



NYC COUNCIL COMMITTEE ON GENERAL WELFARE | TESTIMONY 3/9/26

Introduction and Thanks

My name is Catherine Trapani, Assistant Vice President of Public Policy for Volunteers of America-Greater New York (VOA-GNY), one of the largest housing and homeless services providers in NYC. I would like to thank Chair Hudson and members of the Committee for the opportunity to testify today about the legislative initiatives being heard this afternoon.

About Us

VOA-GNY is an 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. Our programs include DHS and HRA DV emergency shelters and transitional housing, and we are also an active nonprofit developer of supportive and affordable housing, with a robust portfolio permanent supportive housing, affordable and senior housing properties—with more in the pipeline. VOA-GNY also operates Street to Home, an innovative housing first program, that link unsheltered homeless New Yorkers directly from street outreach teams to permanent housing, completely by-passing the shelter system.

VOA-GNY is a member of the Human Services Council (HSC), Homeless Services United (HSU), The Supportive Housing Network of New York, and the Family Homelessness Coalition (FHC).

Introduction 0139-2026

VOA-GNY supports this legislation which would provide applicants with a receipt documenting the completion of their public benefits interview. This confirmation of the interview will help our clients and tenants have official documentation to successfully challenge erroneous benefits denials for failure to complete an HRA interview.

Introduction 0232-2026

VOA-GNY supports this legislation to reform the shelter intake and assessment process. Many of the families staying in our DHS shelters struggle with repeated 10-day “conditional” stays that do not afford sufficient time to establish eligibility forcing families to cycle through intake unable to move forward on a path to stability. A family that encounters issues with verifying previous homelessness typically is found ineligible 3 times or more. Each time a family is found ineligible, a family has to request a fair hearing or reapply for shelter. Staff resources are diverted to supporting

eligibility applications instead of helping families plan for their future. Shortening the homeless history requirement to one year and, moving to a 30-day time frame for the assessment period will allow shelter staff and DHS intake workers the time needed to work with families to produce necessary eligibility documentation. This change reduces unreasonable burdens on households who have been forced to move around and may be unable to produce documents from over one year ago while also ensuring sufficient time for a thorough review that will render repeat applications unnecessary.

T2026-1352 and T2026-1353

VOA-GNY supports both of these pre-considered introductions. Hospitals are a critical safety net resource for unsheltered homeless New Yorkers and can often be a source of trusted support. However, too often, care coordination, resources and support after the initial emergency medical condition is stabilized, are lacking. By ensuring that hospitals are guiding patients to appropriate safety net services during emergencies and equipping them with basic supplies that can protect them during such emergencies, lives can be saved.

T2026-0008

VOA-GNY supports the intent of this pre-considered introduction but believes the Council could take the effort even further to ensure truly seamless information sharing between homeless outreach teams that can improve the client experience and outcomes. DHS outreach teams use the digital platform StreetSmart to capture client information – this is largely considered to be the system of record. Some other outreach teams have read-only access to StreetSmart, other teams have no access at all. Data is not updated in real time so at no point during a shift does everyone working with an individual have a full picture of efforts to help them on any given day. The best way to solve for this issue would be to streamline outreach efforts and reduce redundant/duplicative services so clients can get more comprehensive care. Barring that, if several different agencies feel they have a role to play in street outreach, they should be talking to each other in real time and sharing information to reduce stress on clients while also improving outcomes.

Currently, StreetSmart engagement information is only put in by staff at the end of the shift leaving information gaps for other teams interacting with that same individual even when access to the system is granted. In many cases, there is no access at all leaving some outreach workers completely in the dark regarding their peers' efforts to support their client.

Example of current gaps in street-facing coordination with StreetSmart:

- Steve gets engaged at 8AM today by a DHS Outreach provider, who updates StreetSmart at end of their shift (e.g., 4PM)
- Steve also gets engaged at 10AM by OMH SOS team who looks in StreetSmart and sees his last engagement was a week ago because DHS Outreach didn't update his file yet.

- SOS cannot input information into StreetSmart documenting their engagement/ case notes, so DHS providers are not automatically aware. SOS uses their own data system for NYS.
- Coordination between DHS providers and SOS is piecemeal, as some providers like BronxWorks and Breaking Ground operate both types of outreach but may have different catchment areas across their programs. The rest of DHS SHS and OMH SOS providers do not operate both types of outreach, so their staff need to be very intentional about communicating with other providers.
- Steve gets engaged at 2PM by a faith-based outreach team like the Bowery Mission, no access to StreetSmart.
 - Private outreach providers do not have a way to automatically document for the City that individuals are unsheltered to verify homelessness status for supportive housing applications, safe havens eligibility, etc., so a person may not be able to qualify for a voucher or access a safe haven if they're not "seen" by the right type of outreach.
- Steve is seen by a H+H SHOW mobile treatment van a day later.
 - H+H does not have access to StreetSmart, so if Steve is connected to care, they cannot update his file for DHS SHS providers working with him. Unless he discloses it when talking with DHS outreach (unsheltered individuals are not great personal historians), they would not be aware and not able to coordinate care.

And at the end of it, it looks like Steve was seen once in DHS StreetSmart, per the data even though he has been "helped" by four different outreach teams.

The proposed legislation would create a "Digital Platform" but, like the StreetSmart system, that platform would only be available to outreach workers, defined as "department staff or staff contracted by the department", i.e. DHS outreach. That would not solve "Steve's" problem of multiple helpers not having insight into what services are already being provided to him.

The legislation would be helpful to improve StreetSmart functionality by making it a mobile version available for DHS/contracted staff but because the language regarding ensuring the platform is integrated "in a manner that enables data sharing and longitudinal tracking of client outcomes over time" does not require the city to data share with other specific City or State agencies its utility will be limited. We would recommend the legislation be amended to require establishing MOUs with other government partners performing similar functions that extend real time access to both read and add to the case record across agencies.

Conclusion

Volunteers of America- Greater New York greatly appreciates the work of the Council and thanks you for your innovative ideas to improve the experience homeless New Yorkers have with City

services. By reducing barriers to access care and improving data sharing and coordination, the City will be better able to meet the needs of people experiencing homelessness.

Testimony respectfully submitted by Catherine Trapani. If you have any questions, please contact me at CTrapani@voa-gny.org