



April 22, 2009

Ellen Howard Cooper, Deputy Commissioner  
NYC Department of Homeless Services  
33 Beaver Street  
New York, NY 10007

Re: Coordinating priorities for New York City's share of the HUD Homeless Prevention and Rapid Re-housing Program (HPRP)

Dear Deputy Commissioner Howard Cooper:

On behalf of the NYC Coalition on the Continuum of Care (NYC CCoC), we would like to thank DHS for presenting their draft HPRP allocation plan to us and for agreeing to meet this summer to discuss how the subcontracting process will work once HUD has an executed contract with the City. The overarching goals you presented to us are clearly in sync with the NYC CCoC's objectives.

To hold up our end of the bargain, we are submitting to you our recommendations for the HPRP funding. It is clear that you cannot fund every request, but the NYC CCoC trusts that DHS will take each suggestion under serious consideration and work in as many of our suggestions as possible.

In the meeting that followed the formal presentation, a few principles emerged:

- Greater resources are needed for case management – starting with appropriate and timely mental health assessments, affordable housing, anti-eviction legal services and aftercare services, all of which work to prevent people from becoming homeless and/or cycle back into homelessness.
- We need to expand existing prevention and rapid re-housing programs to serve individuals and families not currently being served by HomeBase but will eventually end up in the DHS system (e.g. undocumented immigrants, youth aging out of foster care, etc.).
- Similarly, we need to transfer prevention funds to agencies that catch specific subpopulations that typically don't end up in the DHS system (e.g. people living with HIV/AIDS and survivors of domestic violence).
- Expediting placements into permanent, affordable housing frees up resources for other vulnerable populations to receive housing and services.

These principles are clearly in line with the general plan that was presented to us today, especially the City's plan to fully fund HomeBase, expand anti-eviction legal services for vulnerable populations not currently covered, and expedite Section 8 vouchers for homeless and disabled individuals and families. In keeping with our shared principles, we offer the following recommendations:

- 1. Add significant funding to the prevention and aftercare components of HomeBase and to City Council prevention initiatives.** While the new HomeBase model has been successful in diverting homeless families from the shelter system and into permanent housing, the current contracts do not commit the same level of resources to prevention and aftercare as the prior

community-based model did. Specifically, the NYC CCoC urges DHS to provide greater funding for rent arrears and other eviction prevention activities, as well as for expanded after care services, to ensure that individuals and families that are housed through HomeBase stay housed. Similarly, the NYC CCoC strongly recommends allocating HPRP funding toward City Council initiatives, such as the Homeless Prevention Fund, that focus solely on prevention activities for low-income New Yorkers.

2. **Subcontract HPRP funds to HRA/HASA to plug budget gaps in programs critical to keeping formerly homeless people living with HIV/AIDS housed.** A growing body of research confirms what NYC already knows from experience – stable housing for PLWHAs saves lives by promoting better health outcomes and more effective HIV prevention. Allocating just a fraction of the HPRP funding to HASA will not only prevent and reduce homelessness, but also reduce risk behaviors that can result in new HIV infections.
3. **Expand after care services and the Alternatives to Shelter program for survivors of domestic violence.** Currently, few recipients of DV Advantage receive after care services. Expanding these services to survivors and their families greatly reduces the likelihood that they will return to their abuser (and therefore emergency rooms and the DV shelter system). Also, providing HRA with additional resources to expand their Alternatives to Shelter program would help prevent many of these families from becoming homeless in the first place.
4. **Provide additional rental subsidies and aftercare for homeless and at risk youth.** Many youth become homeless a year or more after exiting the foster care system but the rental subsidy currently available is only for youth up to the age of 21 and a half. Moreover, the subsidy is only \$300/month. Expanding this age cap to 25, and increasing the short term subsidy would give hundreds of young New Yorkers a chance before they become part of the chronic street homeless in the City.
5. **Hire staff at both NYCHA and HPD to expedite Section 8 contracts for some of New York’s most vulnerable residents – survivors of domestic violence and homeless and disabled individuals and families.** Currently individuals and families are waiting up to a year or longer to receive their Section 8 vouchers simply because of processing delays; and while this is problematic for anyone waiting for affordable housing, it should be unacceptable for those who are currently homeless or living in unsafe conditions. A few additional staff at NYCHA and HPD, dedicated to housing these populations, would expedite the process of housing our most vulnerable tenants faster.
6. **Expand HomeBase to Rikers Island as a pilot for diverting ex-offenders into housing.** Opening up HomeBase’s resources to people exiting Rikers would keep many ex-offenders from recidivating into the prison and shelter systems.
7. **Provide funding to DHS contracted shelters and respite programs for improved case assessment and management.** Individuals and families with mental illness and other disabling conditions will get housed faster if there is sufficient staff to diagnose them and then work with them to find appropriate housing that meets their needs.
8. **Subcontract HPRP funds to DOHMH to fund expiring and underfunded eviction prevention legal service contracts for people living with HIV/AIDS and people with psychiatric disabilities.** The draft plan currently includes funding to expand DHS contracted anti-eviction legal services to various vulnerable populations not currently served through their existing contracts. The NYC CCoC recommends that additional funding be diverted to DOHMH to capture two additional at-risk populations, people living with HIV/AIDS and individuals with mental illness. The funding for PLWHA would go toward expiring HOPWA contracts and the latter to DOHMH contracts that are currently underfunded.
9. **Provide DHS with the program components necessary to successfully move supportive housing tenants into Section 8 housing.** DHS has a program that provides Section 8

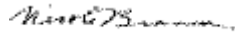
vouchers to tenants willing and able to move out of supportive housing, freeing up this more expensive housing for new homeless and disabled individuals to move in. While over 1,000 supportive housing tenants have applied for this program, less than 10% have actually moved out. Two of the biggest barriers are a lack of housing placement services for tenants interested in moving but don't know where to look, and after care services for tenants who want to move but are afraid to completely sever their social services. The NYC CCoC recommends funding housing placement staff and 6 months of aftercare services.

Please let us know if you need any further details on these recommendations.

Sincerely,  
The Co-Chairs of the New York Coalition on the Continuum of Care,

Kenneth Robinson

Nicole Branca



Cc: NYC CCoC Steering Committee and Members