urban pathways

LEGISLATIVE Policy Brief

BEYOND SHELTER: Why New York Must Expand Safe Havens to End Chronic Street Homelessness

A Policy Brief for New York State and New York City Policymakers, Funders, and Community Leaders

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Prepared by Urban Pathways, October 2026

Introduction

For nearly eleven years, Michael slept beneath scaffolding in Midtown Manhattan. Outreach teams approached him hundreds of times, yet he repeatedly declined traditional shelter placements. He described the shelters as loud, dangerous, overcrowded, and psychologically intolerable. Then he accepted placement into a Safe Haven: a smaller, quieter, low-barrier environment where he was not immediately pressured, controlled, or discharged for noncompliance. A few months later, he accepted psychiatric care, and eventually, he moved into permanent housing.

Michael's story is not unusual. It reflects a central challenge in New York City's homelessness response system: capacity alone does not guarantee engagement. New York City has built one of the largest municipal shelter systems in the United States. Yet despite substantial public investment, thousands of New Yorkers continue to live unsheltered each night—in subway stations, on sidewalks, in parks, and in places not intended for human habitation.

The persistence of street homelessness demonstrates an important reality: increasing shelter capacity alone is insufficient to reach every New Yorker experiencing homelessness.

Increasing Capacity Alone is Insufficient

New York City continues to experience elevated levels of street homelessness. The City's 2025 Homeless Outreach Population Estimate (HOPE) identified **4,504 individuals living unsheltered,** representing the third consecutive annual count exceeding 4,000 people.[1]

Homelessness policy often focuses on the number of available shelter beds. Capacity remains essential, but capacity alone does not guarantee engagement, or an active connection between an individual and a case worker or treatment plan. And it is engagement that leads to long-term stability.

For many individuals living unsheltered, particularly those who have spent years outdoors, live with serious mental illness, have experienced trauma, struggle with substance use, or have previously disengaged from shelter services, the barriers to entering traditional congregate shelters remain significant. Rules governing curfews, sobriety expectations, crowded environments, and prior negative experiences can discourage engagement and prolong street homelessness.

It is important to note, however, that traditional shelters continue to play a critical role in New York City's homelessness response and provide emergency refuge for tens of thousands of individuals each night. Yet the shelter system was primarily designed to provide large-scale emergency capacity and not necessarily specialized engagement strategies for people who remain disconnected from services. As a result, some individuals remain unsheltered for years despite repeated outreach contact.

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[1] New York City Department of Social Services. (2025). *Homeless outreach population estimate 2025 results.* https://www.nyc.gov/assets/dhs/downloads/pdf/hope/hope-2025-results.pdf.

Why Safe Havens Matter

New York City's Safe Haven model was developed to address precisely this challenge. Safe Havens are small-scale, low-barrier programs designed to engage individuals living on the streets who repeatedly decline traditional shelter placements. Unlike conventional shelter environments, Safe Havens prioritize flexibility, voluntary service engagement, reduced administrative requirements, and individualized care planning. Their purpose is not to replace shelters - it is to create an effective pathway indoors for those whom the traditional system does not reach.

Safe Havens are not new and have a long history of success in New York City and in cities across the country and around the world.[2]

Safe Havens at a Glance

- FY22 NYC Safe Haven/Stabilization Beds: 3,380 placements, including 2,069 Safe Haven placements and 1,311 stabilization bed placements [5]
- Current NYC Safe Haven/Stabilization Beds: Appx. 4,000, expanding to 4,900 by FY27 [6]
- Annual Individuals Served: 3,300+ [7]
- Average Length of Street Homelessness Prior to Entry: 8+ years* [8]
- Housing Placement Rate: Appx. 9% [9]

*based on pilot data

In 2006, the Bowery Residents' Committee (BRC) launched the first Safe Haven model with support from philanthropic and city partners. The model intentionally removed barriers that had prevented chronically unsheltered individuals from coming indoors. The results were encouraging and led to the creation of more Safe Havens throughout the city.

Within the first 18 months:

- 67 individuals entered services;
- Participants had spent an average of more than eight years living unsheltered; and
- 17 individuals ultimately transitioned into housing. [3]

In the years since its launch, the City has responded by expanding investments in Safe Havens and stabilization capacity, including commitments to preserve approximately 4,000 low-barrier beds and add 900 additional beds by FY27. [4] This expansion reflects growing recognition that engagement-focused interventions must play a larger role in reducing unsheltered homelessness.

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[2]Urban Pathways (2026, October). National Lessons: Low-Barrier Models Across the Country. https://urbanpathways.org/wp-content/uploads/2026/10/Safe-Havens-National-Lessons-Summary.pdf.

[3]Bowery Residents' Committee (n.d.). The Safe Haven model & Stabilization Bed program. https://www.brc.org/safe-haven

[4]New York City Mayor's Office (2025, January 15). Mayor Adams takes unprecedented action to curb street homelessness and support people with severe mental illness by investing in Safe Havens and other low-barrier housing. https://www.nyc.gov/mayors-office/news/2025/01/mayor-adams-takes-unprecedented-action-curb-street-homelessness-support-people-severe.

[5]Office of the New York City Comptroller (2023, August 21). Review of the New York City Department of Homeless Services' programs and services. https://comptroller.nyc.gov/reports/review-of-the-new-york-city-department-of-homeless-services-programs-and-services/.

[6]New York City Mayor's Office (2025, January 15). Mayor Adams takes unprecedented action to curb street homelessness and support people with severe mental illness by investing in Safe Havens and other low-barrier housing. https://www.nyc.gov/mayors-office/news/2025/01/mayor-adams-takes-unprecedented-action-curb-street-homelessness-support-people-severe.

[7]Office of the New York City Comptroller (2023, August 21). Review of the New York City Department of Homeless Services' programs and services. https://comptroller.nyc.gov/reports/review-of-the-new-york-city-department-of-homeless-services-programs-and-services/.

[8]Bowery Residents' Committee (n.d.). The Safe Haven model & stabilization bed program. https://www.brc.org/safe-haven.

[9]Review of the New York City Department of Homeless Services' Programs and Services. August 17, 2023. NYC Comptroller's Office. Page 60. https://comptroller.nyc.gov/wp-content/uploads/documents/MD22-105S.pdf

Safe Havens work because they are specifically designed for individuals who are chronically homeless, live unsheltered, repeatedly decline shelter placements, experience severe mental illness, have substance use disorders, or who require intensive engagement and relationship-building. Traditional homelessness interventions require program participation before trust is built. Safe Havens turn this paradigm around. Safe Havens are places where trust can be built, as a foundation and first step.

Safe Havens focus on:

- Relationship-building
- Harm reduction
- Trauma-informed care
- Housing navigation
- Behavioral health support
- Voluntary participation

However, increasing the number of Safe Havens alone will not be sufficient. Expansion of Safe Havens must occur alongside investments in supportive housing, stronger housing placement pipelines, and policies that preserve the low-barrier design principles that make the model effective. Urban Pathways believes New York City must continue evolving its homelessness response system to recognize that one size does not fit all.

The result is a model that is able to engage people who have historically been unable or unwilling to engage elsewhere, leading them on a path toward stability and, ultimately, the ability to live independently in permanent housing.

Urban Pathways Safe Haven Model

For more than five decades, Urban Pathways has served New Yorkers experiencing chronic homelessness, serious mental illness, substance use disorders, and complex health challenges.

Through its outreach programs, Safe Havens, supportive housing residences, and behavioral health services, Urban Pathways has developed a comprehensive continuum of care designed to meet people where they are and support their journey toward stability and permanent housing.

Urban Pathways' Safe Haven programs are rooted in a simple but powerful philosophy: ***trust and engagement create a pathway to permanent housing.*** Many individuals entering Urban Pathways Safe Havens have spent years living on the streets, in subway stations, parks, transportation hubs, or other public spaces. Some have experienced repeated trauma, untreated mental illness, prolonged social isolation, or decades of disconnection from traditional service systems. For these individuals, entering a Safe Haven often represents the first successful indoor placement in years.

Urban Pathways' approach combines:

- low-barrier admissions;
- trauma-informed care;
- harm reduction practices;
- behavioral health support;
- housing navigation;
- intensive case management; and
- peer support and relationship-building.

Unlike traditional emergency shelters, Urban Pathways Safe Havens prioritize individualized engagement plans that recognize each resident's unique history, strengths, and goals. Through sustained relationship-building and person-centered care, residents are connected to healthcare, public benefits, behavioral health services, supportive housing opportunities, and community support that promotes long-term stability.

Urban Pathways Safe Haven Impact

	FY24	FY25	FY26
Number of Safe Haven Beds	263	263	263
Annual Residents Served	550	512	653
Average Length in Years of Street Homelessness Prior to Entry	3	2.8	5
Average Length of Stay in Days at a UP Safe Haven	507	471	458
Permanent Housing Placements	70	74	83
Permanent Housing Placement Rate*	16%	18%	16%
Permanent Housing Retention Rate	90%	86%	100%

**It should be noted that between 30-50% of clients that have resided in our safe havens for more than one year are not able to move into permanent housing because of their immigration status.*

Urban Pathways demonstrates that reducing street homelessness requires more than emergency shelter capacity. It requires specialized interventions designed to engage individuals who have historically been unable or unwilling to participate in traditional systems of care. Safe Havens are one of the most effective tools available to accomplish that goal.

Urban Pathways' Hegeman Safe Haven in Brooklyn

Resident Story: Luis, “A Father’s Promise”

When Luis arrived at Hegeman Safe Haven, he wasn't looking for a place to stay - he was looking for a chance to start over. Following the end of his marriage, Luis found himself without a home. The uncertainty of his future weighed heavily on him, but one thing remained certain: he wanted to build a stable life for his children. Every decision he made was driven by the hope that one day they would see how hard he fought to rebuild.

From the moment he entered Hegeman Safe Haven, Luis was ready to move forward. He had already done much of the difficult work, arriving with every essential document in hand - his New York State ID, Social Security card, Permanent Resident Card, proof of income, and an active CityFHEPS voucher. Rather than waiting for opportunities to come to him, Luis took the initiative, searching for apartments on his own while working closely with his case manager to complete applications, gather paperwork, and navigate the housing process.

Then came a disappointment that could have easily caused him to give up. Luis found an apartment that felt like the fresh start he had been hoping for. But before the CityFHEPS process could be completed, the landlord decided not to wait and rented the apartment to someone else. For many people, that setback might have felt like the end of the road. For Luis, it became another reason to keep going.

Instead of losing hope, he returned to the housing search with the same determination that had brought him to Hegeman Safe Haven. Together with his case manager, he quickly pursued another opportunity, completed every requirement, and stayed focused on the future he wanted to create. That perseverance paid off. Today, Luis has secured a permanent apartment through his CityFHEPS voucher and is preparing to begin the next chapter of his life - a chapter defined not by homelessness, but by stability, independence, and possibility.

When asked what kept him motivated throughout the process, Luis didn't talk about the apartment itself. He talked about his children. He wanted them to know that even when life changes unexpectedly, it is possible to stand back up. He wanted them to see a father who never stopped believing that a better future was within reach.

Luis's journey is a reminder that homelessness is often the result of life's unexpected turns, not the end of someone's story. With timely support, compassionate case management, and access to housing resources like CityFHEPS, individuals can overcome setbacks and reclaim their future. At Hegeman Safe Haven, Luis found more than temporary shelter. He found a team that walked beside him, encouraged him through disappointment, and helped turn determination into lasting stability.

How Much Are We Already Spending on the Consequences of Chronic Street Homelessness?

Public conversations about homelessness often focus on the cost of programs designed to address it. Questions about Safe Havens and other low-barrier interventions frequently center on operating expenses, staffing requirements, and the costs associated with providing intensive services to individuals experiencing chronic homelessness. While these questions are important, they overlook a more fundamental fiscal consideration: what is the cost of allowing people to remain unsheltered?

For individuals experiencing chronic street homelessness, the absence of effective intervention often results in repeated interactions with some of the most expensive public systems.

Unsheltered homelessness is associated with increased utilization of emergency departments, ambulance services, inpatient hospitalizations, psychiatric emergency services, crisis-response teams, law enforcement interventions, sanitation operations, transit system responses, and repeated outreach efforts. Because many individuals experiencing chronic homelessness are living with serious mental illness, substance use disorders, chronic medical conditions, or a combination of these challenges, they frequently cycle through emergency systems that are designed to respond to crises rather than address underlying causes.

This pattern of repeated crisis-system utilization carries significant financial implications. National research has consistently found that individuals experiencing chronic homelessness incur disproportionately high public costs through emergency healthcare utilization, institutional care, and crisis-response systems. Studies have demonstrated that supportive housing and housing-focused interventions can reduce emergency room visits, psychiatric hospitalizations, shelter utilization, and other costly public expenditures by providing stability and access to ongoing care.

While Safe Havens are not permanent housing programs, they serve as a critical engagement point for individuals who are often disconnected from both healthcare and housing systems and who might otherwise continue cycling through expensive emergency services.

Safe Havens interrupt this cycle by creating opportunities for stabilization before crises occur. Rather than waiting for an individual to experience a psychiatric emergency, medical crisis, or interaction with law enforcement, Safe Havens create a low-barrier environment where providers can build trust, address immediate needs, connect residents to healthcare and behavioral health services, assist with benefits enrollment, and begin housing planning. This engagement-focused approach allows individuals to access support earlier and more consistently, reducing reliance on high-cost emergency interventions while improving overall outcomes.

Importantly, Safe Havens should not be evaluated solely based on their operating costs or cost per bed. The more relevant policy question is whether investments in low-barrier engagement models generate better long-term outcomes than continued reliance on crisis-response systems.

New York City has already committed hundreds of millions of dollars annually to street homelessness response efforts, including outreach services, emergency interventions, shelter operations, public safety responses, and healthcare expenditures associated with homelessness. Yet the 2025 HOPE Count identified 4,504 individuals living unsheltered, demonstrating that substantial unmet need remains.

Safe Havens offer a more strategic use of public resources by shifting investments upstream, where engagement and stabilization can occur before individuals experience repeated crises. Every successful transition from street homelessness into Safe Haven placement represents an opportunity to reduce future emergency system involvement, improve health outcomes, and increase the likelihood of permanent housing placement. For this reason, Safe Havens should be viewed not simply as a homelessness expenditure, but as a public health investment, a behavioral health intervention, and a cost-containment strategy that benefits multiple public systems simultaneously.

Failure to expand Safe Haven capacity will also place additional strain on existing outreach systems. Street outreach teams can only be effective when they have placements that individuals are willing to accept. Safe Havens provide a critical bridge between outreach contact and permanent housing by offering environments specifically designed for individuals who repeatedly decline traditional shelter placements. Without sufficient low-barrier capacity, outreach workers may continue to engage the same individuals repeatedly without having appropriate placement options available, reducing overall system effectiveness and delaying housing outcomes. [10]

The fiscal question facing policymakers is therefore not whether Safe Havens cost money. The question is whether New York can afford the human and financial costs of allowing chronic street homelessness to persist without sufficient low-barrier capacity. Evidence increasingly suggests that investments in engagement-focused models such as Safe Havens produce benefits that extend well beyond homelessness services, generating value across healthcare, behavioral health, public safety, and housing systems. As New York continues to seek effective and fiscally responsible solutions to chronic homelessness, expanding Safe Havens represents an investment in both better outcomes and smarter government spending.

Policy Priorities for New York State and New York City

Expanding Safe Havens will require sustained investments and policy reforms at both the State and City levels. Urban Pathways recommends the following priorities:

Priority 1: Increase Safe Haven Operating Funding.

New York State and New York City should establish dedicated and recurring funding streams to support the expansion, operation, and long-term sustainability of Safe Haven programs. Stable operating funding is essential to ensuring providers can maintain low-barrier, housing-focused services while meeting the complex needs of individuals experiencing chronic street homelessness. By investing in Safe Havens, policymakers can strengthen one of the most effective tools available for engaging unsheltered New Yorkers, reducing reliance on costly crisis systems and creating pathways to permanent housing.

Recommended Actions:

- Increase annual operating support for existing Safe Havens
- Create funding for new Safe Haven development
- Support inflationary adjustments for providers
- Invest in workforce recruitment and retention

[10] New York City Department of Homeless Services (2025, January). Street homeless solutions 2025: Adams administration's approach to achieving a continuum of care. https://www.nyc.gov/assets/home/downloads/pdf/press-releases/2025/StHomelessSolution_v7.pdf.

Priority 2: Expand Supportive Housing Capacity.

Safe Havens are most effective when they are paired with robust pathways to permanent housing. New York State and New York City should increase investments in supportive housing development and rental assistance programs to ensure that individuals exiting Safe Havens have access to stable, long-term housing opportunities. Expanding supportive housing capacity will improve housing placement outcomes, reduce returns to homelessness, and strengthen the overall effectiveness of the homelessness response system.

Recommended Actions:

- Increase capital investments in supportive housing development
- Prioritize chronically homeless individuals for placement
- Accelerate housing approval timelines
- Expand rental assistance resources

Priority 3: Strengthen Behavioral Health Partnerships.

Many Safe Haven residents are living with serious mental illness, substance use disorders, or co-occurring behavioral health conditions that require specialized and ongoing support. New York State and New York City should strengthen partnerships between Safe Haven providers, behavioral health agencies, healthcare systems, and community-based treatment providers to ensure residents have timely access to mental health care, substance use treatment, and recovery services. Expanding these partnerships will improve health outcomes, reduce crisis-system utilization, and increase housing stability for some of New York's most vulnerable residents.

Recommended Actions:

- Increase Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) funding for community-based treatment
- Expand mobile treatment teams
- Integrate psychiatric services into Safe Haven settings
- Improve care coordination between healthcare and homelessness systems

Priority 4: Maximize Medicaid Opportunities.

New York should leverage Medicaid reforms and healthcare investments to support housing stability and address the social determinants of health that contribute to chronic homelessness. Expanding Medicaid-funded care coordination, behavioral health services, and housing-related supports can help Safe Haven residents access treatment, maintain stability, and reduce avoidable emergency room visits, hospitalizations, and other costly healthcare utilization. By strengthening the connection between health care and housing systems, New York can improve health outcomes while generating long-term savings across public systems.

Recommended Actions:

- Expand Medicaid-funded care coordination
- Support housing-related services through Medicaid waivers
- Integrate Safe Haven residents into Health Home programs
- Strengthen partnerships between providers and managed care organizations

Priority 5: Strengthen Street Outreach Systems.

Safe Havens are only effective when individuals experiencing street homelessness can be successfully engaged and connected to available placements through consistent and skilled outreach efforts. New York State and New York City should invest in expanding multidisciplinary outreach teams, strengthening coordination among providers, and improving referral pathways between street outreach, Safe Havens, health care systems, and housing programs. Enhanced outreach capacity will help ensure that more unsheltered New Yorkers are connected to services, stabilized indoors, and supported on a pathway toward permanent housing.

Recommended Actions:

- increase outreach staffing levels;
- expand multidisciplinary outreach teams;
- improve referral pathways into Safe Havens; and,
- increase coordination among providers.

Priority 6: Preserve Low-Barrier Program Design.

As New York expands Safe Haven capacity, it is essential that growth does not come at the expense of the core principles that make the model effective. Policymakers should preserve low-barrier admissions, voluntary service participation, flexible engagement practices, and small-scale, person-centered environments that foster trust and long-term engagement among chronically unsheltered individuals. Expansion should strengthen the Safe Haven model while maintaining the dignity, autonomy, and individualized support that have made it a successful transition from street homelessness to permanent housing.

Recommended Actions:

- maintain voluntary engagement;
- preserve flexible admissions policies;
- protect harm reduction approaches; and,
- avoid adding unnecessary programmatic barriers.

Urban Pathways' Webster Safe Haven in the Bronx

Budget Request Summary

NYC Comptroller reports indicate that historical operating costs for traditional single-adult shelters have been approximately $50,000 annually per person. However, Safe Haven-specific operating costs vary by program design, staffing, property expenses, and service intensity, and should be calculated using actual provider contract budgets. This is comparable to or slightly higher than the cost of a traditional single-adult shelter bed, but Safe Havens serve individuals with the longest histories of street homelessness and consistently achieve higher rates of engagement and transitions to permanent housing. [11]

State Investment Request: **$125,000,000, which accounts for funding for 2,500 beds at $50,000 per bed annually.**

City Investment Request: **$125,000,000, which accounts for funding for 2,500 beds at $50,000 per bed annually.**

Expected Additional Safe Haven Capacity: **5,000 Beds, which, along with the additional planned 900 beds, would double the current number of Safe Haven beds operating throughout NYC, as well as account for the number of unhoused people living on NYC streets according to annual HOPE Counts.**

Expected Additional Individuals Served: **4,500+ Annually**

Projected Permanent Housing Placements: **405 additional individuals placed in permanent housing each year, based on the current state average placement rate of 9%. At current Urban Pathways placement rate of 16%, this number could increase to 720 individuals.**

Conclusion

For thousands of New Yorkers experiencing chronic street homelessness, Safe Havens are more than an alternative shelter option. They are a critical bridge between life on the streets and the stability of permanent housing. They provide opportunities to reconnect with health care, behavioral health services, public benefits, and supportive housing resources while creating the conditions necessary for long-term recovery and housing success.

The evidence increasingly demonstrates that Safe Havens work. The question facing policymakers is no longer whether low-barrier, engagement-focused interventions should play a role in the homelessness response system. Rather, the question is whether New York will invest at the scale necessary to ensure that every person experiencing chronic street homelessness has access to a pathway indoors, a pathway to services, and ultimately, a pathway home.

Continued investment in Safe Havens is not simply an investment in homelessness services. It is an investment in public health, public safety, behavioral health recovery, fiscal responsibility, housing stability, and human dignity. As New York State and New York City confront ongoing challenges related to homelessness and behavioral health, Safe Havens offer a proven and evidence-based strategy for engaging some of the most vulnerable residents in our communities.

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[11] Office of the New York City Comptroller (2023, December 15). Annual State of the City's Economy and finances. https://comptroller.nyc.gov/reports/annual-state-of-the-citys-economy-and-finances/

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