



270 EAST SECOND ST
NEW YORK, NY, 10009
T 646-827-2272
F 646-827-2271
www.hsuned.org

**Response to Respite Concept Paper
071-09S-03-1348
November 6, 2008**

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 a diverse array of high quality services to meet the diverse needs of the clients served. As the membership organization that represents New York City's current operators of Drop-In Centers and most Outreach providers that will be impacted by a policy or service model delivery change to the faith/respite bed program we submit the following concerns:

A. PURPOSE

HSU and the Drop-In Center and Outreach services member agencies are fully committed to the ideal 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.

B. CAPACITY

1. 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.
 - i. How will the proposed system change account for the difference in clients currently housed overnight and the reduced number of respite beds outlined in the concept paper?

C. TRANSPORTATION

1. Client responsibility based transportation will create a hardship on respite shelters and may result in clients never arriving at their assigned respite shelter. The current group transit system provides many benefits to small faith / respite shelters with little or no paid staff and the clients they serve.

- i. Relying on clients to arrive safely and in a timely manner via public transportation may result in clients never arriving to spend the night in their assigned respite shelter due to a variety of reasons ranging from mental illness issues to social discomfort in going to unfamiliar areas.
- ii. Respite shelters will be burdened with varying times of arriving clients and will have to increase volunteers to meet the demand of a process that is no longer streamlined and efficient.
- iii. Will citywide Outreach and emergency service providers, like the police and fire department, bring clients to respite shelters after Drop-In Centers close in the evening? This will also impact staffing patterns and create an unstable culture in the shelters.

D. SAFETY

1. Respite beds capacity may decline because current faith bed providers may opt out of this new system because of volunteer and staff safety concerns regarding appropriateness of placements due the absence of or abbreviated health, mental health and substance abuse screening.
2. If respite shelters are required to take all clients referred to them and Drop-In Centers lose the ability to “observe” clients before making an appropriate placement to a respite bed or referring to a professionally staffed shelter the clients, Drop-In Centers and the respite provider will suffer.
3. Where will clients be placed who may not be stable or present with severe mental or substance abuse health issues that preclude them from safely being referred to a volunteer-staffed respite bed?
4. What is the obligation of the respite shelters to accept clients from Outreach or emergency providers after the Drop-In Centers are closed?

E. CONTRACTOR PERFORMANCE

1. If the number of screened clients seeking services from a Drop-In Center for referrals for respite beds decreases to less than 90% of the capacity of its respite bed network will performance measures be modified to reflect the decrease or other population fluctuations?

F. HSU SUGGESTIONS

1. Maintain a continuum of services for the street homeless. Preserve the current system of easily accessibility entry. The partnership between Drop-In Centers and the faith bed providers have shown a proven method for providing services to the homeless who would otherwise be unlikely to ask for or receive assistance in obtaining public benefits, counseling and housing placement assistance.
2. 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.
3. 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.