



**Volunteers  
of America®**  
GREATER NEW YORK

## **WRITTEN TESTIMONY SUBMITTED TO THE NYC COUNCIL COMMITTEES ON GENERAL WELFARE AND PUBLIC SAFETY OVERSIGHT HEARING ON PROTECTING LIVES IN THE COLD 2/10/26**

**Introduction and Thanks:** My name is Catherine Trapani, and I am the Assistant Vice President of Public Policy for Volunteers of America - Greater New York (VOA-GNY). We are a local affiliate of the national organization, Volunteers of America, Inc (VOA). I would like to thank Chair Hudson and Chair Feliz and members of the Committees on General Welfare and Public Safety for the opportunity to testify today.

**About Us:** VOA-GNY is a 130-year-old anti-poverty organization that aims to end homelessness in Greater New York through housing, health and wealth building services. We are one of the region's largest human service providers, impacting more than 12,000 adults and children annually through 70+ programs in New York City, Northern New Jersey, and Westchester.

We are also an active nonprofit developer of supportive and affordable housing, with a robust portfolio of permanent supportive housing, affordable and senior housing properties—with more in the pipeline.

### **Background:**

VOA-GNY has been providing shelter services to homeless families since 1991 when DHS first began contracting with nonprofits to do so. We operate five transitional housing programs for families in the New York metropolitan area which serve 456 families, three DHS "emergency" shelters serving an additional 244 families, 7 HRA domestic violence shelter programs serving families and individuals fleeing domestic violence, two single adult women's and one single adult men's DHS shelters which combined have a capacity to serve 538 individuals, a DHS safe haven with capacity to serve 83 men who experienced street homelessness, and our Street to Home DHS Pilot program which places individuals experiencing unsheltered street homelessness directly into supportive housing typically within 1 to 2 weeks of first meeting them.

Thank you Chair Hudson and Chair Feliz for holding this critically timed oversight hearing to safeguard the lives of New Yorkers during this treacherously cold winter. It is

heartbreaking that at least 18 people have already lost their lives due to freezing conditions. We must act with urgency to do everything that we can as a city to help ensure every New Yorker is warm and safe. The City's efforts to help the thousands of unsheltered New Yorkers are a herculean feat by everyday standards, and we applaud the tireless efforts of homeless outreach teams to work with extremely vulnerable unsheltered New Yorkers to keep them safe during these particularly brutal conditions.

In this unprecedented cold wave, every New Yorker must do their part to watch over unsheltered neighbors and call 311 or 911 if someone is in distress. VOA-GNY's staff, in response to Mayor Mamdani's letter to DHS shelters, is canvassing the immediate areas outside our programs to check if anyone needs to come inside to warm up. Beyond heightened awareness, there are multiple immediate and longer-term actions the City can take to further reduce the number of New Yorkers experiencing unsheltered street homelessness:

**1. Coordinate efforts of City, State, and privately funded street outreach teams.**

- a. **Designate an Outreach Coordinator with the authority to coordinate street and subway canvassing of all City and State funded outreach teams.** New York City has a number of parallel street outreach programs including DHS Street Homeless Solutions (SHS) contracted providers and Joint Command Center (JCC) staff, NYS OMH Safe Options Support (SOS), H+H Street Health Outreach & Wellness (S.H.O.W.) and others. Coordination of parallel programs would minimize duplicated efforts and further expand coverage areas.
- b. **Implement data sharing across City and State funded outreach programs to increase transparency across parallel systems and improve coordination of care and resources.** DHS Street Homeless Solutions (SHS) non-profit outreach teams and Joint Command Center (JCC) staff utilize StreetSmart and CARES data systems to track engagements and case notes on the street and in shelter, however other outreach programs like NYS OMH Safe Options Support (SOS), NYC DYCD Runaway and Homeless Youth (RHY) and H+H Street Health Outreach & Wellness (S.H.O.W.) use different systems. By coordinating data, different outreach teams will be able to more efficiently provide care and connect them to shelter and housing placements like safe havens and supportive housing.

**2. Provide more viable choices for unsheltered people**

- a. **Enable "chosen families" to shelter together.** We encourage DSS to add

flexibility to how it defines “family” to enable “chosen families” to enter shelter or temporary stabilization sites. People living on the street may band together for safety and be unwilling to separate into Single Adult shelters. Allowing them to shelter together preserves support networks and avoids social isolation.

b. **Widen access to low-barrier shelter options that appeal to people on the street.** People make rational choices to not enter shelter, citing concerns of safety, privacy, and overly restrictive regulations. Offering transitional housing options which address these concerns can convince more people to come in off the streets.

i. **Pause implementation of the rule change<sup>1</sup> limiting access to safe havens.** Minimally, the City should wait until other street outreach programs have access to DHS CARES and StreetSmart data systems or expand accepted data sources to verify street homelessness and clinical needs of individuals. Slated to take effect on Feb. 12<sup>th</sup>, 2026, a new rule with mandate that only those with documented chronic homelessness and physical/mental health needs in these limited data sources can qualify for safe haven placement which will create a barrier to safe havens for street homeless individuals served by non-DHS outreach programs, such as DYCD RHY and OMH SOS clients.

The City should also incorporate healthcare data systems (with client consent) to demonstrate someone meets “significant clinical needs” criteria for safe havens. These systems include OMH Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) as well as NYC specific Regional Health Information Organizations (RHIOs). Someone who needs enhanced clinical support to stabilize ought not need to be verified by one specific outreach program when there’s existing clinical healthcare records.

ii. **Create more stabilization beds and Safe-Haven “light” low-barrier shelters for less-hardened unsheltered homeless.** Because of the scarcity of safe haven beds, the City relies on chronicity requirements to ration these out. Any chronicity requirement to access such services only prolongs the amount of time people are likely to remain unsheltered and out of the system. There should be enough stabilization and safe haven bed capacity to accommodate everyone who needs such a placement.

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<sup>1</sup> <https://rules.cityofnewyork.us/wp-content/uploads/2026/01/DHS-Final-Rule-for-Publication-Relating-to-Low-Barrier-Transition-Housing.pdf>

While safe havens have enhanced clinical services for the most complex cases, the appeal of the model is its low-barrier nature, and more privacy than typical shelters. For individuals who may not need the clinical supports, creating a “light” version which still gives clients the flexibility to come in without preconditions like sobriety (“wet” shelters) and have a private room, without the enhanced clinical services, could help convince more unsheltered to come inside while preserving capacity of traditional safe havens for those with untreated mental health conditions and similar needs.

- iii. **Expand Pet-friendly shelters:** In places where the city has been able to accommodate pets with their owners in shelter, like specific safe havens and domestic violence shelters, the success has been clear. However, accommodating pets entails specific challenges for the program which must be planned for, particularly in congregate facilities with shared spaces of unrelated households. Utilizing purpose-built design, intentional room assignment composition, and providing resources for responsible pet ownership can help mitigate challenges, letting people avoid having to give up their pet to enter shelter.
- c. **Improve the quality of the general shelter system:** Many people who refuse offers of shelter do so because they’ve had bad experiences in shelters in the past. Typical shelters for single adults are congregate style, and some have dorms with dozens of people sharing rooms making privacy scarce. It can be difficult to sleep with so many people sharing one space given noise and the sense of vulnerability one may feel. In many shelters, the design is institutional in feel reminding residents of carceral settings. While the City has prioritized purpose built and well-designed shelter for new facilities coming online, many existing shelters are in desperate need of rehab. Despite historic investments in 2018 to improve conditions with the implementation of model budgets, the rates were not indexed to inflation, and older shelters are struggling. The City must invest in capital improvements for these older facilities to promote client-centered, traumatic-informed design and they must update the rates to ensure access to quality food, robust services, dignified living spaces, and high-quality care that will help people get back on their feet.

### **3. Streamline access to permanent housing for unsheltered people**

- a. **Expand and replicate VOA-GNY’s Street to Home DHS pilot program** which directly places people directly from the street into permanent supportive housing. By putting people before paperwork, we were able to offer keys to

their own private room to people living on the street within days, not months, of first meeting them. This innovative model demonstrates that chronically homeless individuals with significant mental or behavioral health needs, when given direct access to permanent housing paired with clinical supports, can regain stability and thrive within the community.

- b. Pass Int. 1191-2025 (Nurse) to study and streamline information requirements for supportive housing applications.** By simplifying the 2010e supportive housing application through removal of non-mandatory information requirements, the City can simplify an unnecessarily complicated application which can be a barrier for housing, especially for people lacking permanent addresses and disconnected from systems of care.

**Closing:**

We are grateful for the opportunity to testify and look forward to working with the Council and the Administration to continue safeguarding the lives of New Yorkers experiencing the trauma of homelessness and helping them regain stability and find a place to call home. Should you have any questions, please email me at [ctrapani@voa-gny.org](mailto:ctrapani@voa-gny.org).

Respectfully submitted by Catherine Trapani, Assistant Vice President of Public Policy, Volunteers of America - Greater New York.