

**EMERGENCY SHELTER NETWORK
POLICY PLATFORM
FOR NEW YORK CITY
2009**

Released on March 18, 2009
by members of the Emergency Shelter Network

SUPPORTING ORGANIZATIONS (WORKING LIST AS OF MARCH 2009)

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EMERGENCY SHELTER NETWORK POLICY PLATFORM SUMMARY

HISTORY

In the early 1980s, in response to the growing crisis of homelessness in New York City, Mayor Ed Koch issued a call to the city's faith-based community to partner with the city in addressing the problem. The faith-based community responded by opening emergency shelters in their church basements and synagogue spaces to assist those in need. Shortly thereafter the newly founded Partnership for the Homeless took over the expanding network of faith-based shelters and entered into a contract with the New York City Department of Homeless Services (DHS) to run what became the Emergency Shelter Network (ESN), an alternative to the city shelter system. Since that time, the network has worked tirelessly to meet the needs of homeless New Yorkers through shelters run almost entirely by volunteers and with comparatively little in the way of funding and recognition.

In the spring of 2008, DHS suddenly closed shelters in Queens as well as the drop-in center on East 77th Street. Meetings of shelter congregations and the Partnership for the Homeless with community boards, City Council members, and DHS failed to re-open the shelters and drop-in center. DHS stated their intentions to "streamline" services to homeless people by restructuring the emergency shelter network and the system of drop-in centers, and to issue concept papers on the plan.

In October, 2008, DHS issued said concept papers for the proposed restructuring. Comments and responses to the concept papers were invited by November 6, 2008. The Partnership, member congregations of the ESN, members of the drop-in center network, and other advocates reached out to DHS with concerns about the planned changes to these two systems. They continued to relay their concerns to DHS through meetings and letters and petitions sent to DHS and the Mayor's office. These letters and petitions requested that the city halt the RFP process until network members were consulted regarding their input on the structure of both systems. The Mayor's office failed to respond to the more than 8000 petition signatures it received. DHS made minimal attempts to respond to the concerns raised and issued the *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults (071-09S-03-1347)* and the *Request for Proposals to Operate the Respite Bed Program for Homeless Single Adults (071-09S-03-1348)* on December 12, 2008.

The RFPs for the respite bed network and the drop-in centers included significant changes to the current systems and imposed restrictions on the faith-based shelters that would put the congregations' continued partnership with the city in jeopardy. Network members attended a pre-proposal conference of prospective bidders on December 18, 2008 to reiterate their concerns; again, they were met with silence from DHS. During the winter of 2008/2009, representatives from the Emergency Shelter Network held a series of meetings to collaboratively review the proposed changes to the ESN's structure as stated in the Request for Proposals issued by DHS. ESN members elected a Steering Committee to serve as the point of communication between DHS and the network members. In January, the Partnership for the Homeless announced that it would NOT be submitting a bid for the Respite Bed contracts. Effectively lacking an umbrella organization to champion its needs and goals, ESN members themselves developed a shared policy platform addressing the changes proposed by DHS, undertook a media campaign to bring attention to the story, and reached out to the broader community of homeless advocates for support. As a result of this organization, ESN members secured a meeting with Robert Hess, Commissioner of DHS, and other DHS officials in February 2009 to discuss their needs and concerns and intent to continue communications with DHS officials throughout the duration of the contract negotiation process.

This platform primarily addresses the concerns of the ESN and its requirements for continued participation in the New York City shelter system but also offers policy recommendations for the Department of Homeless Services. This platform will inform the advocacy efforts of the ESN, each supporting member organization, and broader policy discussions with advocates.

PRIMARY CONCERNS OF THE EMERGENCY SHELTER NETWORK

- **Changes to the Respite Bed Network**
 - DHS proposes an increased number of respite beds but barriers to participation will actually decrease the current number of beds
 - Structure of Respite Bed RFP allows for prohibitive parameters to be placed on community-based partners¹ by the respite bed contractor
 - The requirements of community-based partners to remain open are not met in the RFPs

- **Changes to Drop-In Centers**
 - RFPs eliminate overnight services and reduce the number of drop-in centers citywide
 - Individuals who would access drop-in centers at night must now be absorbed into central intake centers or sleep on the street

- **Closing of 30th St. Intake Center in Manhattan**
 - There should be a full-service intake center in every borough
 - There are no definitive plans for another Manhattan intake center
 - There is no money in the Mayor's 2009-2010 budget for another Manhattan intake center

- **Vulnerable Populations**
 - Drop-In Centers serving specifically women, seniors and the mentally ill will be closed
 - General drop-in centers will not be able to meet unique needs of these populations adequately

- **Shift to a focus on chronic street homelessness**
 - This is not the population served by the Emergency Shelter Network
 - While efforts should be made by DHS to serve this group, these efforts should not diminish the services for non-chronic street homeless individuals
 - The ESN does not have the capabilities or resources to address the needs of chronic street-homeless individuals

- **Final Thoughts**
 - Less people, not more, will be served under the new structures
 - The ability of the ESN to continue participating in the shelter system is in jeopardy

NON-NEGOTIABLE REQUIREMENTS OF THE EMERGENCY SHELTER NETWORK

¹ For the purpose of this platform, the term "Emergency Shelter Network" is used to describe the current network of faith-based and community shelter providers under the contract of the Partnership for the Homeless. The term "community-based partners" is language used by the Department of Homeless Services in the Requests for Proposals to describe faith-based and shelter providers under the future respite bed contract. The two terms refer to essentially the same group of organizations; however, 'Emergency Shelter Network' denotes the current members and structure, while 'community-based partners' denotes the future members and structure.

- **Thorough screening process at Drop-In Center**
 - Visual assessment for alcohol & drug sobriety and general hygiene
 - Comprehensive health assessment including a TB test
 - Comprehensive psychosocial evaluation by a competent professional
- **Transportation**
 - Secure, direct, private transportation from drop-in centers to community-based partners
 - Need to maintain the integrity of the screening process
- **Flexibility in the number of days and the minimum number of beds required**
- **Fiscal Responsibility of the Respite Bed Contractor for Community-Based Partners**
 - Food and supply grants
 - Fuel reimbursement
 - Equipment and Maintenance Grants

SPECIFIC POLICY RECOMMENDATIONS

- **A Mandated Thorough Screening Process by Drop-In Centers, Including:**
 - Visual assessment for alcohol & drug sobriety and general hygiene
 - Comprehensive health assessment including a TB test
 - Comprehensive psychosocial evaluation by a competent professional
 - To be completed at the drop-in centers prior to respite bed placement
- **Mandated Secure, Private Transportation from Drop-In Centers to Community-Based Partners**
 - Public transportation is not an option
- **Flexibility in the Minimum Number of Beds & Number of Days Open**
 - Allowance for shelters to combine resources to meet 5 days a week and 10 beds minimum
- **Mandated Fiscal Responsibility by Respite Bed Contractor for Community-Based Partners**
 - The Respite Bed Contractor must provide assistance to respite bed providers in the form of food and supply grants, fuel reimbursement grants, and equipment & maintenance allowances of up to \$2,500 per shelter
- **No Changes to Drop-In Center structure**
 - Maintain a 24/7 model
 - Maintain 5 in Manhattan and at least 1 in each outer borough
 - Maintain specific Drop-In Centers for Vulnerable Populations (Women, Seniors and Mentally Ill)
- **Maintain a 24-Hour Full-Service Intake Center in Manhattan**

PRIMARY CONCERNS OF THE EMERGENCY SHELTER NETWORK

CHANGES TO THE RESPITE BED NETWORK

The Respite Bed RFP proposes an average of 495 respite beds provided per night². According to DHS, the nightly average number of individuals accessing respite beds in Fiscal Year 2008 was 280³, suggesting a significant increase in the number of respite beds under the new contract. However, the RFP mandates that community-based partners must be open for a minimum of 5 nights a week and sleep a minimum of 10 guests⁴. Since the summer of 2008 almost thirty ESN shelters have been closed for not meeting these requirements. If these parameters stand, it would mean the closure of an additional 59% of the remaining ESN shelters (31 out of 53), a peak-time weekly loss of 1,491 beds. This is a 50% reduction from the current 2,968 weekly peak beds. All shelters in the Bronx and Queens would close.

Participation of ESN members is also placed in jeopardy by vague and open-ended options made available to respite bed contractors in the RFPs. There are no specific screening requirements stated in the RFP. Options for transportation to and from the shelters include public transportation⁵. There is also no mention of fiscal responsibility/assistance from the respite bed contractor for the community-based partners. These points will be elucidated in following sections.

Policy Recommendation

- See “Non-Negotiable Needs of the Emergency Shelter Network”, p. 11

CHANGES TO DROP-IN CENTERS

Drop-In Centers currently run on a 24-hours-a-day, 7-days-a-week schedule. This gives homeless individuals the maximum window of opportunity to access the services they need anytime during the day or night, all year round. The Drop-In Center RFP limits Drop-In Center hours from 24/7 to a “business hour” model, open from 7:30AM—8:30PM⁶. Centers will be open for 24 hours only during Code Blue (extreme cold) and Code Red (extreme heat) emergencies as decided by DHS⁷. At all other times, individuals seeking assistance would have to locate and access the Drop-In Centers between the hours of 7:30AM and 8:30PM or else run the risk of sleeping on the street for the night.

There are currently eight Drop-In Centers in New York City: 5 in Manhattan, 1 in the Bronx, 1 in Brooklyn, and 1 in Staten Island (a sixth in Manhattan, the Neighborhood Center for Homeless People, was closed in the summer of 2008). The Drop-In Center RFP calls for decreasing the number to a total of 7: two in Manhattan and one each in Brooklyn, Queens, and Staten Island⁸ will be contracted with DHS through this RFP—a third center in Manhattan and one center in the Bronx are not subject to the RFP⁹. The RFP anticipates that the combined average daily

² *Request for Proposals to Operate the Respite Bed Program for Homeless Single Adults*, New York City Department of Homeless Services, p. 4 (2008).

³ Robert Hess, Commissioner of the New York City Department of Homeless Services, in dialogue with faith-based shelter providers.

⁴ *Request for Proposals to Operate the Respite Bed Program for Homeless Single Adults*, New York City Department of Homeless Services, p. 7 (2008).

⁵ *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults Addendum 1*, New York City Department of Homeless Services, p. 2 (2008).

⁶ *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults*, New York City Department of Homeless Services, p.3 (2008).

⁷ *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults*, New York City Department of Homeless Services, p.11-12 (2008).

⁸ *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults*, New York City Department of Homeless Services, p.3 (2008).

⁹ *Ibid.*

capacity of these five Drop-In Centers should be 355 individuals¹⁰. However, the combined average daily capacity of eight drop-in centers in Fiscal Year 2008 was 1,264 individuals¹¹. The plan outlined by DHS for addressing the difference is as follows:

The difference will be addressed in two ways: a) DHS is in the process of bringing on more Safe Haven capacity that individuals who are street homeless can access, and b) because the new Drop-In Center model is for individuals who are street homeless, DHS anticipates fewer Drop-In Center users than in the current model.¹²

Based on these numbers, DHS is acting on the assumption that approximately 900 individuals currently accessing Drop-In Centers on a daily basis (or 72% of clients) are not actually street homeless and can find assistance, shelter, and services elsewhere.

Also during Fiscal Year 2008, an average of 644 individuals slept in chairs at drop-in centers each night¹³. The number of respite beds proposed by DHS (495 on an average nightly basis) does not meet the number of those who will be displaced when drop-in centers close at night. The individuals who sleep at drop-in centers will either have to be absorbed into the city shelter system (where many will refuse to go) or sleep on the streets.

Policy Recommendation

- Do Not Change Drop-In Center Model
 - Remain open 24 hours/7 days a week
 - At least 5 located in Manhattan
 - At least 1 each in the Bronx, Brooklyn, Queens & Staten Island

CLOSING OF 30TH ST. INTAKE CENTER IN MANHATTAN

The 30th St. Men's Shelter, which has 850 beds, has served as the central intake center in Manhattan since 1984. Before that time, the central intake unit was located in the Bowery. Thus, since the problem of modern homelessness has existed, a central intake unit has been located in Manhattan. Currently, an average of 90 men are served daily by the intake center; on cold nights, the number can increase to as high as 250¹⁴. Thirty-percent of all homeless men accessing the intake center have spent the previous night on the street or in a public space¹⁵, illustrating the point that a significant number of those accessing the intake center are chronic or non-chronic street homeless individuals. According to DHS' Homeless Outreach Population Estimate over the last several years, almost 60% of street homeless individuals are located in Manhattan¹⁶, indicating the need for a full-service intake center located in Manhattan.

¹⁰ *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults*, New York City Department of Homeless Services, p.4 (2008).

¹¹ Robert Hess, Commissioner of the New York City Department of Homeless Services, in dialogue with faith-based shelter providers.

¹² *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults Addendum No. 1*, New York City Department of Homeless Services, p. 2 (2008).

¹³ Robert Hess, Commissioner of the New York City Department of Homeless Services, in dialogue with faith-based shelter providers.

¹⁴ DHS Intake and Vacancy Control Unit, daily reports, <http://www.nyc.gov/html/dhs/html/statistics/statistics.shtml>.

¹⁵ *Uniting for Solutions Beyond Shelter: The Action Plan for New York City*,

<http://www.nyc.gov/html/endinghomelessness/html/home/home.shtml>

¹⁶ Department of Homeless Services, *Homeless Outreach Population Estimate*, 2003-2009, <http://www.nyc.gov/html/dhs/html/statistics/statistics.shtml>

DHS's stated plan is to close the 30th St. Intake Center on June 30, 2009 and open a new intake center at the current Bedford-Atlantic Armory Assessment Shelter in Crown Heights, Brooklyn. While Commissioner Hess states that the 30th St. Intake Center will not close until another Manhattan Intake Center opens, DHS is not able to offer any information as to where this center will be, how large it will be and what services it will offer¹⁷. Numerous community boards and city council members are already gearing up for a fight to bar any such center from their neighborhoods. There is also no budget line in the Mayor's 2009-2010 budget for a new Manhattan intake center. In addition, DHS requires state approval to open an intake center at the Bedford-Atlantic Armory but they have not yet received said approval to do so.

Based on the statistics regarding the number of individuals served by the 30th St. Intake Center and the number of homeless individuals located in Manhattan, the need for a full-service intake center located in the borough of Manhattan is clear. Closing a central intake unit in Manhattan and relocating it to inner Brooklyn without a plan for another Manhattan center is a devastating cut in services to a significant percentage of the street homeless population of New York.

Policy Recommendation

- Maintain a Full-Service Intake Center in Manhattan
 - Open 24 hours/7 days a week

VULNERABLE POPULATIONS

There are currently three drop-in centers specifically geared towards vulnerable populations. The Peter's Place Drop-In Center (located on West 23rd St.) is operated by the Partnership for the Homeless and serves homeless individuals over the age of 60. The Olivieri Drop-In Center (located on West 30th St.) is operated by Urban Pathways and serves women only. John Heuss House (located on Beaver St.) is operated by Trinity Episcopal Church on Wall St. and serves individuals with mental illness. These populations have special needs that are uniquely met in these drop-in centers. Seniors have particular issues with specific age-based entitlements and also have health concerns that can be properly addressed in a focused setting. Many homeless women have been victims of domestic violence and feel safer in a women-only setting. These unique needs cannot be as adequately addressed in a co-ed general drop-in center population as in specialized settings.

Policy Recommendations

- Maintain Drop-In Centers for Vulnerable Populations (Women, Seniors and Mentally Ill)

SHIFT TO A FOCUS ON CHRONICALLY STREET HOMELESS INDIVIDUALS

The Respite Bed & Drop-In Center RFPs call for an increase in Safe Haven and Stabilization beds. While the Emergency Shelter Network is in favor of increasing services (including the number of Safe Haven & Stabilization Beds and Outreach Teams) to meet the needs of chronic street-homeless individuals, we are concerned that those at risk of being displaced by these new contracts are non-chronic street homeless individuals and that the increase in chronic street-homeless services as proposed by DHS will do little to meet the needs of the population currently served by the Emergency Shelter Network. The ESN does not have the capabilities or resources to address the needs of long-term, chronic street homeless individuals and so cannot be called into service to this population.

¹⁷ Robert Hess, Commissioner of the New York City Department of Homeless Services, in dialogue with faith-based shelter providers.

Chronic street homeless individuals are defined by DHS as having lived on the streets for 9+ months out of the last 24. Non-chronic street homeless individuals are those who have lived on the streets for less than 9 of the last 24 months. Chronic street homeless individuals pose a specific challenge to the shelter system, as they are generally the most difficult to serve and the most entrenched in the street-homeless lifestyle. Efforts to assist these individuals include DHS Outreach Teams (via contracts with non-profit organizations), which identify, build relationships with and ultimately try to assist these individuals with housing placement. Many of these individuals refuse to access the city shelter system and most are not able to be placed in respite beds due to mental illness, active substance abuse or a refusal to take part in the screening process. Two options available to these individuals are Safe Haven and Stabilization Beds. Safe Havens are a low threshold transitional housing program for chronic street homeless clients who have rejected other standard options. The programs provide private/semi-private accommodations and flexibility around rules such as curfew. The only requirement for clients is that they are willing to work toward permanent housing.¹⁸ Stabilization beds are a transitional housing model that moves clients into units who are able to function without on-site support services. Clients are usually very close to obtaining permanent housing.¹⁹

¹⁸ *Request for Proposals to Operate the Respite Bed Program for Homeless Single Adults Addendum No. 1*, New York City Department of Homeless Services, p. 1 (2008).

¹⁹ *Ibid.*

NON-NEGOTIABLE REQUIREMENTS OF THE EMERGENCY SHELTER NETWORK

THOROUGH SCREENING PROCESS

Currently, clients served at drop-in centers are thoroughly screened before they are sent to faith-based shelters. This assessment includes a visual assessment for alcohol & drug sobriety and general hygiene, a comprehensive health assessment including a TB test (which takes 2 days for results to be determined), and a comprehensive psychosocial evaluation by a competent professional. It is not until this screening is complete that a client is sent to a shelter. As the ESN shelters are run by volunteers and are housed in institutions that share space with a myriad of other programs as well, they must all be assured that the guests staying in their shelters are not a danger to self or others (either due to mental illness or drug or alcohol intoxication). To protect all parties, thorough screening is a non-negotiable issue.

Policy Recommendation

- A Mandated Thorough Screening Process by Drop-In Centers, including:
 - Visual assessment for alcohol & drug sobriety and general hygiene
 - Comprehensive health assessment including a TB test
 - Comprehensive psychosocial evaluation by a competent professional
 - To be completed at the drop-in centers prior to respite bed placement

TRANSPORTATION

The integrity of the screening process is secured by direct, private transportation of shelter guests from the drop-in centers to the shelters and back again in the morning. This transportation is provided by a private bus company and funded by DHS. In the drop-in center RFP, the responsibility of transportation is shifted from DHS to the drop-in centers. DHS offers only these guidelines for transportation to and from the shelters:

The contractor will develop and submit a transportation plan outlining how all clients will get from the Drop-In Center to the respite beds each evening by 7:00 p.m. and back to the Drop-In Center in the mornings by 8:00 a.m. Arrival and departure must occur within one hour of the closing and opening of the respite bed sites.²⁰

In an addendum to the original RFP, DHS allows for the following transportation possibilities:

Vendors should propose a transportation plan that balances programmatic need and cost effectiveness. This could be a combination of public transportation, Drop-In Center owned vans, or subcontracted transportation²¹.

In order to protect the congregations, volunteers and shelter guests, ESN members require that guests be dropped off via secure, direct, private transportation from drop-in centers to shelters. Having guests arrive via public transportation would jeopardize the integrity of the screening process; guests would have the flexibility to make stops before arriving at the shelter and

²⁰ *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults*, New York City Department of Homeless Services, p. 12 (2008).

²¹ *Request for Proposals to Operate Drop-In Centers for Homeless Single Adults Addendum 1*, New York City Department of Homeless Services, p. 2 (2008).

access drugs, alcohol or weapons, which would negate any previous screening. To protect all parties, direct and secure transportation is a non-negotiable issue.

Policy Recommendation

- Secure, direct, private transportation from drop-in centers to shelters
 - Need to maintain the integrity of the screening process
 - Public transportation is not an option

FLEXIBILITY IN THE NUMBER OF DAYS AND THE MINIMUM NUMBER OF BEDS REQUIRED

ESN members serve a multitude of people in a variety of different ways. Our spaces are used for multiple purposes and most don't have a dedicated area that can ONLY be used for a shelter. The sizes of these spaces also vary by organization—some are very large churches in Manhattan, others are much smaller houses community organizations in the outer boroughs. While each is dedicated to providing shelter, not every organization can provide the same amount of space. Some spaces can fit fifteen beds, others only six. The Respite Bed RFP proposes that community-based partners be required to provide a minimum of 10 beds²².

ESN member shelters are usually staffed entirely by volunteers. Securing volunteers for overnight assistance is a difficult task. Due to this difficulty, not all shelters can be open every night or for the entire year. Some are open only during the winter months when the need is greater. Others are only open one or a few days a week, either because of the difficulty in getting volunteers or because these are the only times that their organizational space is free. The Respite Bed RFP proposes that community-based partners be required to open a minimum of 5 nights a week²³.

Currently there are 53 shelters open with 2,968 beds per week during peak times (an average of 424 per night). If these two provisions were enacted by the new respite bed contractor, 31 shelters representing 1,491 peak beds would close (a 50% reduction in beds), leaving only 22 shelters with 1,477 beds per week (an average of 235 per night).

Policy Recommendation

- Removal of 5 days a week/10 bed minimum requirement
 - Allowance for shelters to combine resources to meet 5 days a week and 10 beds minimum
 - Allowance for shelters who are not able to combine resources to remain open with their current bed number and schedule

FISCAL RESPONSIBILITY OF THE RESPITE BED CONTRACTOR FOR SHELTERS

The current Respite Bed Contractor, The Partnership for the Homeless, provides ESN members with food and supply grants to be used for purchasing food and paper & cleaning supplies for their shelters. PFTH also offers fuel reimbursement grants to offset the costs of heating shelters at night, as well as equipment and maintenance grants for the purchase of shelter needs, such as storage bins, appliances, etc. Without this grant assistance, many ESN members would not be able to shoulder the cost of running a shelter. In the new respite bed RFP, there are no provisions for fiduciary responsibility of the respite bed contractor for the community-based

²² *Request for Proposals to Operate the Respite Bed Program for Homeless Single Adults*, New York City Department of Homeless Services, p. 7 (2008).

²³ *Ibid.*

partners. Without such assistance, many ESN members would have to close their doors, again reducing the number of respite beds available.

Policy Recommendation

- Mandated Fiscal Responsibility by Respite Bed Contractor for Respite Bed Providers
 - The Respite Bed Contractor must provide assistance to respite bed providers in the form of food and supply grants, fuel reimbursement grants, and equipment & maintenance allowances of up to \$2,500 per shelter