

**Location, Location, Location:
An Analysis of Safe Haven Siting in New York City**

A Thesis Submitted by

Brooke Schwartz

In partial fulfillment of the requirement for the degree of

Master of Arts

in

Department of Urban and Environmental Policy and Planning

Tufts University

May 2017

Advisor: Mary Davis, Professor, Department Chair UEP, Tufts University
Reader: Laurie Goldman, Professor, Tufts University

Abstract

This thesis explores the siting process and locations of safe havens, a form of low-demand, transitional housing for single, homeless adults. Focusing on New York City as a case study, it includes both a GIS spatial analysis and interviews with key informants from non-profit service providers of safe havens in New York City. The spatial analysis gives context to where safe havens are located in relation to income, race and ethnicity, public transportation and other homeless shelters and medical facilities. Interviews with program directors and business operations staff at a selection of these safe havens reveal information about the siting process as well as the implications of the chosen locations. The thesis illustrates that safe havens are typically located near public transportation and hospitals and are in low-income Community Districts and communities of color. Commonalities in terms of the siting decision-making process include pre-existing buildings uses, relationships with property owners and proximity to hospitals and transit. Conflicts over the siting of the safe havens and community opposition were typically contingent upon pre-existing building uses, time frame of development and concentration of homeless facilities in the Community District.

Acknowledgments

This thesis would not have been possible without the support and guidance from my professors, friends and family. I would like to thank my advisor, Mary Davis, for listening to my endless questions, reading numerous drafts and always making time to meet with me. I would also like to thank my reader, Laurie Goldman, for really pushing me to expand my thoughts and keep asking questions.

A huge amount of thanks needs to be given to my parents and friends for dealing with me the past couple of months. Mom and Dad, thank you for answering my calls and supporting me even when I was being annoying. A special thanks also needs to be given to my roommates and friends for putting up with my mess of a self for the past couple of months. I also need to thank all of the lab assistants in the GIS lab and the research librarians at Tufts. Finally, thank you to all of the interviewees in New York for taking the time out of your busy schedules to speak with me. I could not have done this without the help and support of all of you!

Table of Contents

Abstract.....	ii
Acknowledgments.....	iii
List of Tables and Maps.....	v
Chapter 1. Introduction.....	1
1.1 Research Questions.....	2
1.2 Structure of Report.....	2
Chapter 2. Background.....	4
2.1 Homelessness in the United States.....	4
2.2 What are safe havens?.....	5
2.3 Contextualizing Safe Havens within Homelessness Policy and Programming.....	6
2.3.1 Homelessness Policy in the United States.....	7
2.3.2 Housing First.....	8
2.3.3 Chronic Homelessness.....	10
2.4 Siting Safe Havens.....	10
2.4.1 Community Opposition and Siting.....	11
2.4.2 Access to Services.....	13
2.4.3 Criminalization of the Homeless Population.....	14
2.4.4 Siting Homeless Shelters in New York City.....	15
2.4.5 Gaps in New York City Planning and Policies for Siting Homeless Shelters.....	17
2.4.6 Planning Process for Siting Shelters.....	19
Chapter 3. Methods.....	22
Chapter 4. Results.....	26
4.1 Where are the safe havens in New York City located?.....	26
4.2. What was the decision making process that led to those locations?.....	33
4.3 What are the implications of those location decisions?.....	37
Chapter 5. Discussion and Recommendations.....	41
5.1 Key Recommendations.....	44
5.2 Limitations and Future Research.....	45
5.3 Conclusions.....	47
Appendices.....	49
Bibliography.....	54

List of Tables

Table 1. Data used in spatial analysis.....	24
Table 2. Thirteen safe havens included in spatial analysis.....	26
Table 3. Six safe havens included in results.....	34

List of Figures

Figure 1. Safe havens and income distribution by Community District.....	27
Figure 2. Safe havens and race & ethnicity of population.....	29
Figure 3. Safe haven proximity to public transit.....	30
Figure 4. Safe haven proximity to hospitals and chemical dependency services.....	32

Chapter 1. Introduction

The purpose of this thesis is to analyze the siting and locations of safe havens in New York City. Safe havens are a form of transitional housing for chronically street homeless individuals that serve to fill the housing gap between living on the street and living in permanent, supportive housing. Safe havens offer an alternative to traditional shelters and they typically provide private, single-rooms to individuals that have been homeless for a substantial period of time and may also be living with a disability, mental illness and/or substance abuse issues. Safe havens do not require individuals to be sober or to participate in rehabilitation programs during their stay. In an effort to address street homelessness in New York City, in April 2016 Mayor Bill de Blasio released plans to increase and improve street outreach, develop an additional 500 safe haven beds and build 15,000 units of supportive housing over the next fifteen years (New York City Office of the Mayor, 2016).

Although there are plans in place to increase the number and capacity of safe havens in New York City, information was not released as to where these new safe havens would be located. Additionally, there is currently a gap in the literature describing how locations for safe havens are chosen. It is known that low-income neighborhoods in New York City are typically overburdened with homeless shelters, but no research has been done specifically on the locations of safe havens. In addition to the fact that the number of safe havens is increasing, the way that the city has framed safe havens makes it necessary to view their development differently than traditional shelters. Safe havens are differentiated from other homeless service facilities because they provide a specific type of housing to a select clientele and are a part of a specific model of services that begins with street outreach and leads to safe haven housing, with the ultimate goal of permanent supportive housing. The alternative to this model would most

likely include the use of a number of general homeless shelters, drop-in centers and/or cluster-site apartments, meaning independent apartments rented out by the City to use as shelter, and hotels. If the city is going to continue to frame safe havens differently than these other homeless services, it is necessary to give the process through which they are sited specific attention.

1.1 Research Questions

This thesis will fill a gap in the existing literature about safe havens by answering the following three research questions:

- 1) Where are the safe havens in New York City located?
- 2) What was the decision making process that led to those locations?
- 3) What are the implications of those location decisions?

Research question one will be answered through a location analysis of New York City. Research questions two and three will be addressed through interviews with key informants that are staff at existing safe haven organizations in New York City.

1.2 Structure of Report

Before answering these questions, this thesis will begin with a background section to give context about how and why safe havens have become part of the leading strategy to address street homelessness in New York City. The historical context of the safe haven method is key to understanding why safe havens have been framed differently than traditional homeless shelters. In addition to contextualizing safe havens within homeless services in New York City, the following chapter will also discuss the policies, procedures and outcomes for siting traditional homeless shelters in New York City. Though safe havens are not explicitly a part of that

discussion, looking at the siting of more traditional homeless facilities provides a baseline to understand how locations of homeless facilities have been chosen in the past. This contextualization will be used to inform the discussion on safe haven locations.

Chapter 2. Background

The purpose of this thesis is to answer three research questions:

- 1) Where are the safe havens in New York City located?
- 2) What the decision making process that led to those locations?
- 3) What are the implications of those location decisions?

This chapter provides the background information necessary to understand homeless policy and programming in the United States. The section also serves to review the literature related to safe haven siting and identify gaps that this thesis will seek to fill.

2.1 Homelessness in the United States

Despite policies and programs at the federal, state and local levels, homelessness continues to persist as a major issue in the United States. In 2016, 549,928 people were recorded as experiencing homelessness on a single night, 65% (355, 212 people) as individuals and 35% (194,716 people) as part of a family with children (HUD, 2016). Of the 355, 212 adults experiencing homelessness, 77,486 individuals had chronic patterns of homelessness (HUD, 2016). While homelessness at the national level has decreased by 15% (97, 330 people) from 2007 to 2016, in New York City the number of homeless people in the shelter system is higher than it has ever been (HUD, 2016; Routhier, 2016).

The causes and persistence of homelessness are complex and rooted in an interconnected web of structural and individual factors. The structural or “macro” factors that have resulted in homelessness include but are not limited to the lack of affordable rental housing, gentrification, welfare reform, high health care costs and the lack of a healthcare safety net, mass incarceration, deinstitutionalization, economic recessions, the low minimum wage, structural racism, discrimination based on sexual orientation and gender and the aging out mechanism of the foster

care system (Lee, Tyler, & Wright, 2010; Nooe & Patterson, 2010; Rosenthal & Foscarinis, 2006). In terms of individual or “micro” factors, mental illness, unemployment, substance abuse and domestic violence are commonly viewed as causes of homelessness (Nooe & Patterson, 2010; Rosenthal & Foscarinis, 2006). While the previously stated factors are believed to be individual issues, it is important to consider them in conjunction with and often as a result of larger structural issues in the United States (Oakley & Dennis, 1996).

In addition to being aware of the multiple factors that lead to homelessness, it is important to note that homelessness is an experience that is not static and cannot be easily defined. The terms generally used to differentiate between durations of homelessness are “first time,” “short term,” “situational,” “transitional,” “episodic” and “chronic” (Nooe and Patterson, 2010, p.130). This paper will focus specifically on chronically homeless individuals, described by HUD as “an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months” (Homeless Emergency Assistance and Rapid Transition to Housing, 2015). Additionally, this paper will use the term, street homeless, referring to individuals living on the streets or in places not meant for human habitation.

2.2 What are safe havens?

Safe havens are a form of low-demand, transitional housing for single, homeless adults. Safe havens are specifically targeted toward chronically homeless and street homeless individuals that have previously been unable or unwilling to participate in other supportive services (HUD, 2012). The ultimate goal of safe havens is to move individuals off of the streets

and provide the time and space needed to fulfill the bureaucratic steps of finding and maintaining permanent housing. As previously mentioned, safe havens are low-demand housing facilities, meaning that while they are required to provide access and referrals to supportive services, such as counseling for substance abuse and mental health, they cannot require residents to use them or to participate in any other programs. While individuals staying in safe havens are not required to be sober or seek assistance with substance abuse, drug and alcohol use are typically banned in the facilities. Additionally, safe havens must provide private or semi-private accommodations and cannot enforce time limits on length of stay, though individuals typically stay anywhere from six months to two years (Burt, Hedderson, Zweig, Ortiz, Aron-Turnham, Johnson, 2004). That said, the purpose of safe havens is not to provide and enforce treatment, but rather to provide transitional housing to individuals while they are in the process of finding and obtaining permanent housing.

2.3 Contextualizing Safe Havens within Homelessness Policy and Programming

In order to understand the role of safe havens as part of the solution to ending chronic homelessness in New York City, it is necessary to acknowledge the context that led to their development. Safe havens were developed as a result of a need to fill gaps between the existing policies and programs in place to address homelessness. Thus key to understanding safe havens is recognizing the other pre-existing policies and programs that paved the way for their establishment. Among many other factors, including the overall history of homelessness policy at both federal and local levels, safe havens have emerged largely as a result of two framing paradigms of homelessness policy in the United States: Housing First and chronic homelessness. In order to contextualize safe havens within homelessness policy, this section will briefly

describe the shifts in homelessness policy since the 1980s and will then delve more deeply into Housing First and chronic homelessness.

2.3.1 *Homelessness Policy in the United States*

For a variety of reasons, including but not limited to conservative federal housing policies that decreased the stock of affordable housing, the deinstitutionalization of the mentally ill and the economic recession in 1981, there was a rapid rise in homelessness in the United States in the 1980s (Rosenthal & Foscarinis, 2006). Despite the fact that homelessness was an increasingly prevalent and growing issue, in the early 1980s the Reagan administration refused to recognize homelessness as a social problem (Foscarinis, 2008; Jones, 2015). As a result of the lack of federal attention to homelessness, the majority of efforts to alleviate homelessness fell to the state and local levels. Specifically, New York City, by establishing the “right to shelter” in 1981 and initiating other programming, was at the forefront and was considered groundbreaking for its policies and programs to address homelessness (Main, 2016). It is important to recognize that much of the policy eventually made at the federal level was the result of activism, policy and programming at the local level.

Homelessness policy and programming since the 1980s can be divided into three distinct, but interconnected phases: emergency shelter, the Continuum of Care, and Housing First/chronic homelessness (Rosenthal & Foscarinis, 2006). In the 1980s, the main focus of policy, at both federal and local levels, was the proliferation of emergency shelters. This stage is most clearly demarcated at the federal level by the establishment of the Stewart B. McKinney Homeless Assistance Act of 1987 (The McKinney Act) and at the local level by the creation of large, city-run shelters in New York City (Foscarinis, 2008; Jones, 2015; Main, 2016). While homelessness

was being addressed at the federal level, the problem was not decreasing in scope. Thus in the early 1990s there was a shift in policy away from providing emergency assistance towards long term solutions. In 1990, the Shelter Plus Care program was added to the McKinney Act and in 1994 the Clinton Administration adopted the Continuum of Care (CoC) approach. Both of these policies emphasized the relationship between services and housing (Rosenthal & Foscarinis, 2006). The CoC incentivized local governments with federal dollars to identify, fill in gaps and coordinate services for homeless individuals and families, as well as to develop more transitional and permanent housing (Foscarinis, 2008; Rosenthal & Foscarinis, 2006; Culhane & Metraux, 2008). Thus while the CoC sought to end homelessness and provide transitional and permanent housing, its main focus was to coordinate social welfare services for the homeless (Culhane & Metraux, 2008, Rosenthal & Foscarinis, 2006). After the establishment of the CoC, policy and programming addressing homelessness shifted in the early 2000s to emphasize ending homelessness with the Housing First approach (Foscarinis, 2008), adopted by the Bush Administration in 2002 (Rosenthal & Foscarinis, 2006).

2.3.2 Housing First

The Housing First approach was developed in 1992 by Sam Tsemberis with Pathways to Housing in New York City. In contrast to the CoC model, which emphasizes the use of services, such as mental health and employment, before obtaining independent housing, Housing First removes these steps, which can be viewed as barriers, and immediately provides clients with permanent affordable housing (Tsemberis, 2010; Tsemberis, 1999; Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003). While the Housing First model in its original form does typically require consumers to meet with staff on a weekly basis, the approach still supports a separation

of housing and services. More specifically, in addition to providing independent housing which seeks to honor the consumer's neighborhood preference, Housing First uses a harm-reduction model that emphasizes consumer choice (Tsemberis, 2010). This means that in terms of mental health and substance abuse assistance, it is ultimately up to the consumer whether or not to make harm-reducing changes.

A number of studies have found that the Housing First approach, when provided in the form of permanent supportive housing, is successful for housing stabilization amongst the chronically homeless population, most notably with individuals with mental illnesses and/or substance abuse disorders (Tsemberis, 1999; Gulcur et al., 2003; Pearson, Montgomery, & Locke, 2009; Choy-Brown, Stanhope, Tiderington, & Padgett, 2016). Further, some studies have shown that Housing First is more likely to increase housing stability amongst homeless individuals with severe mental illness than the CoC model (Tsemberis, Gulcur, & Nakae, 2004). Housing First programs have also been shown to decrease the use of public shelters and reduce incarceration in jails and prisons (Hanratty, 2011). Based on research outlining the model's success, many cities across the United States are now utilizing the Housing First approach.

As safe havens are transitional housing that are meant for permanent residence, they do not completely align with the Housing First model as originally defined. That said, safe havens do typically rely on a harm-reduction model for consumer treatment and have become a crucial piece of the Housing First framework in New York City. More specifically, safe havens facilitate the Housing First model by providing low-threshold, supportive, transitional housing to homeless adults while they are in the process of finding a permanent residence.

2.3.3 *Chronic Homelessness*

In addition to and in conjunction with the Housing First model, homelessness policy in the 21st century has seen an emphasis specifically on ending chronic homelessness. This shift to focusing on chronic homelessness, or individuals that have been homeless for a long period of time and are often dealing with mental illness and/or substance use disorders, is partially as a result of research done by Culhane and Kuhn in the late 1990s (1998). They found that while chronic shelter users are a small portion of the shelter population, they account for nearly fifty percent of the shelter days (Culhane & Kuhn, 1998; Culhane & Metraux, 2008). Following support from the federal government, the Interagency Council on Homelessness encouraged municipal governments around the United States, such as New York City, to develop their own ten year plans to end chronic homelessness (Rosenthal & Foscarinis, 2006). Thus ending chronic homelessness has been at the forefront of policy addressing homelessness in recent years.

Understanding the phases of homeless policy since the 1980s is crucial to the analysis of safe havens as a housing strategy. Safe havens play off of all three of these phases of policies; they are hybrids that serve to fill in gaps between the CoC model, Housing First and the goal of ending chronic homelessness. More specifically, there was a missing link between street outreach and permanent supportive housing, methods supported by both the CoC and Housing First strategies. Thus safe havens were developed to provide transitional housing to individuals in this in between phase, with the ultimate goal of ending chronic homelessness. The next section will more explicitly discuss the literature related to siting safe havens.

2.4 Siting Safe Havens

While the development of safe havens as a strategy to address homelessness is rapidly expanding in New York City, there is a very limited amount of existing research both on safe

havens and more specifically about their locations. A Safe Haven Toolkit released by HUD in the late 1990s gives some guidelines to service providers about safe haven development (HUD, 1997). In terms of siting, the Toolkit states that safe haven locations must be supported by both future residents and the surrounding community, physically fit in within the community in terms of structure and design, be economically feasible and abide by zoning requirements (HUD, 1997). Access to supportive services, community services and public transportation must also be considered when choosing a location (HUD, 1997). Although some guidelines are in place for choosing locations, the information is dated and research on how the locations have actually been chosen is limited. That said, this section will include a broader review of the literature on siting homeless facilities in general and will then discuss New York City more specifically. Though safe havens are not explicitly discussed in this literature, understanding the broad siting policies for homeless shelters provides the framework to understand the objectives and results of this thesis.

2.4.1 Community Opposition and Siting

As localities such as New York City began addressing homelessness on a policy level in the 1970s and 1980s, the issue about where proposed shelters and facilities could be sited arose. While land-use prejudices have existed throughout history, the term Not in My Backyard or NIMBY became increasingly prevalent at the local level in the late 20th century as a result of larger national events such as the termination of federally funded affordable housing, the deinstitutionalization of the mentally ill, the AIDS and HIV crisis and the increase in homeless programming (Dear, 1992). Popular in scholarly literature, political discussion and more colloquial conversation, NIMBY became synonymous with local opposition to the siting of anything perceived as negative to the community. The acronym encompasses a wide-spectrum of

unwanted land-uses such as homeless facilities, low-income housing, shopping malls, landfill sites, airports and hazardous waste facilities.

Early scholarly research on NIMBY typically illustrated the factors that led to a two sided opposition: “rational, civic minded planners” versus “irrational, self-interested” opposition forces (Gibson, 2005). NIMBY opposition was understood to have three explicit concerns: the perceived threat to property values, personal security and neighborhood amenity (Dear 1990, 1992). A “hierarchy of acceptance” or “continuum of threat” in regard to client and facility characteristics and community acceptance or opposition was also noted in various studies (Dear, 1992; Takahashi & Dear, 1997). Specifically, individuals with mental illnesses and substance abuse issues were viewed by the public as undesirable neighbors (Dear, 1992). In the late 1980s and 1990s, group homes for individuals living with AIDS and HIV were also generally forcefully opposed by communities. Other factors that were associated with community opposition to facilities included the size, larger facilities often posing more issues, and the reputation of the service provider (Dear, 1992).

Some NIMBY scholars in the 1990s also discussed how community opposition and zoning variances led to the saturation of locally unwanted land uses and facilities in low-income, “inner-city” and “minority communities” (Dear, 1992; Takahashi & Dear, 1997). More specifically, it was noted that service providers in the 1980s and 1990s had two options: take a “low-threshold” approach, meaning build a facility and anticipate a successful incorporation into the neighborhood after its completion or take a “high-risk” approach and try to communicate with the surrounding neighborhood in advance (Dear 1992, p.293). Because both of these options had some threat of opposition to stall the project, service providers began to seek out “risk-free” locations (Dear, 1992, p.293).

This classification of low-income, “inner-city” and “minority communities” as “risk-free” stems from an interconnected combination of changing patterns of community relations strategies and multiple forms of racist and classist power dynamics and authority (Dear, 1992). For instance, in the 1980s, NIMBY syndrome was a prevalent concern and establishing good community relations was a top priority (Dear, 1992). Conversely, by the 1990s, siting was characterized by aggressive autonomy and service providers began using federal powers and policies, such as the Fair Housing Amendments Act in 1988, to bypass community involvement and thus community opposition (Dear, 1992; Oakley, 2002). At this point it must be noted that there is a divergence in the NIMBY literature in terms of community opposition. Firstly, there was the community opposition, influenced greatly by class and racial stereotypes and prejudices, that led to the saturation of locally unwanted land-uses in low-income neighborhoods (Tighe, 2012). Once these areas were targeted and saturated, the “marginalized communities” that were previously deemed to be without agency, also for classist and racist reasons, began to show strong community opposition to unwanted facilities (Takahashi & Dear, 1997). This community opposition may be part of the reason why it became common in the 1990s for authorities to act with aggressive autonomy and not seek community approval prior to siting unwanted facilities. That said, some scholars have noted that NIMBY and community opposition itself is not the problem; rather, the issue is that the wealthy and politically connected residents are often able to avoid addressing social problems, leaving the responsibility to low-income neighborhoods (Takahashi, 1998; Gibson, 2005).

2.4.2 Access to Services

As noted by the Safe Haven Toolkit previously mentioned in this chapter, access to supportive and community services is a necessity when siting a safe haven (HUD, 1997). This

reported need to be in proximity to supportive services, such as mental health services and permanent supportive housing, is also central to the Continuum of Care (CoC) model discussed previously in this chapter. More specifically, the CoC model requires that a variety of services be accessible to where homeless individuals and families are staying (Wolch, 1996). Aligning with this framework, scholars such as Allard and the co-authors (2003) argue that there is a relationship between proximity and service utilization, specifically in terms of mental health service proximity and the usage of mental health service (Allard et al., 2003). While it is argued that proximity to services increases their utilization, some scholars have also noted that this way of planning has resulted in an uneven distribution of services and concentration in low-income neighborhoods (Wolch, 1996).

2.4.3 Criminalization of the Homeless Population

Another important factor tied to policies addressing homelessness and shelter siting is the criminalization of homelessness. As the number of individuals and families experiencing homelessness is increasing, many cities and municipalities are not meeting the demand for shelter space and permanent housing. As such, living on the streets is the only option for many people. Instead of addressing homelessness from its root causes, many cities have taken to using the criminal justice system to punish people for being homeless on the streets. Criminalization tactics vary by city, but can include legislation that make it illegal to sit, sleep or store belongings in public spaces, strict enforcement of loitering, jaywalking and open container laws, enactment of panhandling laws, sweeps of areas in which many homeless people are living and restriction on sharing food with homeless people in public spaces. Enacting and enforcing these policies creates huge expenses for the criminal justice system and does not help to address

homelessness. Additionally, it has been disputed in various U.S. District Courts that policies which criminalize the homeless violate the First and Fourteenth Amendments to the U.S. Constitution (The National Law Center on Homelessness & Poverty, 2009). These types of policies also perpetuate the stigmatization of homeless populations as criminals and people that should be living separately and out of sight from the rest of the population (The National Law Center on Homelessness & Poverty, 2009; Rosenthal and Foscarinis, 2006).

2.4.4 Siting Homeless Shelters in New York City

In order to contextualize safe haven siting in New York City, it is necessary to review the city's history of locating homeless shelters more generally. In 1981 New York City passed the Callahan Decree, establishing the right to shelter and board for all homeless men. (women were added to the Decree in 1982). This decree led to the need to rapidly expand the homeless care system in New York City and thus find more locations for homeless shelters. As NIMBY was a prevalent issue in the early 1980s, the city attempted to avoid conflict and site new shelters in physically isolated locations, such as Ward's Island in the East River (Gaber, 1996). While the city attempted to avoid the disruption of communities with the addition of shelters, they could not keep up with the growing demand and implemented a new approach of locating shelters in "politically/economically isolated locations," mainly low-income, minority communities in Harlem and Central Brooklyn (Gaber, 1996; Dear, 1992).

Because the City was facing opposition from the communities it was attempting to place shelters in, in the mid-1980s they began to take a new approach: siting shelters without notifying the surrounding communities (Gaber, 1996). More specifically, the City's approach became that officials would at most give neighborhood groups and Community Boards a 24-hour notice before opening a shelter. As the City received criticism for this approach, Mayor Koch attempted

to prove its necessity by illustrating the fact none of the 59 Community Boards in New York City were willing to site a homeless facility in their district (Gaber, 1996). Additionally, during this period the City generally sited homeless facilities in city-owned buildings, many of which were properties that were abandoned by owners to avoid paying for maintenance and property taxes. This approach allowed for the City to continually locate shelters in low-income and minority communities. This “saturation-induced planning” continued to be the approach for shelter siting throughout the late 1980s and early 1990s (Gaber, 1996). Gaber illustrates how shelters were overwhelmingly sited in low-income Community Districts through a series of maps which include existing shelters from 1980, 1985 and 1990 (see Appendix A). Additionally, it is important to note that during this period community groups from a number of districts organized to negotiate with the city to dissuade them from placing more shelters in already saturated areas.

Beyond low-income neighborhoods being specifically targeted for shelter siting, other factors were at play. New York City had a governing body that facilitated an unfair distribution of shelters and the City was shifting from developing large, City-run shelters, to smaller, community-based program shelters contracted by the City to non-profits. In terms of governance, the Board of Estimate was an important piece of New York City’s government that had a variety of decision making powers from individual land-use matters, such as the location of homeless shelters, to approving discretionary contracts and influencing the budget (Schwarz, 2013/14). The Board of Estimate consisted of eight members: The Mayor, Comptroller and City Council President, each with two votes, and the five Borough Presidents with one vote each (Schwarz, 2013/14). As a result of the power and voting structure of this board, it was relatively easy for certain boroughs to continue escaping the addition of new homeless shelters. The U.S. Supreme Court declared the Board of Estimate unconstitutional in the late 1980s (Schwarz,

2013/14; Main, 2016). In addition to the authoritative power of the Board of Estimate, in the late 1980s and early 1990s there was a shift in the type of shelter being developed. More specifically, a revision to the *Five-Year Plan for Housing and Assisting Homeless Single Adults* (1991), called for the creation of smaller, program-based shelters and emphasized the importance of negotiating with communities about shelter siting (Main, 2016).

Although some actions, like the disbandment of the Board of Estimate and the revision to the *Five-Year Plan for Housing and Assisting Homeless Single Adults* were taking place, development patterns for shelters were still inequitable. As a result of the lack of results and the continued community opposition and frustration, in 1989, the city established the Fair Share criteria for facility siting (Schwarz, 2013/14; Gaber, 1996; Main, 2016). The Fair Share criteria were a set of guiding principles that stated the need for a fairer distribution of locally-unwanted facilities as well continued community engagement and negotiation, specifically with Community Boards and Borough Presidents (Gaber, 1996; New York City Comptroller's Office, 2013).

2.4.5 Gaps in New York City Planning and Policies for Siting Homeless Shelters

While the Fair Share criteria were created with the intention of more equitable distribution of city facilities and early on even received an honor from the American Planning Association (Rose, 1993), many have criticized it for its shortcomings. In 1993, only a year and a half after the commission accepted the criteria, Barbara Weisberg, the Assistant Director of the New York City Department of Planning acknowledged that the criteria were somewhat ambiguous and unclear (Weisberg, 1993). Others argued that the guiding framework for the Fair Share criteria was inherently flawed and that by seeking a more geographically even distribution

of facilities, the criteria was actually running counter to traditional planning principles (Rose, 1993).

Joseph Rose, the executive director of the Citizens Housing and Planning Council in New York City, argued that the communities that were intended to be helped by the Fair Share criteria were in fact continuing to be burdened with more unwanted facilities. For instance, in 1991 Mayor Dinkins attempted to use the Fair Share criteria to site twenty-four small, homeless facilities for single homeless adults throughout the City. Using the Fair Share criteria, the twenty Community Districts that were deemed to have a high shelter bed to population ratio were not considered. The thirty-five sites proposed by the city were generally in middle and working class neighborhoods in the outer boroughs that were deemed as less concentrated with homeless facilities. Neighborhood politicians and residents were outraged by this proposition and started petitions and protests, while city and newspaper columnists argued that these claims were founded on racist NIMBY sentiments. As a result of the opposition and hostility, the mayor did not go through with the plan and the twenty-four shelters were not sited (Rose, 1993; Gaber, 1996; Main, 2016). Thus early on in the political life of the Fair Share criteria, there seemed to be much debate amongst residents and city officials as to whether or not the Fair Share criteria was a truly fair or efficient process.

In 2013, the New York City Comptroller's Office did a more focused study on the Fair Share criteria by looking specifically at New York City's homeless shelter system (New York City Comptroller's Office, 2013). By conducting a borough-level spatial analysis, the study illustrated that there was still an uneven distribution of adult and family homeless shelters in New York City and that the shelters are particularly clustered in low-income neighborhoods. Similar to the maps from Gaber's 1996 research, these more recent maps show that not much has

changed in terms of equitability as a result of the Fair Share criteria (see Appendix B) (New York City Comptroller's Office, 2013).

2.4.6 Planning Process for Siting Shelters

In terms of the location decision process, there are three mechanisms the city uses for siting shelters: Uniform Land-use Review Procedure (ULURP), the City's procurement process and per-diem arrangements. ULURP is the City's formal public review process for city facilities. In addition to a public review process, ULURP also requires a Fair Share analysis of the facility and the location. No Department of Homeless Services (DHS) facilities have been subject to ULURP, as non-profit service providers run shelters through city contracts (New York City Comptroller's Office, 2013).

Although no DHS facilities have been subject to ULURP, New York City does have Fair Share criteria requirements for contracted homeless shelters. City facilities not subject to ULURP are typically subject to Article 9 of the Fair Share criteria. Article 9 is a statement submitted to the mayor describing how the agency will apply the Fair Share criteria. This statement is then sent to the affected Community Boards, Borough President and the Department of City Planning. In order to get to this step, providers must be chosen to develop and operate the shelters. The City's procurement process is done through either a traditional Request for Proposal (RFP) or an Open-ended RFP (OERFP). The OERFP is an "on-going solicitation that has no end-date and is used for services where the requirements and qualifications are unusually complex and difficult to predict and are, therefore, appropriate for shelter siting" (New York City Comptroller's Office, 2013, p.10).

While the RFP and OERFP require the facility to be subject to the Fair Share criteria, a third form of city procurement, known as emergency procurement, does not require the shelter to be subject to the Fair Share criteria. In 2010, DHS declared that the rise in the number of homeless single adults entering the shelter system as an emergency that needed to be addressed with the emergency procurement process. This process allows the facility to bypass a substantial amount of the paperwork and notification requirements that would otherwise be deemed necessary. Other facilities that bypass Fair Share are per-diem shelters, which are shelters without a city contract and non-city shelters such as private facilities or facilities run by the federal government, state government or other public authorities.

Although Article 9 shelters are subject to the Fair Share criteria, upon closer analysis a 2013 Comptroller study found that the Fair Share objective of “early and open public consultation” needed to be improved in a variety of ways. More specifically, Article 9 shelters are not included in the Mayor’s annual Statement of Needs, thus making it more difficult for the community to assess their needs (New York City Comptroller’s Office, 2013). Another factor making it difficult for the community to quantify their facility needs is that city-wide facility maps are of relatively poor quality and difficult to access. Article 9 is also apparently only a single paragraph in the Fair Share criteria and it does not set standards for facility opening notification to the community (New York City Comptroller’s Office, 2013). Although it was found that in general the facility and DHS gave prior notice to the Community Board, because there was no required time frame, the notice could be anywhere from one day to two years in advance. This lack of strict notification guidelines is in line with the fact that Article 9 shelter vendors are not required to hold public hearings and are not subject to a planning commission review. Additionally, OERFPs, the form of procurement that is used by many shelters and all

safe havens does not include a reference to an Article 9 analysis (New York City Comptroller's Office, 2013; New York City HHS Accelerator, n.d.)

In addition to the lack of transparency allowed with Article 9 shelters, it was found that per diem shelters and emergency shelters also lack transparency in terms of required community involvement. Neither per diem nor emergency shelters are subject to Fair Share analyses. Additionally, while emergency shelters are meant to be temporary solutions, the study found that in many cases they are a pathway to permanent facilities (New York City Comptroller's Office, 2013).

Therefore, while the Fair Share criteria is supposed to push for a more equal distribution of shelters and more community involvement, the way that the shelter system is currently organized allows for the avoidance of the criteria. More specifically, because safe havens are operated by non-profits, not directly through the City, and procured through an OERFP, they are not subject to a complete Fair Share analysis. This means that while the City must approve of sites for safe havens, it is mainly up to non-profit service providers to find them. Thus there is a gap in the literature on how these individual non-profits choose the potential locations as well as if they are required to be involved in any sort of community negotiation. The remainder of this report seeks to fill this gap.

Chapter 3. Methods

To gain a better understanding of where safe havens are located, the decision making process behind locating them and the implications of those locational choices, I broke down my study into three working strategies: literature review, GIS spatial analysis and qualitative interviews.

While conducting the literature review, I began a GIS spatial analysis on safe haven locations in New York City. The initial maps were intended to help me answer the question, *Where are the safe havens in New York City located?* as well to help better inform the qualitative interviews. Variables for the maps were chosen as a result of the various factors emphasized in my review of the literature on homeless facilities and siting. The analysis was done at the Community District level to illustrate the distribution of safe havens by community and because Community Board's are the governing groups that generally are most connected to individual neighborhoods and the municipal government. Additionally, previous studies reviewing homeless shelter siting in New York City conducted their spatial analyses at the Community District Level (Gaber, 1996; New York City Comptroller's Office, 2013).

The safe havens included in this analysis were obtained from the Shelter Scorecard—Shelter Building List from 2016 (New York City Mayor's Office of Operations, 2016). This Shelter Scorecard was created in conjunction with Mayor Bill de Blasio and the Department of Homeless Services (DHS) to publicly report on the conditions of homeless facilities in NYC (NYC Mayor's Office of Operations, 2016). The Shelter Scorecard includes a list of all shelter buildings, with summaries of conditions in each building. To determine the number and names of all of the safe havens in New York City, I referred to this list and counted all of the buildings that were listed as "Safe Haven" under "Facility Type." In order to account for any error in the

Shelter Scorecard, interviewees were asked to give the names of any additional safe havens, a process that added two safe havens to my list. In total thirteen safe havens were identified in New York City and all are included in this spatial analysis. The addresses of the safe havens were not included in the Shelter Scorecard and thus I obtained them through an online search and then geocoded them for the spatial analysis. The map illustrating race and ethnicity was obtained from the New York Times and uses Census Data from 2010 (Bloch, Cox, & Giratikanon, 2015). Although I did not create the map showing race and ethnicity of the population, I added in the locations of the safe havens to this map. The specific variables I used for the maps as well as their sources are listed below in Table 1.

Table 1. Data used in spatial analysis

Data Needed	Source	Components included	Availability
NYC Borough shapefiles	NYC Department of Planning Open Data	Borough boundaries	Available Online via NYC Department of Planning website
NYC Community District shapefiles	NYC Department of Planning Open Data	Community district boundaries	Available Online via NYC Department of Planning website
Adult & Family Homeless Shelters, Drop-In Centers	NYC Department of Planning Open Data	Locations of facilities	Available Online via NYC Department of Planning website
Income Levels	American Community Survey 2016	Residents with incomes below the poverty line	Available Online via US Census website
Subway Stops	New York City Metropolitan Transit Authority	Locations of subway entrances/exits	Available Online via MTA website
Hospitals	NYC Department of Planning Open Data	Locations of hospitals, hospital extension clinics and mobile hospital extension clinics	Available Online via NYC Department of Planning website
Chemical Dependency Services	NYC Department of Planning Open Data	Locations of chemical dependency services	Available Online via NYC Department of Planning website
Race and Ethnicity Map	The New York Times	New York City portion of the interactive map	Available Online via The New York Times website

In addition to the literature review and GIS spatial analysis, I conducted a series of qualitative interviews with the safe haven service providers. In order to get in contact with the organizations I called and emailed all thirteen safe havens in New York City. Upon describing my research, I was directed to who in the organization could best answer my questions. After reaching out to all thirteen safe havens, I was able to speak with three non-profit service providers. Because each service provider typically runs multiple safe havens, I was able to gain information about six safe havens from my interviews. The relatively small sample size for this study was based upon service providers' willingness to participate in the interviews. Safe haven

service providers are extremely busy organizations that are mainly funded through the City and it was thus necessary to respect individual's time and willingness to participate.

The interviews were conducted in-person and not recorded. In order to answer the questions, *What was the decision making process behind locating this safe haven?* and *What are the implications of those location decisions?* I asked questions that allowed for the individual narrative of each safe haven location to be highlighted. See Appendix C for a full list of interview questions.

After conducting the interviews, I consolidated my research by theme to highlight the reasons why safe havens are located where they are. Thirteen safe havens were included in the spatial analysis and six safe havens were included in the interview process.

Chapter 4. Results

The purpose of this thesis is to gain a better understanding of the safe haven siting process in New York City. This section will address the following key research questions guiding the report:

- 1) Where are the safe havens in New York City located?
- 2) What the decision making process that led to those locations?
- 3) What are the implications of those location decisions?

4.1. Where are the safe havens in New York City located?

The following section is a spatial analysis I conducted to gain a better understanding of where the safe havens in New York City are located. Table 2 below details the thirteen safe havens that were included in the spatial analysis.

Table 2. Thirteen safe havens included in spatial analysis

Safe Haven	Borough	Provider	Date Opened
BronxWorks Safe Haven/Drop In Center	Bronx	BronxWorks	2010
BronxWorks Pyramid Safe Haven	Bronx	Bronxworks	2015
Comunilife Safe Haven I	Bronx	Comunilife	N/A
Comunilife Safe Haven II	Bronx	Comunilife	N/A
Cromwell Avenue Safe Haven	Bronx	Volunteers of America	2010
BRC Safe Haven	Manhattan	BRC	2006
BRC Safe Haven	Manhattan	BRC	Post-2006
The Andrews	Manhattan	Breaking Ground	2009
Traveler’s Safe Haven	Manhattan	Urban Pathways	2007
Hegeman Safe Haven	Brooklyn	Urban Pathways	2010
East Flatbush Safe Haven	Brooklyn	Breaking Ground	2017
Midwood Safe Haven	Brooklyn	Breaking Ground	In Progress
Carpenter House	Staten Island	Breaking Ground	N/A

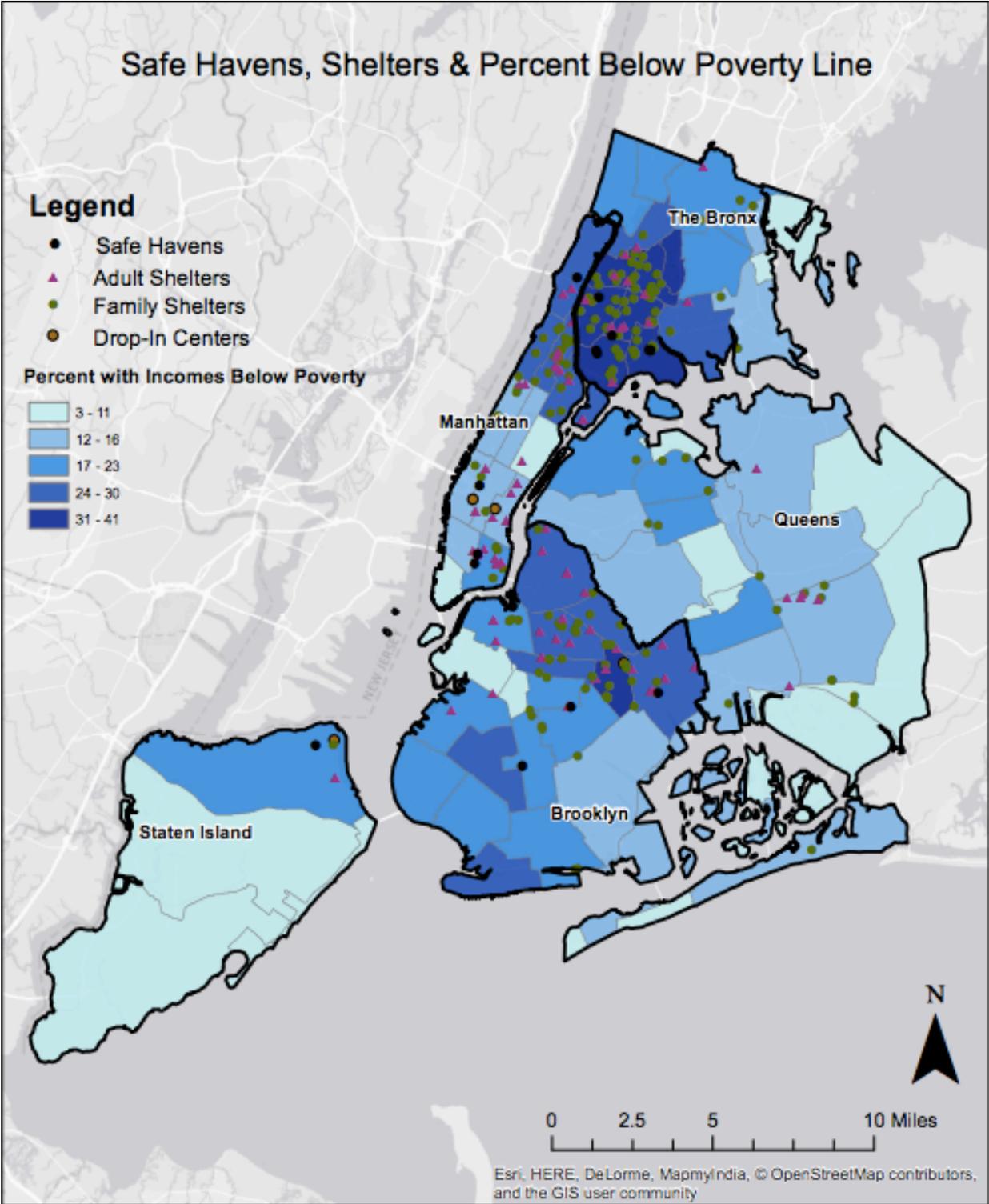


Figure 1. Safe havens and income distribution by Community District

Figure 1 above illustrates that safe havens follow a development pattern similar to general adult and family shelters. The map shows that safe havens are located in Community Districts that already have homeless shelters and/or drop-in centers. Additionally, like shelters and drop-in centers, safe havens are typically located in Community Districts wherein there is a higher percentage of people with incomes below the poverty level. More specifically, all thirteen safe havens, with the exception of one in Manhattan Community District 5, are located in Community Districts where 17-42% of the population have incomes below the poverty level.

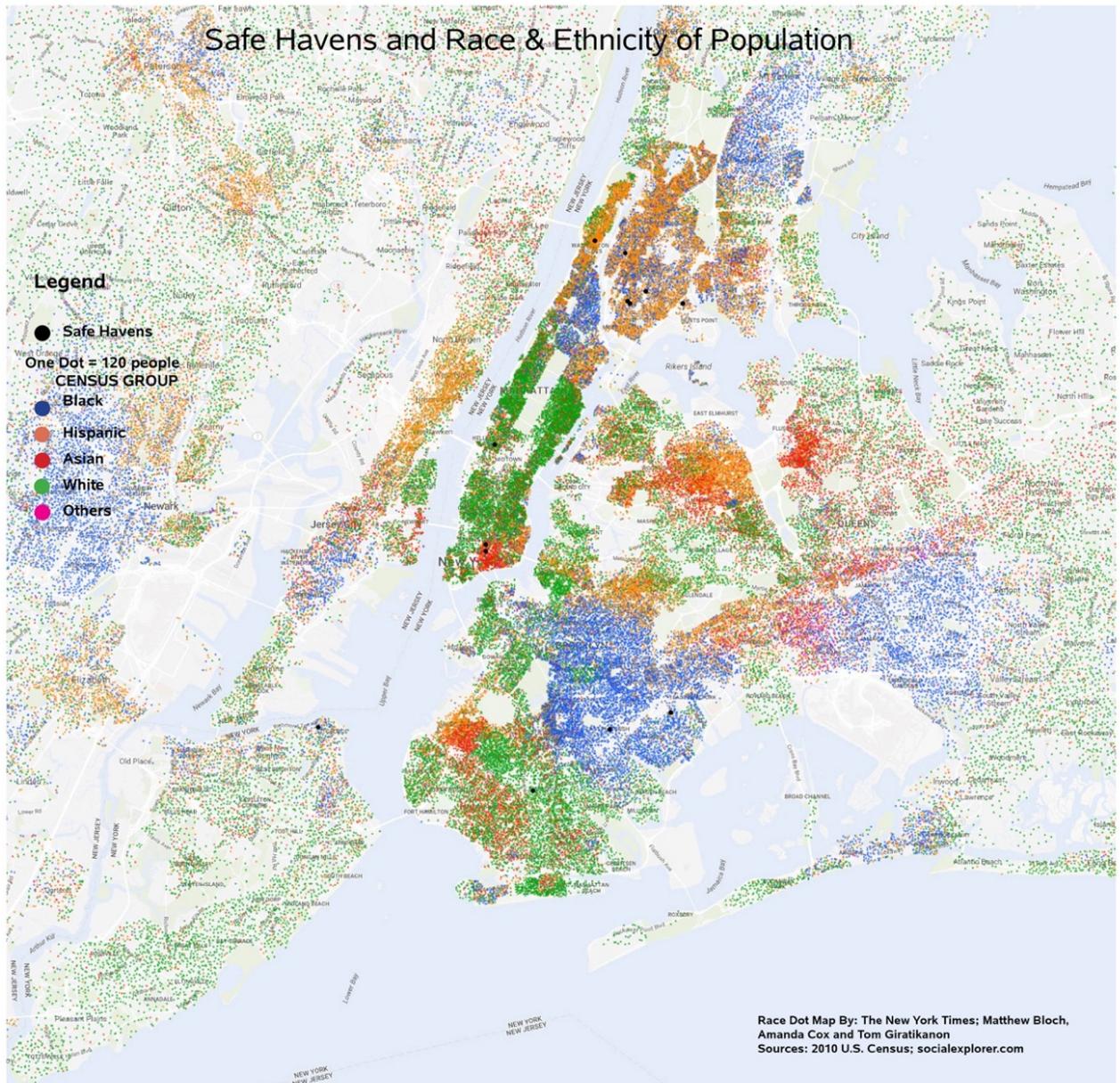


Figure 2. Safe havens and race & ethnicity of population
Source: Bloch, Cox, Giratikanon, 2015

Figure 2 above illustrates that the majority of safe havens are located in areas in which the greatest number of residents are Black, Hispanic or Asian. This finding is consistent with the

earlier literature on NIMBY and general homeless shelter siting in New York City which provided that homeless facilities were typically located in communities of color (Dear, 1992).

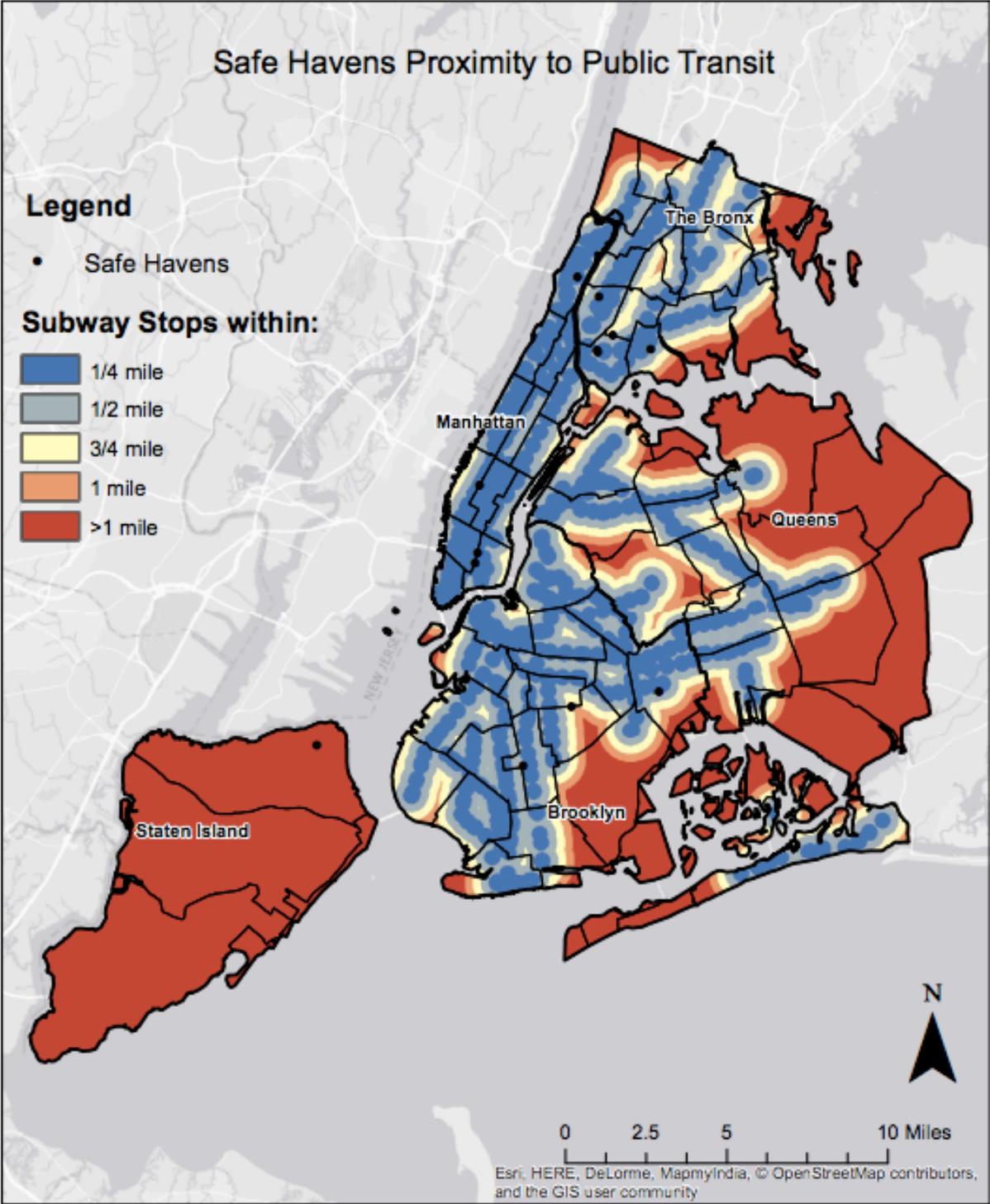


Figure 3. Safe haven proximity to public transit

Figure 3 above illustrates safe havens in relation to transit accessibility. Eight of the thirteen safe havens included in the spatial analysis are within one-quarter mile of a subway stop, three are within one-half mile, and one is within three-quarter mile. A final safe haven in Staten Island is greater than one mile away from a subway stop due to its location apart from the NYC Subway system. Therefore, the majority of safe havens are accessible by public transportation. This analysis only represents subway accessibility and does not include the public bus system, ferries or shuttles that may be provided by the safe haven service providers.

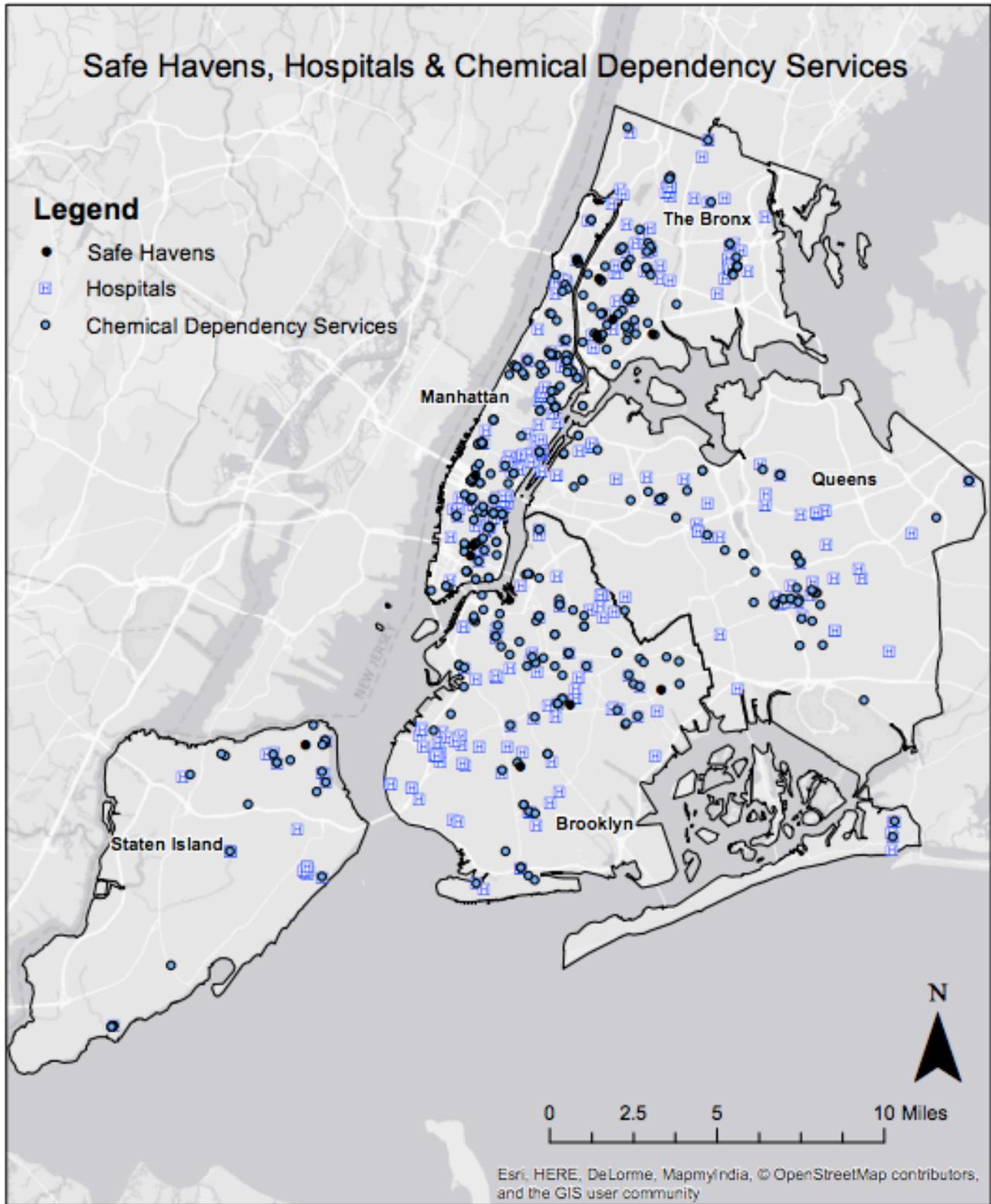


Figure 4. Safe haven proximity to hospitals and chemical dependency services

Figure 4 above illustrates the proximity of safe havens to hospitals and chemical dependency services. During the interviews with the non-profit service providers it was noted that proximity to hospitals was an important factor when siting safe havens. The map shows that nine of the thirteen safe havens are located within one half mile of a hospital, hospital extension clinic or mobile hospital extension clinic. Further, all thirteen safe havens are within three-quarter mile of a hospital, hospital extension clinic or mobile extension clinic. Additionally, all of the safe havens included in this analysis are within three-quarter mile of chemical dependency services and eleven are within one-half mile. It must be noted that the services referred to in this analysis come from data compiled by the City and include a variety of rehabilitation, intervention, detoxification and withdrawal services.

4.2. What was the decision making process that led to the safe haven locations?

The following section is a compilation of the information gathered from interviews I conducted with various safe haven directors and administrators. It must be noted that the development path of each safe haven is unique and thus there is not one set way that a safe haven location is chosen. In order to delineate commonalities among the individual safe haven histories, I have broken down this section into themes related to the decision making process. The themes touched upon in this section include zoning, pre-existing building uses, funding and cost considerations, property ownership structure and proximity to transit and related services. While part one of the results section included all thirteen safe havens in New York City, the following section focuses on six safe havens. This smaller sample size is the result of service provider's ability to participate in the interviews, essentially a convenience sample based on

availability. A brief description of the safe havens discussed in this section is illustrated in Table 3 below.

Table 3. Description six safe havens included in results

Safe Haven	Service Provider	Borough	Number of Beds	Date Opened	Zoning & Land use	Title of Interviewee
The Andrews	Breaking Ground	Manhattan	138	2009	C6-1; Public Facilities and Institutions	Vice President, Housing Operations and Programs
Midwood Safe Haven	Breaking Ground	Brooklyn	19	In Progress	R5-D; Commercial and Office Buildings	Vice President, Housing Operations and Programs
East Flatbush Safe Haven	Breaking Ground	Brooklyn	110	2017	R5; Public Facilities and Institutions	Vice President, Housing Operations and Programs
Cromwell Ave. Safe Haven (CASH)	BronxWorks	Bronx	83	2010	M1-2; Public Facilities and Institutions	Program Director
BronxWorks Safe Haven	BronxWorks	Bronx	50	2010	M1-2, R6; Commercial and Office Buildings	Director of Adult Homeless Services Department
Pyramid Safe Haven	BronxWorks	Bronx	75	2015	C4-4; Public Facilities and Institutions	Director of Adult Homeless Services Department

Zoning

The sites ranged in zoning classification from residential to commercial to light industrial. While the sites were inconsistent in terms of zoning classification, none of the safe havens required re-zoning before siting. That said, some of the safe havens were designed to fit within existing zoning requirements. More specifically, the zoning for the BronxWorks Safe Haven and Drop-In Center site is split between R-6 (residential) and M1-2 (light industrial). In order to make the site feasible for this type of facility, the safe haven was built in the residential portion of the building and the drop-in center was built in the industrial side of the site. While the drop-in center is open for 24-hour service and provides chairs that guests are welcome to sleep in, it contains no beds and thus can fit within the classifications for M1-2 zoning.

Additionally, the sites may have avoided re-zoning as a result of their uses prior to becoming safe havens. A number of the sites formerly supported uses similar to transitional housing or other institutional purposes, and for this reason re-zoning may not have been necessary. The impact of pre-existing building uses on the locational choices of safe havens is described in the next section.

Pre-Existing Building Uses

All six safe havens were established in pre-existing structures, none of them were new construction. They were typically developed in buildings that had design features that aligned with the needs of safe havens, such as small, private single rooms. Two of the safe havens, The Andrews in Manhattan and the Midwood Safe Haven in Brooklyn were converted into safe havens from single-room occupancy (SRO) hotels. Though these SRO hotels were occupied prior to becoming safe havens, the interviewees noted that they were in poor condition and not

generally acceptable to the surrounding community. Rooms were reserved in both of these buildings for the SRO tenants that lived there prior to the renovation from SRO to safe haven. In addition to SRO hotels, some of the safe havens were developed in buildings with prior institutional uses. Specifically, the East Flatbush Safe Haven in Brooklyn was previously a state-run psychiatric hospital. The East Flatbush Safe Haven is located on a campus of medical buildings and is specifically located in one of the buildings that is now vacant due to deinstitutionalization. Additionally, the Pyramid Safe Haven in the Bronx has been developed in a building that had previously been a YMCA and then turned into a juvenile correctional facility.

Funding and Cost Considerations

The majority of the safe havens were city funded, specifically through the Department of Homeless Services (DHS). DHS was the main source of funding for the Midwood Safe Haven, the BronxWorks Safe Haven/Drop-in Center and the Pyramid Safe Haven. The development costs of the East Flatbush Safe Haven were covered by New York State, while its operating costs are provided by DHS. The Andrews and the Cromwell Avenue Safe Haven received funding from city, state and federal levels. These safe havens received federal funding due to their service to veterans.

Property Ownership Structure

All but two of the safe havens are leased by the non-profit service providers from private landlords. The safe havens that are leased from private landlords include the Midwood Safe Haven, the BronxWorks Safe Haven/Drop-In Center, the Pyramid Safe Haven and the Cromwell Avenue Safe Haven. Both Breaking Ground and BronxWorks noted that for some of their safe

havens, they had prior working relationships with the property owners on other projects. The Andrews differs from the other safe havens in that the service provider, Breaking Ground, actually owns the property where the safe haven is located. The East Flatbush Safe Haven is also slightly different in terms of property ownership as it is located on state owned property.

Proximity to Transit and Related Services

All of the interviewees noted that proximity to public transportation is an important feature when choosing a location. The maps shown earlier in the results section showed that the larger subset of safe havens are indeed located close to subway stops. The Pyramid Safe Haven is not particularly close to the subway, but is accessible by public bus. Proximity to hospitals was also noted as an important feature. In terms of accessibility to other related services, BronxWorks noted that they operate within a CoC and are thus in communication and proximity to other services. Breaking Ground, the service provider for the Midwood Safe Haven, East Flatbush Safe Haven and The Andrews, noted that they provide psychiatric services on-site as well as case managers to refer clients to additional, off-site mental health services and substance abuse services. Additionally, in terms of other unrelated neighborhood services BronxWorks added that as an organization they attempt to be conscientious of the community and not locate safe havens near schools.

4.3. *What are the implications of the safe havens locations?*

This section was composed from interview information from the same six safe havens listed in Table 2. In order to better understand the implications of the locational decisions, I have broken down this section into two parts: 1) Community Involvement, Opinion and Opposition and 2) Mitigating Impact on the Community.

Community Involvement, Opinion and Opposition

The levels of community involvement and opposition to the safe havens varied slightly and all appear to be rooted in the histories of the individual safe havens. This variance in community involvement and opposition is tied to a variety of factors including pre-existing site uses, the concentration of homeless facilities and the time frame of the safe havens development. In terms of the impact of pre-existing uses of the safe haven buildings on community engagement and reaction, The Andrews, the Midwood Safe Haven, the BronxWorks Safe Haven/Drop-in Center and the Pyramid Safe Haven are notable. More specifically, as noted above, The Andrews was formerly an SRO hotel that was in poor condition. The Community Boards and district managers were notified prior to safe haven development. They were supportive as the transition to the safe haven was not a complete change of use, but rather an upgraded version of the existing building use.

Similarly, the Midwood Safe Haven was previously the Brooklyn Hotel and then stabilization beds, which are independent beds or rooms in apartment buildings or YMCA-like facilities, rented out by the City or non-profits. The community was very unhappy with both of these both of these uses due to the lack of services provided to the consumers. Community Board 14 was notified prior to the transition of the stabilization bed site to a safe haven. Although they generally opposed the use at first, once more information about the effectiveness and service provision was provided, they approved of the change from stabilization beds to safe haven. Additionally, the community opinion to the BronxWorks Safe Haven/Drop-In Center was also tied to the sites pre-existing context within the Community District. More specifically, in the 1990s, BronxWorks opened a drop-in center across the street from the site where the safe

haven is currently located. A few years later a private developer purchased the building where the drop-in center was located, thinking the area was going to rapidly gentrify, and intended to convert the building into artist lofts. The landlord of that building then offered the building across the street for the new drop-in center. The Community Boards were notified that BronxWorks was moving across the street with the addition of a safe haven program. Some neighbors expressed concern that the safe haven would affect things like quality of life and safety. Additionally, the Pyramid Safe Haven was formerly a YMCA. Many in the community argued that because this site had space for classrooms, a gym, and a pool in need of remodeling, the space is being misused as a safe haven and could better serve the neighborhood as a community space.

In terms of overconcentration of homeless service facilities in relation to community opposition, the East Flatbush Safe Haven and the Pyramid Safe Haven are notable. Opponents to both of these safe havens argued that their Community Districts were already saturated with homeless service facilities. More specifically, during a Community Board meeting the Community Board noted that their Community District had the highest concentration of similar programs throughout the city. An additional mitigating factor impacting community opposition for the Pyramid project was its status as an emergency shelter. The City declared the need for an emergency shelter during the winter of 2015 and was able to go through an expedited procurement and siting process that did not require community engagement. Much community opposition resulted from the City's lack of communication and transparency about the development of a safe haven in this location.

Mitigating Impact on the Community

While it is apparent that the Department of Homeless Services (DHS), the City's governing structure dealing with homelessness, has some authority over when, how and if the community can be involved in the siting process, the non-profit service providers that participated in the interviews prioritize both discussion with the community and actions to mitigate negative impacts. These actions are not enforced by DHS, but are rather a matter of good practice and community responsibility on the part of the service providers.

Breaking Ground, the service provider for the Andrews, the Midwood Safe Haven and the East Flatbush Safe Haven attend community council meetings on a monthly basis and are in regular communication with the Community Boards. Breaking Ground also builds relationships with local police precincts and has an open door policy to field questions, comments and concerns from surrounding businesses and residents. Additionally, Breaking Ground provides security services to monitor the surrounding area outside of the safe havens.

Similar to Breaking Ground, BronxWorks also takes its reputation as a homeless service provider seriously and works to mitigate any potential negative impact. More specifically, they are in regular communication with the Community Board, have created and implemented a "good neighbor" policy and have security to monitor the area around the safe haven.

Chapter 5. Discussion and Recommendations

This section discusses the key findings of the analysis and presents recommendations based on the spatial analysis, interviews and literature review. This section also reviews the limitations of this report and possible directions for future research.

Of the thirteen safe havens included in the spatial analysis, five are located in the Bronx, four are in Manhattan, three are in Brooklyn and one is in Staten Island. All thirteen safe havens are located in Community Districts in which between 17% and 42% of the residents have incomes below the poverty line. The majority of the safe havens are located close to subway stops as well as hospitals and chemical dependency services. In terms of the location decision making process, it is important to note that all of the safe havens were developed by non-profit service providers. Before development, these various non-profits filed an OERFP (Open-Ended Request for Proposal) with the City. Thus the locations were generally chosen by the non-profit service providers, and then approved and paid for by the City, and in some cases the state and federal governments. Notable in the decision making process was finding buildings that could easily be re-purposed or had pre-existing uses similar to safe havens, proximity to transit and related services, relationships with property owners and in some cases working with zoning and land use restrictions.

In terms of the implications of these location decisions, it is necessary to discuss community involvement and opinion, as well as the actions that the non-profit service providers have taken to mitigate the impact of their safe havens on the surrounding communities. While each safe haven has its own individual history, the majority of service providers informed the Community Boards in their Community District prior to the development of the safe havens. Some safe havens were met with opposition, while other Community Boards were supportive from the start.

Regardless of initial support or disapproval, all of these safe havens were eventually developed. In order to mitigate negative impacts and remain involved in the community, the service providers included in this report take it upon themselves to attend community council meetings, are in regular communication with the Community Boards and are available to answer questions, receive comments and concerns from people in the surrounding area. Additionally, some of the service providers have hired additional security to ensure safety and compliance around the outside of the safe havens.

This report begins to fill a gap in the literature about how and where safe havens are sited. While previous literature discusses homeless shelter siting in New York City, there is no literature that explicitly discusses safe havens. Additionally, the literature that does exist is generally broad in nature and does not go into specific detail about individual shelters and their non-profit service providers. In terms of locations, the spatial analysis included in this report supports earlier research on homeless facility siting and community opposition. More specifically, as noted by Dear (1992), Takashi & Dear (1997) and Gibson (2005), locally unwanted land uses such as homeless facilities are generally concentrated in low-income and minority communities. Additionally, New York City Comptroller's Office (2013) and Gaber (1996) illustrate that specifically in New York City, the homeless facilities that have been built have been concentrated in low-income Community Districts. The spatial analysis conducted for this report is similar to earlier research on homeless shelters, illustrating that safe havens are typically developed in low-income communities and communities of color and follow development patterns similar to homeless shelters.

Additionally, as the majority of safe havens are located within a Continuum of Care (CoC), their siting appears to align with the literature related to access to services. More specifically,

Allard et al. (2003) discusses how spatial proximity to mental health services increases the likelihood of their usage. While more research is needed to know if this argument holds true for safe havens and service usage, the access to services should be noted. Additionally, as safe havens are within the Housing First strategy, and thus seeking additional services for mental health and substance use is not required, it is noteworthy that these services are still typically close by.

In terms of the non-profit service providers and the City's responsibility to inform and involve the surrounding community as well as abide by the Fair Share criteria, it is important to note that this report supports the earlier research about shelter siting in New York City (New York City Comptroller's Office, 2013). As the safe havens are developed and operated by non-profit service providers and funded mainly by the City, in this case DHS, requirements for the Fair Share criteria as well as community involvement appear to be somewhat ambiguous. More specifically, while the non-profit service providers did typically inform and involve the surrounding community, the requirements for them to do so are somewhat unclear. Additionally, New York City Comptroller's Office (2013) noted that shelters deemed as "emergency shelters" have no requirements to inform the surrounding community prior to a rapid development. An example of this is the Pyramid Safe Haven in the Bronx, which was developed as an emergency shelter. An important next step in understanding the requirements for community notification, involvement and rules for abiding by the Fair Share criteria, would be to interview both DHS and affected Community Boards and members.

5.1 Key Recommendations

Based on my results I have come up with a set of key recommendations for future policymakers. These recommendations have implications for the City, non-profit service providers, Community Boards and community members.

First, a City policy that requires community involvement prior to safe haven development needs to be created and implemented. As illustrated by the results from the last research question, *What are the implications of the safe havens locations?*, there appears to be some ambiguity between the City and the non-profit service provider about when and how the Community Board needs to be informed and involved. This lack in clarity was most evident with the BronxWorks Pyramid Safe Haven. The interviewee at BronxWorks noted that the community was upset that the facility was procured as an “emergency shelter” and thus apparently bypassed much of the community notification process. While BronxWorks notified the community, they were up to the discretion of the City as to when they could begin the notification process.

DHS should have clearer policies about when and how non-profit service providers can begin discussing a proposed safe haven with the local Community Board. These policies should ensure not only notification, but also involvement and engagement. In terms of involvement and engagement, non-profit service providers should speak with Community Boards about why they are proposing to develop a safe haven on that specific site and why a safe haven is needed in their Community District. Information about what safe havens are, who they serve and how they function should also be provided to the Community Boards at the beginning of the process. A discussion of other existing safe havens, including both positive and negative impacts needs to be facilitated by the non-profit service provider with support from the City. This policy

regarding involvement and notification requirements should be easily accessible and made available to non-profit service providers and Community Boards.

Second, the needs of the Community District need to be considered prior to establishing a safe haven. In addition to Community Board notification and involvement, the City and non-profit service providers should also consider the needs of Community District prior to planning and siting a safe haven. More specifically, in areas that already have a high number of homeless service facilities, the City and non-profit service providers should consider whether or not the proposed safe haven site could better be utilized for another community use or service. This issue specifically arose in my interview pertaining to the BronxWorks Pyramid Safe Haven. The Pyramid Safe Haven was previously a YMCA and thus has the infrastructure for classrooms, a gym and pool. The interview revealed that some members of the community opposed the safe haven not only because there was already high concentration of homeless facilities in that Community District, but also because the Community District lacked a number of other community amenities and services. Additionally, the fact that the Pyramid Safe Haven was previously a YMCA makes it particularly feasible for a different kind of use. Therefore, the City and non-profit service providers need to be aware of both the needs of the Community District as well as the pre-existing uses of their proposed buildings.

5.2 Limitations and Future Research

Non-profit services providers are responsible for filing the Open-Ended Request for Proposal (OERFP) with the City and thus are generally responsible for choosing safe haven locations. The results of this thesis focused on the perspective of these service providers through qualitative interviews of this group. It is important to note that this is only one side of the siting

story and that in order to be completely comprehensive, a number of other sources need to be researched and interviewed in the future. More specifically, future research on safe haven siting should include the perspective of the Department of Homeless Services (DHS), the residents of safe havens and individuals experiencing homelessness as well as community members, Community Boards and business owners. Because safe havens are often at the discretion of DHS in terms of their actions and communication strategies, interviews with various stakeholders at the City could be extremely informative in terms of finding out more about regulations and guidelines. Future research should also take into consideration local newspaper articles that have discussed the siting of safe havens, which often give the perspective of various community members.

In addition to expanding the pool of interviewees and sources, there are a number of other areas of future research that could help inform the safe haven siting process. For instance, future research may look into siting safe havens as opposed to other types of shelters, services and affordable housing in terms of procedures and community and programmatic concerns. The implications for decisions about how much the city might emphasize safe havens in relation to these other options also calls for more research. Further research could also include an analysis of property values in the Community Districts with safe havens as well as a spatial analysis to locate other potential buildings that could be re-purposed more creatively into safe havens. Additionally, the findings from this study are not generalizable to cities that are not similar to New York City in terms of cost of housing, homelessness and gentrification. In order to further discuss the implications of this study for other cities, more research needs to be done in other cities.

This report was limited in scope by the relatively small number of safe havens able to participate in interviews. As safe havens are developed and run by non-profits but funded by DHS, they are often at the discretion of the City in terms of how they are allowed to communicate with the public. Additionally, New York City is currently in the process of expanding all of its homeless service facilities. That said, siting and community opposition are currently an extremely relevant and sensitive topic.

5.3 Conclusions

The purpose of this thesis was to analyze the siting and locations of safe havens in New York City. According to past literature and my findings, it appears that safe havens are sited in patterns similar to general homeless shelters in New York City. More specifically, like other homeless facilities, the safe havens in New York City are mainly located in low-income Community Districts and communities of color. In terms of the decision making process for these locations, each safe haven has its own individual story as to why it's site was chosen. While each safe haven is different, my research revealed that there are some commonalities between both the sites and methods as to how those sites were chosen. These commonalities include proximity to public transportation, proximity to hospitals, pre-existing building and site uses and the nonprofit service providers' relationships with property owners. The implications of the safe haven sites, in terms of the impact of the safe havens on the surrounding communities, are similar between the majority of the sites. For instance, community opposition appeared to be contingent upon pre-existing site uses, the concentration of homeless facilities in the affected Community District and the time frame of the safe havens development. Additionally, all non-profit service providers interviewed revealed that they prioritize transparency with the surrounding Community Districts, both prior to development and during

safe haven operation, to the extent allowed by the City. This not only includes community notification, but also other actions, such as hiring additional security for the area and open communication with the Community Boards to mitigate any potential negative impact.

Appendix A

Distribution of Homeless Shelters and Poverty Rates

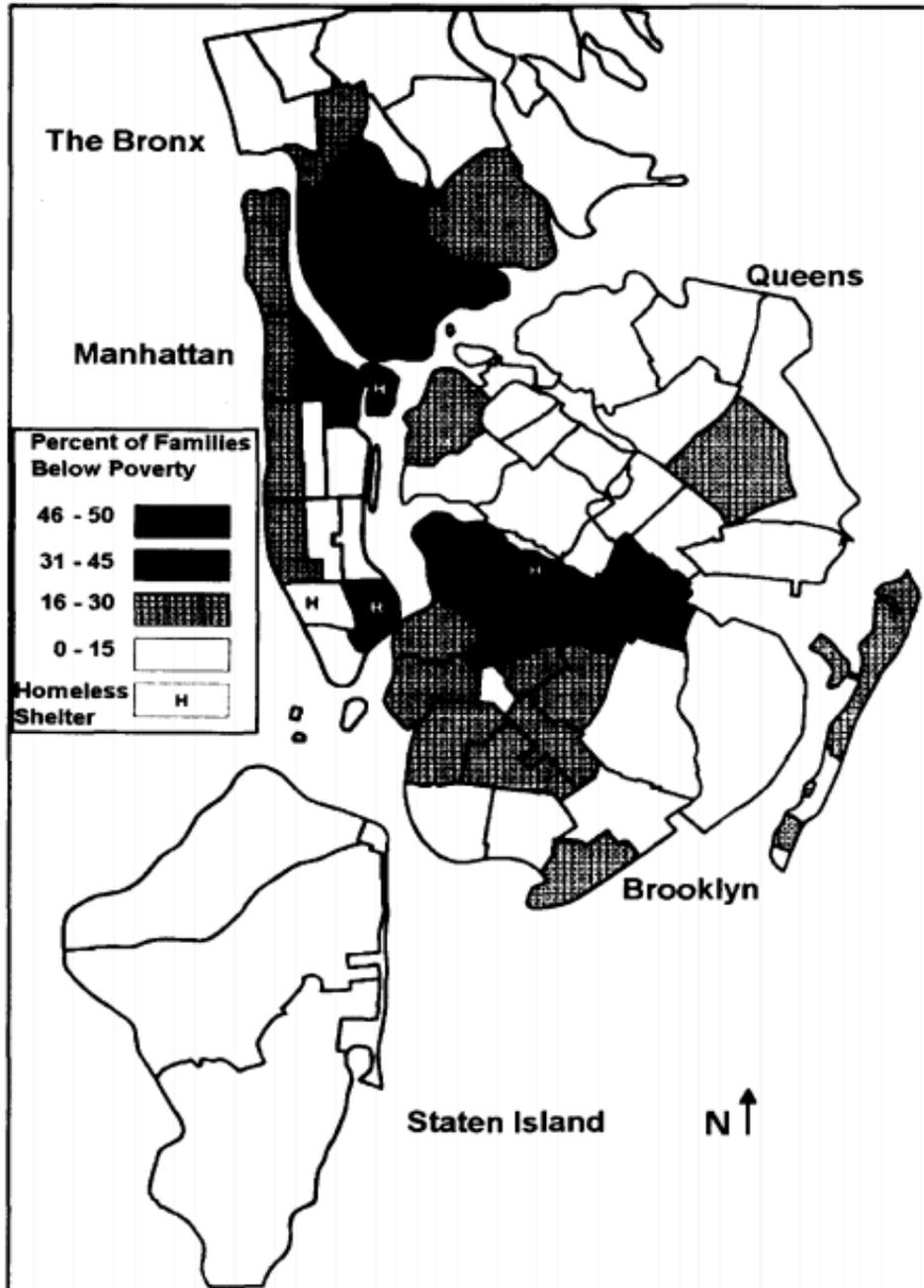


Fig. 1. 1980 Distribution of municipal shelters for singles (Source: City of New York, *Socioeconomic Profiles*, 1993; Human Resources Administration, *Monthly Shelter Report*, August 1990).

Source: Gaber, S.L. (1996). From NIMBY to Fair Share: The Development of New York City's Municipal Shelter Siting Policies, 1980-1990. *Urban Geography*, 17(4), 294-316. doi: 10.2747/0272-3638.17.4.294

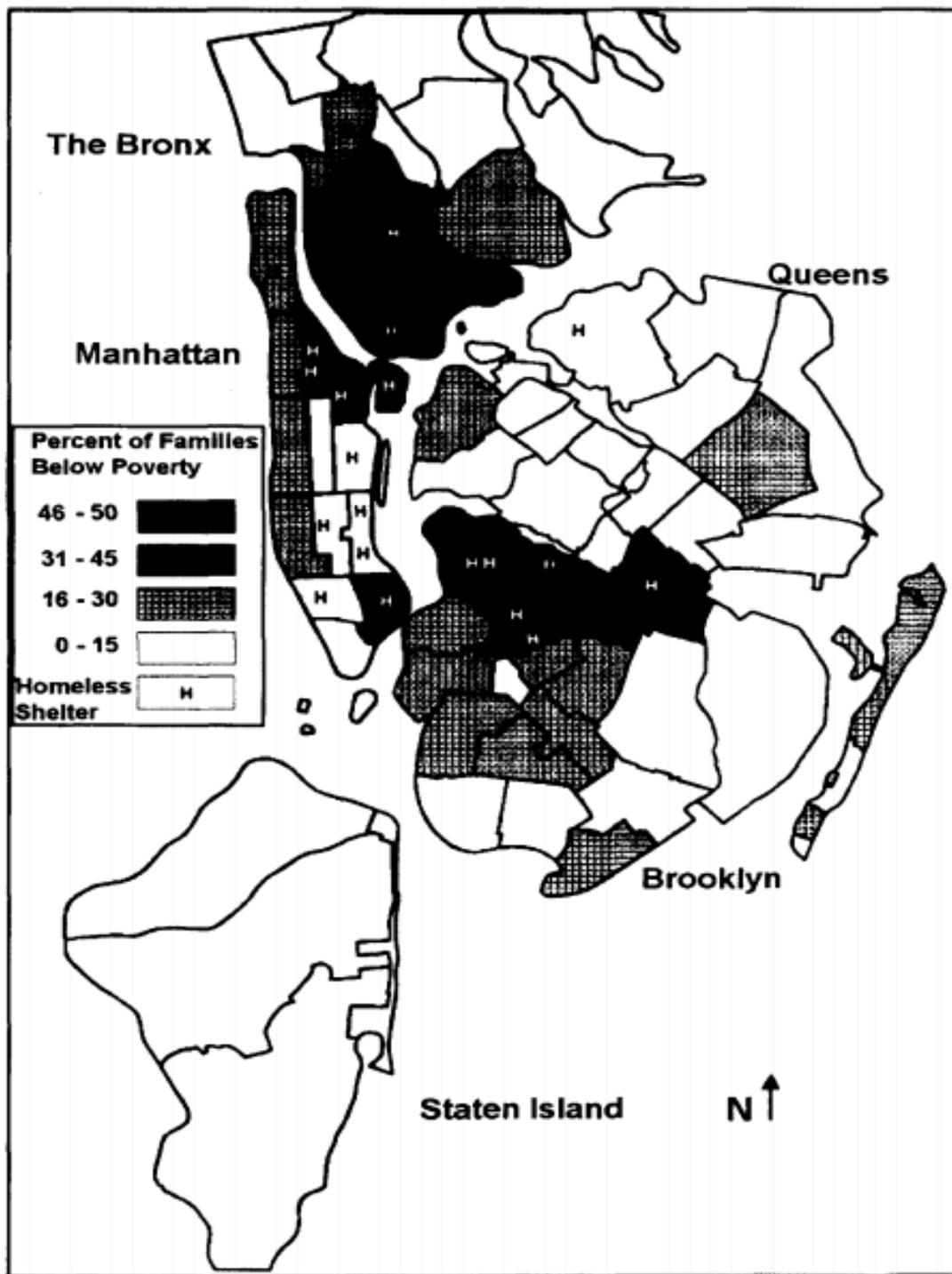


Fig. 2. 1985 Distribution of municipal shelters for singles (Source: City of New York, *Socioeconomic Profiles*, 1993; Human Resources Administration, *Monthly Shelter Report*, August 1990).

Source: Source: Gaber, S.L. (1996). From NIMBY to Fair Share: The Development of New York City's Municipal Shelter Siting Policies, 1980-1990. *Urban Geography*, 17(4), 294-316. doi: 10.2747/0272-3638.17.4.294

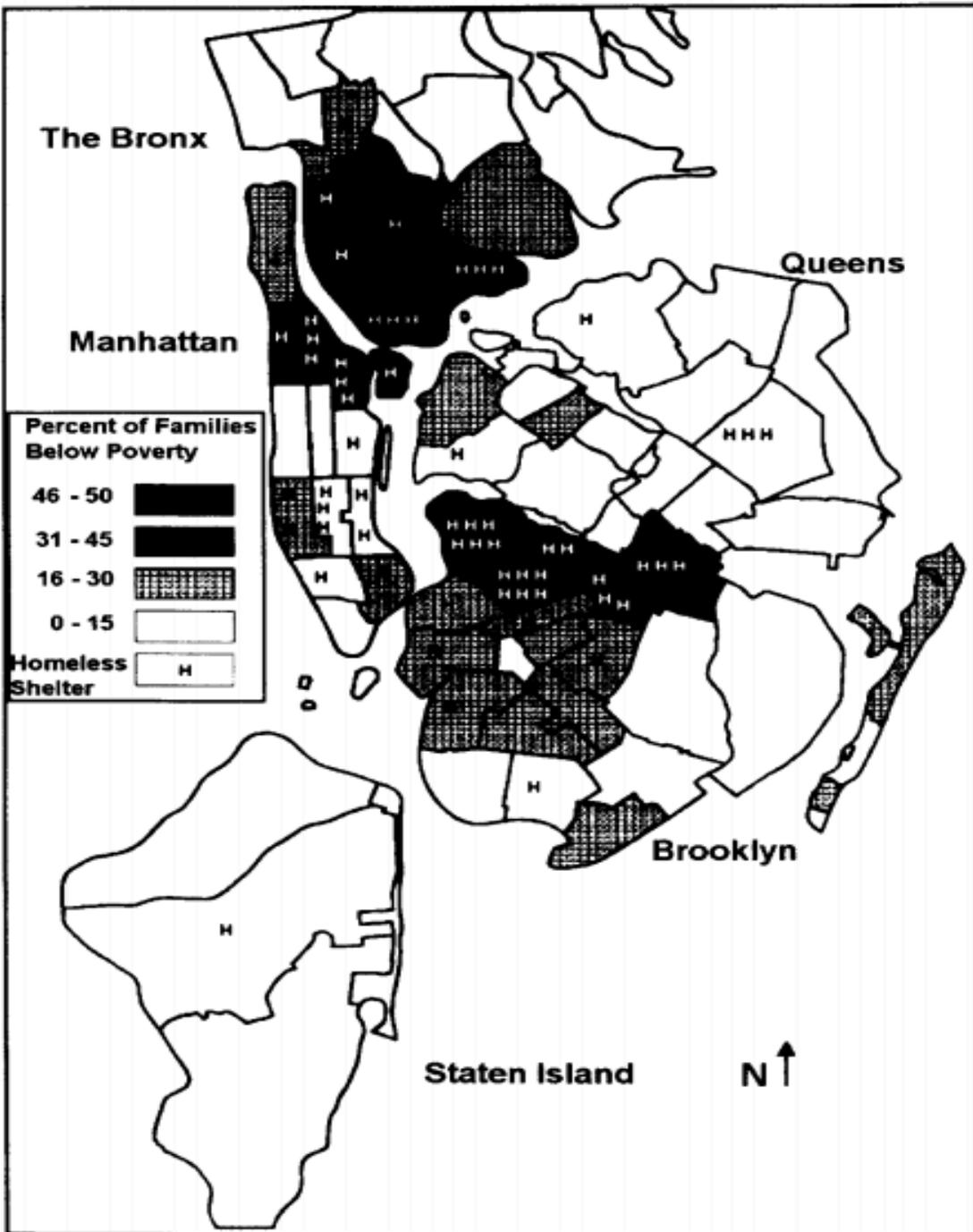
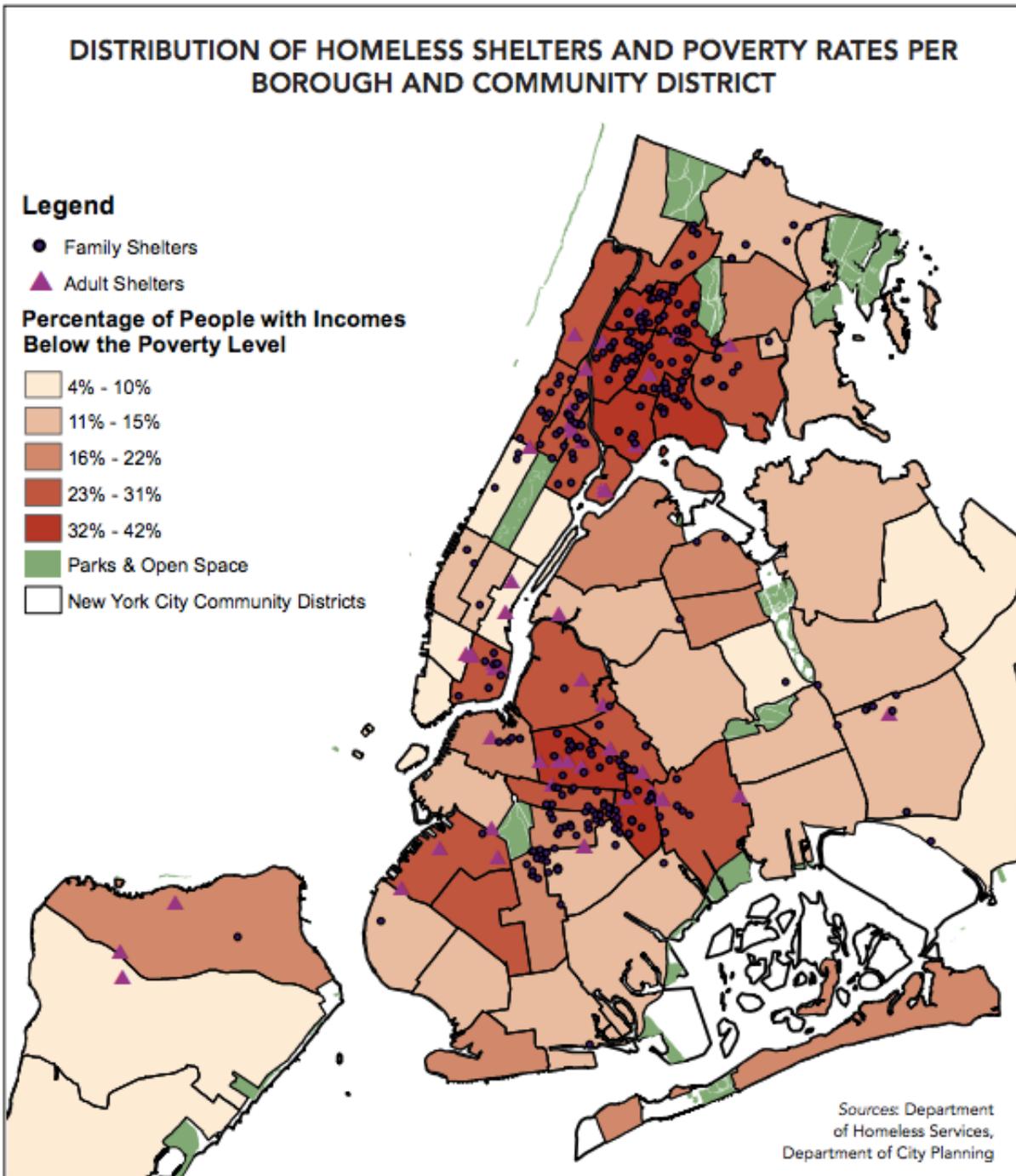


Fig. 4. 1990 Distribution of municipal shelters for singles and families (Source: City of New York, *Socioeconomic Profiles*, 1993; Human Resources Administration, *Monthly Shelter Report*, August 1990).

Source: Source: Gaber, S.L. (1996). From NIMBY to Fair Share: The Development of New York City's Municipal Shelter Siting Policies, 1980-1990. *Urban Geography*, 17(4), 294-316. doi: 10.2747/0272-3638.17.4.294

Appendix B.
Distribution of Homeless Shelters and Poverty Rates



Source: New York City Comptroller's Office. (2013). *Down and Out: How New York City Places its Homeless Shelters*. Retrieved from https://comptroller.nyc.gov/wp-content/uploads/documents/20130509_NYC_ShelterSiteReport_v24_May.pdf

Appendix C

Interview Questions for Non-Profit Service Providers

Name of Facility:

Date Opened:

Number of Beds:

Location:

1. How is the ownership of the property structured?
 - a. Own, long-term lease? Who is the lessor?
2. What was the source of acquisition funds?
 - a. Private or Public? Federal, State or Local?
3. Was cost of land and/or rent prices a major factor in the location decision?
4. Did the property need to be re-zoned?
5. What role, if any, does the Fair Share criteria, play into siting and acquisition decisions?
 - a. Was this property considered under Article 9?
 - b. Was this safe haven considered an emergency shelter?
6. What were the requirements for public notification before and during the siting process?
 - a. How and when was the surrounding community involved? (Notification of Community Boards, community meetings, etc.)
 - b. Has there been any pushback from the surrounding community? Any NIMBY?
7. What does this organization do to mitigate any potentially negative impacts there may be on the community as a result of operating this type of facility in the neighborhood?
8. Was proximity to other features considered when selecting the site? If so, which features were emphasized?
9. Are there any other factors we have not discussed that made this particular site appropriate/feasible for a safe haven location?

Bibliography

- Allard, S.W., Tolman, R.M., Rosen, D. (2003). Proximity to Service Providers and Utilization Among Welfare Recipients: The Interaction of Place and Race. *Journal of Policy Analysis and Management*, 22(4), 599-613. doi: 10.1002/pam.10157
- Bloch, M., Cox, A., Giratikanon, T. (2015). Mapping Segregation [map]. *The New York Times*. Retrieved from <https://www.nytimes.com/interactive/2015/07/08/us/census-race-map.html>
- Burt, M.R., Hedderson, J., Zweig, J., Ortiz, M.J., Aron-Turnham, L., Johnson, S.M. (2004). *Strategies for Reducing Chronic Street Homelessness*. Report prepared for U.S Department of Housing and Urban Development, Office of Policy Development and Research. Retrieved from HUD Office of Policy Development and Research.
- Choy-Brown, M., Stanhope, V., Tiderington, E., Padgett, D.K. (2016). Unpacking Clinical Supervision in Transitional and Permanent Supportive Housing: Scrutiny or Support. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(4), 546-554. doi: 10.1007/s10488-015-0665-6
- Culhane, D.P., Kuhn, R. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology*, 26(2), 207-232.
- Culhane, D.P., Metraux, S. (2008). Rearranging the Deck Chairs or Reallocating the Lifeboats? Homelessness Assistance and Its Alternatives. *Journal of the American Planning Association*, 74(1), 111-121. doi: 10.1080/01944360701821618
- Dear, M. (1992). Understanding and Overcoming the NIMBY Syndrome. *Journal of American Planning Association*, 58, 288-300.
- Foscarinis, M. (2008). The Evolution of Homelessness: Trends and Future Directions. In R.H. McNamara (Ed.), *Homelessness in America: Vol. 3*. (pp. 114-130). Westport, CT: Praeger Press.
- Gaber, S.L. (1996). From NIMBY to Fair Share: The Development of New York City's Municipal Shelter Siting Policies, 1980-1990. *Urban Geography*, 17(4), 294-316. doi: 10.2747/0272-3638.17.4.294
- Gibson, T.A. (2005). NIMBY and the Civic Good. *City and Community*. 4(4), 381-401. doi: 10.1111/j.1540-6040.2005.00144.x
- Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., Fischer, S.N. (2003). Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care Housing First Programmes. *Journal of Community and Applied Social Psychology*, 13, 171-186. doi: 10.1002/casp.723

- Hanratty, Maria. (2011). Impacts of Heading Home Hennepin's Housing First programs for long-term homeless adults. *Housing Policy Debate*, 21(3), 405-419. doi: 10.1080/10511482.2011.594076
- Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless", 80 Fed. Reg. 75791 (December 4, 2015) (to be codified at 24 C.F.R. pts. 91 & 575).
- Jones, M.M. (2015). Creating a Science of Homelessness During the Reagan Era. *The Milbank Quarterly*, 93(1), 139-178.
- Lee, B.A., Tyler, K.A., Wright, J.D. (2010). The New Homelessness Revisited. *The Annual Review of Sociology*, 36, 501-21. doi: 10.1146/annurev-soc-070308-115940.
- Main, T.J. (2016). *Homelessness in New York City: Policymaking from Koch to de Blasio*. New York City: New York University Press.
- The National Law Center on Homelessness & Poverty, & The National Coalition for the Homeless. (2009). *Homes Not Handcuffs: The Criminalization of Homelessness in U.S. Cities*. Retrieved from http://www.nationalhomeless.org/publications/crimreport/CrimzReport_2009.pdf
- New York City Comptroller's Office. (2013). *Down and Out: How New York City Places its Homeless Shelters*. Retrieved from https://comptroller.nyc.gov/wp-content/uploads/documents/20130509_NYC_ShelterSiteReport_v24_May.pdf
- New York City HHS Accelerator. (n.d.). Procurements [Table]. Retrieved from <http://www1.nyc.gov/site/hhsaccelerator/funding/procurements.page>
- New York City Office of the Mayor. (2016). *Review of Homeless Service Agencies and Programs*. Retrieved from <http://www1.nyc.gov/office-of-the-mayor/news/344-16/mayor-de-blasio-comprehensive-homeless-services-plan-increases-focus-prevention-rehousing#/0>
- New York City Mayor's Office of Operations. (2016). *Shelter Scorecard – Shelter Building List* [PDF]. Retrieved from <https://www1.nyc.gov/assets/operations/downloads/pdf/Shelter-Repair-Scorecard-Archive/scorecard-summary-2016-jun-list.pdf>
- Nooe, R.M., & Patterson, D.A. (2010). The Ecology of Homelessness. *Journal of Human Behavior in the Social Environment*, 20(2), 105-152. doi: 10.1080/10911350903269757
- Oakley, D. (2002). Housing Homeless People: Local Mobilization of Federal Resources to Fight NIMBYism. *Journal of Urban Affairs*, 24(1), 97-116.
- Oakley, D., & Dennis, D. (1996). Responding to the Needs of Homeless People with Alcohol, Drug and/or Mental Disorders. In J. Baumohl. (Ed.) *Homelessness in America*. (pp. 179-186). Phoenix, AZ: Oryx Press.

- Pearson, C., Montgomery A.E., & Locke, G. (2009). Housing Stability Among Homeless Individuals with Serious Mental Illness Participating in Housing First Programs. *Journal of Community Psychology*, 37, 404-417. doi:10.1002/jcop.20303
- Rose, J.B. (1993). A Critical Assessment of New York City's Fair Share Criteria. *Journal of the American Planning Association*, 59(1), 97-100. doi: 10.1080/01944369308975849
- Rosenthal, R., & Foscarinis, M. (2006). Responses to Homelessness: Past Policies, Future Directions, and a Right to Housing. In R.G. Bratt, M.E. Stone & C. Hartman (Ed.) *A Right to Housing: Foundation for a New Social Agenda*. (pp. 316-339). Philadelphia, PA: Temple University Press.
- Schwarz, F.A.O. (2013/14). Twenty-Five Years Later: Reflections of New York City's 1989 Charter Revision Commission and on Charter Commissions in General. *New York Law School Law Review*, 58(1), 95-116.
- Takahashi, L. (1998). *Homelessness, AIDS, and Stigmatization: The NIMBY Syndrome in the United States at the End of the Twentieth Century*. Oxford, United Kingdom: Oxford University Press.
- Takahashi, L.M., Dear, M.J. (1997). The Changing Dynamics of Community Opposition to Human Service Facilities. *Journal of the American Planning Association*, 63(1), 79-93. doi: 10.1080/01944369708975725
- Tighe, R. (2012). How Race and Class Stereotyping Shapes Attitudes Toward Affordable Housing. *Housing Studies*, 27(7), 962-983. doi: 10.1080/02673037.2012.725831
- Tsemberis, S. (1999). From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities. *Journal of Community Psychology*, 27, 225-241. doi: 10.1002/(SICI)1520-6629(199903)27:2<225::AID-JCOP9>3.0.CO;2-Y
- Tsemberis, S. (2010). Housing First: Ending Homelessness, Promoting Recovery, and Reducing Costs. In I.G. Ellen & B. O'Flaherty. (Ed.) *How to House the Homeless*. (pp. 37-56). New York, NY: Russell Sage.
- Tsemberis, S., Gulcur, L., Nakae, M. (2004). Housing First, consumer choice and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651-656.
- U.S. Department of Housing and Urban Development (1997). *Developing and Operating Safe Havens*. Retrieved from <https://www.hudexchange.info/resources/documents/SafeHavens.pdf>
- U.S. Department of Housing and Urban Development. (2012). Special Guidance for Renewal Safe Havens [Fact Sheet]. Retrieved from https://www.hudexchange.info/resources/documents/SafeHavenFactSheet_CoCProgram.PDF

- U.S. Department of Housing and Urban Development (2016). *The 2016 Annual Homeless Assessment Report (AHAR) to Congress*. Retrieved from <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>
- Routhier, G. (2016). *State of the Homeless 2016: Beyond the Rhetoric: What Will Turn the Tide?* Retrieved from the Coalition for the Homeless website: <http://www.coalitionforthehomeless.org/state-of-the-homeless-2016/>
- Weisberg, B. (1993). One City's Approach to NIMBY How New York City Developed a Fair Share Siting Process. *Journal of the American Planning Association*, 51(1), 93-97. doi: 10.1080/01944369308975848
- Wolch, J. (1996). Community-Based Human Service Delivery. *Housing Policy Debate*. 7(4), 649-671. doi: 10.1080/10511482.1996.9521237