars, roll-in shower fixtures, lever-type faucets and doors, and lowered or raised toilet seats). Applicants with physical disabilities may also request an accessible unit or reasonable accommodation during the applications process.

Community facilities are also being modified and upgraded to meet accessibility standards as funding allows. NYCHA also offers reasonable accommodations in policies, procedures and practices that make non-dwelling facilities and programs accessible to persons with mobility impairments.

NYCHA has an ongoing program to modify units, construct ramps, reconstruct building entrances and lobby interiors, and rehabilitate elevators on an expedited basis.

A summary of apartments completed in compliance with Section 504, by borough and apartment size, is provided below:

SECTION 504  
CONVERSIONS BY BOROUGH  
(As of June 30, 2009)

BOROUGH	SECTION 504 APARTMENTS COMPLETED
Bronx	1,939
Brooklyn	2,530
Manhattan	2,265
Queens	691
Staten Island	223
TOTALS:	7,648

SECTION 504  
CONVERSIONS BY APARTMENT SIZE  
(As of June 30, 2009)

APARTMENT SIZE	NUMBER OF APARTMENTS
0 BEDROOMS	298
1 BEDROOM	2,454
2 BEDROOMS	3,608
3 BEDROOMS	1,126
4 BEDROOMS	145
5 BEDROOMS	17
TOTALS:	7,648

c. NYCHA Resident Population Trends

NYCHA's official public housing resident population was 401,357, as of January 1, 2009. It should be noted that this figure does not include unauthorized persons living doubled up in Public Housing or Section 8 Transition households in the City and State developments. The average annual resident income is \$22,750, with a median figure of approximately \$15,348. NYCHA residents pay, on average, \$394 per month in rent. The median household rent is \$348.

For nearly a decade, the percentage of Working Families has increased and the percentage of Public Assistance Families has declined, reversing long term trends (see Table below):

<u>As Of:</u>	<u>% WORKING FAMILIES</u>	<u>% PUBLIC ASSISTANCE</u>
1/1/09	46.3%	12.7%
1/1/04	40.4%	17.6%
1/1/99	33.4%	22.6%
1/1/94	30.9%	30.1%
1/1/89	39.0%	27.9%
1/1/84	49.0%	25.2%

Households headed by individuals aged 62 and above and single parent households (despite a recent decline in the case of the latter) continue to comprise a substantial portion of NYCHA' residents (see Table below):

<u>As Of:</u>	<u>% SINGLE PARENT FAMILIES</u>	<u>% ELDERLY HEADED</u>
1/1/09	30.8%	35.2%
1/1/04	34.1%	33.4%
1/1/99	38.4%	30.8%
1/1/94	38.2%	30.4%
1/1/89	39.0%	29.9%
1/1/84	33.9%	28.2%

As of January 1, 2009, 46.3% of NYCHA families are working families; 12.7% receive public assistance, and the remaining 41% receive social security, SSI, etc. Residents who are minors under the age of eighteen comprise 30.3% of all NYCHA residents. A total of 35.2% of the families have an elderly head of household. The average family size is 2.3 persons. Approximately 31% of the existing NYCHA households are headed by a single parent with at least one child under the age of 18. About 27% of all single parent NYCHA families receive Public Assistance as compared to 35% percent in 2004.

#### d. Waiting Lists

For the purposes of this report, the Waiting List is defined as eligible applicants who have not begun the certification process. As of June 30, 2009, there were 119,162 applicants on NYCHA's Conventional Public Housing Waiting List and 124,724 applicants on NYCHA's Section 8 Waiting List. When these totals are adjusted to account for families that have submitted applications for both Conventional Public Housing and Section 8 (30,451), the cumulative number of NYCHA Waiting List applicants is approximately 213,500.

#### Conventional Housing Waiting List

As of June 30, 2009, NYCHA's Conventional Public Housing Waiting List comprised 133,890 applicants. This represents a 2.4% decrease over mid-year 2008 (122,045) and an 11.0% decrease from mid-year 2004.

A comparison to the past several years follows:

June 30, 2009: 119,162  
 June 30, 2004: 133,890  
 June 30, 2003: 126,498  
 June 30, 2002: 123,069  
 June 30, 2001: 123,069  
 June 30, 2000: 121,099  
 June 30, 1999: 109,417

The percentage distribution of elderly and disabled individuals on the Conventional Waiting List has not changed significantly during the past several years with the exception of the cumulative size of the Waiting List. Please see the footnotes to this table for detailed definitions of the classifications depicted.

**CONVENTIONAL PUBLIC HOUSING WAITING LIST  
ELIGIBLE APPLICANTS BY ELDERLY/DISABLED STATUS  
(AS OF JUNE 30, 2009)**

ELDERLY/DISABLED STATUS	NUMBER OF APPLICANTS	PERCENT
Non Elderly	75,705	63.5%
Elderly (a)	18,558	15.6%
Disabled (b)	15,865	13.3%
Mobility Impaired	9,034	7.6%
Total	119,162	100%

- a) An “Elderly” family is defined as a family with head of household age 62 and over.
- b) “Disabled” indicates a person, regardless of age, who falls within the definition of disability contained in Section 233 of the Social Security Act.

Conventional Waiting List by Housing Priority/Preference

The following table shows the distribution of Conventional Waiting List by Housing Priority. Housing priorities have been established for the selection of applicants to NYCHA’s Conventional Public Housing Program. Explanations of each of the priority classifications are provided below the table. Federal preferences were established to ensure that potential residents who were at risk be accommodated with relative ease.

**CONVENTIONAL PUBLIC HOUSING APPLICATIONS WAITING LIST  
BY FEDERAL PREFERENCE CATEGORIES  
(AS OF JUNE 30, 2009)**

Priority	Description	Number of Applicants	Percent
N0	City Referred Emergency Applicants	See Footnote	
N1	Victim of Domestic Violence (VDV)	See Footnote	
N2	Intimidated Witness (IW)	See Footnote	
N3	Emergency Need of Housing	0	0.0%
N4	Other "Working" Families	67	0.1%
N5	Other "Non Working" Families	15,149	12.7%
N8	Does Not Qualify For Need Based Preference	6,404	5.4%
N9	Public Housing or Section 8 Lessee or Co-Lessee	See Footnote	
W1	Between 50% and 80% of Median Income	7,207	6.0%
W2	Between 30% and 50% of Median Income	24,054	20.2%
W3	Under 30% of Median Income	66,281	55.6%
TOTAL:		119,162	

Note:

City Referred Applicants, VDV (Victims of Domestic Violence) and IW (Intimated Witness) applicants are not tabulated as part of the Waiting List.

Federal Preferences:

**N0** "New York City Referred Emergency (Homeless) Applicant"

Applicants who meet any of the requirements of Priority Code N3 and who have been referred to NYCHA by the New York City Department of Homeless Services (DHS), New York City Department of Housing Preservation and Development (HPD), by the New York City Human Resources Administration-HIV/AIDS Services Administration (HASA), or the New York City Health and Hospitals Corporation (HHC) pursuant to an agreement with NYCHA.

**N1** "Victims of Domestic Violence (VDV)"

A Victim of Domestic Violence is a person who has suffered serious or repeated abuse from a family member or person with whom (s)he has had, or continues to have, an intimate relationship, and as a result of that abuse, the victim suffered physical injury or the threat of injury.

**N2** "Intimidated Witness"

Applicants with a family member cooperating in a criminal investigation/prosecution, where a member of the household has been threatened by a defendant or by a person associated with the defendant.

**N3** "Government Vacate"

Displaced by Governmental Action

Families displaced or about to be displaced by activity carried on by an agency of the United States or by any state or local government body or agency in connection with a code enforcement, public improvement or development program.

Health Emergencies

Families that include one or more persons suffering from an illness or disability living in housing conditions that constitute a direct threat to such person's lives due to their illness or disability.

Displaced by Disaster

Families whose housing was rendered uninhabitable as a result of disaster declared or otherwise formally recognized under Federal disaster law.

Non-City Referred Homeless

- Families residing in hotels used by the City or shelters
- Families residing in places not designed for, or ordinarily used as, a regular sleeping accommodation, e.g.. parks, bus depots or automobiles.

Displaced by Action of Housing Owner - No Fault Court Order of Eviction

Families displaced or about to be displaced by an action of a housing owner that results in the applicant having to vacate his or unit in which:

- The reason for the owner's action is beyond the applicant's ability to control or prevent;
- The action occurs despite an applicant having met all previously imposed conditions of occupancy;
- The action taken is for reasons other than a rent increase.

**N4** Working Families Homeless (residing in Hotels used by the City, Shelter or Street Homeless)

1. Working Families no fault court order or eviction.

2. Other working family homeless (Only if required to leave their current housing within six month and unable to return to previous residence):
  - a. Nursing Home or Adult Home
  - b. Long-Term Hospitalized Applicant (including mental health facilities)
  - c. Transitional Housing (18-23 years old residing in Foster Home and Recently Emancipated; transitional Housing for Unwed Mothers, etc.). It should be noted that Transitional Housing does not include inpatient drug or alcohol programs.
3. Working Family with Rent Hardship (50% or Higher)
4. Working Family Residing in Substandard Housing
  - a. Extremely Overcrowded
  - b. Substandard Housing
5. Working Families Legally Doubled-Up and Overcrowded (more than 2 persons per bedroom) in Public Housing
6. Working Family Victim of Hate or Bias Crime

**N5** Non-Working Family (meeting same criteria as priority N4).

**N8** 1. Family does not reside or work in New York City or have a commitment for a job in New York City.  
 2. Family does not qualify for a Need Based preference and is NOT the lessee or co-lessee of a NYCHA development or NYCHA Section 8 apartment.

**N9** 1. Applicant is the lessee or co-lessee of a NYCHA Development apartment.  
 2. Applicant is the lessee or co-lessee of a NYCHA Section 8 apartment.

Local Preferences

Local preferences were established in 1998 in response to a United States Department of Housing and Urban Development (HUD) rule, published on July 18, 1994. The rule gave public housing authorities the legal right to implement a working family preference.

**W1** Low Income (Tier III) Family. Tier III families earn between 50% and 80% of the New York Metropolitan Statistical Area’s (MSA) median income

**W2** Very Low Income (Tier II) Family. Tier II families earn between 30% and 50% of the median income.

**W3** Extremely Low Income (Tier I) Families who are either  
 (i) a working family,  
 (ii) are headed by an individual age 62 or older, or  
 (iii) are headed by an individual who is disabled and unable to work.  
 Tier I families earn below 30% of the median income.

Conventional Public Housing Waiting List by Income Range

The following table illustrates that nearly 75% of all current waiting list applicants earn less than 30% of median income, and nearly 20% of all applicants receive public assistance. To place the income classifications in perspective, nearly all extremely low income families with four persons or more, as well as some very low income families of that size, are below the 2009 US Department of Health and Human Services (HHS) Poverty Guidelines. The majority of extremely low one and two person families are also below the poverty guidelines.

CONVENTIONAL WAITING LIST – INCOME RANGE AND PUBLIC ASSISTANCE FAMILIES  
(As of June 30, 2009)

CATEGORY	NUMBER OF APPLICANTS	% Of WAITING LIST
Under 30% of Median	87,880	73.7%
30% to 50% of Median	24,071	20.2%
50% to 80% of Median	7,211	6.1%
Total:	119,162	100.0%
Income From Employment	61,727	51.8%
Receives Public Assistance	20,322	17.1%
Note: Only the Income Range Categories Are Mutually Exclusive		

NYCHA Conventional Waiting List – Summary Statistics:

1. Non-elderly applicants comprise 84.4% of the conventional public housing waiting list; in contrast, 64.8% of NYCHA households are non-senior headed.
2. About 17.1% of those on the conventional public housing waiting list receive public assistance compared to 12.7% of current public housing residents.
3. African Americans comprise 31.7% of the conventional public housing waiting list; White Applicants, 7.5%; Hispanic applicants, 42.9%; Asians and Pacific Islanders, 11.2%; and Others, 6.7%.
4. 10.8% of conventional list applicants receive Social Security, Pension, or Disability (no SSI) and 17.7% receive SSI; for current residents, 19.5% receive SSI, 22.5% receive Social Security and an additional 11.9% receive both.
5. About 59.2% of all applicants require a one bedroom apartment; an additional 31.6% require a two bedroom unit; 7.8% need a three room unit; and 0.4% will require four bedrooms or more.

e. Leased Housing - Section 8

1. Overview

Section 8 is a Federal program that provides rental assistance to residents. The City of New York's major rental assistance programs are administered by NYCHA and HPD.

The NYCHA Section 8 Program provides tenant-based assistance to low and very low income households and represents the largest Section 8 rental assistance program in the nation. As of June 30, 2009, the total number of households receiving assistance is 97,426. A total of 32,392 landlords participate in the NYCHA Section 8 Program.

Also as of June 30, 2009, 59.5% of Section 8 Assisted families reside in Rent Controlled & Rent Stabilized Buildings; 3.6% in State/City Mitchell Lama Rental Developments/Coops; 27.8% in One to Five Family Houses; and 9.1% in other types of housing both within and outside of New York City.

Some facts about residents receiving Section 8 Assistance (all statistics are as of year-end 2008):

1. **AVERAGE/MEDIAN GROSS INCOME:** The average gross income is \$14,223; the median is \$ 11,708

2. SENIOR HOUSEHOLDS: Slightly over a quarter (26.1%) of all Section 8 assisted families are headed by an individual age 62 and over.
3. PUBLIC ASSISTANCE: About 19.6% of Section 8 Households are receiving Public Assistance (ADC) or General Assistance. A total of 8.6% (a subset of the 19.6%) are Full Welfare households.
4. RACE/ETHNICITY: 31.9% of the families are African American; 20.4% are White; 46.7% are Hispanic; 0.9% are Asian, and 0.1% are American Indian/Native Alaskan/Other.

The following are the Voucher Payment Standards for New York City, including gas and electric, effective October 1, 2009. The "payment standard" represents the maximum monthly housing assistance payment for the household (before deducting the tenant payment by the household).

<u># Of Bedrooms</u>	<u>Voucher Payment Standards With Gas and Electric</u>
0	\$ 1,242
1	\$ 1,344
2	\$ 1,495
3	\$ 1,839
4	\$ 2,068
5	\$ 2,378
6	\$ 2,688
7	\$ 2,999
8	\$ 3,309

f. The Section 8 Waiting List

NYCHA's Department of Leased Housing is responsible for providing Section 8 subsidies for low-income families residing in private housing. NYCHA anticipates that it will complete rentals for a maximum of about 5,000 units in 2010. Beyond that point, the number can be between 1,000 and 6,500 rentals depending upon Congressional Appropriations.

As of June 2009, NYCHA administered nearly 97,500 vouchers. Families are called in on an on-going basis to receive a voucher.

As of June 30, 2009 the Section 8 Waiting List consisted of 124,724 applicants. On December 16, 1994 NYCHA was compelled to close its Section 8 Waiting List because of the huge number of families already on this waiting list, with no indication that most could be called in for an eligibility interview for many years to come. However, the Section 8 Waiting List has remained open for families that are considered to be in emergency need of housing in one of the following categories: homeless families, victims of domestic violence, intimidated witnesses in a criminal prosecution, and families that qualify for special HUD set-aside programs, including families displaced from project-based Section 8 where the owner has opted to leave the program.

The Section 8 Waiting List reopened on February 12, 2007 to non-emergency applicants for a ninety day period. It subsequently closed on May 14, 2007.

In accordance with NYCHA's amended 2006 Annual Plan, homeless applicants were no longer given a Waiting List priority. Homeless applications submitted prior to September, 11, 2006 were permitted to remain on the Waiting List as non-emergency applicants.



Section 8 Waiting List by Housing Priority/Preference

Housing Priorities in the Section 8 Program differ from those in Conventional Public Housing. Summaries of the various Section 8 Priority codes follow:

**Priority Code 0 –**

- a. Department of Homeless Services (DHS) Referrals – Referred to DHS directly to NYCHA’s Applications and Tenancy Administration Department.
- b. Municipal Employees who are homeless and referred by their representative union pursuant to an agreement with the Housing Authority.

**Priority Code 1 –**

1. Administration for Children’s Services (ACS) Referrals – Referred by ACS directly to NYCHA’s Applications and Tenancy Administration Department.
  - a. Independent Living Program
  - b. Family Unification Program
2. Intimidated Witness (IW)

This category includes families who cooperate with a prosecutorial or police agency in a criminal investigation/prosecution, where a member of the household has been threatened by a defendant in the investigation/prosecution, or by a person associated with the defendant.
3. Victim of Domestic Violence (VDV)

A “Victim of Domestic Violence” is a person who has suffered serious or repeated abuse from a family member or person with whom (s)he has had, or continues to have, an intimate relationship, and as a result of that abuse, the victim suffered physical injury or the threat of injury, and the victim will continue to suffer if (s)he continues to live in the current residence or has left the residence due to the abuse and is not living in standard, permanent replacement housing.

**Priority Code 2 –**

1. Non-City referred Homeless

This category includes: Families residing in hotels used by the City or publicly or privately operated shelters; Families residing in public or private places not designed for, or ordinarily used as, a regular sleeping accommodation (e.g. parks, bus depots, automobiles); or families required to depart their current housing within six months from the date of the eligibility interview and the applicant cannot return to his/her previous residence.
2. Other Homeless (Only if required to leave current housing within six months, and unable to return to previous housing):
  - c. Nursing Home or Adult Home
  - d. Long-Term Hospitalized Applicant (including mental health facilities)
  - e. Transitional Housing (18-23 years old residing in Foster Home and Recently Emancipated; transitional Housing for Unwed Mothers, etc.). It should be noted that Transitional Housing does not include inpatient drug or alcohol programs.
3. Overcrowded (more than 2 persons per bedroom)
4. Doubled Up
5. Residing in Substandard Housing
6. Rent Hardship (Paying More than 50% of Family Income for Rent).

- 7. Involuntary Displacement –
  - a. Displaced or about to be displaced due to government action or order
  - b. No fault order of eviction

**Priority Code 5 - Special Purpose Assistance Program**

**Priority Code 9 - Applies to all applicants who do not qualify for any priority listed above**

SECTION 8 APPLICANTS  
 ELIGIBLE APPLICANTS - WAITING LIST  
 BY PRIORITY  
 (As of June 30, 2009)

PRIORITY CODE	# OF APPLICANTS	PERCENTAGE
0 (DHS Referrals)	0	0.0%
1 (ACS Referrals, IWs, VDV's)	64	0.1%
2 (Non-City Referred Homeless, Other Homeless, Overcrowded, Doubled-Up, Substandard Conditions, Rent Hardship)	124,660	99.9%
5 (Special Purpose Assistance Program)	0	0.0%
9 (Applicants who do not qualify for any of the above priorities)	0	0.0%
<b>TOTAL</b>	<b>124,724</b>	

A breakdown by apartment size requested is as follows:

SECTION 8 APPLICANTS  
 ELIGIBLE APPLICANTS - WAITING LIST  
 BY APARTMENT SIZE NEEDED  
 (As of June 30, 2009)

APARTMENT SIZE	NUMBER OF APPLICANTS	PERCENT OF APPLICANTS
1 BEDROOMS	70,674	56.7%
2 BEDROOM	40,398	32.4%
3 BEDROOMS	12,494	10.0%
4 BEDROOMS	1,032	0.8%
5 BEDROOMS	105	0.1%
6 BEDROOMS	21	0.0%
<b>TOTALS:</b>	<b>124,724</b>	

SECTION 8 WAITING LIST  
 ELIGIBLE APPLICANTS BY ELDERLY/DISABLED STATUS  
 (As of June 30, 2009)

ELDERLY/DISABLED STATUS	NUMBER OF APPLICANTS	PERCENTAGE
Non Elderly, Non-Disabled, and Not Mobility Impaired	86,000	69.0%
Elderly, Non-Disabled	18,450	14.8%
Disabled (a)	12,717	10.2%
Mobility Impaired	7,557	6.0%
TOTAL:	124,724	

a) Disabled” indicates a person, regardless of age, who falls within the definition of disability contained in Section 233 of the Social Security Act.

NYCHA Section 8 Waiting List – Summary Statistics:

1. A total of 124,724 applicants were on the Section 8 Waiting List as of June 30, 2009.
2. A total of 14.8% of Section 8 applicants are elderly-headed households.
3. A total of 16.2% of applicants are disabled or mobility impaired.
4. About 43.6% of Section 8 applicants are Hispanic, 31.6% are Black, 14.3% are White, while the remaining 2.1% are of other ethnicities.

g. NYCHA Homeless Program

Rentals to Homeless Families - Conventional Housing

The Authority sets aside apartments for homeless families referred by the Department of Housing Preservation and Development (HPD), and the Human Resources Administration’s HIV/AIDS Services Administration (HASA). Additional non-referred homeless families are rented apartments through the waiting list. In 2007, Department of Homeless Services (DHS) referrals ended, and Homeless applicants were admitted under a different priority.

As of June 30, 2009, NYCHA has set aside over 24,500 apartments for homeless families residing in public shelters and hotels during the previous fifteen years. In March 1990, NYCHA established a Relocated Families Command Center (renamed the Field Liaison Division in 1994) to improve the processing of these applications. This effort is coordinated by the NYCHA Department of Applications and Tenancy Administration.

During CFY 2009, NYCHA housed 296 homeless families referred by the city shelter system.

The number of rentals to referred homeless families, by fiscal year, is as follows:

CITY REFERRED HOMELESS RENTALS BY FISCAL YEAR  
 1989 – 2009

CITY FISCAL YEAR	# OF REFERRED HOMELESS
2009	296

2008	468
2007	459
2006	560
2005	2,144
2004	2,336
2003	2,172
2002	1,457
2001	1,509
2000	1,417
1999	1,159
1998	1,112
1997	1,061
1996	1,335
1995	1,133
1994	1,026
1993	1,200
1992	1,666
1991	1,779
1990	2,418
1989	1,807
TOTALS (1989-2009)	28,514

Rentals to Homeless Families - Section 8

Through the end of Calendar Year 2004 (the first six months of City Fiscal Year 2005), Section 8 Apartments were provided to homeless families through the Emergency Assistance Re-Housing Program (EARP). From the inception of EARP in March 1989 until it was discontinued at the end of Calendar Year 2004, a total of 36,740 homeless households were assisted.

Beginning with City Fiscal Year 2007, there have been a total of 3,582 rentals administered by NYCHA

SECTION 8 HOMELESS RENTALS BY FISCAL YEAR

1993 – 2009

CITY FISCAL YEAR	# OF REFERRED HOMELESS
2009	2,252
2008	1,147
2007	183
2006	0
2005 (First Six Months) (EARP)	1,925
2004 (EARP)	4,743
2003 (EARP)	2,797

2002 (EARP)	1,739
2001 (EARP)	1,738
2000 (EARP)	2,417
1999 (EARP)	2,014
1998 (EARP)	2,706
1997 (EARP)	2,704
1996 (EARP)	2,708
1995 (EARP)	2,187
1994 (EARP)	3,406
1993 (EARP)	2,227

h. Funds Received for Modernization

Comprehensive Grant, Capital Fund and Economic Stimulus Programs

Since 1992, NYCHA has received \$ 6,949,829,563 from the Comprehensive Grant (1992 to 1999), Capital Fund (2000 to 2008), and American Recovery and Reinvestment Act (ARRA) Economic Stimulus Programs (2009).

COMPREHENSIVE GRANT, CAPITAL FUND PROGRAM AND ECONOMIC STIMULUS FUNDING  
1992 To 2009

YEAR	PROGRAM	TOTAL FUNDING
2009	ARRA - ECONOMIC STIMULUS	\$ 423,284,344
2008	CAPITAL FUND 08	\$ 333,454,021
2007	CAPITAL FUND 07	\$ 367,241,240
2006	CAPITAL FUND 06	\$ 350,974,924
2005	CAPITAL FUND 05	\$ 367,241,240
2004	CAPITAL FUND 04	\$ 365,851,042
2003	CAPITAL FUND 03	\$ 377,007,187
2002	CAPITAL FUND 02	\$ 401,035,033
2001	CAPITAL FUND 01	\$ 419,551,826
2000	CAPITAL FUND 00	\$ 411,079,501
1999	COMP GRANT VIII	\$ 434,798,661
1998	COMP GRANT VII	\$ 371,251,972
1997	COMP GRANT VI	\$ 345,814,951
1996	COMP GRANT V	\$ 347,769,681
1995	COMP GRANT IV	\$ 414,443,712
1994	COMP GRANT III	\$ 435,114,090
1993	COMP GRANT II	\$ 418,874,505
1992	COMP GRANT I	\$ 365,041,633
<b>TOTAL:</b>		<b>\$ 6,949,829,563</b>

### City Capital Funds

City Capital funds are used to improve buildings, grounds, dwelling units, and community facilities at those developments originally built with State and City funds, and not included in the calculation for operating and capital subsidy, but allowed to partake in allocations made on behalf of federal developments. Funds are allocated for: window replacement, installation of child safety guards, waterproofing of exterior walls, re-roofing, asbestos abatement, plumbing upgrade, alarm system installation, kitchen renovation, electrical wiring, new entrance doors, playground upgrade, elevator overhaul or replacement, heating plant upgrade, and installation of air conditioning systems, ramps, and handrails. In City Fiscal Year 2009, NYCHA received \$44 million in City Capital funding. In City Fiscal Year 2010, the Authority received \$35.2 million.

#### i. Use of Alternate Development Methods

NYCHA continues to pursue innovative approaches to finance, develop, and operate additional affordable housing units through a "mixed income/mixed finance" transaction approach. A key component of this strategy is our partnership with the New York City Department of Housing, Preservation and Development (HPD) and the New York City Housing Development Corporation (HDC). Using this approach, NYCHA has partnered with development teams (selected by public solicitation through Requests for Proposals) to create new affordable dwelling units by rehabilitation of vacant NYCHA buildings, as well as identifying excess NYCHA land appropriate for development. This development approach has included selection of developers who will use federal low income housing tax credits and other public or private funding sources, development programs or subsidies to rehabilitate former public housing units, or build on underutilized NYCHA sites. These new units, often also incorporating Section 8 rental subsidies, have been made affordable to former public housing residents with limited family incomes. Depending on the intended affordability levels of the units, NYCHA has, to the extent possible, conveyed its developable sites for, or close to fair market value, which has generated additional income to support NYCHA's operations and capital functions; and thereby benefited NYCHA residents across the Authority by strengthening the Authority's overall financial position.

In other cases, for example low-income senior housing developments, such as under HUD's 202 senior housing capital grant program, NYCHA has provided development sites for a nominal price in return for a set aside of units for preferential occupancy by NYCHA residents. This development approach has resulted in the development of additional affordable housing units as well as supporting NYCHA's financial needs and mission to provide safe, decent affordable housing throughout the City of New York to as many families as practicable.

#### j. Public Housing Market Conditions

To meet NYCHA's need for additional conventional public housing, we estimate that approximately 87,102 additional dwelling units will be needed during the period 2010-2014. This projection is based upon the following factors:

1. The size of the conventional public housing waiting list;
2. The number of dwelling units currently under construction or in planning;
3. The authorization of an average of no additional dwelling units requested in the last five years under the Federal Public Housing Development Program Notice of Funding Availability; and
4. The tenant turnover rate in NYCHA conventional public housing (an average of 3.6 percent during calendar years 2004 to 2008).

It should be noted that this projection does not take into account the needs of the Leased Housing Program, the exact number of allocations under the Federal Public Housing Development Program beyond 2009, the loss of any existing units through demolition or conversion (with the exception of the sale of up to 262 Federal Housing Administration (FHA) Repossessed Homes and 231 Multifamily Homeownership Program (MHOP) units), any growth in the waiting list beyond the June 30, 2009 level, or the loss of modernization funds.

The estimate of need is computed as follows:

LOW-INCOME PUBLIC HOUSING FIVE-YEAR NEED PROJECTION

Conventional Public Housing	
Waiting List as of 6/30/09	119,162
Less:	
Rental Units in NYCHA	
Pipeline Prior to 2010 *	0
New Units Added to Pipeline 2010-2014**	0
<u>Total Units Available from Turnover ***</u>	<u>32,200</u>
Total Units Required	86,962

Notes:

- \* At this time, there are no units in the construction pipeline.
- \*\* As of this writing, we do not expect additional HUD Public Housing Development Allocations during the next five years.
- \*\*\* The average turnover rate for NYCHA projects for 2004-2008 was 3.6 percent. Based upon the current inventory of 178,896, a total of 6,440 units are expected to become available each year for the next five years.
- \*\*\*\* NYCHA does not expect to lose units through project-based Section 8 contract expiration.

NYCHA currently has a vacancy rate of 0.7 percent (June, 2009) and an annual tenant turnover rate averaging 3.6 percent during the past five years calendar years 2004 through 2008). Based upon this overwhelming need for conventional low-income housing, NYCHA does not support nor recommend the conversion of any existing Public Housing units to homeownership, other than the sale of FHA repossessed housing to existing tenants and families on the Project H.O.M.E. Waiting List.

### **C. Supportive Housing Continuum of Care for the Homeless and Other Special Needs Populations**

This Supportive Housing Continuum of Care section will address the supportive housing services the City of New York currently undertakes and will continue to undertake during the next year for homeless families and individuals, and non-homeless special needs populations including the elderly, persons with a disability (mental, physical, and/or developmental), persons with a chemical addiction, and persons and families which include persons with HIV/AIDS and victims of domestic violence. This Continuum of Care also addresses homeless prevention/diversion programs for populations at risk of becoming homeless, including the precariously housed, such as those facing eviction, and very low-income households experiencing rent burden, individuals facing de-institutionalization and relocated families.

The Continuum of Care for the homeless: addresses the multiple needs of homeless individuals and families, works to prevent low-income individuals and families with and without children from becoming homeless, and helps homeless persons make the transition to permanent housing and independent living. The Homeless Continuum of Care components include: outreach, prevention and diversion services; assessment programs; transitional housing programs which include educational services; vocational training; health, mental health services, and substance abuse components; and permanent housing programs. To ensure that people can move successfully through this continuum of care, services are flexible and client-based, and clients are expected to be full participants in programs to help them become independent.

This Continuum of Care recognizes that homelessness is not an isolated problem and that housing is not the single solution. Homeless families with children present different problems and face different challenges than homeless single adults. While some of the homeless are able to attain self-sufficiency with very little help, others require a more extensive array of services to deal with their individual obstacles to independent living. A majority of emergency shelter and transitional housing facilities for homeless single adults offer some of the following services: employment training, educational counseling and services, mental health rehabilitation, specialized services for veterans, substance abuse treatment, intensive counseling and case management and other transitional services aimed at assisting residents to return to independent living in the community. Facilities housing homeless families with children provide some of the same services, such as employment training, education programs, substance abuse prevention, education and referrals and intensive counseling and case management.

ESG funds, along with other federal, state and city funds, help to support a variety of programs that are components of the continuum of care. Programs for the homeless funded with ESG dollars include homelessness prevention; as well as services to the homeless including outreach programs; reception centers; interim housing; adult assessment centers and transitional housing, and employment, mental health and substance abuse programs.

The Supportive Housing Continuum of Care for Special Needs Populations describes the services for the non-homeless mentally-ill, mentally retarded and the chemically dependent; persons with HIV/AIDS; victims of domestic violence; the elderly and frail elderly; and persons with physical disabilities. Programs for NYCHA residents with special needs are discussed in detail in the NYCHA Resident Initiatives subsection. In addition to the details provided in the Resident Initiatives section, NYCHA contributes to the City's Supportive Housing Continuum of Care in many ways, throughout this chapter NYCHA programs are referenced, as can be seen in the Homeless and the Domestic



Violence subsections below. In addition, Part IV., Section C., describes NYCHA programs for special needs groups such as the homeless, the elderly, the disabled, those persons who are chemically dependent, and others.

## **1. Supportive Housing Continuum of Care for the Homeless**

### History of the Continuum of Care Supportive Housing Continuum of Care for the Homeless

In the late 1970's and the 1980's, the shelter system provided few services to assist homeless families and single adults attain independence and move on to a permanent living situation. The system, originally designed as a safety net of last resort had become a routine means of attempting to aid the needy, and the strain was evident. Indeed, of the average 84 families that entered the system per day, nearly one-half could not be referred to temporary housing within 24 hours. It became commonplace for individuals and families to remain in the system for extended periods of time and in some cases years. Yet, because it was designed for emergency purposes, the system did not provide housing, but offered mainly hotels and congregate arrangements. In short, the system attempted to impose only emergency and temporary solutions, no matter how lasting the problems. This system tended to promote dependency, and made it incredibly difficult for individuals and families to regain independence. In response to this growing problem, the New York City Commission on Homelessness was formed and, in 1992, it published the results of its findings in "The Way Home Report."

The report indicated that the existing approach to homelessness was flawed because it failed to adequately consider other conditions like substance abuse and mental illness, that evidence indicated were often co-morbid characteristics accompanying homelessness. The evidence included in the report indicated that 42% of women and 18% of men reported that they had received treatment for mental or emotional problems, 51% of those surveyed had been in jail or prison at some time, 31% of the women had been physically or sexually abused as a child, 45% by a partner, and 6% tested positive for illegal substances. This data strongly indicated that many homeless people were in need of assistance beyond temporary housing to attain and/or maintain independence; as a result, the Commission recommended a more comprehensive approach to combating homelessness.

As a result of the Commission's recommendations, the responsibility for overseeing the provision of homeless services was transferred from the City's Social Services agency, the Human Resources Administration (HRA), to the newly established Department of Homeless Services (DHS), in the summer of 1993. In May 1994, DHS presented a plan for the delivery of services to homeless people, and the further development of the continuum of care, in a report entitled "Reforming New York City's System of Homeless Services". The report contained a plan to transform New York City's shelter system into the comprehensive system of services that had been recommended by the aforementioned New York City Commission on the Homeless, and supported by the New York City Council's Legislative Commission on the Homeless.

But as vast resources and energy had been focused on creating and maintaining this extensive shelter network, the discussion around how best to address homelessness was primarily a discussion about the provision of shelter, rather than long-term solutions.

As a result of these factors and a persistent and significant affordable housing crisis, the number of people in shelter continued to exist at extremely high levels. During this time, the City's primary approach to the varying types of housing instability – i.e., potential eviction, household tension, medical emergency or falling behind on rent – was shelter. Despite the fact that the shelter system was designed specifically to protect people from the streets, shelter had become the de facto institutionalized response to wide-ranging needs – many of which could be better addressed with nuanced and more flexible interventions that help people stabilize housing, retain community ties, or transition successfully from institutional or custodial settings to community housing.

Ensuring access to shelter for those in need remains a core value today. A "shelter first" response to any and every need or housing crisis, however, will continue homelessness as we know it and drive up costs and shelter

usage, while diverting attention away from prevention, supportive housing, and other community-based interventions that solve homelessness.

On January 17, 2003, under the leadership of Mayor Michael Bloomberg, an historic agreement was reached among The Legal Aid Society, the City of New York and the New York City Department of Homeless Services. The Agreement established the Family Homelessness Special Master Panel and charged it with a mandate to evaluate the functioning of various aspects of the shelter system for homeless families with children. In November 2003, the Special Master Panel issued its Family Homelessness Prevention Report and in February 2004, the Panel also completed a Review of the Legal Framework of the Homeless Shelter System.

In November 2003, Mayor Bloomberg has convened with a group of public, private, and nonprofit leaders to develop a then 10-year, multi-sector strategy to address these concerns and strengthen the City's response to New Yorkers who are most in need. A 41-member coordinating committee, as well as hundreds of task force participants and experts convened to develop the following nine-point strategy. As Mayor Bloomberg introduced this City strategic plan, he then charged his administration to achieve these innovative plans in five years as opposed to the original ten-year goal. This strategic plan aims to:

1. Overcome street homelessness
2. Prevent homelessness
3. Coordinate discharge planning
4. Coordinate city services and benefits
5. Minimize disruptions to families whose homelessness cannot be prevented
6. Minimize duration of homelessness
7. Shift resources into preferred solutions
8. Provide resources for vulnerable populations to access and afford housing
9. Measure progress, evaluate success, and invest in continuous improvement

Also, on June 23, 2004, the Special Masters Panel issued its report on The Emergency Assistance Unit and Shelter Eligibility Determination. The Panel recommended a complete restructuring of and significant improvements in application, eligibility determination, and support functions for shelter services. The Report sets out recommendations that tie together in an integrated, systematic, and flexible way, an approach to: preventing family homelessness; revamping the shelter application process; improving the eligibility determination practice; a more timely placement into shelter; the development of family safeguards; the expansion in the range, availability, and commitment of housing-related resources and supports to families; all in a physical setting designed to facilitate the core EAU functions.

On September 17, 2008, Mayor Michael R. Bloomberg and The Legal Aid Society announced an agreement dismissing the McCain, Lamboy, Slade, and Cosentino collection of lawsuits, which together have governed the homeless services system for families with children in New York City for 25 years. The agreement, signed by the parties, ends litigation and court oversight of the City's family shelter services system. A unanimous recommendation to end this litigation was put forward by the court-appointed Special Master Panel after their detailed evaluation of the homeless services system in 2004. This historic agreement now enables the City to regain full control and oversight of its family services system, no longer having to enforce over 40 highly-detailed court orders or spend precious staff time and agency resources complying with or litigating these cases.

On September 23, 2008, DHS released a report detailing significant progress in reducing street homelessness and homelessness among single adults and major transformations to the homeless system through the City's five-year action plan, *Uniting For Solutions Beyond Shelter*. Record numbers of individuals—including men, women, and children—have moved to permanent housing under the Bloomberg administration. The five-year plan outlined major changes needed to improve the adult and families systems, including the addition of prevention services, which prior to the Bloomberg administration was not part of DHS' work. DHS' efforts have led to undeniable progress in reducing homelessness among single adults, particularly in outreach to the chronically homeless. Outreach services are tailored in order to be most accepted by those chronically street

homeless individuals who are resistant to the traditional shelter system by offering lower threshold housing such as Safe Haven beds.

In spite of recent spikes in demand, the framework put in place by DHS has withstood the test, with families continuing to be effectively and humanely served beginning with intake. One of the major accomplishments of the five-year plan has been the transformation of the family intake system – the success of which brought an end to 25 years of litigation and court oversight. Eighty-six percent of the sixty initiatives of New York City’s five-year action plan have been completed, putting in place the right foundation for meaningful change.

## **1. Nature and Extent of Homeless Problem**

### **Populations at Risk of Becoming Homeless**

#### The Precariously Housed

It is difficult to estimate the numbers of individuals and families at imminent risk of becoming homeless, however, there are a number of situations where a family or an individual can be considered precariously housed and at imminent risk of homelessness. These situations include imminent eviction, very low income and very high rent burdens, substandard housing, overcrowded conditions, and recent homelessness. Each situation is described in greater detail below.

#### Imminent Eviction

Studies have shown that a majority of people who appear in Housing Court for eviction proceedings do so without legal representation and that a substantial number of these people receive public assistance. Those lacking legal resources will most likely be at risk of legal threat or eviction.

#### Very low incomes (at or below 50 percent MFI) and high rent burdens and/or in substandard dwelling units

Households with very low incomes and very high rent burdens may be at risk of becoming homeless. Altogether, 503,000 very low income renter households in New York City in 2008 have a severe cost burden and may be at risk of becoming homeless. Among renter households with extremely low income (30 percent or less of area MFI), 75.1% or about 374,000 households, have a severe rent burden - greater than 50 percent of income, according to the 2008 NYC HVS. In fact, their median gross rent/income ratio was a crushing 83.8 percent. Another 129,000 very low income renter households with incomes at 31 – 50% of Area Median Income for the household size also suffered this severe rent burden. That is a total of 503,000 very low income renter households with severe cost burden who may be at risk of becoming homeless.

Of the HUD household types, crowding is by far a problem of large related renter households: 101,000 or 65.3 percent of large related renter households are crowded. Among large related renter households with incomes less than 30% AMI, 68.6 percent are crowded. These large crowded households with low incomes experience multiple pressures that could lead some members to leave the household and become homeless. If overcrowding is considered to compound the hazard of low income to increase the risk of homelessness, approximately 53,000 very low income renter households (50 percent or less of MFI) are overcrowded and paying more than 50 percent of household income for rent. These renter households must be considered to be under severe pressure and possibly at risk of some members becoming homeless.

Another 38,000 renter households with incomes between 51 and 80 percent of area MFI also have a severe rent burden (over 50% of income) and may be at risk of homelessness. These numbers do not include households with zero or negative income, whose rent burden situation could not be calculated, but who may also have severe rent burden problems, or those reporting no cash rent.

According to the 2008 HVS, about 127,000 low income renter households (income at or below 80 percent of the area median family income) live in physically poor housing. Physically poor housing is defined as being either dilapidated, having three or more building defects, 4 or more maintenance deficiencies, or an incomplete kitchen

or bath. Of these, 94,000 households are very low income renters (at or below 50 percent of MFI) living in physically poor housing. When physical conditions become dangerous and landlords fail to make repairs, these families and individuals may leave their homes and enter the shelter system. Most at risk must be the 19,000 low income (80% or less of AMI) renter households who are crowded and living in physically poor housing. Of these high risk households, more than 7,000 also pay a severe rent burden of 50% or more of income for rent.

#### Overcrowded Renter Households

Overcrowded families represent a pool of precariously housed people who could potentially seek shelter at any time. According to the 2008 Housing and Vacancy Survey (HVS) the rate of crowding was particularly high among large related low income renter households (at or below 80 percent of AMI), at 66.5 percent crowded.

#### Institutional Discharges

Another population at risk of homelessness are those people who have been living in institutions and are discharged from these institutions. Correctional, psychiatric and medical institutions often discharge individuals from their systems who are at risk of homelessness. Hospitals and correctional facilities do not always have the time or resources to engage in significant discharge planning for people who are poor, or who have lost touch with friends and family due to a long institutionalization.

Without adequate discharge planning, these people are referred directly into the shelter system, or are expected to find their way into the shelter system. These individuals, usually due to the length of time in an institution, may be isolated and unable to cope with the stresses of daily life. For those released from psychiatric and medical hospitalizations, a congregate shelter setting may be inappropriate, where it may be difficult to monitor medication regimens, or where they are at risk of infection.

#### Relocated Families

A significant percentage of families in the shelter system have either never had their own home or have not maintained their own household for a long period of time before entering the shelter system. When these families move into permanent housing, they often move into a new and unfamiliar neighborhood without any service or familial linkages. Without the necessary independent living skills households may revert tendencies/practices which result in the families being unable to maintain proper housing.

#### Employment and Education

One of the causes of homelessness is the lack of affordable housing. The City does, however, recognize the need to ensure that formerly homeless families obtain independent living skills so that they may successfully maintain themselves in permanent housing when they move out of the shelter system into permanent housing. The provision of educational services is integral to the creation of employment opportunities for the heads of homeless families. Social workers, case managers, employment specialists, and vocational counselors work closely with clients to help them improve independent living skills, by providing individualized services meeting their needs in the areas of employment and educational planning.

## **2. Inventory of Facilities and Services for the Homeless**

### **a. Homeless Prevention for Populations at Risk of Becoming Homeless**

The Continuum of Care begins with the provision of preventive services to divert families from the shelter system whenever possible. The City's Human Resources Administration Diversion Program provides diversion services to individuals/families in crisis, including assistance in obtaining entitlements or special needs allowances to pay "back rent" or other costs, referral to legal or apartment locating services, and mediation with families and friends who could provide accommodations. Homelessness prevention also entails working to stabilize neighborhoods by improving housing conditions and providing support services to tenants, including tenants of City-owned buildings.

The Family Eviction Prevention Supplement (FEPS) program is a shelter supplement designed to assist Cash Assistance (CA) eligible families with children in maintaining permanent housing by issuing them a shelter supplement in addition to the CA shelter amount. FEPS can last for up to five years (with an extension for good cause), as long as the household maintains CA and FEPS eligibility. Applicants/participants with a court proceeding concerning the nonpayment of rent can apply for FEPS through a New York State Office of Temporary and Disability Assistance (OTDA) authorized community-based organization (CBO), the Legal Aid Society or a Legal Services preparer, thereby avoiding homelessness.

HRA's Office of Housing & Homeless Services/Initiatives (OHHSI) manages several programs that assist HRA's CA applicants and recipients in maintaining affordable housing. OHHSI has established extensive linkages with other City housing agencies, including the New York City Housing Authority (NYCHA), the Department of Housing Preservation and Development (HPD) and the Department of Homeless Services (DHS).

Key OHHSI programs include the Homelessness Diversion Units (HDUs) including the HRA Diversion Annex at the DHS Preventive Assistance Temporary Housing (PATH) facility, the centralized Rental Assistance Unit (RAU), and the Housing Court Units throughout the City. These homelessness prevention programs enable HRA to achieve one of its goals: assisting families at risk of homelessness by helping them maintain permanent housing, thereby (1) providing a stable housing environment that will support the family's efforts to achieve maximum self-sufficiency and (2) averting the family's entry into the City's homeless shelter system. In addition, these programs provide early and aggressive negotiations with landlords to reduce rent arrears expenditures for New York City and New York State.

Homelessness Diversion Units - are located at all Job Centers and at the Department of Homeless Services' (DHS) Preventive Assistance Temporary Housing (PATH). The mission of these teams is to maintain individuals/families in permanent housing and avoid placement in the City's emergency shelter system. The Diversion Teams negotiate, intervene and advocate on behalf of individuals/families that are homeless or at imminent risk of homelessness. HDU staff evaluate and verify existing situations, discuss possible solutions and develop a "Diversion Plan," which includes possible long-term alternatives such as payment of rent arrears, apartment search services, grants for relocation costs, FEPS intervention, Section 8 reinstatement and other alternatives that maintain or secure permanent housing.

HDU staff interview all individuals/families identified as at risk of homelessness. Of the 60,281 cases referred to HDUs during CFY 2009, approximately 42,290 had their housing problems resolved. During CFY 2009, HDUs maintained permanent housing or found alternate living arrangements for 22,229 of these 42,290 (52%) individuals/families. This compares with 20,902 of 33,583 (62%) individuals/families whose cases were resolved in CFY 2008.

Of those interviewed by HDUs at the Job Centers, 17,921 individuals/families were found to be at imminent risk of homelessness during CFY 2009. HDUs maintained permanent housing or found alternate living arrangements for 16,528 of these 17,921 (92.2%) individuals/families. For CFY 2008, comparable statistics were 18,390 of 18,475 (99.5%).

The HRA homelessness diversion team at PATH works to help applicant individuals/families find alternatives to the shelter system. In CFY 2009, the HDU at PATH diverted over 4,385 individuals/families from the DHS shelter system, compared to 2,800 in CFY 2008.

HDU staff works closely with NYCHA to avert evictions for PA recipients with rent arrears. During CFY 2009, HDU averted 175 Housing Authority evictions. During CFY 2008, HDU averted 230.

Rent Arrears Alert (RAA) - In CFY 2001 HRA initiated the Rent Arrears Alert (RAA) Program. HDU staff coordinates this program, which is active at all Job Centers. The RAA Program is primarily focused on early intervention and works with tenants who receive CA and have rent arrears. RAA staff also enter into negotiations with landlords to help tenants remain housed. HRA considers the program to have been very

successful in their negotiations with landlords. In CFY 2009, HDU and Rental Assistance Unit (RAU) staff negotiated on behalf of applicants for ongoing CA, recipients of CA, and applicants for “one-shot” assistance, a total of \$22,828,558 in reductions of past due rent arrears. During CFY 2008, staff negotiated reductions of \$18,069,529.

Rental Assistance Unit (RAU) - The Rental Assistance Unit (RAU) is a “safety net” to prevent families and individuals from becoming homeless. RAU staff prevents evictions caused by non-payment of rent by gathering and reviewing information on the extenuating circumstances that cause a particular CA applicant or recipient to be at risk of homelessness. RAU staff then makes a case-by-case determination whether to issue a grant to resolve the housing emergency. RAU staff works closely with the Housing Court and HDU staff.

Housing Court Liaison Unit (HCLU) - HCLU staff are out-stationed at the City Housing Courts located in all five boroughs. In addition, HCLU staff are stationed at the Harlem Community Justice Center and the Red Hook Court Justice Center. HCLU staff serve as liaisons between Cash Assistance recipients, landlords and Housing Court judges to forestall and prevent eviction. Staff interview families and individuals and make assessments of their housing problems to determine if evictions can be prevented. Based on the Housing Court liaison’s assessment of a housing situation, recommendations for payment or referrals are made to the appropriate Job Center HDU.

Advantage Program - Beginning April 25, 2007, the Advantage Program replaced the Housing Stability Plus (HSP) program as a means of relocating individuals/families from the shelter system into permanent housing. Work Advantage, administered by DHS in conjunction with HRA, provides rental assistance that is not tied to the continued receipt of Cash Assistance. It is a one year rental subsidy with a second year extension available for those who meet continuation criteria. While receiving the rental assistance, participants will be working and encouraged to save their earnings. Clients pay \$50 in rent directly to the landlord.

In addition to the Work Advantage Program, the Short-term Assistance Advantage program assists homeless families and individuals with income which meet certain program criteria. The focus is to enable the clients to quickly leave the shelter system and establish independence. Participants in the Short-term Assistance Advantage program are eligible for a grant of four months advance rent, one-month security, broker’s fee, furniture allowance, and moving fees, if applicable.

Also, the Fixed Income Advantage Program and the Children Advantage Programs provide up to one year of City guaranteed rental assistance to homeless families and individuals in shelter who have federal disability status for a member of their household or an active Administration for Children’s Services (ACS) case, respectively, plus assistance with a priority Section 8 application.

As of June 26th 2009, there have been a total of approximately 13,000 Advantage Program leases signed.

HomeBase Prevention Program (DHS) - Launched in October 2004, HomeBase is a neighborhood-based homeless prevention program. This innovative model serves as a pro-active approach to decreasing the number of individuals and families entering the shelter system. Through HomeBase, DHS is now providing services to households at risk of becoming homeless to all communities in New York City. These prevention programs provide an array of services including case management, mediation, independent living skills training, and offer flexible financial assistance to help stabilize families permanently or temporarily while more suitable living arrangements can be found. These services are available to both individuals and families.

With the expansion of HomeBase to a citywide model, the program offers community-based prevention services, shelter diversion services as well as aftercare services to those households return to the community from shelter through the Advantage New York Housing subsidies. There are now 10 HomeBase prevention contracts charged with assisting those at-risk, particularly non-lease holding individuals and families in “doubled up” living situations, through targeted services and financial assistance.

The HomeBase providers are Ridgewood Bushwick Senior Citizen's Council serving Brooklyn Community Districts 1, 4, 16; Church Avenue Merchants Block Association serving Brooklyn Community Districts 2, 3, 6-15, 17 and all of Staten Island; Citizen's Advice Bureau serving Bronx Community District 4, HELPUSA serving Bronx Community Districts 1, 3, 5-8; Catholic Charities Neighborhood Services serving all of Queens; Palladia serving all of Manhattan. Additionally, Catholic Charities Community Services serving Bronx Community Districts 2, 9-12; and Partnership for the Homeless serving Brooklyn Community Districts 5 and 18. As of July 2009, HomeBase has served over 13,950 community clients and 1,348 diversion clients—90% of community clients and 99% of diversion clients served to date have not entered the shelter system. This initiative is part of DHS' commitment to strengthen neighborhood based services and foster community based solutions to homelessness. Federal funding from HUD through the Homeless Prevention and Rapid Rehousing Program (HPRP) will provide a significant portion of funding to support these initiatives in CFY10, CFY11, and CFY12.

Family Anti-Eviction Legal Services - DHS through the FALS (Family Anti-Eviction Legal Services) program is currently administering seven (7) contracts totaling \$6.6 million to provide comprehensive, flexible and individualized legal and related services to help ensure that families with children, families with no children and single adults avoid becoming homeless. Services include appearances at judicial and administrative hearings, trials, appeals, and other such forums as required to settle or try eviction cases, factual investigations; inquires into whether a tenant's rent level is correct, whether there are conditions which require repair, and whether these constitute defenses to a proceeding; legal research; preparation and filing of required agency and court papers; drafting briefs; ongoing client contact, including follow-up interviews, when appropriate; and institution of appropriate remedial actions; assistance with pro se documents; drafting letters; and negotiations with landlords and/or other advocacy assistance. HPRP funding will also support the FALS program in CFY10 and CFY11.

**b. Homeless Families with Children and Homeless Adult Families without Minor Children**

The Division of Family Services oversees the emergency family shelter system for families with children or pregnant women in New York City. The Division of Adult Services provides services to adult families without children who are a legal family through marriage or verifiable co-dependence.

In City Fiscal Year (CFY) 2009, families with children constituted 85% of the total number of families in the DHS shelter system, adult families (without children) constituted 15%. A total of 26,353 families were provided shelter with 91,255 individuals making up those families. Approximately 53% of these family heads of household were African-American, 39% were Hispanic, 3% were White, .6% were Asian and Pacific Islander, Native American, or Alaskan and 4% were of unknown race or ethnicity.

Emergency Services: DHS Intake Centers

DHS operates two separate family shelter intake locations. The first is the Prevention Assistance and Temporary Housing (PATH) Intake Center for families with children and pregnant women and the second location is the Adult Family Intake Center (AFIC) for adult families without minor children. PATH is located in the Bronx and AFIC is located in Manhattan.

PATH Intake Center. In CFY 2009, 21,294 unique families applied for shelter at PATH. After requesting shelter, a family is given a ten-day conditional stay, while their application is reviewed in order to determine the family's eligibility for temporary housing. Beginning in February 2006, DHS implemented the NY State approved Re-Applicant Procedure, under which all families with children who reapply for temporary housing assistance within 90 days of a determination that they have other housing available, will not receive shelter during the review of their application for temporary housing assistance unless they demonstrate an immediate need for shelter. All eligibility determinations are evaluated by PATH Eligibility staff.

Claims of homelessness are subject to an eligibility process for temporary housing assistance and services. The purpose of the eligibility process is to document and verify a family's claim of homelessness. The eligibility process requires an in-depth investigation and validation of an applicant family's identity, family composition,

housing history, and housing alternatives. The eligibility process ordinarily takes up to ten days to complete. During this time, families are conditionally placed (pending their eligibility determination) in a family shelter. Families found eligible for transitional housing assistance and services will remain in their conditional placement.

PATH is open to accept applications 7 days a week between the hours of 9 and 5, and to make placements 24-hours a day.

PATH presents an office design and program approach reflecting the recommendations of the 2005 McCain Special Master Panel. PATH offers the following services:

- Access to prevention services
- Enhanced social services
- Eligibility assessment conference whereby families are apprised of the likely outcome of their eligibility determination
- DHS client advocate assistance
- Conditional placement within the same day of application

At PATH, DHS has also implemented a prevention and diversion process to prevent the need for shelter placement and to transition applicants found ineligible for shelter services to return to available housing option(s) and/or access community-based organization services. DHS has worked closely with the NYC Human Resources Administration (HRA) to increase staff at PATH to make diversion services available to all applicants.

Adult Family Intake Center (AFIC). AFIC processes all emergency housing applications for adult families without minor children. In CFY 2009, 2,750 unique adult families applied for shelter at AFIC. The goal of AFIC is to expedite the intake process and improve the delivery of services for the adult family population applying for temporary housing. After a restructuring in early 2009, the Division of Adult Services began overseeing the operations at AFIC.

#### Transitional Services: Families with Children

Homeless families (adults with minor children or pregnant women) receive transitional services in transitional family residences that come in a variety of models, most of which offer apartment style units and a wide array of support services including employment training, educational services, intensive case management, substance abuse prevention, independent living skills training, and child care. All families are expected to work cooperatively with shelter staff to develop a mutually agreed upon independent living plan.

As of August 26, 2009, the Division of Family Services provided temporary shelter in 74 Tier II shelters, 48 hotels, and 10 cluster sites. Of these facilities, 5 are being operated directly by DHS.

The average number of families with children in shelter per day in CFY09 was 7,948. The average length of stay for these families was 281 days.

Tier II residences are operated by the varying non-profit members of the service provider community in NYC. The vast majority of these providers are also represented as members of the NYC Coalition on the Continuum of Care. A comprehensive list of our non-profit provider partners is located on the DHS website <http://www.nyc.gov/html/dhs/html/providers/providers.shtml>.

#### Transitional Services: Adults Families (Families without Minor Children)

Transitional housing assistance and services for the majority of adult families are provided in adult family residences. Beginning in 2009, operations for adult families moved to the Division of Adult Services. This division oversees 16 adult family residences.



The average number of adult families in shelter per day in CFY09 was 1,276. The average length of stay for these families was 370 days.

### Supportive Services

*Employment Services* - The ability of a homeless family head of household to find and maintain a job is key component to independent living. Many homeless families require services related to employment readiness and job training.

To qualify for the Work Advantage rental subsidy program, families are required to work a minimum of 20 hours per week at minimum wage for 30 days. To ensure families receive the services they need to seek, secure, and maintain employment, shelter providers offer a variety of employment services: resume writing, job readiness training, mock interviews, budgeting and parenting workshops, etc. Some facilities are able to offer on-site programming, while others refer out to community agencies or City-sponsored programs like WorkForce 1.

HRA plays a major role in the addressing the employment needs of our families. Through the Back To Work and WEP programs, adults are given work experience that may lead to employment. HRA also offers links to employment vendors at their 109 East 16<sup>th</sup> Street offices. Families can walk in and interview with vendors, complete employment assessments, get resume assistance and complete on-line job searches. HRA and DHS have collaborated and maximized resources on two Job Fairs provided solely for homeless families. In addition, preparations for the Work Support Fair, scheduled for October, 2009, is currently underway, for employed shelter residents to become more familiar with transitional benefits and community resources. DHS continues to work together to ensure adults are given various opportunities for employment so they can ultimately meet the employment requirements of the Work Advantage program, become certified and move back into the community.

HRA also provides detailed information to DHS on families' case status and benefits, so that both agencies can work together to make sure our families are in receipt of all the benefits and public assistance they are entitled to and are made aware of any pending actions on their public assistance case, such as closure or sanction.

*Education Services* - DHS transitional family residences provide assistance in the area of educational planning, primarily through individual counseling. Education services at the shelters help adults to access GED programs, fill out enrollment forms, set educational goals, and utilize community educational and vocational training resources for themselves and their children. DHS works closely with on-site liaisons from the Department of Education to ensure all school-aged children are enrolled and attending school.

*Mental Health Services* - Mental illness can become a serious obstacle to independent living. DHS is initially informed of families with mental illness through self-report – at PATH or once intake is completed at a shelter - which may or may not include information on those family members who have been treated at clinics, or those who have never sought treatment. While some DHS shelter system programs offer mental health services on-site, all of the facilities have the ability to refer clients to mental health services in the community as needed. Through the NY/NY III Supportive Housing program, families with mental health issues may qualify for permanent, supportive housing.

*Substance Abuse Services* – Some transitional facilities in the family system provide substance abuse prevention, education and referral services, often including weekly or monthly drug prevention workshops. Any family in temporary housing who demonstrates a need for substance abuse treatment is, at a minimum, referred to off-site substance abuse programs; some shelters may have the staff to provide individual counseling on-site. Through the NY/NY III Supportive Housing program, families with substance abuse issues may qualify for permanent, supportive housing.

*Extra Support Services* - DHS' Next Step Program provides a very intensive level of social services to families in need. Case workers in these shelters – 4 family with children shelters and 2 adult family shelters – have a

small case load that enables them to provide more attention and time to these families. Next Step families are escorted to all appointments, meet with case workers more frequently than in other shelters, and have limited recreation offerings so that they maintain focus on moving to permanent housing. Through May 31, 2009, families with children participating in Next Step moved out of shelter into the community, on average, in 143 days after having been in the system 1 year before coming to Next Step. Through May 31, 2009, adult families participating in Next Step moved out of shelter into the community, on average, in 105 days after having been in the system 1.1 years before coming to Next Step.

### Permanent Housing

The transition to permanent housing completes the continuum of care for families. Homeless families are assisted in finding and then relocating to permanent housing through a variety of mainstream housing programs. Beginning April 25, 2007, DHS collaborated with NYS Office of Temporary and Disability Assistance (OTDA) and HRA to implement a rental subsidy, Advantage New York. Advantage, administered in conjunction with HRA, is a portfolio of rental assistance designed to meet varying client needs.

Work Advantage is a one year rental subsidy for working families and individuals with earnings below 150% of the Federal Poverty level. While receiving the rental assistance, participants will be working and encouraged to save their earnings. Clients are responsible for paying \$50 in rent directly to the landlord; the balance is covered by the subsidy. A second year of rental assistance is available for those who meet continuation criteria.

Children Advantage is available to families with involvement with the child welfare system and Fixed Income Advantage is available to families and individuals in receipt of a federal disability benefit. Clients in these programs receive one year of rental assistance and are eligible to apply for a priority Section 8 voucher through NYCHA. In FY09 3,142 Children and Fixed Income Advantage leases were signed.

The Short-term Advantage program assists homeless families and individuals with income between 150 and 200% of the Federal Poverty Level. The focus is to enable the clients to quickly leave the shelter system and establish independence. Participants in the Short-term Assistance Advantage program are eligible for a grant of four months advance rent, one-month security, broker's fee, furniture allowance, and moving fees, if applicable.

During CFY 2009, DHS through the hard work of its directly-run and non-profit contracted shelter staff relocated 8,810 families to permanent housing, including 7,716 families with children and 1,094 adult families without minor children. Placements included 3,105 families to Work Advantage, 1,652 families to Fixed Income Advantage, 1,344 families to Children's Advantage, 81 families to Short Term Advantage, 298 families to HPD-owned housing, 139 to public housing operated by NYCHA, 395 families to Other Section 8, and 1,796 to other placements.

In CFY 2009, family placements increased by 16% from CFY 2008. The Performance Investment Program (PIP), which ties the performance of facilities to payment rates, has been a critical factor in increasing the number of families relocating from the shelters into permanent housing.

The ESG funds that are used under the services to homeless families and supportive housing are deployed to address the priorities set by the New York City Coalition on the Continuum of Care. Through ESG, DHS continues to address homelessness issues in the city.

### **c. Homeless Individuals**

The Division of Adult Services oversees the Agency's shelter system of emergency and transitional housing facilities for single adult men and single adult women. As of the end CFY 2009, there are 50 facilities with 7,490 beds in use. There are 26 facilities for women (2,082 beds) and 32 for men (5,408 beds), eight of which are co-ed facilities. Four of these facilities are operated directly by the Department of Homeless Services and the rest are operated by non-profit organizations under contract with DHS. In CFY 2009, an average of 7,212 single adults (5,183 men and 2,029 women) resided in the shelter system each night including DHS Safe Havens

and veteran's short-term housing, and a total of 29,124 unique individuals (22,079 men and 7,045 women) were provided temporary housing during the year. 53% of these individuals are African American, 26% Hispanic, 10% White, 0.9% Asian or Pacific Islander, Native American or Alaskan, and 10% were identified as other or unknown.

Adult Services is organized into three main functional areas: *outreach, intake and assessment; transitional services; and housing and program planning.*

Outreach Services -Street Homelessness Solutions. In September of 2007, the NYC Department of Homeless Services (DHS) and the Department of Health and Mental Hygiene (DOHMH), reconfigured the provision of services to street homeless individuals. DHS and DOHMH terminated their former contracts and issued a joint RFP representing a new vision for Outreach and Housing Placement Services. Both agencies combined their outreach funding (approximately \$11 million), which previously was contracted to over a dozen different providers, and has now redistributed this funding to four new providers – each accountable for achieving a reduction in the street census in their respective borough-based areas by 2009. The providers have performance based contracts with the City through which milestone payments are earned through the placement of chronically street homeless clients into housing.

The outreach providers, embracing a Housing First and client choice philosophy, work with individuals on the street to help them obtain housing that is not necessarily conditioned on commitment to sobriety or program participation. DHS has been working to increase the housing placement options to the street homeless population. To this end, DHS has created over 400 Safe Haven units across the city and plans to reach a capacity of 500 by the end of 2009. These facilities, much like the HUD-funded Safe Havens, are low threshold models. Clients must be chronically street homeless to be eligible and are solely referred in by outreach teams. DHS has also been identifying and developing other new resources including stabilization beds. These facilities, similar to safe havens are low threshold, smaller and more private but are for clients who are more stable than those entering a safe haven. In many cases, clients in stabilization beds are in the final stages of obtaining permanent housing.

Another key component of the redesigned outreach and housing placement services is a new state-of-the-art database. Outreach workers in the field will have the ability to access and input critical client data through handheld devices. The goal is to use this technology to develop a client registry that will allow DHS to track important indicators including the number of chronically homeless individuals that are currently living on the streets of New York City, the number of new street homeless, geo-coded locations of street homeless, clients at risk of street deaths and placements. The new database is due to be rolled out in late 2009.

In addition to its collaboration with DOHMH, DHS has also been partnering with 13 City and State agencies on the takedown of encampments in NYC. Over a 6 month period at the beginning of the contracts, the group was able to clear 72 encampments, which included the placement of 68 clients into housing. DHS continues to collaborate with other City and State agencies to address encampment locations that come up across the city. Additionally, DHS is working with the Metropolitan Transportation Authority (MTA) on a multi-pronged approach to end homelessness in the subways and other underground locations.

Many outreach programs coordinate their services with the five DHS funded and one HUD funded drop-in centers throughout New York City. These drop-in centers have the capacity to serve 700 individuals per day. Drop-in centers provide homeless individuals with meals, counseling, medical/psychiatric services, showers, laundry facilities, some clothing, recreational activities, referrals for employment, assistance in applying for benefits, and other social services for adults in New York City. Three Drop in Centers operate 24 hours a day seven days per week, the remaining three Drop in Centers adhere to a new model in which operation begin at 7:30 AM and ends at 8:30 PM. The new model is intended to reduce and eventually eliminate the incidence of clients sleeping in chairs. As such, DHS has entered into contract with community based organizations that coordinate a network of overnight accommodations in churches and synagogues around the city. This Faith Based Network includes over 100 churches and synagogues and provides on average 340 beds each night during

peak cold -weather season (November through March). Services at these respite beds include overnight sleeping areas, dinner or snacks and continental breakfast. The respite sites serve on average between 6 to 15 individuals and are staffed primarily by volunteers. Clients are transported to and from these respite beds every night before the drop in centers are closed for the day.

Since 2005 the Department of Homeless Services has conducted an annual city-wide estimate of the street homeless population, the Homeless Outreach Population Estimate, or HOPE. The point-in-time count, conducted every January, requires DHS volunteers to methodically survey the City's streets, parks, and subway stations and trains. The results provide a consistent measure of the agency's progress toward reducing the number of people sleeping on the streets, and are used to evaluate and strengthen outreach strategies.

HOPE 2009 marked the fourth consecutive decrease in the unsheltered population. DHS estimated 2,328 unsheltered individuals, a 30% reduction from the previous year's 3,306 and a 47% reduction from the 4,395 individuals estimated in 2005. Every borough and the subways saw a decrease from HOPE 2008. New York City has the lowest ratio of unsheltered individuals to the general population for all major cities employing a similar methodology for estimating its unsheltered population, counting 1 unsheltered individual for every 3,554 people in the City.

*Intake & Assessment Services* - At Intake and Vacancy Control (IVC) new admits into the shelter system are processed and assigned an identifying HA number and all adult clients are enrolled in our AFIS finger-imaging database system that attaches a 5-point finger image to each client's picture in the database. *Intake* is also comprised of a basic information-gathering process and placement into an assessment bed. Beginning in May 2009, DHS implemented a strong diversion component at intake, where clients' resources are assessed with the goal of returning them to their families or other appropriate settings. If a diversion is not possible, the client is assigned to an assessment bed. DHS operates one intake facility for men and two intake facilities for women. The three goals of Assessment include the completion of the Applicant Intake Document (AID), a physical exam, and a brief psycho-social assessment. These completed deliverables are tools utilized to best determine the most appropriate shelter placement for each individual based on their service needs. The Assessment process can be completed as soon as the three deliverables are achieved. In 2009 DHS transformed one assessment site for men into an employment program that includes short-term housing beds and criminal justice beds for men. There are three assessment sites for men remaining.

#### Correctional Review Unit

The NYC Department of Homeless Services (DHS) Correctional Review Unit (CRU) and Office of Health Care Policy and Administration, in response to the Brad H., et al. v. the City of New York, et al. litigation, together with the New York City Department of Health and Mental Hygiene (DOHMH), through the Division of Health Care Access and Improvement's Correctional Health Services Program (CHS), work collaboratively to place sentenced Brad H Class Members from jail, directly, into a designated Program Shelter or Mental Health Program Shelter on their release date, provided that DHS: 1) determines that further mental health assessment is not necessary, after review of information, obtained, by CHS, during the Class Member's incarceration; 2) that bed availability exists in such shelter; 3) and arrival of the Class Member at the DHS shelter is on his or her release date and before curfew. The CRU has access to the CHS Brad H database, Citrix, and obtains daily reports, which identify homeless, sentenced, Brad H. Class Members, who are severely and persistently mentally ill (SPMI), who have consented to release medical documents to DHS, and have orally agreed to be transported to a DHS shelter, upon release from jail. The CHS discharge planners routinely provide CRU with document packets for Brad H. Class Members, who appear on the DHS transportation list, within 3 days before discharge. The documents include information from Riker's Island Intake System, such as a history and physical, problem list, medication list, discharge plan, aftercare letter, psychiatric assessment, psycho-social summary, and HRA 2010e housing application and approval, if available. The CRU forwards these documents to the shelter system for the purpose of making an appropriate placement and to provide for continuity of care of mental health services. In some instances, Brad H. Class Members will present to a DHS shelter or intake site

for services. CRU investigates whether a consent, to release information to DHS, is on record with CHS, offers a release form to the individual, if not, then, contacts CHS to request the above documents. CHS provides the documents to DHS, which forwards them to the appropriate program or mental health program shelter staff, which will work with the Class Member to develop an independent living plan, with the immediate goals of obtaining income, identifying available permanent housing options, and providing medical and mental health aftercare linkages in the community, so, that the Client may move to his own permanent residence, independent of the shelter system.

### Transitional Services

From Assessment Centers, homeless single adults are referred to one of the 58 transitional shelter residences and two short-term housing residences (both of these are specifically for veterans). All beds in the single adult shelter system are associated with program services, including assessment, employment training, “rapid-rehousing,” mental health rehabilitation, and substance abuse treatment. Many shelters offer case management and other services aimed at assisting residents to return to independent living in the community. Social workers, case managers, employment specialists, housing benefits counselors, on-site medical staff and vocational counselors work closely with clients to help them become independent. An individualized approach is implemented to provide clients with the services needed to achieve their highest level of self-sufficiency. Federal ESG funds are used to support social service programs at sixteen of these transitional shelters. Three of these transitional shelters are Next Step shelters.

The Next Step Program offers a more structured and service-intensive environment for clients who have been unsuccessful at completing the goals of their independent living plans. It is a more highly structured environment incorporating intensive case management and additional program components where clients will receive specialized assistance on the goals of their independent living plans. Services are delivered in a consistent, intensive, and respectful manner with the objective of returning the client to independent living as quickly as possible.

Another new program, 100-Day Special Initiatives, focused on placing the 100 longest staying single adult shelter clients into housing within 100 days during Spring 2007 and Spring 2008. This special initiative was subsequently incorporated into regular business practice, with DHS managers continuing to meet weekly to focus on placing the longest staying clients into permanent housing.

### Supportive Services

**Employment Services:** DHS coordinates employment training for shelter residents, including providing innovative employment programs, some of which are specifically designed for substance abusers. DHS contracts with non-profit providers to assist residents with employment readiness, including career counseling, job search assistance, and placement services. The DOE Fund operates two sites in a substance free environment, and stresses the importance of saving money and behaving responsibly. The Bowery Mission accepts clients who are either employed or employable and works with the individuals to maintain their employment status.

DHS contracts with non-profit providers to assist residents with employment readiness including career counseling, job search assistance, and placement services. These programs are highly structured and aim to give individuals in the shelter system, the skills they need to take advantage of employment program shelters. Another employment program overseen by DHS is an employment support program. This is a program designed for men who have been employed for at least a month and who are committed to the goal of independent living. The program provides support in the areas of maintaining employment, housing assistance, and budgeting and saving. Several employment programs are designed for substance abusers, and integrate working into the recovery process. DHS also has a contract under the U.S. Department of Labor Job Corps program to provide educational and vocational training for homeless young adults between the ages of 18 and 24. Most of these contracted employment programs are also eligible to receive incentive payments for placements above their contractual targets.

Educational Services: Job training programs require a strong basic skills component. DHS operated or contracted facilities provide GED classes either on or off site as well as refer clients to other educational services in the community to prepare clients for employment responsibilities.

Mental Health Rehabilitation: There are a number of existing programs for shelter residents who are identified as being mentally ill. Most of these programs are operated by non-profit organizations and are funded with City, State, and Federal dollars. ESG funds are used by DHS to help support mental health programs at adult transitional residences in the DHS system. In CFY 2009, these facilities served a total bed capacity of 486 for individuals with mental illness. All mental health programs are funded to include psychiatric clinicians working on-site, including psychiatrists or psychiatric nurse practitioners. The New York State Office of Mental Health (OMH) provides evaluation, referral, and mental health services in the single adult shelter system, and provides psychiatric evaluations and additional referral services while the DOHMH Mobile Crisis Teams assist in evaluation and emergency transport of clients and the provision of emergency care as necessary. Some of the mental health programs provided include Community Support Services (CSS), Mental Health Rehabilitation Programs, Transitional Living Communities (TLCs), and Services for Mentally Ill Chemical Abusers (MICAs).

CSS programs are clinical case management programs that identify residents with serious and persistent mental illness and try to engage them in treatment. They provide a comprehensive array of services in a flexible, low-demand environment. The primary goal of CSS programs is to help clients develop the skills necessary to move into permanent housing or into a transitional program that will lead to permanent housing. TLCs also provide mental health rehabilitation services to seriously mentally ill homeless persons. The TLC program model is administered via contract by non-profit agencies with oversight from DHS and the DOHMH's Division of Mental Hygiene. The goal of the TLC model is to place individuals into permanent housing by providing a structured transitional rehabilitative environment within the shelter system. These programs are funded through State Community Support services dollars and City expense funds.

The mentally-ill chemical abuser (MICA) programs provide case management, mental health, and substance abuse counseling to clients who are dually diagnosed with mental illness and substance abuse problems. The ten MICA programs in the adult system also provide on-site medical and psychiatric assessment and/or treatment, assistance in obtaining benefits and appropriate housing placements. The goal of the program model is to stabilize clients, to provide the support services and structure necessary for them to maintain a drug free lifestyle, and to make the transition from shelter to appropriate housing.

DHS oversees one reception center that is operated by a non-profit provider that serve the chronically frail and mentally ill. This center provides low-demand mental health programs, similar to the federal "Safe Havens" model for seriously mentally ill clients. This center has enhanced staffing, with physicians and nurses on-site, and offer beds and a wide variety of services. In order to draw in more service-resistant street homeless individuals who could benefit from the center, both of the centers coordinate with outreach teams specializing in mental health.

Specialized Services for Veterans: In 2007, DHS remodeled the Borden Avenue Veterans Residence into a short term housing facility for homeless male and female veterans. Clients have their own private spaces at the newly designed facility, and residential "neighborhoods" create a community-like feeling. Beginning in July 2008, the non-profit provider the Institute for Community Living (ICL) took over the contract for the facility and the new short term housing program began. The Borden Avenue residence located in Long Island City provides an array of social services for this population. In May 2008, DHS, in partnership with the Veterans Administration, opened Project TORCH as a single point of intake into shelter for homeless veterans in the City. DHS staff work at Project TORCH alongside VA staff to provide an array of social services and permanent housing placement services to homeless veterans. In April 2009, The Doe Fund transformed over 100 beds in its Porter Avenue Residence into short term housing beds for homeless veterans, making over 350 short-term housing beds for homeless veterans available through DHS.

Substance Abuse Treatment: It is difficult to provide an accurate count of the number of adult residents who are in need of drug rehabilitation and treatment. In order to provide residents with the opportunity to live in a drug-free environment with supportive services, DHS oversees the operation of a number of residential substance abuse treatment programs within its contracted and directly run sites, and transitional housing programs. As of the end of FY2009, 17% of shelter beds were designated for clients in need of substance abuse programming.

A number of different program models are available in the shelter service system for clients who are chemically dependent. These programs are designed to address substance abuse issues through intensive on-site services, as well as referrals to community-based day programs. On-site programs include Clean and Sober programs, modified Therapeutic Communities (TC's), Supported Work Programs (SWP's), Re-Entry programs, and Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. In CFY 2008, DHS initiated a OASAS-licensed shelter-based Detox for men at 3<sup>rd</sup> Street, with plans to have a second such Detox at Atlantic Assessment.

Clean and Sober programs complement community-based day treatment program attendance, by providing shelter-based support services in the evening. ESG funds are used by DHS to fund substance abuse counselors at two adult transitional facilities. These counselors assess clients, refer them to appropriate outpatient services, and support them on-site with relapse prevention programs and group counseling.

A therapeutic community (TC) is a highly structured program model. TC's offer various ancillary services, including vocational training, educational services, life skills training, HIV education, group and individual counseling, and legal assistance.

SWPs (Supported Work Programs) are site-based programs based on the Alcoholic Anonymous 12-Step philosophy, which integrate a progressive work component providing a graduated salary-stipend into the recovery model. Intensive individual and group counseling are used to enhance the substance abusers commitment to recovery, and assist them in attaining financial independence, and making the transition into the community.

Re-entry programs are targeted to clients who have graduated from treatment and do not require long-term treatment programs to reintegrate into the Community. Re-entry includes assistance with job search, application and independent living skills development, and development of community-based contacts for continuing treatment and support.

Specialized Case Management - The demand for specialized case management is apparent given the high rates of mental illness and substance abuse, as well as other social and medical problems among shelter residents. Strong counseling and case management services enable programs to promote independent living by providing clients with on-site support with linkages to appropriate community-based follow up services. Specialized case management is available to varying degrees in the mental health, substance abuse, and employment program shelters.

Health Services - In many contracted and directly run shelters, DHS facilitates clients' access to health care by funding directly or via sub-contract, on-site medical services. Additionally, on-site psychiatric services are available at all assessment sites, mental health/MICA shelters, some shelters caring for clients suffering from substance abuse disorders, and some pre-program and TLC sites. There are two Comprehensive Care Programs (CCP), serving medically frail adults through increased case management, enriched nutrition, enhanced linkage to medical services, and expedited housing placements; and Barrier Free Living, which provides transitional shelter exclusively to physically disabled individuals who require home care, but do not qualify for skilled nursing facilities.

The Office of Health Care Policy & Administration office of the Agency Medical Director works jointly with DOHMH, to ensure that public health in the family and single adult shelter system is optimized. DHS works closely with the DOHMH-Divisions of Communicable Diseases and Immunization and Vaccine-Preventable

Disease in containing outbreaks of infectious illnesses and promoting immunization as the best preventive measure.

DHS also works daily with the DOHMH-Bureau of tuberculosis (TB) Control. DHS and the DOHMH-BTBC work under a formal Memorandum of Understanding (MOU). In CFY 2008, under this MOU, DHS implemented "Partners in TB Control" initiative and created Bureau of TB Control's Public Health Educators, assigned to specific medical providers, to assist the Provider in providing on-site DOT to clients with LTBI, who may be better served at their respective shelters than at the shelter-based TB unit.

Additionally, the DHS Program Referral Unit (PRU), together with the contracted Medical Review Team (MRT) and representative hospital staff from the Greater New York Hospital Association, revised and implemented the policy that facilitates referrals for homeless single adults into the shelter system. This allows for a quicker review and placement process for clients. This will serve to better identify those who are medically inappropriate for shelter placement so that alternative living arrangements can be made, and also enable clients to return to their shelters to continue working toward independent living.

#### Housing and Program Development

The Housing and Program Development Division of Adult Services is responsible for the referral of residents to appropriate permanent housing. Federal ESG funds are used to fund positions in this unit, which works closely with shelter staff to identify, engage, and place as many shelter and street homeless residents as possible into housing. This includes homeless veterans and persons recently released from correctional facilities who are currently in the shelter system.

Housing and Program Development is also responsible for developing and helping to fund supportive SROs by providing social service funding to non-profit SRO operators that house homeless and low income individuals. These funded services enable tenants to live independently in a safe and secure environment and provide needed support in their transition from the shelter to permanent housing. The Scatter Site Section 8 program, PHACT, and Moving On provide other housing options for clients exiting the transitional system.

#### Permanent Housing

Social service programs throughout the continuum of care serve to assist homeless single adults in their return to permanent housing in the community to be it an independent living arrangement or a supportive housing environment. Towards this end, the City of New York provides a variety of housing alternatives for single adults including emergency placement in commercial Single Room Occupancy (SRO) buildings, permanent placement into supportive SROs with on-site social services operated by not-for-profit organizations; transitional congregate housing with supportive services; permanent congregate housing with supportive services, (these housing alternatives are overseen by the DOHMH, please refer to the non-special needs section for more information) and independent housing.

In 2007, DHS, in collaboration with HRA and the NY State Office of Temporary and Disability Assistance developed Advantage New York, a portfolio of rental assistance to address varying needs of families and individuals in shelter.

A critical component of DHS' permanency strategy is to create supportive housing targeted to long term shelter stayers and difficult to place single adults and to place those individuals into existing and new housing. Several programs, including PHACT and Moving-On, have been developed in coordination with a taskforce of government and nonprofit agencies as part of this strategy.

DHS has deployed ESG funded staff to implement many housing initiatives. These programs represent a combination of evidence-based practices (e.g. supportive housing and assertive community treatment) and innovative approaches to promoting permanency and utilizing housing options more effectively. DHS' ESG funded staff have been essential in developing and implementing these programs. These staff members ensure



that housing and related services are targeted to the street and sheltered homeless clients who are at the greatest need, as measured by length of homelessness and clinical acuity.

A recent addition to the supportive services repertoire available to the chronically homeless is the Single Point Of Access (SPOA) service. The SPOA Housing Project is a joint demonstration project between OMH and DOHMH which focuses on housing services for eligible adults with severe and persistent mental illness in NYC. The main goals of the SPOA initiative are to identify scope and characteristics of chronic shelter users; establish new case management approaches to reduce the number of long-term shelter stayers; and target housing specifically to the chronically homeless.

In November 2005, the City and State of New York signed the New York/New York III agreement, a \$1 billion pact to finance and develop 9,000 new units of supportive housing in New York City over the next 10 years. Of these units, 7,500 will be for single adults. The DHS Adult Services Division, in its role as one of the four placement entities, is charged with referring clients to 5,450 of these units, 3,950 congregate and 1,500 scatter sites. The clients for these units must meet one of the three following criteria: NY/NY III Category A - Chronically homeless (those homeless for one out of the past two years or two out of the past four years) single adults who suffer from serious and persistent mental illness or who are diagnosed as mentally ill and chemically addicted (MICA); NY/NY III Category E - Chronically homeless (those homeless for one out of the past two years or two out of the past four years) single adults, as well as single adults who have been homeless for at least 6 months of the last year who have a substance abuse disorder that is a primary barrier to independent living. The application must contain documentation from a qualified health professional that the client has an active substance abuse disorder; NY/NY III Category F - Homeless single adults who have completed a course of treatment for a substance abuse disorder and are at 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. The breakdown of the number of units by NY/NY III category and funding source is as follows: Category A: 500 units – State Office of Mental Health; Category A: 20 units – DOHMH; Category E: 480 units– DOHMH; Category F: 250 units – DOHMH; Category F: 300 units – OASAS.

As described in the Agreement, DHS has functioned as the placement agent for these units as described above. Kickoff meetings were held with housing providers to orient them to the role of DHS, eligible clients were identified through coordination with HRA, and the housing interviews were coordinated between the client, shelter provider, and housing provider. DHS looks forward to a similar successful implementation once the City funded units for scattered site and congregate buildings are completed. These contract awards are managed by the Department of Health and Mental Hygiene.

In CFY 2009, homeless single adults also received housing assistance from a variety of publicly supported permanent housing programs, including: supportive SROs; licensed residential facilities; Section 8 rental assistance; NYCHA units; HUD's Shelter Plus Care Program; units from HPD's non-SRO programs; and assistance through HRA's HASA Services. The supportive SROs into which DHS places homeless single adults are developed primarily through HPD's SRO Loan Program. HPD also receives Section 8 Moderate Rehabilitation funding from HUD that helps to pay for the operating costs of these units. DHS, through Support Service contracts, provides the funding for the SRO supportive services. As the demand for supportive and service-enriched housing for the chronically homeless, as well as rental assistance for at-risk populations, is exceeding our supply, DHS is working to end chronic homelessness by increasing the supply of supportive housing/service-enriched housing as well as improving coordination of rental assistance policy across city agencies.

DHS relocated 10,039 single adults into permanent housing during CFY 2009, including 1,995 in Supportive housing, 611 in subsidized housing, 614 in residential rehabilitation, and 6,819 returned to family or independent living.

#### **d. Runaway and Homeless Youth (RHY)**

##### Nature and Extent of Homeless Problem

According to the Runaway and Homeless Youth Act, "runaway youth" shall mean a person under the age of eighteen years who is absent from his legal residence without the consent of his parent, legal guardian, or custodian; and "homeless youth" shall mean a person under the age of twenty-one who is in need of services and is without a place of shelter where supervision and care are available. Youth become homeless for a variety of reasons. Many young people run away from home because of conflict with parents or others in the household. Some are rejected by their families because of sexual orientation, an unplanned pregnancy, problems at school, or use of drugs and alcohol. Others have been exposed to sexual exploitation, domestic violence, or parental neglect. Some find themselves without suitable housing arrangements after exiting juvenile detention or foster care, despite the best efforts of those systems to establish effective discharge plans. Whatever the cause of their homelessness, runaway and homeless youth tend to have multiple needs, all of which must be addressed if they are to get on track for success. In addition to a safe place to live, they typically require health, mental health, education, and employment services.

##### Runaway and Homeless Youth Services

In keeping with the federal Runaway and Homeless Youth Act (RHYA) of 1978 and current New York State RHYA regulations, the City's Department of Youth and Community Development (DYCD) funds programs that are designed to protect runaway and homeless youth and, whenever possible, reunite them with their families. In cases where reunification is not possible, these programs are designed to help youth progress from crisis and transitional care to independent living. Program activities and experiences are designed to assist youth in becoming healthy, caring, and responsible adults. Funding to operate these programs is provided in partnership with the New York State Office of Children and Family Services (OCFS) and the New York City Department of Homeless Services (DHS).

In 2006, DYCD strengthened its RHY services by establishing a "continuum of care" system that included drop-in centers for each borough, revised street outreach services, specialized residential services, and expanded shelter options. Overall, the new system was designed to make it easier for youth to access needed services, strengthen family connections, and create the foundation for more effective responses to RHY, including the best use of residential services.

In November 2008, DYCD issued a new RFP for contracts from July 1, 2009 to June 30, 2012 to refine certain aspects of its RHY continuum of care system based on lessons learned during the past two years, while retaining the basic components of the continuum of care system put in place in 2006. Total funding for this solicitation was \$5.8 million, divided among four service options: Borough-based Drop-In Centers, Crisis Shelters, Transitional Independent Living Programs, and Street Outreach Services. In particular, the RFP made the following changes: (a) brought the operating hours of drop-in centers and street outreach services into line with actual usage patterns; (b) required drop-in centers, residential programs, and street outreach services each to take responsibility for transporting youth in need to safe destinations, as necessary; and (c) established a range of allowable costs per bed for RHY residential programs.

DYCD's residential programs continue to meet the needs of all vulnerable young people, including the specialized needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth; pregnant and parenting youth; and sexually exploited youth.

In CFY09, 113 Crisis beds and 122 TIL beds were funded for a total of 235 beds. In CFY10, with \$5.42M in funding from the City Council (\$820K above FY2009), additional beds are anticipated, although specific awards have not yet been made. Through the RFP, 47 Crisis Shelter beds and 106 TIL beds were funded.

##### Street Outreach & Referral Services

DYCD's citywide, vehicle-based, street outreach services focus primarily on those areas where youth are known to congregate at night, on weekends, and on weekdays. The purpose of the program is to distribute information

about RHY services; provide resources, materials, and referrals; and transport youth to their homes, crisis shelters, or other safe environments. Contractors target public spaces, subway stations, and transportation hubs such as those in Jamaica, Queens; Atlantic Avenue, Brooklyn; and the Port Authority bus terminal in Manhattan.

By developing rapport with youth in the streets and elsewhere, outreach workers directly inform RHY and youth at risk for homelessness about available services and refer youth and their families to drop-in centers and other RHY programs, thereby serving as a point of entry into the wider DYCD RHY system.

#### Hours of Operation

Street Outreach services operate six days a week from Wednesday through Monday or Tuesday through Sunday. Required hours of operation will vary by season, as follows:

- Fall/Winter: 7:00 pm to 3:00 am
- Spring/Summer: 9:00 pm to 5:00 am

Safe Horizon will operate Street Outreach Services for the 5 boroughs of New York City with 2 contracts for \$200,000 each.

#### Borough-based Drop-In Centers

Drop-in centers are resource centers for RHY and their families. Each drop-in center is staffed by a full-time program director and at least one community connections coordinator. Their role is to provide a range of services and information and facilitate access to other local resources so that families are better able to help youth develop into healthy, well-functioning adults, allowing crisis shelter and TIL programs to focus on youth with no other options.

The drop-in center services include: crisis intervention, assessment, counseling, and mediation; transportation to RHY residential programs or other safe locations; life skills and work readiness assistance; educational counseling; and referrals to other services, including, in particular, education and career development, health and mental health and substance abuse treatment programs.

The contractor is responsible for setting up direct linkages with health and mental health services, schools, and other RHY programs, including street outreach services, to create an interlocking network of services for youth. The contractor will establish working relationships with City agencies including ACS, DOE, DOHMH, DHS, DJJ, DOP, OCFS, and NYPD. In addition, drop-in centers provide informational literature and raise public awareness about homelessness through workshop presentations in schools and other appropriate venues.

#### Role of the Community Connections Coordinator

The community connections coordinator, working under the supervision of the program director, will help youth and families to access appropriate services and resources in their neighborhoods. A key role of the coordinator is to provide intensive case management, counseling, and assistance designed to prevent homelessness among at-risk youth and encourage precariously housed and homeless young people, to the greatest extent possible, to return to their homes. The coordinator establishes vital linkages with local resources, particularly those relating to education and career development such as schools, other RHY service providers, and City agencies, including the Borough Service Cabinet in that borough.

#### Hours of Operation

The drop-in centers are easily accessible by public transportation and operate at least six days a week from 12:00 noon to 9:00 pm on four weekdays and 12:00 pm to 6:00 pm on Saturdays and Sundays. Unless otherwise approved by DYCD, each drop-in center offers services on Saturdays and Sundays but is allowed to close one other day during the week.

The following organizations are currently contracted to provide drop-in services to runaway and homeless youth: The Door in Manhattan (\$300,000), Cardinal McCloskey Services in the Bronx (\$300,000), Safe Space (Queens, \$300,000), Project Hospitality (Staten Island, \$200,000), and SCO Family of Services (Brooklyn, \$300,000).

#### Crisis Shelters

Emergency shelter is a critical component within the continuum of care for runaway and homeless youth and is the entry point for residential services in our system. These voluntary, short-term residential programs provide emergency shelter and crisis intervention services with the goal of reuniting youth with their families or, if family reunification is not possible, finding other appropriate transitional and long-term placements for them. Youth will be housed on a short-term basis for up to 30 days.

Crisis shelters provide comprehensive, on-site, short-term care and services that include but are not limited to the following: emergency services, including food, shelter, and clothing; entitlement services; intensive counseling for families, individuals and groups; medical and mental health care; dental care; HIV testing; educational services, including basic skills testing and proficiency exams; housing assistance; legal assistance; recreational activities; substance abuse education and prevention; transportation services; violence intervention and prevention counseling; ACS referrals, where required, and family mediation.

In CFY09, the following organizations were contracted to provide these services to runaway and homeless youth: Covenant House (65 beds for \$1,714,275), Ali Forney (12 beds for \$803,532), Safe Horizon (6 beds for \$282,498), and The Turning Point (20 beds for \$620,620). Beginning in CFY10, the following organizations were funded under the RFP: Covenant House (35 beds for \$1,217,720), Safe Horizon (6 beds for \$210,000), and Ali Forney (6 beds for \$206,262). Additional beds are expected to be funded by the City Council, but specific awards have not yet been established.

#### Transitional Independent Living (TIL) Programs

The goal of these programs is to provide older homeless youth (16-20 years of age) with the training and skills necessary to establish a self-supporting, independent life. Youth may stay in the Transitional Independent Living Program for up to 18 months, during which time they receive educational services, vocational training, job placement assistance, counseling, and training in basic life skills such as cooking, home maintenance, and money management.

Residents live in a cooperative situation, where they have maximum responsibility for their daily lives but also have on-site access to counseling and support services. All Transitional Independent Living Programs are open 24 hours per day, 365 days per year. A young person in need of these residential services must first enter a Crisis Shelter.

In CFY09, the following organizations were contracted to provide TIL to runaway and homeless youth: Green Chimneys (10 beds for \$420,000), Girls Educational Mentoring Services (GEMS) (9 beds for \$307,635), Rachel's Place (6 beds for \$366,048), Good Shepherd Services (8 beds for \$400,000), Inwood House (10 beds for \$500,000) SCO Family Services (operated four sites for the following populations: males, females and mothers and their children (67 beds for \$2,548,143), and Safe Space (12 beds for \$480,000). Beginning in CFY10, the following organizations have been contracted: SCO Family of Services (2 sites, 33 beds for \$1,342,000), GEMS (6 beds for \$243,972), Rachel's Place (6 beds for \$249,000) and Safe Space (8 beds for \$336,000). Additional TIL beds are expected to be funded by the City Council, but specific awards have not yet been established.

#### Future Initiatives for Runaway Youth

City Council has allocated \$5,420,000 for Runaway and Homeless Youth Services for CFY10 to be allocated for residential services. The detailed awards have not yet been established. DYCD is in the middle of a one-year pilot with the Department of Homeless Services to allocate Section 8 vouchers to youth discharging from RHY TIL programs.

### Placement of Children into Foster Care and Children Aging Out of Foster Care

The Administration for Children's Services (ACS or Children's Services) provides a range of supports and services to families and young people who are aging out of foster care. Statistics indicate that children who age out of the foster care system are at an elevated risk for homelessness. The City of New York is working to provide programs to assist such youth in obtaining suitable and permanent housing. The ACS Division of Family Permanency, which encompasses Housing, the ACS Division of the Budget and the ACS Office of Youth Development are responsible for administering various housing supports and services to our clients. ACS is also collaborating on the development of a number of innovative supportive housing programs for youth aging out of foster care. The following is a description of the housing supports and resources offered by ACS:

#### 1. Resources for Families with Children

##### Family Unification Program (FUP)

In August 2002, Children's Services, in cooperation with the New York City Housing Authority (NYCHA), developed the Family Unification Priority (FUP) Code Program. The program enabled Children's Services to access Section 8 housing vouchers for qualified families whose only impediment to reunification was housing. Through this program, ACS could essentially access an unlimited number of Section 8 vouchers for qualified families in need of housing to expedite permanency. Through the Family Unification Priority Code Program, ACS was able to obtain a voucher for any qualified family served by Children's Services, which would help keep families together when appropriate and safe, and reduce the amount of time some children may have spent in foster care.

##### Public Housing for Families

Children's Services, in cooperation with the New York City Housing Authority, has established priority access to Public Housing units for our families. This program offers our families a reliable option to obtain stable, affordable housing so that they can be reunified with their children in care.

To qualify for this priority access, families must meet the following criteria:

- The family has at least one child currently in foster care.
- Lack of adequate housing is the sole barrier to family reunification, i.e., "but for the lack of adequate housing, the family could be reunified with the child(ren) in foster care".
- The family has a stable source of income and the total household income is within the NYCHA Admission Income Limits (Based on Gross Income).
- All household members over the age of 16 are able to pass the NYCHA Criminal Background Check.

#### 2. Resources for Youth Aging out of Foster Care

##### Public Housing and Section 8 Vouchers for Youth

In cooperation with NYCHA, ACS developed a program to secure Section 8 vouchers for young adults leaving foster care who have a goal of APPLA, (formerly known as Independent Living). To qualify, a youth has to meet the income eligibility criteria (earning less than \$26,900 gross/year for a household of 1 person), as well as other Section 8 requirements. Youths aging out of foster care continue to have priority code access to Public Housing. To qualify for this program, youths must meet the following criteria:

##### 1) ACS Status

- i) At least 18 years of age and in care with an anticipated discharge date within the next 6 months; and, with income that is within the NYCHA Admission Income Limits (\$43,000/yr for one person; \$49,150/year for 2 persons).

- 2) Has no discharge resource.
- 3) Either employed, in school, or in a training program.
- 4) If not employed, has another stable source of income.
- 5) Able to pass the NYCHA Criminal Background Check; not all crimes are disqualifiers.
- 6) No drug use in the past 3 years unless able to submit proof of satisfactory completion of drug treatment.

In cooperation with NYCHA, Children's Services developed a program to secure Section 8 vouchers for young adults leaving foster care who have a goal of APPLA (Another Planned Permanent Living Arrangement formerly referred to as Independent Living ('03')). To qualify, a youth has to meet the income eligibility criteria (earning less than \$26,900 gross/year for a household of 1 person), as well as other Section 8 requirements.

In 2008 149 youth moved into public housing apartments and 236 moved into their own apartments with a section 8 voucher. 61 families moved into public housing apartments and 86 families moved into their own apartments with a section 8 voucher. The total amount of APPLA referrals made from ACS for 2008 was 660 public housing and 674 Section 8; 240 public housing family referrals were made and 262 Section 8.

#### Development of Supportive Housing for Youth Aging Out of Foster Care and Families with Foster Care and Preventive Histories

ACS strives to ensure that youth leaving the foster care system have a stable place to live and a meaningful connection to an adult in the community. Youth are also actively involved in education and/or employment plans at the time of their discharge. To better serve our youth, Children's Services collaborated with the NYC Department of Housing Preservation and Development, Common Ground Community, and Good Shepherd Services to develop the country's first Foyer Program – a residential career development program for young people aging out of the foster care system, who are homeless or at risk of being homeless.

The Foyer Program is designed to prevent homelessness by offering a comprehensive transitional experience to independent adulthood. Participants work over an 18-month period towards goals of permanent housing and stable employment with career skills by the time of graduation. Residents participate in employment, educational mentoring and life-skills training programs. The 40-unit program is based on a European model and is the first of its type in the United States. With this innovative program, Children's Services is helping young people develop the tools and skills necessary to avoid homelessness as adults.

In addition, Children's Services, in cooperation with a variety of private not-for-profit housing developers, continues to support the development of supportive housing for the children and families in our care.

- Operated by the Lantern Group, Schaefer Hall has 25 studio apartments for IL youth aged 18-23 in a facility with a total of 91 units. Supportive services include case management, employment and educational resources, entitlements assistance/advocacy, social and recreational activities, medical and mental health referrals, substance abuse counseling, independent living skills training, support and informational groups, health and nutritional counseling, and consistent emotional support. To be eligible, a prospective resident must have a Section 8 voucher.
- The Muhlenberg Residence, operated by Lutheran Social Services, contains 201 units of supportive housing. IL youth are eligible for these units if they meet the Residence's admission criteria. Supportive services include case management, medication management, vocational education and job development, social and recreational activities, support groups, entitlements advocacy, health and mental health referrals, and money management. Half of the apartments have Section 8.

- Operated by Broadway Housing Community with services provided by the Center for Urban Community Services, the Dorothy Day Apartments contains 43 units for families and 27 units for single adults. Five studio apartments are set aside for IL youth age 21 who have documented Axis I psychiatric disabilities. These youths must have Section 8 vouchers. Dorothy Day also has a limited number of apartments for families who have received a Section 8 voucher through Children’s Services’ Family Unification Program (FUP). On site services include case management, mental health services and referrals, family support, referrals for crisis prevention/intervention, substance abuse counseling and referrals, entitlements/benefits advocacy, vocational assessment and training, employment referrals, and self-help support groups and classes.
- Developed by the Edwin Gould Academy, the Edwin Gould Residence provides 51 apartments (studios and one-bedrooms) for IL youths aged 18-22 upon intake. Supportive services include individual and family counseling, peer support groups, social service information and referrals, educational and vocational placement, career counseling, employment and job training referrals, tutoring and mentoring, business training, medical and mental health services and referrals, substance abuse counseling and referrals, and post-Residence housing assistance. Section 8 housing vouchers are a key component of the proposed operating funds for the Residence.
- On February 16th 2007 New York City and New York State entered into the New York/New York III Supportive Housing Agreement. This landmark agreement calls for the development of 3,850 units of supportive housing, including 300 units for youth of which 200 are specifically for young people aging out of foster care.

### 3. Resources Targeted for Families and Youth

#### Housing Subsidy Program for Youth and Families

ACS also operates a Housing Subsidy Program that targets certain families, as well as youth ages 18-21 who are being discharged from foster care to Independent Living. Families are eligible when a primary barrier to reunification is lack of adequate housing or when they are receiving Children’s Services preventive services and the lack of adequate housing is a primary factor putting their children at risk of placement into care. Once deemed eligible, up to \$300 is available per month per client for up to three years to assist with paying rent or mortgage. The subsidy is subject to a lifetime cap of \$10,800 for each youth or family that participates in the program. The subsidy payments are made directly to the landlord to prevent any interference with public assistance grants.

There are two other components of the program that provide extra support to our clients. One-time grants of up to \$1,800 are available to assist with expenses associated with obtaining a new apartment, such as a security deposit, broker’s fees, furniture, mover’s fee, extermination, and essential repairs. Separate one-time grants can also cover up to \$1,800 in rental arrears. However, these one-time grants are counted against the lifetime cap of \$10,800.

#### Preparing Youth for Adulthood, ACS Strategy to Support Youth in and transitioning from Foster Care

Preparing Youth for Adulthood or PYA is Children’s Services’ comprehensive strategy to support youth in foster care and as they transition to adulthood promotes the following principles:

- Youth will have permanent connection with caring adults
- Youth will reside in stable living situations
- Youth will have opportunities to advance their education and personal development
- Youth will be encouraged to take increasing responsibility for their work and life decisions, and their positive decisions are reinforced
- Young people’s individual needs will be met

- Youth will have ongoing support after they age out of foster care.

Preparing Youth for Adulthood emanates from a strength-based, youth development philosophy that encourages youth participation in decision-making and planning for their own future and goals. In support of this philosophy, Children's Services has established the Office of Youth Development, who works with its contractors and other stakeholders to uphold PYA principles through cultivating high practice standards, identifying resources to support in the implementation of this practice and to support in the execution and monitoring of this work. To facilitate this, OYD offers technical assistance, training supportive programming and a host of other services to these stakeholders to ensure positive outcomes for youth in foster care.



### 3. Narrative for Table 1

#### **Part 1: Homeless Population**

##### Reception/Day Centers

Unsheltered homeless individuals utilize a network of drop-in centers, outreach programs, reception centers, faith-based voluntary shelters, soup kitchens and food pantries. Outreach teams record the number of direct contacts made with street homeless individuals, the number of referrals and the number of placements in temporary housing.

##### Emergency Shelter

Homeless individuals entering the shelter service system are assessed at Intake and Vacancy Control (IVC) and placed into an assessment bed. Assessment Centers are the front-end shelter facilities for new single applicants to shelter, as well as for those shelter recidivists who have been absent from our system for longer than a period of one year. From assessment, homeless single adults are referred to one of the 50 transitional shelter residences. Homeless families with children are evaluated at the Prevention Assistance and Temporary Housing (PATH) Intake Center and homeless families without minor children apply for shelter at the Adult Family Intake Center (AFIC) Families are provided with a conditional placement in shelter while their eligibility for temporary housing is being determined.

The figures for homeless individuals and homeless families in DHS emergency shelters reported in Table 1 are January 2008 point-in-time figures, based on HMIS data, and surveying providers and extrapolation techniques where HMIS data was not available. The reporting period for homeless individuals and families sheltered in other non-DHS emergency shelters are as indicated.

##### Transitional Shelter

From intake and assessment centers homeless families and individuals are referred to temporary shelter residences that come in a variety of models with a wide array of supportive services including employment training, educational services, intensive case management, substance abuse prevention, independent living skills, and child care for families with children.

The figures for homeless individuals and homeless families in DHS transitional housing reported in Table 1 are January 2008 point-in-time figures, based upon HMIS data, and surveying providers and extrapolation techniques where HMIS data was not available. The reporting period for homeless individuals and families sheltered in other non-DHS emergency shelters are as indicated.

##### Permanent Housing

The transition to permanent housing completes the continuum of care for homeless families and individuals. Families and individuals are assisted in finding and then relocating to permanent housing through a variety of mainstream housing programs, in collaboration with state and city agencies.

##### Number of unsheltered homeless

Since 2005 the Department of Homeless Services has conducted an annual city-wide estimate of the street homeless population, the Homeless Outreach Population Estimate, or HOPE. The point-in-time count, conducted every January, requires DHS volunteers to methodically survey the City's streets, parks, and subway stations and trains. The results provide a consistent measure of the agency's progress toward reducing the number of people sleeping on the streets, and are used to evaluate and strengthen outreach strategies.

The number entered for the unsheltered homeless category reflects a point-in-time count that took place on January 26, 2009.

## Homeless Families with Children

### Emergency Shelter

#### Adult-headed families (+18 years of age)

On a given night (in January 2008), the NYC Continuum of Care served 8,494 families, consisting of 27,129 individuals. From January 1, 2008 to December 31, 2008 HRA Domestic Violence emergency shelters served 3,547 families consisting of 9,763 individuals.

### Transitional Shelter

#### Adult-headed families (+18 years of age)

On a given night (in January 2008), the NYC Continuum of Care served 959 families, consisting of 3,138 individuals.

#### Youth-headed families (>18 years of age)

There were 42 youth-headed families (parents under 21 years of age) residing in the Department of Youth and Community Development's Transitional Independent Living facilities in City Fiscal Year 2009.

### Permanent Shelter

#### Adult-headed families (+18 years of age)

In City Fiscal Year 2009, there were 178 city-referred homeless households (with a population of 392 persons) placed in New York City Housing Authority public housing with an additional 1,509 city-referred homeless households (with a population of 4,829 persons) receiving NYCHA Section 8 public housing.

### Unsheltered Homeless

As of January 26, 2009, there were 2,328 unsheltered homeless individuals in New York City. None of these individuals were in families.

## Number of Persons in Homeless Families

The figures reflect the number of adults and children in the respective families cited above.

## Homeless Individuals Not in Families

The DHS figures reported for all the subpopulation categories are the point-in-time data for January 2008, based on HMIS data, and surveying providers and extrapolation techniques where HMIS data was not available.

### Emergency Shelter

#### Homeless adults (18 or older)

On a given night (in January 2008), the NYC Continuum of Care served 11,890 individuals not in families. From January 1, 2008 to December 31, 2008 HRA Domestic Violence emergency shelters served 621 singles

#### Homeless Youth (17 years or younger)

275 is the number of runaway and homeless youth (RHY) under age 21 served through the Department of Youth and Community Development's Crisis Shelters. RHY may remain in Crisis Shelters on a voluntary basis for up to 30 days (with a possible 30-day extension, in accordance with State regulations). Thereafter, if family reunification is not possible, RHY are referred to Transitional Independent Living facilities or other long-term placements, as appropriate.

### Transitional Shelter

#### Homeless adults (18 or older)

On a given night (in January 2008), the NYC Continuum of Care served 4,798 individuals not in families.

#### Homeless Youth (17 years or younger)

There were 1,713 young persons under 21 years of age residing in the Department of Youth and Community Development's Transitional Independent Living facilities in CFY09.

#### Permanent Shelter

##### Adult-headed families (+18 years of age)

In City Fiscal Year 2009, there were 118 city-referred homeless single persons placed in New York City Housing Authority public housing with an additional 743 city-referred homeless single persons receiving NYCHA Section 8 public housing.

#### Unsheltered Homeless

As of January 26, 2009, there were 2,328 unsheltered homeless individuals in New York City.

#### Number of Homeless Individuals (not in Families)

The figures reflect the number of adults and children not in families cited above.

### **Part 2: Subpopulations**

#### Homeless Persons (only)

The percentages reported in Table 1., Part 2: Subpopulations are from: DHS point-in-time data for January 2008, based on HMIS data, and surveying providers and extrapolation techniques where HMIS data was not available; and, any additional census data regarding subpopulations assisted by the various City agencies administering shelter services, where indicated, divided by the Total Homeless (Adult and Youth) Individuals.

##### Severe Mental Illness Only

##### Alcohol/Other Drug Abuse Only

It must be noted that such percentages are based on self-reported conditions, and that the mental illness survey question asked only if the person had received either psychiatric treatment or medication, not if they considered themselves mentally ill. It is believed that these numbers under-represent the actual numbers of people with these problems.

##### Severely Mentally Ill and Suffering from Alcohol or Drug Abuse

The Department of Homeless Services does not record statistics on this category.

##### Victims of Domestic Violence

The figure reported is the total number of individuals served by DHS (1,759) plus victims served by HRA Domestic Violence emergency shelters (621)(From January 1, 2008 to December 31, 2008).

##### Persons with AIDS/Related Diseases

Due to New York State laws on the confidentiality rights of persons who are HIV-positive or have AIDS, we have no count of persons living with AIDS or related diseases who are in the shelter system. Persons who have identified themselves as such are referred to other supportive housing arrangements for people living with AIDS/HIV.

##### Veterans

DHS provides specialized services for veterans. It is estimated that there are approximately 2,889 individuals who are veterans.

##### Persons Recently Released from Correctional Facilities

The Department of Homeless Services does not record statistics on this category.

### Homeless Persons in Families

The percentages reported in Table 1., Part 2: Subpopulations are from: DHS point-in-time data for January 2008, based on HMIS data, and surveying providers and extrapolation techniques where HMIS data was not available; and, any additional census data regarding subpopulations assisted by the various City agencies administering shelter services, where indicated, divided by the Total Individuals in Homeless Families (Adult and Youth).

#### Severe Mental Illness Only

#### Alcohol/Other Drug Abuse Only

It must be noted that such percentages are based on self-reported conditions, and that the mental illness survey question asked only if the person had received either psychiatric treatment or medication, not if they considered themselves mentally ill. It is believed that these numbers under-represent the actual numbers of people with these problems.

#### Severely Mentally Ill and Suffering from Alcohol or Drug Abuse

The Department of Homeless Services does not record statistics on this category.

#### Victims of Domestic Violence

The figure reported is the total number of individuals served by DHS (4,377) plus 9,763 individuals within families served by HRA Domestic Violence emergency shelters (From January 1, 2008 to December 31, 2008).

#### Persons with AIDS/Related Diseases

Due to New York State laws on the confidentiality rights of persons who are HIV-positive or have AIDS, we have no count of persons living with AIDS or related diseases who are in the shelter system. Persons who have identified themselves as such are referred to other supportive housing arrangements for people living with AIDS/HIV.

#### Veterans

Shelter services are provided to eligible families including veterans. There are approximately 645 individuals in families who are veterans.

#### Persons Recently Released from Correctional Facilities

The Department of Homeless Services does not record statistics on this category.

# City of New York

## Proposed 2010 Consolidated Plan

Table 1: Homeless Population and Subpopulation

Sheltered				Homeless Unsheltered (d)	Total # Homeless (a+b+c+d+ e)
Reception/ Day Centers a)	Emergency ( Shelters ( b )	Transitional Housing ( b )	Permanent Housing ( c )		

### Part 1: Homeless Population

#### Families with Children

1. Number of Homeless Families (Adult (+18 yrs) head of family)	12,041	959	1,687		14,687
1.2. Number of Persons in Adult-headed Homeless Families	36,892	3,138	5,221		45,251
2. Number of Homeless Families (Youth (>18 yrs) head of family)		42			42
2.2 Number of Persons in Youth-headed Homeless Families		84			84

#### Individuals not in Families

4. Adults (18 + years of age)	12,511	4,798		2,328	19,637
5. Youth (17 years or younger)	275	1,713	861		2,849
<b>Total (lines 1.2 + 2.2 + 4 + 5)</b>	<b>49,678</b>	<b>9,733</b>	<b>6,082</b>	<b>2,328</b>	<b>67,821</b>

### Part 2: Subpopulations

#### Homeless Persons (only) with Service Needs Related to:

	% of		% of	
	Total	Number	Homeless Persons in Families	Number
<i>0. Chronically Homeless</i>	17%	3,885	<i>0. Chronically Homeless</i>	**
1. Severe Mental Illness (SMI) Only	26%	5,752	1. Severe Mental Illness (SMI) Only	3%
2. Alcohol/Other Drug Abuse	41%	9,291	2. Alcohol/Other Drug Abuse	2%
3. SMI and Alcohol/Other Drug Abuse	**	**	3. SMI and Alcohol/Other Drug Abuse	0%
4. Victims of Domestic Violence	11%	2,380	4. Victims of Domestic Violence	31%
5. AIDS/Related Diseases	**	**	5. AIDS/Related Diseases	**
6. Veterans	13%	2,889	6. Veterans	1%
7. Persons Recently Released from Correctional Facilities	**	**	7. Persons Recently Released from Correctional Facilities	0%
8. Dually-Diagnosed Persons	**	**	8. Dually-Diagnosed Persons	0%

\* Excluding Reception/Day Center clients

\*\* See narrative for clarification

\*\*\* Figures exclude children in family shelters

\*Note: DHS do not capture this data on families.

	total	% of total	% of single adults	# of single adults	% persons in families	# of persons in families
Mental Illness Only	7,036	41%	38%	5,752	56%	1,284
Substance Abuse Only	10,318	59%	62%	9,291	*	1,027
MICA						
<b>Total</b>	<b>17,354</b>	<b>100%</b>	<b>100%</b>	<b>15,043</b>	<b>100%</b>	<b>2,311</b>

## **2. Housing Continuum of Care for Non-Homeless Special Needs Populations**

### **a. Mentally Ill, Mentally Retarded and Developmentally Disabled and Chemically Dependent Populations**

#### **1. Housing Needs**

People with disabilities face barriers beyond the expected problems of cost and location in their search for housing. Meeting the dual challenges of locating housing that is both accessible and affordable can be exceedingly difficult, particularly when accessibility relates not only to the dwelling place itself, but also to location on an accessible route to employment, services and other features of daily living which most people take for granted.

By most standard measures, the disability community in New York City is poorer and has a higher rate of unemployment and under-employment than other segments of the adult population. This makes it difficult for most people with disabilities to enter the city's high-priced housing market without the use of heavy rent subsidies, which are in short supply.

Hospitals and community-based service programs seek to coordinate their efforts with transitional and permanent supportive housing facilities. Hospital discharge planning policies and practices call for arranging aftercare and housing, if necessary, prior to the conclusion of an inpatient stay. If the client will be homeless upon discharge, discharge planners contact supportive residences providing various levels of care regarding available vacancies and application procedures.

Housing facility administrators reach out to both hospitals and community-based service programs to inform them about the types of supportive residential settings in which persons may live and continue their rehabilitation.

#### **2. Inventory of Housing**

Supportive housing programs for this population are predominately funded on the State level by New York State's Office of Mental Health (OMH), Office of Mental Retardation and Developmental Disabilities (OMRDD), and Office of Alcoholism and Substance Abuse Services (OASAS). Many of the supportive housing and related housing service programs described in this section are operated by not-for-profit agencies. Mental Health services for homeless persons are discussed in the Supportive Housing Continuum of Care for the Homeless section.

The following housing services for homeless persons with a diagnosed mental illness are funded by the New York City Department of Health and Mental Hygiene (DOHMH) and the New York State Office of Mental Health:

##### **1. Housing for Seriously and Persistently Mentally Ill (SPMI) Populations**

Housing specifically targeted for individuals with mental illness is funded and developed by both OMH and DOHMH.

The State of New York continues to reduce the number of beds in State psychiatric institutions in order to convert to a network of community-based programs to support seriously mentally ill adults and seriously emotionally disturbed children. This transition was initially facilitated by the passage of the Community Mental Health Reinvestment Act in 1993. That act tied funding and development of community-based mental health services to the reduction of beds in State Psychiatric Hospitals by using a formula based on local prevalence rates of mental illness. Reinvestment Act monies were targeted to services that include crisis and emergency services; outpatient services; vocational, educational and recreational programs; and supported housing. While

the programs funded under the original Reinvestment Act continue, that source of funding has ended. However, in 2003, the State of New York passed the Community Mental Health Support & Workforce Reinvestment Program, which will provide OMH with monies to distribute at its discretion from savings due to the continuing closure of State psychiatric center beds. In Fiscal 2005, OMH received \$9.6 million from the closing of 100 adult beds and 21 children's beds. Although these funds were not distributed to localities pursuant to the formula used under the original Reinvestment Act, about \$7 million was used to fund 318 beds of scattered site supported housing for adults with mental illness in New York City. As of June 2009, 318 beds have been allocated and the beds have been developed.

The DOHMH capital development of congregate supported housing is accomplished with the assistance of the New York City Department of Housing Preservation and Development (HPD). Most of the subsidies for the operation and social service costs of the units developed by the City are funded by OMH. However, DOHMH has funded some scattered site housing with Reinvestment money, has supplemented OMH subsidies congregate housing with city tax levy dollars, and is planning to fund several new congregate housing programs for populations with mental illness using DOHMH funding.

There are four principal categories of housing: Congregate Treatment Residences; Apartment Treatment Programs; Congregate Support Residences; and Supported Housing.

#### Congregate Treatment Residences

Congregate Treatment Residences are licensed transitional (less than two years) residences for people with mental illness that are developed and funded by OMH. In addition to 24-hour supervised living, these residences provide a high level of support to assist the residents to progress to a more independent living situation. Services include counseling, self-care and community skills development, socialization, case management, crisis intervention, and medication management. Participation in services and structured day programs is strongly encouraged. Residents are eligible for Level II SSI benefits and receive a pre-determined personal needs allowance. As of June 30, 2009, there are 2,371 Congregate Treatment Residence units in operation in New York City.

#### Apartment Treatment Programs

Apartment Treatment Programs are transitional programs that provide shared apartments for up to four individuals and are developed, funded and licensed by OMH. Services include counseling, self-care and community living skills development, case management, crisis intervention, and medication management. Counselors visit residents one to seven times weekly depending on the individual's need for support. Participation in services is encouraged and residents are required to participate in structured day programs. Residents are eligible for Level II SSI benefits and receive a personal needs allowance which is adjusted according to the level of responsibility for meal preparation and other personal expenses. As of June 30, 2009 there are 1,965 Apartment Treatment units in New York City.

#### Congregate Support Residences

Congregate Support Residences are extended stay residences that are developed, funded and licensed by OMH. They are also known as *Community Residences/ Single Room Occupancy Residences (CR/SRO)*. This type of housing is designed as studio apartments, or as suites containing single bedrooms combined with a shared living space. The CR/SRO provides on site supportive services. Residents have Residency Agreements and are eligible for Level II SSI benefits. Residents pay service fees and retain the equivalent of 70% of the Level II SSI benefit for their personal needs. As of June 30, 2009 there are 1,196 congregate support units in operation in New York City.

#### Supported Housing

Supported housing provides permanent housing to individuals and families. It is developed by both OMH and DOHMH. Supported housing is not licensed, however it does operate based on an established set of guidelines and standards that have been developed by the funding agencies. Housing choices can include scattered site apartments or single site apartment buildings and Single Room Occupancy units. Tenants retain a lease for their

apartment and are responsible for contributing 30% of their income toward rent and utilities. Case management services are available to assist tenants in accessing all necessary community services and to otherwise assist successful integration into community living. As of June 30, 2009 there are 11,652 units of supported housing in New York City.

Several important initiatives are creating new housing opportunities for this population.

#### New York/New York II

The 1999 New York/New York II Agreement provided for a joint City/State five-year effort to develop approximately 1,500 additional housing units for homeless adults with mental illness. The capital portion of the Agreement provided for 1,000 new units, with the State and City each committed to developing 500. By securing various other sources of funding, the City was able to increase its share of development to 707, the majority of which are being developed by HPD. Most of the New York/New York II capital housing projects are either already operational or in the later stages of development: the State has 458 units open with the remaining 42 units to be completed by the summer of 2011. Of the City's units, 689 are operational as of June 2009 with the remaining 18 expected to be complete in late 2009. The remaining 500 units not included in the capital development plan which are scattered site have already been completed, 190 by the State and 310 by the City. The State provides \$11,732 per unit annually to subsidize the social service and building operation costs and the City provides an additional \$1,000 annual subsidy per unit, for a total of \$12,732 per NY/NY II unit.

#### High Service Needs Housing I

A \$50 million City/State match for a congregate housing development program was initiated in Fiscal 2001 to provide approximately 800 new congregate housing units in NYC over five years for mentally ill persons with high service needs. The State made awards for the development of 320 service-enriched SRO units for single adults and 80 community residence units for children and youth. Three of the adult programs and four of the children's programs (totaling 88 units) opened as of May 2009, and the others are all in various stages of development. The City's match of 400 units are all for single adults. The State provides \$11,732 per unit annually to subsidize the service and building operation costs, and the City provides an additional \$1,000 annual subsidy per unit. Also, the City is able to use savings from Shelter Plus Care, the federal rental subsidy, and add an additional \$768 per unit, for a total of \$13,500 per unit. Seven programs totaling 252 units were open as of June 30, 2009. The bulk of remaining units are expected to be complete in 2010.

#### High Service Needs Housing II

A \$65 million and \$75 million City/State match for congregate housing development was initiated in Fiscal 2003 to provide another 1600 units of supported housing for single adults with mental illness in New York City over the next five years. The State has awarded 800 beds to providers who responded to an RFP issued in the fall of 2003. Two projects, with 76 units, are open, four will open during the summer of 2009, and other projects are in development. The City issued an RFP for its matching 800 units in February 2005. The State is providing \$13,233 annually per unit to subsidize the social service and building operation costs. Using funds including savings from Shelter Plus Care, the federal rental subsidy, the City will contribute an additional \$1,655 so that the total annual funding per unit will be \$14,888. As of June 2009, 14 programs totaling 309 units were in operation. New proposals may be submitted to DOHMH on a rolling basis until all 800 units have been awarded.

#### New York/New York III

In November 2005, the City and State entered into the New York/New York III Agreement, a major initiative to provide 9,000 new units of housing over the next eleven years to a broad range of special needs populations, including persons leaving State psychiatric centers, homeless persons with mental illness, substance abuse disorders or HIV/AIDS, homeless families in which the head of the household has a mental illness, substance abuse disorder, HIV/AIDS or a medical disability, and young adults leaving foster care. The State is responsible for 5,125 units (3,125 capital and 2,000 scattered sites) and the City is responsible for 4,850 units (3,600 capital and 1,250 scattered sites) which include 1,000 units to be procured by the New York City HIV/AIDS Services Administration (HASA) later this year. The annual per unit rates for the NY/NY III housing units vary by target



population type and range from \$14,888 to \$25,000. Pursuant to RFPs issued in 2006 and 2007, the State has awarded contracts for 425 scattered site units, the majority of which are operational, and issued set-aside awards for 1,125 capital beds that will open over the next five years. The State will issue additional RFPs for the remaining 3,575 units in the coming years. The City issued two RFPs in early 2007, and has awarded contracts 2,522 units (1,549congregate units and 973 scattered-site units). All of the scattered-site units are currently operational. Eleven of the capital projects are open, while the remainder of the capital units will open gradually over the next ten years. New proposals may be submitted to DOHMH on a rolling basis until all capital units have been permanently assigned.

#### Supportive Housing for Young Adults

In May 2006, the City released an RFP for young adults between the ages of 18-24 with diagnosed mental illness or serious emotional disturbance, using \$960,000 in Reinvestment funds. The City has awarded three contracts for a total of 52 units, and as of June 2009 32 units are operational, with the remainder anticipated to be operating in 2010. Under this initiative, the annual per unit rate is \$22,000.

### 2. Housing for Mentally Retarded and Developmentally Disabled Individuals

OMRDD funds all residential services for this population. It plans for services, makes policy, and contracts for supplemental services such as employment and recreational services. The OMRDD Certified Housing Program provides a 3-tier system:

#### Semi-Independent Living Programs

Semi-Independent Living Programs are available to individuals who do not require 24-hour assistance and supervision. *Supportive Community Residences and Supportive IRAs* provide home environments where individuals can acquire the skills necessary to live as independently as possible. *Family Care Homes* combine private homes with families, or unrelated parties, certified by OMRDD to provide care to the residents. In January 2009, there were 851 Supportive units, funded with \$57.4 million, and 395 Family Care units, funded with \$ 6.7 million, available in the City.

#### 24-Hour On-Site Assistance and Training Programs

24-Hour On-Site Assistance and Training Programs provide daily living skills development. *Supervised Community Residences* provide on-site housing staff, supplies and services for persons who require 24-hour assistance and supervision. The home environment permits individuals to learn skills necessary to live as independently as possible. *Individualized Residential Alternatives (IRAs)* are certified homes which may house one to fourteen individuals. They provide room, board, support services and individualized protective oversight. In January 2009, there were 120 supervised units, funded with \$6.2 million, and 5,108 IRAs, funded with In \$669.1 million, available in the City.

#### Intermediate Care Facilities (ICF)

Intermediate Care Facilities (ICFs) are residential treatment options designed for individuals with specific medical and/or behavioral needs. ICFs provide 24-hour on-site assistance and training, intensive clinical and direct-care services, supervised activities and a variety of therapies. ICFs are designed for individuals whose disabilities severely limit their ability to live independently. In January 2009, there were 2,199 ICFs in the City with 340.8 million available in the New York City region.

### 3. Housing for Chemically Dependent Individuals

The State Office of Alcohol and Substance Abuse (OASAS) funds a variety of residential services to assist chemically dependent individuals in New York City who are not in need of acute hospital or psychiatric care or chemical dependence inpatient services but are unable to maintain abstinence or participate in treatment without the structure of a 24-hour/day, 7 day/week residential setting. All of these residential programs are intended to

serve persons in the non-acute disease stage who have been detoxified and are now intent on remaining sober and rebuilding their lives and improving social and coping skills without relying on chemical substances.

Three levels of residential services are offered: community residential services; supportive living services; and intensive residential services. Lengths of stay range from an average of four months in a community residential service to up to two years in the other residential categories. In 2009 in New York City, there are 735 community residence beds, 14 supportive living beds, and 4,502 intensive residential beds. In addition, there are some additional intensive residential beds that are located outside of the City but that serve New York City residents.

All service levels provide individual and peer group counseling, supportive services, educational services, structured activities and recreation as well as orientation to community-based services. Rehabilitative procedures can be provided directly or through referral and are based on individualized assessments and treatment plans designed to develop coping skills and self-sufficiency necessary to maintain abstinent lifestyles.

At least nine City agencies provide or fund prevention and treatment services to New Yorkers suffering from the effects of chemical dependency: DOHMH; HHC; HRA; DHS; NYCHA; DOC; DJJ; Probation; and the Department of Youth and Community Development.

In 2008, 11.6% of New York City residents over 12 years of age were estimated to have a chemical dependence problem. 32.6% of those who have a problem will seek treatment from the OASAS chemical dependency treatment system

In 2008, there were 11,077 admissions to OASAS-certified Residential Treatment programs by New York City residents. Of those admitted to residential treatment in 2008, 1.73% were under the age of 18, 14.62% were between the ages of 18 and 25, 79.9% were between the ages of 25 and 56, and 3.6% were over 56 years of age.

#### Intensive Residential Services

Intensive Residential Services assist clients who are in recovery but unable to comply with treatment outside a 24-hour setting as evidenced by recent unsuccessful attempts at abstinence, unsuccessful outpatient treatment or clients who need ongoing management of medical and/or psychiatric problems. A minimum of 40 hours per week of services is provided within a therapeutic milieu. Services may include vocational assessments and training or parenting and social skills development.

#### Community Residential Services

Community Residential Services provide structured therapeutic environments for residents who are concurrently enrolled in outpatient chemical dependency programs which provide addiction counseling. Services may be provided directly or by referral and include vocational assessment, job readiness training, parenting, social and community living skills. Individuals appropriate for this level of care include individuals who are homeless or who otherwise would have living environments not conducive to recovery and abstinence.

#### Supportive Living Services

Supportive Living Services provide a minimum level of professional support to individuals who do not require 24-hour on-site supervision by clinical staff but require an alcohol and drug free environment with peer support of fellow residents to maintain abstinence. A weekly clinical staff member contact is provided as residents readapt to independent living.

OASAS also funds Crisis Services that include Inpatient/Residential *Medically Supervised Withdrawal Services* to manage the treatment of clients who are intoxicated by alcohol and/or substances, suffering from mild withdrawal complications, or who are in danger of relapse. These services are often provided early in a person's course of recovery and are relatively short in duration, typically in the three to five day range. They do not require physician direction but should provide a safe environment for complete withdrawal and then referral to

the next level of care. Services include assessment, monitoring of symptoms and vital signs, individual and group counseling, level of care determination and referral to other appropriate services.

Please refer to Part IV, Other Actions, Section C, New York City Housing Authority, Continuum of Care for Public Housing Residents with Special Needs, for a description of the Authority's Drug Outreach and Referral Program.

**b. Needs of Persons with AIDS and HIV Related Diseases**

The New York City Eligible Metropolitan Statistical Area (NYC EMSA) has a population of more than 9.7 million residents, of which 86.1% reside in the five boroughs of New York City (Bronx, Brooklyn, Manhattan, Queens, and Staten Island) and 13.9% in the Lower Hudson Valley region (Putnam, Rockland, and Westchester Counties). The New York City portion of the EMSA is densely populated, whereas the Lower Hudson Valley has a combination of both urban and suburban areas. In addition to having one of the nation's highest costs of living, New York City maintains notable rates of poverty. Specifically, 17.8% of the City's population was living at or below the national poverty level in 2007, with the Bronx (27.1%) and Brooklyn (21.9%) reporting the highest poverty rates.<sup>1</sup>

New York City remains the HIV epicenter of the United States (US). In 2007, New York City comprised 3.2% of the United States population, but accounted for 9.3% of new AIDS diagnoses, 10.9% of new HIV diagnoses, 14.3% of AIDS deaths in the nation and 18.6% of people living with HIV/AIDS. More recently, the New York City Department of Health and Mental Hygiene (DOHMH) reports that as of June 30, 2008, there were 104,234 New Yorkers living with HIV/AIDS.<sup>2</sup> In the first half of 2008, 1,407 New Yorkers were newly diagnosed with HIV (non-AIDS) and an additional 1,603 were newly diagnosed with AIDS. Within the NYC EMSA, more than 108,000 people were living with diagnosed HIV/AIDS at the end of 2007.<sup>3</sup> Further, in 2007 the NYC EMSA had among the highest rates of newly diagnosed AIDS cases among major metropolitan areas – nearly three times the national average.<sup>4</sup> The NYC EMSA has more newly diagnosed AIDS cases than the cities of Washington DC, Los Angeles and Atlanta (the cities with the next three highest number of diagnosed) combined.

Similar to many large urban areas, the NYC EMSA struggles with common complexities of this disease. Some of the highest death rates among persons with HIV/AIDS are in the lowest-income communities in NYC: South Bronx, Central Brooklyn, and Harlem.<sup>5</sup> In addition to HIV/AIDS, which is the third leading cause of premature death in NYC among those that are less than 65 years in age,<sup>6</sup> substantial disparities in a broad variety of health measures continue to exist among NYC neighborhoods and racial/ethnic groups. Traditionally marginalized populations face high percentages of co-morbidities, such as tuberculosis, Hepatitis B, and Hepatitis C, and where HIV prevalence is high, other factors such as alcohol and other substance abuse, and mental illness facilitate participation in risk practices associated with HIV transmission. The magnitude and complexity of the EMSA's epidemic results in significant challenges in providing essential medical, housing, and supportive services to Persons Living With HIV/AIDS (PLWH).

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<sup>1</sup> U.S. Census Bureau, Small Area Estimates Branch, USDA Economic Research Service, 2008

<sup>2</sup> HIV Epidemiology and Field Services Program, New York City Department of Health and Mental Hygiene. HIV Epidemiology and Field Services Semiannual Report. April 2009.

<sup>3</sup> Bureau of HIV/AIDS Epidemiology, New York State Department of Health. New York State HIV/AIDS Surveillance Annual Report. May 2009. [http://www.health.state.ny.us/diseases/aids/statistics/annual/2007/2007-12\\_annual\\_surveillance\\_report.pdf](http://www.health.state.ny.us/diseases/aids/statistics/annual/2007/2007-12_annual_surveillance_report.pdf)

<sup>4</sup> CDC HIV/AIDS Surveillance Report, 2007, Table 17.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>

<sup>5</sup> HIV Epidemiology and Field Services Program, New York City Department of Health and Mental Hygiene. HIV Epidemiology and Field Services Semiannual Report. October 2008.

<sup>6</sup> Bureau of Vital Statistics, New York City Department of Health and Mental Hygiene. Summary of Vital Statistics 2007: The City of New York. December 2008.

As the number of PLWH increases, the populations most affected by the disease continue to change. From the epidemic's beginning through 1988, white men who have sex with men (MSM) accounted for the largest group of AIDS diagnoses. In 1988, injection drug use (IDU) became the primary transmission category associated with AIDS diagnoses. At that time, Black and Hispanics accounted for 83% and females 30% of persons newly diagnosed with AIDS in the IDU transmission category. AIDS diagnoses began to decrease among IDUs in the mid-1990s, and in 2002 MSM again became the primary transmission category for new AIDS diagnoses. In the first half of 2008, 6.7% (n=94) of HIV (non-AIDS) diagnoses were associated with IDUs, 42.4% (n=597) with MSM populations, and 22.7% (n=319) with heterosexual populations. Transmission risk was unknown for 28.1% (n=396) of HIV (non-AIDS) diagnoses.

In addition to being the primary transmission category, the NYC MSM population has begun to display startling trends in incidence by age and by race/ethnicity. Young MSM (<30 years of age), particularly among those of color, have seen an increasing number and proportion of new diagnoses of HIV. In 2001, 32% of new HIV (non-AIDS) diagnoses in MSM were among those younger than 30 years of age. By 2008, the proportion rose to 48%. White, Hispanic, and Black MSM under 30 years in age all experienced growing numbers and proportions of newly diagnosed cases of HIV (non-AIDS), but young Black MSM, who represent 23.8% of all newly diagnosed cases of HIV (non-AIDS) in NYC in 2008, have been particularly affected. In 2008, over half of the 458 newly diagnosed Black MSM were younger than 30 years, while proportions for Hispanics and Whites were 47% and 29%, respectively.

Populations become more susceptible to acquiring HIV infection as the HIV prevalence increases. However, it is important to note that HIV prevalence in NYC is neither evenly distributed throughout the 5 boroughs, nor among sub-populations. Unfortunately the lowest-income communities of NYC also have the highest proportion of minority racial/ethnic groups, and the most concentrated HIV/AIDS prevalence areas. Therefore, it is just as important to account for race/ethnicity as a transmission risk factor in these disproportionately affected areas. Through the first half of 2008, Blacks and Hispanics together represented 77.2% of all persons living with HIV/AIDS in NYC. Meanwhile, the proportion of newly diagnosed AIDS cases in NYC among Whites decreased from 48.8% in 1981 to 14.5% in the first half of 2008. Blacks comprised more than half of persons newly diagnosed with HIV or AIDS in the first half of 2008 (51.2%). Viable prevention, treatment, and care approaches that intervene at multiple levels for these populations should continue to be a priority.

The high prevalence of HIV/AIDS in the NYC EMSA among people who are homeless or unstably housed significantly increases the cost and complexity of NYC's HIV/AIDS care system. Without safe, appropriate shelter, persons with AIDS are unable to adhere to complex antiretroviral drug regimens and also are exposed to conditions that threaten their health and well-being.

Findings from the New York City Department of Housing Preservation and Development's *2008 New York City Housing and Vacancy Survey (HVS)* showed that the citywide rental vacancy rate was only 2.91%. Vacant units available for low rents continue to be extremely scarce. The rental vacancy rate in 2008 for units with asking rents between \$500 and \$799 was just 1.50%; for units with asking rents of \$800 - \$999 it was 2.15%; data was not available for the lowest cost units with asking rents of less than \$500 because of too few units to report. The vacancy rate for rent-stabilized units was 2.15% in 2008, as compared to 2.68% in 2005. The availability of so few affordable apartments makes it extremely difficult for low-income persons living with HIV/AIDS to find appropriate, affordable housing, and poses challenges for organizations that may wish to employ a scattered site housing model to provide housing for PLWH.

In City Fiscal Year 2009, the Department of Homeless Services (DHS) served 10,807 single adults, 7,712 families with children and 867 adult families accessing DHS shelter services for the first time. DHS refers individuals who self-identify as HIV-positive or living with AIDS to the HIV/AIDS Services Administration for medically appropriate emergency housing placement. However, due to confidentiality concerns and laws, DHS cannot track HIV/AIDS within the shelter system.

In December 2005, DOHMH and DHS published a report on the health of sheltered homeless persons in New York City during the time period 2001–2003. The report found that of the 88,014 New Yorkers who were known to be living with HIV/AIDS from 2001 through 2003, 3,108 of those persons used the homeless shelter system for at least one night during the study period. In addition, the report found that the prevalence of HIV/AIDS among users of the single adult shelter system was more than twice as high as the prevalence in the NYC adult population.

The City's population density, its aging housing and transportation infrastructures, its attraction for new immigrants and its diverse low-income communities have combined to make the HIV/AIDS epidemic here especially entrenched and complex. As the demographics of people with AIDS have changed, low income communities of color have experienced both increasing numbers of AIDS cases and a growing need for extensive social services and housing.

The Mayor of the City of New York, the official grantee of the NYC EMSA HOPWA grant, has designated the NYC Department of Health and Mental Hygiene's (DOHMH) as grantee of the HOPWA Program. The Bureau of HIV/AIDS Prevention & Control (BHAPC) within DOHMH serves as the grantee, giving them responsibility for the planning and coordination of the HOPWA grant. HOPWA-funded programs are implemented by the New York City Human Resources Administration - HIV/AIDS Services Administration (HASA), and the New York City Department of Health and Mental Hygiene through the Division of Mental Hygiene (DMH) and BHAPC.

As the designated grantee for the HOPWA formula grant, BHAPC serves as the coordinator and administrator for the HOPWA program for the entire New York City Eligible Metropolitan Statistical Area (EMSA). The EMSA is comprised of the five boroughs of the City of New York together with Westchester, Putnam, and Rockland Counties in the Lower Hudson Valley. BHAPC works with these three counties and the eligible localities therein to plan and evaluate their use of HOPWA funds and to ensure the consistency of their efforts with those of the rest of the EMSA. In turn, Westchester County acts as the administrator for HOPWA funds received by the cities of Mount Vernon and Yonkers.

BHAPC convenes regular meetings with HOPWA-funded City agencies to ensure effective collaborative planning and execution of the HOPWA grant. BHAPC also receives detailed reports from City agencies utilizing HOPWA funds on their use of these funds during the previous year and their plans for proposed HOPWA programming in the upcoming year. These meetings focus on setting specific priorities and recommended spending levels based upon anticipated HOPWA and City Tax Levy revenues. The role of BHAPC as the designated grantee includes negotiation and oversight of the planning, implementation, and monitoring of the use of HOPWA funds for (1) capital development of HIV/AIDS housing projects through HPD, (2) delivery of housing and related supportive services through HASA, (3) delivery of housing and related supportive services within DOHMH.

#### Overview of the Current HIV/AIDS Housing Portfolio

Enhanced rental assistance, the expansion of existing programs, and the addition of new permanent and transitional units for adults and families are the foundation of the City's continuum of housing and supportive services for persons living with HIV/AIDS. The numerous supportive services that the City provides help to maintain individuals and families in housing and enhance their quality of life in both new and existing settings. The City seeks to relocate persons with AIDS who are inappropriately housed, such as doubled-up families and individuals, those with inadequate bath or kitchen facilities, or those in situations of inaccessibility. Whenever possible, the City places individuals and families in appropriate-sized apartments or efficiencies with private baths. Several facilities with multiple units have congregate meals prepared, or have specialized staff to provide nutritional counseling for residents who prepare their meals individually.

Given the current state of knowledge about HIV/AIDS, the linkage to primary health care for each individual throughout his or her life is the organizing principle for the housing continuum of care. This includes access to antiretroviral medications and other related HIV/AIDS medications, substance abuse treatment services, mental

health services, case management, and home care. Funding for the City's program is provided primarily by City Tax Levy and matching State and Federal Medicaid funds. Additional Federal dollars accessed through HOPWA, the Centers for Disease Control and Prevention, and Part A of the Ryan White HIV/AIDS Treatment Modernization Act (HATMA) expand the considerable efforts the City has committed to meet the needs of this population. Access to a continuum of services is facilitated, in cooperation with HASA, by a network of community-based organizations.

The New York City government agencies that receive HOPWA funding provide or subsidize units under the following housing models:

- Rental subsidies (cash subsidies through Public Assistance for independent, private sector, non-supportive housing);
- Emergency commercial single room occupancy hotels (SROs) and family apartments;
- Permanent scattered site housing with supportive services;
- Transitional congregate housing with supportive services;
- Permanent congregate housing with supportive services;
- Public housing (NYCHA project apartments).

HASA provides a substantial portfolio of independent and supportive housing for its clients. As of July 2009, HASA's total caseload was 30,850, of which three-quarters were in receipt of some type of housing service.

As of June 2009, HASA provides Rental Assistance to 24,993 individuals and families living in independent housing in apartments; 910 units across 18 facilities of contracted transitional supportive housing; 1,854 units across 49 facilities of permanent supportive congregate housing; and 2,303 units of scattered-site supportive housing operated by 38 community-based organizations.

Housing Preservation and Development's (HPD) mission is to preserve, maintain and improve the City's existing supply of affordable housing, as well as to produce new housing units for low-income persons, including PLWH. HPD is responsible for developing and arranging capital funding—through its Supportive Housing Loan Program—for the acquisition and renovation of buildings that will be owned and operated by nonprofit, community-based organizations that specialize in providing housing and supportive services to persons living with HIV/AIDS and other special needs populations. Development funds for these units are provided with a combination of HOPWA, Federal HOME funding, and City capital investment. In this manner, HPD has developed 1,827 units for individuals and families with HIV/AIDS through July 2009, with another 135 units in the construction phase.

Community-based organizations also provide supportive housing, rental assistance, and support services through programs that directly contract with DOHMH. The services funded by DOHMH supplement and enhance the programs funded by other City agencies, as well as stand-alone programs.

The City utilizes several service models, strategies, and options to address the housing needs of people with AIDS and HIV-related illnesses.

#### Human Resources Administration – HIV/AIDS Services Administration (HASA)

##### Case Management and Support Services

HASA case management and support units provide the foundation for the City's network of services for persons with HIV/AIDS. Due to the increased need for HIV/AIDS housing in New York City, HASA continues to shift HOPWA funding committed to case management services to subsidize supportive housing units. HASA is chartered to offer a full range of social services to individuals and families with HIV/AIDS, as well as to other family members who are not infected. Case management teams respond to the complex support needs of HIV/AIDS clients and their families. The HASA case manager facilitates client access to -- and maintenance of -- emergency, transitional, and permanent supportive housing, as well as rental assistance and enhanced rental

assistance. HASA case management units ensure that clients are placed in appropriate housing and that they receive the supports necessary to maintain their housing. In addition to housing issues, HASA clients and their families often present a multiplicity of needs that the case management unit works to address. After completing comprehensive assessments, case management and eligibility staff develop service plans for all clients to determine the benefits and services needs of the clients, which might include cash assistance; nutrition and transportation grants; and housing related benefits such as rental assistance, rent arrears payments, establish of home grants, moving costs, or security deposits. Case managers facilitate client access to Medicaid, home care, homemaker services, Food Stamps, federal disability benefits and community based mental health and substance abuse programs. In Grant Year 2010, HASA anticipates serving a caseload of over 30,000 cases including nearly 5,000 family cases.

#### Rental Assistance

HASA clients who are capable of maintaining an independent apartment may be eligible for rental assistance. Individuals and families may be eligible to receive enhanced rent supplementation based on family size – above the standard cash assistance amount for rent subsidy for Safety Net/TANF cases – provided through Public Assistance. Costs are funded primarily by the City and State, with a federal contribution for TANF-eligible cases. Upon submission of documentation of a landlord's intent to lease, individuals may obtain an advance for payment of a first month's rent, security deposit and broker's fee. As of June 2009, HASA provides long-term rental assistance to 24,993 individuals and families living in independent housing in apartments. In addition to ongoing rent, HASA also provides for rent increases, home furnishings and sundries, client rent arrears, and moving and storage fee expenses.

#### Emergency Placement in Commercial SRO Hotels

Newly admitted HASA clients who are homeless require direct emergency housing placement services. Such a demand, when matched with housing development time frames and availability of transitional and permanent supportive housing and independent housing within the private sector, can necessitate the utilization of single room occupancy hotels on an emergency basis. To accelerate placement out of commercial SROs, the City has developed a Housing Placement Unit within HASA to provide intensive housing assistance and case management services to individuals residing in commercial SRO hotels and transitional housing facilities in order to assist them with finding permanent housing.

#### Transitional Supportive Housing

Transitional supported residences provide on-site case management, group work, assistance with Activities for Daily Living, mental health and substance abuse counseling, and assistance with securing financial benefits and services, all with a focus on preparing the client to maintain successfully a permanent household. Staffing includes a Housing Specialist who assists the resident in obtaining permanent housing. Placements in transitional housing facilities typically last between 30 and 180 days.

#### Permanent Public Housing

The City also provides apartments through the New York City Housing Authority (NYCHA) and the Department of Housing Preservation and Development. The adults and families living in these apartments continue to receive case management services, rental assistance, transportation and nutrition allowances, and linkages to appropriate care. Public Assistance provides rent supplements to clients for this housing.

#### Scattered-Site Supportive Housing

Community-based organizations (CBOs) are contracted to locate, lease, and maintain apartments in the private sector and to provide supportive services. Both single adults and families are referred to the CBOs by the HASA Housing Unit and the CBOs work to place them in contracted scattered site apartments. The CBOs provide a continuum of services to enable clients to move to greater levels of self-sufficiency, including intensive case management, mental health and substance abuse services, advocacy and referral linkages to medical and other services. Scattered Site housing is supported with a combination of Federal, City, and State funding.

### Permanent Supportive Congregate Care Facilities

HASA contracts out to community-based organizations to provide supportive housing in renovated or newly constructed supportive facilities which contain efficiency apartments or multiple bedroom apartments. Case management and on site supportive services are also provided primarily through facility operating contracts with community-based organizations. The facilities may either be exclusively for a population living with HIV/AIDS or may be “mixed” facilities that also provide housing to other populations, specifically the elderly, the mentally ill, and/or low income individuals. Operating costs are supported with a combination of City and State funds through the above-noted operating contracts, rental assistance, and, in a few cases, with other grants leveraged by providers. Department of Health and Mental Hygiene (DOHMH)

### Targeted Housing Programs

BHAPC contracts with community-based organizations to provide targeted housing services that serve a number of special need populations living with HIV/AIDS. These targeted programs include: women with mental illness, women with children, seniors age 55 and over, difficult to serve individuals; dually diagnosed individuals and families in need of harm reduction services; street-youth (including LGBT youth) who are HIV-positive or at risk for HIV infection due to prior histories of prostitution or substance abuse; and parolees/releases living with HIV/AIDS.

### Housing Placement Assistance

Funding is available to community-based organizations, through HOPWA and Part A of the Ryan White HIV/AIDS Treatment Modernization Act, to provide assistance to persons living with HIV infection. Services include locating and securing apartments and obtaining rental assistance entitlements.

### Rental Assistance

DOHMH utilizes a combination of Ryan White Part A and HOPWA funds to provide short-term and long-term rental assistance to individuals and families living with HIV/AIDS who have difficulties in accessing and maintaining permanent housing. A limited amount of HOPWA funding is also used to provide rental-start up to a number of qualifying individuals and families, and assists such clients in securing and maintaining housing.

## **c. Victims of Domestic Violence**

### **1. Housing Needs**

Victims of domestic violence represent a potential group of individuals and families, who could, in order to escape the violence, access the City’s shelter system at any time. While a complete statistical count of domestic violence victims is difficult, New York City has collected data through various sources regarding reported instances of domestic violence. Information collection is an important tool for designing preventive efforts and providing immediate preventive services.

A major source of data is the City’s Domestic Violence Hotline, established in 1994. In CY2008, the Hotline received 134,903 calls, including 9,238 unduplicated requests for shelter. The daily average of unduplicated shelter requests was 25.5. According to the data collected on a small percentage of the total calls, the majority of victim callers were female (97%), and 3% were male. Forty-six percent of victims were between ages 25 and 39; 35% of victims were between ages 18 and 24; 13% were between ages 40 and 49; 3% were between 50 and 59; less than 1% were under the age of 18; and 1% was age 60 and over. Victims’ calls came from all five City boroughs: 32% were from Brooklyn, 29.5% from the Bronx, 14% from Manhattan, 15% from Queens, 3% from Staten Island, 2% from other parts of New York State and 3% from outside New York State. The data also indicates that 63% of the callers to the hotline identified their race as non-Hispanic, while 37% identified as Hispanic. Of those victims that identified their race as non-Hispanic, 87% identified themselves as Black/African American; 8% identified as White, 2% identified as Asian/South Asian, while 2% identified as Other.



Income data collected indicated that 91.6% of victims requesting shelter reported their income as low, while 8% reported moderate income. Less than 0.5% of those in need of shelter reported an income greater than moderate.

Additional indicators of the prevalence of domestic violence are the number of domestic violence cases responded to by the police, the number of arrests made and the number of domestic violence cases in the courts. The New York City Police Department (NYPD) requires the filing of Domestic Incident Reports (DIR) in every instance in which an officer responds to a potential domestic violence situation. DIRs are required for every radio run involving a family-related problem, even when no crime has occurred. DIRs are also generated through phone and walk-in complaints to the local precincts. During CY 2008, the NYPD made 34,266 family-related arrests, of which 5,001 arrests were for violations of Orders of Protection.

Another critical point of entry for victims of abuse is the health care system. The New York City Department of Health and Mental Hygiene (DOHMH) issued a report in 2008, *Intimate Partner Violence Against Women in New York City*, which found that (1) from 2003 to 2005, nearly half of fatal violence against women (44%) was confirmed to be the result of intimate partner violence; (2) Black and Hispanic women were more than twice as likely as women of other racial/ethnic groups to be killed or injured by an intimate partner; and (3) women living in neighborhoods with very low median household income had at least twice the intimate partner violence related death, hospitalization and emergency department visit rates compared to women living in higher income neighborhoods. Additionally, an additional finding of the report, based on anonymous surveys conducted in 2004 and 2005, was that an estimated 69,000 New York City women ages 18 years and older (2.2% of all adult women) reported fearing an intimate partner. Based on one of the recommendations in the report calling for all health care providers to routinely screen for intimate partner violence, In February 2009, the Department of Health and Mental Hygiene launched an 11-week program on intimate partner violence which targeted primary medical providers. During this campaign, staff conducted over 2,000 one-on-one interactions with health care providers and their staff in nearly 200 practices. Through these interactions, health care providers and staff enhanced their understanding of their position as a trusted resource. An Intimate Partner Violence Action Tool Kit provided strategies to facilitate communicating with patients around intimate partner violence, including ways of applying clinical tools, provider resources and patient educational materials into the medical provider's practice. Kit materials are available at: <http://www.nyc.gov/html/doh/html/csi/csi-ipv.shtml>.

Domestic Violence victims often need to leave their homes to escape from the violence. Despite the availability of transitional shelters for domestic violence victims, insufficient financial resources make it difficult for victims and their families to secure affordable housing.

## **2. Inventory of Housing for Victims of Domestic Violence**

### **Office to Combat Domestic Violence**

#### **1. Citywide Coordination of Services**

In November 2001, New York City residents voted to amend the City Charter to establish a permanent office that would comprehensively address issues of domestic violence. Mayor Michael R. Bloomberg appointed Yolanda B. Jimenez as the first commissioner to head the new office, which is one of only a few municipal government offices in the United States focused solely on the issue of domestic violence.

The Mayor's Office to Combat Domestic Violence ("OCDV") formulates policies and programs, monitors the citywide delivery of domestic violence services, and works with diverse communities to increase awareness of domestic violence. OCDV works closely with community leaders, healthcare providers, City agencies, and representatives from the criminal justice system to hold batterers accountable and to create solutions that are critical to preventing domestic violence in New York City.

A description of domestic violence initiatives by OCDV and the City agencies it oversees are listed below.

#### Domestic Violence Fatality Review Committee

- The Domestic Violence Fatality Review Committee (“FRC”) was established through Local Law 61 of 2005 which was passed by the City Council in May 2005. The law requires the FRC to examine data and information related to domestic violence fatalities that occur in the City and to develop recommendations regarding the coordination and improvement of services for victims of domestic violence provided by City agencies and private organizations that provide services pursuant to a contract with the City. In its third annual report, the FRC reviewed aggregate data regarding family-related homicides that occurred between 2002 and 2007. This review revealed that certain geographic locations across the City, specifically areas of poverty, high unemployment, and low educational attainment, suffer from more frequent family-related homicides. Based upon this finding, the FRC developed a plan for a community needs assessment in Community Districts 4, 5, 6, 7 and 9 in the Bronx. During the fall of 2009, the FRC began the assessment that includes the following activities: (1) informational meetings with identified community stakeholders; (2) small group meetings with key stakeholders, contract organizations and community based organizations; (3) small group meetings with contract organization representatives who are assigned to the target area; (4) small group meetings with survivors of family-related violence who reside in the target community; and (5) a survey of the general public. Information collection will advance understanding of the level of community knowledge about family-related violence and the resources available within the community, and propose solutions for connecting those in need to available resources. The community assessment is scheduled to be completed during the first half of 2010.

#### New York City Family Justice Center Initiative

An initiative of the Mayor’s Office to Combat Domestic Violence is the New York City Family Justice Center Initiative, in partnership with the District Attorney’s Offices. Currently, there is a Family Justice Center in Brooklyn and Queens with a third Center under development in the Bronx. At the Centers, clients may walk in and choose which services they want, including counseling, advocacy, meeting with a prosecutor, assistance with shelter and housing, and civil legal assistance – all in their native language while their children play safely in the next room. Representatives from City and State agencies, community organizations, including civil legal organizations, and universities provide support to the Centers. With both public and private funding, these innovative Centers help domestic violence victims break the cycle of violence by streamlining the process of receiving supportive services.

These partners provide a wide spectrum of services, including:

- Counseling for victims and children
- Safety planning
- Meeting with a prosecutor
- Civil legal information on immigration and Family Court matters
- Children’s room with organized activities
- Support groups
- Assistance in filing Police and Probation reports
- English as a Second Language classes
- Services for the elderly and/or disabled
- Language interpretation
- Voluntary spiritual support

During calendar year 2008, 6,064 adult domestic violence victims and their 1,271 children received assistance at the New York City Family Justice Center, Brooklyn (BKFJC). Since opening through the end of December 2008, 18,351 adult domestic violence victims and their 3,732 children received assistance at the BKFJC. Since opening in July 2005 and through June 30, 2009 the BKFJC has recorded 48,707 client visits to the Center (new and repeat visits). Since opening in July 2008, through the end of December 2008, 1,731 adult domestic violence victims and their 361 children received assistance at the New York City Family Justice Center, Queens (QFJC). Since opening and through June 30, 2009, the QFJC has recorded 8,194 client visits to the Center (new and repeat visits). The Centers are a public/private partnership through the Mayor's Fund to Advance New York City.

Since the Centers have opened, they have launched several new initiatives. In April 2008, the BKFJC launched the Early Victim Engagement (EVE) Project in collaboration with the Kings County District Attorney's Office, two nonprofit organizations and three government agencies. The EVE Project is funded by the U.S. Department of Justice, Office on Violence Against Women. The goal of the EVE Project is to have effective, early engagement with domestic violence victims whose abusive partners have had police contact in order to provide them with access to timely, reliable information about the criminal justice system in their native language and allow them to make informed decisions about their safety. In 2008, over 3,000 domestic violence victims were assisted, with an additional 2,721 assisted through the end of June 2009. The Self-Sufficiency Program assists victims in setting and achieving long-term goals to gain independence and financial stability. For example, English as a Second Language classes are now offered at the BKFJC and QFJC. The Elder Orders of Protection Project at the BKFJC enables elder victims of abuse to petition for Family Court Orders of Protection without leaving their homes. Social workers conduct home visits and complete paperwork; attorneys at the Brooklyn Center review the petitions; the papers are filed; and elders "appear" via telephone from their homes. Through a grant from the Joe Torre Safe at Home Foundation, the nonprofit FJC partner Sanctuary for Families began offering one-on-one and group counseling for children exposed to domestic violence and parenting resources at the BKFJC and QFJC.

#### Domestic Violence Prevention and High-Risk Youth

In 2005, OCDV established the NYC Healthy Relationship Training Academy in partnership with the Department of Youth and Community Development ("DYCD") and the Avon Foundation. The Academy offers educational workshops and training sessions for adolescents, parents, and organizational staff throughout New York City on the topics of dating violence and healthy relationships. The Academy consists of 16 Peer Educators, ages 18-25, who travel to venues such as GED programs, runaway homeless youth programs, after-school programs, faith communities, schools, and detention facilities to facilitate a 90-minute interactive workshop. Workshops cover information on defining domestic and dating violence, warnings signs, how to help a friend, components of a healthy relationship, and resources available to teens in NYC. The program works to reach especially vulnerable populations, including youth who are runaway homeless, lesbian/gay/bisexual/transgender, foreign-born, sexually exploited through prostitution, and pregnant/parenting. From 2005 through June 2009, 454 workshops have been conducted with 9,163 youth participants and 37 staff training sessions have been held with 848 participants. The Academy has held two community-specific outreach initiatives to reach teens in areas with high rates of family-related homicides. During the week of Valentine's Day in February 2008, the Academy held 18 workshops reaching 600 teens throughout Bronx Community Districts 4, 5 and 6. During the first two weeks of February 2009, 12 workshops reaching 600 teens throughout Brooklyn Community Districts 3, 16, and 17 were held. In addition, a staff training session was held at the New York City Family Justice Center, Brooklyn for staff hosting workshops as part of the outreach initiative. Workshops and training sessions provided by the Academy have proven to be highly successful based on data from pre-and post-workshop questionnaires.

## 2. Homelessness Prevention

Fleeing violence in the home can lead to homelessness for victims and their children. OCDV coordinates a wide range of programs and initiatives that aim to prevent domestic violence and provide safety and services to victims.

### Public Education

Public education is a critical component of OCDV's strategy to reduce domestic violence and prevent homelessness in New York City. Effective public education helps to reduce the number of people who become victims and refers those who are victims to appropriate services.

#### Public Awareness

In response to the growing need in New York City for information and resources on domestic violence prevention, OCDV designed and launched an OCDV website, [www.nyc.gov/domesticviolence](http://www.nyc.gov/domesticviolence). Serving as the only citywide clearinghouse for comprehensive domestic violence information, the website provides practical information and highlights special issues faced by a variety of victim populations such as teenagers, the disabled, elders, and same-sex couples. The website also features OCDV's City of New York Resource Directory of Domestic Violence Services, a publication listing over 240 domestic violence programs in New York City which are cross-referenced by language and borough.

#### OCDV and the Verizon Wireless HopeLine® Program

OCDV continues to collaborate with Verizon Wireless' HopeLine in urging all New York City residents to help survivors of domestic violence by donating their no-longer-used wireless devices.

#### October Domestic Violence Month

Since the fall of 2002, OCDV has collated information regarding domestic violence-related activities being hosted in the City each October in honor of domestic violence awareness month. These activities are organized into a useful resource calendar which is widely distributed and posted on the OCDV website.

Additionally, in October 2008, the Mayor sent materials to all City employees (over 338,000 individuals) with important information about domestic violence. The newsletter provided useful information about ways City employees can combat domestic violence, while offering supportive services to those experiencing abuse.

#### Domestic Violence Month Events

Since October is dedicated to the prevention of domestic violence, the Domestic Violence Coordinators at the New York City Health and Hospital Corporation's (HHC) 11 public hospitals and six diagnostic and treatment centers, held several community outreach events where domestic violence educational resources were distributed, questions/inquiries encouraged, and referrals made, when necessary. These events were well-attended by the community. In addition, on a regular basis, community health fairs are held by each facility where the Domestic Violence, Rape/Sexual assault and Child Protection Coordinators provide information pamphlets on prevention of domestic violence, rape/sexual assault and child protection along with other educational information to the community.

#### New York City Housing Authority (NYCHA)

NYCHA will hold its annual domestic violence conference on October 24, 2009 at the Drew-Hamilton Community Center in Manhattan. The theme of the conference is "Community Response to Domestic Violence" and NYCHA's Resident Leaders across the five boroughs will be invited to attend. The goals of the conference are 1) to raise Resident Leaders awareness of the issue of domestic violence; (2) help the Resident Leaders to identify domestic violence signs & situations; (3) provide education about

resources available in the community and; (4) promote and instill a sense of community responsibility to the issues surrounding domestic violence.

#### Human Resources Administration's Teen Relationship Abuse Prevention Program (RAPP)

This school-based program is one of the most comprehensive domestic violence prevention programs in New York City, and is critical to ending relationship abuse among young people. Through a comprehensive curriculum, students learn to recognize and change destructive patterns of behavior before they are transferred to adult relationships. The program is now serving 61 schools citywide.

Peer education is an important component of the RAPP program. One of the goals of the RAPP program is to promote active student involvement as peer partners, peer educators and mentors.

#### Training

Agency personnel and other service providers must be well-trained in order to effectively deliver programs and initiatives that have an impact on reducing domestic violence. This is especially true of frontline workers who directly assist victims and are regularly called upon to provide clear, accurate and often culturally appropriate information and assistance.

#### The Administration for Children's Services Domestic Violence Screening and Assessment Tools and Training

*Update to the following program was unavailable when the Proposed Consolidated Plan went to print*  
~~In the past three years, ACS has enhanced the domestic violence screening and assessment tools for child protective staff, developed and implemented updated domestic violence training programs for new and experienced staff (both child protective staff and attorneys), and continued to provide ongoing training and technical assistance to community based preventive service programs throughout the city. These efforts are crucial because a substantial overlap exists between domestic violence and child abuse and neglect, and many victims of domestic violence come into contact with child welfare service providers before they are ready to seek assistance from domestic violence service providers or the criminal justice system. The implementation of new domestic violence screening and assessment tools and related ongoing trainings has improved the ability of child protective specialists and preventive program staff to assess and respond to child safety issues while providing victims of domestic violence with necessary safety planning assistance and referrals to appropriate community resources. In keeping with these efforts, Children's Services issued a Domestic Violence Strategic Plan in May 2003 that outlines recent accomplishments and major activities planned for the coming years.~~

#### New York City Elder Abuse Network

The New York City Department for the Aging (DFTA) established the New York City Elder Abuse Network in 2006. The Network was formed by a nucleus of agencies who indicated a strong desire to expand and strengthen their activities in the area of elder abuse. The Network has a broad membership of over 50 agencies, including law enforcement personnel, district attorneys, city agencies, academic institutions, nonprofit providers of victim services as well as support services to the elderly, financial service providers, and other interested community professionals. The Network focus continues to be in the following two areas: 1) addressing financial exploitation of the elderly; and 2) coordinating providers serving elder abuse victims. DFTA provides ongoing administrative support to the Network.

#### Intimate Partner Violence Public Health Detailing Campaign

In February 2009, the Department of Health and Mental Hygiene launched an 11-week program on intimate partner violence which targeted primary medical providers. During this campaign, staff conducted over 2,000 one-on-one interactions with health care providers and their staff in nearly 200 practices. Through these interactions, health care providers and staff enhanced their understanding of their position as a trusted resource. An Intimate Partner Violence Action Tool Kit provided strategies to facilitate communicating with patients around intimate partner violence, including ways of applying

clinical tools, provider resources and patient educational materials into the medical provider's practice. Kit materials are available at: <http://www.nyc.gov/html/doh/html/csi/csi-ipv.shtml>.

#### Department of Homeless Services

During 2008, the Department of Homeless Services (DHS), Sanctuary for Families, a nonprofit domestic violence service provider, and the Mayor's Office to Combat Domestic Violence partnered to develop a domestic violence awareness and referral training program for employees of general homeless population shelters. The training covers the following topics: 1) prevalence of domestic violence in New York City; 2) power and control dynamics of domestic violence; 3) potential barriers to leaving a domestic violence situation; 4) intersection of mental health, physical disabilities, substance abuse and immigration issues which arise in domestic violence cases; 5) identification of potential signs of domestic violence; and 6) domestic violence resources in New York City. The training was piloted to DHS shelter staff in the Bronx focus areas and was expanded to include Community Districts in Brooklyn with high concentrations of family-related homicides. To date, more than 500 shelter staff have participated in the training program. During the fall of 2009 this program will be expanded to Queens.

#### Intervention and Outreach

A number of domestic violence programs and initiatives operated by City agencies and overseen by OCDV are designed to intervene in the lives of victims before they become homeless and involve outreach to victims and their families. Outreach and services are provided to victims through the Domestic Violence Hotline; Criminal Justice Services, Social Services, including health and human services; and Alternatives to Shelter.

#### Domestic Violence Hotline

The array of domestic violence services offered in the City can be accessed through the City's Domestic Violence Hotline. Created in 1994, this dedicated, 24-hour seven days a week, toll-free Domestic Violence Hotline was the first of its kind in the nation. The Hotline's personnel speak Spanish, French, Portuguese, Italian, Creole and Greek; they also use the Tele-Interpreters language line, which provides interpretation services in more than 150 languages and dialects. During the 2008 calendar year the Hotline answered 134,903 calls, averaging more than 11,000 calls each month.

#### NYC Teen Mindspace – Outreach to teens about multiple mental health issues, including dating violence

In the summer of 2009, the Health Department re-launched its online campaign to engage teenagers grappling with depression, drugs, and violence, and to encourage them to seek help. *NYC Teen Mindspace*, posted on MySpace, promotes health through Web-based social networking – a medium with great potential because of its popularity with young people. Mental health issues are common among teens. Nearly one-third of New York City high school students say they experience sadness that keeps them from daily activities (30%), and 8% report attempting suicide during the past year. In addition, some 11% say they experienced dating violence during the past year – up from 7% in 1999. Though many teens experience mental health issues, they are often reluctant to acknowledge them and seek help. The *Mindspace* page responds to these issues with interactive features that raise awareness and combat stigma by helping teens identify with peers and prompting them to seek help. *Mindspace* features fictional, composite personalities, such as “Kyle,” “Nicole,” and “Stephanie,” who chronicle their struggles through video posts. By sending a confidential message to a mental health counselor from LifeNet, a service offered by the Mental Health Association of New York City, teens can get help and referrals to treatment. To see the campaign, visit [www.myspace.com/nycteen\\_mindspace](http://www.myspace.com/nycteen_mindspace).

#### Criminal Justice Services

Fear for personal safety is a major reason that victims leave their homes, and OCDV has made the effective delivery of criminal justice services a critical element of its strategy to reduce domestic violence. Criminal

justice personnel respond to calls for help, make arrests, provide referrals and follow-up visits to victims and are responsible for incarcerating and monitoring batterers.

#### New York City Police Department (NYPD) Domestic Violence Unit

The NYPD Domestic Violence Unit coordinates the Department's overall domestic violence strategy, including the training of officers. There are over 380 Domestic Violence Prevention Officers, Domestic Violence Investigators and Domestic Violence Sergeants in the City's 76 police precincts and 9 Housing Police Service Areas. In 2009, the Domestic Violence Unit continues to train Domestic Violence Officers and Investigators, Training Sergeants, newly-promoted Detectives, Sergeants, Lieutenants, Captains, newly-assigned recruits, and members of the public and private organizations.

#### New York City Police Department Intervention Programs

The Department has many initiatives aimed at prevention, intervention, and outreach, including a Domestic Violence High Propensity List, which targets households with a demonstrated tendency toward domestic violence, and the Domestic Violence Contact and Home Visit Program, where Domestic Violence Prevention Officers visit residences where domestic violence incidents have been reported (commonly referred to as "home visits").

#### New York City Police Department Domestic Violence Police Program (DVPP)

The NYPD Domestic Violence Police Program (DVPP) unites case managers from Safe Horizon with police officers, who together provide social services and law enforcement interventions to families reporting domestic violence to the police. Clients are identified through police reports and the teams offer help through letters, calls and follow-up investigations in the home. DVPP takes place in seven Precincts, and seven Police Service Areas. Six precincts in the program are funded by the U.S. Department of Justice, Office on Violence Against Women and the New York City Housing Authority provides funding for the seven Public Service Areas. The 120<sup>th</sup> Precinct is funded by City tax levy money through the Criminal Justice Coordinator's Office.

Safe Horizon, a nonprofit social service agency provides case managers in all of the precincts and police service areas participating in the program.

#### Domestic Violence Intervention and Education Program (DVIEP)

The Domestic Violence Intervention and Education Program (DVIEP) combines experienced Safe Horizon counselors with uniformed police officers who jointly contact and counsel NYCHA families where there has been a police report of domestic violence. In January 2009, Safe Horizon's contract with NYCHA was transitioned to HRA and is now funded by the NYC City Council and they still continue to provide services to NYCHA residents. DVIEP is operational in seven Police Service Areas (Brooklyn - PSA 2 & PSA 3, Manhattan - PSA 5 and PSA 6, Bronx – PSA 7 & PSA 8, and Queens – PSA 9). NYCHA has made a request to HRA to add DVIEP services to the contract for PSA 1 in Brooklyn and PSA 4 in Manhattan, which were eliminated in 2007 due to funding shortfalls. HRA has indicated that they are in agreement and are working with Safe Horizon to implement the change to the DVIEP contract.

From January 1, 2009 to June 30, 2009, 2,355 new cases were received, 1,314 domestic violence arrests were made, and 86 police sensitivity training sessions and 46 community education seminars were conducted.

#### Social Services

The City provides a number of health and human services to meet the immediate needs of victims and help them avoid homelessness. OCDV is committed to having these services delivered in a coordinated manner, so victims avoid accessing multiple City agencies.

### The Administration for Children's Services Domestic Violence Policy and Planning Unit

*Update to the following program was unavailable when the Proposed Consolidated Plan went to print*  
The Domestic Violence Policy and Planning (DVPP) Unit works to inform ACS delivery of services and practice so that families and children who are involved in the child welfare system and are affected by domestic violence are identified and receive the services they need. DVPP supports capacity building and adherence to best practice, and achieves its goals through consultation, training, interagency collaboration and community outreach. The unit conducts strategic planning related to domestic violence and the child welfare system; directs policy development; formulates practice guidelines and protocols; and collaborates internally and externally on developing domestic violence policies, practices and recommendations. The unit is also responsible for the development and implementation of the agency's domestic violence training strategy, the delivery of these trainings, and supporting 12 domestic violence clinical consultation specialists, and their adequate support in the field on certain high risk cases. The unit also administers the Domestic Violence Emergency Fund, monies generously provided by New Yorkers for Children, which provides flexible, concrete assistance to support the safety planning efforts of domestic violence survivors and their children who are current clients of the Children's Services' Division of Child Protection, when all other resources have been exhausted.

ACS also oversees two initiatives administered through CONNECT (formerly the Urban Justice Center): the Family Violence Prevention Project (FVPP) and the Community Empowerment Project. Both of these programs provide on-going training and technical assistance to preventive and foster care agencies as well as community based programs throughout the city.

These efforts are crucial because a substantial overlap exists between domestic violence and child abuse and neglect, and many survivors of domestic violence come into contact with child welfare service providers before they are ready to seek assistance from domestic violence service providers or the criminal justice system. The implementation of domestic violence screening and assessment tools and related on-going training has improved the ability of child protective specialists and preventive program staff to assess and respond to child safety issues, while providing survivors of domestic violence with necessary safety planning assistance and referrals to appropriate community resources.

### The Administration for Children's Services Clinical Consultation Program

*Update to the following program was unavailable when the Proposed Consolidated Plan went to print*  
In 2002, ACS launched the Clinical Consultation Program, which placed 12 domestic violence consultants in the Children's Services child protective field offices throughout the city. The program has since grown to include 15 domestic violence consultants. These consultants work as part of a multidisciplinary team that also includes mental health and substance abuse specialists and a team coordinator. The domestic violence consultants, with other team members when needed, provide case specific consultation, office based training, and assistance with referrals for community based resources. Consultations are available to caseworkers, supervisors, and managers to help assess the client for the presence of domestic violence and plan appropriately. In addition, consultants may attend case conferences or have direct contact with clients to provide a more informed consultation and model intervention strategies. Specific office based trainings related to domestic violence and informed by best practices are developed depending on the training needs of a location. Lastly, the domestic violence consultants identify and develop connections to domestic violence related neighborhood based resources to facilitate referrals. During calendar year 2007, domestic violence experts conducted 7,115 consultations on domestic violence cases and conducted 189 office based training sessions. The consultations included instances when domestic violence was the single issue; and cross consults when there were overlapping issues of substance abuse and mental health. Similarly, the office based training activities included the singular topic of domestic violence, and other instances of cross-cutting topics that focused on domestic violence in combination with substance abuse and mental health. This is an aspect of how domestic violence consultation has evolved to increase awareness of the interconnection with other issues that impact children and family functioning.



### Project H.E.A.L. (Health Emergency Assistance Link)

Project H.E.A.L. is a comprehensive plan to improve the services provided to domestic violence victims at all 11 City public hospitals and is a partnership of OCDV and HHC. It enhances the ability of City hospitals to identify victims, document their injuries, and connect them with social and legal services. Currently, two hospitals, through Project H.E.A.L., partner with the nonprofit organization, Safe Horizon, to provide onsite counseling, advocacy, and referral to identified domestic violence victims/survivors. Additionally, InMotion Legal Services provides free legal services to patients experiencing domestic violence, including custody, family court issues, and immigration assistance. Approximately 100 patients per year participate in the program. If cases are not selected for direct legal representation, patients will be educated on their rights and options.

### Domestic Violence Coordinators and Programs

The New York City Health and Hospitals Corporation is continually challenged with providing 24-hour, 7-day-a-week violence prevention services. These services address not only health care, but also psychosocial and cultural needs, including coordination of social services with external agencies to ensure continuum of care and safety of victims. Services are continuously provided on prevention programs and treatment of domestic violence patients on all HHC facilities. In addition, the DV Coordinators collaborate with NYPD Domestic Violence Prevention Officers and the District Attorneys' Offices at their local police precincts to ensure continuity of care/services are provided to all victims.

In addition to Domestic Violence Coordinators, all acute care hospitals operated by HHC have instituted domestic violence programs that range from in service training for staff to prevention activities for patients as well as employees. Specifically, some of the domestic violence programs instituted at specific HHC hospitals are: (1) the creation of linkages between patient support groups and domestic violence services; (2) the provision of information and assistance to victims that need assistance locating housing; (3) the development of an easy referral system with the New York City Family Justice Centers in Brooklyn and Queens for clients that need medical attention; (4) the implementation of monthly domestic violence lectures for new employees; (5) the creation annual mandatory domestic violence training sessions for health care providers; (6) the creation a peer advocacy program and (7) the procurement of grants to enhance domestic violence services including group counseling, therapy and advocacy.

### Domestic Violence Surveillance System

The Domestic Violence Surveillance System program, developed collaboratively with the DOHMH, consists of a corporate-wide standardized surveillance form that tracks domestic violence cases. Since the inception of the program in the early 2000, the form is available electronically in all acute care facilities through the secure HHC intranet. The surveillance program requires Emergency Department and Ambulatory Care Clinic staff to screen females ages 16 and above for domestic violence.

### Clinician Guide for Identifying, Treating and Preventing Family Violence

HHC continues to utilize the "Clinician Guide for Identifying, Treating and Preventing Family Violence" that serves as a practical reference to clinical staff in the prevention, identification treatment and management of family violence in all settings.

### Human Resources Administration (HRA) Domestic Violence Liaison Unit

HRA created a Domestic Violence Liaison (DVL) Unit in 1998 as a result of the Federal Family Violence Option, part of welfare reform legislation. During 2009, the domestic violence liaisons granted a monthly average of 724 employment waivers to families affected by domestic violence.

### Human Resources Administration Project NOVA (No Violence Again)

HRA addresses the needs of domestic violence victims seeking emergency housing from the Department of Homeless Services. During 2009, approximately 9,141 cases were referred to NOVA for

assessment to determine eligibility for domestic violence services. Of these referrals, approximately 1,770 were determined to be eligible for services based on an assessment of the client's safety.

#### Human Resources Administration Non-residential Domestic Violence Programs

HRA contracts with community based organizations to provide non-residential domestic violence programs. These programs maintain hotlines, provide crisis intervention, counseling, referrals for supportive services, advocacy and community outreach in all five boroughs. During 2009, a monthly average of 3,263 clients were served through non-residential programs and 1,086 clients received legal services in addition to the core services.

#### New York City Housing Authority (NYCHA) HARTS (Housing Assistance for Relocation and Transitional Services) Program

The HARTS program assisted families moving into public housing from shelters, and individuals relocating into NYCHA housing with a domestic violence or intimidated witness priority. This program was phased out in November 2008 due to funding constraints.

#### NYCHA's Domestic Violence Aftercare Program

The program provides intensive home-based social services to victims of domestic violence who have been approved for an Emergency Transfer. Services include counseling, advocacy, and referrals for job training and GED classes. From January 1, 2009 through June 30, 2009, 209 new cases were opened and 182 face to face contacts with new and existing clients were conducted, including 62 home visits, and the successful transfer of 65 residents.

#### NYCHA's Furniture Distribution Program

The program secures donations of furniture, bedding and an assortment of household items from hotels and motels to assist relocated families who have lost their possessions due to a fire or other calamity. From January 1, 2009 through June 30, 2009 approximately 68 families were assisted through the program.

### 3. Alternatives to Shelter

#### Human Resources Administration Alternative to Shelter Program (ATS)

The program gives domestic violence victims and their children the option of remaining safely in their own homes through the provision of state-of-the-art security technology and a coordinated response. This approach emphasizes keeping the abusers out of victims' homes. In 2009, ATS served an average of 72 clients per month.

### 4. Housing and Supportive Housing

Domestic violence victims who are seeking emergency shelter are referred through the citywide domestic violence hotline to emergency shelter services.

#### Temporary Housing and Emergency Shelter

Domestic violence victims who are seeking emergency shelter are referred through the citywide domestic violence hotline to emergency shelter services.

The Office of Domestic Violence Services of the Human Resources Administration (HRA) administers 40 state licensed emergency domestic violence shelters, including one directly operated by HRA. Domestic violence victims are provided with a safe environment and a range of support services, including counseling, advocacy, and referral services. During 2007, the emergency shelter capacity increased to 2,084 beds. During 2007, 3,408 families entered the domestic violence shelter system. HRA administers seven transitional housing shelters (Tier II) shelters with a capacity of 253 units.

In City Fiscal Year 2008 (which began July 1, 2007), HRA allocated approximately \$66 million for the Office of Domestic Violence Services, which is a unit of the Office of Domestic Violence and Emergency Intervention Services. These funds come from three funding sources: approximately 22 percent is City Tax Levy, 22 percent comes from the State of New York and 54 percent are from Federal funds.

## New Permanent Housing

### New York City Housing Authority's (NYCHA) Emergency Transfer Program (ETP)

This program is available to NYCHA residents who are victims of domestic violence, intimidated victims, intimidated witnesses, or child sexual victims. The program provides a confidential transfer to another development. Between January 1, 2009 and June 30, 2009, 964 emergency transfer requests were received and 402 cases were approved for transfer.

### New York City Housing Authority (NYCHA) Witness Relocation Program

Through the Witness Relocation Program, District Attorneys, US Attorneys, or other appropriate law enforcement agencies refer intimidated witnesses who are applying for public housing or Section 8 assistance. From January 1, 2009 through June 30, 2009, 130 cases were received and reviewed by the unit, of which 100 were deemed to have met the Intimidated Witness criteria and were forwarded to NYCHA's Applications and Tenancy Administration Department for processing.

## **d. Elderly, Including Frail Elderly**

### **1. Housing Needs of the Elderly**

#### Population Characteristics

The elderly population of New York City, which accounts for approximately 40% of the elderly in New York State, is represented by an estimated 1.39 million individuals age 60 and older according to the most recent 2005-2007 American Community Survey by the U.S. Census Bureau. This is an increase from 1.28 million seniors in the City in 2000. About 16.7% of New York City's current population are seniors. By 2030, the City expects that this percentage will increase to 20% of the population, or about 1.84 million.

From 2000 to 2007, the number of young elderly (age 60 to 64), increased by 18.6% and those 80 and older increased by 22.2%. The 85 and older group will see a 25% increase from 2000 to 2030, after which baby boomers start to join this group. By 2050, the cumulative growth of this group will be nearly 200%, and will constitute four percent of the total population, compared with 1.5% in 2000. Disability is prevalent among the oldest elderly, which creates a growing need for long-term care services to help these seniors remain at home.

#### Minorities

The racial and ethnic profile of the elderly population in New York City has changed dramatically within the past couple of decades. In 2007, nearly 49% of New Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2007, the Black population increased by 19%, the Hispanic population by 34%, and the Asian population by 55%. There are also significant linguistic differences: 25% of New Yorkers' primary language is not English, and almost 50% speak another language at home. Racial, cultural, and linguistic differences – nearly 200 languages are spoken in New York City – coupled with the challenges of aging and disability can result in different help-seeking patterns. Many of the City's minority elders experience difficulty accessing basic services. Some are immigrants who do not have health coverage and may not qualify for Medicare, Medicaid, or other Federal assistance programs. Clear, concise, and reliable information and assistance about benefits, services, rights, and options in multiple languages is essential. Pursuant to Local Law 73, many of New York City's social service agencies provide translation services for consumers in their primary language and publish several documents in six languages other than English –

Arabic, Chinese, Haitian Creole, Korean, Russian, and Spanish. 3-1-1 as New York City's 24 hour information and services number, provides services to callers in more than 170 languages.

The median income varied significantly by race and ethnicity. In 2007, among older New Yorkers, the median household income of both Asian and Hispanic populations was \$17,500, 46% less than the white population; and for Blacks, it was \$22,500, 31% less than the white population, who earned a median household income of \$32,500. Large numbers of minority seniors live in poverty: 28% of Hispanic elderly, 26% of Asian elderly, and 19% of black elderly live in poverty compared to 14% of White elderly who live in poverty.

Because they are more likely to have lower incomes and less access to market-rate healthcare and social services, this dramatic rise has had a significant impact on the rise in demand for subsidized services. The percentage of minority elderly in the population is only expected to increase for decades to come, as the large waves of minorities who moved to the City in the 1960's are now reaching their 60's, along with the continuous influx of immigrants from Asian, Hispanic, and East European countries.

### Women

Between 2000 and 2006, the number of New York City women age 60 and over increased by 6.6%. As of 2007, women continued to outnumber men by nearly 3 to 2. This ratio increases to 7 to 3 among those 85 and older. By 2030, the sex ratio (number of females per 100 males) for New Yorkers is projected at 118 for those 55-64, 131 for those 65-74, 159 for those 75-84, and 213 for those 85 and older. Thus, women 85+ will outnumber men their age by more than 2 to 1, and this higher longevity results in more women living alone during their later years.

Women comprise 69% of the frail elderly population. Frailty can lead to functional impairments, which may require long-term care. Women are also more likely to have incomes below the poverty level, since women tend to receive lower Social Security payments, due, in part, to time spent out of the paid workforce, as well as a prevalence of lower paying salaries than their male counterparts during their years of employment.

### Living Alone

Social isolation is a complex concern for older adults, and living alone is not the only factor that may contribute to vulnerability. Multiple factors include elder density, which measures the number of persons 65 and older in an area, poverty, disability, and inadequate access to primary care. The 2000-2006 period witnessed an increase in the number of older persons in New York City living alone, a group that can be more vulnerable to social isolation. In 2007, 33% of persons age 65 and over were living alone. Among those age 85 and older, about one-half live alone. Those living alone had the highest poverty rate (31%) among all elderly households. Single persons are more likely to have lower household incomes and, therefore, pay a higher proportion of their income toward housing, making them more susceptible to economic hardship. New York City's median income for all elderly that live alone is \$14,050; this represents an income far below the HUD very low income threshold of \$26,900 a year.

Many who live alone do not have informal support networks; and are therefore, at risk of being socially isolated. When seniors become isolated from their community, they lose the much-needed social connection and outlets to healthcare and additional services which help them to cope with difficulties before a crisis situation may occur.

### Frail Elderly

A frail elderly person is defined as an individual that has reported a disability, mobility impairment, and/or self care limitation. The latest American Community Survey estimates that approximately 43.4% of the City's noninstitutionalized population over 65 years old report some sort of disability. The amount of frail elderly persons in our City continues to increase, and points directly to a growing need for support services in the communities where seniors live. Bringing support services into existing homes and/or housing communities for the frail elderly may prevent the elderly from having to seek alternative housing, such as in an adult home, assisted living situation, and/or a nursing home. The expenses associated with the elderly living outside their

homes, dovetailed with the exorbitant health care costs is enough to financially cripple our seniors. Yet, the need for programs that provide service delivery to a senior's underscores the demand of our aging population for special needs and in adapting services specific to their living environment. For example, minor home repair services provide funding assistance to seniors in needs of maintenance and/or upkeep of their homes when an individual is no longer physically and/or financially capable. The ability of a senior to age in place, by staying in one's home often proves to be the most beneficial and appropriate option. As our City's population of elderly incrementally continues to grow the demand for more supportive services to support our seniors will remain on the rise.

Yet, the existence of our City's supportive service programs does not mitigate the on-going need of some frail elderly who are no longer able to live in their existing homes for either safety and/or health reasons. In the case of these frail elderly individuals, a continuum of long-term, supportive housing is the required alternative that enables them to confidently age in place.

### Income

Finding safe, affordable housing in New York City is a chronic and complex problem for most New Yorkers and is not limited to our aging population. However, the elderly population are faced with even greater challenges in this difficult housing market, as most live on very low fixed incomes, and are not able to find affordable rental, and/or cope with the rising expenses associated with maintaining a house. Elderly are often displaced from their homes and in most cases their families must bear the burden of the costs associated with finding them a suitable living situation.

Elderly headed households pay a higher percentage of their income for housing than the rest of the City's population, with the only exception being that of a single parent headed household. In fact, elderly renters have lower household incomes than owners, and their income levels only continue to decrease with age. Seniors are faced with even greater risks associated with displacement than other populations, due to the income losses they experience at retirement, the death of a spouse, and/or the increase of medical expenses, which leaves many seniors in financial need. In 2007, the median household income for older New Yorkers was \$25,409, only slightly higher than the 2000 median of \$23,388, and continues to remain lower than the nation's median of \$31,185. Those living alone had the highest poverty rate (31%) among all elderly households.

Inadequate income continues to be a critical problem facing the elderly in New York City. Whereas the United States has experienced a decline in the elderly national poverty rate from 12.8% in 1990 to 9.5% in 2007, New York City's older adults have experienced a 12% increase in poverty. In 2007, nearly one-fifth of New Yorkers age 65 and older lived in poverty, compared to 9.9% nationwide, and about 18% of all elderly-headed households earned an annual income below \$10,000. The number of elderly women living below the poverty level grew from 112,078 in 2000 to 121,674 in 2006, an 8.6% increase. The Federal poverty guidelines for 2009 – \$10,830 for a single person and \$14,570 for a couple – are so low that many who are in financial need do not qualify for most public benefits.

Many elderly New Yorkers rely on existing rent regulated buildings. According to the 2005 Housing and Vacancy Survey, the median age for those in rent controlled apartments was 69 years. Nearly 70% of all rent controlled households and 17% of all rent stabilized households were 62 years or more. In Mitchell Lama units, 26.4% of the households were seniors 62 years and older while in Public Housing, that percentage was nearly 31%.

In addition to elderly living below the poverty level, there are a large number living in or near poverty. This group is vulnerable because their incomes may be slightly above the level to qualify for public assistance or government subsidized housing, but inadequate to meet their increasing housing, health and service needs. This creates a severe disadvantage for this population in opting for market rate housing or assisted/supportive living.

For many reasons, a large number of older New Yorkers have remained in their homes of many years. Some have remained by choice, in order to maintain social networks and access to familiar neighborhood resources,

and others have remained because more suitable options are not financially feasible. In many instances, where large concentrations of residents have “aged in place” over a period of time, Naturally Occurring Retirement Communities (NORCs) have evolved. This phenomenon is evident nationwide, and is growing rapidly in New York City. NORCs in New York City range from single-building, middle income cooperatives to large public housing complexes with multiple buildings of rental units for low-income tenants. Since NORCs were not designed for the elderly and are not usually managed with paramount attention to the needs of the aging, they often lack the support services, as well as the physical amenities, needed by a growing number of older residents.

## **2. Inventory of Housing for the Elderly and Frail Elderly**

### Housing Programs and Resources

Housing and housing-based services for the elderly consist of various types of programs and residential settings, funded through a variety of sources, which form a continuum of care and housing options. This continuum ranges from programs that help elderly to “age in place” in their own homes and communities, to apartments built or set aside for this population, in which the well elderly can live independently, to various levels of supportive/assisted living which provide up to the most intensive supervision and care possible without being a skilled nursing facility.

#### Programs that Assist with Aging-in Place

Rather than provide for the development of new housing for the elderly, these programs help seniors meet housing and utility costs, keep up with home repair, or bring needed services into the home, thereby playing a large part in helping seniors remain in their own homes and communities.

Senior Citizen Rent Increase Exemption Program (SCRIE) SCRIE provides elderly tenants with exemptions from future rent increases and provides landlords with a tax abatement which can be used to reduce property taxes. As of July 1, 2009, SCRIE income eligibility was raised from \$28,000 to \$29,000. At the end of FY2009, there were 44,775 elderly households receiving SCRIE benefits, and property tax abatements to landlords provided through this program totaled approximately \$101,862,635.00.

Senior Citizen Homeowner Exemption Program (SCHE) (Formerly the Sr. Citizen Real Property Tax Exemption Program), administered by the Department of Finance, provides owner of 1-,2-, and 3- family houses, condominiums, or cooperative apartments that are age 65 or older, and whose federal adjusted gross combined income is less than \$36,400 a year. Exemptions of 5% to 50% on New York City real property tax to low and moderate income homeowners 65 years of age or older.

Senior Citizens Homeowner Assistance Program provides deferred loans, forgivable loans, and low-interest loans for energy repairs to senior citizen owners of one- to four-family dwellings. The Federally-sponsored Home Energy Assistance Program (HEAP) and Weatherization Referral and Packaging (WRAP) assist many low-income elderly with heating and weatherization costs. In addition, CDBG, State and City funds are utilized for various home repair and modification programs that help seniors maintain or adapt their surroundings for maximum safety and mobility.

New York City Naturally Occurring Retirement Community Initiative The Department for the Aging administers City funding to coordinated housing-based supportive service programs for low and moderate-income elderly residing in Naturally Occurring Retirement Communities. These services include, but are not limited to, case assistance and case management, healthcare management and assistance, social services, educational and recreational programs, and transportation services. NORC supportive service programs are designed and administered as a partnership between social service and healthcare providers, housing owners and managers, and elderly residents.

This program brings together owners and managers of multi-family housing, as well as NORC residents to create an aging-friendly environment. The NORC community with a full supportive service program has many

of the benefits of senior housing, yet allows the individual to remain within the familiar, secure, and multi-generational atmosphere of his or her home and immediate community. Through this initiative, the Department funds 30 NORC Supportive Service Programs housing locations, serving over 8,000 elderly New Yorkers.

The Department for the Aging also funds a wide array of community-based and in-home services through contracts with local service providers. These services include congregate meals served in senior centers and home-delivered meals for those elderly who are unable to travel to the senior center; care management in which trained professionals assess the needs of an elderly individual, and make appropriate referrals for specific services; transportation programs that take seniors to and from appointments and activities; assistance with housekeeping, personal care and other activities of daily living when needed; crime prevention programs; legal assistance programs; health promotion activities; an extensive senior employment program, and many other needed services that enable elderly New Yorkers to live as independently as possible. The Department directly provides specialized assistance to elderly crime victims, including cases of elder abuse, and has Resource Centers for Grandparents Raising Grandchildren, for Caregivers of elderly with chronic needs, and for the families of elderly suffering from Alzheimer's disease and other forms of dementia.

### Independent Living

Throughout the five boroughs, developments have been built or set aside exclusively for the elderly who are relatively independent, but may be in need of affordable housing or some light services. Buildings in this category may be with or without supportive services, and include housing built with funds from a variety of Federal, State, and City sources, as well as private funding. Waiting lists often can be years long. Major sources of housing for the elderly include 190 Section 202 Supportive Housing for the Elderly, contributing approximately 17,680 units; NYC Housing Authority, with 57 Developments that include senior-only developments and senior-only buildings (and units) in mixed developments, contributing more than 10,000 units; 18 City and State supervised Mitchell Lama sites for seniors-only or with major set asides for the elderly, contributing 3,533 units.

### Community-Based and In-Home Services

The Department for the Aging offers community-based and in-home services to our senior population in an effort to enrich the quality of life of our aging community that both allows our seniors to age in place and to become more active participants in civic activities. FY 2009 actual numbers regarding community-based and in-home services are not available at this writing. However, for FY 2009, we estimated that approximately 11.74 million meals will have been provided through congregate meals served in Senior Centers and through home delivered meals. In addition, over 1,691,000 hours of personal care and housekeeping services will have been provided. According to FY2008 numbers, over 6,270 caregivers of frail elders or grandparent providing caregiving to their grandchildren were provided assistance or training through the Department's in-house Alzheimer's and Caregiver Resource Center and through the Grandparent Resource Center; and over 410,000 hours of case management were provided to frail, homebound seniors.

### Section 202 Supportive Housing for the Elderly

This is the only Federal program exclusively for the development of housing for low-income seniors. This program provides interest free capital advances to eligible non-profit sponsors to finance the development, either new construction or substantial rehabilitation, of housing with support services and rental subsidies for income-eligible persons age 62 or over. For FY2009 HUD's Very Low Income limits were \$26,900 for a single-person household and \$30,700 for a two-person household.

As residents of Section 202 and other independent living developments have aged, their needs for services change. To bridge the gap between independent and assisted living, HUD has made funds available to operators of federally-assisted housing to hire Service Coordinators, who perform a range of functions to link residents with needed services and community resources, thus helping them to age in place. Additional services offered must be provided by the operator. Typical services offered in many Section 202 buildings include social services, recreation and social activities, transportation services, and other services deemed necessary for maintaining independent living.

### Assisted/Supportive Living

This section of the continuum of care for elderly has a continuum of its own, in that there are facilities and programs that provide for increasing levels of care within a residential setting. These facilities/programs include the following:

Adult Homes are state-licensed and regulated facilities that provide long-term residential care, room, board, housekeeping, and personal care to five or more dependent, ambulatory frail elderly or mentally ill adults. Nursing and medical care are not included. Although most adult homes are proprietary, some accept social security, supplementary security income or social security disability (SSI level II) amounts as payment; others charge private rates. Adult homes are licensed and monitored by the New York State Department of Health.

Currently, there are 49 adult homes in New York City, providing 8,224 beds.

Family Type Home for Adults: Family type homes for adults (FTHA's) constitute a long term foster care arrangement, which includes room and board, housekeeping, personal care, and non-medical supervision in a private home to no more than four frail elderly or mentally ill adults. FTHA providers are private individuals, not agencies or organizations. This housing program is regulated by the NY State Office of Children and Family Services.

Enriched Housing: The Enriched Housing Program enables elderly persons to remain in a home-like, community-based setting by providing housing with support services to five or more adults aged 65 or over. This program includes an efficiency apartment and makes available services such as housekeeping, one daily congregate meal, personal care, case management, transportation, and other non-medical services. The program may be based in either publicly-subsidized housing, such as Section 202 housing, or privately-owned sites. The Enriched Housing program is certified and inspected by the New York State Department of Health.

Currently there are 16 NYC Enriched Housing programs operating in NYC, providing 1,305 beds.

Assisted Living Program (ALP) This New York State program operates in adult homes or enriched housing units, and is designed to bring health and nursing services into these facilities which otherwise do not provide them. The program provides a Medicaid/SSI rate for services beyond those of the Adult Home or the Enriched Housing Program, but short of skilled nursing. Non-Medicaid eligible residents pay privately in these facilities.

Currently, there are 18 assisted living programs in New York City, providing 1,631 beds.

In addition to the NYS program, however, a number of non-licensed, market-rate facilities have been developed in the City. These residences have been developed and operated primarily by large, for-profit (often national, public) companies, and provide a wide range of hospitality and social services. Personal and nursing care services are usually provided at additional fees.

### **e. Persons with Physical Disabilities**

People with disabilities face barriers beyond the expected problems of cost and location in their search for fair housing. Meeting the dual challenges of locating housing that is both accessible and affordable can be exceedingly difficult, particularly when accessibility relates not only to the dwelling place itself, but also to the location on an accessible route to employment, services and other features of daily living which most people take for granted.

With the definition of “disability” expanding, there are more than 3.5 million people with disabilities living in New York State - of these approximately 1.9 million live in New York City according to the 2000 census data.

The disability community in New York City has a higher rate of unemployment and under-employment than other segments of the adult population. Over 350,000 New Yorkers receive Social Security Income (SSI). In



New York City a person on SSI earns approximately \$637.00 per month. HUD's Fair Market Rate for a one-bedroom apartment in the City far exceeds that figure, leaving subsidized housing as the only option, other than sub-standard housing, for this community.

New York City's primary mode of inter-borough transportation, the subway system, is undergoing large-scale renovations in compliance with the Americans with Disabilities Act (ADA), the New York State Public Buildings Law and the New York State Transportation Law. Work includes the installation of elevators and other accessibility features in over 100 major stations, allowing access for people with mobility impairments and greatly improving access between boroughs. Housing designed to meet the needs of people with disabilities will have to take into account transit linkages when sites are being planned.

Low-income tenants and homeowners make use of a HUD-funded Project Open House (POH) program, administered by MOPD. The program assesses and removes architectural barriers such as narrow doorways, and provides such adaptive equipment as wheelchair lifts and tub seats in bathrooms in dwelling units to make them accessible.

The search for affordable and accessible housing in all five boroughs continues to be a major problem for people with disabilities.

People with disabilities in New York City make use of a wide range of housing and related services provided by government at the local, state and federal levels. Some programs offer financial support for developers to operate housing that is accessible and affordable to the disability community. Other programs remove barriers from dwelling units, thereby expanding the variety of housing choice open to people with mobility impairments. Still other programs provide critical on-site services that allow a person to manage independently, but offer support to a resident in a crisis situation. Following is an inventory of government-funded housing and related services available to people with disabilities in New York City.

Housing Information and Education Service: Administered by the New York City Mayor's Office for People with Disabilities (MOPD), this service provides affordable and accessible housing referrals for people with disabilities living in New York City. These resources can also be obtained on our web site. Disability community-based not-for-profit organizations are kept apprised of housing related activities initiated and performed by MOPD and HPD. Among the organizations are United Spinal, Centers for Independent Living, United Cerebral Palsy of NY, Inc., Sinergia, Inc. and others. Other referrals are also provided to governmental agencies: the State's Crime Victims Board that makes funds available to crime victims who have acquired a disability as a result of the crime; the State's Vocational and Educational Services for Individuals with Disabilities that gives assistance so that employment or education can be pursued.

The Mayor's Office for People with Disabilities educates architects, builders, landlords, building managers, homeowners, and tenants about accessible housing for people with disabilities. Education programs cover design, construction, owner/builder obligations and tenant/owner rights. Federal, state, and local laws are addressed.

Project Open House Program: Administered by the New York City Mayor's Office for People with Disabilities. Low-income homeowners and/or tenants submit requests to Project Open House, which in turn assesses and removes architectural barriers in residential dwellings to make them accessible.

Section 811 Supportive Housing for People with Disabilities: HUD provides direct federal capital advances to private, non-profit corporations and consumer cooperatives for the new construction or substantial rehabilitation of city-owned or private sites for housing for people with disabilities. There are now over 400 units of Section 811 housing in the City of New York.

Supportive Housing Program (formerly known as the SRO Loan Program): Administered by the New York City Department of Housing Preservation and Development (HPD), the program funds the acquisition and

rehabilitation of properties as well as new construction for developing new permanent housing for low-income adults, many of whom have some disability. Currently over 5,000 dwelling units have become available as a result of this program. The majority of the dwellings are offered to people who have some mental, developmental, or physical disability.

The Disabled Rent Increase Exemption Program (DRIE) provides physically disabled tenants with exemptions from future rent increases and provides landlords with a tax abatement which can be used to reduce property taxes. To qualify, an applicant must rent an apartment as defined as eligible under the law (i.e. rent-controlled, rent-stabilized, Mitchell Lama); be named on the lease or rent order, be the tenant of record, or be the spouse with a disability of either; receive eligible state or federal disability-related financial assistance; meet the DRIE income eligibility requirement (\$17,580 for a single-person household, \$25,212 for a household of two or more members); and pay more than one-third of their household's aggregate disposable income for rent.