



## **Coalition for the Homeless Budget Checklist 2013**

### **NYS Office of Temporary and Disability Assistance (Restorations)**

- \* \$2,000,000 in TANF funding for Emergency Homeless Needs (distributed by RFP for multiple New York City organizations)
- \* \$250,000 in non-TANF Emergency Homeless Needs for households that are not TANF-eligible
- \* \$200,000 for its Client Advocacy Program, through which chronically homeless disabled people are assisted in securing Federal SSI/SDI, veterans benefits and housing
- \* \$1,600,000 to fully restore STEHP

### **NYS Department of Health**

- \* Restore and fully fund the HPNAP line item
- \* Support \$3 million proposed for the Long Term Managed Care Ombuds Program
- \* Support Increase in MRT Housing Funds
- \* Support \$10 million in Health Homes Enhancement Funds

### **Other**

- \* Support NYS Office of Alcoholism and Substance Abuse Services Housing increase
- \* Support \$1 Billion in New Housing Investments
- \* Support Increases in the Minimum Wage and Unemployment Benefit
- \* Support Extension of Unlicensed Practice and Corporate Practice Exemptions (Article VII and appropriation bills); request expansion to include OTDA and HUD entities that should previously have been included.

### **Help for Hurricane Sandy Evacuees**

City, State, and Federal relief agencies must work together to provide immediate help:

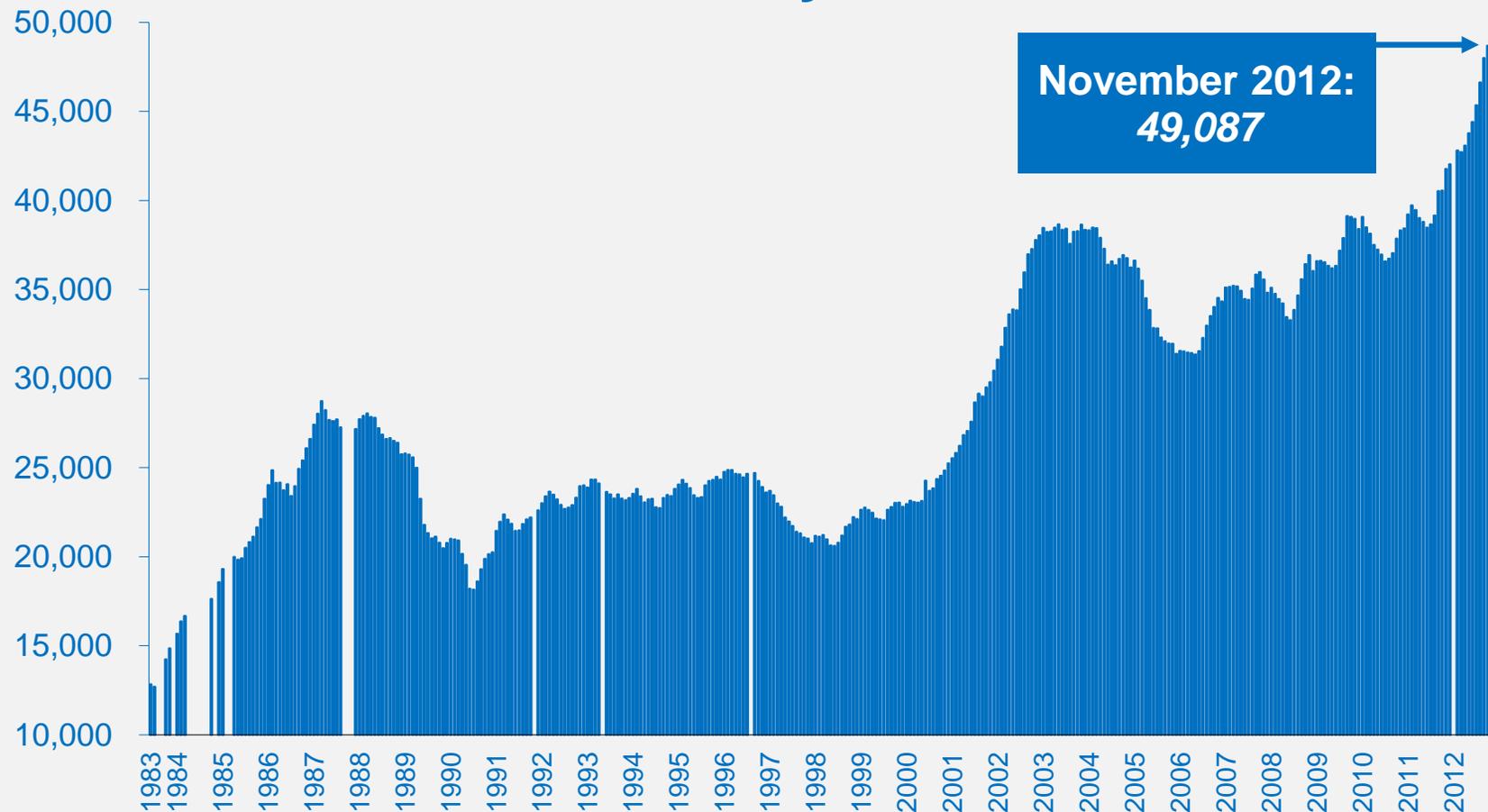
- Immediately move displaced people from hazardous/unsafe hotel conditions to safer hotels
- City must work with Federal government to secure long-term housing assistance, like the Section 8 vouchers provided to victims of Hurricane Katrina
- Ensure long-term housing resources are provided near displaced people's former homes
- Move people in hotels and unlivable conditions rapidly into apartments (FEMA pays for housing until Section 8 paperwork is completed)
- Provide food and transportation assistance until housing is located
- Provide alternate permanent housing for those ineligible for FEMA due to immigration status, makeshift nature of previous housing, etc.

# Coalition for the Homeless New Clients by Zip Code (2012)

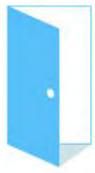


This map shows where the 4,349 new Coalition clients came from by zip code in 2012. The concentration is indicated by the shades of green, with yellow representing the lowest concentration, and dark green representing the highest concentration of 50 to 135.

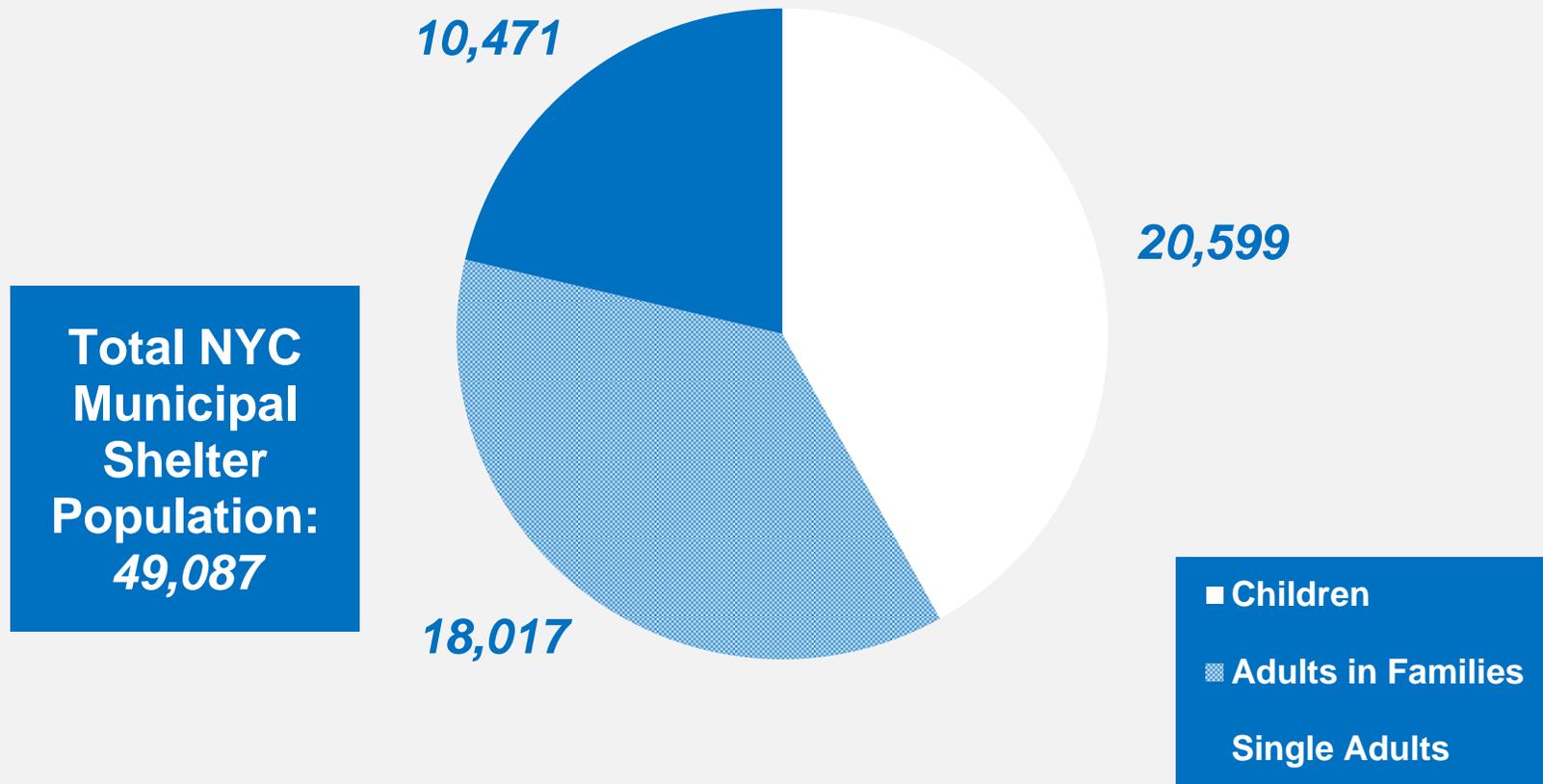
## Number of Homeless People Each Night in the NYC Shelter System, 1983-2012



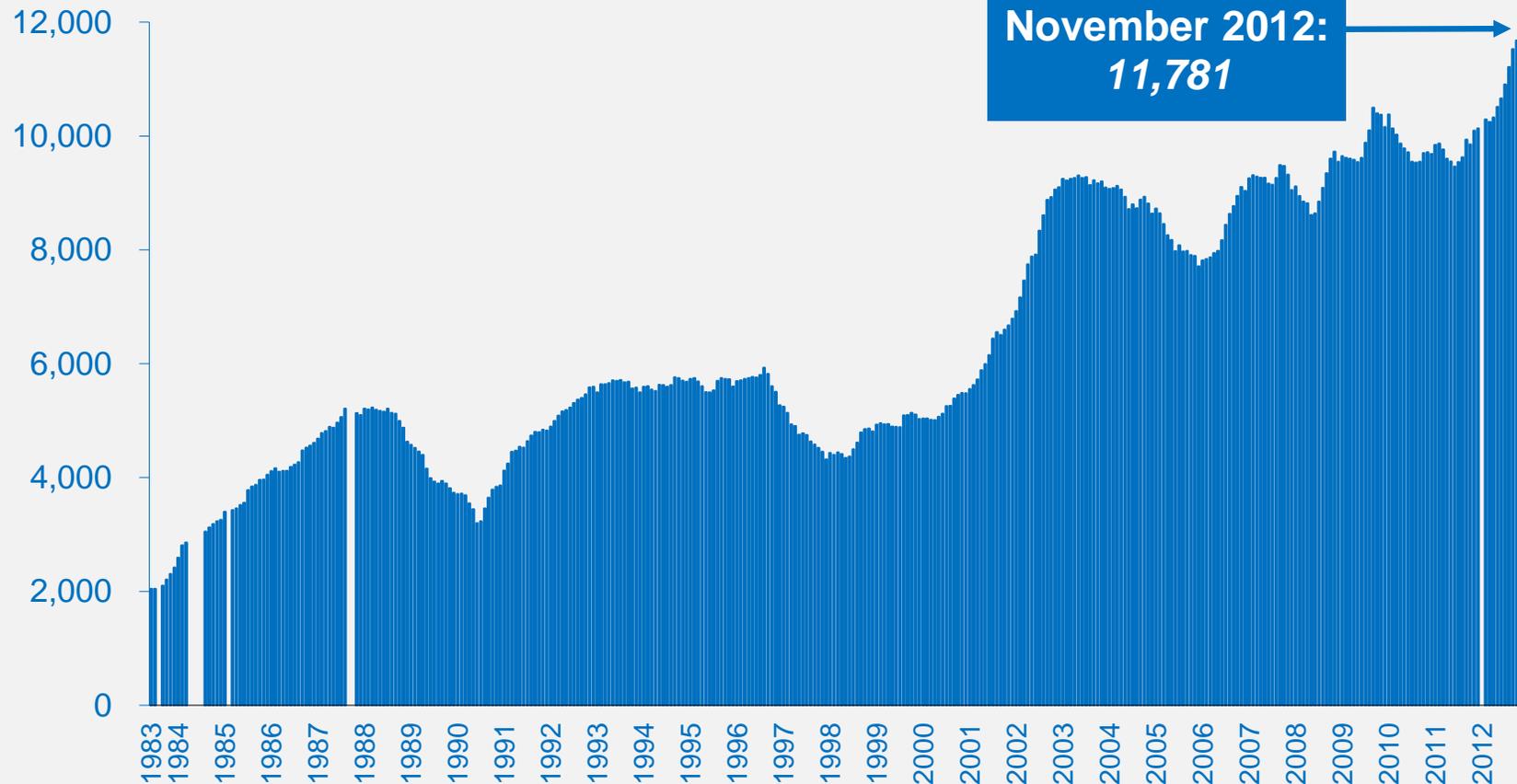
Source: NYC Department of Homeless Services and Human Resources Administration and NYCStat, shelter census reports



## Number of Homeless People Each Night in the NYC Shelter System, November 2012

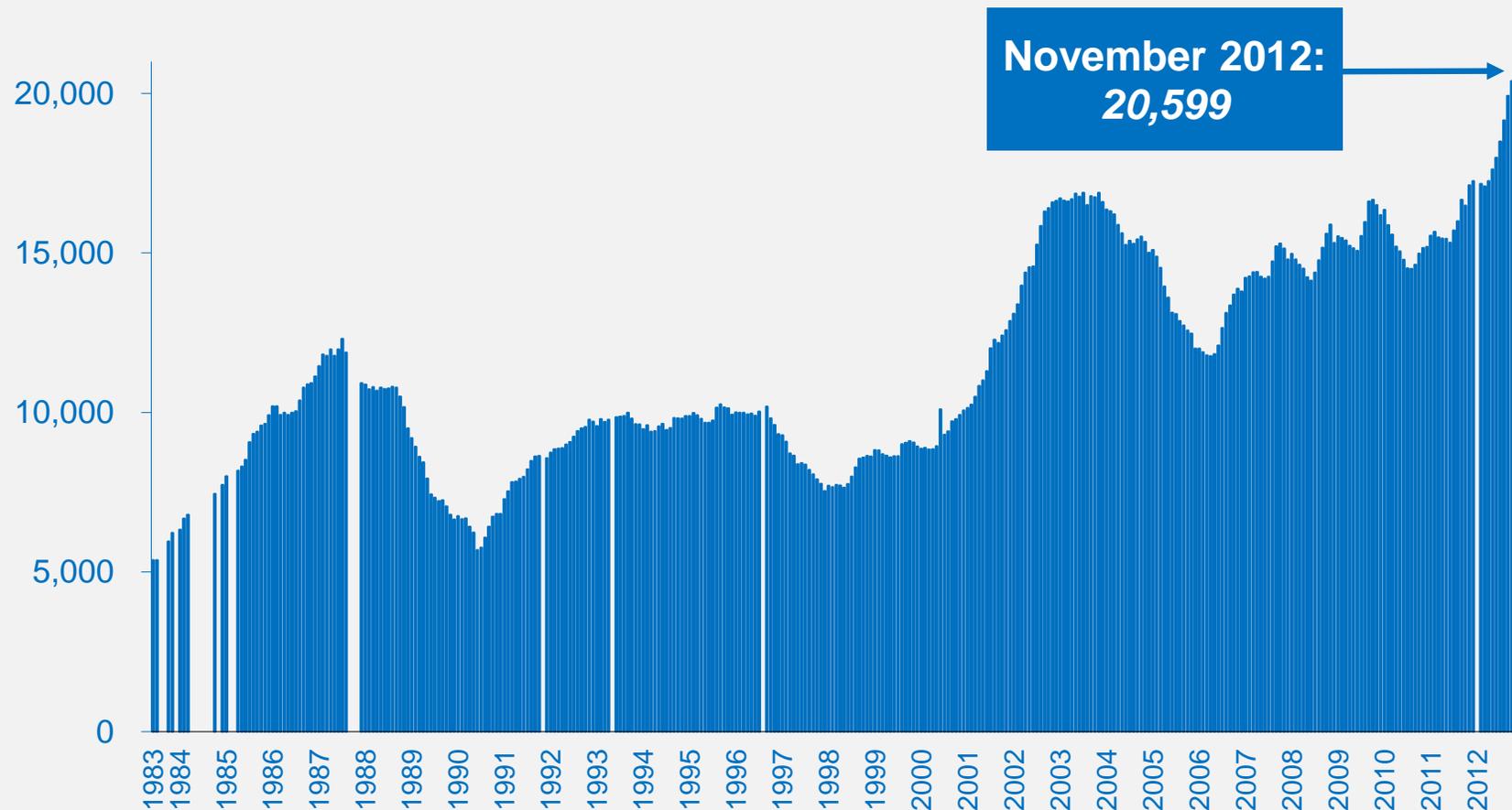


## Number of Homeless Families Each Night in NYC Shelter System, 1983-2012

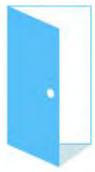


November 2012:  
11,781

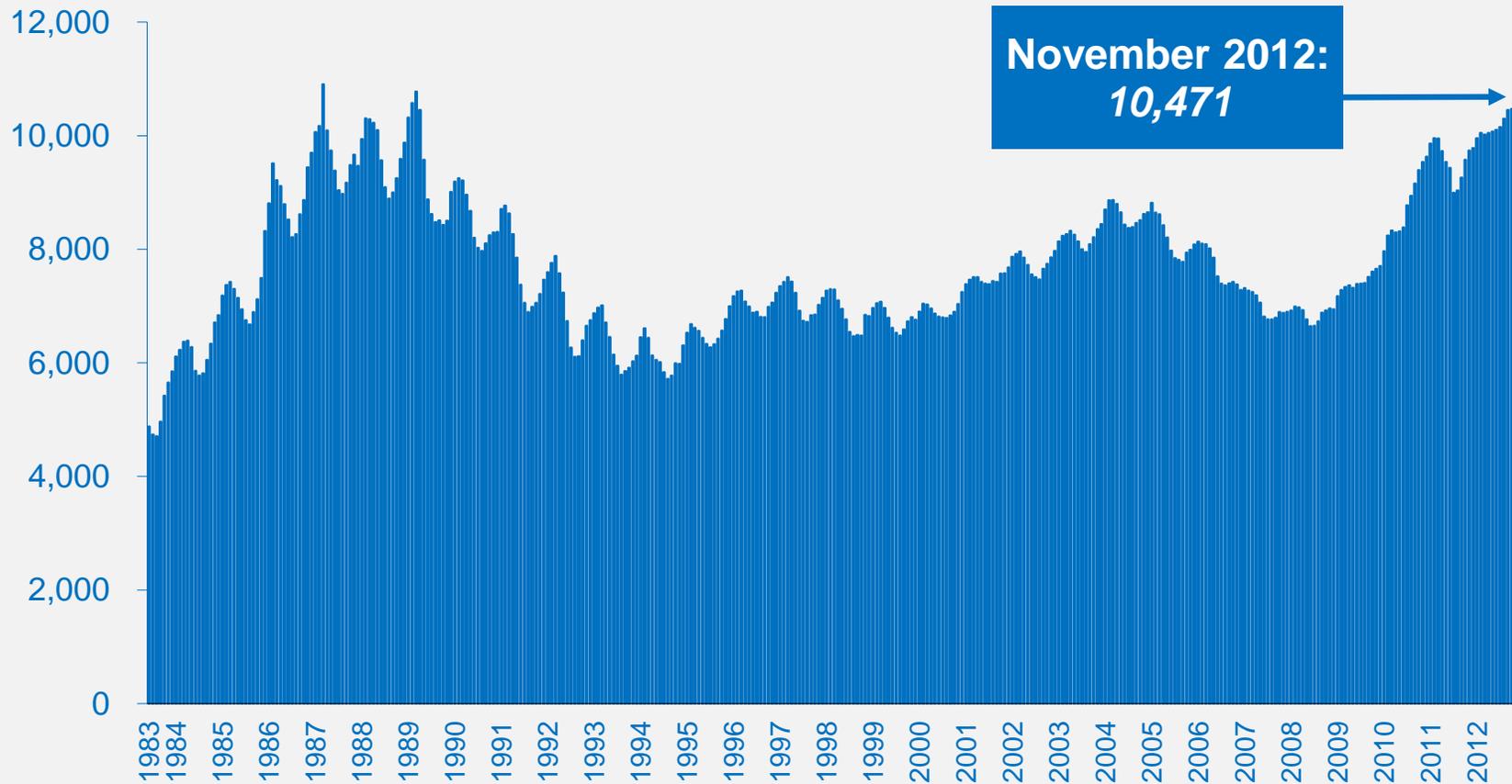
## Number of Homeless Children Each Night in NYC Shelter System, 1983-2012



Source: NYC Department of Homeless Services and Human Resources Administration and NYCStat, shelter census reports

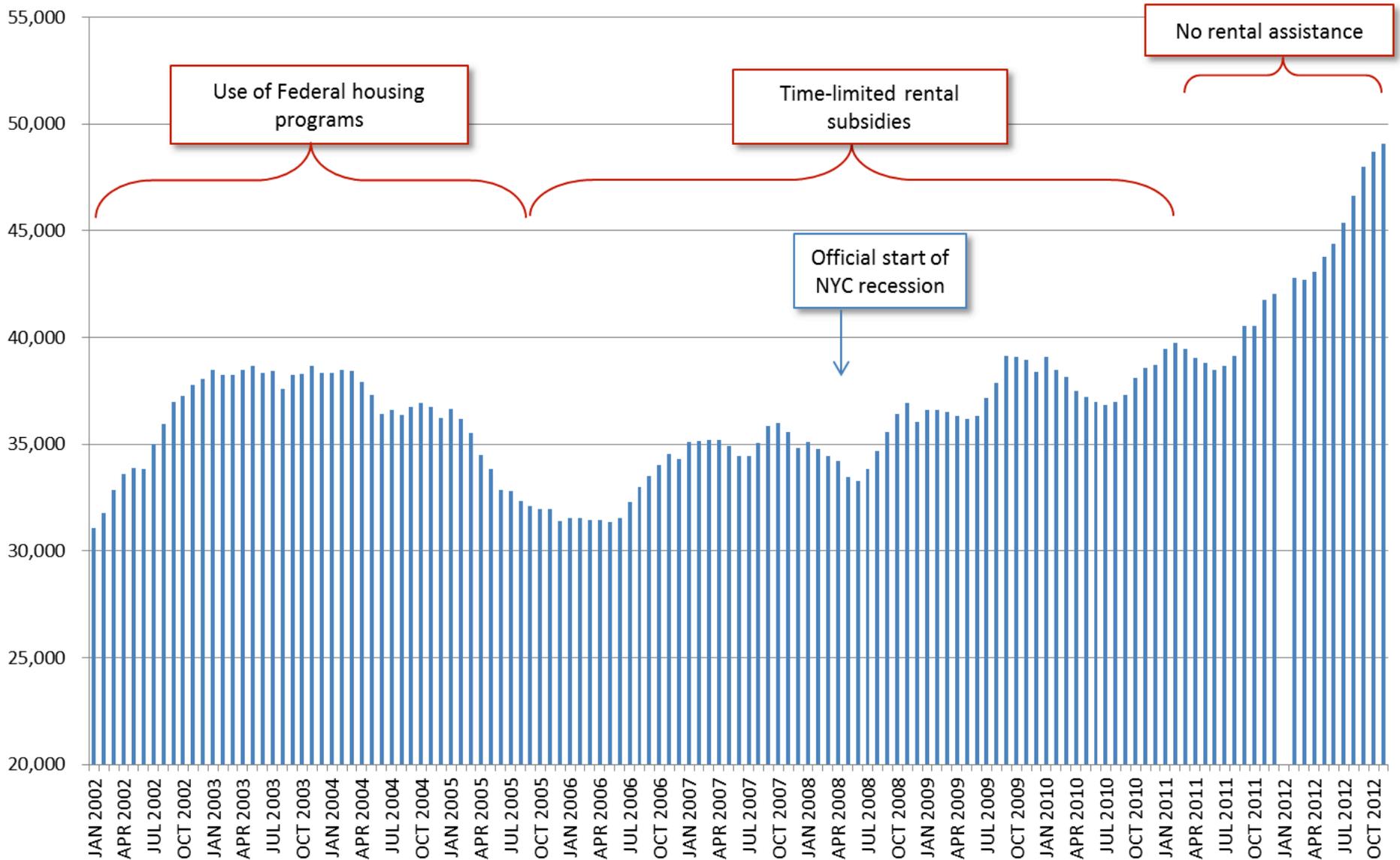


## Number of Homeless Single Adults Each Night in NYC Shelter System, 1983-2012



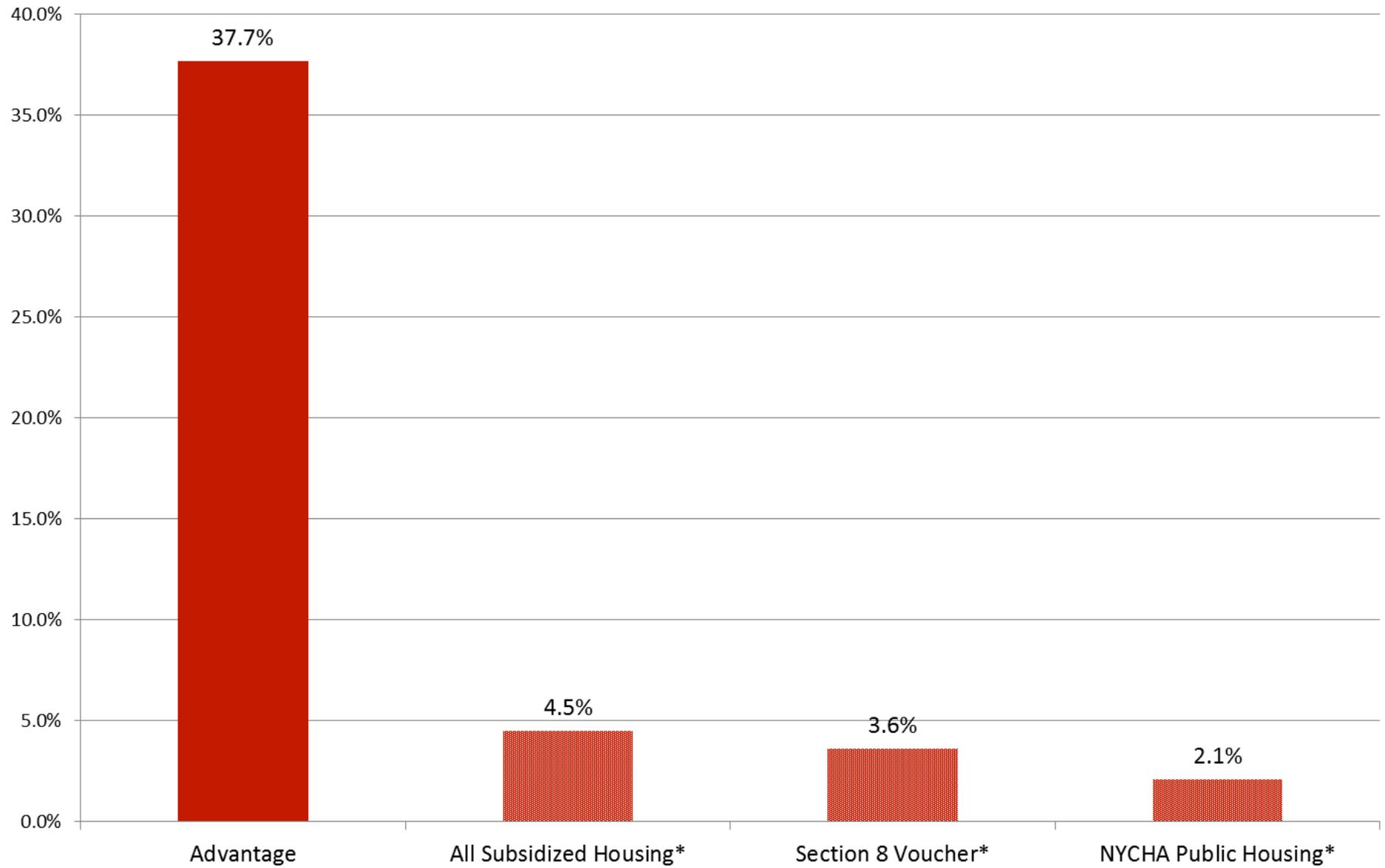
Source: NYC Department of Homeless Services and Human Resources Administration and NYCStat, shelter census reports

# New York City Homeless Shelter Population Under Mayor Bloomberg 2002-2012



Data Source: New York City Department of Homeless Services

## Shelter Return-Rate for Time-Limited and Non-Limited Subsidies

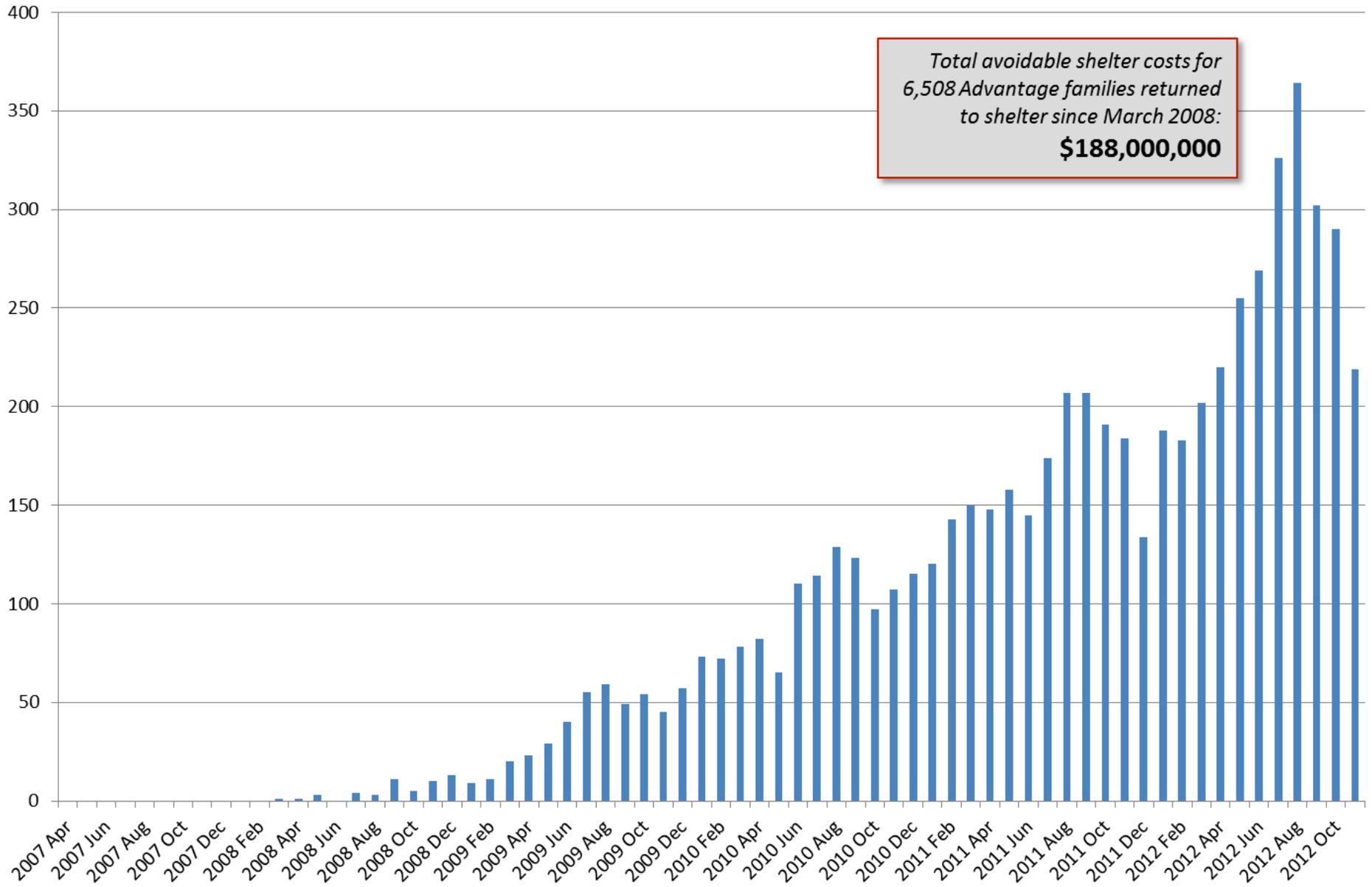


*\*Refers to families who exited shelter from 1994 to 2001*

**Source:** NYC Department of Homeless Services and Vera Institute, "Understanding Family Homelessness" (2005)

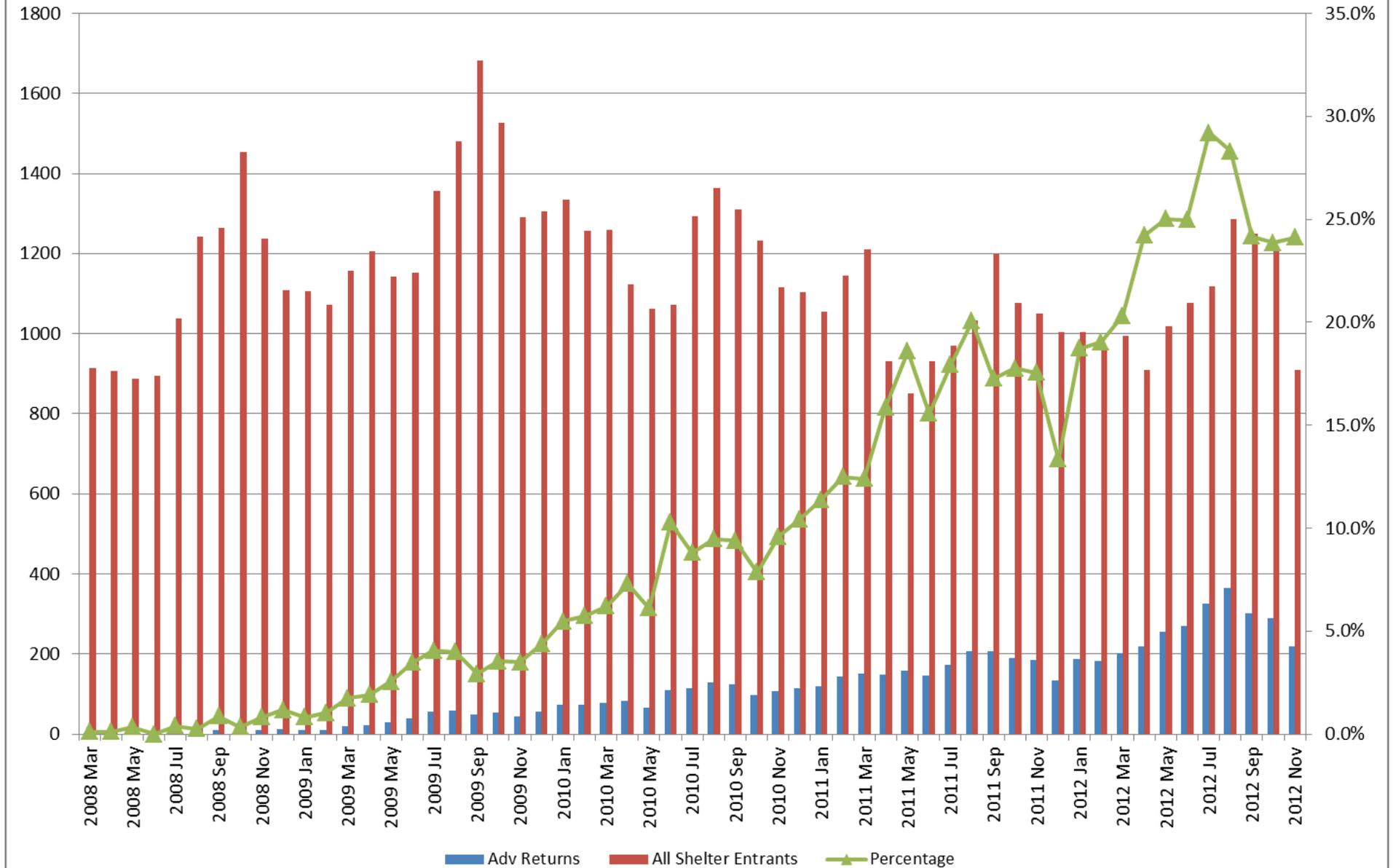
# Advantage Families Returning to Shelter Each Month

## Start of Program - November 2012

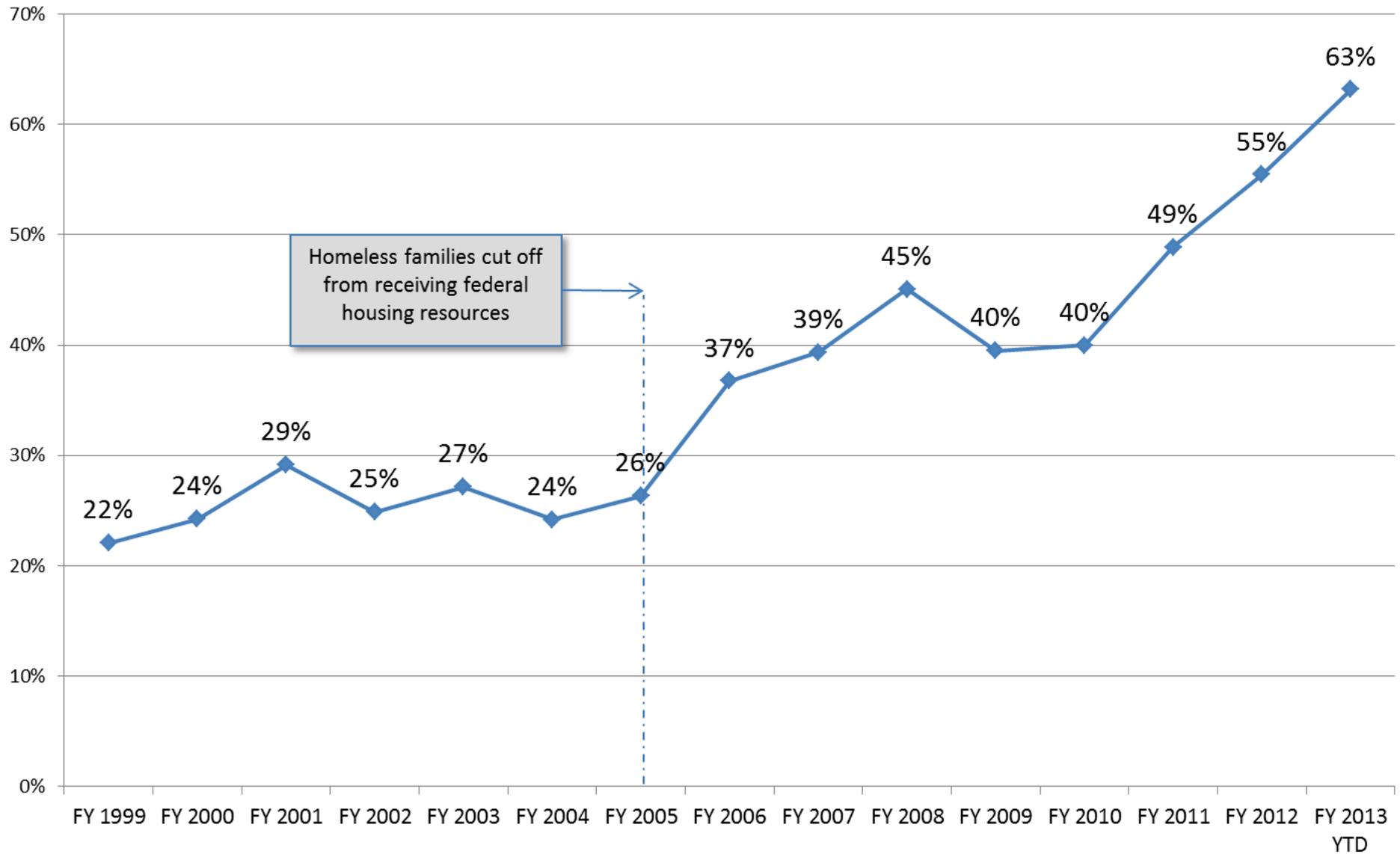


# Advantage Returns as a Percentage of Total Shelter Entrants

## March 2008 to November 2012

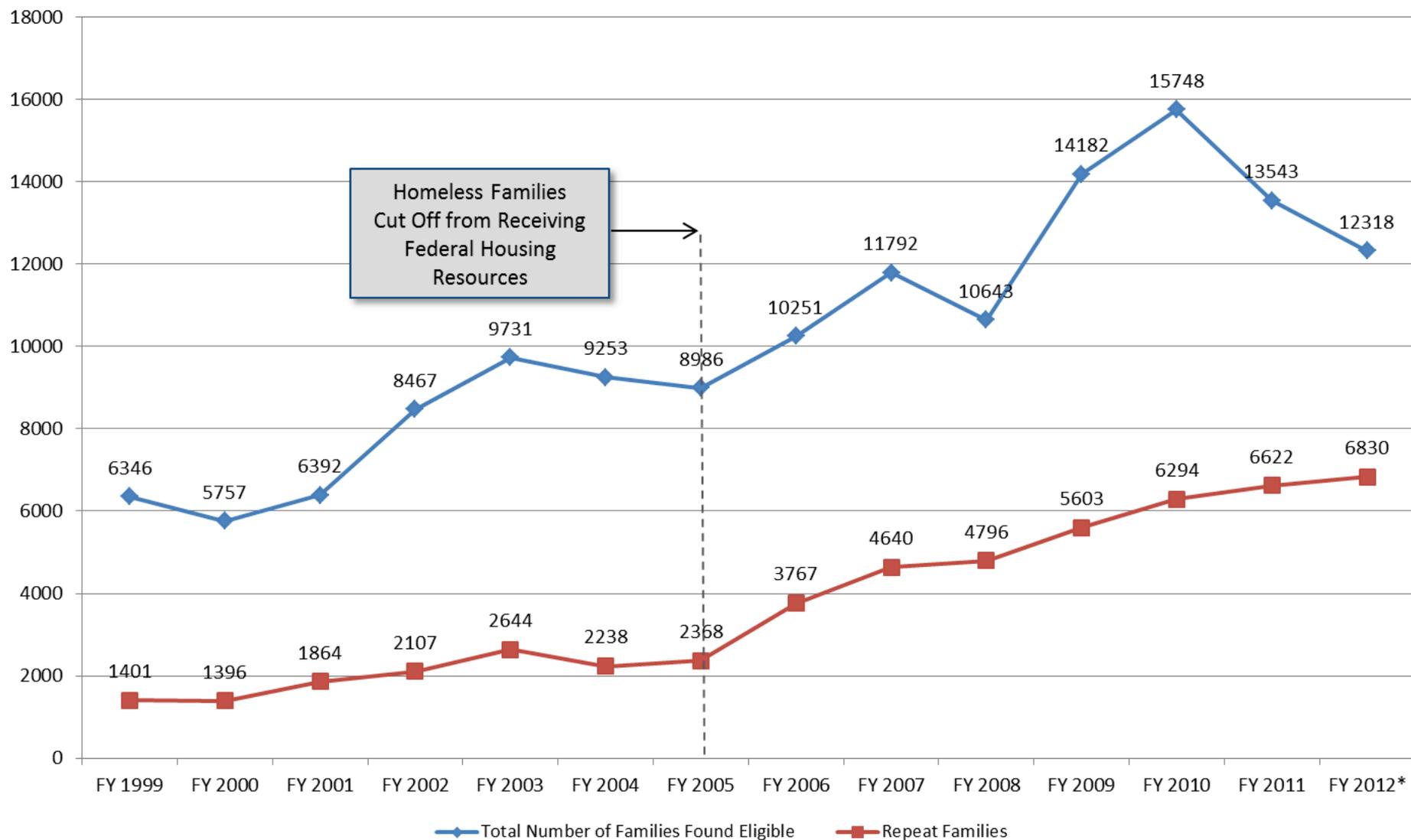


## Percentage of Families Who Have Had Prior Shelter Stays FY 1999 to FY 2012



Data Source: NYC Department of Homeless Services

## Total Families Entering the Shelter System and Those with Prior Episode of Homelessness, 1999 - 2012



**Data from the Department of Homeless Services (DHS). Note for FY 2012 Data:** Two months of data are permanently missing from DHS's record. As a result, we estimated their value based on existing trends.

# DAILY NEWS

New York

## City wasting Hurricane Sandy FEMA cash on roach-infested hotels and single room occupancies

**EXCLUSIVE: As of Friday, 800 Sandy households were still living in 50 hotels and SROs in the city. The Mayor's Office of Recovery has refused to release the complete list, but a spot-check investigation by The News found five that were full of safety and health issues.**

BY [GREG B. SMITH](#) / NEW YORK DAILY NEWS  
PUBLISHED: SUNDAY, JANUARY 27, 2013, 2:00 AM  
UPDATED: SUNDAY, JANUARY 27, 2013, 2:00 AM



JOE MARINO/FOR NEW YORK DAILY NEWS

A sign on the wall in an SRO at 1038 Faile St. in the Bronx warns displaced victims of Hurricane Sandy not to "feed roaches."

Cast adrift by Hurricane Sandy, dozens of storm victims have been placed by the city in squalid SROs and fleabag hotels plagued by vermin, housing code violations and fire safety problems, a Daily News investigation has found.

As of Friday, there were 800 Sandy households still living in 50 hotels and SROs around town. The Mayor's Office of Recovery refused to release the full list, but a spot check by The News found five full of safety and health issues.

"In the beginning, it was kind of shocking," said a stoic Antonio Ramirez, 60, who was placed in a decaying SRO at 1038 Faile St. in the Bronx that has been cited repeatedly for vermin and fire safety issues.

Ramirez's tiny, bare-walled apartment has no smoke detector, and outside next to a stove in the hallway a hand-written sign reads, "CLEAN UP AREA — DON'T FEED ROACHES!!!"



JOE MARINO/FOR NEW YORK DAILY NEWS

Antonio Ramirez, 60, has been residing in an SRO at 1038 Faile St. in the Bronx since being displaced by Hurricane Sandy from his lower east side basement apartment.

In July, the owners were cited when a broken drain pipe jutting out of a third-floor wall began spilling raw sewage into the air shaft.

That building and a sister SRO at 1033 Faile St. that also houses Sandy refugees currently have 45 open housing code violations. Neither building is registered with the city Housing Preservation & Development Department as required.

The Faile St. SRO was Ramirez's fourth stop after being washed out of his first-floor apartment near the East River in Manhattan by Hurricane Sandy.



JOE MARINO/FOR NEW YORK DAILY NEWS

A man who did not want to reveal his name lost all of his furniture when his Far Rockaway apartment was flooded. He now resides at the Park Avenue Hotel in East Harlem.

Last week, he says, a nonprofit agency that works with the city came to his apartment and told him, "You're going to have to leave the room because there's someone waiting for the room."

On Friday, Bloomberg recommended that Sandy homeowners choosing to stay in homes without heat seek the "alternative" of taxpayer-funded hotels, admitting with some understatement, "The alternatives are not living at the Ritz-Carlton."

FEMA spokeswoman Hannah Vick said all the hotels and SROs examined by The News were picked by the city and though the city can request reimbursement for costs, it has yet to do so.

The Recovery office spokesman Peter Spencer said the city has received only a handful of complaints from tenants at the rooms found by The News: "All those locations have been determined to be safe and the city continues to provide case management services to address any issues that arise and to get them to a permanent housing solution as quickly as possible."



JOE MARINO/FOR NEW YORK DAILY NEWS

The SRO Antonio Ramirez lives in in the Bronx has been cited for vermin, fire safety issues and a broken drain pipe that spilled raw sewage into the air shaft. His apartment also does not have a smoke detector.

While some lucky refugees were sent to Holiday Inns, Double Trees and even the W Downtown, the unlucky ones wound up in rundown rooms and were "given the runaround, moved again and again," said Giselle Routhier of the Coalition for the Homeless.

"It seems like the most marginalized people, the poorest people ended up in these places," she said. One of these places is the Park Avenue Hotel at 100 E. 125th St. in East Harlem, blocks away and a

world apart from Park Ave.'s Waldorf-Astoria.



JOE MARINO/FOR NEW YORK DAILY NEWS

The Mayor's Office of Recovery has yet to release the complete list hotels and SROs housing Sandy victims, but The News found five full of safety and health issues during a recent investigation.

There, single males and females and couples who were displaced from the Rockaways and Brooklyn have found themselves dealing with fistfights and angry disputes in the hallways.

"I had no idea where I was going, but it wasn't what I was really expecting," said a 20-year-old man staying in a cramped bedroom at the Park Avenue after losing his bed, sofa, TV and radio when his Far Rockaway apartment was flooded.

The Park Avenue has been the site of criminal activity in the recent past, including an August larceny arrest there and a 2010 incident in which a thug mugged an elderly tenant in the hallway.

The Rockaway refugee, who spoke on the condition of anonymity, said he kept to himself in his tiny room where the double bed takes up most of the space. "I don't get along with anybody here," he said. "I hear them arguing but I don't pay attention. "It's not really too safe. Nobody knows you so they be looking at you," he said.



JOE MARINO/FOR NEW YORK DAILY NEWS

One Sandy refugee was placed at the Park Avenue Hotel, located at 100 E. 125th St. in East Harlem. The establishment has been the site of criminal activity, including a larceny arrest and an incident where an elderly tenant was mugged. Residents have also complained of fistfights and angry disputes in the hallways.

The Park Avenue has 10 open housing code violations and the Buildings Department cited the owners in 2011 after the building's steel awning nearly collapsed onto the sidewalk.

Another garden spot where Sandy victims wound up is a fleabag at 104 W. 128th St. in Harlem — a building the city has said is chopped up into illegal apartments.

The Buildings Department issued a stop-work order there in January 2012, but the owners kept operating as an SRO. After Sandy hit, the city began placing Sandy victims there. As of last week, there were 34 open housing code violations.



TODD MAISEL/NEW YORK DAILY NEWS

Mayor Michael Bloomberg, pictured right with Brooklyn Borough President Marty Markowitz, recommended that Sandy homeowners living without heat seek “alternatives” to taxpayer-funded hotels, noting that the public-paid options would not be comparable to “living at the Ritz-Carlton.”

Days before Christmas, the city fielded yet another call about the illegal apartments there with more than the allowed six bunk beds per room.

That apparently was enough. On Jan. 18 — after Hurricane Sandy victims had spent months there — the city moved them to 2416 Atlantic Ave. in Brooklyn, listed as the King’s Hotel.

In June, the Fire Department found no second means of exiting at that building, records show.

Then there’s 1236 Atlantic Ave., where Sandy victims have been placed in a quasi-hotel that sits hard by the rumbling Long Island Rail Road and above a car wash. On Wednesday, undercover cops were seen handcuffing a suspect on the sidewalk a block away.

In recent months, the Department of Homeless Services began housing families there who have a 10 p.m. to 6 a.m. curfew. A guard is posted at the reception desk.

One tenant there who didn’t want to give his name said he had lost his home in the Rockaways and had been at the Atlantic Ave. address for weeks. He said he had no idea what was going to happen next.

The building has no certificate of occupancy from the city and in August inspectors investigated allegations of inadequate fire protection there, records show.

In agency records, an inspector asks, “Does BLDG require self-closing fireproof doors on all floors?” A tenant who spoke to The News described how residents routinely leave the stairwell doors open — a dangerous condition that can cause fires to spread from floor to floor.

The building also is not registered as required with HPD, the agency that monitors conditions in multiple dwelling buildings. Currently, there are 11 open housing code violations there, including citations for multiple smoke detectors that don’t work.

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Read more: <http://www.nydailynews.com/new-york/city-wasting-hurricane-sandy-fema-cash-roach-infested-hotels-article-1.1248619#ixzz2JI5woAFq>



## **Support for Managed Long Term Care Ombuds Program Appropriation for 2013-2014**

### **Position**

Medicaid Matters New York (MMNY) wishes to thank Governor Cuomo for providing the funds needed to support the establishment of the managed long term care ombuds program. This commitment to provide individual and systemic advocacy assistance for seniors and people with disabilities in managed care is consistent with the proposal offered by MMNY in 2012 (*see Background below*). We urge the Legislature to approve the \$3M provided for the “managed long term care ombuds program” in the Aid to Localities budget. This program will help managed care enrollees resolve disputes with managed care entities; monitor, document, and investigate systemic problems such as inadequate accommodations for people with mobility disabilities; offer information, guidance, and support; and provide direct representation in grievances, Fair Hearings, and appeals. With the implementation of mandatory Managed Long Term Care already underway, we support the establishment of this program as soon as possible.

### **Background**

In 2012, Medicaid Matters New York proposed that the NYS Department of Health establish a Medicaid Managed Care Ombudsman Program modeled in part on a successful program operating in the state of Wisconsin. Through a series of meetings with a variety of stakeholders and government agency officials, an MMNY workgroup developed the concept and proposed a framework for the program. At the same time, the NYS Department of Health took steps to advance the idea by including ombuds programs within its Fully Integrated Duals Advantage Program proposal and the “Super Waiver” NY Partnership Plan amendment application. Approval of the Super Waiver application would provide \$23 million for a statewide ombuds program over five years.

There are at least 1.3 million New Yorkers with disabilities or chronic illnesses in the Medicaid program, including those eligible for both Medicaid and Medicare. The care and supports for those with high needs cost \$31.1 billion per year. In addition, other recipients with less extensive needs also likely require some degree of assistance in accessing services and supports, as well as help to protect their rights in the new care management settings.

The concepts advanced by MMNY for the ombuds program arise from the recognition that individuals throughout the State will require expert assistance as they adjust to the shift to mandatory enrollment in Medicaid managed care. For people with disabilities and chronic illnesses, including seniors, this policy presents significant changes in how they access health and mental health care services because many have previously been exempt or excluded from mandatory enrollment.

An ombuds program would help recipients understand how to access services in a managed care environment; help them secure a change in or restoration of benefits, services, or supports; support advocacy to obtain accommodations for their disabilities; and provide systemic advocacy to address

patterns such as improper notices, inadequate networks or accommodations, or unlawful care management practices. In addition, the program would benefit recipients in Medicaid managed care generally as they would be able to access an enhanced information and referral system with automated guidance by telephone as well as general advice and referrals from well trained advocates situated in their own communities.

This initiative would also provide a broader benefit to the State. By intervening in these ways at the local level, the program would help resolve problems as they arise and save scarce public resources that would otherwise be spent on costly litigation and financial penalties for unlawful practices and procedures employed by Medicaid managed care entities. Further, it would provide a cost-effective way to improve managed care “literacy” for the neediest recipients who have not previously had to make their way through the various managed care processes. Thus, this program will benefit enrollees, managed care organizations, and the Department of Health.

### **Program Design**

Consistent with the recommendations of MMNY, the program should have a minimum staffing ratio of one advocate for every 2,500 recipients with disabilities or chronic illnesses. It should be phased in over four years, and the initial populations to be served would be the managed long term care group, followed by the behavioral health, chronic medical, and intellectual/developmental disability groups.

The ombuds program should be configured as a “hub and spokes” support system with centralized advisory, management, procurement, training, and quality assurance functions (Coordinator); and subcontracts with local community-based programs (Centers). Contracts should be awarded through competitive processes, and no less than 80 percent of the program funds should be allocated to the Centers in local communities. The Coordinator should assure adequate coverage throughout the state, and provide directly or by sub-contract adequate support services including training and consultation in both Upstate and Downstate regions. Each Center should have at least one full-time lawyer, and one full-time disability specialist either on staff, or provided for by sub-contract, and each should be required to provide all of the following services:

- ✓ Information, technical assistance, consumer education, and community training on obtaining Medicaid and Medicare services and coordination, supports, and protection of due process rights.
- ✓ Advice and assistance in preparing and filing complaints, grievances and appeals of complaints or grievances, including preparation of documents and guidance for self-advocacy.
- ✓ Negotiation on behalf of both individuals and groups.
- ✓ Individual case advocacy services including interpretation of statutes, rules, or regulations, as well as accompaniment and legal representation in administrative hearings or any other judicial proceedings relating to managed care services, coordination, or benefits.
- ✓ Systemic advocacy to ensure timely and adequate access to all services or supports a beneficiary is eligible to receive, including accessible and effective notices; the Federal Americans with Disabilities Act, as well as State and local laws regarding accommodations; adequate translation and interpretation assistance; preservation of due process rights; and identification of and referrals to outside resources to address any systemic issues that fall outside the scope of the program.

*For additional information, please contact the co-authors of the MMNY proposal, Leah Farrell (lfarrell@cdrnys.org) and Shelly Nortz (snortz@cfthomeless.org).*

## **Talking Points on Social Work Licensure and the Other Mental Health Professions**

There are three core and inter-related issues that have generated proposals to change requirements relating to Social Work Licensure and the other Mental Health professions: the corporate practice prohibition; the impending expiration of the unlicensed practice exemptions on July 1, 2013; and problems with the breadth of the scope of practice definition.

The associations and organizations working together to address these issues have participated in various formal and informal discussions since 2010 with legislators, social work associations, regulators, and the Executive Chamber. All agree that these three issues must be addressed and have taken positions in support of various solutions.

### **Corporate Practice**

***With respect to corporate practice, social workers and other mental health professionals should be granted the same exemption from the legal restriction on their employment that some other professions (like optometrists and audiologists) have.*** This is the position that 90+ organizations took in a letter to Governor Cuomo as well as legislators and regulators last year. This exemption would take the place of the burdensome and ineffective Corporate Practice Waiver. Many also take the position that non-profits should be given a blanket exemption from the corporate practice prohibition.

Outstanding complaints about the Corporate Practice Waiver have not been addressed despite many hours of meetings intended to make the program less intrusive and manageable. They are that the waiver only applies to non-profit entities; that most other professions are not burdened with such a requirement even though many of their number are employed in this sector without benefit of operating certificates or other authorization; and the fact that all directors, not just officers are subject to the moral fitness requirement, and that it requires the submission of actual court records for even minor offenses from many years ago. The requirement that waiver applicants filing after July 2012 must demonstrate to the NYS Education Department that they are serving an under-served population or providing services in a shortage area is objectionable to many as well. SED has no expertise to assess this, and has no role in funding or regulating the vast majority of the affected organizations.

### **Unlicensed Practice Exemption**

***With respect to the unlicensed practice exemption, it is clear that the exemption must be continued.*** Regulators and providers alike have called for the exemption to be made permanent, and the Medicaid Redesign Team approved a proposal to extend the exemption for three years. Further, there have been calls for an expansion of this exemption to include entities (such as licensed homeless shelter providers and HUD-funded homeless service providers) not covered by the current exemption. Many of those subject to the exemption will, in its absence, also become subject to the Corporate Practice Prohibition and Waiver requirement. Which entities would be required to apply for the waiver has been the subject of inconsistent statements by SED regarding the effect of the repeal of the unlicensed practice exemptions on the exemption from the waiver requirement which lies in another section that is not subject to repeal, but references the soon-to-be repealed sections. This question must be settled clearly.

The cost to the state budget in order for the exempt agencies to comply with this requirement would reach several hundred million dollars per year, and most exempt entities would find, on expiration of the exemption, that there are no where near enough licensed professionals available to fill the positions now occupied by people with lesser credentials. Likewise, in the absence of additional state funds, the certified entities not yet exempt also have no means to set about requiring licenses for all of their restricted titles presently occupied by those who do not have these credentials.

### **Scope of Practice**

*With respect to scope of practice, clarification and revision of the activities that fall within the restricted scope of practice for Licensed Social Work and the other Mental Health professions is necessary.* The activities of counseling and assessment, as well as diagnosis and other activities using “clinical” terminology have emerged as problematic because so many workers without licenses or even without credentials beyond a high school diploma perform them in a wide variety of certified settings. These are complex issues that will take time to resolve, and once they are resolved, it is possible that the Unlicensed Practice Exemption will become obsolete for some if not many settings.

November 8, 2012

Section 6503-a of the education law is hereby REPEALED and replaced by a new section 6503-a to read as follows:

§ 6503-a. Exemption for entities providing certain professional services.

1. Notwithstanding any laws to the contrary, an entity may employ or contract with a licensed professional to provide: (i) services provided under article one hundred fifty-four or one hundred sixty-three of this title for which licensure would be required; or (ii) services constituting the provision of psychotherapy as defined in subdivision two of section eighty-four hundred one of this title and authorized and provided under article one hundred thirty-one, one hundred thirty-nine, or one hundred fifty-three of this title.

2. Such services may be provided either directly through the entity's employees or indirectly by contract with individuals or professional entities duly licensed, registered, or authorized to provide such services.

**Article VII excerpt on Social Work and licensed mental health professions.**

25 § 98. Section 9 of chapter 420 of the laws of 2002 amending the educa-  
26 tion law relating to the profession of social work, as amended by chap-  
27 ter 132 of the laws of 2010, is amended to read as follows:

01/20/13 390 12571-01-3

1 § 9. [a.] Nothing in this act shall prohibit or limit the activities  
2 or services on the part of any person in the employ of a program or  
3 service operated, regulated, funded, or approved by the department of  
4 mental hygiene, the office of children and family services, **THE OFFICE OF TEMPORARY  
AND DISABILITY ASSISTANCE**, the depart-  
5 ment of [correctional services] corrections and community supervision,  
6 the state office for the aging, the department of health, **THE UNITED STATES  
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**, or a local  
7 governmental unit as that term is defined in article 41 of the mental  
8 hygiene law or a social services district as defined in section 61 of  
9 the social services law, provided, however, this section shall not  
10 authorize the use of any title authorized pursuant to article 154 of the  
11 education law[, except that this section shall be deemed repealed on  
12 July 1, 2013; provided, further, however, that on or before October 1,  
13 2010, each state agency identified in this subdivision shall submit to  
14 the commissioner of education data, in such form and detail as requested  
15 by the commissioner of education, concerning the functions performed by  
16 its service provider workforce and the service provider workforce of the  
17 local governmental units and social services districts as defined in  
18 this subdivision over which the agency has regulatory authority. After  
19 receipt of such data, the commissioner shall convene a workgroup of such  
20 state agencies for the purpose of reviewing such data and also to make  
21 recommendations regarding amendments to law, rule or regulation neces-  
22 sary to clarify which tasks and activities must be performed only by  
23 licensed or otherwise authorized personnel. No later than January 1,  
24 2011, after consultation with such work group, the commissioner shall  
25 develop criteria for the report required pursuant to subdivision b of  
26 this section and shall work with such state agencies by providing advice  
27 and guidance regarding which tasks and activities must be performed only  
28 by licensed or otherwise authorized personnel....]