

**NYC DEPARTMENT OF SOCIAL SERVICES
OFFICE OF AUDIT SERVICES
CORRECTIVE ACTION PLAN**

Audit Name: CAP update 180-day on recommendations contained in Final Report on New York City Department Social Services Oversight of Shelter Placements
Audit Number: 2021-N-5 **Date: 6/01/2023**

Auditor's Recommendations	Agency Response	Responsible Unit	Agency Corrective Action	Target Date
<p>Recommendation 1:</p> <p>Create, maintain, and implement DHS-specific SOPs for client assessment and shelter placement to ensure homeless individuals are diagnosed, placed in, and/or transferred to the most suitable program shelter.</p>	<p>Partially Agree</p> <p>DHS has already shared the following procedures regarding the client and shelter placement process:</p> <ul style="list-style-type: none"> • Intake Memos (Processes) • Adult Transfer Shelter Policy • DHS-PB-2022-001 Incident Reporting for DHS -Funded Programs • DHS-PB-2020-020 (R1) Single Adult (SA) Shelter bed Management <p>DHS is currently updating the Intake Procedure and will provide it to OSC once it is revised. This procedure will reflect our current processes where we assess individuals as complete human beings (including services that clients may already have in place).</p>	<p>OPDI OPPT</p>	<p>Review and Update Policies & Procedures</p>	<p>TBD 5/2023 Update: 12/31/2023</p>
<p>Recommendation 2:</p> <p>Evaluate the feasibility of obtaining information on clients from other City agencies, consistent with applicable laws and regulations, to assist in the assessment and shelter placement processes.</p>	<p>Partially Agree</p> <p>DSS is open to pursuing appropriately obtained health need information, with all appropriate client consents, that would improve and inform the agency's ability to best serve our clients. However, DSS is concerned that the information described in this recommendation is likely inaccessible at the time of agency intake, due to HIPAA protections, which we fully support and adhere to. DHS may not legally condition shelter on provision of background information and must respect client privacy. Furthermore, the determination of appropriate shelter placement is a complex decision and cannot be wholly data driven.</p>	<p>DHS Adults OMD</p>		

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	<p><u>5/2023 Update:</u> DHS has obtained access to Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES), a state Office of Mental Health (OMH) database of persons receiving Medicaid-funded behavioral health care. This access is for clinicians, is restricted via written informed consent, and there are no clinicians at DHS Intake. DHS worked with OMH to create a flag with PSYCKES information indicating that a person is at high risk for potential Mental Health incident, without disclosing specific medical information. DHS' Adult Division is piloting the use of this flag. This flag might be a useful indicator for placement into Mental Health shelters and will need to be evaluated.</p> <p>Access to other health/medical databases or electronic medical records is not available to DHS and not possible due to privacy laws.</p>		<p><u>5/2023 Update:</u> Implement pilot program of PSYCKES flag.</p>	<p><u>5/2023 Update:</u></p> <ul style="list-style-type: none"> • 4/3/2023 PSYCKES was officially implemented at Adult Intake. • 7/30/2023 PSYCKES will be implemented at the Adult Assessment shelters.
<p>Recommendation 3: Analyze the individual client data available to DHS such as diagnoses, shelter incidents, ILP non-compliance, and other related factors and create risk factors to help identify clients who potentially may cause harm to themselves or others.</p>	<p>Disagree (with an explanation)</p> <p>DSS and our provider partners consistently monitor client needs, strengths, and incident involvement, both to ensure client needs are met and community and shelter safety. DSS is of course open to adding additional metrics or improving data analytics processes and welcome the comptroller's input on these specifics. DSS will not create a complex predictive algorithm, both because of the likely empirical difficulty of creating such an algorithm, the civil rights implications for our already disadvantaged clients, and because there are factors such as relationship with shelter staff that affect clients' stability in a given shelter, and which cannot be reduced to data points.</p>	<p>DHS Adults OPDI OMD OPMDA OLA</p>		

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	<p>We note here that the comptroller's decision to highlight sensationalized, cherry-picked cases rather undermines the seriousness of their professed quest for data-driven outcome prediction.</p> <p>In addition, "harm to self or others" is a very specific legal standard, not applicable in the majority of cases.</p>			
<p>Recommendation 4: Review clients with serious mental health issues and/or substance abuse issues and consider transferring them into the appropriate specialized shelter, as warranted.</p>	<p>Disagree (with an explanation)</p> <p>DHS assesses individuals as complete human beings (including reviewing services that clients may already have in place) consistent with current practice. This includes family and support systems in the neighborhood, outreach system, medical and psychiatric services, and other means of support for our clients. Many DHS clients with mental health issues have treatment in place and are stable. In addition, even clients with serious mental health issues may be under treatment and medication that controls those issues. Those with substance abuse issues may be going to regular meetings in their neighborhoods or attending outpatient services in particular neighborhoods.</p> <p>DHS completes assessments in accordance with 491.9 (b)(2) Referrals and assessments and 491.8 (a) Shelter staff and staff qualifications. Further, according to 20-ADM-09, medical screenings are required of families with children but "need not be undertaken by qualified medical personnel." Even more, though "individual adults do not require health screening" according to 20-ADM-09, DHS nonetheless completes these screenings as a best practice. According to 491.14 (d)(1), shelter operators are not</p>	<p>DHS Adults OPDI OMD OLA</p>		

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	<p>required to provide health services onsite. Rather, “facilities are to have an established relationship with a fully accredited medical institution or clinic for the referral of residents for emergency treatment. Facilities must assist residents to access medical services for treatment for injury, illness, or disease, or to obtain preventative care.”</p> <p>Treatment of mental illness is complex and not automatically successful, and, as an agency, we rely on community-based clinical providers, hospitals, and psychiatric institutions to attend to these complex needs of clients in shelter. In many circumstances, connecting clients to medical care outside of shelter is preferable, since that is care those individuals can continue after exiting to permanent housing. Further, treatment against one’s will requires a court order and is an option only in very specific circumstances and is not something that can be employed as a regular preventive measure by DHS. No mental health shelter can mandate treatment. DHS may not predicate access to shelter on medical treatment; doing so would be a violation of the right to shelter.</p> <p>Additionally, DHS staff are equipped to recognize and escalate incidents where a client’s behavior is observed as dangerous to themselves and/or others.</p>			

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<p>Recommendation 5:</p> <p>Review clients who are not actively pursuing employment opportunities and consider transferring them from employment shelters and into a more appropriate shelter, as warranted.</p>	<p>Disagree (with an explanation)</p> <p>DHS assesses individuals as complete human beings (including services that clients may already have in place) consistent with current practice. This includes family and support systems in the neighborhood, outreach system, medical and psychiatric services, and other means of support for our clients.</p> <p>Employment shelters are recommended for those who are employed as well as those in the process of establishing employment. Not all clients in employment shelters are expected to be employed, or even applying for jobs at the moment. Clients often enter shelters during moments of intense crises, which must be resolved before pursuing employment becomes realistic. This is even the case for clients who may become employed once these other crises are mitigated or resolved.</p>	DHS Adults OPDI		
<p>Recommendation 6:</p> <p>Review the client listing at senior sites and give preference to those who meet the criteria.</p>	<p>Disagree (with an explanation)</p> <p>DHS assesses individuals as complete human beings (including services that clients may already have in place) consistent with current practice. This includes family and support systems in the neighborhood, outreach system, medical and psychiatric services, and other means of support for our clients.</p> <p>Assignment to senior shelters also, of course, considers client requests, such as proximity to health care providers, senior centers, and other related services. Many seniors may voice preference for a location-based placement, for instance, above and beyond specific program type. Likewise, as facilities used for seniors often</p>	DHS Adults OPDI		

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	have elevators, first floor placements, lower density sleeping arrangements, or other site-specific amenities, these locations must occasionally be used to meet approved reasonable accommodation requests of clients who are not seniors.			
<p>Recommendation 7:</p> <p>Develop and implement procedures to assist registered sex offenders in updating their address in the Registry during the shelter placement process.</p>	<p>Disagree</p> <p>DHS complies with all state laws pertaining to residency restrictions. However, it is not appropriate for the agency to impose restrictions that go beyond what has been mandated by law.</p> <p>DHS is not an enforcement agency. Our main purpose is to build the relationship with a client and to help facilitate progression toward rehousing and related services. However, DHS is willing to assist those clients who reach out to us and express the need for such assistance.</p> <p>In accordance with the NY Corrections Law § 168-f(1) of the Sex Offender Registration Act, the sex offender is required to report their residential address and any changes to their residential address to the NYS Division of Criminal Justice Services.</p>	DHS Adults OPDI		

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<p>Recommendation 8:</p> <p>Track and monitor ILP compliance and utilize all resources available to influence clients to accept services.</p>	<p>Disagree</p> <p>As is mentioned in our last response, “for individual adults and adult families,” according to 20-ADM-09, “districts or their designees must develop [Independent Living Plans] ILPs for eligible persons when the district determines that such a plan will assist the individual or adult family to obtain housing other than temporary housing.” As a best practice, DHS and its network of shelter operators do utilize ILPs as an effective case management tool and utilize the functionality in CARES to track client compliance and progress. While 18 N.Y.C.R.R. 491.12(d)(2) does require clients to cooperate with shelter staff with “developing, carrying out and completing a service or independent living plan... and reviewing such plan with facility staff at least once every two weeks,” there are clients who are not as engaged in the ILP process as others. 20-ADM-09 recognizes and acknowledges that the ILP might not be the most effective engagement strategy with all clients. Those clients in the DHS single adult system with outdated ILPs or a history of ILP non-compliance are engaged by social services through other strategies to help facilitate progression toward rehousing.</p> <p>Note that the right to shelter does not allow DHS to condition shelter access on program participation.</p>	<p>DHS Adults OPDI</p>		

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<p>Recommendation 9:</p> <p>Consider what actions to take for those clients who may cause a danger to themselves or others and are likely to substantially interfere with the health, safety, welfare, care, or comfort of other residents.</p>	<p>Disagree</p> <p>As is mentioned in our prior response, sanction from shelter is an option in very limited cases and procedures are in place to appropriately implement sanctions if and when necessary. Under 16-ADM-11, shelter “may not be denied or discontinued when the non-compliance is due to a physical or mental impairment. When such a physical or mental impairment appears to be present and interfering with the ability to comply with Temporary Housing Assistance (THA) requirements, the Social Service District (SSD) must refer the individual(s) for an evaluation by an appropriate professional.” As an agency, we fully grasp the gravity of what is meant by the phrase “safety net of all safety nets,” a phrase we use internally to describe the reality of our work, a reality that necessitates our ongoing commitment to our clients.</p> <p>Just because some of our clients may have a mental health issue, it does not necessarily automatically mean they should be treated as potential criminals or expected to commit murder, suicide, or any other crimes. As a city that has the right to shelter law, which recently welcomed thousands of migrants, we walk a fine line of ensuring that we abstain from profiling and demonizing our clients, who have already experienced enough trauma prior to getting to the shelter system.</p> <p>Lastly, note that because DHS is the safety net of all safety nets, clients sanctioned from the shelter system will likely end up experiencing unsheltered homelessness. Unsheltered homelessness is unhealthy for clients and very challenging for communities.</p>	<p>DHS Adults OPDI OMD</p>		

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	Increasing street homelessness is counterproductive for multiple reasons.			