

EFFECTS OF THE COVID-19 PANDEMIC ON SINGLE ADULT HOMELESSNESS IN
NEW YORK CITY

by

Chloe Ann-Marie Delgado
Liberty University

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

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APPROVED BY:

X: _____
Greg Mathison, Sr., M.S., Ph.D., Committee Chair

X: _____
Eugene R. Belmain, Ph.D., Committee Member

Abstract

Homelessness has been an ongoing public health crisis in major cities throughout the United States. The COVID-19 pandemic has strained the country's social service and healthcare system, thus worsening the conditions faced by over half a million homeless Americans. This study aimed to determine whether the COVID-19 pandemic impacted the number of homeless individuals, funding for homeless services and homelessness prevention, and availability of social services. To answer these questions, this study conducted a thorough secondary data analysis of New York City's publicly available data as well as primary research conducted by the Coalition for the Homeless. Additionally, this study conducted 10 interviews with social service providers from various professional backgrounds who had served the homeless community in varying capacities since the start of the pandemic. The findings revealed the following: (1) Homeless single adults seeking shelter within DHS-funded shelters gradually increased from FY19 to FY21; (2) funding fluctuated from FY19 to FY22 due to the awarding and expiration of several emergency funding streams; and (3) access to services was disrupted, leaving many homeless individuals struggling to meet their needs. These findings indicated that the COVID-19 pandemic negatively impacted the homeless single adult population in New York City overall, and also that city and state responses during times of crisis need to improve. Given the gaps in the literature and the response from government agencies, this study recommended that further research is conducted to examine the relationship between homelessness and public health emergencies. It also recommended active collaborations between researchers and decision-makers for addressing the root causes of homelessness—not just the symptoms.

Keywords: homelessness, funding, accessibility, availability, COVID-19 pandemic

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Dedication

I am thankful for the prayers, love, and encouragement from my family. I am thankful for all the support given by my inner circle throughout this difficult journey. You all are my heart and I love you all.

I am dedicating this research study to five important groups:

First, I am dedicating this study to two of the strongest women I have known, my late grandmothers. Grandma, your prayers and dedication are one of the main reasons why I am still standing today. Mima, your hard work and independence inspire me to be the best woman I can be. I hope my life honors all the sacrifices you both have made during your lives and I hope you both continue resting in the Lord.

Second, I am dedicating this study to my babies, the little loves of my life. On those many nights where it became too much, you were all on my mind. I hope I can make you all proud and get to support you all as you grow up. Nina/Titi loves you forever.

Third, I am dedicating this study to all of the educators who have made an impact on my life. Thank you for seeing the potential in me and pushing me to do my best. Your dedicated instruction were the stepping stones I used to get me to this point. I will be forever grateful.

Fourth, I am dedicating this study to the homeless and at-risk populations in this country. You are seen and you are heard. And fully deserving of support and humane treatment.

Lastly, I am dedicating this study to all those who have worked and continue to work tirelessly to support the homeless and at-risk population. Despite the limited tools at their disposal, and often being overworked and underpaid, they are still willing to deal with the challenges and complexities that come with advocating and supporting these communities. Never forget, you're all Rockstar's! Thank you all for your service.

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I would like to acknowledge my committee chair, Dr. Greg Mathison and my committee reader, Dr. Eugene Belmain. I cannot adequately express the gratitude I feel for all of your support and prayers throughout this long and arduous process. You both have challenged my strengths and my weaknesses and it has made me a better scholar. The positive impact you both have made on my life will never be forgotten. May the Lord continue to bless you both.

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List of Abbreviations

Acquired immunodeficiency syndrome (AIDS)

City Family Eviction Prevention Supplement (CityFEPS)

City Family Homelessness and Eviction Prevention Supplement (CityFHEPS)

Coronavirus disease 2019 (COVID-19)

Emergency Rental Assistance Program (ERAP)

Family Homelessness and Eviction Prevention Supplement (FHEPS)

Human immunodeficiency virus (HIV)

Homeless Prevention Administration (HPA)

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, + (LGBTQIA+)

Living in Communities (LINC)

Mayor's Office of Immigrant Affairs (MOIA)

New York City Department of Health and Mental Hygiene (DOHMH)

New York City Department of Homeless Services (DHS)

New York City Department of Housing Preservation and Development (HPD)

New York City Department of Social Services (DSS)

New York City Department of Youth and Community Development (DYCD)

New York City Housing Authority (NYCHA)

New York City Human Resources Administration (HRA)

New York State's Office of Addiction Services and Supports (OASAS)

Office of Supportive and Affordable Housing and Services (OSAHS)

Safe Options Support (SOS)

Social Security Disability (SSD)

Special Exit and Prevention Supplement (SEPS)

Special One-Time Assistance (SOTA)

Supplemental Security Income (SSI)

United States Department of Education (DOE)

United States Department of Health and Human Services (HHS)

United States Department of Housing and Urban Development (HUD)

CHAPTER ONE: INTRODUCTION

Overview

Homelessness remains one of the most important public policy issues in the United States as data has shown over 3 million individuals have experienced homelessness annually (Murphy & Eghaneyan, 2018). Specifically, in New York City (NYC), single adult homelessness has seen significant increases in recent decades, while available beds, units, and support services have continued to represent a fraction of actual need (Routhier, 2021). This critical issue of supply and demand has been further exacerbated during the recent COVID-19 pandemic, with homeless individuals and families experiencing homelessness being negatively impacted the most (Gin et al., 2022; Perri et al., 2020). Within existing studies, the relationship between the homeless population and the United States governments response during times of crisis has been primarily quantitative, with fewer qualitative research studies focused on service provider experiences as opposed to the experiences of the homeless population (Murphy & Eghaneyan, 2018; Murray & Piot, 2021). Research on the relationship between homeless populations and public health crises is worth exploring as the homeless are society's most vulnerable and require additional levels of care and support.

The purpose of this research study was to explore the relationship between the single adult homeless population in NYC and the impact of the COVID-19 pandemic on shelter census, dedicated funding, and the accessibility of homeless services and homelessness prevention services. This study is significant as the aim has been to help bridge the gap within academia and to explore the impact of the COVID-19 pandemic on the single adult homeless population within NYC from both the service provider and homeless perspective. The rest of this chapter presents

the research background, situation to self, problem statement, purpose statement, significance of the study, the three research questions, useful definitions, and a roadmap of the rest of the study.

Background

According to the United States (U.S.) Department of Housing and Urban Development (HUD), homeless individuals are defined as persons lacking a regular and adequate nighttime residence or whose primary place of rest is not intended for human dwelling (Murphy & Eghaneyan, 2018). The Department of Education (DOE) defines homelessness more broadly, considering individuals and families who reside in motels or with family and/or friends to be homeless (Donley et al., 2017). According to the DOE, these alternative living arrangements are considered substandard; however, according to HUD's definition, individuals and families living in motels and with families and/or friends are generally not considered homeless, as they have a regular and adequate nighttime residence intended for human dwelling (Donley et al., 2017; Murphy & Eghaneyan, 2018).

Regardless of these differences, homelessness has been categorized in three ways—as chronic, episodic, or transitional (Cleveland, 2020; Rabinovitch et al., 2016). The chronically homeless are often older individuals who suffer from mental health and other disabilities and permanently reside within the shelter system (Cleveland, 2020; Rabinovitch et al., 2016). Similarly, episodically homeless individuals also often suffer from mental health and other disabilities; however, they are often younger and transition in and out of homelessness for various reasons (Cleveland, 2020; Rabinovitch et al., 2016). Lastly, transitionally homeless individuals usually become homeless due to major life events, temporarily enter the shelter system, and often do not return once they are out of it (Cleveland, 2020; Rabinovitch et al., 2016). Families with children are often categorized as transitionally homeless. However, due to

the differences in the definition of homelessness in the U.S. the reported number and status of homeless families with children across the country have been unreliable; moreover, this may be especially true following the disruption of the coronavirus disease 2019 (COVID-19) pandemic (Donley et al., 2017).

Historical Context

Homelessness has been an ongoing public policy and public health issue, starting with the first notable period of mass homelessness: the Great Depression (Beharry & Christensen, 2020). The crash of the stock market in 1929 significantly increased housing and food insecurities for millions of Americans, causing an influx of homelessness (Beharry & Christensen, 2020; Hill et al., 1996). Fast forward to the 1980s and the country experiences another economic recession, leading to increased need for emergency shelter and provisions (Burt, 1993; Cleveland, 2020). During this time, documented homelessness went from approximately 350,000 in 1984 to over 600,000 by 1987, which is significant as the national tracking of homeless individuals and families did not begin until 2007 (Cleveland, 2020).

In recent years, it has been estimated that over 3 million individuals experience homelessness on an annual basis; further highlighting the ongoing homelessness crisis (Murphy & Eghaneyan, 2018). NYC has the second-highest reported number of homeless individuals and the highest rate of homelessness in the U.S., with 47 out of every 10,000 individuals reporting being homeless; remaining one of the largest hubs for homeless and at-risk individuals and families in the country (Cleveland, 2020; Henry et al., 2021). And despite efforts made by government agencies and community-based organizations, rising cost of living is expected to further exacerbate homelessness in NYC and in the country.

Social Context

Despite the prevalence and long history of homelessness in this country, the root causes of homelessness have yet to be addressed. Studies have concluded that the most common predictors of homelessness are: (1) affordable housing availability, (2) the job market, (3) mental health and chronic illnesses, (4) major life events, (5) substance use, and (6) demographic characteristics such as race and age (Beharry & Christensen, 2020; Cebula & Alexander, 2020; Cleveland, 2020; Rabinovitch et al., 2016; To et al., 2016). To best understand why these root causes have yet to be addressed, one must look at how society views the homeless population and the role of society and government agencies in addressing the challenges they face. For instance, homeless individuals with mental health and substance use challenges do not adapt well to traditional shelter environments, and are often disqualified for select housing due to bureaucratic restrictions, such as enrollment of services (Beharry & Christensen, 2020; Nourazari et al., 2021; Simone, 2022). Challenges like these are known and reported by advocacy groups throughout the country, however, acknowledgement and efforts made by government agencies have been slow and limited. Therefore, it is imperative that the perspectives of the homeless population, as well as those who work on the frontline, are more frequently studied and included in decision making.

Theoretical Context

This research study used Olson's (1971) collective action theory as the framework to explore the relationship between the single adult homeless population in NYC and the impact of the COVID-19 pandemic on shelter census, dedicated funding, and the accessibility of homeless services and homelessness prevention services. In his seminal work, Olson (1971) argues that in society, the attempt to provide a public good is often done inefficiently due to free riders and a lack of incentive to collectively work together towards common good. Thus, the development

and provision of public goods are hindered and society's marginalized are often left to bear the consequences.

Situation to Self

As someone who has lived and worked solely within NYC and primarily within social services, the issue of homelessness has been an ever-present issue that has not only impacted and shaped my professional experience but my personal experience as well. Auditing and overseeing shelters, supportive housing sites, homelessness prevention programs, and restorative justice programs throughout my career has provided me with insight on what service providers go through, as well as the daily plight of those unable to thrive and grow within society, particularly within NYC. Cost of living have steadily increased and crimes remain high. Further, the impact of the COVID-19 pandemic has made the existing struggles within social services and of the homeless population significantly worse.

In this study, I sought to explore the realities of the homeless population in NYC and the impact of the COVID-19 pandemic on their lives, as well as how social service providers coped and adapted during this public health crisis. The ultimate goal was to shed light on both the quantitative and qualitative data points available and bridge the gaps within academia so that voices of both the homeless population and those dedicated to providing services are heard. Public policy solutions can only become practical when all data points are considered.

Problem Statement

Homelessness remains one of the most important public policy issues in the U.S. Each year, over 3 million individuals are estimated to experience homelessness, with an average of over 550,000 individuals experiencing homelessness on a single night (Murphy & Eghaneyan, 2018). The homeless population experience significant and often severe hardships in several

aspects of life, including food insecurity, malnutrition, increased risk of infection and disease, lack of employment opportunities, and undiagnosed and/or untreated mental health illnesses (Benavides & Nukpezah, 2020). With the ongoing pandemic, these hardships have worsened, and their vulnerabilities have increased. For instance, during the pandemic, it has been difficult for homeless individuals to practice social distancing and quarantine when symptomatic (Perri et al., 2020). Additionally, early studies demonstrated that critical social services have been disrupted, leaving many without access to consistent aid and leading the homeless population to be disproportionately impacted by this global public health crisis (Perri et al., 2020).

While some have argued that the COVID-19 pandemic is unprecedented, studies have demonstrated that communities throughout the U.S. have historically failed to adequately consider and include the homeless population in their disaster planning, response, and recovery initiatives, thus further marginalizing an already vulnerable subset of the American population (Gin et al., 2022). According to a study conducted in 2007, the U.S. had the highest lifetime prevalence of homelessness of all countries; however, it also had the lowest public opinion on homelessness and spent the least on social welfare, including homelessness prevention services (Ramanuj, 2019). Given the potential persistence of global health crises, the needs of the homeless population must be addressed and sufficient safeguards established to protect this vulnerable population during times of crisis.

Purpose Statement

The purpose of this research study was to explore the relationship between homelessness and the COVID-19 pandemic in New York City (NYC). The homeless population is often disproportionately and negatively affected in times of crisis. Thus, researchers and practitioners

must develop a comprehensive understanding of their diverse needs and concerns to optimally address them, ultimately addressing the growing homelessness crisis in the U.S.

Significance of the Study

Prior to the onset of the COVID-19 pandemic, the homelessness crisis in NYC was already growing, which is significant as the number of available beds and units has consistently represented a fraction of the actual need in the city (Routhier, 2021). Despite NYC being a right-to-shelter city, access to the shelter system has been challenging for some due to bureaucratic barriers. For instance, in 2020, a study reported that 46% of homeless families had to apply multiple times to enter the shelter system, forcing them to double or triple up with friends and family in the interim (Routhier, 2021). Such barriers have increased with the ongoing challenges imposed by the ongoing COVID-19 pandemic (Routhier, 2021). For instance, during a 1-day emergency room survey, emergency room physicians and advocates from the Coalition for the Homeless encountered five homeless individuals infected with the COVID-19 virus who had been denied isolation placements (Routhier & Nortz, 2020). The reason for this was that these individuals had not received shelter services within the past 12 months—an exclusionary eligibility requirement that further endangers members of an already vulnerable population (Routhier & Nortz, 2020).

The various existing barriers result from an insufficient understanding of an increasingly complex social and public health phenomenon in academia and public policy. The existing literature on homelessness has the following two critical shortcomings:

1. Studies have primarily examined homelessness from a quantitative perspective. In addition, the few existing qualitative studies have primarily been conducted from the perspectives of service providers and experts; thus, they have failed to provide the depth

and breadth required to best understand the homelessness crisis (Murphy & Eghaneyan, 2018).

2. Few studies have examined the effects of public health crises on the homeless population. Since such crises are expected to continue to occur, this is critical information for decision-makers within the government (Murray & Piot, 2021).

Therefore, the present study sought to determine whether the COVID-19 pandemic impacted the availability and accessibility of critical housing, medical, mental health, harm reduction, and pantry/meal services and, if so, how this affected homeless individuals in NYC. To this end, the research design comprised a secondary data analysis of primary publicly available data on homelessness as well as semistructured interviews for gathering input from public servants/community providers who work with the homeless and at-risk population in NYC. First, the secondary data analysis provided both a quantitative and qualitative look at the impact of the pandemic on the number of homeless individuals and the funding and accessibility of services. Then, the semistructured interviews provided relevant and essential perspectives that can be used to improve or develop the required services—not only to protect the homeless population in crises but also to end homelessness for numerous individuals. Developing a comprehensive understanding of the homelessness phenomenon and examining its relationship with public health emergency responses is critical for addressing the needs of the homeless population, thereby reducing and preventing homelessness within American society.

Research Questions

Given the persistence of the homelessness crisis and the ongoing challenges imposed by the COVID-19 pandemic, researchers, legislators, and practitioners must identify and address

barriers related to service availability and accessibility. To obtain an enhanced understanding of these barriers and their impact, this study sought to answer the following research questions:

- Research Question 1: Has the COVID-19 pandemic impacted the number of homeless individuals in NYC?
- Research Question 2: Has the COVID-19 pandemic impacted funding for homeless individuals in NYC?
- Research Question 3: Has the COVID-19 pandemic impacted the accessibility of services for homeless individuals in NYC?

Definitions

To facilitate the comprehension of this research study, this section presents definitions of the key terms used in this manuscript. Situatedness refers to the analysis of the primary researcher's positions on a topic (Levitt, 2020). Inductive coding is a bottom-up approach that enables the development of coding and themes through the data, as opposed to preconceived themes (Riazi, 2016). Alternatively, deductive coding is a top-down approach in which the researcher approaches coding with preconceived themes (Riazi, 2016). Reflexivity refers to the understanding that personal bias is a constant challenge and requires the frequent examination of one's personal judgments and beliefs (Riazi, 2016). Constructivism implies that reality is diverse, subjective, and situational; thus, participants are viewed as co-researchers since their perceptions are considered valid interpretations of phenomena (Riazi, 2016).

Roadmap

The remainder of this dissertation is organized as follows. Chapter Two presents the literature review, which includes an expansion on the chosen theoretical framework, as well as a thorough review of the related literature. Chapter Three provides an overview of this research

study's methodology, which include the research design, research questions, setting, participants, procedures, the researcher's role, data collection and analysis, trustworthiness, and ethical considerations. Chapter Four presents the findings of this research study as well as the answers to the three research questions. Chapter Five provides a brief summary of the research study findings, a discussion on how those findings support the existing literature and how it relates to the chosen theoretical framework, the implications for policy and practice, the delimitations and limitations of the research study, and recommendations for future research.

CHAPTER TWO: LITERATURE REVIEW

Overview

The first section of this chapter reviews the theoretical framework used to guide this research study: Olson's (1971) collective action theory. The second section, the related literature, reviews several topics related to homelessness and pandemics. The first subsection provides a historical overview of homelessness in the U.S.; this includes a discussion on the inaccuracies of homelessness data, the predictors of homelessness, and the barriers facing the homeless population. The next subsection reviews homelessness in NYC and the city's right to shelter and sanctuary status, before highlighting the various city agencies that often work together to address the homelessness crisis; additionally, this section highlights the recent city management plan developed by the administration of Mayor Adams, focusing on its plan to address homelessness, homelessness prevention, and the influx of asylum seekers entering the sanctuary city. The final subsection provides an overview of historical pandemics, the current COVID-19 pandemic, and the responses of the U.S. government, New York State government, and NYC government. The chapter ends with a brief summary of all of the topics discussed

Theoretical Framework

Given the reality that homelessness has been and remains a public policy and public health issue in this country, it is imperative to not only identify and understand the roots causes of homelessness, but also, how to best to address them. To do this, this research study used Mancur Olson's collective action theory as its theoretical approach. In his work, Olson challenges the assumption of group theory, where groups of rational and self-interested individuals would act in unison to further the groups agenda and achieve its goals, and states that logically, it does not follow (Olson, 1971). He points out that unless the group is small or there

exists some form of coercion or special device to force cooperation, rational and self-interested individuals with common goals would not willingly work together towards a group goal as they themselves have their own personal interests separate of the group (Olson, 1971).

There is a distinction made between small and large groups. Small groups are more likely to have voluntary action among its individuals but small groups tend to reach its capacity before reaching its optimal level as the burden of providing the public good becomes too burdensome (Olson, 1971). In contrast, larger groups have the capacity to share the burden of costs but due to self-interests, larger groups are less likely to work towards collective action (Olson, 1971). Individuals within larger groups are more likely to free ride and enjoy the benefits of public goods without actually contributing to its production (Olson, 1971). Incentives can be given to encourage voluntary action within larger groups, such as economic or selective incentives (Olson, 1971). An example of these are the tax incentives given to private developers to encourage them to include affordable units in their buildings; units that would otherwise be rented at market value and out of reach of many poor and low-income individuals and families.

There are counterarguments to Olson's assertions that larger groups are less efficient and less likely to work towards a collective good. One such argument came from Oliver and Marwell (1988) who criticized Olson's group size theory by stating that effect of group size is dependent on costs, which can vary. They argued that larger groups can be more likely to work towards collective action as there tends to be more resources and connections to use in order to achieve the common goal (Oliver & Marwell, 1988). In another argument, Isaac and Walker (1988) research found that while larger groups are more likely to deal with free riding, the concept of group size is not clean cut as there are different scenarios that can take place and ultimately effect the likelihood of collective action among different group sizes (Isaac & Walker, 1988).

However, despite the scholarly disagreements about the relationship between group size and collective action, what is recognized by this research study is that incentives do impact the level of action given by different groups within society. For instance, smaller groups, such as community-based organizations, tend to find their incentive in being recognized as the organization that has created the most positive change in their community. Larger groups, such as private companies respond well to economic incentives, such as tax credits. With the issue of homelessness, the lack of a unified federal response has allowed groups, both small and large to work haphazardly, resulting in solutions that fall short of addressing the root causes of homelessness. This assertion is supported by the evidence found within existing literature.

Related Literature

Homelessness

Historical Overview of Homelessness in the United States

For many decades, homelessness in the U.S. has been an ongoing public policy and public health issue. Throughout American history, there have been two notable periods of mass homelessness, namely the Great Depression and from the 1980s to the present day (Beharry & Christensen, 2020). The Great Depression has been commonly linked to homelessness due to the intensity of the stock market crash in the U.S. in 1929. The resulting economic collapse crippled every sector of the American economy; most of the country was negatively impacted and there was a significant increase in homelessness throughout the U.S. (Hill et al., 1996).

In the decades following the Great Depression, homelessness remained an issue. However, it became a considerable public policy issue in the 1980s (Cleveland, 2020). Beginning with the recession of the early 1980s, the need for emergency shelter and provisions significantly increased as the homeless population reached over 350,000 by 1984 and over

600,000 people by 1987 (Burt, 1993). However, as HUD's annual January count did not officially begin until 2007, the true numbers may be even higher (Cleveland, 2020).

Since then, the U.S. has experienced another major economic downturn; in 2007, the collapse of the mortgage bubble created another spike in poverty rates. According to HUD, 664,000 individuals were homeless on a single night in January 2008, and 1.6 million individuals used the shelter system between October 2007 and September 2008 (U.S. Department of Housing and Urban Development Office of Community Planning and Development, 2009). Furthermore, data reveal that homelessness rates have increased since 2007; for instance, the number of homeless families with children has increased by 13%, with families representing one-third of the entire homeless population; this is significant, as homelessness has been historically linked to single men (Gubits et al., 2018; Lee et al., 2021; Lucas, 2017). Additionally, studies have demonstrated that homelessness has disproportionately affected people of color and older adults; however, they have also revealed that one in 10 individuals in the U.S. will experience some form of homelessness at least once in their lives; this indicates not only a critical demographic shift but also an economic one, as many Americans are one job loss away from becoming at risk themselves (Canham et al., 2020; Fusaro et al., 2018; Murphy & Eghaneyan, 2018; Zhao, 2022).

Data Inaccuracies

However, given the difficulties of gathering accurate data on homelessness, the magnitude of the crisis may be underreported or overreported (Beharry & Christensen, 2020; Link et al., 1994). For instance, oversampling can occur in the shelter system due to the reclusiveness of homeless individuals and the limited number of available shelter systems throughout the U.S. (Beharry & Christensen, 2020; Link et al., 1994). Additionally, certain

subgroups within the homeless population are often excluded from the shelter system due to limited views on traditional family units and other exclusionary restrictions, including LGBTQIA+ families, people with mental health challenges, and people with substance abuse issues (Beharry & Christensen, 2020).

Notably, these excluded groups often use the public transportation system as a means of shelter, with certain cities reporting that more than half of the unsheltered population lives within their transit system (Wasserman et al., 2022). Responses have varied from city to city; however, government responses have either been punitive or outreach-related, with variable end results for those displaced from the transit system (Wasserman et al., 2022). The punitive responses often include policing and the criminalization of occupying public space; such responses receive mixed reactions from the local community as they further strain community relations between law enforcement and the homeless community (Wasserman et al., 2022). Alternatively, some major cities opt for a more humane approach and conduct outreach, with some efforts connecting homeless individuals to available services, such as temporary shelter, food, medical care, and mental health services (Wasserman et al., 2022). Despite this more humane approach, some outreach efforts lack substance and follow through; for instance, a 2020 report indicated that planned efforts to reduce homeless individuals in the NYC transit system failed to meet its targets, and outreach outcome data were found to be lacking, signaling a possible disconnect between intent and execution (Ding et al., 2021).

Homelessness Indicators

Given the possibility that available data have historically underrepresented and continue to underrepresent the homelessness crisis, academics and practitioners must develop an enhanced understanding of the predictors of homelessness. In available studies, the most commonly

referenced predictors are as follows: (1) affordable housing availability, (2) the job market, (3) mental health and chronic illnesses, (4) major life events, (5) substance use, and (6) demographic characteristics such as race and age (Beharry & Christensen, 2020; Cebula & Alexander, 2020; Cleveland, 2020; Rabinovitch et al., 2016; To et al., 2016). For instance, affordable housing in the U.S. has become an increasingly critical issue, as a growing number of homeless and at-risk individuals and families have struggled to find permanent housing (Lee et al., 2021). Throughout the U.S., a variety of housing programs have been implemented, including Housing First, rapid-rehousing, permanent supportive housing, and transitional housing. The first three options are the most effective solutions as they allow homeless individuals and families to acquire permanent housing faster than traditional methods, especially those who face barriers such as mental health illnesses and substance use disorders (Nourazari et al., 2021).

Housing First, first developed and executed in NYC in the early 1990s, remains a popular housing option for the homeless population as it provides homeless individuals and families with a higher chance of securing permanent housing (Salhi & Doran, 2021). Housing First does not force homeless individuals and families to be housing-ready nor to comply with case management services (Cohen, 2022; Salhi & Doran, 2021). The central idea of this approach is that permanent and dignified housing is the first step toward rehabilitation, and relevant studies have reported notable successes (e.g., Cohen, 2022). For instance, a study conducted in Los Angeles, California examined the Housing First program in 2016–17 and observed a reduction in the probability of formerly homeless individuals and families returning to the homeless system by 23 percentage points in 18 months and 15 percentage points in 30 months (Cohen, 2022). Additionally, the study demonstrated that the program reduced the probability of incarceration and being formerly charged with a crime by 95% and 85%, respectively (Cohen, 2022). As for

reliance on government assistance, the program led to a reduced probability of requiring emergency cash assistance by 80% and other social benefits by 23% (Cohen, 2022). These significant life improvements were supported by a 23% probability of formerly homeless participants gaining lawful employment—a feat that is difficult and often impossible to achieve without a permanent home address (Cohen, 2022). However, despite the documented successes of these programs, funding has not caught up with the increased demand; thus, resources are limited, which leaves many homeless individuals and families struggling to find an affordable and safe home (Nourazari et al., 2021; Salhi & Doran, 2021).

Furthermore, those without access to these housing programs often face greater barriers to independent living, as the requirements for becoming a renter or mortgage holder often exclude those who experience homelessness and/or poverty (Murphy & Eghaneyan, 2018). Landlords and lenders often require large sums of money upfront as well as background checks and legal documents, all of which are common barriers faced by individuals and families who experience poverty and/or homelessness (Murphy & Eghaneyan, 2018). These obstacles are prevalent in major U.S. cities along the West Coast and in the Northeast, where homelessness rates and the cost of living are significantly higher; as a result, adequate housing is inaccessible for many who reside and work in these regions (Cleveland, 2020). For instance, California has seen an increase of 22,562 individuals who experience homelessness since 2007; of this number, 10,270 individuals have only experienced homelessness since 2019, which highlights an exponential change in the homelessness rate in recent years (Henry et al., 2021).

Similarly, the number of families with children who experience homelessness has gradually increased since 2009 across the U.S. (National Center for Education Statistics, 2019). According to the latest data from the National Center for Education Statistics, the total

percentage of homeless public-school students increased from 1.8% in 2009 to 2.7% in 2017; this corresponded to 910,439 and 1,351,120 homeless students, respectively (National Center for Education Statistics, 2019). Of the 1,135,120 students who reported experiencing homelessness in 2017, 75.3% lived in doubled-up or shared housing; 14.3% lived in shelters or transitional housing or were awaiting foster care placement; 6.6% lived in hotels or motels; and 3.7% had no shelter (National Center for Education Statistics, 2019). In 2017, California had the highest reported number of homeless public-school students in the U.S.; however, the District of Columbia and New York had the highest percentages of homeless students as a share of total public-school enrollment at 7.5% and 5.4%, respectively (National Center for Education Statistics, 2019).

Homelessness in New York City

NYC has the second-highest reported number of homeless individuals and the highest rate of homelessness in the U.S., with 47 out of every 10,000 individuals reporting being homeless (Cleveland, 2020; Henry et al., 2021). Despite the reality of the number of reported homeless deviating from the number actually experiencing homelessness, NYC remains one of the largest hubs for homeless and at-risk individuals and families in the country.

Historically, the city's approach to homelessness has largely consisted of concerted efforts from public and private entities; during the city's early years, religious institutions played a primary role in serving the poor and homeless (Da Costa Nunez & Sribnick, 2015). This arrangement shifted after the Great Depression; the city, state, and federal governments began to work together to provide relief to these individuals. However, it was not until the 1970s that the issue of homelessness became more prominent (Da Costa Nunez & Sribnick, 2015; Main, 2016). This was due to a shift in homeless individuals and families migrating from designated areas,

such as the Bowery, to other parts of the city, thus becoming more visible to society. This led to the landmark decision in *Callahan v. Carey* (1979), which established that homeless individuals and families have the right to clean, safe, and accessible shelter in New York State; this ruling prompted the design and creation of NYC's shelter system (Main, 2016; O'Flaherty, 2019).

Despite this ruling and the development of a shelter system, the rate of homelessness in NYC did not noticeably improve due to administrative decisions that affected housing opportunities. For instance, the administration of Mayor Michael Bloomberg decided to end housing subsidies, such as Section 8, which resulted in the shelter census reaching historic highs (Main, 2016). During the recent administration of Mayor Bill de Blasio, Section 8 vouchers were reinstated, albeit through a limited lottery; nevertheless, this indicates a promising return to housing vouchers, which were demonstrated to successfully reduce homelessness (Solari et al., 2021).

Right to Shelter

As previously mentioned, NYC is a right-to-shelter city. This shift in basic human rights stemmed from the landmark decision of the 1979 *Callahan v. Carey* lawsuit. In 1979, Robert Hayes, a lawyer and co-founder of the Coalition for the Homeless, brought a class action lawsuit against NYC and New York State. He cited that a constitutional right to shelter existed for all within the New York State Constitution (Coalition for the Homeless, n.d.-b). The New York State Constitution states the following:

Section 1. The aid, care and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions, and in such manner and by such means, as the legislature may from time to time determine. (NYS Const. art. XVII, § 1)

This class action lawsuit was brought on behalf of all homeless men in NYC. The lead plaintiff was Robert Callahan, a homeless Korean War veteran who Hayes had encountered within the Bowery slums (Coalition for the Homeless, n.d.-b). On December 5, 1979, the New York State Supreme Court ruled in favor of Callahan and ordered NYC and New York State to provide adequate and safe shelter for all who qualify (Coalition for the Homeless, n.d.-b). Despite the win in his name, Callahan died before the litigation ended and before the consent decree was settled in 1981; therefore, he was unable to obtain the shelter that he had been granted the right to (Coalition for the Homeless, n.d.-b). The consent decree stipulated that the City and State had to maintain a set standard of living conditions as well as to provide certain services, such as laundry, mail, and telephone access (Kirchheimer, 1989). Additionally, the routine submission of reports from the City to the plaintiffs' attorney on the conditions of the shelters within the city became a requirement (Kirchheimer, 1989).

While the initial class action lawsuit only covered homeless men, following the victory of *Callahan v. Carey*, the number of homeless women grew significantly in NYC, leading to further litigation (Kirchheimer, 1989). In *Eldredge v. Koch* (1982), the New York State court held that women were covered under the consent decree due to the equal protection clause (Kirchheimer, 1989). Homeless families were also included within the consent decree's coverage after a third class action lawsuit was brought against NYC in *McCain v. Koch* (1986; Kirchheimer, 1989). However, despite the victories in court, numerous lawsuits were brought against NYC and New York State due to a lack of compliance; thus, the City and State responded by rapidly open new shelter sites, reducing crowding within existing shelter spaces, and improving living conditions within them (Coalition for the Homeless, n.d.-c). In 1982, in response to such lawsuits, NYC filed an appeal to lower the expectations related to the conditions of its shelters; in favor of the

homeless population, the courts rejected the City's appeal and within its judgment referred to the City's actions as a "cruel and unacceptable hoax" (Coalition for the Homeless, n.d.-c; Kirchheimer, 1989).

Another notable response from the City occurred in 1999 when it sought to modify the consent decree to include policies that would terminate and deny shelter to homeless individuals who were noncompliant with the provided social services and administrative rules (Coalition for the Homeless, n.d.-c). This request was initially denied in 2000, but after appeals were filed the appellate court eventually ruled in favor of the City in 2003, allowing it to implement termination regulations; however, for each termination, the City had to provide copies of each termination notice to both the Coalition for the Homeless and the Legal Aid Society, so that those at-risk of losing shelter could receive interventions in the form of legal assistance, social services, and housing assistance (Coalition for the Homeless, n.d.-c).

The latest major challenge by the City of New York was under the Bloomberg administration, which sought to establish eligibility rules that would put many homeless individuals and families at risk of losing the right to shelter (Coalition for the Homeless, n.d.-c). In 2012, the proposed shelter eligibility rules were blocked by Justice Gische, who declared their proposal a "nullity" (Coalition for the Homeless, n.d.-c). Since then, the City has continued to struggle with the provisions set forth by *Callahan v. Carey* as homelessness has continued to be a major public crisis. The oversight of city agencies continues to be maintained by the Coalition for the Homeless and Legal Aid Society, whose mission is to ensure that all who seek shelter within NYC are granted safe and adequate shelter and support (Coalition for the Homeless, n.d.-c).

New York City Coalition for the Homeless

Soon after the 1979 landmark victory of *Callahan v. Carey*, homeless advocates including Robert Hardy, Ellen Baxter, and Kim Hopper formed the Coalition for the Homeless after advocating for the rights of homeless individuals displaced by police due to an upcoming Democratic National Convention in NYC (Coalition for the Homeless, n.d.-c). The Coalition for the Homeless is the oldest advocacy and direct service organization serving homeless individuals and families in the country. It believes that food security, employment opportunities, and affordable housing are fundamental human rights as well as the keys to successfully addressing homelessness in the U.S. (Coalition for the Homeless, n.d.-b). Since its inception, the Coalition has served and assisted more than 1 million homeless individuals and families using advocacy efforts and 11 direct service programs (Coalition for the Homeless, n.d.-b). In recent years, the Coalition has assisted more than 3,500 homeless and poor individuals and families in NYC on a daily basis; however, due to the recent influx of asylum seekers, the daily numbers have increased (Coalition for the Homeless, n.d.-b).

Advocacy. Following the landmark win of *Callahan v. Carey*, the Coalition for the Homeless continued its litigation efforts to ensure that every individual and family in need receives services within NYC (Coalition for the Homeless, n.d.-b). After ensuring the right to shelter for homeless men in NYC, the Coalition worked to secure the right to shelter for homeless women and families, protective services for homeless children, the right to vote for homeless individuals, and reasonable accommodations for individuals and families with chronic illnesses (Coalition for the Homeless, n.d.-b). In addition to impactful litigation, the Coalition actively monitors the shelter system to ensure that the agreements set forth within the consent decree are upheld (Coalition for the Homeless, n.d.-b). It does this by consistently assessing the

conditions of the various shelters within the city as well as advocating for the rights of those seeking shelter (Coalition for the Homeless, n.d.-b). The Coalition's advocacy efforts also include the provision of reliable and trusted New York homelessness data and policy analyses for anyone seeking information and clarity on the growing public health crisis, including elected officials and researchers (Coalition for the Homeless, n.d.-b).

Direct Service Programs. Furthermore, the Coalition for the Homeless provides 11 direct service programs to over 3,500 homeless and poor individuals and families in NYC on a daily basis (Coalition for the Homeless, n.d.-b). These programs include the Grand Central Food Program, which provides 800–1,200 hot meals every night to those living unsheltered on the streets of NYC. Another of its programs is the Emergency Mail Program, which provides approximately 1,700 homeless individuals with a secure and reliable mailing address, enabling them to receive and send important documents, such as housing applications (Coalition for the Homeless, n.d.-b). Other services include eviction prevention, which assists over 800 at-risk families in avoiding eviction from their homes by providing one-time grants to cover rental arrears; this service is primarily reserved for those with the means to pay their rent after receiving the one-time grant (Coalition for the Homeless, n.d.-b). Families who are unable to afford their rent often end up within the shelter system; from there, they can use the Coalition's crisis intervention program, which works to connect them to various services available within NYC, including public assistance, housing assistance, substance use programming, and emergency grant funding for, among other things, medication, baby formula, and transportation (Coalition for the Homeless, n.d.-b).

New York City Agencies Serving the Homeless Population

NYC has several agencies that provide a range of services to the homeless population, as well as the at-risk population, which includes individuals and families at risk of losing their housing for various reasons. These agencies include the NYC Department of Homeless Services (DHS), the NYC Department of Housing Preservation and Development (HPD), and the NYC Human Resources Administration (HRA). These agencies combined provide shelter, outreach services, homeless prevention, and supportive housing services to thousands of NYC residents. The following subsections provide background information on each agency, including their impacts and shortcomings.

New York City Department of Homeless Services. Formerly a part of the HRA, DHS has worked to house homeless individuals and families since the early 1990s (Department of Homeless Services, n.d.). DHS became an independent agency under the administration of Mayor David Dinkins (1990-93), who sought to change how the city's shelter system operated (Department of Homeless Services, n.d.). A major shift was that the city replaced city-run shelters with city-funded and -regulated nonprofit organization-operated shelters, thus increasing the capacity of and available social services (Department of Homeless Services, n.d.). Currently, DHS-funded shelters provide services to over 17,000 homeless single adults on any given night; notably, needs have increased in the past decade due to policy changes reducing mass incarceration and institutionalizations, which have created an influx of homeless individuals with substance use and mental health concerns requiring specialized support (Department of Homeless Services, n.d.). Oftentimes, individuals with the most severe specialized needs choose to bypass the shelter system and remain unsheltered, prompting an increased need for outreach services (Department of Homeless Services, n.d.).

Outreach Services. DHS provides 24/7 outreach services throughout NYC to homeless individuals sleeping on the city streets and within the subway system (Bond et al., 2021; Department of Homeless Services, n.d.). In 2007, DHS changed its outreach strategies to target the population of unhoused individuals who have refused traditional shelter placements and began providing Safe Haven options, which were more readily accepted due to the less stringent rules and regulations (Department of Homeless Services, n.d.). As needs grew, so too did outreach services, with the number of outreach workers increasing from 200 to 600 since 2014; however, despite the efforts made through outreach programming, studies have indicated that outreach services could be improved (Department of Homeless Services, n.d.). For instance, since DHS contracts out outreach services and funding has historically been dependent on city funding, outreach efforts throughout the city have been underfunded and often resulted in large caseloads (Simone, 2022). Outreach workers are further hindered by a lack of rapport and trust with the unsheltered homeless community, as many have been through the shelter system before with negative experiences (Simone, 2022). Additionally, the unsheltered community does not have a positive relationship with law enforcement; oftentimes, law enforcement is present during outreach attempts, prompting a limited response and cooperation from unsheltered individuals who require services (Simone, 2022). Bureaucratic red tape and limited temporary housing options further hinder the efforts of outreach workers, as those being reached out to do not want traditional shelter services nor to undergo the long process of getting placed (Simone, 2022).

In a study conducted in 2017, Bond et al. (2021) interviewed 43 randomly selected homeless individuals located in the NYC borough of Manhattan. They discovered five factors that determined whether an unsheltered person would accept outreach services. The first factor was credibility, as many who were interviewed reported working with outreach workers in the

past but seeing no changes in their housing status, leading them to feel that their time had been wasted (Bond et al., 2021). The second factor was transparency, as many reported experiencing more superficial encounters than meaningful engagements, with one interviewee reporting that outreach workers had visited their campsite for 5 minutes to take their name, and then they never saw them again (Bond et al., 2021). The third factor was offering choices, as some interviewees reported positive experiences with outreach teams who offered options that gave them autonomy and increased their willingness to accept services (Bond et al., 2021).

The fourth factor was bureaucracy, with most interviewees reporting negative experiences of attempting to navigate the city's shelter system (Bond et al., 2021). For instance, they reported difficulty in obtaining assistance due to the onerous requirement of having to be seen multiple times to prove they are chronically homeless, making the efforts of outreach workers more difficult and reducing the willingness of unsheltered homeless to seek assistance (Bond et al., 2021). Lastly, the fifth factor was opportunity cost, as the time and effort required to go through the eligibility and housing process often discourage homeless individuals from engaging (Bond et al., 2021). The right to appropriate services and self-determination are critical to reducing the number of unsheltered homeless individuals in NYC (Bond et al., 2021).

New York City Department of Housing Preservation and Development. The HPD is an agency within NYC whose mission is to “promote quality and affordability in the city’s housing, and diversity and strength in the city’s neighborhoods” (Housing Preservation & Development, n.d.). HPD seeks to fulfill this mission through three strategies, with the first being the inspection of housing throughout NYC and the enforcement of the NYC Housing Maintenance Code (Housing Preservation & Development, n.d.). HPD provides tax exemptions, repair loans, and other services to owners of affordable housing to ensure that their properties

remain in good condition as well as affordable for current and future tenants (Housing Preservation & Development, n.d.). The second strategy involves financing new affordable housing projects throughout the city and using minority- and women-owned business to accomplish them (Housing Preservation & Development, n.d.). Additionally, HPD provides qualifying home seekers with rental and down payment assistance as well as other critical services to help them on their housing search journey (Housing Preservation & Development, n.d.). The third strategy through which HPD seeks to fulfill its mission is to implement inclusive planning to strengthen communities, incorporating owners, tenants, and housing development partners (Housing Preservation & Development, n.d.). Despite these efforts, however, a lack of affordable housing remains a critical issue within NYC, with many homeless individuals and families struggling to find appropriate housing (Simone, 2022).

According to the latest Coalition for the Homeless annual report, in 2018, a staggering 4.6 million applications were submitted through the city's Housing Connect lottery portal, but only 7,587 affordable units were available (Simone, 2022). Even fewer available were units specifically reserved for families living below the poverty line, with nine units available from 2014 to 2019 and 18 million applications submitted for them (Simone, 2022). Former NYC Comptroller Scott Stringer estimated an affordable housing deficit of over 580,000 units and criticized the housing plan set forth by the previous administration, citing that it would meet the needs of less than 8% of the lowest income renters in NYC (Simone, 2022). Since the rollout of the housing plan by the De Blasio administration in 2014, only 15,757 units have been financed by HPD; of that total, less than 3,000 affordable housing units have been created, with the rest being reserved for supportive housing and as preservation units; these units, after being vacated,

will no longer be required to remain as affordable housing, thus eventually reducing the number of available units in NYC (Simone, 2022).

New York City Human Resources Administration. Established in 1966, HRA has provided a host of social services to qualifying NYC residents with the goal of fighting poverty and income inequality (Human Resources Administration, n.d.-a.). HRA works to prevent homelessness by providing over 12 major public assistance programs, including rental assistance, cash assistance, food assistance, Medicaid insurance assistance, and rehousing programs (The City of New York Mayor Eric Adams, 2022). In an effort to improve service delivery, the City of New York integrated HRA and DHS under the management structure of the Department of Social Services (DSS) in 2017 (Human Resources Administration, n.d.-a.; The City of New York Mayor Eric Adams, 2022). The goal was to share service functions and improve the management of services provided to over 3 million qualifying individuals and families in NYC (Human Resources Administration, n.d.-a.).

Rental Assistance. HRA (under DSS) provides at-risk individuals and families with rental assistance to maintain their housing, as well as homeless individuals and families with rental assistance to leave the shelter system and enter stable housing (Human Resources Administration, n.d.-e). Each year, HRA provides the following three rental subsidy programs: the Family Homelessness & Eviction Prevention Supplement (FHEPS), the City Family Homelessness and Eviction Prevention Supplement (CityFHEPS), and Special One-Time Assistance (SOTA). The FHEPS rental subsidy program assists qualifying families with children to either avoid eviction or leave the shelter system with monthly rental support (Human Resources Administration, n.d.-c). The qualifications include the receipt of cash assistance, domestic violence homelessness, and health-related homelessness (Human Resources

Administration, n.d.-c). With rising rents and cost of living, the FHEPS rental subsidy program has fallen short of meeting the needs of many who qualify. In December 2021, New York State Governor Kathy Hochul signed legislation to raise the maximum rent levels for FHEPS, but the shelter allowances remain well below the cost of living in NYC (Simone, 2022). Shelter allowances have not been increased for families with children since 2003 nor for single adults since 1988 (Simone, 2022).

Like the FHEPS, the CityFHEPS is rental subsidy program aimed at assisting qualifying individuals and families who do not qualify for the state FHEPS program (Human Resources Administration, n.d.-b). In recent years, NYC has closed its LINC, SEPS, and CityFEPS programs and moved them all under the CityFHEPS program to ease navigation and monitoring for applicants, recipients, landlords, and case managers (Human Resources Administration, n.d.-b.). Unlike the FHEPS and CityFHEPS, SOTA is a one-time rental assistance program reserved for DHS shelter residents who have income stemming from employment, SSI, and/or SSD and the means to pay their rent once the 12-month grant period is over (Human Resources Administration, n.d.-f). This one-time grant applies for shelter moves to anywhere in the country, including Puerto Rico and Washington D.C., and is not granted for rents that exceed 40% of households' gross income (Human Resources Administration, n.d.-f). From FY15 to FY21, these programs helped approximately 55,000 households to leave the DHS and HRA shelter system (Simone, 2022). Similar to the FHEPS, the CityFHEPS rental subsidy program saw an increase in maximum rent levels, matching the federally funded Section 8 voucher program (Simone, 2022). Despite this increase, homeless individuals and families continue to struggle to find apartments for rent, as not only are rents at a historic high but landlords also continue to be biased toward voucher holders, further delaying shelter exits (Simone, 2022).

Homelessness Prevention. Within HRA exists the Homeless Prevention Administration (HPA), and the following four vital units exist within HPA: the Housing and Homeless Services/Initiatives Division, the Rental Assistance Program, the Office of Civil Justice, and the Early Intervention Outreach Team (Human Resources Administration, n.d.-d). All of these units work in conjunction with other city agencies, including DHS and the NYC Housing Authority (NYCHA) to help reduce homelessness among individuals and families (Human Resources Administration, n.d.-d). In response to recent economic changes, the federal government granted New York State \$2.6 billion to fund the Emergency Rental Assistance Program (ERAP), which began accepting applications in June 2021; HPA assists with the management and monitoring of applications and funds distribution (The City of New York Mayor Eric Adams, 2022). Under ERAP, qualified applicants can receive up to 12 months of rental arrears payments for arrears that have accumulated since March 13, 2020, including an additional 3 months if their rental payments exceed 30% of their gross income (New York State Office of Temporary and Disability Assistance, n.d.). Similarly, qualified applicants can also receive up to 12 months of utility arrears payments for arrears that have accumulated since March 13, 2020 (New York State Office of Temporary and Disability Assistance, n.d.).

Due to increased demands exceeding the available federal funds, New York State prematurely closed the application portal in November 2021; however, after a lawsuit filed by the Legal Aid Society, with the Coalition for the Homeless as a plaintiff, the State was forced to reopen the application portal in January 2022 (Simone, 2022). Since the start of ERAP, over 315,000 applications have been filed, with approximately 125,000 payments made and \$2 billion paid from the \$2.6 million in federal funding granted at the start of the program (Simone, 2022). ERAP has reduced the number of rental assistance applications by 57.6 % in FY22; however,

despite the positive response, the funding remains limited (Simone, 2022; The City of New York Mayor Eric Adams). To address increasing demands, Governor Hochul formally requested additional federal funding to respond to the growing need for rental assistance in New York State as rents and the cost of living continue to increase (Simone, 2022).

Supportive Housing. Within HRA exists the Office of Supportive and Affordable Housing and Services (OSAHS). This unit works to develop permanent housing solutions for formerly homeless families and individuals, including supportive housing (Human Resources Administration, n.d.g). Supportive housing is affordable housing that offers social services, such as case management, to individuals and families in need of additional care, such as mental health concerns and substance use issues (Human Resources Administration, n.d.-g). Supportive housing is critical for a large subset of the homeless population as many of those with additional needs are often unable to maintain a stable lifestyle on their own. Studies have demonstrated the benefits of supportive housing; for instance, Miller-Archie et al. (2022) found that supportive housing significantly reduced liver-related emergency room visits, hospitalizations, and liver-related mortality among hepatitis C-positive supportive housing residents in NYC. Similarly, Tiderington et al. (2022) found that residents living with supportive housing maintained contact with their mental health providers, and that those who left supportive housing were less likely to remain linked to a provider.

In addition, supportive housing has been proven to successfully help individuals and families battling mental health, medical, and substance use issues (Allen & Nolan, 2022; Simone, 2022). However, despite the success of the program, the supply of supportive housing is significantly lower than the demand (Allen & Nolan, 2022). According to the latest data, only one supportive housing unit is available for every five qualified applicants; however, there is a

vacancy rate of 10% in NYC (Simone, 2022). This vacancy rate stems from barriers to access and bureaucratic delays; for instance, the eligibility process often takes months and those seeking shelter within supportive housing must first prove that they are homeless, which can be difficult for the unsheltered population (Simone, 2022). Additionally, the referral process is flawed as many who qualify are sent to buildings that do not meet their needs or for which they do not qualify, further delaying their placement (Simone, 2022). As of 2022, there have been no official changes to these processes; however, the 2015 *15/15 Supporting Housing Initiative* continues, with new supportive housing developments being built throughout NYC (The City of New York Mayor Eric Adams, 2022). Whether the goal of 15,000 additional units by 2030 is met or whether their addition would meet the need for supportive housing by 2030 has yet to be determined.

New York City Mayor's Plan

To address the economic changes of recent years and the increasing needs of those living in NYC, the Adams administration released a blueprint for addressing housing and homelessness in the city, outlining policies and strategies for the following five housing pillars: (1) transforming NYCHA; (2) addressing homelessness and housing instability; (3) creating and preserving affordable housing; (4) improving the health and safety of NYC residents; and (5) reducing the administrative burden (Office of the Mayor of New York City, 2022). First, to transform NYCHA, the Adams administration seeks to transform service delivery by leveraging new partners and resources to address capital needs as well as by allowing NYCHA residents to be heard and be a part of the decision-making process (The City of New York Mayor Eric Adams, 2022). For example, the administration plans to allow onsite property management teams to handle resources and decision making with sufficient oversight by central management,

thus moving away from central management maintaining sole power over resource allocation and decisions made at the local level (The City of New York Mayor Eric Adams, 2022). The overall goal is to streamline needs and ultimately reduce the waitlist for public housing (The City of New York Mayor Eric Adams, 2022).

Second, to address homelessness and housing instability, the Adams administration seeks to further integrate government agencies, improve shelter conditions and services, and improve access and transition to permanent housing (The City of New York Mayor Eric Adams, 2022). For example, the Adams administration plans to hold all agencies accountable for the homelessness crisis in NYC; to do so, it seeks to centralize shelter data from all four shelter providers (i.e., DHS, HRA, HPD, and DYCD) (The City of New York Mayor Eric Adams, 2022). Currently, the city uses DHS shelter data to track homelessness, while the other shelter-providing agencies have their own methods of tracking homelessness and reporting; all of this hinders research and policy efforts (The City of New York Mayor Eric Adams, 2022). Another example is the Adams administration's plan to expand the number of Safe Haven and Stabilization beds to 4,000 by 2024 by investing an additional \$171 million in shelter services; this would reduce unsheltered homelessness as such beds are often preferred over traditional shelter setting (Simone, 2022; The City of New York Mayor Eric Adams, 2022).

Third, to create and preserve affordable housing, the Adams administration seeks to accelerate and increase new affordable housing developments as well as improve housing stability for renters throughout NYC (The City of New York Mayor Eric Adams, 2022). For example, the Adams administration plans to increase the number of smaller units within upcoming affordable housing developments, thus providing more options for single adults looking for affordable living in NYC (The City of New York Mayor Eric Adams, 2022). The

administration noted the difficulty faced by single adults in finding independent and solo living, as most affordable housing units are two-, three-, or four-bedroom units and ultimately out of reach (The City of New York Mayor Eric Adams, 2022). Given rising rents, adding smaller units would allow more families the opportunity to obtain appropriate accommodations as single adults would not have to rely on roommate situations to qualify and take multibedroom units (The City of New York Mayor Eric Adams, 2022). Another example is that the Adams administration plans to convert vacant hotels into affordable housing and supportive housing, which was recently made easier by the signed state legislation S.4937C/A.6262B (New York State Governor's Press Office, 2022; The City of New York Mayor Eric Adams, 2022).

Fourth, to improve the health and safety of NYC residents, particularly those who are low-income and homeless, the Adams administration seeks to improve housing to withstand climate changes (The City of New York Mayor Eric Adams, 2022). For example, it plans to address illegal basement apartments, which are often occupied by low-income and immigrant individuals and families (The City of New York Mayor Eric Adams, 2022). During extreme weather, these illegal basement apartments flood, causing severe damage that can lead to homelessness and unnecessary deaths due to a lack of safety exits (The City of New York Mayor Eric Adams, 2022). The Adams administration has acknowledged the difficulty in addressing this issue and formally requested New York State legislatures to make statutory changes (The City of New York Mayor Eric Adams, 2022).

Lastly, to reduce the administrative burden, the Adams administration seeks to improve access to affordable housing, rental subsidies, and public assistance for many low-income and homeless individuals and families (The City of New York Mayor Eric Adams, 2022). For example, the administration plans to reduce the eligibility constraints for supportive housing, as

many who qualify are often burdened by additional clinical assessments aimed at validating their needs (The City of New York Mayor Eric Adams, 2022). In addition, the administration seeks to eliminate clinical assessments where other forms of evidence are already available, which would reduce administrative delays and improve the pipeline from shelter to supportive housing (Office of the Mayor of New York City, 2022). Another example of an effort to reduce the administrative burden is the streamlining of the income verification process for affordable housing lotteries. This process often take more than 6 months, leaving homeless and at-risk individuals and families fixed within their negative living situations (The City of New York Mayor Eric Adams, 2022).

Sanctuary City: Asylum Seekers

NYC has long been a hub for immigrants, refugees, and asylum seekers due to its linguistic and cultural diversity, with many such individuals having relatives and other contacts already living in the city. As such, NYC has dedicated resources to assisting incoming migrants, such as the Mayor's Office of Immigrant Affairs (MOIA), which started with the administration of Ed Koch in 1986 (Sanders, 2021). Efforts to support undocumented residents included the issuance of identification cards, allowing them to provide city residence identification without having to carry around their immigration paperwork (Sanders, 2021). Additionally, to restrict federal intervention and deportations, the NYC Council enacted one of the nation's strictest detainer policies in 2014. The policy restricts local law enforcement to only detaining undocumented migrants for 48 hours if they have committed a violent crime and have been deported prior or are suspected of terrorism (Sanders, 2021). This policy effectively ended the prison-to-ICE pipeline, thus further solidifying the city's status as a sanctuary city (Sanders, 2021).

This status has encouraged migrants to flock to NYC and other sanctuary cities across the country, prompting concerns regarding the city's capacity and current needs of the homeless and at-risk populations. Since the surge of asylum seekers from the southern borders, NYC has officially violated the agreement set forth by *Callahan v. Carey* and run out of shelter space. This is a serious issue that affects the welfare and wellbeing of not only asylum seekers but also many NYC residents who have been struggling for months or years to acquire stable housing (Brand, 2022). According to its latest blueprint, the Adams administration seeks to address the influx of asylum seekers and their needs by having MOIA and the city's Chief Housing Officer develop a workgroup of multiple agencies to identify solutions and continue to streamline immigration, shelter, and housing processes (The City of New York Mayor Eric Adams, 2022). This is a plan that will take time to develop and bear fruit, while the needs of homeless, at-risk, and migrant communities will remain.

Implications

The findings from the existing literature indicate a common theme—insufficient actions have been taken to support the growing population of homeless and poverty-stricken people in the U.S.. Historically, the limited policies and approaches aimed at helping these communities have only superficially addressed the issues and left the root causes unaddressed, such as mental health challenges, drug use, and generational wealth inequality. Efforts made in NYC have moved in the right direction; however, they continue to fall short due to existing bureaucratic barriers and a lack of state and federal support (Simone, 2022). Furthermore, laws and policies are developed by individuals who often have their own perceptions and agendas. Understanding and exposing these perceptions may attract further support for comprehensive policies that address the stigma and barriers faced by homeless and at-risk people (Murphy & Eghaneyan,

2018). Therefore, it is crucial to gather primary data on the homeless population's perceptions of the effectiveness of existing homelessness policies in NYC and the impact of societal stigma on their lives.

Impacts of Pandemics

1918 Influenza Pandemic

Public health emergencies and disasters often first—and most severely—impact vulnerable populations, especially the homeless population. This is because individuals and families within this population have limited access to resources and personal space; moreover, medical and mental health issues are prevalent among them; thus, members of this population are less likely to be prepared for a crisis (Gin et al., 2022). Historically, disaster and emergency response measures have overlooked the diverse and unique needs of homeless and poverty-stricken communities, often leaving millions of Americans disproportionately exposed to the various dangers associated with public health emergencies and disasters. For instance, the 1918 influenza pandemic infected 20–30% of the world population and led to approximately 50 million deaths worldwide, including an estimated 675,000 Americans (Nichols et al., 2020). The pandemic occurred in three waves: It struck the U.S. from the spring of 1918 to the spring of 1919, with the deadliest wave occurring during the fall of 1918 (Nichols et al., 2020; Roberts & Tehrani, 2020).

In cities throughout the country, emergency responses included directives to wear masks, stay at home, and distance oneself from infected people, which in theory should have been effective. However, due to the rate of homelessness and overcrowded conditions in many homes at the time, many of those who were infected and died came from marginalized groups, such as African Americans, Indigenous peoples, immigrants, and the poor and homeless (Nichols et al.,

2020). In addition to emergency management protocols being prematurely relaxed due to complacency, the spread and intensity of the virus was largely attributed to the poor conditions that marginalized communities faced throughout the country (Navarro & Markel, 2021; Roberts & Tehrani, 2020). The lack of sanitation and clean water and the prevalence of overcrowded living conditions increased the lethality of the virus, thus serving as a historical warning of what can happen to the larger community when the most vulnerable are not supported (Roberts & Tehrani, 2020).

COVID-19 Pandemic

Public health emergencies and disasters are becoming increasingly common. The ongoing global COVID-19 pandemic has resulted in social, economic, and political disruption on a global scale as well as negatively impacted millions of households and businesses (Benavides & Nukpezah, 2020; Shi et al., 2020). As in the 1918 influenza pandemic, homeless and poverty-stricken communities within the U.S. have been disproportionately impacted by the COVID-19 pandemic (Babando et al., 2022; Perri et al., 2020; Sharma et al., 2021; Wiessing et al., 2021). In addition to lacking resources and being unable to socially distance, chronically homeless people frequently experience severe health issues, such as tuberculosis, HIV/AIDs, asthma, and bronchitis. As a result, their mortality rate is 5–10 times higher than that of the general population, which has made them extremely susceptible to contracting the virus, developing severe symptoms, and experiencing fatal consequences (Wiessing et al., 2021).

However, in contrast to the 1918 influenza pandemic, responses from local and state governments for aiding the homeless population have been effective despite the challenges of the COVID-19 pandemic. For instance, the city of Dallas anticipated that there would be a significant increase in the need for housing assistance due to the pandemic. Therefore, it

collaborated with various levels of government and nonprofit organizations, including shelter providers, to develop the Rental/Mortgage Assistance Program (Benavides & Nukpezah, 2020). The program began accepting applications in May 2020 and rapidly rehoused 300 homeless individuals by October 2020, which may not seem like a high number compared with the level of need, but it is still indicative of success; this program has streamlined the housing process and could be used by other local and state governments (Benavides & Nukpezah, 2020).

Similarly, other local governments have developed innovative strategies for aiding homeless populations and limiting the spread of the virus. Examples include the use of empty hotels in NYC, dorm rooms in Boston, and trailers in Los Angeles to temporarily house homeless people, and the creation of handwashing stations and portable bathrooms in Atlanta for those unable to access shelters (Benavides & Nukpezah, 2020; Dzigbede et al., 2020). Despite the lack of consistent and clear support from the federal government, the responses of local governments during these challenging times have been indicative of both their capabilities and the importance of a unified national response (Dzigbede et al., 2020).

Notably, a unified national response is critical for ensuring effective emergency management. Given the vulnerabilities of the homeless population, their unique and diverse needs must be considered in the development, implementation, and evaluation of the emergency management process (Babando et al., 2022; Blumenshine et al., 2008). Without the ability to anticipate the needs of the homeless and other vulnerable communities, public health crises are likely to persist, leading to unmanageable infection and mortality rates and undue strain imposed on safety nets such as emergency medical services (Gin et al., 2022). During the COVID-19 pandemic, these anticipated issues became a reality as infection rates continued to rise and medical systems throughout the U.S. were overwhelmed with patients. Despite the dedicated

efforts of many, including local governments, the impact of the pandemic has been severe; therefore, academics and practitioners must bridge the gaps in understanding and action as well as develop a comprehensive plan that addresses all systemic deficiencies and calls for a proactive plan of action from all stakeholders. At its core, based on the efforts of local and state governments, effective emergency management requires active, multisector collaboration and communication between government, private, and nonprofit stakeholders, as well as members of the public (Gin et al., 2022). Such initiatives must include members of vulnerable communities, including the homeless population, as their transient characteristics often complicate efforts to communicate with and assist them (Babando et al., 2022).

New York City's Response to the COVID-19 Pandemic

In response to the COVID-19 pandemic, city officials and community-based organizations worked more closely to address the needs of at-risk and homeless individuals. For instance, harm reduction efforts were modified as clinics closed due to shutdowns and increased viral transmission. Methadone delivery with the distribution of naloxone kits was conducted in isolation sites, homes, and congregate setting shelters within the Bronx, Brooklyn, Queens, and Manhattan (Harocopos et al., 2021; Nichols & Mays, 2021). This kind of service delivery was made possible due to relaxed federal regulations on methadone provisions, allowing DOHMH, New York State's Office of Addiction Services and Supports (OASAS), and the Coalition of Medication-Assisted Treatment Providers and Advocates to collaborate and continue tackling another critical public health crisis that often impacts the homeless and at-risk communities (Harocopos et al., 2021). Despite the shift in service delivery, methadone delivery services were developed due to the pandemic, and researchers and homeless advocates are now pushing for them to become a permanent solution; in addition, they are pushing to increase harm reduction

services throughout the city as overdose prevention needs remain urgent among the homeless and at-risk (Harocopos et al., 2021; Simone, 2022).

Moreover, outreach efforts ramped up at the height of the COVID-19 pandemic, with the city prioritizing end-of-the-line subway stations, where many unsheltered individuals seek refuge (Nichols & Mays, 2021). In January 2022, Governor Hochul announced the intent to issue state funds to dispatch Safe Options Support (SOS) teams to support existing outreach efforts—a historic shift as the state left outreach funding up to the city government (Simone, 2022). Furthermore, the Adams administration released its Subway Safety Plan to more effectively connect with the unsheltered community; however, these efforts included the use of law enforcement, which has been proven to be a negative experience for both outreach workers and members of the unsheltered community (Simone, 2022; The City of New York Mayor Eric Adams, 2022). Advocates have argued that law enforcement interventions often hinder trust being built by outreach workers, and that the focus on expanding outreach teams without expanding preferred temporary housing options (e.g., Safe Havens and stabilization beds) will not reduce street homelessness, but simply only shift it around (Simone, 2022).

As for the shelter system, the NYC Department of Health and Mental Hygiene (DOHMH) developed the Congregate Settings Investigation and Response Unit to identify positive cases among shelter residents and staff, as well as to support the implementation of isolation and quarantine recommendations (Nichols & Mays, 2021). This unit worked with DHS and other shelter providers to rearrange beds, limit room capacities, and limit gatherings (Nichols & Mays, 2021). Additionally, the city arranged the use of vacant hotel rooms and psychiatric units within hospitals to reduce the burden on shelters and increase isolation and quarantine efforts (Dzigbede et al., 2020; Simone, 2022). However, due to public outcry and the not-in-my-

backyard movement, the De Blasio administration prematurely reverted back to congregate settings in summer 2021, prompting litigation from homeless advocates, including the Coalition for the Homeless (Simone, 2022). This litigation resulted in DHS being forced to improve and streamline its reasonable accommodation process and work to ensure that those with medical conditions are removed from congregate settings (Simone, 2022). However, despite the work to improve conditions for shelter residents, issues remained and many contracted the virus (Simone, 2022). According to DHS data, as of March 2022, there had been 7,614 confirmed cases within the shelter system, with 121 individuals succumbing to the virus (Simone, 2022). Advocates note that these numbers underrepresent the real impact of the COVID-19 pandemic on the homeless population, as many unsheltered cases and deaths have gone unreported (Simone, 2022).

Implications

Responses to and the impact of the current COVID-19 pandemic are indicative of the country's lack of preparation for public health emergencies and disasters. In 2005, the U.S. Department of Health and Human Services (HHS) developed the Pandemic Influenza Plan, which provided guidelines to state and local governments and community organizations on how to navigate public health crises (Blumenshine et al., 2008). Although it was modified in 2017, this plan has failed to adequately address social disparities in exposure, side effects, vaccinations, and treatments (Blumenshine et al., 2008; U.S. Department of Health and Human Services, 2017). Instead, it is the efforts at the local level that have allowed many within the homeless and at-risk communities to survive. Additionally, despite the prevalence of public health emergencies and disasters, academic attention to their impact on homeless people has been fairly limited despite the well-established vulnerability of this population. Furthermore, available studies on the relationship between the federal government and the homeless population in times of crisis

are even more limited. This is problematic as continued failure to better understand this dynamic relationship may further stall critically needed progressive changes. Therefore, it is necessary to gather primary data on the impact of the COVID-19 pandemic on the homeless population and perceptions of the government's response thus far.

Summary

This chapter has highlighted the significant issues that face the homeless population in this country. There have been two periods of mass homelessness in U.S. history, with the second starting in the 1980s and continuing to the present day (Beharry & Christensen, 2020). Despite these periods being identified in the literature, the magnitude of the homelessness crisis has yet to be determined. The key takeaways from this chapter are as follows:

- Homelessness data have been both under- and-overreported, causing confusion for policymakers and academics alike (Beharry & Christensen, 2020; Link et al., 1994).
- Historical and contemporary policies have failed to address the root causes of homelessness.
- Local governments have historically been at the forefront of addressing the homelessness crisis and, if given the adequate resources and support from the federal government, the likelihood of the homelessness crisis being successfully addressed would significantly increase.
- The lack of concerted efforts at the federal level during disaster preparedness and emergency planning will continue to cause disproportionate damage to the homeless population.

Until these issues are addressed, the lifetime prevalence of homelessness and housing insecurity in society will continue. Despite what is already known, gaps remain within the

existing literature. Therefore, this study sought to improve the existing literature by filling in some of these gaps. In the next chapter, the research design employed and the steps followed to conduct this research study are presented in detail.

CHAPTER THREE: METHODOLOGY

Overview

This chapter provides an overview of this research study's methodology, which include the research design, research questions, setting, participants, procedures, the researcher's role, data collection and analysis, trustworthiness, and ethical considerations. First, in the research design section, the methods and techniques chosen are described and justifications for their selection are provided. Second, the research questions are restated for reference. Third, the research study's setting, participants, procedures, and researchers' role are briefly explained. Fourth, in the data collection and analysis sections, descriptions of where the data were extracted from, the tools used, and how the data were analyzed are provided. Fifth, the issue of trustworthiness is reviewed, including credibility, dependability, confirmability, and transferability. Sixth, in the ethical consideration section, a brief overview of the steps taken to ensure confidentiality is explained. Finally, a brief summary of all of the topics discussed throughout the chapter is provided.

Research Design

To obtain an enhanced understanding of homelessness and its relationship with public health emergencies, it is vital to use multiple lenses to bring the homeless experience into focus (Finfgeld-Connett, 2018). This study sought to contextualize the experience of homelessness and to clarify and validate the diverse situational circumstances that are prevalent among homeless people in the U.S. (Finfgeld-Connett, 2018). To this end, a secondary data analysis was conducted of both open-source government data as well as primary research data collected by the Coalition for the Homeless. To supplement the data from the secondary data analysis, 10 semistructured interviews were conducted with community providers from various backgrounds

to capture their different professional experiences of serving the homeless and at-risk population. This enabled an analysis of commonalities and differences in their experiences to more accurately understand the current climate and the development of effective solutions. The following subsections explain and provide theoretical justifications for the selected research methods.

Secondary Data Analysis

Secondary data analysis is an established methodology in social research that analyzes preexisting primary data (Goodwin, 2012). Furthermore, secondary data analysis allows the researcher to use preexisting primary data to study a specific problem despite the fact that they were collected for other purposes (Goodwin, 2012). This research method can adopt one of the following three main modes: (1) formal data sharing, (2) informal data sharing, and (3) auto-data. This study used formal data sharing (Goodwin, 2012), which involves the use of primary data that have been made available for public use (Goodwin, 2012).

Although secondary data analysis is a flexible tool, researchers may fall victim to certain vulnerabilities when conducting secondary analysis research. These vulnerabilities stem from questionable research practices, such as inflation bias (also known as p-hacking), where a researcher selectively reports statistically significant results gained through questionable means (Baldwin et al., 2022; Head et al., 2015). Another questionable research practice that can damage the integrity of secondary data analysis is selective reporting, where a researcher purposefully underreports all of the data found during their research study (Baldwin et al., 2022). Both inflation bias and selective reporting can stem from apophenia, which is the tendency to see connections or patterns in unrelated data, and from confirmation bias, which is where a researcher focuses on data and results that align with their beliefs (Baldwin et al., 2022).

Additionally, researchers could write their hypotheses after obtaining their research results. This practice stems from hindsight bias, which can cause a researcher to justify their logic and unethical actions (Baldwin et al., 2022). These forms of cognitive biases can hinder the integrity of any research study; thus, mindfulness remained at the forefront of this research study.

Semistructured Interviews

In qualitative research, interviews are often used as a tool for gathering verbal accounts and capturing physical cues to obtain an enhanced understanding of a societal issue and social life (Taylor et al., 2016). Since this study focused on the growing homelessness phenomenon and the impact of the COVID-19 pandemic, a semistructured interview format was used as it is dynamic and flexible enough to allow conversations to occur; moreover, it enables participants to feel more at ease when answering questions that may warrant deep reflection and result in an emotional response (Taylor et al., 2016). Similarly, allowing the conversation to flow organically resulted in additional topics being discussed that may have not been addressed if a rigid approach had been used.

Although versatile and appropriate for this research study, conducting the interviews was challenging for several reasons. First, the researcher needed to employ regular mindfulness of personal bias and maintain the consistent use of a reflexive stance, thus requiring more conscious efforts, which is often challenging when managing a study; however, it was a necessary effort that was consciously made throughout the research process (Harrison et al., 2017; Taylor et al., 2016). Like personal bias, subjects may be unwilling to share complete versions of their experiences due to fear of stigma or the preconceived notions of researchers as well as the potential for their personal information to be mishandled and exposed. To effectively address this issue, the researcher fully disclosed the research study during the recruitment process and

stressed the importance of voluntary but active participation. Another challenge was the generalizability of interviews, which refers to the descriptive representation of the sample relative to the population being studied (Timulak, 2014). When studying phenomena, multiple subgroups are often involved, which increases the scope of the study and can make it unmanageable, prompting the omission of certain groups. This research study focused on one specific subgroup within NYC's workforce, which not only allowed for a more in-depth approach but also for differences to be more effectively identified and addressed. The results were generalizable and useful for understanding the homeless crisis from a national viewpoint.

While interviews can be challenging and time-consuming, the data collected through this approach are unmatched. Similar to case studies, this flexible research design provides opportunities for researchers to study complex and unique perspectives within a real-life context (Riazi, 2016; Thomas, 2011). It is understood, however, that studying homelessness and the effects of public health emergencies on the homeless population requires significant effort, as an understanding of their realities cannot be adequately described by quantifiable data, which is often more easily acquired. Speaking directly with diverse members of the city government/social service population and asking probing questions was the only way to accurately understand the challenges that service providers and homeless individuals face daily; therefore, semistructured interviews were the most appropriate choice for this study. Combined with the analyzed findings from preexisting government data and primary research by the Coalition for the Homeless, this research design resulted in a comprehensive study that provided critical findings. The findings can be used for further study as well as policy development in NYC and throughout the U.S.

Research Questions

Research Question 1: Has the COVID-19 pandemic impacted the number of homeless individuals in NYC?

Research Question 2: Has the COVID-19 pandemic impacted funding for homeless individuals in NYC?

Research Question 3: Has the COVID-19 pandemic impacted the accessibility of services for homeless individuals in NYC?

Setting

For the secondary data analysis, all of the data points were sourced from publicly available data. As for the semistructured interviews, the original intent was to conduct them in person, however, due to COVID-19 restrictions, the setting of this study was completely online. To recruit the interview participants, community organizations specializing in homelessness prevention and/or funded to operate shelters were contacted via email for possible introductions, including the Coalition for the Homeless. Additionally, further networking and recruitment efforts were sought with the organization City Workers for Justice, which yielded 10 current and former service providers to offer their experiences in working with the homeless during the pandemic. Once recruited, the IRB stamped a consent form, which was then uploaded to DocuSign and sent to each of the 10 participants by email to review and electronically sign. Once their consent was obtained, the scheduled interviews were conducted through recorded Zoom web conferencing. To boost engagement among all participants, the creation of a safe space for open dialogue was prioritized, which included reassurances that the interviews were confidential and pseudonyms would be used within the completed manuscript.

Participants

For the semistructured interviews, this study included 10 participants from various community service and city worker backgrounds. To best capture the feedback of community and city workers who have had experience working with the homeless population during the COVID-19 pandemic, self-selection sampling was used. Self-selection sampling is an approach that allows participants to volunteer their participation as opposed to the researcher approaching participants directly (Sharma, 2017). The main benefit of this sampling approach is that it reduces the likelihood of participants choosing not to participate throughout the research process as self-selected participants initiate the contact in order to participate (Sharma, 2017). Due to self-selection, this research study was mindful of the potential inherent bias from participants as personal experiences may sway opinions on the research topic (Sharma, 2017). However, given the research's intent of collecting unfiltered feedback from those who experienced the pandemic, while simultaneously serving the homeless and at-risk populations of NYC, this sampling approach was ultimately deemed appropriate.

Procedures

For the secondary data analysis, since the data points were to be sourced from publicly available data, a review from Liberty University's institution review board (IRB) was not needed to proceed, however, IRB review and approval was needed for the semistructured interviews. Once approval was granted by Liberty University's IRB, the recruitment process for the interviews began. To do this, a digital flyer was shared among the City Workers for Justice platform on Instagram (see Appendix B). Those who were interested in participating in the research study reached out via direct messaging and were asked the questions on the flyer to ensure eligibility. Out of the 13 individuals who reached out to participate, only 10 were selected based on their experiences working with the homeless in NYC.

The Researcher's Role

As the human instrument in this study, my own personal and professional experiences connected me to the phenomenon studied as I have had experiences working with and interacting with both the homeless population and community organizations dedicated to working with the homeless and at-risk communities within NYC. Additionally, as someone who experienced the negative outcomes of the COVID-19 pandemic, the topic of homelessness and government response became more important. However, despite my own personal and professional beliefs, I came into this research study open-minded and ready to accept any and all results. As for previous connections with the participants, I have had no prior relationship nor connection with 9 out of the 10 interview participants. The only exception was one participant worked at an organization I used to work for, however, their experiences shared during the interview did not stem from that previous work experience.

Data Collection

One of the main benefits of qualitative research is the ability to acquire an in-depth knowledge of groups, processes, or industries (Rogelberg, 2015). However, the acquisition of such in-depth knowledge is heavily dependent on the quality of the data sources and the appropriateness of the data collection methods. Therefore, researchers must ensure that their data sources are relevant and accessible and that their data collection methods and techniques are appropriate and feasible. The following subsections provide an overview of the data sources and data collection methods and techniques used for both the secondary data analysis and semistructured interviews.

Secondary Data Analysis

Secondary data are present within most primary research studies because using existing information provides a foundation for understanding an active problem and identifying gaps within existing knowledge that need to be filled (Stewart & Kamins, 1993). To effectively answer the research questions, this research study gathered city government open-source data on homelessness in NYC, specifically data related to homeless individuals categorized by the city as single adults. These data were found within two government agency websites, namely those of (1) DHS and (2) the NYC Council. This study focused on data from FY19 to FY21 (and FY22-23 for the DHS budget) as it was crucial to examine data prior to the start of the COVID-19 pandemic up until the present day (summer 2022). Within the DHS database, the agencies DHS Dashboard Data Tables were pulled for FY19, FY20, and FY21 and the data related to single adults were extracted and put into tables. Within the NYC Council website, DHS preliminary budgets were pulled for FY21 and FY23 and the data related to single adults were extracted and put into tables.

In addition to city government open-source data, this research study also reviewed the primary research of the Coalition for the Homeless. This well-known NYC-based social service organization is the nation's oldest advocacy and direct service organization dedicated to helping homeless families and individuals (Coalition for the Homeless, n.d.-a). Each year, it researches various government agency data and interviews homeless individuals throughout NYC to contextualize the realities that quantitative data cannot thoroughly explain. For this study, the Coalition's State of the Homeless report for 2022 was pulled and reviewed for all data related to homeless single adults, including data on critical social services, such as shelters, psychiatric services, supportive housing, affordable housing, and homelessness prevention.

Semistructured Interviews

The collection of personal data is an integral part of qualitative research as it provides a context that cannot be readily described by quantifiable data, such as different perceptions of government assistance and its impact on personal situations (Heath et al., 2018). Therefore, interviews were selected as a research method for this study as they enabled the collection of diverse perspectives from different service providers within NYC society. Given the sensitivity of the phenomena being studied, efforts to build rapport with civil servants/social service providers specializing in homelessness prevention, such as shelter outreach workers and social workers, were prioritized. The focus on social service providers stemmed from the knowledge that members of the homeless population are often elusive due to their negative experiences with other members of society; thus, tapping into the professional experience of social service providers who were already engaged with the homeless population allowed for important qualitative data to be collected (Strehlau et al., 2017).

The questions asked were a mixture of open, closed, and probing questions, and the interview style followed a semistructured format to allow for additional data to be collected, such as thoughts, feelings, and beliefs (DeJonckheere & Vaughn, 2019). For the social service provider interviews, the question topics included (1) homelessness recidivism, (2) funding, (3) government awareness/support, and (4) worker perceptions on the access and availability of services (see Appendix A). The participants were provided with opportunities to express their general thoughts on any given topic, which yielded data that may not have previously been possible to obtain during the initial research design. The goal was to gather as much data as possible to obtain clear insights into the lives of those experiencing homelessness in NYC and

the U.S. Once gathered, the data from these interviews were then coded and analyzed for trends and outliers.

Data Analysis

A constructivist approach was adopted for both research methods, which involves the researcher monitoring their interpretations, constructions, and ongoing development of interpretations and constructions; thus, it was imperative to ensure that external and internal bias was minimized and that research validity was maintained (Maher et al., 2018). To this end, mindfulness and frequent debriefing sessions with the dissertation chair and reader were scheduled, which enabled potential biases to be identified and addressed (Maher et al., 2018). Additionally, to track changes in the data collection and analysis, a comprehensive audit trail was developed and maintained throughout the study (Maher et al., 2018; Paterson et al., 2001). This was prioritized during the coding of the research data as frequent changes were expected.

Coding

Once the semistructured interviews had been conducted, the data were coded using both inductive and deductive coding. The goal was to provide a more complete description of the phenomena being researched (Vanover et al., 2021). This coding scheme was developed in multiple steps: First, categories were developed based on the research questions, which enabled the data to be organized into relevant categories (Vanover et al., 2021). Second, once the deductive coding steps had been completed, inductive coding was undertaken; open coding was completed manually; and then, pattern coding was used to further develop themes (Paterson et al., 2001; Vanover et al., 2021). Subsequently, the codes from the deductive and inductive analyses were combined and integrated to conduct a more thorough analysis of the data and develop a deeper understanding of how they related to existing theories and assumptions

(Vanover et al., 2021). This process was time-consuming and required significant memoing and diagramming to ensure that steps and thought processes were in the final manuscript (Finfgeld-Connett, 2018; Paterson et al., 2001).

Trustworthiness

Due to the descriptive nature of qualitative research, it is imperative for qualitative researchers to establish trust with the readers (Stahl & King, 2020). Trust within qualitative research is subjective to the reader, however, there are several ways in which a researcher can build trust in their qualitative research study (Stahl & King, 2020). First, the researcher can seek to establish credibility, which is similar to internal validity in quantitative research (Shenton, 2004; Stahl & King, 2020). Second, the researcher can seek to establish dependability, which is similar to reliability in quantitative research (Shenton, 2004). Third, the researcher can seek to establish confirmability, which is similar to objectivity in quantitative research (Shenton, 2004). Fourth, the research can seek to establish transferability, which is similar to both external validity and generalizability in quantitative research (Shenton, 2004). When all four criteria are established, trustworthiness within the qualitative research study is strengthened.

Credibility

Credibility in qualitative research is a construction that is subjective to the researcher and the reader (Stahl & King, 2020). Similar to internal validity, which seeks to ensure that measures and testing used are consistent and that results are reflective of the studied group, credibility seeks to establish how the reported findings relate to the reality of the studied topic (Shenton, 2004; Stahl & King, 2020). To do this, this study used data triangulation to establish identifiable patterns between the perspective of those experiencing homelessness and those who work to serve them (Shenton, 2004; Stahl & King, 2020). This study used government reported data,

homelessness research conducted by the reputable Coalition for the Homeless, and conducted interviews with various community and city workers who have had experiences working with the homeless and at-risk populations during the COVID-19 pandemic. Additionally, this study included detailed descriptions of both the homelessness and pandemic phenomena within the U.S., which provides readers additional context to consider when reviewing this study's results. This study also included reflective commentary as personal and professional biases have the potential to influence research studies. It was made clear that personal and professional biases were frequently considered and open-mindedness was routinely used.

Dependability

Within quantitative studies, establishing reliability meant showing that if similar context, methods, and participants were used in subsequent studies, the results would be similar, however, this is not necessarily feasible within qualitative studies as qualitative studies seek to develop deeper understandings of different phenomena within the human story, which is subjective (Shenton, 2004). However, despite the limited possibility of replicating a qualitative research study, dependability can be established if detailed and critical descriptions are given of how the research study was planned and executed, including how the data points were gathered (Shenton, 2004). This research study included a critical description of the research design and methods used, as well as how the various data points were gathered and how they all answer the research questions within, either directly or indirectly.

Confirmability

Confirmability is similar to objectivity in quantitative studies as it seeks to reduce biases and to show that through detailed descriptions of all steps involved (Shenton, 2004). Therefore, for qualitative research, confirmability is one of the hardest criteria to meet due to the tools used

being developed by the researcher (Shenton, 2004). To best establish confirmability, this research study used data triangulation to reduce investigator bias; the sources came from publicly available data, direct interviews from the homeless and direct interviews from community and city workers. Additionally, this research study documented potential personal and professional biases and how deep reflection was used throughout to maintain open-mindedness.

Transferability

Transferability within qualitative studies can be difficult as qualitative studies cannot be replicated as would a quantitative study, therefore, providing a detailed background on the research is topic is imperative, which was provided within this research study (Shenton, 2004; Stahl & King, 2020). Additionally, a detailed description of design, methods, participants, setting, procedures, and analyses was provided to give readers and other researchers additional context; not for the sake of replication, but for the sake of further study and the expansion of the human story (Shenton, 2004; Stahl & King, 2020).

Ethical Considerations

Prior to the start of the interview process, all interview participants were given IRB approved consent forms to sign electronically. As stipulated in the consent form, confidentiality was maintained throughout the process. All interview participant identities were kept confidential and during the Zoom interview, they were also given the option of keeping the camera off. To further protect their identities and their shared experiences, all collected data has been kept in a password protected folder, within a password protected laptop. Additionally, within this report, pseudonyms were used and no identifiable information was shared.

Summary

This chapter has described the research design, highlighting its appropriateness to the overall study, as well as the potential and experienced challenges, including external and internal biases. Keeping mindfulness at the forefront of this study, the secondary data analysis was conducted and various publicly available government data, ranging from shelter census to various budget allocations, were analyzed. Additionally, the secondary data analysis involved analyzing prior research conducted by the Coalition for the Homeless, which included interviews with homeless individuals willing to share their experiences. Furthermore, to supplement the secondary data analysis, this study conducted 10 semistructured interviews with individuals who had experience of working with the homeless population in various capacities. These interviews were transcribed and manually coded using deductive coding followed by inductive coding, revealing the themes that are discussed in Chapters 4 and 5.

CHAPTER FOUR: FINDINGS

Overview

This chapter presents the findings of this research study. The first section provides a description of the 10 semistructured interview participants under their pseudonyms. The second section presents the findings from the secondary data analysis, which included a review of New York City's publicly available data, as well as the qualitative interviews with the city's homeless population conducted by the Coalition for the Homeless. The third section presents the findings from this research study's original research, which includes the 10 qualitative interviews with individuals who have had experience working with the homeless population in various capacities throughout New York City. This chapter culminates with answers to the three research questions and a brief summary of all the findings discussed throughout this chapter.

Participants

In this next section, a brief background of each participant is provided under pseudonyms and pronouns that may or may not match the original interviewees' identity in an effort to maintain confidentiality.

Bobby

Bobby began his work with the homeless population in 2019, where he worked as a licensed clinical supervisor at a large family shelter. Since then, he has transitioned to a youth homeless drop-in center overseeing mental health programming and social worker programs.

Celeste

Celeste worked within the DHS administration assisting executives with projects and initiatives aimed at helping the single adult, young adult, and transgender homeless communities. During the pandemic, she assisted with street outreach initiatives as well.

Jamie

Jamie had worked as a homeless healthcare provider for the past 2 years.

Charlie

Charlie worked within the city's initiative to provide meals to families and individuals struggling to find food during the pandemic. He and his team expanded the summer meals program at public schools to allow non-youth individuals to be able to receive a "Grab n Go" meal with no questions asked. In addition, Charlie and his team used out-of-work taxi drivers to deliver meals to individuals who were unable to reach pantries and soup kitchens during and after the city shutdown. At one point, over 1 million meals were delivered a day.

Bernice

Bernice began their experience with the homeless population as a volunteer at the Grand Central food program and soon transitioned into social work. As a social work intern, they worked at a transitional shelter that served homeless individuals with mental illnesses and substance use disorders. Then, they transitioned to street outreach before finally managing a city-funded program that offered mental health services to homeless individuals struggling with mental health concerns.

Carol

Carol worked as a DHS administrator, overseeing shelters within NYC and ensuring that they meet compliance standards.

Malinda

Malinda worked within the criminal justice system as a case manager specializing in working with individuals with criminal histories, mental health concerns, and substance use

addictions. Malinda worked to connect them to services, such as shelters, transitional housing, and mental health providers.

Steven

Prior to the start of the pandemic, Steven worked as a program director for an SRO housing building, which housed individuals living with HIV and AIDS. More recently, Steven had worked as a contact tracer and interacted with individuals who were homeless and unstably housed.

Taylor

During the pandemic, Taylor was a clinical supervisor at a women's shelter overseeing a team of MSW social workers. Since then, Taylor had transitioned to a substance use clinic servicing many individuals experiencing homelessness.

Elaine

Elaine specialized in overdose prevention research and had worked with individuals within the homeless population experiencing substance use concerns.

Results

Secondary Data Analysis

Government Data: DHS Shelter Data

On a daily basis, DHS makes daily census data available for all of its funded shelters in NYC. These data are then analyzed and converted into monthly and yearly data, which are released on a quarterly basis, but this has been noticeably slower since the COVID-19 pandemic began. Table 1 presents the yearly count of homeless single adults seeking shelter within the DHS shelter system.

Table 1*Yearly Shelter Census for Single Adults Based on the Average Daily Census*

Single Adults	FY19	FY20	FY21
Men	11,659	12,314	13,572
Women	4,388	4,552	4,531
Total	16,048	16,866	18,103

Note: Sourced from the New York City Department of Homeless Services Data

Dashboard for Fiscal Years 2019, 2020, and 2021¹.

For single male adults, the data indicated a 6% increase in shelter stays from FY19 to FY20 and another increase of 10% from FY20 to FY21. These figures are similar to those for single female adults, for whom the data indicated a 4% increase in shelter stays from FY19 to FY20; however, a slight decrease of 2% occurred from FY20 to FY21. These census changes could be attributed to the efforts of Homebase enrollments and Supportive Housing placements.

Table 2 presents the reported Homebase enrollments for FY19, FY20, and FY21:

Table 2*Total Homebase Enrollments*

Prevention	FY19	FY20	FY21
Homebase Enrollments	29,581	27,908	26,169

¹ This table only reflects homeless single adults who have been registered and tracked within the DHS shelter system. It does not include the number of unsheltered single adults or single adults who may be transient or temporarily living at residences that are not their own.

Note: Sourced from the New York City Department of Homeless Services Data Dashboard for Fiscal Years 2019, 2020, and 2021².

These data indicate consistent drops in enrollments with each passing fiscal year. From FY19 to FY20, a drop of 6% occurred; from FY20 to FY21, a drop of 6% occurred; and since FY21, there has been a possibility of another drop in Homebase enrollments. Table 3 presents the total placements of sheltered homeless single adults into supportive housing within NYC:

Table 3

Single Adult Shelter Exits to Supportive Housing

Supportive Housing	FY19	FY20	FY21
Placements	1,738	1,359	1,228

Note: Sourced from the New York City Department of Homeless Services Data Dashboard for Fiscal Years 2019, 2020, and 2021³.

Similar to the Homebase data, these data indicate consistent drops in placements. From FY19 to FY20, a drop of 22% occurred, while from FY20 to FY21, a drop of 10% occurred. The major takeaways from Tables 1–3 are that despite the increase in single adult homelessness in NYC shelters, Homebase enrollments decreased; while the reason for this is unclear, the housing crisis in NYC has clearly been steadily increasing and the capacity within the shelter system has

² This table reflects total Homebase enrollments, which include adult families and families with children. This table does not distinguish whether enrollment numbers only included homeless individuals and families, as Homebase assists individuals and families who are experiencing housing instability.

³ This table reflects total Homebase enrollments, which include adult families and families with children. This table does not distinguish whether enrollment numbers only include homeless individuals and families, as Homebase assists individuals and families who are experiencing housing instability.

reached historic levels. Similarly, shelter exits to supportive housing have decreased, which could be explained by the lack of available supportive housing units as well as long delays. Said delays stem from bureaucratic policies, pandemic-related government slowdowns, and fluctuations in funding.

Government Data: DHS Funding

Each year, and after much negotiation between the Mayor’s office and the City Council, the Council releases the adopted and proposed budgets for each city agency. For this study, the adopted budget FY21 was reviewed along with the proposed budget for FY23. Data points for FY19, FY20, and FY21 were sourced from the FY21 budget and FY22 and FY23 data points were sourced from the FY23 proposed budget. Due to FY22 and FY23 data not being actual funding numbers, these data points are highlighted in blue in Tables 4 and 5:

Table 4

Adult Homeless Service Budget (in Thousands \$)

Adult (FY Budget)	FY19 (Actual)	FY20 (Actual)	FY21 (Actual)	FY22 (Adopted)	FY23 (Proposed)
Adult Shelter Administration & Support	11,567	9,935	9,075	10,238	7,858
Adult Shelter Intake and Placement	10,121	10,308	10,245	11,932	7,567
Adult Shelter Operations	767,142	825,588	770,803	679,853	829,263

Note: Sourced from New York City’s City Council Executive Budget Hearing Reports for Fiscal Years 2021 and 2023.

Table 5

General Homeless Service Budget (in Thousands \$)

General (FY Budget)	FY19 (Actual)	FY20 (Actual)	FY21 (Actual)	FY22 (Adopted)	FY23 (Proposed)
General Administration	84,978	223,696	1,024,088	86,707	59,831
Outreach, Drop-in, and Reception Services	101,973	117,135	138,593	218,319	300,946
Prevention and Aftercare	57	1,569	3,886	12	4,750
Rental Assistance and Housing Placement	22,566	17,619	13,747	7,912	2,954

Note. Sourced from New York City's City Council Executive Budget Hearing Reports for Fiscal Years 2021 and 2023.

As Tables 4 and 5 indicate, there have been across-the-board fluctuations in available funding for various homeless services. For example, Adult Shelter Operations increased from FY19 to FY20 by over \$58 million dollars; however, funding for this service decreased in FY21 by almost \$55 million dollars. These fluctuations might continue as funding dropped in the adopted budget of FY22 but increased in the proposed budget of FY23. Drastic changes were seen for General Administration, which saw an increase of over \$138 million dollars from FY19 to FY20, and then another significant increase of over \$800 million dollars from FY20 to FY21. However, from FY21 to FY22, a decrease of over \$937 million dollars occurred, followed by a decrease of almost \$27 million dollars from FY22 to FY23. Drastic changes were also seen for prevention and aftercare services, as there was an increase of over \$1.5 million dollars from FY19 to FY20, and another increase of over \$2.3 million dollars from FY20 to FY21. However, like the changes with General Administration, there was a decrease of over \$3.8 million dollars from FY21 to FY22, but an increase in the proposed FY23 budget of \$4.7 million dollars.

From the NYC funding data, the major takeaway is that despite the increases in homelessness, housing insecurity, and asylees seeking refuge, funding dedicated to homelessness and homelessness prevention has not been consistent. Furthermore, based on the various decreases from the proposed budget for FY23, these critical public policy issues may continue to be negatively impacted.

Coalition for the Homeless Data

Social Services

Access to Quality Shelters. While NYC is a right-to-shelter city, it has been reported that the shelter system is not always a viable choice for individuals seeking shelter. According to the Coalition for the Homeless, unsheltered individuals reported their hesitance to re-enter the shelter system due to their needs not being met (Simone, 2022). Below, direct quotes from homeless individuals interviewed by the Coalition for the Homeless are provided:

I used to sleep unsheltered on the streets, subways, and elsewhere, although not recently. I wish I would've had constructive outreach done to offer me access to Safe Havens and stabilization beds as well as restroom access rather than being criminalized as a homeless person in lieu of housing assistance. (Simone, 2022, p. 11)

Being a womxn, one is safer blending in. Outreach workers never recognized me as being unsheltered. Every time we passed each other at the E train's World Trade Center subway stop, they always went after other people, ones who stood out as being unsheltered and were not trying to blend in. They also were not trying to go into shelter. Yet those of us trying to find safety, fleeing from abusers, and seeking help, kept being turned away from social workers who didn't have housing

resources, cops because an assault happened over 2 hours earlier, or case workers because we didn't look like the right fit. (Simone, 2022, p. 9)

Homelessness by itself is horrible, but gets even worse when you have mental and physical disabilities. The conditions are horrible. While I am happy to have a place to rest my head, there are just too many things wrong with the system. People with disabilities go through hell in the system. (Simone, 2022, p. 25)

According to the Coalition's research, unsheltered individuals who are unwilling to enter the congregate shelter system are often more willing to take Safe Havens or stabilization beds, as these options have low barriers and are generally safer (Simone, 2022). From End of Line Outreach completed between May 2020 and January 2022, 33.1% of outreached unsheltered individuals accepted referrals to congregate shelters, and of that percentage, 23.6% remained in their referred placement (Simone, 2022). For Safe Haven referrals, 36.9% accepted placement, and from that percentage, 62.7% remained (Simone, 2022). As for stabilization beds, 64.7% accepted placement, and from that percentage, 37.6% remained (Simone, 2022). Despite the need, these low-barrier resources are limited as the city only has approximately 1,000 stabilization beds and 1,500 safe haven beds available, which tend to be full each night (Simone, 2022).

Psychiatric Services. Despite the increase in unprovoked attacks in NYC perpetrated by mentally unstable homeless individuals, the city has not allocated additional resources to psychiatric care. According to the research by Coalition for the Homeless, New York State used to have inpatient psychiatric centers that served approximately 93,000 individuals; however, a reduction in funding significantly reduced the number of available beds to 2,330 statewide, with 1,000 of those being located within NYC (Simone, 2022). In addition to the state-funded

inpatient beds, there are an additional 3,763 acute and long-term inpatient beds; however, 72% of these are located in hospitals that only offer short-term care (Simone, 2022). Since the start of the pandemic, approximately 600 of these beds within hospital settings have been used for COVID-19 patients and, as of the release of the Coalition's study in March 2022, those beds have not returned to inpatient psychiatric needs (Simone, 2022). In addition to reduced inpatient service availability, the start of the COVID-19 pandemic resulted in outpatient services shifting to telehealth for the clinics that remained open (Simone, 2022). These changes were felt by those in the shelter system: "Living among negative energies in a congregate shelter during the COVID pandemic has impacted my blood pressure levels, and I caught COVID in the last surge. As far as psychiatric services are concerned, there are zero services" (Simone, 2022, p. 27).

Supportive Housing. Supportive housing in NYC is a permanent housing option for homeless individuals with medical and mental health needs. These housing options provide case management services to assist residents with various needs; however, they are difficult to access due to bureaucratic barriers (Simone, 2022). There is a significant demand as the number of homeless single adults has risen over the years while the supply of available supportive housing has decreased (Simone, 2022). According to the Coalition for the Homeless, for every five eligible supportive housing applicants, there is only one available supportive housing apartment (Simone, 2022).

Affordable Housing. In addition, housing costs in NYC have risen exponentially in recent years and the amount of available affordable housing has not met the growing need of homeless and unstably housed individuals. In the past decade, the city's population has grown by 10%, while the number of available housing units has grown by 7%—a percentage that reflects housing in general, meaning that affordable housing is a fraction of that (Simone, 2022). In New

York State, there are nearly 1 million low-income renter households, of which 7 out of 10 pay more than half of their monthly income, which puts them at high risk of homelessness (Simone, 2022). Since the start of the pandemic, more than \$2.3 billion dollars have been invested into emergency rental assistance for households that fell behind on rent due to shutdowns and job losses; however, despite that additional aid, approximately 600,000 households in NYC are still behind on their rent as of January 2022, the month the eviction moratorium ended (Simone, 2022).

In response to the ongoing housing crisis, HPD financed 15,757 apartments from 2014 to 2021, half of which were dedicated to supportive housing and a percentage allocated as preservation units, which were only available as one-time units and made available when current tenants vacated the units (Simone, 2022). One-time units are units reserved for homeless individuals and families; however, once vacated, they do not return to the pool of available housing for the homeless population, further reducing the availability of housing (Simone, 2022). Moreover, of the 15,757 HPD-financed apartments, fewer than 3,000 were reserved for homeless individuals and families who did not require supportive services—all within a span of approximately 8 years (Simone, 2022).

In addition to the allocation of financed HPD housing units, the city and state created additional rent subsidies to help offset the growing demand for the historically limited Section 8 housing choice vouchers, which left three out of four eligible households unable to obtain assistance (Simone, 2022). From 2015 to 2021, these additional subsidies assisted approximately 14,000 households in avoiding homelessness, and approximately 55,000 households exited the city's shelter system (Simone, 2022). In the final months of the de Blasio administration, the city increased the maximum rent levels for vouchers to match the Section 8 standards; however, these

increases have fallen short of the rising housing costs in the city, particularly since the start of the pandemic and even more so since the end of the eviction moratorium, as landlords are seeking to recoup their losses (Simone, 2022). Landlords are less inclined to accept vouchers as rising housing costs have allowed them to increase their rents, leaving many unhoused and unstably housed individuals to struggle:

There is no affordable housing. I work every day and spend all weekend trying to find a home, but when realtors hear you have a voucher, they stop communicating with you. I've filled out applications for nearly 200 apartments and been on NYC Housing Connect for over 5 years. (Simone, 2022, p. 35)

Homelessness Prevention. In addition to the growing homelessness crisis in NYC, since the pandemic started, more households have experienced rental arrears, with approximately 600,000 household still struggling to pay rent even after emergency rental assistance was provided by the city and state (Simone, 2022). Those seeking housing vouchers are often confront strict eligibility criteria that prevent them from obtaining the assistance they require to find housing and remain housed:

I have experienced first-hand the continued trials that New York City renters face trying to retain my "affordable" housing. Because the voucher system is subject to change at any time, it can place renters in jeopardy of maintaining their homes, especially if the family becomes employable. (Simone, 2022, p. 43)

I was chronically homeless from 2006 until recently. Historically, the lack of rental assistance is what kept me in that untenable situation despite working in the tech industry. Access to truly affordable housing and quality housing vouchers have a monumental impact on one's living situation. (Simone, 2022, p. 38)

The major takeaways from these interviews are as follows:

- The traditional congregate setting within the NYC shelter system continues to be a negative option for the homeless population.
- Safe Haven and Stabilization beds remain the preferred option.
- Despite the serious need for long-term psychiatric services among the homeless and at-risk populations, the availability and accessibility of these services remain significantly low.
- The supply of affordable housing continues to significantly lag behind the demand.
- Homelessness Prevention support has too many bureaucratic barriers to be effective at addressing the needs of the homeless and at-risk communities within NYC.

Semistructured Interviews

Themes

After the 10 interviews were conducted via Zoom, the manual coding process began. The coding process began with three preselected codes that stemmed from the research questions, namely funding, accessibility, and need. From these preselected codes, the manual analysis of the interview transcripts began, resulting in two additional codes being developed, namely outlook and dignity. Outlook stemmed from one of the interview questions, while dignity stemmed from comments made by several of the interviewees during the interview process. Five overarching themes stemmed from the codes, which are presented in Table 6:

Table 6*Codes and Themes from City/Community Provider Interviews*

Deductive Codes	Inductive Codes	Resulting Themes
Funding		Funding was sporadic and fleeting
Accessibility	Outlook	Services were disrupted but providers rallied through Fluctuating and unclear demand
Need		The worst is yet to come
	Dignity	Homeless individuals and social service providers are human beings

Theme 1: Funding was Sporadic and Fleeting. Once background information had been shared by the interviewees, they were all asked about their professional experiences with funding for homeless services and/or homelessness prevention, to which their answers varied due to the differences in their professional capacities. Most of the interviewees had seen increases in funding, while others had not noticed any changes relative to their line of work. Those who had seen increases in funding noted that once the height of the pandemic had passed, things seemed to return to how they were prior to COVID-19:

Bobby: “I think the funding has remained the same or even increased, but the staffing has decreased because there’s a staff shortage. So even though the funding is there, some agencies do really well at keeping their staff up and the services are there. But other programs, there is a lack of social workers and that’s just because of the workforce, not because of the funding.”

Celeste: “So I know that during the COVID like initial COVID pandemic timeline, we did receive funding for like identifying like the congregate settings and like moving folks into hotels...I’m not aware of how those have changed, but I do know that when I was when I was finishing up at DHS, which was last June, they were kind of beginning the stages of like understanding that that federal funding was expiring in terms of the hotels and everything. So yeah, that’s my that’s my awareness of it.”

Charlie: “So a lot of that funding, you know, the city we picked up the tab for and we it takes years but are hoping to get reimbursed from the federal government on a lot of those services. And there are some that we hoped would become legacy and they simply just did not. I mean, the work that I did with the food pantries ... was sort of we had created it in the emergency. And then a big goal of ours was to get it passed in a city budget, which the first year, last year it was passed in the city budget. And it was sort of a big a great moment for our team is saying we’ve created this legacy projects and now now this is going to be ongoing and the new administration came in and sort of quietly got rid of it.”

Theme 2: Services Were Disrupted but Providers Rallied Through. When the interviewees were asked about the accessibility of their services and/or the services that their community required, a majority of their responses referenced to how some services had shut down, been consolidated, or been moved to a virtual format, which disrupted services for many of their clients. However, providers did what they could to continue providing services throughout the pandemic:

Malinda: “Yeah, like it was very there was a lack of accessibility, actually. A lot of the issues rose because clients just don’t have the funds, for example, don’t have the funds to have a phone. And so a lot of their interactions in person, the providers or even just like the offices were working remotely, there was a huge disconnect there. So a lot of the clients, from what I remember, couldn’t even access anything. No one, not even the office, security, the office of anything. They were everything was closed. And essentially they were they were affected greatly because of it. So a lot of the offices closed during I mean, they reopened in 2021.”

Carol: “And what we found was that even like going virtually, they were so able for the majority of the clients, majority of providers, they were still able to receive the appropriate social services.”

Steven: “We already know how access to services depends on. Your access to WiFi, your access to to to electronics, your access to people, your access to resources to learn about it. When everyone went digital and had to do things remotely, there were so many people out of the loop. Wow. Of out of major loops.”

Bernice: “But a lot of clinics that accept Medicaid or people without insurance that provide therapy so or went remote. And so that was a huge loss. Also a lot of outpatient substance use treatment places closed as well as inpatient because they weren’t really sure how to manage. The pandemic. So a lot of substance use treatment became unavailable. On. Because I was thinking one other thing that I noticed. I mean, the other thing is that the subway closed.”

Theme 3: Fluctuating and Unclear Demand. The interviewees were asked about the demand for services, to which their answers varied. Some were unable to gauge how demand had been impacted:

Taylor: “No. I’m trying to think back now. Not necessarily. I think we had people staying longer, though, because some sites did have more vacancies. Well, one of my sites, we were required to keep certain amount of apartments open, like units open for isolation units. Right. So there just a lower population in general.”

Elaine: “The need for wound care support around injection-related wounds skyrocketed. And of course, because people don’t have access to showers, people don’t want to go into the shelters, so we’re seeing wounds. And you know, someone that I partner with said to me, it’s not just injection-related wounds. They’re seeing like really bad fungus. They’re seeing all of these kind of like rashes and things because people haven’t been able to access services.”

Carol: “I haven’t heard of like a change and the demand for services. I’m not sure if this is under your research’s purview, but for scope. But there’s definitely been an increase in demand with the influx of asylum seekers. Central and South America. And that’s definitely becoming at least a capacity issue.”

Theme 4: The Worst is Yet to Come. When the interviewees were asked about their outlook on the future of homelessness, their answers were almost consistently negative. Some interviewees were more vocal than others, but overall the sentiment remained the same:

Charlie: “So I see it getting worse, especially whenever you look at the federal level and you see that you read the numbers of the jobs report that just came out yesterday and you’re seeing oh, well, we’re back to prepandemic joblessness,

we're back to the economy is back to where it was. So the message that that sends is so we don't have to care about the people on the bottom anymore because people on the top that these numbers represent are doing just great. So it's really hard to get funding in there to the people at the bottom and the people that need the services most. So I think it's heading in a bad direction. I think it's going to get I think that hunger, homelessness is going to get worse and if not worse, it by numbers for the people that are already there, it's going to get more violent."

Jamie: "I'm not seeing anything that is indicating an improvement in the way that we're approaching it, whether it's like the subway. Just like all these different things that are not really, like, inspiring hope in me."

Elaine: "Just looking at what's happening. Across the world. I think it's going to get worse. So funny that we're having this conversation because it's just me. I was talking to a colleague about how we need this massive cultural shift. Right. And I don't know if that's going to happen. The number of people who've died of overdoses and we're still just kind of like. Huh? Right? Right. I don't. Yeah, I don't know. I don't I don't I'm not really optimistic."

Theme 5: Homeless Individuals and Social Service Providers are Human Beings. A point that arose organically within the interviews was the idea that the homeless deserve to live in a dignified manner, and that those providing the services are doing the best that they can with what they have; however, they often fall short and have to make tough personal and professional decisions, resulting in a noticeable decrease in the workforce:

Bobby: "I think across New York City right now, there is a shortage of social workers in general. And I think a lot of people, you know, especially in COVID, didn't want to work

in a homeless shelter because they were afraid of the virus or getting sick. Or maybe, yeah, like it was just higher risk or they wanted to do like virtual or something, which some providers did go virtual for the pandemic but not full time, and it's still a higher risk than some other jobs. So I think there's just so many options right now for social workers and they're just not trying to be in shelters.”

Celeste: “I also think just generally people need to see how political of an issue homelessness is, because I think that the public perception of homelessness, unfortunately, which is, you know, I'm sure you feel the same having worked in supportive housing, but it's heartbreaking because people go, I don't want to see people in my neighborhood.”

Taylor: “Target and the view of what they're trying to do with the homeless population is they're looking at the wrong things, where the cleaning up the subway and things like that or it's like it's really like we can't afford rent in the city. There's not enough access to services here. There's not enough services, period, for what people need for holistic stability. And the recidivism back to shelter is so huge from what we saw working there.”.

Research Questions and Answers

- **RQ1: Has the COVID-19 pandemic impacted the number of homeless individuals in NYC?**
 - As per DHS shelter census data, the number of homeless single adults increased from FY19 to FY21 by approximately 12.8%.
- **RQ2: Has the COVID-19 pandemic impacted funding for homeless individuals in NYC?**

- Due to one-time federal COVID-19 funding, funding for homeless services increased overall from FY19 to FY21:
 - Adult Shelter Administration & Support: a 21.5% decrease;
 - Adult Shelter Intake and Placement: a 1.2% increase;
 - Adult Shelter Operations: a 0.4% increase;
 - General Administration: a 1,105% increase;
 - Outreach, Drop-In, and Reception Services: a 35.9% increase;
 - Prevention and Aftercare: a 6,717.5% increase;
 - Rental Assistance and Housing Placement: a 39% decrease.
- **RQ3: Has the COVID-19 pandemic impacted the accessibility of services for homeless individuals in NYC?**
 - The answer to this question is dependent on one’s perspective. Some of the service providers interviewed reported positive changes to service delivery, including in telehealth. However, this contrasted with the responses provided in the homeless interviews conducted by the Coalition for the Homeless, which indicated increased negative experiences since the start of the pandemic.

Summary

This chapter has presented findings from primary data from DHS, the City Council, and the Coalition for the Homeless, and also from the interviews conducted by the present researcher. The data provided by DHS highlighted the changes in average shelter census for FY19 through FY21. Overall, single adults’ shelter census revealed gradual increases in shelter use. Homebase enrollments and supportive housing placements have both gradually decreased since FY19. Funding fluctuated across fiscal years and services, with general homeless services seeing the

most drastic shifts in funding between FY19 and FY22. The general administration budget as well as the prevention and aftercare budget both saw the most dramatic increases and decreases in funding.

Furthermore, the data extracted from the Coalition for the Homeless research report revealed impacts that could not be determined by the census and funding data. Interviews with various homeless individuals highlighted the various challenges facing the homeless population as well as unstably housed individuals. Issues stemmed from psychiatric services to homelessness prevention and, while emergency aid was received, it did not match the overall needs of these communities. This finding was echoed by the 10 interviewees, who shared their professional experiences as well as opinions on how the COVID-19 pandemic had impacted the homeless population. From the interviews, the following five overarching themes were revealed: (1) Funding was sporadic and fleeting; (2) Services were disrupted but providers rallied through; (3) Fluctuating and unclear demand; (4) The worst is yet to come; and (5) Homeless individuals and social service providers are human beings. In the next and final chapter, these results are further explained and their significance to the overall study is explored. Additionally, the limitations encountered throughout the research process are discussed and recommendations for future research are provided.

CHAPTER FIVE: CONCLUSION

Overview

This chapter provides discussions of the various findings presented in the previous chapter. These discussions are organized according to each of the three research questions to emphasize their relevance to existing literature and theoretical context. This chapter also reviews the delimitations and limitations that were identified prior to and during the research study. The chapter culminates with recommendations for future research as well as some closing thoughts related to the outlook of homelessness in the U.S.

Summary of the Findings

After analyzing the NYC funding data, it is clear that despite the increases in homelessness, housing insecurity, and asylees seeking refuge, funding dedicated to homelessness and homelessness prevention has not been consistent. Furthermore, based on the various shifts within the proposed budget for FY23, these critical public policy issues may continue to be negatively impacted. These budgetary shifts were seen and reported by the researchers at the Coalition for the Homeless, who found that that lack of consistent funding resulted in an overburdened and inadequate social service system. Critical services such as safe havens, stabilization beds, long term psychiatric services, and less restrictive homelessness prevention programs need additional funding to support the increasing demand.

These findings mirrored some of the themes that stemmed from the interviews conducted with the city and community-based workers. The first theme was that funding was sporadic and fleeting. Some of the participants who did have experience with funding during the COVID-19 pandemic found that the temporary influx of federal funding provided opportunities to expand and create beneficial programs but those were short lived. The second theme was services were

disrupted but providers rallied through. The participants felt the impact of the pandemic in their line of work but were proud to note that despite the challenges, they continued their work and adapted the best way they could.

The third theme was fluctuating and unclear demand which meant that those interviewed could not determine if demand for services were impacted by the COVID-19 pandemic. The fourth theme was that the worst is yet to come. This theme developed from the overall consensus that the homelessness crisis in NYC is expected to continue, with some criticizing the Adams' administrations stance on homelessness and its approaches thus far. The final theme was that homeless individuals and social service providers are human beings. This theme developed organically as the participants frequently noted their beliefs on the homelessness crises in NYC. All of the participants felt that the homeless population deserve to live in a dignified manner and some stated that despite their desire to help, the conditions of their work have forced them to reconsider their careers and choose their mental health as a way of self-preservation. Those who have left the field acknowledge the detrimental effects it may cause but the lack of support and resources were too much to bear.

Discussion

This study sought to explore the relationship between homelessness and the COVID-19 pandemic and attempted to fill the gaps in the existing literature. As the homeless population continues to be disproportionately and negatively affected in times of crisis, researchers and practitioners must collectively work together to develop a comprehensive understanding of their diverse needs and concerns, as public health crises are expected to continue in the coming decades. In the following sections, the answer to each research question is expanded using the data presented in the previous chapter and analyzed through the lens of collective action theory.

Number of Homeless Single Adults

RQ1: Has the COVID-19 pandemic impacted the number of homeless individuals in NYC? According to the data made public by DHS, the DHS shelter system saw a gradual increase in the number of homeless single adults from FY19 to FY21, with a potential reduction in FY22. These numbers are consistent with the challenges reported by homeless single adults, the unstably housed, and service providers. Within the Coalition for the Homeless research report, several homeless individuals reported hardships in receiving housing services as well as medical and psychiatric care (Simone, 2022). Similar challenges were highlighted within the research report for the unstably housed, who experienced challenges in receiving and maintaining housing assistance (Simone, 2022). The interviewed service providers reported staff doing their best to serve the homeless community; however, it was stressed that a decrease in the workforce stemmed from a fear of getting sick, low wages, and a lack of flexibility. These working conditions negatively impacted the service providers, which ultimately negatively impacted those in need of the services; thus, the conditions worsened and the relationship between government agencies and community providers with the homeless population was further strained.

As mentioned in the literature review (Chapter 2), NYC did take some actions to reduce the spread of the virus. Homeless individuals living within congregate settings were temporarily moved to hotels and motels throughout the city. NYC and New York State worked collaboratively to finance unused hotel and motel spaces and to provide prepared meals and case management services, albeit at a lower standard and capacity. However, consistent with existing literature, despite these temporary changes, some within the homeless population continued to

refuse to enter the DHS shelter system; thus, the numbers reported by DHS do not accurately reflect the total number of homeless individuals in NYC.

Gathering accurate data remains a problem within NYC. Olson's (1971) point on lack of efficiency in large groups is seen here as agencies tasked with monitoring homelessness in NYC have not historically worked together to share data, nor have they been regulated to do so. However, due to pressures from advocacy groups, Mayor Adams's has a plan to centralize shelter data and hold all shelter provider agencies accountable for the homelessness crisis in NYC (The City of New York Mayor Eric Adams, 2022) His plan incentivizes city agencies through punitive measures, however, it may be necessary as this would be the first step in gathering more accurate data on homelessness.

Funding for Homeless Single Adults

RQ2: Has the COVID-19 pandemic impacted funding for homeless individuals in NYC? According to the data made available by the City Council, the funding for adult homeless services and general homeless services fluctuated significantly in the last 2 years as federal and state emergency aid provided a boost in funding (see Tables 4 and 5). However, the emergency aid was short-lived as the conditions of the pandemic improved; thus, the city saw dramatic changes in funding in FY22. These changes were seen by some of the service providers who were interviewed. One notable example was Charlie, who saw positive changes with food pantries and meal deliveries for the city's most vulnerable; however, Charlie also reported that with the change in city administration and the city moving toward prepandemic levels, the initiatives created by him and his team were "quietly" discontinued. These abrupt changes could be detrimental—not to only those being served but also to those serving them, as efforts made during this time of crisis have left gaps that were not necessarily there prior to the pandemic.

Olson's (1971) criticism of group theory is seen here as the influx of temporary federal aid not only confirmed the need for additional services but also highlighted the inconsistencies of government priorities and the inefficiencies of government provision. Government agencies within the federal government all recognize the issues that plague homeless and at-risk Americans, however there doesn't seem to be enough incentives for policymakers to prioritize practical solutions and finally address the root causes of poverty. The COVID-19 pandemic did not create new problems, it only exacerbated existing problems that have yet to be addressed by the various groups within society.

Accessibility of Services

RQ3: Has the COVID-19 pandemic impacted the accessibility of services for homeless individuals in NYC? The qualitative data extracted from the Coalition for the Homeless research report and gathered from the present study's interviews revealed an overall consensus that access to services had been disrupted in some form. There were a couple of positive responses related to service accessibility, which reported that the switch to telehealth allowed for improved outreach. However, this contrasted with the majority of responses provided by the interviewees as well as the feedback received by the Coalition for the Homeless in their outreach and research. The transition to telehealth services imposed a great challenge for both homeless individuals and service providers as access to phones and WiFi was not provided; thus, those requiring critical services, such as outpatient psychiatric care, were left without adequate support, and providers seeking to provide such care were unable to keep track of their clients, and in some cases, they lost contact.

In addition, the transition from congregate living to single- and double-occupancy rooms as well as the introduction and expansion of meal services throughout the city were positive and

welcomed changes; however, they were only temporary. Moreover, as the city opened up, some telehealth services returned to in-person. While online services such as referrals, applications, and recertifications remained virtual, one of the interviewees—Malinda—reported that providing case management services to her clients improved as certain bureaucratic barriers were eliminated or eased, and the often long and tedious paperwork process was noticeably minimized. While these are positive changes, the possibility of future delays and reductions in city and community services due to the continual reductions in the government and nonprofit workforces is a reality that must be seriously considered, as the most vulnerable in NYC will experience the brunt of it.

While inevitable, the impact on accessibility of services could have been minimized had the various groups dedicated to providing services were not only adequately supported by the federal government but also, were incentivized to work together to develop practical solutions. The lack of a unified federal response allowed large and small groups to work haphazardly in addressing the increased needs of the homeless and at-risk communities. Small groups, such as local governments and community-based organizations adapted and worked with the resources at their disposal. These efforts could have been expanded and made permanent had there been more oversight and prioritization from the federal government.

Implications for Policy and Practice

Despite the gaps in the existing literature, one thing remains clear—a unified federal response for addressing the growing homelessness crisis across the country is lacking. Politicians and legislatures have yet to find common ground when addressing the needs of homeless individuals and families, as well as those of individuals experiencing housing instability in this increasingly burdened economy. As indicated by existing studies as well as in the present

research study, efforts made by the local governments have demonstrated that positive change is possible. With financial assistance from and continuous collaboration with state and federal agencies, the housing crisis—and subsequently the homelessness crisis—could be addressed, however, the federal government must first identify incentives that would help drive collective action among government agencies and subsequently, the community agencies tasked with providing services to those in need.

Delimitations and Limitations

In order to focus on the impacts of the COVID-19 pandemic, the following delimitations were placed:

- Shelter Census Data: FY19 to FY21
 - Focused on the COVID-19 pandemic impact on single adult shelter census.
- Supportive Housing Data: FY19 to FY21
 - Focused on the COVID-19 pandemic impact on single adult shelter exits to supportive housing.
- Homebase Enrollment Data: FY19 to FY21
 - Focused on the COVID-19 pandemic impact on Homebase enrollments, specifically for homeless prevention services.
- City Government Funding Data: FY19 to FY23
 - Focused on the COVID-19 pandemic impact on funding towards various homeless and homeless prevention services, including projected funding.
- Coalition for the Homeless Data: Their 2020-2022 reports, which included critical and detailed assessments of the efforts taken by NYS and NYC, as well as real feedback from individuals experiencing homelessness in NYC.

- Semistructured Interviews: Must have worked with the homeless population in some capacity during the COVID-19 pandemic between FY19-FY21.

However, despite the availability of government data and the rich conversations held with multiple community providers, this study experienced some limitations. Due to the time constraints imposed on the completion of this dissertation research study, further qualitative research was not possible. Additionally, the lack of resources did not allow for interviews to be completed with the homeless population, which could have made this research study richer, as learning about their experiences is critical for developing useful and comprehensive solutions. Finally, corroboration with existing literature was limited due to the lack of related research on homelessness in NYC and the impact of the COVID-19 pandemic on NYC's homeless population.

Recommendations for Future Research

As previously stated, gaps exist in the literature that need to be addressed. The examination of homelessness and its relationship with public health emergencies cannot solely nor primarily rely on quantifiable data. The experiences of the homeless population and unstably housed individuals must be considered when identifying root causes and developing solutions to address them. Additionally, as the number of migrants entering the U.S. seeking refuge increases, the need for various critical social services, including homelessness prevention, will only continue to increase. Therefore, the solutions created by decision-makers must not only consider the root causes of homelessness but also the changing landscape of American society and its growing needs. Failure to do so will lead to the continuation of the vicious cycle of homelessness.

Conclusion

The present researcher's interest in this topic stemmed from experiencing the COVID-19 pandemic first-hand and witnessing the undignified and tragic conditions facing the homeless population in NYC. For some New Yorkers, this population is invisible, whereas for some it is an inconvenience that needs to be addressed. Others, however, have dedicated their lives to serving the homeless, and while some of these people have left the workforce due to various stressors made even worse by the COVID-19 pandemic, those who remain continue to exhibit dedication to their public service mission. Because of this, efforts made within both academia and government must improve. This study sought to not only bridge the gap between homelessness research and pandemic research but also to highlight the successes and failures of government and community responses toward the homeless population. With recent changes to the city's administration and the exponentially rising costs of housing in NYC, it is imperative for researchers and decision-makers to collaborate and develop solutions that would not only benefit the homeless and unstably housed but also society at large.

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APPENDIX A

ZOOM INTERVIEW QUESTIONS

1. Briefly describe your background in working with the homeless population in NYC.
2. Based on your professional experience, how has the COVID-19 pandemic affected the following:
 - Funding
 - Has the funding for homeless services/homelessness prevention increased, decreased, or remained the same? (ex. Staffing has increased/decreased; service offerings have increased/decreased; etc.)
 - Accessibility
 - Has the accessibility of homeless services/homelessness prevention services increase, decreased, or remained the same? (ex. Office closures; creation/expansion of additional services in less services areas; etc.)
 - Utility
 - Has demand for services increased, decreased, or remained the same?
3. How would you rate the performance of the city government since the COVID-19 pandemic started? (specific to homeless service delivery)
4. What is your outlook for the coming year? Do you believe the homelessness crisis would get better or worse with the recent change in city government? Why or why not?
5. How would YOU address the current homelessness crisis in NYC?

APPENDIX B**INTERVIEW FLYER**

Research Participants Needed

Topic: The Impact of the COVID-19 Pandemic on NYC's Homeless Population

Purpose: The focus of this study is to determine if the COVID-19 pandemic impacted the availability and accessibility of critical housing, medical, and mental health services, and if so, how it has affected the homeless population within NYC.

- Are you currently an NYC social service provider, (city government & community providers) specializing in homeless services/homeless prevention services?
- Have you worked with the homeless population within the last 2-3 years?

If you said yes to both of these questions, you may be eligible to participate in a research study.

Participants will be asked to participate in a brief and confidential interview (via Zoom) about their experiences working with the homeless population during the COVID-19 pandemic (10-20 minutes).

Consent will be provided prior to the scheduling of the interview.

Chloe Delgado, a doctoral candidate in the Helms School of Government at Liberty University, is conducting this study. Please contact Chloe Delgado at [REDACTED] or [REDACTED] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515