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Response to Drop-In Center Concept Paper-071-09S-03-1347 November 6, 2008

As the membership organization that represents New York City's current operators of Drop-In Centers, Homeless Services United (HSU) welcomes the opportunity to participate in a process that will shape sound programs and policies for programs that will serve clients with an array of high quality services to meet the diverse needs of this population.

A. PURPOSE

HSU and Drop-In Center member agencies are fully committed to the idea of a well-coordinated system of homeless services programs that is based on collaboration and maximization of services and resources. Further building on existing linkages between Drop-In Centers, Outreach, faith/respite beds, Safe Havens, and shelters makes sound fiscal and social policy sense. To this end, concepts such as co-locating outreach and drop-in center service providers may make sense depending on the borough and the availability of sufficient space within a given drop-in center to provide programming and services to its existing clients.

1. Conversion to a day-only Drop-In Center service model from a 24 hour system.

- i. According to the DHS Daily Report from October 31, 2008, 1,024 clients were served by the drop-in centers in the DHS system. Of that 1,024 clients, there was a combined overnight drop-in center and faith bed census of 762 clients. The concept paper calls for an availability of between 350-450 respite beds, leaving at least 300-400 homeless without accommodations each night. The proposed system change does not account for all of the clients currently being housed overnight, leaving them to seek shelter on the street. This has a detrimental effect on DHS's efforts to reduce the street homeless population.
- ii. It is unclear where clients will be placed who may not be stable enough or present with severe mental or substance abuse health issues that preclude them from referral to a volunteer staffed respite bed.
- iii. If the number of eligible clients seeking services from a Drop-In Center for case management exceeds the number of available respite beds, there needs to be plan on how the overage will be served.
- iv. Resources and a plan will need to be in place for screened and eligible clients go who do not have an overnight or respite bed referral when the drop-in center closes.
- v. Where will citywide outreach and emergency service providers, like the police and fire department, bring clients after Drop-In Centers close in the evening?

2. Eligibility: Services exclusively for street homeless or would be living on the street if not for a Drop-in Center.

- i. As outlined in the concept paper, criteria for determining street homeless in the rapid assessment conducted by Outreach or the Drop-In Center will need to developed in such

a way that a thorough assessment can be conducted given the resources and capacity of the providers.

- ii. Sufficient screening time must be allotted to properly conduct a thorough screening so as not to erroneously turn clients away thus returning to the streets.
- iii. How long will Outreach or Drop-In Centers have to determine this eligibility?
- iv. While eligibility is being determined will the client be allowed to enter the Drop-In Center, receive services and be referred to a respite bed?
- v. Guidelines for an appeal process will need to be in place for clients who are found ineligible.
- vi. Will the number of clients served by the Drop-In Center be limited to the number of respite beds available to refer to each night? Where will screened and case managed clients go at night if the respite beds are at capacity and no further referrals can be made?
- vii. Code Blue / Code Red
 1. The concept paper outlines Code Blue or Code Red requirements that may contradict restrictions and general eligibility criteria for entry and services?
 2. The proposed shift from a 24-hour model to a 13-hour model will severely impact Drop-In Center service provider's ability to quickly adapt staffing patterns to an overnight need in the event of a Code Blue or Code Red emergency.

B. CONTRACTOR PERFORMANCE

1. Housing and resources are targeted towards the chronically homeless who are the clients of Outreach.
 - i. Permanent and transitional housing vacancies will need to also be allocated to Drop-In Center clients allowing Drop-In Centers and Outreach the ability to achieve their respective performance measures and averting competition for clients and resources between them.
2. If the number of screened clients seeking services from a Drop-In Center for case management and referral to respite beds decreases to less than 90% of the capacity of its respite bed network will the outlined performance measure be modified to reflect the decrease or other population fluctuations?

C. HSU SUGGESTIONS

1. Goals
 - i. Maintain a continuum of services for the street homeless.
 1. Preserve the current system of easily accessibility entry. Drop-In Centers have been shown a proven method for providing services to homeless who would otherwise be unlikely to ask for or receive assistance in obtaining public benefits, counseling and housing placement assistance.
 - ii. Eliminate people sleeping in chairs overnight by providing trained staff and resources to the faith/respite bed shelters to increase overnight bed capacity. This will also alleviate safety concerns of faith/respite bed providers for volunteer staff and other clients.
 - iii. Create a panel of experts and stakeholders on program changes and new policy design provided with sufficient time to evaluate implementation strategies in advance of a Request For Proposal.