



Relocation of Men's Intake
State Assembly Standing Committee on Social Services
September 19, 2008

Good Morning, Chair Wright and members of the Committee. I am Robert Hess, Commissioner of the NYC Department of Homeless Services (DHS) and I am here today to present testimony on this Agency's plan to redesign intake services for single adult men in New York City. I am joined today by George Nashak, Deputy Commissioner for Adult Services and Sarah Freeman, Associate Commissioner for Shelter Operations.

Over the past few months, there has been a great deal of discussion regarding our plans to redesign men's intake and to incorporate an intake component in our assessment program currently operating in the Bedford Atlantic armory in Brooklyn. We've met frequently with elected officials who represent the area surrounding the Bedford Atlantic facility and we have provided residents of the Crown Heights neighborhood an opportunity to ask questions and voice their concerns. Additionally we have taken elected officials, community board members, and local residents on tours of similar facilities the agency operates. We felt that it was important to engage in a dialogue and to listen to people in the community as we developed our plan. Throughout this process, our goal has been to balance a significant improvement in the quality of services we provide to homeless men with a sensitivity to the impact these services will have on the neighborhood hosting this facility. I am very confident that our plan achieves this balance, and I am hopeful that today will provide yet another opportunity to explain our plan with further specificity, and to allow for a productive dialogue with key stakeholders.

New Strategies for an Old Problem

When DHS first envisioned improving men's intake back in 2004, the vision was for a decentralized men's intake system, creating multiple access points into the shelter system for street homeless men throughout the city. The original decentralized intake plan was developed under the assumption that chronically street homeless clients would seek shelter if intake were more accessible. As we moved forward with our efforts to decentralize intake, we began to

realize that this approach did not meet the needs of the clients we were seeking to serve, specifically the chronic street homeless, and therefore it was unlikely to succeed. We went so far as to pilot a program that allowed street homeless clients to bypass the DHS intake process by providing them with direct access from the street into program shelters. However, we were unable to fill the beds set aside for this purpose. This experience demonstrated that intake was not the barrier, shelter was. Through conversations with chronically street homeless clients, we learned a valuable lesson about our previous efforts and why they failed. Despite our efforts to make shelter more accessible, it was clear that there were still significant numbers of clients who chose the street over shelter.

Simply moving ahead and implementing the plan to decentralize intake would have been the easy thing to do at the time, but not the right thing. By continuing to challenge ourselves to better serve street homeless individuals, we abandoned our original plan to decentralize intake and instead focused our efforts on better serving those living on the street. Street homeless clients, unlike people who enter shelter without having lived on the street, do not want or need to enter shelter. To best meet the needs of the street population, we completely re-engineered the outreach system and created opportunities for clients to move directly from the street into housing. Our new focus is on permanency, not temporary stopgaps. Whereas the previous approach of outreach was to guide clients through a series of progressive steps to housing, the new street outreach program employs a “Housing First” approach, directly linking chronically street homeless clients to housing and services. The street outreach program allows us to bring the intake system to the streets and the results are nothing short of amazing. Since September of 2007, nearly 850 chronically homeless New Yorkers have moved off the streets with the assistance of our street outreach teams.

Further recognizing the needs of chronically street homeless individuals and accepting the fact that they in essence were choosing the streets over shelter, we created a new model of housing focused specifically on their needs. The Safe Haven model provides street homeless individuals with an alternative to shelter that has fewer rules, more privacy and richer services than a typical shelter. What we know about those who choose to live unsheltered is that they have decided that the traditional shelter system does not work for them. Instead of trying to fit them into an

existing model that doesn't work for them, we have once again created a model based on a client-centered philosophy. To date, we have developed nearly 300 Safe Haven beds with a goal of 500 by the end of the current fiscal year.

There are those who criticize our decision to move away from a decentralized intake system. There are those who will continue to press the issue and talk about how a decentralized system would have done more to help people move from the streets and into housing. This is simply not true – intake into shelter is not the solution for those living on the streets.

Achieving Results

The data by which we hold ourselves publicly accountable – that is, the number of people living on the streets of our city – indicate that the bet we've placed on new outreach approaches and Housing First are paying off. Every year we measure our progress through the Homeless Outreach Population Estimate or HOPE, an exercise that measures the number of people sleeping on New York City's streets overnight in mid-winter. HOPE helps us evaluate the effectiveness of our current strategies and provides critical information that assists us to design new services and refine existing ones. The HOPE 2008 survey estimates that 3,306 unsheltered individuals are living on New York City's streets, a 12 percent decrease from 2007 and an amazing 25 percent decrease from 2005, the first year we did the HOPE Count in all five boroughs. To translate this into human terms, this means that there are 1,100 fewer people living on our streets today than just two years ago.

Our success at promoting permanency for homeless individuals does not end on the streets. Since 2004, we have decreased the number of adults living in shelter by 22 percent from 8,648 to 6,762. We have focused resources and services to move an ever-increasing number of people from shelter into housing. DHS's Adult Services Division is making record numbers of placements: 10,323 placements during Fiscal Year 2008 as compared with 9,205 placements during Fiscal Year 2007, a 12% increase. This focus on placements and permanency allowed us to close Camp LaGuardia in 2007, the agency's largest shelter, which housed over 1,000 single adult men.

Proposed Plan for Intake

Our initial discussions with the community and elected officials involved a plan to move men's intake from its current location to the Bedford Atlantic Armory in Brooklyn. The primary concern raised was that the intake center would bring more homeless New Yorkers to the community, and would leave those who would not travel to Crown Heights for services on the streets of other boroughs. After hearing the concerns about this plan, we went back and reviewed the plan.

We have made every effort to incorporate the interest of the community while preserving our ability to make shelter accessible for homeless men. To that end, we are reviewing the possibility of creating two intake sites: one in Manhattan and one in Brooklyn.

Adding an intake component to the Bedford-Atlantic assessment shelter presents DHS with an opportunity to make that facility a more secure environment and to expand the social services provided to its residents. We plan to accomplish this by reducing the number of beds at Bedford-Atlantic from 350 to 230, a 34% decrease. But just as important is that we will do this without reducing the number of social services or security staff employed there. This will enhance client supervision and engagement by significantly increasing the ratio of social services staff to clients and security staff to clients.

To ensure on-going community input into the operation of this facility, DHS commits to convening a community advisory board that will meet at regular intervals with the managers of the facility to address community concerns and to provide for regular information flow to the board members and thereby to the community.

Based on the success DHS has had reducing the need for shelter among single homeless adults in New York City, we plan to close the Peter Young Shelter, a 150-bed facility across the street from Bedford-Atlantic. The closing of Peter Young, coupled with a 120-bed reduction at Bedford Atlantic, will result in a total reduction of 270 shelter beds — or a 54 percent reduction in single adult shelter beds — in Crown Heights. In addition, on June 30, 2008, we closed the William Booth Drop-in Center, located at 200 Tillary Street in Brooklyn.

The reduction in the Bedford-Atlantic's capacity will also allow for redevelopment of a portion of the facility for community use. The Administration is committed to providing full use of the drill floor for development of a recreational center and will make available up to fifty percent of the capital funding needed to complete the project. Like the Ft. Washington Armory in upper Manhattan and the Park Slope Armory in Brooklyn, the Bedford-Atlantic Armory would house both a shelter program and a state-of-the-art athletic facility for community use. Our experience demonstrates that shelter services can co-exist successfully with a community recreation center. We are committed to working with all concerned stakeholders to ensure that the Crown Heights community has the opportunity to take advantage of a resource that will bring a highly desirable amenity to the neighborhood.

Conclusion

Thank you for the opportunity to testify before this committee. I will be happy to answer any questions that you have about the proposed plan and to address any concerns you have about our intent to improve services for homeless New Yorkers.