



**Testimony of Administrator Joslyn Carter, LCSW
New York City Department of Homeless Services**

**Before the New York City Council Committee on General Welfare
Oversight Hearing: Families with Children in DHS Shelters**

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Good Afternoon. My name is Joslyn Carter and I serve as Administrator of the New York City Department of Homeless Services. I would like to thank Deputy Speaker Ayala and the members of the Committee on General Welfare for holding today's hearing on Families with Children in DHS Shelters.

At the outset, I want to reassure the Council that at DHS we recognize the vulnerability of the families we serve and understand that families experience trauma from housing instability. Our objective is to carefully and compassionately meet the full needs of the people we serve while they are in our care. That includes serving as the bridge towards connections with the resources to meet the very real psychosocial, and socio-emotional needs, of families experiencing homelessness.

We understand housing is a critical part of wellbeing and the real dangers families face in these vulnerable moments. That is precisely why we aim to craft an intake process that meets our clients where they are and nurtures onward connections so that DHS can serve as an onramp to further social services. Our trauma-informed approach aims to treat each client with the dignity they deserve. Families come to us in a moment of crisis, and we work to stabilize them and quickly move them towards permanent housing.

I would like to take this opportunity to give the council and the public listening some insight into how our intake systems have developed over time and share our reasoning for why our systems are as they are. I will also offer a review of the legislative proposals, with attention to fiscal, operational, staffing, and service process flow impacts.

DHS' Prevention Assistance and Temporary Housing (PATH) intake center is a front door to our services that is sized, staffed, and designed to meet the needs of families with children. As a last resort, families that have fallen on hard times come to PATH, which is located at 151 E. 151st Street, in the Bronx. PATH is open 24 hours a day, 7 days a week, 365 days a year.

Prior to the establishment of PATH, we had multiple intake centers and we found that families were spending an average of 20 hours in the intake process. Today, on average families spend 6 to 7 hours at PATH. That is a dramatic decrease in the amount of time families are spending at intake.

PATH allows us to realize economies of scale, offer wraparound services, and serve as a critical node in diversion, screening, and assessment required for placing families in shelters.

We have staff at the front door and at reception that greet families as they enter the building and inquire about the family's reason for coming to PATH. Families are then directed to the intake area where we have staff prepared to begin the application for shelter. During this time, discussions with clients also focuses on the needs of children within the household, including school enrollment. We explain next steps and offer families an opportunity to ask questions.

When new applicants and those families reapplying after more than 30 days ago arrive at PATH, they are engaged by PATH social service workers. These workers provide crisis counseling, mediation services, and referrals to community-based resources as an alternative to shelter. For those families with housing options still available in the community, PATH social service workers collaborate with HRA Homeless Diversion Unit (HDU) caseworkers, and Homebase offices throughout the five boroughs to put services in place to help families retain or secure independent housing without having to enter shelter. All families reapplying for services following a break in shelter services of less than 30 days, except those who have experienced domestic violence, are also referred to meet with a Resource Room social service worker who then collaborates with HRA Homeless Diversion Unit (HDU) team to further explore ways to avoid shelter entry through family mediation, legal services, HRA emergency grants, and rental assistance.

There is no one-size-fits-all solution for families - their circumstances are unique, their needs are unique, and we need to take the time to listen, learn, and connect them to the resources that best serve. For instance, a family may have had a non-physical argument that could benefit from family mediation. For that family, family mediation could be the course to avoiding shelter altogether. We find that approximately 13% of families are diverted from shelter.

If families have no alternate housing options immediately available such that they would qualify for homeless prevention services, they are interviewed by a DHS family worker who obtains the family's two-year housing history, which serves as the basis for determining shelter eligibility. During the interview process, families may be assigned a conditional shelter placement while DHS investigates and assesses the family's individualized needs. Conditional placements last for 15 days on average. During this time, field specialists visit the homes of family and friends with whom the family previously resided to verify information provided during the interview. During this conditional placement, social service staff and social workers from DHS arrange in-person meetings, whenever possible, with families applying for shelter and family or friends they lived with previously to further pursue mediation and explain in greater detail available homeless prevention services and rental assistance programs to return to the community. Once the investigation is completed, an eligibility determination concerning the completeness of the application and the availability of other housing is written, reviewed, and provided to the family in the shelter placement.

We conduct our eligibility assessment in accordance with New York State social services law and regulations from our oversight agency the New York State Office of Temporary and Disability Assistance (OTDA).

PATH benefits from our co-located sister agencies who partner in delivering their insights and services. The Department of Education (DOE) is represented at PATH in the form of family assistance staff who serve as a critical point of linkage with NYC schools, offering an opportunity to discuss transportation and educational needs. Administration for Children's Services (ACS) staff provide collaboration and consultation as related to abuse or neglect cases. Our partners from the Human Resources Administration (HRA) No Violence Again does safety assessments for families who indicate domestic violence, have a domestic violence history, or there is a suspicion of domestic violence while present at Path. Additionally, HRA's Homebase team serve as a link to further homeless prevention services and aftercare services. There is also a medical provider, the floating hospital which is on-site to conduct health screens and other health education as necessary.

With that larger context in mind, I now turn to the legislation being heard today.

Intro. 123 would preclude the Department of Homeless Services (DHS) from requiring that every member of a family be present at its intake center when that family seeks placement at a shelter. We have made accommodation for the logistical challenge of having all children under 18 present at intake. Currently, all adults in the family are required to appear, however children under the age of 18 can appear remotely for the initial visit. They are not required for any subsequent visits. We believe the system we have in place maintains the appropriate balance between the necessity of having eyes on children to screen and assess for real potential needs, while also offering the flexibility and recognition of the potential challenge posed to a family.

For families that choose to bring their children to PATH, we have a Children Wait Space on site with educational activities and fun games. Initially designed to accommodate children whose parents were being interviewed by the NoVa Social Workers to avoid re-traumatization, we have since expanded to serve all children.

Intro. 124 would require the department of homeless services to provide process navigator services to every family with children at an intake center. Intro. 440 would require the Department of Homeless Services to ensure that eligibility specialists are available at every shelter to assist residents with determining eligibility for public assistance benefits.

Introductions 124 and 440 focus on roles and functions that already exist in our system. Our intake staff is trained to guide families through this process. We offer an explanation to every family that comes to us with multiple touchpoints – immediately at the front door- with greeters, at the window where registration occurs, as they exit elevators, and throughout their time in the waiting areas. Our managers, case managers, social workers, family workers, or medical providers have been charged with explaining the process and offering families the opportunity to ask questions. We structure this system of touchpoints to make sure families feel safe, secure, and deliver a consistent, supportive message in the intake process. Prior to becoming DHS Administrator, I had the privilege of directly overseeing PATH, I understand the intent of Intro 124 and the idea of adding process navigators, but I believe we are already providing that navigation over the course of intake itself and I do not believe adding another navigation layer would be advisable.

With regard to the eligibility specialist in Intro. 440, at intake we have a host of staff on site who are responsible for ensuring that family's needs are met. This begins with the leadership and staff

at PATH, followed by the shelter directors, directors of social services, case workers, housing specialists, social workers, and operations staff at shelter who all play a constructive role in fulfilling the responsibilities of guiding clients to resources and services. We understand that shelter is temporary, and we are aiming towards housing stability, in-community where our clients can attain their goals. Assessing exit to permanency is part of our process. One key to ensuring that this happens is ensuring that Public Assistance Cases are open. We have staff both at the front door and at the shelter level who already help in doing this work. We want to make sure applications for public assistance occur and work towards clients putting appropriate applications in. At intake, we have staff onsite, helping open these cases; furthermore, Independent Living Plans include eligibility and applications as part of the toolkit in driving towards exit and permanent housing.

Once at shelters, Families meet with staff to complete an Independent Living Plan (ILP) There are then biweekly meetings with staff to update these Independent Living Plans (ILP). –The ILPs can include procuring entitlements families may be eligible for, referrals for mental health, educational, or job preparation opportunities, or referrals for other services that may be needed to best assist clients. In addition to being a component of ILPs, Access HRA is a tool in this ILP process; our providers have been trained in Access HRA. Serving as our online benefits portal, Access HRA allows clients to gain information on and apply for government programs including Cash Assistance, SNAP (Food Stamps), Fair Fares NYC, the Home Energy Assistance Program (HEAP), Medicaid, CityFHEPS and Child Support.

Because we have this layered system in place, including contact with case managers, Access HRA, and Independent Living Plans, we do not believe legislating a specific title and accompanying ratios to be appropriate.

Introductions 453 and 460 focus on expanding families with children intake, through an additional intake center in Brooklyn or Queens, and through producing a feasibility report on community-based organizations viability for accepting and processing intake. There are manifold advantages of centralized intake. Those advantages include consistent screening of critical factors and assessment for conditions related to medical needs, mental health needs, substance use, adult and child protective services, and domestic violence. Moreover, centralization fosters continuity of service by taking advantage of co-located interagency links (e.g. DOE, ACS, HRA NoVA and HRA, Homebase as well as medical). Centralization also allows us to benefit from economies of scale in addition to cost concerns. Intake is a complex process with a host of regulatory compliance requirements (e.g. client privacy) accordingly, centralization allows us to deliver services with consistency and clear monitoring for deviations from best practice. Those advantages mean there are significant drawbacks to the proposals envisaged by Introductions 453 and 460.

As we discussed in 2023, we believe a feasibility study is a prerequisite to considering an additional PATH site, therefore we would be supportive of moving forward with a feasibility study that encompasses the design requirements that went into PATH, and that takes into account the capital cost of building a new facility, location considerations, staffing requirements, and obligations to meet our federal and state legal/regulatory mandates.

We are working to exit families. In January, The Adams Administration launched “Women Forward NYC: An Action Plan for Gender Equity,” an investment aimed at making New York City a national leader on gender equity. Supported through city dollars, private and public partnerships, academic institutions, and federal grant funding, this “living action plan” is a framework for all of the Administration’s efforts addressing gender disparities going forward and takes immediate action to connect women to professional development and higher-paying jobs; dismantle barriers to sexual, reproductive, and chronic health care; reduce gender-based violence against women; and provide holistic housing services, including for formerly incarcerated women and domestic and gender-based violence survivors. Through Women Forward, the Administration committed to increase families with children exiting shelter into permanent housing by 25% by 2030.

As part of the Adams administration’s comprehensive efforts to connect New Yorkers to safe, affordable homes we are aiding New Yorkers from intake, to exit, to transition into permanency. We continue to focus our efforts on moving families and individuals from shelter into permanent housing as quickly as possible.

This is challenging work. Our frontline staff, sister agency partners, and the community of providers are focused on aiding families through crisis towards permanency. I would like to take this opportunity to thank them and acknowledge their successes. While we acknowledge we have further work to do in delivering the highest quality social services to our fellow New Yorkers, we can also recognize the meaningful difference our hardworking staff and network of providers makes in the lives of children and families on a daily basis.

Thank you for this opportunity to testify. I look forward to your questions.