

Testimony of
Coalition for the Homeless
and
The Legal Aid Society

on

Oversight – ThriveNYC Update

prepared for submission to

The New York City Council
Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and
Disability Services

by

Giselle Routhier
Policy Director
Coalition for the Homeless

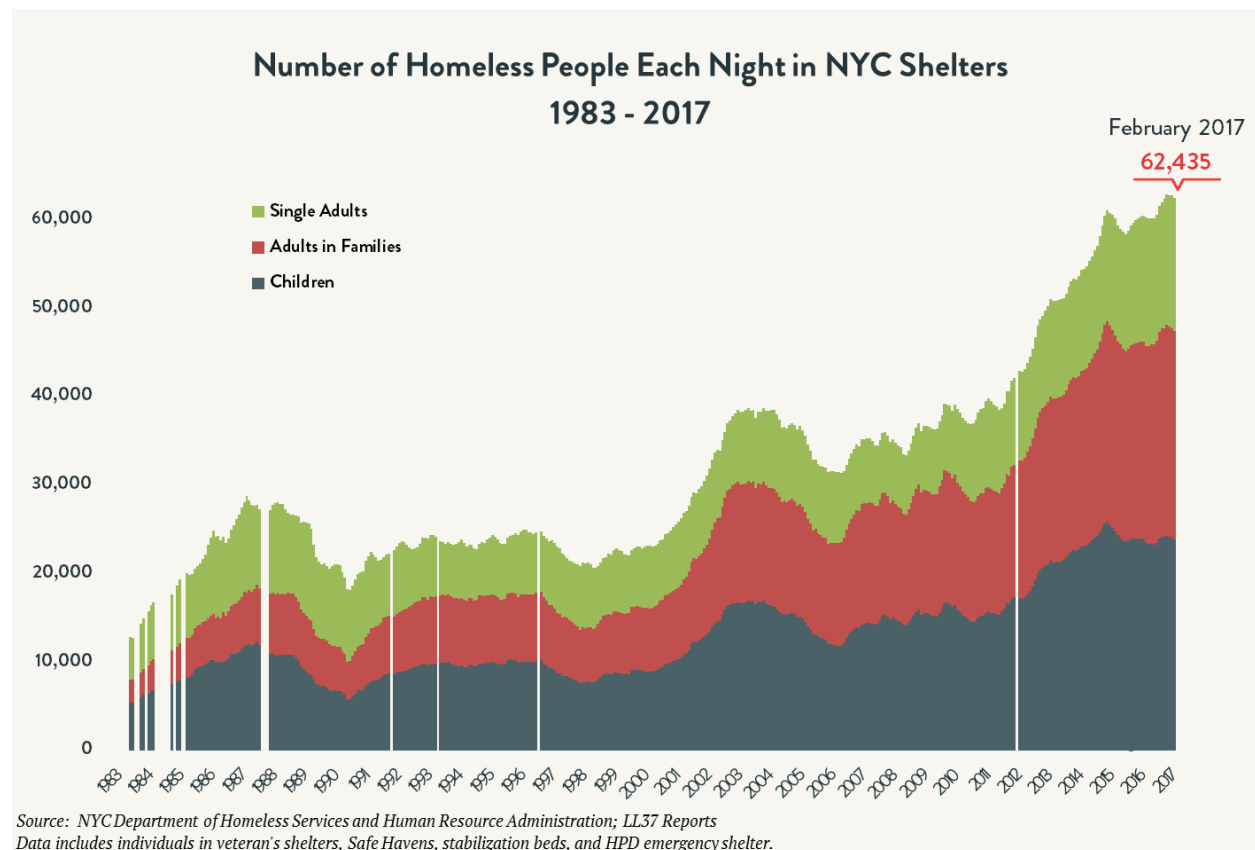
Beth Hofmeister
Staff Attorney
The Legal Aid Society

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Coalition for the Homeless and The Legal Aid Society welcome this opportunity to present this testimony to the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services regarding ThriveNYC.

Near-Record Homelessness in New York City

New York City remains in the midst of the worst homelessness crisis since modern mass homelessness first emerged in our city roughly four decades ago. In February 2017, a near-record 62,435 men, women, and children slept in shelters each night – about 2,000 more than in February 2016. The number of people in shelters now is roughly double what it was in the years preceding the Great Recession.



Another segment of the expansive homeless population not included in the above statistics are the runaway and homeless youth (RHY) populations. Under the New York State Runaway and Homeless Youth Act (NYRHYA) homeless youth under the age of twenty-one who are “in need of services” and are “without a place of shelter where supervision and care are available” shall be served by the RHY shelter system.¹ The Department of Youth and Community Development (DYCD) has been designated the county youth bureau for NYC and is responsible for serving RHY under the NYRHYA.² While many RHY also seek services within the DHS and HRA

¹ N.Y. Exec. Law §§ 532-a (1)-(2).

² The recently-enacted New York State budget for SFY 2018-19 included amendments to the NYRHYA that expand the age range for RHY services and youth-centered beds to 25 years old. The amendments will take effect January 1,

continuum of shelters, homeless youth, advocates, and RHY providers agree that the outcomes for many homeless youth improve with increased access to youth-specific shelters and services. On March 6th, 2017, DYCD testified before the City Council that there were 441 certified crisis and transitional independent living beds available to RHY in the DYCD shelter system, however since that time we have learned DCYD added another seventeen beds, bringing the total to 458 beds as of mid-April.³

ThriveNYC and Mental Health Needs within the DHS Shelter System

The NYC Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations report for 2016 identified 11,091 homeless New Yorkers with severe mental illnesses, including 24.3 percent of adult shelter residents.⁴ The Coalition's Crisis Intervention Program serves over 10,000 households each year who live in shelters and on the streets, or face other housing emergencies. Last year, nearly 41 percent of homeless families and individuals (more than 4,000 individuals and families) served by our crisis staff self-reported a psychiatric disability, including 45 percent of homeless single adults. The percentage of clients reporting these disabilities rose by approximately 4 percentage points between 2014 and 2016.

By contrast, the percentage of shelter beds designated for those with mental illnesses is not sufficient to meet the need. The percentage of shelter beds provided for those in need of mental health support dropped from 26 percent to 24.3 percent between 2014 and 2016, and while the shelter capacity grew 17 percent in that time, the mental health capacity grew by only 12 percent. At a time when the need for additional mental health shelter beds is rising, the supply is not rising to meet that need, leaving too many single adults with mental illness to go without shelter altogether. On 35 out of the first 120 days of 2017, the City's Department of Homeless Services reported zero mental health bed vacancies for homeless men and on 18 days, they had zero vacant mental health beds for women.

As a result, many clients with psychiatric disabilities have had trouble obtaining shelter placements, including waiting many hours until a bed was provided in a mental health shelter, not receiving a shelter placement and sleeping in a chair, or being offered unstable nightly placements until a bed in a mental health shelter became available. For example, RH (client of the Coalition for the Homeless) stayed outside, waiting for a shelter bed:

RH is diagnosed with schizoaffective disorder and had left his shelter for the streets due to what he believed to be gang violence where he had most recently stayed. This fear of gang violence is a theme in his thinking about many places where he has stayed and we believe it is related to his mental illness. We requested a reasonable accommodation to secure a transfer to another shelter so that he would come back into a shelter. After

2018. (SFY 2018-19 Budget, Part M S2006-c/30060c; *see* https://www.budget.ny.gov/pubs/press/2017/pressRelease17_enactedPassage.html. Under the changes to the NYRHYA, municipalities are not mandated but can opt in to providing RHY services to youth up to age 25, but this change does reflect what youth, advocates, and providers have been saying here in NYC for years: there is an urgent need for youth specific shelters and services available to youth up to their 25th birthday.

³ <http://council.nyc.gov/budget/wp-content/uploads/sites/54/2017/03/260-DYCD.pdf>

⁴ https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_CoC_NY-600-2015_NY_2016.pdf

confirming his diagnosis, an administrator offered to look into a transfer but was unable to provide a solution for four days, during which time the client stayed outside.

The City can do better. DHS must offer lawful placements and services to accommodate homeless New Yorkers with disabilities, and ensure that shelter placements are provided in a timely manner. Additional mental health capacity, skills training, and access to mental health services is urgently needed for homeless New Yorkers with psychiatric disabilities. It is imperative that DHS staff throughout the system (including security) are trained to identify and assess the mental health needs of residents. Furthermore, all shelters must be equipped to help residents in need connect with quality mental health care.

Staff and residents must have better access to emergency services, including respite care, inpatient hospitalization, and ACT services for those experiencing acute psychiatric emergencies or in need of intensive preventative care. Medicaid redesign's focus on avoiding long term inpatient hospital stays and the slow implementation of Health and Recovery Plans are reducing access to inpatient care and ACT teams, leaving many shelter residents who are in crisis to fend for themselves or endure long waiting lists. For example EH, is a client of the Coalition for the Homeless:

Ms. H is a 55-year-old woman, born in the Rockaways. Her mother passed away when she was four years old and she was raised by adoptive parents who were physically and emotionally abusive. Ms. H has been homeless off and on throughout her entire adult life, largely as a result of her struggles with schizophrenia. She has generally resisted residing in shelters for a variety of reasons, including conflicts with other shelter residents, being victimized, and paranoid thoughts. The same patterns have interfered with her housing placements. Due to these circumstances Ms. H has left the shelters many times for the streets. She has been hospitalized at least six times at six separate facilities, for a total of roughly 23 months. Ms. H also had multiple incarcerations for nonviolent offenses like trespassing due to her street homelessness and lack of shelter. She has previously been connected to ACT services, and in 2016 was placed on an ACT waiting list, from which she has yet to be brought in for services.

Increased mental health shelter capacity, improvements in staff training, and access to appropriate care that meets each individual client's needs will better ensure the City upholds its legal obligations to psychiatrically disabled homeless New Yorkers. It will contribute to the stability of all shelter residents, facilitate housing placements, and ensure that those in need receive the care they require. Further, new housing being created through the Mayor's 15-year, 15,000-unit supportive housing commitment must be opened on an accelerated schedule to help the most vulnerable New Yorkers secure stable homes of their own.

ThriveNYC and Runaway and Homeless Youth

Like all other segments of NYC's homeless population, RHY experience harm that disproportionately impacts their health and creates roadblocks to long-term wellness. The National Network for Youth's report on "Consequences of Youth Homelessness" details the myriad harms that confront RHY, including increased mental health problems and trauma,

substance use, exposure to victimization and criminal activity, and unsafe sex practices.⁵ ThriveNYC's own data underscores how childhood exposure to adverse events impacts lifetime chronic illness and mental health, and how LGBTQ youth experience twice as much bullying in school as cisgender youth. Recent reports state that 40% of RHY identify as LGBTQ and TGNC and that not only do homeless youth suffer disproportionately from mental illness, but over one third of RHY attempt suicide.⁶ All of these risk factors impact a youth's ability to access stable housing, hold down a job or focus on school, which are three important components of a youth's path to stabilizing and eventually exiting shelter into the community.

The Legal Aid Society's perspective concerning mental health needs for RHY arises out of our daily contact with children and their families, and also from our frequent interactions with the courts, social service providers, and State and City agencies that work with RHY. The Society decided to pursue litigation on behalf of RHY in part due to the startling lack of both quality and quantity of mental health services for homeless youth.⁷ Before ThriveNYC's intervention on behalf of RHY, this population had little to no access to City-funded mental health services, which only exacerbated the difficulties they faced when engaging with the various City safety nets. Both Coalition and Society staff regularly see how access to quality medical and mental health services can truly allow a client to transform their present and future. Access to meaningful healthcare and related services for RHY is vital as it often has a direct impact upon the youth's ability to access services and housing to which they are entitled. For example, a RHY with significant mental health needs who lacks a current mental health evaluation will be denied access to supportive housing. RHY service providers know too well how hard it is to get youth prepared for discharge, including obtaining required evaluations so that they may stabilize or even receive benefits. These challenges are due in large part to the inefficiencies of City agencies charged with providing benefits to RHY and dovetail neatly into ThriveNYC's Guiding Principle to strengthen the government's ability to lead through increased community and agency collaboration.

Despite the 2016 slight increase in funding coming out of ThriveNYC's budget, which finally allowed for provider agencies to receive government funding for life-saving mental health services, far too many RHY are still utilizing the City's emergency rooms for both physical and mental health needs. Even though access to mental health services has increased, almost all youth who are trying to transition into long-term housing need specific evaluations in order to receive services that will enable them to stabilize and apply, or to access the housing itself, as is the case with supportive housing. As a result, RHY may be denied needed housing and/or services because they lack access to mental health evaluations. At current funding levels, even the most competent or well-meaning RHY provider or mental health clinician cannot begin to address the need for the required evaluations, in addition to the long-term mental health needs of all RHY.

⁵ https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf

⁶ <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2016/03/ThriveNYC.pdf> and https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf

⁷ *C.W. v. The City of New York*, 13 Civ. 7376 (SJ) (VVP) (2013). Available at <https://www.scribd.com/document/197344657/Legal-Aid-Society-Complaint-Re-Homeless-Youth>.

While Coalition and Society staff applaud the inclusion of RHY in ThriveNYC's initial service offering, more needs to be done. Increased collaboration between the various city agencies charged with addressing the medical concerns, mental health needs, and disabilities of RHY needs to occur. ThriveNYC has a goal to create a Mental Health Council to coordinate efforts. We ask that DYCD be included in this council and that input from both youth and RHY providers be at the forefront of ongoing interventions, including determining how best to serve the ongoing unmet medical and mental health needs of this community. Creating a client-centered approach in either a single provider or coordinated network with easy access is certainly the best way to ensure our homeless youth are able to access the healthcare they need, and increased funding might allow this kind of collaboration. When possible, placing City providers or supportive community providers, who are known for best practices in serving RHY, in centers and with programs where the youth are already receiving other support and services will allow for maximum impact. Moreover, ensuring that these services are available and remain available to youth within the RHY system itself rather than solely within the foster care, criminal or juvenile justice systems is important as it will maximize the positive impact on the entire RHY population. Ideally, increased City funding for RHY mental health services through ThriveNYC along with other critical interventions -- such as access to housing vouchers and supportive housing -- will make a true positive impact on all RHY today and into the future.

We thank the Council for the opportunity to testify and look forward to working together on our mutual goal of ending homelessness in New York City.

About Coalition for the Homeless and The Legal Aid Society

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

The Coalition operates 11 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term solutions and include: Supportive housing for families and individuals living with AIDS; job-training for homeless and formerly-homeless women; and permanent housing for formerly-homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition's mobile soup kitchen distributes over 900 nutritious hot meals each night to homeless and hungry New Yorkers on the streets of Manhattan and the Bronx. Finally, our Crisis Intervention Department assists more than 1,000 homeless and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries.

The Coalition was founded in concert with landmark right to shelter litigation filed on behalf of homeless men and women (*Callahan v. Carey* and *Eldredge v. Koch*) and remains a plaintiff in these now consolidated cases. In 1981 the City and State entered into a consent decree in *Callahan* through which they agreed: "The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter." The *Eldredge* case extended this legal requirement to homeless single women. The *Callahan* consent decree and the *Eldredge* case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed monitor of municipal shelters for homeless adults, and the City has also authorized the Coalition to monitor other facilities serving homeless families.

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

The Legal Aid Society has performed this role in City, State and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 1,100 lawyers, working with some 800 social workers, investigators, paralegals and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26

locations in New York City, the Society provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

The Society's legal program operates three major practices — Civil, Criminal and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by the Society's Pro Bono program. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

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

The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the Callahan and Eldredge cases. The Legal Aid Society is also counsel in the McCain/Boston litigation in which a final judgment requires the provision of lawful shelter to homeless families.