

# CIH CANADA STUDY TOUR NEW YORK CITY MAY 2023

Summary  
Notes



By **Nick Falvo**, PhD

July 2023

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## Study tour overview

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In May 2023, the Chartered Institute of Housing partnered with Nick Falvo Consulting to organize a homelessness study tour of New York City. The group consisted of 30 Canadians from the non-profit sector, government, law enforcement and academia. It toured six sites over a three-day period.

The present document provides an overview of all site tours and includes analysis written by Dr. Nick Falvo, Dr. Abe Oudshoorn, and James Hughes.

## Day 1: Wednesday, May 24, 2023

### BronxWorks

#### *The Living Room*

**800 Barretto Street**

#### Site leaders:

##### **Noel Concepción**

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BronxWorks receives funding from the New York City Department of Homeless Services (DHS) to deliver services (DHS contracts out to non-profits such as BronxWorks to do most of the direct service delivery, the largest portion of which is shelters).

BronxWorks holds the DHS street outreach contract for the Bronx; they also run three safe havens, three stabilization bed programs, a men's mental health shelter, three family shelters, and a sanctuary shelter for newly-arrived migrants.

Save Havens: We have a Safe Haven on site here. It's co-ed and has 50 beds. Save Havens are an alternative to traditional shelters; they're more for people who are resistant to shelters and often for people who have experienced long-term homelessness. They typically offer more privacy (single, double, or triple occupancy rooms) than the traditional dorm-style shelter. "Low threshold" means no sobriety requirements. No curfews. Barrings are rare. You don't lose your bed if you're away from for a few days. Security staff are on site 24/7, and social services are available six days a week. Having said that, residents do not have their own keys to their rooms. Clients are not permitted to store or use drugs and alcohol on-site.

We do outreach and try to get people permanent housing.

Some people are even resistant to Safe Haven beds and choose to sleep on chairs in our drop-in shelter. We work on getting them sleeping in more comfortable areas.

The refugee situation has had a more prominent impact on the family shelter system (and the traditional shelter system generally). BronxWorks has a facility just for recently-arrived migrant families claiming refugee status.

Although New York takes a Housing First approach in that sobriety or treatment enrollment is not required, it is still a very lengthy process to obtain permanent housing (i.e., centralized intake, documentation, established income, comprehensive psychiatric evaluation, documented history of homelessness, etc.). Even once a person's deemed eligible, they have to be interviewed by the housing provider. Some housing providers then cream. So the emergency approaches we're discussing today are very important.

There's limited data-sharing amongst homeless service providers in New York. Staff can look into the



database and see where else a person has been in the New York shelter system. But they can't get additional info on that client from the database unless the client is currently enrolled with their facility or program. Street outreach teams have a separate database where they can see all encounters and placements an individual has had with other outreach teams across the five boroughs.

All the staff here are trained in Narcan (i.e., naloxone). Some are "champions," meaning they can train other staff on Narcan.

Care for the Homeless operates a medical clinic here and also provides street medicine services with the outreach team.

New York City (NYC) is behind Canada on safe injection. NYC just opened the United States' first two Overdose Prevention Centers last year (they are located in Washington Heights and East Harlem in Manhattan). We'd like to get one in The Bronx.

**Westchester Avenue Safe Haven (WASH)**

**1101 Westchester Avenue**

**Site leader:**

**Nikki Bibby-Poe**

Program Director, Westchester Avenue Safe Haven (WASH)

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This is another Safe Haven, but all residents at the present site are over age 50.

BronxWorks leases this building from a private owner. This building used to be a hotel.

All genders welcome at this site.

No shared rooms here. Every resident has their own bathroom (this is unique among Safe Havens in NYC). All rooms have their own televisions. There are 63 units here (including 2 ADA units).<sup>1</sup> Rooms vary in size. It does get comfortable for some residents (and some residents are fearful of living alone; lots of anxiety). We provide 3 meals a day here.

Couples cannot stay together in the same room here.

Each resident at this site can bring up to two bags of belongings. We search for contraband. All belongings have to be searched on entry.

Even with Safe Havens, some persons do not want to come inside. Some don't want to be searched on entry.

People are referred here by outreach teams. Outreach teams typically bring the person here.

It's a lot of work (e.g., documentation) to get permanent housing (see notes above re: the 800

Barretto Street site). In order to get a person permanent housing, a "housing package" gets sent off; info will then come back as to what category the person fits into for services (e.g., Category A, Category B, etc.). With high chronicity, the person has access to more options. Category A (designated for those who meet the clinical definition for Serious Mental Illness) typically has the most opportunities. This can create frustration among other residents (i.e., when they see that somebody else get more supports). More information on these categories can be found [here](#).

Sometimes a person arrives here with a housing package already.

Emotional support pets are allowed here, with documentation.

We do wellness checks every two hours on clients (with very high-risk clients, we may check every hour). We knock and have to see the person. We typically do not do such wellness checks between 12AM and 6AM.

Our searches on entry are quite thorough.

We might Narcan someone 4-5 times per year.

Drug use does not disqualify a person from access to a Safe Haven. But it may require a meeting and might increase frequency of wellness checks.

<sup>1</sup> ADA is the acronym for Americans with Disabilities Act.

The ultimate goal for us is permanent housing, and we have performance indicators requiring us to move people into housing. We don't kick people out per se; but we do like to motivate them to move on to permanent housing. We have one client who has been here since we opened in 2020.

We have a strong focus here on rehousing people.

We embrace Housing First in principle.

We aim to move 14 people into permanent housing per year (that's roughly 20% of our residents on a typical night).

DHS sends us housing possibilities (this is where most of our placement opportunities come from – not clear if they draw on a wait list). Also, our Housing Specialist also goes out and finds other opportunities.

Most of our residents who move on from this particular Safe Haven end up moving out into supportive housing buildings that have staff on site (e.g., case managers and social services other staff).

Some of our referrals for housing are for supportive buildings for residents over 55.

## Community Access

### ***985 Bruckner Blvd. site***

### **Site Leader:**

**Cal Hedigan**

CEO

Community Access

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This particular site is a 215-unit supportive housing building. It includes families, and some income mix (including affordable housing for families).

This is the first building we were apart of where we were integrating families coming out of shelter system with singles with serious mental health challenges. It's our preferred model, as it contributes to neighbourhood integration.

Community Access has been around since 1974. It was founded by friends and family members of psychiatric patients and had a strong housing focus from the start. Housing has always been the core of who we are.

We began with a 44-unit apartment building. Today we have over 1,400 units of housing across 22 sites and 4 boroughs.

Today, all services we offer are for people with mental health challenges.

Major focus on housing, training and employment.

Peer expertise and harm reduction are very important to our work.

We have a supported education program.

We have a program where people can self-direct some of their Medicaid (i.e., publicly-funded health insurance) funding toward their own recovery.

This particular site has families with children (20 supported families). Also, bachelor units for people with serious mental health challenges. Also, some units for low-income households who went through a community lottery. One unit has a mom with 5 small children.

Tenants here (at 985 Bruckner Blvd.) can stay forever; it's their "forever home." Most of our housing programs allow tenants to stay indefinitely (though we also have a program that helps prepare people for permanent housing).

Some tenants here are referred directly from the shelter system and transitional housing.

Some of our tenants have come from BronxWorks.

This building has 215 units. It includes 90 SROs, 20 families (must have experienced homelessness for at least one year), and 100 community tenants (low

income – all came from shelter system, but they typically don't need intensive wraparound supports on a regular basis).

Rent charged is 30% of household income. Income is verified annually.

This particular site is very independent. But there are at least two check ins each month per tenant.

The building has a considerable amount of common space—e.g., an exercise room, a large garden, a bicycle room, a very comfortable television room, a children's play space.

Rooms are fully furnished upon move in.

We're working on getting our kitchen up to code so that our tenants can start using it.

All of our housing is "integrated," meaning some tenants have serious mental health challenges and others do not; some of our tenant households are low-income families without disabilities. This formula/approach is largely imposed by city/state regulation that has been in place since 1994.

Initially, most of our buildings had about 60 units each. But we're finding it makes more sense to develop larger buildings, especially with the rising cost of real estate.

This building has 24-7 front desk staff.

We are both the landlord and the service provider. We're a real estate developer, a property manager and a service provider.

We have a pet access program. We encourage our tenants to own pets.

Staffing: Community Access is committed to hiring a workforce that is at least 51% 'consumer staff' (i.e., persons who have personal experience with mental health system) in all of its departments and programs and at all levels of management. We believe that how we support "peer identified" staff is how employers should treat all staff. We want all of our staff treated in the same way. This means eliminating formal education requirements (unless those requirements are in the funding contract). We're more interested in the applicant's commitments to values and lived experience.

Intensive Mobile Treatment is a new model being offered in NYC. It's very similar to an ACT Team but has a smaller caseload.

Most of NYC's supportive housing is developed through Low Income Housing Tax Credits. The state provides operating funding. State and city both provide funding. All of our buildings are built with public funding. The city and state both assist, and provide guidelines.

When we develop housing, we start by buying land. We then hire the construction manager directly.

We don't mandate our tenants to discuss medication with a professional (though we do encourage it).

Community Access is seeking to double in size (in terms of total units). We want to get to 4,000 units.

This building has no parking requirements.

## Day 2: Thursday, May 25, 2023

### Brooklyn Public Library

#### Site tour leaders:

**Carrie Banks**

Supervising Librarian, Inclusive Services  
Brooklyn Public Library  
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**Brenda Bentt-Peters**

Community Outreach Supervisor  
Outreach Services  
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Cell: 347-684-1686

We partner 13 family shelters. Includes story time, arts and crafts.

We like to get the parents and children learning together. Early literacy is largely about forming relationships. You read with people early on.

We give kids their first library cards.

We bring kids to the library. This encourages parents to then take their kids back to the library.

We now take the Kidsmobile to various shelters on a regular basis.

A very large percentage of unhoused children have a learning disability; and many have behaviours that would suggest an underlying mental health challenge.

Sometimes with this work, there can be pushback from some library staff.

Brooklyn Public Library started taking Kidsmobiles to family shelters (previously, the Kidsmobile had been taken to schools).

Brooklyn Public Library is fine free.

We're flexible on 'proof of address.'

We're quite lax. We want books to be returned, but we know some won't get returned.

We take the bookmobile to neighbourhoods and then direct people to go to local branches.

BPL offers some trauma-informed training to their staff. We're also developing some training for children's librarians on grief/loss.

Many of the schools we go to with Bookmobile don't have libraries.

We have social work teams that come and do "hours" at several of our branches.

We have a role to play with correctional facilities. Families can come to libraries and video conference with an inmate.

There's also a Techmobile that brings technological products to communities. This is equipment that is too expensive for low-income households to buy on their own. This includes film equipment and DJ material. We also have an ARTmobile for people to come in and do art.

Kidsmobile operator often engages with children as parents explore their own reading interests.



## NYPD Police Academy

### Site tour leader:

**James Holmes**

Director

Academy for Justice-Informed Practice

CUCS Institute

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The Center for Urban Community Services (CUCS) does four-day trainings with all of NYPD officers.

Formal name of this initiative: Crisis Intervention Training. It's actually a national movement. It was invented elsewhere. There's a CIT International conference every year.

We involve professional actors and actresses. All New York City police officers have to do this. We do the training with NYPD trainers; so it's a joint effort.

That training takes place at the police academy.

We have real life trainings in mock subway cars.

During the training, persons with lived experience with mental health challenges and law enforcement come in to share their stories.

We also discuss the history of deinstitutionalization in New York state.

New recruits have to do six months on the job before starting CIT Training.

Training often involves making trainees uncomfortable during role play. Encourage mistakes to be made at the trainings.

We encourage active listening.

CUCS teaches with senior officers, bringing clinical expertise into this. It's been about six years now. CUCS and NYPD developed the curriculum together.

CUCS coordinates the actors and the consumer panel. CUCS tends to take more of the clinical material; NYPD teach the police procedure and tactical stuff.

Real actors are used.

We do training for police officers from other states (e.g., Boston, Chicago) and sometimes other countries. Other law enforcement agencies come as well.

## Day 3: Friday, May 26, 2023

### Bergen County Housing Center

#### Site leaders:

**Julia Orlando**

Director

Bergen County Housing, Health and Human Services  
Center

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**Christina Baluja**

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Bergen County has just under 1 million people. New Jersey has 20 counties, and Bergen is the most densely populated county. It is located very close to New York City (separated by the Hudson River).

More info on the Bergen County Housing Center is available [here](#).

Bergen County owns the building, and the housing authority manages it and provides clinical oversight.

We consider ourselves a low-barrier housing-focused shelter. We try to get people into housing in 90 days or less. We have a very developed By-Name List and Coordinated Access System.

We're one-stop shopping. You never have to leave the building for anything. Three meals a day, drop in programs, group work. *"Anything you need to end your homelessness either lives here or comes here every day."*

We're relentless about talking to people about housing. You have to be working relentlessly about finding housing (if you want to stay in shelter).

Unfortunately, we're congregate. It's one congregate sleeping area downstairs, and it's co-ed. Men are usually on one side, women on the other.

We prioritize the jail population. Our staff also go into the jail (Bergen County Jail across the street: 1,000 inmates) and bring people right into the shelter as they're being released. We'll do "in reach" into the jails to identify people who are going to be homeless upon release; we help prepare them for their transition into community. The person who runs the jail's discharge used to work here; so she sends referrals here and

then we start working on connecting with the person before they're released. We also do this with parole and probation.

*"You have to gently push people from inside the shelter system into housing."*

We find you really have to push people out of shelter into housing. You can't just gently invite them into housing.

Back in 2005-2006, the US Department of Housing and Urban Development (HUD) started requiring more integrated planning. Bergen County hired a consultant and did some research on what was working across the country; the consultant stayed with us for a year after the opening of the Center. In 2007, HUD and County funding became aligned. In 2008, we did a 10-year plan.

In 2009, the present building opened. In 2010, we launched the Hackensack Collaborative Outreach. Once every 3 months, Julia would 'report up' to people to whom she didn't have to report. This assisted our relations with the business community. Their main goal was to revitalize, and Julia conveyed to them that reducing homelessness could help them meet that objective.

There was early resistance here from the community re: Housing First. Part of the resistance stems from poor implementation, largely due to insufficient wraparound support.

With our new system, we have one newly-constructed location (where we are today). It's low barrier,

coordinated entry. Our building was purpose built and we pride ourselves on it being very clean.

We think it's important to have the county housing authority driving much of this. So we're in charge. Housing becomes the focus. Our mission is to house people.

We're open 24 hours. People do not have to leave during the day, and this is a benefit to the community. During the day, you can be at our drop in centre (but you can't be in bed during the day).

Nurses on site.

We do ID replacement here.

A person needs ID and some form of income. Once that's in place, we consider them 'housing ready.'

Previously, housing providers would try to 'cherry pick' the most 'housing ready' people. Our new system forces us to take the people at the top of the prioritization list.

We have a housing prioritization list; we use the VI-SPDAT. There's an algorithm in HMIS that prioritizes people based on need.

Priority here: people using lots of health and justice resources.

We check in with our housing providers on a very regular basis, including to discuss how our referrals are doing in their housing.

We also do a lot of diversion. So we may give you resources that help keep you 'couch surfing' while you search for more appropriate housing.

We make it challenging for hospitals to discharge into housing – they ought to try to divert or reunite with family.

We tell people they can't stay here for more than 90 days. Then they get discharged, especially if they've not done any work towards a housing search. If they disagree with the decision, they have access to two appeals.

Note: New Jersey is not a 'right to shelter' state. By contrast, New York and DC are.

We take sex offenders here. No children here. Every resident has to be 18 or over.

We have biometrics here: finger scans. We're not using them now due to COVID.

We work closely with law enforcement.

We call our people "shelter guests."

Once housed, people at top of our list typically get wraparound support (either place-based or scattered site housing).

Our length of stay has been increasing, largely due to COVID. We now have a wait list to get into our facility. But we do still keep people for an average of fewer than 90 days.

As long as people work hard on their housing and follow our rules, we don't kick them out. People can stay here for up to a year sometimes.

When a person is given a housing offer, we put quite a bit of pressure on them to take it. The person must take their first appropriate offer of housing.

*"I don't want you to be comfortable here."*

Staff will walk up to people and ask them the status of their housing plan.

We have a master client-level information release so we can access all client-level data across various public systems. There are also county-level funding agreements that stipulate that the relevant government agencies have to collaborate with us.

Many residents are actively engaged in gainful employment.

People not from Bergen County (based on last permanent address) cannot stay more than 72 hours. *"If you get benefits somewhere else, you're going back!"*

People get two plastic bins for their belongings.

There are some small rooms (e.g., father, son).

No guests allowed in each room.

Nothing (e.g., posters, pictures) goes on the walls ever. People can put up posters on walls once they have their own housing.

## Point Source Youth

### Speaker:

#### Larry Cohen

Executive Director and Co-founder  
Point Source Youth  
[larry@pointsourceyouth.org](mailto:larry@pointsourceyouth.org)

Point Source is a national organization, based in New York City. We work in all 50 states.

It's 18 staff total.

We don't provide services directly. We do capacity building with organizations.

We connect people across the US.

We have a direct cash transfer pilot in NYC. It's called the Trust Youth Initiative. US\$1,200/month for each youth, for two years. 30 youth in pilot that takes place across three cities and will last 2.5 years. Another 30 receive the services as usual, but not cash. We partner with The Ali Forney Center to provide services for the two years (e.g., financial counselling and

housing navigation). We expect a pretty robust housing outcomes. We'll look at some health and well-being outcomes. Research is being done by Chapin Hall at the University of Chicago.

We work to end youth homelessness in the US.

We've been around about 7 years.

We feel direct cash transfers are very important.

We have a storytelling video coming out in June, based on the cash transfers.

Our goal with the RCT is a positive housing outcome, but it's not a requirement. Maybe someone wants to buy a car to do Uber.

## Youth Action Board

### Speaker:

#### Maddox Guerilla

[maddox@pointsourceyouth.org](mailto:maddox@pointsourceyouth.org)

NYC has a robust Youth Action Board (YAB). They're a group of homeless and formerly homeless young people who inform city policies and programs on homelessness. Here's a link to their website: <https://www.nyc.gov/site/nyccoc/committees/youth-action-board.page>

Youth Action Board has two co-chairs.

We influence the youth count (like a PIT Count). We make sure it's authentic collaboration.

Youth involvement before, during and after projects. This is very important.

Youth-led work is very important. Mere inclusion of youth in decisions is less important.

## Ali Forney Center

### Speaker:

#### **Nadia Swanson**

Director of Technical Assistance and Advocacy

Ali Forney Center

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Ali Forney was a young, gender-non-conforming youth who was murdered in 1997. They experienced homelessness in NYC as a youth in the 1980s and 1990s. They were a fierce advocate for LGBTQ homeless youth.

Ali Forney Center began in 2002.

We have about 300 staff, roughly 100 of whom are part-time/casual.

We have a 24-7 375 drop-in centre. It's now in Harlem, but will soon move to 3rd floor of present building in Manhattan (307 W 38th Street, 2nd floor).

We have a vocational educational program based in our drop-in centre.

We have 13 different housing sites across the city. This includes emergency (up to six months, low threshold) and transitional housing. All of our sites are regular apartments. We bring services to the sites. Each site varies in size from 6 to 20 beds.

We own two of the buildings, one of which we own due to money bequeathed to us by Bea Arthur (Golden Girls).

We can help train staff, including in other jurisdictions (both in the US and outside the US).

We hold an annual conference as well. This year's conference includes three days of sessions.



## Appendix 1: Ten things to know about homelessness in New York City

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By Nick Falvo, PhD

I recently helped organize a homelessness study tour of New York City in partnership with the Chartered Institute of Housing Canada. Our group consisted of 30 Canadians from the non-profit sector, government, law enforcement and academia. We toured six sites over a three-day period.

Here are 10 things to know:

- 1. New York City has a massive homeless population.** More than [75,000](#) people sleep in New York City's main municipal shelter system each night, including more than 20,000 children. While problematic, the sheer size of the city's homeless population does make New York an important place to learn about policy and programmatic responses.
- 2. Legal rights don't always generate their intended outcomes.** Persons in New York City have a "right to shelter," which was granted in 1981 by a consent decree—essentially an out of court settlement—from the New York State Supreme Court. Under the decree, the City has a legal requirement to place unhoused persons into shelter within 24 hours; otherwise, the City can be fined. One criticism of this right is that it incentivizes the creation of shelter beds, possibly at the expense of permanent housing.
- 3. Some people experiencing homelessness benefit from low-barrier shelters.** One such model in New York City consists of Safe Havens, designed for people who have experienced long-term homelessness and may be resistant to traditional shelters. Safe Havens typically have no sobriety requirements or curfews. Barrings are rare, and a person can be absent for several nights and not lose their bed.
- 4. Others may be ready for more programmatic approaches.** The Bergen County Housing Center seeks to house people within 90 days of entry into their facility. Any person wanting to stay there must be willing to work relentlessly on a housing search. In the words of the housing center's director: "When a person is given a housing offer, we put quite a bit of pressure on them to take it."
- 5. Even in emergency facilities, it's possible to create some privacy for residents.** At the Westchester Avenue Safe Haven, operated by BronxWorks, nobody has to share a room, and every resident has their own bathroom and television. Having said that, residents do not have their own key to their rooms, and the walls surrounding their rooms do not always reach the ceiling (making them a bit like office cubicles).
- 6. Tenant mix matters.** Community Access is a non-profit organization that owns and operates a 215-unit supportive housing building whose tenants include families with children, as well as single adults with serious mental health challenges. Most of their tenants can stay in their units indefinitely (they don't have to move on to other forms of housing). All housing that is operated by Community Access is "integrated," meaning some tenants have serious mental health challenges and others do not. This approach is largely imposed by municipal and state regulations.

7. **Public libraries can play important roles in the homeless-serving sector.** The Brooklyn Public Library partners with 13 family shelters. They take books to shelters, give children their first library cards and encourage kids to visit their local library. This encourages parents to take their kids to the library and can boost literacy among both parents and children.
8. **Engagement with police matters.** The Center for Urban Community Services (CUCS) does four-day trainings with all NYPD officers through a national initiative called [Crisis Intervention Training](#). This involves professional actors at a training facility that features mock subway cars. During the training, persons with lived experience with mental health challenges, as well as law enforcement officials, share their stories. CUCS and NYPD co-developed the curriculum.
9. **Engagement with the corrections sector is important.** Officials at the Bergen County Housing Center prioritize the jail population. Their staff go into the Bergen County Jail—a 1,000-inmate facility located directly across the street—and bring people directly into the shelter on release from jail. This approach requires working with jail staff early on to identify inmates who lack permanent housing.
10. **Programming is important, but so too is income assistance.** We learned about a pilot program for youth experiencing homelessness called the Trust Youth Initiative, a three-city randomized controlled study where US\$1,200/month is provided to members of a treatment group for 2.5 years (members of a control group receive services as usual, but not the US\$1,200/month cash). Project partners include Point Source Youth and the Ali Forney Center. The research is being led by Chapin Hall at the University of Chicago.

**In sum.** This blog post provides an overview of a three-day homelessness study tour which was a partnership between the Chartered Institute of Housing Canada and Nick Falvo Consulting. We hope to make this an annual event, with our next study tour set to take place in London (England) in May 2024.

*I wish to thank Sylvia Regnier and Alex Tétreault for assistance with this blog post, which originally appeared at the home page of Nick Falvo Consulting: <https://nickfalvo.ca/>*

## Appendix 2: Blogging by Dr. Abe Oudshoorn

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One of our study tour participants, Dr. Abe Oudshoorn, blogged throughout the study tour. Here are the links to each of his posts:

CIH New York Tour Day 1 (May 24, 2023)

<https://www.abeoudshoorn.com/cih-new-york-tour-day-1/>

CIH New York Tour – Day 1 Part 2 (May 24, 2023)

<https://www.abeoudshoorn.com/cih-new-york-tour-day-1-part-2/>

CIH New York Tour Day 2 (May 25, 2023)

<https://www.abeoudshoorn.com/cih-new-york-tour-day-2/>

CIH New York Tour – Day 3 Part 1 (May 26, 2023)

<https://www.abeoudshoorn.com/cih-new-york-tour-day-3-part-1/>

CIH New York Tour – Day 3 Part 2 (May 27, 2023)

<https://www.abeoudshoorn.com/cih-new-york-tour-day-3-part-2/>

## Appendix 3: Summary of tour written by James Hughes

### NYC and Homelessness (May 2023)

There's a famous line to describe New York City that goes "if I can make it there, you can make it anywhere". For the city's homeless population, that challenge is increasingly daunting.

I was recently part of a Canadian leader's study tour of many of New York City's leading agencies fighting homelessness on the ground. Over the course of three days, our group of 30 leaders from every part of Canada (except the Atlantic provinces and the North) visited organizations in four of the city's five boroughs. Day 1 consisted of meetings with street outreach and shelter teams from the Bronx (BronxWorks) and a massive mixed housing operator (Community Access) also in the Bronx. Day 2 brought us to Brooklyn to visit with the Bookmobile outreach team from the Brooklyn Library followed by an uber ride to Queen's to see how the NYC police force trains its recruits to interact with homeless people with severe mental illness. Day 3 saw us in New Jersey speaking with Julia Orlando about the vision and operations of the Bergen Housing and Health Authority for homeless people followed by a visit to the LGBTQ+ youth focused agency called the Ali Forney Centre in Manhattan.

Like in Montreal, the context in which these agencies operate has changed considerably since the Covid 19 pandemic. A greater overall homeless population, more people sleeping rough in encampments, a spike in drug poisoning and overdoses, a large increase in refugees and asylum seekers, and a housing crisis together form the parameters within which NYC agencies attempt to provide housing to the people they serve. However, unlike Montréal, New York City is legally bound to provide shelter to homeless people within 3 days of such a request being made. To meet this obligation, the City, through its Department of Homeless Services, commissions non-profit agencies like several of the ones we met on our study tour to provide services and shelter to the growing unhoused population.

How big is the population? Here's what the city's Coalition for The Homeless says:

*"In December 2022, there were 68,884 homeless people, including 21,805 homeless children, sleeping each night in New York City's main municipal shelter system. A near-record 22,720 single adults slept in shelters each night in December 2022"*<sup>2</sup>

For comparison purposes, there are approximately 1600 beds in the Island of Montreal's shelter system. In other words, NYC's shelter population is about 40 times larger than Montreal's while the population is only about four to five times larger.

NYC Mayor Eric Adams is attempting to curtail the "right to shelter" obligation imposed upon the City saying simply the City does not have the resources to continue to fulfill the mandate. Here is the Mayor in his own words:

*"Given that we're unable to provide care for an unlimited number of people and are already overextended, it is in the best interest of everyone, including those seeking to come to the United States, to be upfront that New York City cannot single-handedly provide care to everyone crossing our border,"* Adams said in a statement Tuesday .

The community sector was understandably up in arms over the decision to contest the right to shelter. Stephen Banks, the former Commissioner of the Department, castigated the Mayor saying the latter's position will increase street homelessness: *"It is hard to see how asking a court to suspend the right to shelter that is secured by the New York state constitution is a winning strategy because there will be far more people sleeping on the streets if the city's request is granted, and that is in no one's interest"* he said.

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<sup>2</sup> [Basic Facts About Homelessness: New York City - Coalition For The Homeless](#)

The agencies we met during our study tour were understandably circumspect about the conflict between the city administration and the advocates over the right to shelter. My overall sense was that the debate will have little impact on them. Their growth may slow but they will continue to be in very high demand.

And we can learn a lot from them.

BronxWorks shelters, called "safe havens", are all single rooms. No dorms. The quality of the clinical environment is enhanced considerably as a result.



Community Access manages over 2200 units of housing for homeless individuals, families and couples. And it has 900 New units in the pipeline. Their secret is banking land using operating surpluses until public funding is available for development.



Bergen Housing and Health Authority in New Jersey has a wonderfully simple method of prioritizing its clientele, whom they call "guests", for housing opportunities. Whenever a guest is "housing ready", meaning the person possesses an ID and an income, the person is added to the housing list. As soon as the person makes it to the top of the list, the individual gets dibs on the next apartment that become available. This simple "By Name" list ordered by date of housing readiness is a powerful....and equitable.... manner of managing housing access.



While these organizations appear to be well run, stable and well staffed, they, like the City itself, are simply unable to imagine meeting the task of addressing the basic needs of NYC's homeless population let alone accompanying them all into sustainable housing.... or preventing them from becoming homeless in the first place. Their volume is simply too overwhelming. And the diversity of their clientele, opiate crisis and limited housing options turn overwhelming into impossible.

What about our city? Montreal has a very long way to go to get more efficient and effective in both



preventing and treating homelessness. NYC has practices and protocols, including data collection, management, and sharing, we can draw from to meet our common objective to reduce and end homelessness....even in the face of a housing crisis of our own. However, with such a relatively small unshoused population, probably around 4000 to 5000 people on any given night, we can surely think, plan and act in such a way as to ensure we avoid ever having to face the challenges NYC faces today.

*This blog post originally appeared at the website of the Old Brewery Mission: <https://www.missionoldbrewery.ca/en/>*

## Appendix 4: London 2024

In May 2024, CIH Canada and Nick Falvo Consulting plan to partner once again on a study tour, this time of London, England. We're currently eyeing the week of May 6-10, and are exploring the possibility of including a housing focus at the beginning of that week and a homelessness focus near the end. Stay tuned for details.



 

Save The Date

**HOUSING AND  
HOMELESSNESS  
STUDY TOUR**

*London, England  
May 6 to 10, 2024*

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