

# Office of Temporary and Disability Assistance

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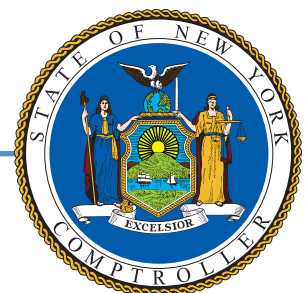
## Homeless Services Housing Needs Assessment

Report 2021-S-23 | August 2023

OFFICE OF THE NEW YORK STATE COMPTROLLER  
Thomas P. DiNapoli, State Comptroller

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Division of State Government Accountability



# Audit Highlights

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## Objectives

To determine if the Office of Temporary and Disability Assistance's initial Needs Assessments and Individual Living Plans are completed timely and if clients are receiving services needed to transition to permanent housing. The audit covered the period from January 2018 through October 2022.

## About the Program

Homeless shelters across the State provide various services to individuals and families, including the assessment of needs, case management, access to health care (including physical and mental health), treatment for substance abuse, childcare services, and assistance with finding permanent housing. Local departments of social services (Local Districts) administer homeless services by either operating shelters directly or contracting with third-party providers to operate them. As of December 31, 2021, the Office of Temporary and Disability Assistance (Office) oversaw a network of 625 transitional homeless shelters across the State.

Each client who receives temporary housing in a certified shelter must take part in a Needs Assessment (Assessment) and the development of an Individual Living Plan (ILP), administered by the Local District or third-party provider. The Assessment is an evaluation of the client's housing and care needs, including but not limited to the need for temporary housing and treatment of physical, mental health, and/or substance abuse issues. Beginning in January 2020, Assessments must begin within 1 business day of admission and be completed as soon thereafter as possible. Once the client completes the Assessment, the ILP is developed, setting forth a strategy for meeting the client's needs – as identified in the Assessment – and outlining specific goals to help the client exit the shelter and return to self-sufficiency. The ILP includes tasks that will help the client reach their goals as well as any services that will be provided to assist with accomplishing these tasks. It also details additional services and support the client may need, such as life skills coaching and medical, mental health, and/or substance abuse treatment. The ILP must be completed within the first 10 days of admission to the shelter. The lack of an Assessment, or a late or incomplete Assessment, impacts the development of a client's ILP and subsequently the timeliness of when they begin to receive services. While there are many factors that impact a successful transition to permanent housing, including, foremost, access to affordable housing, supports such as assistance in obtaining permanent housing can play a role in achieving housing stability.

According to the Office's annual reimbursements to Local Districts for sheltering homeless clients, State reimbursement costs have remained relatively constant from 2018 through 2022 – ranging from \$1.9 billion to \$2.1 billion.

## Key Findings

The Office is not adequately ensuring that Assessments and ILPs are completed in a timely manner and that all client support services are being provided.

- Assessments were either missing or late 40% of the time, and ILPs were either missing or late 38% of the time. This, in turn, impacts the timeliness of when clients begin to receive services and support aimed at helping them exit the shelter and return to self-sufficiency. Our prior audits focusing on shelter living conditions ([2015-S-23](#), issued February 2016, and [2018-S-52](#), issued March 2020) also found that Assessments and ILPs were not completed timely over 20% of the

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time. According to the results of our current audit, missing or late Assessments and ILPs have nearly doubled from 2016 and 2020.

- For a sample of client cases, we found no evidence that support services listed in the ILPs were delivered, as follows:
  - 1 of 2 cases requiring medical services (50%).
  - 6 of 13 cases requiring substance abuse services (46%).
  - 5 of 19 cases requiring mental health services (26%).
  - 2 of 13 cases requiring multiple services (e.g., mental health and substance abuse) (15%).
- While 30% of clients in our sample (44 of 145) transitioned to permanent housing, 70% (101 clients) did not exit the shelter and transition to permanent housing, as follows:
  - 62 clients left the shelter system, and their current location was unknown (43%).
  - 19 clients were still residing in a shelter for periods ranging from 68 to 1,507 days, or over 4 years (13%).
  - 8 clients were denied housing as they didn't comply with program requirements (6%).
  - 5 clients were removed from the shelter due to behavioral issues (3%).
  - 4 clients were incarcerated (3%).
  - 2 clients moved out of their Local District (1%).
  - 1 client passed away (1%).
- The Office does not collect and analyze aggregate data that would allow it to identify primary causes for clients not achieving permanent housing and address these issues.

## Key Recommendations

- Work with Local Districts and providers identified through the annual inspection process that have not prepared or have late or incomplete Assessments and ILPs. Develop additional oversight processes to the annual inspection process to identify Local Districts and providers that have not prepared or have late or incomplete Assessments and ILPs.
- Work with Local Districts and providers identified through the annual inspections process whose clients are not receiving needed services. Develop additional oversight processes to the annual inspection process to identify Local Districts and providers whose clients are not receiving needed services.
- Collect and analyze aggregate data that will allow the Office to identify primary causes for clients not achieving permanent housing and address these issues.



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## Office of the New York State Comptroller Division of State Government Accountability

August 15, 2023

Daniel W. Tietz  
Commissioner  
Office of Temporary and Disability Assistance  
40 North Pearl Street  
Albany, NY 12234

Dear Commissioner Tietz:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Homeless Services Housing Needs Assessment*. This audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

*Division of State Government Accountability*

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# Glossary of Terms

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<b>Term</b>	<b>Description</b>	<b>Identifier</b>
Office	Office of Temporary and Disability Assistance	<i>Auditee</i>
Assessment	Needs Assessment	<i>Key Term</i>
Clients	Individuals and families in need of temporary housing assistance	<i>Key Term</i>
DHS	New York City Department of Homeless Services	<i>Agency</i>
DSOC	Division of Shelter Oversight and Compliance	<i>Auditee Division</i>
ILP	Independent Living Plan	<i>Key Term</i>
Local District	Local department of social services	<i>Key Term</i>

# Background

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The Office of Temporary and Disability Assistance (Office) administers programs for the State’s low-income residents, including programs that serve homeless people, and provides support, supervision, and guidance to 58 local departments of social services (Local Districts) – comprising the New York City Department of Homeless Services (DHS) and 57 other county offices throughout the rest of the State. The Office’s Division of Shelter Oversight and Compliance (DSOC) seeks to meet the critical transitional housing needs of this vulnerable population while guiding them toward the overall goal of self-sufficiency and independent living. As of December 31, 2021, DSOC oversaw a network of 625 homeless shelters across the State. These shelters provide an array of services to individuals and families (clients), including assessment and case management, access to health care and childcare services, assistance with finding permanent housing, and support services for physical, mental health, and substance abuse issues. Local Districts administer homeless services by operating shelters directly or contracting with third-party providers to operate them. DSOC is responsible for the certification and annual inspection of all shelters. In general, when performing inspections, DSOC inspects physical locations and reviews shelter staffing, facility policy, and case management.

According to the Office’s annual reimbursements to Local Districts for sheltering the homeless, reimbursement costs from 2018 through 2022 have ranged from \$1.9 billion to \$2.1 billion (see Table 1).

**Table 1 – State Reimbursements to Local Districts**

<b>Calendar Year</b>	<b>Number of Homeless Individuals</b>	<b>Shelter Costs (in billions)</b>
2018	91,897	\$2.0
2019	92,091	\$1.9
2020	91,271	\$2.1
2021	78,920	\$2.1
2022	74,178	\$2.0

Each client who receives temporary housing in a certified shelter must take part in a Needs Assessment (Assessment) and the development of an Independent Living Plan (ILP), administered by the Local District or third-party provider. The Assessment is an evaluation of the client’s housing and care needs, including but not limited to the need for temporary housing and treatment of physical, mental health, and/or substance abuse issues. Beginning in January 2020, Assessments must begin within 1 business day of admission and be completed as soon thereafter as possible. (Prior to this change in regulations, the Assessment must have been completed within 2 days of admission.)

Once the client completes the Assessment, the ILP is developed, setting forth a strategy for meeting the client’s needs – as identified in the Assessment – and outlining specific goals to help the client exit the shelter and return to self-sufficiency. The ILP includes tasks that will help the client reach their goals as well as any services that will be provided to assist with accomplishing these tasks. It also details additional services and support the client may need, such as life skills coaching

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and medical, mental health, and/or substance abuse treatment. The ILP must be completed within the first 10 days of admission to the shelter.

Late or missing Assessments and ILPs have been an ongoing issue that we made the Office aware of in prior audit reports on *Oversight of Homeless Shelters* ([2015-S-23](#), issued February 2016, and [2018-S-52](#), issued March 2020). Our report issued in 2016 identified 21% of cases with Assessments and ILPs that were not completed timely, with lapses ranging from 2 to 509 days. Our subsequent 2020 report found that 23% of cases had Assessments and ILPs that were not completed timely, with lapses ranging from 7 to 1,322 days.



# Audit Findings and Recommendations

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The Office continues to provide inadequate oversight of the Assessment and ILP processes conducted by Local Districts and shelter providers, and could do more to track the progress or status of clients in its shelters, including compliance with Assessments and ILPs. Since 2016, we have reported on missing, late, or incomplete Assessments and ILPs, and the Office has agreed with our findings and stated it would continue to stress the importance of timely completion. However, we have continued to find similar issues, with Assessments and ILPs that were either missing, late, or incomplete:

- 40% of Assessments and 38% of ILPs were missing or late. These results have increased from our observations in prior audits.
- There was no evidence that medical, mental health, and/or substance abuse support services set forth in the ILP were provided to 30% of the clients.
- In over 50% of the cases where the Assessment identified needed services, the ILP did not include a treatment plan for these services, including medical, mental health, and/or substance abuse services.
- The Office does not collect and analyze aggregate data that would allow them to identify primary causes for clients not achieving permanent housing and address these issues.

The lack of an Assessment, or a late or incomplete Assessment, impacts the development of a client's ILP and subsequently the timeliness of when they begin to receive services. Further, without sufficient oversight and documentation, the Office has limited assurance that clients are receiving services tailored to their needs. As a result, the goals of self-sufficiency and permanent housing can be further out of reach for many clients. While there are many factors that impact a successful transition to permanent housing, including, foremost, access to affordable housing, supports such as assistance in obtaining permanent housing, job training, and employment as well as other supportive services can play an essential role in achieving housing stability.

## Needs Assessments and Independent Living Plans

Assessments and ILPs are crucial for identifying clients' needs and ensuring that appropriate steps are in place for them to receive the necessary services enabling them to make strides toward independent living. We found Assessments and ILPs that were either missing, late, or incomplete – a problem that has been identified in prior audits and has continued over the years.

As part of the shelter intake process, Assessments are required to begin within 1 business day of admission and be completed as soon thereafter as possible. The ILP must be completed within the first 10 days at the shelter, so that clients can begin receiving necessary services as soon as possible.

To determine whether Assessments and ILPs were missing and/or completed timely, we selected a judgmental sample of 145 cases based on data we received from 14 Local Districts where clients had a cumulative total of 180 days in a shelter during

our audit period. We chose the 180-day period to allow for a greater likelihood that the Assessments and ILPs would have been completed. We then reduced our sample to 130 cases for Assessments and 125 cases for ILPs to eliminate shelter stays that were of such an intermittent nature that an Assessment or ILP was not required.

We identified non-compliance with 52 of the 130 Assessments (40%) and 48 of the 125 ILPs (38%) (see Table 2).

**Table 2 – Assessment and ILP Non-Compliance**

Local District	Assessments				ILPs			
	Cases Reviewed	Missing	Late	Totals	Cases Reviewed	Missing	Late	Totals
Albany	5	1	0	1	5	0	0	0
Broome	1	0	0	0	0	0	0	0
Clinton	10	0	0	0	10	0	2	2
Dutchess	10	0	1	1	10	0	1	1
Erie	7	2	0	2	4	1	2	3
Monroe	2	1	0	1	2	0	0	0
Nassau	5	4	1	5	5	0	3	3
Niagara	10	0	0	0	10	0	0	0
NYC DHS	49	9	24	33	49	13	20	33
Oneida	10	4	1	5	10	0	3	3
Onondaga	3	0	1	1	3	1	0	1
Steuben	10	0	0	0	10	0	0	0
Suffolk	3	1	0	1	2	2	0	2
Westchester	5	0	2	2	5	0	0	0
<b>Totals</b>	<b>130</b>	<b>22</b>	<b>30</b>	<b>52</b>	<b>125</b>	<b>17</b>	<b>31</b>	<b>48</b>

Overall, we found that Assessments and ILPs were either missing or late, as follows:

- Assessments
  - 22 cases (17%) did not have an Assessment.
  - 30 cases (23%) had Assessments that were not completed timely, ranging from 5 to 1,624 days late.
- ILPs
  - 17 cases (14%) did not have an ILP.
  - 31 cases (25%) had ILPs that were not completed timely, ranging from 14 to 931 days late.

Office officials advised us that “instances of timeliness are directly related to staffing shortages and COVID-19 pandemic related restrictions.” However, of our initial sample of 145 cases, 91 (63%) had an intake date prior to the COVID-19 pandemic. Further, of the 52 Assessments and 48 ILPs that were never completed or were late, 33 Assessments (63%) and 27 ILPs (56%) were prior to the COVID-19 pandemic.

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Late or missing Assessments and ILPs have been an ongoing issue for over 7 years. We have made the Office aware of this in prior audit reports on *Oversight of Homeless Shelters* ([2015-S-23](#), issued February 2016, and [2018-S-52](#), issued March 2020). Our report issued in 2016 identified 42 of 198 cases (21%) with Assessments and ILPs that were not completed timely, with lapses ranging from 2 to 509 days. Our subsequent 2020 report found that 73 of 319 cases (23%) had Assessments and ILPs that were not completed timely, with lapses ranging from 7 to 1,322 days. In response to these prior audits, the Office agreed with the need for timely completion of Assessments and ILPs, and stated it would continue to stress the importance of timely completion during inspection visits and at conferences attended by Local District representatives and would take remedial action where appropriate. We strongly believe the Office needs to reassess its oversight of the timely completion of these critical tools and address the underlying causes for missing, late, or incomplete Assessments and ILPs.

## Client Support Services

Client support services are intended to aid the client in taking strides toward self-sufficiency and permanent housing, and are detailed in the client's ILP based on the needs identified in the initial Assessment. Services can include medical services, mental health and substance abuse treatment (inpatient or outpatient), and assistance with obtaining permanent housing. For clients who were receiving services prior to intake, the ILP will typically contain language requiring them to continue with those services (e.g., meetings with a mental health and/or substance abuse counselor or continuing a prescribed drug regimen). Each ILP should also have a treatment plan for health services listing specific dates, times, and locations for services to be provided. Clients are expected to meet with their caseworkers on an ongoing basis to discuss their overall progress as well as any issues with services being offered or received.

We reviewed 100 case records from our judgmental sample of 145 cases to determine whether client support services set forth in the ILP were provided to the clients. Overall, we found that medical, mental health, and substance abuse support services were not always being offered and/or provided. While housing support services were provided, there is need for improvement in the provision of these services.

## Medical, Mental Health, and Substance Abuse Services

In 14 of 47 cases (30%) needing medical, mental health, and/or substance abuse support services, we found there was no evidence the services were offered or provided (see Table 3).

**Table 3 – Medical, Mental Health, and Substance Abuse Support Services**

Local District	Medical (M)		Mental Health (MH)		Substance Abuse (SA)		M, MH, and/or SA		Totals	
	Cases Reviewed	Non-Compliance	Cases Reviewed	Non-Compliance	Cases Reviewed	Non-Compliance	Cases Reviewed	Non-Compliance	Total Cases Reviewed	Total Non-Compliance
Clinton	0	0	6	0	1	0	1	0	8	0
Erie	1	1	1	1	1	1	1	0	4	3
Dutchess	1	0	1	0	0	0	1	0	3	0
Niagara	0	0	1	1	3	2	1	0	5	3
Oneida	0	0	4	0	0	0	5	0	9	0
Steuben	0	0	1	0	2	0	2	1	5	1
NYC DHS	0	0	5	3	6	3	2	1	13	7
<b>Totals</b>	<b>2</b>	<b>1</b>	<b>19</b>	<b>5</b>	<b>13</b>	<b>6</b>	<b>13</b>	<b>2</b>	<b>47</b>	<b>14</b>

We also found instances where the shelter simply told clients to “explore AA [Alcoholics Anonymous] Programs.” However, the shelters did not provide any further assistance. In other cases, clients did not show up for scheduled meetings with caseworkers or refused services offered to them. For one case we reviewed, it was stated in the client’s psychological assessment that “[the client] had no plans to address their substance abuse problems and get clean.”

Additionally, we found there was no treatment plan identified in the ILPs for 25 of the 47 cases (53%) but rather only case notes mentioning client support services, such as the need for rehabilitation counseling or mental health appointments.

## Housing Support Services

For the remaining 53 case records in our sample, housing services were the only support services documented in the ILPs. While all 53 case records indicated that the client received assistance with obtaining permanent housing, we found instances of inadequate support. For example, we found instances where the shelter left it up to the client to find their own apartment or identify housing options. Overall, there is a need for improvement in light of the goal to help clients exit the shelter and return to self-sufficiency.

## Client Support Services Summary

Based on the case records we reviewed, there is limited assurance that client support services were always being provided. Additionally, we found that the quality of some of the client support services needs to be improved. Consequently, this decreases the likelihood of clients reaching their goal of exiting the shelter and returning to self-sufficiency.

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Although most of these responsibilities are shared between the client and the shelter provider, the Local Districts and the Office must meet their responsibilities and ensure that their efforts are adequately documented. The Office needs to work more closely with the Local Districts and providers to ensure services are offered and/or received. We are aware that, in certain instances, the Office does work with the Local Districts and providers. For example, during our audit, we became aware of a rural upstate Local District whose client exhausted the services and providers in their county. The Local District worked with the Office and a neighboring Local District to place the client with the neighboring Local District so that services could still be offered and provided with the goal of achieving permanent housing.

We also found that the forms used by Local Districts and providers for developing and documenting client services to be included in the ILP varied in format at each Local District – making it more difficult for the Office to monitor and ensure ILP implementation. We believe a standardized form for developing the ILP for needed services could reduce documentation issues and ensure service activities are being completed.

## Transition to Permanent Housing

DSOC’s mission is to ensure that individuals and families experiencing homelessness are provided with safe and secure temporary accommodations and, when needed, receive access to supportive services to help them with locating stable housing. There are many factors that impact a successful transition to permanent housing, including, foremost, access to affordable housing. However, supports such as assistance in obtaining permanent housing can play a role in achieving housing stability. Moreover, the Office should analyze the available data to identify patterns or trends to help identify and address the issues preventing clients from obtaining permanent housing.

To determine whether cases were progressing to the point where clients were transitioning to permanent housing, we reviewed the same judgmental sample of 145 cases and found that 44 clients (30%) transitioned into permanent housing. For the remaining 101 cases (70%), the clients did not transition to permanent housing, including 42 of 50 cases (84%) in New York City and 59 of 95 cases (62%) in the rest of the State, as follows:

- Of the 101 cases, documentation shows that 82 clients did not transition to permanent housing for the following reasons:
  - 62 clients (43%) left the shelter, and their current location was unknown.
  - 8 clients were denied housing as they didn’t comply with program requirements.
  - 5 clients were removed from the shelter due to behavioral issues.
  - 4 clients were incarcerated.
  - 2 clients moved out of the Local District.
  - 1 client passed away.

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- For the remaining 19 cases, the clients were still residing in a shelter at the time of our case review and had been for periods ranging from 68 to 1,507 days.

We realize that in certain cases – some of which may be the long-term shelter stays we observed – it may be more difficult for clients to achieve self-sufficiency and permanent housing and the reason can be specific to each individual case. However, we determined the Office is not aggregating and analyzing available data to identify patterns or trends. Without this type of analysis of the available information, the Office and Local Districts cannot identify and address the issues preventing clients from obtaining permanent housing.

## Recommendations

1. Work with Local Districts and shelter providers identified through annual inspections that have not prepared or have late or incomplete Assessments and ILPs.
2. Reassess the oversight processes and develop new methods to supplement the annual inspections to identify Local Districts and shelter providers that have not prepared or have late or incomplete Assessments and ILPs.
3. Work with Local Districts and shelter providers identified through annual inspections whose clients are not receiving the needed services identified in their Assessments and the service strategy set forth in the ILP.
4. Reassess the oversight processes and develop new methods to supplement the annual inspections to identify Local Districts and shelter providers whose clients are not receiving needed services identified in their Assessments and set forth in the ILP.
5. Take additional steps to ensure that Local Districts and shelter providers complete treatment plans.
6. Develop a standardized form for Local Districts and providers to use when documenting client services to be included in the ILP and monitor to ensure ILP implementation.
7. Collect and analyze aggregate data that will allow the Office to identify primary causes for clients not achieving permanent housing and address these issues.

# Audit Scope, Objectives, and Methodology

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The objectives of our audit were to determine if the Office's Assessments and ILPs are completed timely and if clients are receiving services needed to transition to permanent housing. The audit covered the period from January 2018 through October 2022.

To accomplish our objectives, we reviewed applicable laws and regulations and Office policies, procedures, and directives. We interviewed Office management to gain an understanding of their efforts. We became familiar with, and assessed the adequacy of, the Office's internal controls as they related to its performance and our audit objectives. We communicated our findings to Office management and considered the information they provided through December 2022. We obtained a list of active shelters and a shelter inspection inventory from the Office for the 2 years ended December 31, 2018. We also surveyed all 57 Local Districts and DHS (covering the five counties in New York City) for listings of all facilities used for homeless housing and used a questionnaire to document their operations during our scope period. We received responses from all 57 Local Districts and DHS.

We interviewed officials from 14 Local Districts, including DHS, to gain an understanding of their operations, and requested and reviewed data on their homeless populations during our scope period. Our judgmental selection of Local Districts was based on geographical location across the State and then based on total shelters. We tested the data provided and compared it with case file documents (either electronic or hard copy) at each selected Local District, and determined that the data was sufficiently reliable for our audit purposes. Using computerized software, we randomly selected a sample of 145 cases in which clients were in shelter more than 6 months to determine if the Assessment and ILP were being completed in accordance with Office regulations. We also tested the sample to determine if the services identified were provided to 100 of these clients. Samples outside New York City were selected from the population of clients provided by Local Districts for our scope period.

Due to the size of New York City's homeless population, we judgmentally selected a sample of eight shelters that were identified as problematic from our prior homeless audits and Office inspection data. We then requested a client population from DHS for those specific shelters and, using computerized software, randomly selected five cases at each shelter with clients whose shelter stays were more than 6 months.

The results of our sample testing cannot be projected to the population as a whole but support the findings, conclusions, and recommendations in this report.



# Statutory Requirements

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## Authority

This audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. These duties may be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our professional judgment, these duties do not affect our ability to conduct this independent performance audit of the Office's oversight and administration of homeless services.

## Reporting Requirements

We provided a draft copy of this report to Office officials for their review and written comment. Their comments were considered in preparing this final report and are attached in their entirety at the end of it. Office officials generally agreed with the report's recommendations and indicated actions they are taking to implement them. Our State Comptroller's Comments addressing certain remarks are embedded within the Office's response.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Temporary and Disability Assistance shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.



# Agency Comments and State Comptroller's Comments

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## Office of Temporary and Disability Assistance

**KATHY HOCHUL**  
Governor

**DANIEL W. TIETZ**  
Commissioner

**BARBARA C. GUINN**  
Executive Deputy Commissioner

July 21, 2023

Nadine Morrell  
Audit Director  
Office of the State Comptroller  
110 State Street  
Albany, NY 12236

Re: Homeless Services Housing Needs Assessment,  
2021-S-023

Dear Nadine Morrell:

This letter provides the Office of Temporary and Disability Assistance's ("OTDA") response to the Draft Report ("Draft Report") released by the Office of the State Comptroller ("OSC") regarding its audit of Homeless Services Housing Needs Assessment (2021-S-023).

OTDA's oversight of the social services districts ("districts") in this program area is performed through the Division of Shelter Oversight and Compliance ("DSOC") and includes the certification and inspection of publicly funded shelters for families and adults experiencing homelessness throughout New York State, as well as the development and administration of agency policies in accordance with State regulations establishing the programmatic and physical plant standards for the shelters. Furthermore, 18 NYCRR § 352.35(b)(1) ("§ 352.35(b)(1)"), 18 NYCRR § 491.9 ("§ 491.9"), and 18 NYCRR § 900.9 ("§ 900.9") provide that it is the responsibility of the districts, with the cooperation of shelter clients, to prepare and complete Needs Assessments ("NAs") and Independent Living Plans ("ILPs"). Districts are in a better position than OTDA to receive frequent input from shelter providers on the completion of NAs and ILPs.

OTDA respectfully requests that this report, and all subsequent reports, explicitly acknowledge the delineation of responsibilities between OTDA and the districts.

**State Comptroller's Comment** – On page 6 of our report, we detail the Office's and Local Districts' responsibilities. Further, as we have noted in past audits, the NYCRR states that the Commissioner acting directly or through Local Districts shall have the authority and responsibility to administer a system of supervision, inspection, and enforcement for adult care facilities, which assures compliance with regulations and the maintenance of standards of care. Furthermore, NYCRR delegates the actual process of completing the Assessment and ILP to the Local District or their designee. While we understand the day-to-day processes can be delegated to the Local District pursuant to NYCRR, it is ultimately the Office's responsibility to oversee Local Districts to ensure that these essential tasks are completed in compliance with the Office's regulations and to provide support, supervision, and guidance to the 58 Local Districts.

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40 North Pearl Street, Albany, NY 12243-0001 | [www.otda.ny.gov](http://www.otda.ny.gov)

**OTDA's responses to OSC's Recommendations**

1. Work with Local Districts and shelter providers identified through annual inspections that have not prepared or have late or incomplete Assessments and ILPs.

**OTDA Response:** OTDA agrees that NAs and ILPs are sometimes not completed within the timeframes imposed by OTDA regulations, and that improvement is needed to ensure that they are completed on a timely basis. Many shelters have been experiencing staffing shortages which has hindered their ability to complete some of the NAs and ILPs. DSOC inspectors will continue to consider the timeliness of and stress the importance of NAs and ILPs as they conduct shelter inspections and, if necessary, require remedial action as part of a corrective action plan. Additionally, DSOC will offer technical assistance to shelter providers or districts where appropriate, which may include on-site guidance or a referral to case management training offered through OTDA. OTDA will also deliver additional training to districts on completion of NAs and ILPs. It is important for OSC's report to reflect the efforts districts made to secure completed NAs and ILPs, and to provide related services, as compared to whether residents of emergency shelters participate in those services. Despite districts' diligent efforts, there are times when residents do not fully engage.

**State Comptroller's Comment** – On page 12 of our report, we note the efforts made by Local Districts and the Office to secure completed Assessments and ILPs and to provide related services. While we understand there are times when a resident will not fully engage in services being offered, it is important to document this in the case records.

2. Reassess the oversight processes and develop new methods to supplement the annual inspections to identify Local Districts and shelter providers that have not prepared or have late or incomplete assessments and ILP's.

**OTDA Response:** OTDA already has a process in place to work with districts and providers who are not in compliance with regulations. Pursuant to §§ 352.35(b)(1), 491.9, and 900.9, DSOC inspectors visit and inspect each shelter no less than once annually. During those inspections, the DSOC inspectors review shelter records, including resident case records, to confirm compliance with applicable laws and regulations including OTDA's regulations relating to NAs, ILPs, and support services. Where districts are not following requirements as necessary, OTDA requires a corrective action plan from the district. The district must substantiate that each violation was addressed and DSOC inspectors may reinspect a shelter facility to confirm that the deficiencies in fact were remediated. OTDA believes that in this process the inspection and corrective action plan provides the appropriate mechanisms to address non-compliance with any of the regulations establishing programmatic and physical plant standards, including preparing and completing NAs and ILPs.

**State Comptroller's Comment** – The existing process used by the Office is not resolving the issue of late, incomplete, or missing Assessments and ILPs, and needs to be reassessed to better address the condition and improve outcomes. Further, it is the same as or similar to processes that we have reviewed in our previous audits, which found client Assessments and ILPs were not completed timely over 20% of the time. As noted on page 9 of our report, we identified that approximately 40% of our sample of Assessments and ILPs were not completed on time – doubling the number of missing or late Assessments and ILPs from 2016 and 2020.

3. Work with Local Districts and shelter providers identified through annual inspections whose clients are not receiving the needed services identified in their Assessments and the service strategy set forth in the ILP.

**OTDA Response:** OTDA agrees that clients sometimes may not be receiving services identified in their NA or ILP for a variety of reasons, including the unavailability of services and, at times, the clients' refusal to accept the services offered. Improvement is needed to ensure that clients are connected to necessary services and are encouraged to accept those services. As noted above, it is the responsibility of the districts to assure that clients have access to and can receive the necessary services, and to follow up on instances where clients are not cooperating or not progressing towards permanent housing. As part of additional technical assistance and training, OTDA will emphasize the importance of follow-up by districts/shelter staff to facilitate client engagement in necessary services.

4. Reassess the oversight processes and develop new methods to supplement the annual inspections to identify Local Districts and shelter providers whose clients are not receiving needed services identified in their Assessments and set forth in the ILP.

**OTDA Response:** As noted above, OTDA believes that there already is an appropriate process in place to address non-compliance with OTDA regulations. DSOC's inspectors visit and inspect each shelter no less than once annually to monitor compliance with applicable laws and regulations. Where districts or shelters are not following requirements as necessary, OTDA requires the district to prepare a corrective action plan, which could include for example additional training or the hiring of additional case management staff, that must be approved by OTDA and then implemented.

**State Comptroller's Comment** – The current oversight process that is in place is inadequate. As noted on pages 10 and 11 of our report, we found that medical, mental health, and substance abuse support services were not always offered or provided. While housing support services were provided, there is need for improvement in the provision of these services.

5. Take additional steps to ensure that Local Districts and shelter providers complete treatment plans.

**OTDA Response:** As noted above, it is the responsibility of the districts to identify services that clients need, to assure that clients receive the necessary services, and to follow up on instances where clients are not cooperating or progressing towards permanent housing. Where districts are not fulfilling these obligations, OTDA would require a corrective action plan from the district.

**State Comptroller's Comment** – It is ultimately the Office's responsibility to oversee Local Districts to ensure that these essential tasks are completed in compliance with the Office's regulations and to provide support, supervision, and guidance to the 58 Local Districts.

6. Develop a standardized form for Local Districts and providers to use when documenting client services to be included in the ILP and monitor to ensure ILP implementation.

**OTDA Response:** OTDA currently makes available a form that districts, and providers may use to complete ILPs. The form can be found at: <https://otda.ny.gov/programs/shelter/documents/C-FORMS/Independent-Living-Plan-Form.doc>. OTDA will direct districts that all districts and providers must use the OTDA form unless OTDA approves an alternative form for use by a district or provider.

7. Collect and analyze aggregate data that will allow the Office to identify primary causes for clients not achieving permanent housing and address these issues.

**OTDA Response:** Many districts currently collect and analyze data on the population of clients and the barriers faced in the pursuit of the goal of permanent housing, and OTDA will encourage

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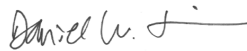
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this as a “best practice.” It is important to acknowledge that any effort to collect and analyze such data will be hampered by the fact that shelter residents can, and often do, leave the shelter facility without explanation and may or may not have secured permanent housing.

**State Comptroller’s Comment** – While having each Local District collect and analyze this data is a step in the right direction, to address the issue of clients not achieving permanent housing, the Office needs to collect and analyze data on a statewide basis.

If you have questions or comments about our response to the Draft Report, please contact OTDA’s Audit Liaison at (518) 473-6035.

Sincerely,



Daniel W. Tietz  
Commissioner

cc: Barbara C. Guinn  
Cheryl Contento

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