

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE JOINTLY
WITH COMMITTEE ON WOMEN'S ISSUES

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October 30, 2017
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HELD AT: 250 Broadway-Committee Rm. 16th Fl.

B E F O R E: STEPHEN T. LEVIN
Chairperson

KAREN KOSLOWITZ
Co-Chair

COUNCIL MEMBERS:

ANNEBEL PALMA
FERNANDO CABRERA
VANESSA L. GIBSON
COREY D. JOHNSON
RITCHIE J. TORRES
BARRY S. GRODENCHIK
RAFAEL SALAMANCA, JR.

A P P E A R A N C E S (CONTINUED)

Grace Bonilla
Administrator of New York City Human Resource
Administration

Marie Phillip
Deputy Commissioner for Emergency Intervention
Services

Elizabeth Dank
Deputy Commissioner and General Counsel for the
Mayor's Office to Combat Domestic Violence

Kelly Coyne
Vice President of Domestic Violence Shelters at
Safe Horizon

Carol Corden
Executive Director of New Destiny Housing

Jelaine Altino
Deputy Clinical Director of Residential Services
At Sanctuary for Families

Sharlene Powell
Member of Voices of Women, VOW

Mary Haviland
Executive Director of the New York City Alliance
Against Sexual Assault

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[gavel]

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2
3 COUNCIL MEMBER KOSLOWITZ: To order. I am
4 Council Member Karen Koslowitz, interim Chair of the
5 Women's Issues Committee. Domestic Violence also
6 known as intimate partner violence or relationship
7 abuse is an insidious societal issue which could
8 happen to anyone at any age. While we know domestic
9 violence can affect anyone this proportionately
10 impacts women. Statistics on this crime are alarming,
11 nationally one in four women experience abuse in
12 their lifetime. Domestic violence also impacts the
13 children of victims every year, one in 15 children
14 are exposed to intimate partner violence. It takes a
15 lot for a victim of domestic violence to make the
16 choice to leave an abuser. Yet domestic violence
17 victims often face obstacles once they do make that
18 choice. When victims of domestic violence decide to
19 leave an abusive relationship they often have nowhere
20 to go. This is especially true for those with limited,
21 limited economic resources. victims of domestic
22 violence who are able to safely leave their batterer
23 face other serious circumstances such as the
24 possibility of homelessness and dislocation. In fact,
25 domestic violence is the leading cause of

1
2 homelessness in New York City. Domestic violence
3 seriously impacts women and families in New York City
4 where nearly 25 percent of shelter admissions are due
5 to domestic violence. The most pressing need of an
6 individual escaping domestic violence is safety.
7 While some may be able to remain safely in their own
8 home others may not be. Providing safe emergency
9 shelter is therefore a critical tool, tool for
10 families fleeing domestic violence. It is the first
11 step for this vulnerable population and therefor
12 crucial we get adequate services to them during this
13 phase. Today's hearing is imperative in helping
14 improve the lives of those in need. I'd like to thank
15 Co-Chair Council Member Steven Levin for leading this
16 effort and of course thank you to the members of the
17 Committee on Women's Issues that are present and the
18 Committee Staff Counsel Aminta Kilawan and Policy
19 Analyst Joan Povolny.

20 CHAIR LEVIN: Thank you very much interim
21 Chair Koslowitz, I want to thank you very much for
22 Co-Chairing this hearing today, I want to thank,
23 thank the representatives from the administration for
24 their... for appearing today and for your testimony.
25 Good morning everybody, I'm Council Member Steve

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1
2 Levin, Chair of the Committee on General Welfare. In
3 recognition of domestic violence awareness month, I
4 want to thank all of you for coming out today to this
5 important hearing on HRA's Domestic Violence
6 Shelters. I'd like to especially thank my colleague
7 and Co-Chair Council Member Karen Koslowitz, interim
8 Chair of the Committee on Women's Issues for joining
9 this hearing today. I'd also like to acknowledge
10 members of the General Welfare Committee Barry
11 Grodenchik of Queens and, and my good friend Annabel
12 Palma and future as announced today, Deputy
13 Commissioner at Department of Social Services,
14 Annabel Palma for, for joining us today. Today we
15 will be considering Introduction 1739 sponsored by
16 myself in relation to exits from domestic violence
17 emergency shelters. This piece of legislation would
18 require HRA to issue an annual report on the number
19 of individuals and the number of families who exit,
20 exit domestic violence emergency shelters operated by
21 HRA and the type of housing where the individuals and
22 families would be residing upon exiting of emergency
23 shelter. Domestic violence is considered to be one of
24 the leading causes of homelessness in New York City.
25 For victims of domestic violence that require shelter

1
2 HRA oversees the city's shelter system of emergency
3 domestic violence shelters. HRA's Office of Domestic
4 Violence provides emergency shelter, transitional
5 housing programs and support services for survivors
6 of domestic violence and their children. HRA directly
7 operates one emergency DV shelter, has fiscal and
8 program oversight over 53 private emergency
9 residential programs, and eight transitional housing
10 programs. HRA domestic violence shelter locations are
11 kept confidential to ensure that clients are
12 protected. Under state law local social services
13 districts such as New York City must provide
14 temporary emergency shelter to survivors of domestic
15 violence. However, state law limits the length of
16 stay at these shelters to 180 consecutive days, after
17 the 180-day limit expires there are limited options
18 for domestic violence survivors who require
19 additional shelter and have not been able to relocate
20 into permanent housing. While this state law has
21 typically not been enforced in previous years the
22 city has recently began, began to enforce this
23 requirement which may put domestic violence survivors
24 in a precarious situation. Many domestic violence
25 survivors end up seeking shelter within the DHS which

1
2 does not provide the same level of services as HRA DV
3 shelters. Although HRA can refer clients to its
4 transitional housing programs such resources are
5 obviously limited. Some local advocacy organizations
6 are concerned that a number of domestic violence
7 survivors will remain homeless or return to their
8 abusers due to the lack of affordable housing and
9 limited access to services specific to their needs in
10 the DHS shelters and that's really the purpose of the
11 legislation that we're introducing today is... or we're
12 hearing today is to examine where people are exiting
13 to, what type of shelter or, or permanent housing or
14 lack thereof and get a clear picture of what's
15 happening right now because as a result of what we've
16 seen in recent years the, the number of, of, of
17 families is looking to be going up when they enter a
18 path because of domestic violence as a result of this
19 180 day change. Today the committee will examine
20 HRA's domestic violence shelter system including
21 whether there is sufficient capacity to meet the need
22 and explore what happens when survivors must enter
23 the general homeless shelter system. The committee
24 will also examine what the city is currently doing to
25 enhance domestic violence services such as onsite

1
2 mental health services and that's actually an area
3 that I would really look forward today to exploring,
4 what type of mental health services are available
5 onsite, what the range is, what the standards are,
6 what the innovative thinking is to ensure that a,
7 across those 54 emergency shelters and eight
8 transitional shelters throughout the system that
9 they're... that every survivor of domestic violence and
10 their children who've experienced significant trauma
11 have... trauma informed models that are accessible to
12 them onsite available and, and that, that their
13 experiences that they've gone through are given the,
14 the full respect that they're due. At this time, I'd
15 like to acknowledge my colleagues who are here today
16 as I said; Council Member Barry Grodenchik and
17 Annabel Palma from the committee and lastly, I would
18 like to thank the staff of the General Welfare
19 Committee Andrea Vazquez, Senior Counsel; Tonya
20 Cyrus, Senior Policy Analyst who prepared the report
21 today; Dohini Sompura, Unit Head and the Finance
22 Division; Namira Nushot [sp?], Finance Analyst and
23 the Staff of the Women's Issue Committee for putting
24 this hearing together. I would also like to thank my
25 Chief of Staff Jonathon Boucher and Budget Director

1 Edward Paulino and before the testimony I would ask
2 that you... to swear you in so can I ask you all to
3 raise your right hand please, do you swear to tell
4 the truth, the whole truth and nothing but the truth
5 and to respond honestly to Council Member's
6 questions?
7

8 GRACE BONILLA: I do.

9 CHAIR LEVIN: Okay and one other matter
10 is that we have legislation that we're voting on
11 today so when we reach quorum we will pause the
12 hearing, hold the vote and then return to the
13 oversight hearing. Thank you very much, you may
14 begin.

15 GRACE BONILLA: Great, I just want to
16 make sure you can hear me, is that okay, great.

17 CHAIR LEVIN: Can you bring the
18 microphone a little bit closer that'd be great.

19 GRACE BONILLA: Got it. Is that better?
20 Good morning, thank you Chairs Levin and Koslowitz
21 for giving us this opportunity to testify and respond
22 to committee questions today. My name is Grace
23 Bonilla and I am the HRA Administrator. I am joined
24 by Marie Phillip, Deputy Commissioner for Emergency
25 Intervention Services and Elizabeth Dank, Deputy

1
2 Commissioner and General Counsel for the Mayor's
3 Office to Combat Domestic Violence. As we near the
4 end of domestic violence awareness month I look
5 forward to updating these committees on the important
6 work we're doing to provide assistance and support
7 for survivors of domestic violence. HRA is the
8 nation's largest social services agency assisting
9 over three million New Yorkers annually through the
10 administration of more than 12 major public
11 assistance programs including cash assistance,
12 employment programs, food stamps, public health
13 insurance, and other supports that help New Yorkers
14 remain in the workforce. HRA also plays a role in the
15 administration of housing programs such as supportive
16 housing and services designed to assist individuals
17 with HIV and survivors of domestic violence among
18 others. Much of our work focuses on advancing one of
19 the administration, administrations chief priorities,
20 reducing income inequality and leveling the playing
21 field for all New Yorkers. We know that domestic
22 violence is far too common and regardless of one's
23 socioeconomic status, immigration status, gender
24 identity and sexual orientation, anyone of us can
25 fall victim to violence including sometimes in our

1 own homes perpetrated by the person we love. HRA
2 addresses the scourge of domestic violence, a major
3 driver of poverty and homelessness by ensuring
4 survivors and their families have access to a safe
5 living environment and linkages to comprehensive
6 services both within the shelter system and as they
7 transition back into communities to assist them as
8 they recover from the trauma they endured. The New
9 York State Domestic Violence Prevention Act was
10 enacted in 1987 to support services for survivors of
11 domestic violence and their children. The law
12 requires counties to provide shelter and services to
13 survivors of domestic violence and establishes
14 funding for these programs. The New York State Office
15 of Children and Family Services promulgated and
16 maintains regulations as to the standards for the
17 establishment and maintenance of residential and non-
18 residential domestic violence programs and authorizes
19 the local Department of Social Services with the
20 responsibility for financial and contractual
21 arrangements with providers of domestic violence
22 residential services. New York City's domestic
23 violence shelter system overseen by HRA is the
24 largest in the country. Domestic violence shelters
25

1 work with individuals and families impacted by
2 domestic violence to address the trauma of domestic
3 violence, strengthen coping skills and enhance self-
4 sufficiency by including economic empowerment
5 services. This system provides temporary emergency
6 housing and supportive services designed to stabilize
7 families in an... a safe environment. This includes 47
8 confidential emergency domestic violence facilities
9 throughout all five boroughs. HRA's Office of
10 Emergency Intervention is responsible for these 47
11 provider run shelters and one directly administered
12 facility. Additionally, there are eight DV tier two
13 transitional shelter facilities totaling 263 tier two
14 units. In 2016 the HRA Domestic Violence System
15 served 9,205 individuals which included 3,596 adults
16 and 5,609 children. Specialized shelter support
17 services include mental health, expressive therapy
18 such as art, play therapy, recreational and stress
19 reduction, substance abuse counseling and onsite
20 medical collaboration with hospitals, medical centers
21 such as Floating Hospital and Crisis Mobile Van
22 Programs. DV shelter providers offer an array of
23 services to children including but not limited to
24 individual counseling for children through dedicated
25

1
2 therapeutic child care, an example of an enhanced
3 service for children as well as programs with onsite
4 licensed mental health services while in shelter
5 which are then linked to continued services with the
6 same therapist once discharged from the shelter.
7 There are 19 shelter provider organizations that
8 include agencies with expertise and working with
9 specific populations such as persons with
10 disabilities, the Latino, Latino orthodox Jewish,
11 LGBTQ and Asian communities. Over the course of the
12 past four years this administration has advanced
13 substantial policy changes that have both immediate
14 and long terms positive impacts for survivors of
15 domestic violence accessing the shelter system. In
16 September 2015 Mayor De Blasio announced that the
17 city would develop, develop 700 additional DV tier
18 two units and emergency beds an unprecedented
19 addition by the city to address capacity in the
20 domestic violence shelter. Under the prior
21 administration the city added 736 emergency beds in
22 tier two units between 2002 and 2010 of which 85
23 percent were emergency beds and none since 2010. As
24 Commissioner Banks testified at HRA's preliminary
25 budget hearing there was a 17 million dollar

1
2 increased in 2018 compared to 2017 for the full
3 expansion of domestic violence shelter system which
4 includes 300 emergency beds and 400 tier two units.
5 To date 150 of the emergency beds have already been
6 brought online, an additional 89 beds are under
7 development and the remaining 61 in the pipeline are
8 pending state licensure by OCFS. For the new 400 DV
9 tier two units there's currently an open RFP out and
10 we encourage providers to submit proposals, so far 54
11 tier two beds have been awarded and 20 units are
12 operating and just last week an additional DV tier
13 two proposal was submitted and is under agency
14 review. As we reported in April of this year when
15 Commissioner Banks testified at his post 90-day
16 review hearing, as of December 2016 policy and
17 training institute staff in the Mayor's Office to
18 Combat Domestic Violence go to designated tier two
19 shelters to provide access to domestic violence
20 services and provides intimate partner violence
21 specific training for shelter staff, contracted
22 staff, peace officers, and security. OCDV and DHS
23 worked together to create a work plan for providing
24 these trainings. Existing social services staff in
25 tier two shelters participated in enhanced training

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2 to provide them with the tools to identify and refer
3 families and individuals to HRA no violence again
4 team in New York City Family Justice Center or other
5 community basic domestic violence providers. To date
6 more than 2,600 DHS employees and contracted staff
7 system wide have undergone intimate partner violence
8 training and presentations provided by the Office to
9 Combat Domestic Violence staff and a total of 160... 16
10 trainings, presentations have been conducted. HRA's
11 Office of Domestic Violence provides oversight for
12 the 24-hour New York City domestic violence hotline
13 which serves as one of the entry points for the
14 domestic violence shelter system but also provides
15 safety planning and referrals. Safe Horizon a private
16 non-for profit social services agency and DV service
17 provider is the city contracted provider operating
18 the hotline. In calendar year '16 the DV hotline
19 received 10,453 requests for domestic violence
20 shelter. Additional policy changes made by the
21 administration have focused on clients as they
22 transition out of shelter back into the community. In
23 2011 the state and city cut the advantage rental
24 assistance program which had devastating impacts on
25 the number of New Yorkers in need of shelter and the

1
2 DHS shelter census. This negatively impacted
3 survivors of domestic violence because at the time
4 this was the only rental assistance program available
5 to facilitate exiting shelter. For those living in
6 the community state FEPS, the family eviction
7 prevention supplement which was intended to prevent
8 homelessness by supplementing the low public
9 assistance shelter allowance for families was not an
10 option unless survivors can demonstrate that they
11 were in eviction proceedings which most domestic
12 survivors... domestic survivors fleeing their abusers
13 were not able to do. This often-forced survivors to
14 make impossible decisions concerning their safety and
15 well-being and their housing options. Implemented in
16 September of 2014 the city LINC rental assistance
17 programs helped families move from temporary
18 emergency shelter back to the community by paying a
19 portion of their rent for up to five years if they
20 continue to qualify. LINC 3 is specifically
21 designated for domestic violence survivors. To date
22 LINC 3 has assisted 1,206 households move out of
23 shelter into permanent housing. In 2015 the
24 administration implemented city FEPS which helped 707
25 households impact, impacted by domestic violence move

1
2 out of shelter. Pursuant to the recent legal aid
3 state FEPS settlement up to 1,000 survivors of
4 domestic violence who are in the.. in receipt of cash
5 assistance may now be eligible for shelter allowance
6 supplements each year. These supplements available
7 under FEPS, the new city state family homelessness
8 and eviction prevention supplement part B will enable
9 survivors of domestic violence to be able to remain
10 in their apartments or move to new apartments if they
11 have already lost or are otherwise unable to stay in
12 their current apartments. With the implementation of
13 the new FEPS program we are now able to finalize the
14 streamlining of the rules for our own rental
15 assistance program and we will continue to update
16 these committees on our streamlining process. Under
17 the Bloomberg administration there were no New York
18 City housing authority priorities, referrals or set
19 asides for clients in the HRA or DHS shelter system..
20 [cross-talk]

21 CHAIR LEVIN: Sorry, Administrator if you
22 don't mind we're going to take a quick vote and then
23 we'll, we'll continue with the, the testimony.

24 GRACE BONILLA: You got it.

25

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2 CHAIR LEVIN: I'll ask William Martin,
3 Committee Clerk to call the roll.

4 COMMITTEE CLERK MARTIN: Introduction
5 1066-A and 1443-A, items are coupled, Chair Levin?

6 CHAIR LEVIN: Aye on all.

7 COMMITTEE CLERK MARTIN: Palma?

8 COUNCIL MEMBER PALMA: [off-mic] Aye.

9 COMMITTEE CLERK MARTIN: Gibson?

10 COUNCIL MEMBER GIBSON: [off-mic] I vote
11 aye.

12 COMMITTEE CLERK MARTIN: Johnson?

13 COUNCIL MEMBER JOHNSON: Aye on all.

14 COMMITTEE CLERK MARTIN: Torres?

15 COUNCIL MEMBER TORRES: Aye on all.

16 COMMITTEE CLERK MARTIN: Grodenchik?

17 COUNCIL MEMBER GRODENCHIK: [off-mic]
18 Aye.

19 COMMITTEE CLERK MARTIN: By a vote of six
20 in the affirmative, zero in the negative and no
21 abstentions both items on the Committee on General
22 Welfare's agenda have been adopted by the Committee.

23 CHAIR LEVIN: Alright, we're going to
24 keep the roll open, but we'll return to the
25 testimony.

1
2 GRACE BONILLA: Okay. So, I just wanted
3 to go back for a moment and point out that the NYCHA
4 set asides was a, a change by the De Blasio
5 administration that reversed course on both of these
6 decisions. HRA and NYCHA worked together to
7 streamline the NYCHA application process for families
8 in the HRA domestic violence shelters who HRA's Nova
9 staff certified as survivors of domestic violence.
10 Previously families were required to obtain
11 duplicative documentation to obtain the N1 NYCHA
12 needs based priority despite HRA's determination that
13 they were domestic violence survivors. As a result,
14 this made receiving the N1 NYCHA Priority difficult
15 and time consuming. This process has now been
16 reformed so that HRA certification is sufficient, for
17 those clients in HRA's DV shelter system interested
18 in seeking NYCHA housing individuals and families are
19 eligible for an N1 NYCHA Priority due to their Nova
20 certification or DV shelter certification of DV and
21 eligible for this upgrade after 45 days in the DV
22 system. In calendar year '16 there were 736 N1 NYCHA
23 Priorities upgrades. This administration additionally
24 reinstated the N0 Priority for survivors of domestic
25 violence and eligible DHS shelter residents. This

1 designation is especially beneficial for families in
2 DV shelters who have reached the 180-day state set
3 limit and would otherwise be discharged to the DHS
4 shelter. From the beginning of the... of this
5 administration to date through September 2017 as a
6 result of this policy change 1,163 DV families have
7 moved from HRA or DHS shelter into NYCHA units
8 through the N0 Priority. New York State Social
9 Services Law mandates the provision of shelter
10 services for domestic violence survivors which HRA
11 provides in accordance with the State Office of, of
12 Children and Family Services regulations concerning
13 emergency shelter services and care for survivors of
14 domestic violence. Emergency domestic violence
15 shelters provide temporary housing and supportive
16 services such as onsite case management, access to
17 social services and crisis intervention in a safe
18 environment for survivors and their families. State
19 regulations limit placement in emergency shelter beds
20 to 180 days, for those clients who time out of these
21 domestic violence shelters the administration has
22 implemented a streamlined process... transfer process
23 in, in consultation with advocates so that these
24 families can avoid having to go to DHS intake at the
25

1
2 PATH, Prevention Assistance Temporary Housing family
3 intake center in the Bronx. This streamline result is
4 immediate... an immediate placement to DHS tier two
5 facilities avoiding the path eligibility process and
6 conditional DHS placement status. There are clear
7 benefits to families who can avoid re-traumatization
8 and disruption to family functioning that might occur
9 in having to complete the intake process which could
10 require a client to disclose their abuse yet again.
11 While streamlining clients are... while streamlined
12 clients are waiting for DHS placement they maintain
13 their housing in the domestic violence shelter and as
14 part of their transfer process they complete
15 discharge plans which include links to services such
16 as mental health services. This streamlining allows a
17 provider to verify the safety of the client's
18 placement within the DHS tier two system and finally
19 this process ensures that when transfers directly,
20 directly to DHS from HRA occur our clients maintain
21 their NO Priority NYCHA status. As clients move back
22 into communities it is important to take a moment to
23 highlight the way in which programs and services
24 continue to be made available to them through the New
25 York City Family Justice Centers, a non-residential

1 community based services. These non-residential
2 services include crisis intervention, case management
3 and advocacy, counseling, support groups, housing
4 advocacy, and economic security advocacy. Other non-
5 residential services include legal advocacy and
6 assistance in obtaining orders of protection,
7 securing new visas and navigating divorce and child
8 support proceedings as well as services for
9 adolescent and child witnesses of domestic violence.
10 We recognize that often times clients wish to receive
11 services outside of their residence including shelter
12 if they are homeless and or community. It is our goal
13 to ensure that clients are aware of the client
14 centered services options available to them and are
15 able to access the services of interest to them
16 through referrals and direct linkages. Under this
17 administration the Mayor's Office to Combat Domestic
18 Violence opened family justice centers in Manhattan
19 and Staten Island finalizing the vision of one FJC in
20 every borough and creating the largest network of
21 FJC's in the country. The Office to Combat Domestic
22 Violence operates the city's five family justice
23 centers which provide comprehensive multidisciplinary
24 and trauma informed services for survivors of
25

1 intimate partner violence, sex trafficking and elder
2 abuse in one location. Last year the FJC's had over
3 62,000 clients visit across the boroughs. We
4 recognize that FJC's are critical for clients in
5 shelter in receiving the support they need as they
6 are a one stop shop for a wide range of programs and
7 services. The Office to Combat Domestic Violence,
8 FJC's and HRA's domestic violence shelter work
9 closely together to provide a continuum of care
10 through cross referrals and linkages to crisis
11 intervention and ongoing supportive services for
12 survivors. In 2016 a total of 1,275 FJC clients
13 reported being in a shelter at the time of initial
14 screening. Recently through Thrive NYC, OCDV and
15 Health and Hospitals have implemented mental health
16 teams to each FJC with psychiatrists and
17 psychotherapists to provide a trauma informed mental
18 health services to FJC clients. Columbia University
19 Medical Center Department of Psychiatry through
20 private funding support provides ongoing training and
21 technical assistance to the Health and Hospital staff
22 providing these services. The New York Domestic
23 Violence Task Force launched in November of 2016 by
24 Mayor De Blasio, Co-Chaired by First Lady Chirlane
25

1 McCray and Police Commissioner O'Neill and co-lead by
2 OCDV and the Mayor's Office of Criminal Justice is
3 charged with developing a coordinated citywide
4 strategy to address domestic violence broadly with
5 the New York City. Last week the first lady announced
6 an additional almost four million in funding for task
7 force recommendations building on the initial
8 investment of seven million earlier this year
9 bringing the city's total investment to almost 11
10 million dollars to fund 32 recommendations for new
11 programs, initiatives, research and evaluation.
12 Several of the task force's recommendations directly
13 impact survivors to housing and... to access housing
14 and legal assistance. In FY '18 500,000 dollars were
15 added to existing HRA contracts for the non-
16 residential community based DV programs to expand
17 capacity for domestic violence related, immigration
18 legal services in targeted communities with large
19 underserved immigrant populations and high levels of
20 domestic violence. The focus will be on providing
21 holistic legal assistance that meet survivors
22 linguistic and cultural needs and building capacity
23 within these CBO's to provide legal services to their
24 clients. The two legal providers are Sanctuary for
25

1 Families serving the Bronx and Manhattan and Urban
2 Justice Center Domestic Violence Project serving
3 Brooklyn, Queens and Staten Island. In 2016 through
4 the DV Task Force funding was added to the existing
5 HRA anti-harassment tenant protection contracts to
6 implement housing, legal assistance at each of the
7 FJC's to assist survivors and their families in
8 maintaining their current housing, prevent unfair
9 evictions and avoid homelessness. The contracted
10 housing providers onsite of the FJC's have assisted
11 566 clients since the program launched in November of
12 2016. Through the DV Task Force funding the Office to
13 Combat Domestic Violence is partnering with HRA to
14 implement the new Home and Safe Program which will
15 provide enhanced safety measures through alarm
16 systems for survivors with a full order of protection
17 to remain in their home. The program will also
18 connect survivors with financial assistance and
19 economic empowerment programming to provide
20 additional supports for survivors to help families
21 remain in their home. I want to congratulate this
22 council and thank Council Member Ferreras-Copeland
23 and Miller on the passage of the Earn Sick and Safe
24 Time Act which Mayor De Blasio co-sponsored amending
25

1
2 the New York City Earned Sick Time Act to the Earn
3 Sick and Safe Time Act expands the acceptable reasons
4 to use earned sick days including paid leave where
5 applicable to allow survivors of domestic violence,
6 sexual assault, trafficking or stalking to take time
7 off of work in order to plan their immediate next
8 steps and focus on safety without fearing a loss of
9 income. As OCDV and the Department of Consumer
10 Affairs testified during a hearing on this
11 legislation earlier this year, this is critical for
12 survivors of domestic violence who are seeking
13 financial independence from an abusive partner since
14 we know the success in obtaining legal and social
15 services and taking measures to increase personal
16 safety is greatly impacted by employee's ability to
17 take paid leave from work without facing the risk of
18 penalties. Nova established in 1991 addresses the
19 needs of domestic violence survivors seeking
20 emergency housing for the Department of Homeless
21 Services. When a family member discloses that he or
22 she has experienced domestic violence during the DHS
23 intake process PATH for families and aid for adults
24 without minor children this... and single adults the
25 family or individual is sent to Nova for a domestic

1
2 violence safety assessment and possible placement in
3 a DV shelter. Nova staff use a set of criteria to
4 determine eligibility based on the following; whether
5 he or she is a domestic violence survivor in
6 accordance with the New York State Social Services
7 Law Section 459 and the definition and procedure
8 specified in the administrative directive number
9 three of 1998, whether there's a relationship between
10 the need for emergency shelter for current safety and
11 the incident of domestic violence and whether the
12 perpetrator meets the definition of family or
13 household member in accordance with Nova procedures.
14 The domestic violence liaison unit is service
15 mandated by the family violence option act which is
16 intended to protect survivors of domestic violence
17 both living in shelter and in communities. We could
18 be further in, in... who could be further endangered
19 through compliance with public assistance
20 requirements particularly those related to employment
21 and child support. Liaisons serve all HRA, FIA job
22 centers and determine eligibility for waivers from
23 work and other requirements as the client's
24 confidentiality needs dictate. These waivers have
25 some... give some clients a greater opportunity to

1
2 avoid activities that put their safety in jeopardy
3 and give other clients an opportunity to safely
4 comply with federal and state work requirements, so
5 they can pick up the skills and training necessary to
6 locate a job, quickly transition off HRA benefits and
7 services and maintain their financial independence.
8 In calendar year '16 the liaison unit assessed 8,274
9 clients for safety and DV services... service needs,
10 and 5,850 clients received waivers. In calendar year
11 '16 the anti-domestic violence eligibility needs
12 team, ADVENT provided specialized services to an
13 average of 1,264 clients in DV shelter each month.
14 ADVENT conducts, conducts routine and ongoing
15 eligibility determinations, provides case management
16 and engages survivors of domestic violence in
17 activities designed to address their individualized
18 needs. ADVENT works closely with DVL to monitor and
19 respond to the needs of survivors of domestic
20 violence and their families. The unit also processes
21 housing applications and leases, leases ups... up for
22 HRA housing programs for clients in DV shelter. The
23 alternative to shelter ATS Program minimizes the need
24 to enter shelter by giving survivors of domestic
25 violence who have orders of protection the option of

1 remaining safely in their home. And ATS clients
2 safely need... safety needs are assessed, and a safety
3 plan is put in place with close coordination with the
4 NYPD to ensure that the individual and or family are
5 able to quickly alert the authorities when in danger.
6 The program provides clients with the personal
7 electronic response alarm system linked to the local
8 police precinct. Survivors of domestic violence can
9 also receive crisis intervention counseling, advocacy
10 and referrals to services. In calendar year '16 ATS
11 had an active caseload of 230 clients per month. HRA
12 oversees two programs that provide supportive
13 services for survivors living in NYCHA developments,
14 the Domestic Violence Intervention Education and
15 Prevention Program is a close partnership with NYCHA
16 and HRA aimed at preventing one of the collateral
17 consequences of domestic violence, homelessness. The
18 program is based in NYCHA police service areas where
19 case managers work closely with police officers to
20 respond to domestic violence incident reports and
21 provide crisis intervention counseling and advocacy
22 for DV survivors in NYCHA housing. In calendar year
23 '16 the DVIEP Program engaged 6,000 families in
24 domestic violence survivors... services. The Domestic
25

1
2 Violence After Care Program works closely with DVIEP
3 Program, DVAP is satisfied with case manager... is
4 staffed with case managers and MSW social workers who
5 provide NYCHA residents who are survivors of domestic
6 violence with home based assessment, case management
7 referrals and information, advocacy safety planning
8 and relocation assistance. In calendar year '16 DVAP
9 provided case management services to an average of
10 275 NYCHA residents upon approval of their
11 application for emergency DV transfer. DV legal
12 services; legal services are also available for DV
13 shelter residents and survivors in communities
14 including orders of protection, child custody, child
15 support, immigration issues, and divorce. In calendar
16 year '16 HRA contracted non-residential providers
17 assisted an average of 2,040 families each month and
18 offered legal services to an average of 270 families
19 each month. OCDV, FJC's also have city contract at
20 legal providers on site to provide legal consultation
21 and representation for family and immigration law
22 related matters. The following... the following is a
23 summary of FJC's client seek, seeks legal assistance;
24 for civil legal services. In calendar year '16 12,106
25 clients received legal services, this includes

1 clients receiving at least one service for any of the
2 following; immigration, family, matrimonial, or other
3 civil legal serve... legal assistance. And in calendar
4 year '17 through October of... October 27, an
5 additional 12,096 clients received such services.
6 These programs and services I just discussed are a
7 snapshot of the diverse and multidisciplinary
8 response to domestic violence across agencies,
9 organizations, community stakeholders and faith based
10 leaders in the city. Although crisis intervention and
11 ongoing support of services to domestic violence
12 survivors, survivors are critical we know that in
13 order to reduce the incidents of domestic violence in
14 the city and in... and interrupt the intergenerational
15 cycle of violence education and prevention efforts
16 with youth is key. HRA's Innovative Teen Relationship
17 Abuse Prevention Program has helped teens attending
18 public high schools and middle schools develop
19 healthier relationships. Social workers deliver an
20 array of relationship abuse services through four
21 components; prevention classes, intervention
22 counseling, staff development and training and
23 community outreach. RAPP fosters a school climate
24 with zero tolerance for abusive behavior in all of
25

1
2 its forms thereby promoting an... a safe and productive
3 learning environment for students and staff. For
4 several years RAPP has also focused on pregnancy
5 prevention efforts, currently 32 MSW's are serving 93
6 schools citywide. During the 2016-2017 school year
7 over 7,000 students received RAPP intervention
8 services and counseling and more than 30... 3,600
9 completed the three-session curriculum. OCDV's
10 Healthy Relationship Training Academy provides
11 educational workshops to youth, staff and parents
12 reaching almost 9,000 participants in 2017. The
13 academy provides free interactive and discussion
14 based workshops on the topics of teen dating violence
15 and healthy relationships for youth, parents, staff,
16 service providers in English and Spanish. Workshops
17 are led by peer educators who are generally young
18 professionals who have received extensive training
19 and ongoing skills development in this area. Through
20 DVTF funding healthy relationship education will now
21 be expanded to the early RAPP Initiative to youth in
22 middle schools. The Office Combat Domestic Violence,
23 HRA and the Department of Education will work with
24 community providers to bring healthy relationship
25 education to 128 middle schools throughout New York

1
2 City with a graduated roll out beginning in 2017-2018
3 school year. Early RAPP incorporates key components
4 from OCDV's Healthy Relationship Training Academy and
5 HRA's Relationship Abuse Prevention Program into a
6 new education model that targets middle school in
7 every borough where high, high incidents of domestic
8 violence occur. Intro 1739, the proposed legislation
9 would require Human Resources Administration to issue
10 an annual report on the number of individuals and
11 number of families who exit domestic violence
12 emergency shelters operated by HRA and the type of
13 housing where the individuals and families would be
14 residing upon exiting emergency shelter. The report
15 would include but not be limited to the total number
16 of individuals and the total number of families who
17 exited a domestic violence emergency shelter during
18 the proceeding calendar year desegregated by the type
19 of housing such individuals and families would be
20 residing in upon their exit. The Human Resources
21 Administration regularly reports on move outs
22 including the 71,596 men, women, and children who
23 have utilized a rental assistant program to move into
24 permanent housing from the beginning of this
25 administration through September 2017. Our discharge

1 reasons and corresponding codes are aligned with OCFS
2 regulations concerning exits. We have some
3 operational concerns about the reporting that would
4 be required particularly in light of the exiting OCFS
5 requirements, but we look forward to working with the
6 council on a feasible alternative. Thank you for this
7 opportunity to testify and I look forward to your
8 questions.
9

10 CHAIR LEVIN: Thank you very much
11 Administrator Bonilla and I want to thank and
12 acknowledge members of the Women's Issues Committee
13 Ben Kallos and Elizabeth Crowley who have joined us
14 as well. So, I'm going to ask a few questions and
15 then I'll turn it over to my Co-chair and then might
16 circle back a little bit later. So, the area that I'd
17 like to focus on at the outset are mental health
18 services provided within the, the DV emergency system
19 so that is.. we had it as 53, I think you mentioned 48
20 privately contracted... [cross-talk]

21 GRACE BONILLA: Uh-huh... [cross-talk]

22 CHAIR LEVIN: ...in a not-for-profit run
23 sites and one run by HRA?

24 GRACE BONILLA: Uh-huh.
25

1 non-group sessions, individual session mental health
2 services?
3

4 GRACE BONILLA: It's not available in
5 every shelter.

6 CHAIR LEVIN: Is it available in some
7 shelters?

8 GRACE BONILLA: It is available in some
9 shelters; other providers will have linkage
10 agreements with mental health providers in the
11 community.

12 CHAIR LEVIN: How many of the shelters is
13 it provided in?

14 GRACE BONILLA: We'll get back to you, I...
15 [cross-talk]

16 CHAIR LEVIN: Rough percentage; half,
17 quarter, ten percent?

18 GRACE BONILLA: Less than half are on,
19 onsite.

20 CHAIR LEVIN: Okay, why do some have it
21 and not others, I mean is that a... is, is that a
22 decision made at the HRA level or is a decision made
23 at the provider level?

24 GRACE BONILLA: OCFS requires that mental
25 health services are made available, there is... they're

1
2 not prescriptive on whether it should be onsite or in
3 community... [cross-talk]

4 CHAIR LEVIN: Uh-huh... [cross-talk]

5 GRACE BONILLA: ...this gives the providers
6 an opportunity when they respond to the services that
7 we need to really look at what they're expert at,
8 what the clients that they serve need and when they
9 apply for whether, whether it's an RFP, a provider
10 with the model of what they are serving with they're
11 really speaking to the, the... both their expertise and
12 the needs of the clients.

13 CHAIR LEVIN: Is every family that enters
14 DV shelter from a... I mean are... is, is every... is, is
15 it... if you maybe break down some of the, the clinical
16 aspects of it, of, of somebody entering a domestic
17 violence shelter does every person that's entering
18 domestic violence shelter is... are they seen as having
19 experienced trauma?

20 GRACE BONILLA: That is part of the
21 assessment that is done at... with a caseworker with
22 whom they meet with once a week as per the state
23 regulations so... [cross-talk]

24 CHAIR LEVIN: And they're screened...
25 what's the screening?

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2 GRACE BONILLA: The screening requires a
3 mental health screening as part of the... [cross-talk]

4 CHAIR LEVIN: And the caseworker... [cross-
5 talk]

6 GRACE BONILLA: ...process... [cross-talk]

7 CHAIR LEVIN: ...does that mental health
8 screening, they do the... [cross-talk]

9 GRACE BONILLA: I believe so... [cross-
10 talk]

11 CHAIR LEVIN: ...evaluation... [cross-talk]

12 GRACE BONILLA: ...I will... I will turn it
13 to our Deputy Commissioner Marie Phillip.

14 MARIE PHILLIP: Good morning, so the
15 screening is done by a caseworker or an MSW that
16 resides in the program in the shelter, so it can be
17 done by a range of staff that are deemed qualified to
18 do the screening.

19 CHAIR LEVIN: So, a caseworker is
20 qualified to evaluate a mental health assessment?

21 MARIE PHILLIP: Yes, they can, and
22 they're basically called psychosocials.

23 CHAIR LEVIN: Okay and that screens for
24 PTSD?

1
2 MARIE PHILLIP: It will screen for trauma
3 levels... [cross-talk]

4 CHAIR LEVIN: Uh-huh... [cross-talk]

5 MARIE PHILLIP: ...all of the tools are
6 trauma informed.

7 CHAIR LEVIN: Okay and if somebody's
8 found to have some type of trauma that needs
9 counseling what are... what are the array of models
10 that are made available at this point right now?

11 MARIE PHILLIP: So, I'll try to answer
12 that question the, the best I can, the range of
13 models may include onsite crisis intervention
14 counseling to short term and long term mental health
15 counseling and it depends on as... [cross-talk]

16 CHAIR LEVIN: More specifically what are
17 some of the models that are out there, are, are we
18 engaging in best practices, I, I googled last night
19 mental health services, domestic violence shelters
20 found an, an NIH report on a program called HOPE that
21 was produced out of Akron, Ohio that talked about a
22 specific trauma informed model to treat women and
23 families in a mental health capacity... you know in a...
24 in a DV shelter for PTSD, I mean what, what, what
25 trauma informed model specifically are made

1 available... you know it's not an obviously... you know
2 there's not just an infinite amount... array of
3 services, what, what models are we looking at, which
4 ones are working?
5

6 GRACE BONILLA: So, Council Member I... not
7 to interrupt Deputy Commissioner but I wanted to also
8 point out that through the partnership that we have
9 with the Department of Health and through Thrive NYC
10 we have provided provider staff with training on
11 mental health first aid and... which is based on trauma
12 informed principles.

13 CHAIR LEVIN: Okay... [cross-talk]

14 GRACE BONILLA: So, we are making strides
15 in this area to make sure that all of the providers
16 that are serving this particular clientele
17 understands mental health and what trauma informed...
18 what inform, informed approach is.

19 CHAIR LEVIN: Okay but that seems like
20 triage, what, what, what models... what, what, what
21 actual trauma informed models are implemented in the
22 field in, in New York City, who's monitoring those,
23 do we have a, a... do we... do... are we collecting data on
24 that, do we have a sense of well Safe Horizon is
25 doing this and Sanctuary for Families is doing this

1
2 and others are doing that and this, this program is
3 doing that, do we... I mean is it... is it entirely up to
4 them which model they're using, do we even have a... do
5 we even know which models are being used throughout
6 the system?

7 MARIE PHILLIP: Alright, so we do not
8 have a documented information on all of the models
9 that our providers are using and I think that's
10 something that we could provide for you but I can say
11 that they all are using models that they have
12 particular expertise in providing for those that are
13 particularly doing it on site but we do not keep or
14 maintain that information but we can acquire it and
15 the providers are the ones that, that are determining
16 which models they will implement based on the
17 resources that they have in terms of their staffing.

18 CHAIR LEVIN: Do you have some mechanism
19 to have feedback from clients as to whether their
20 mental health needs are being met from their
21 perspective?

22 MARIE PHILLIP: The mechanisms for
23 feedback are generally through the interactions with
24 LCFS which is their onsite reviews of services that
25 are provided to clients and HRA does go out and visit

1
2 our shelters and engage in discussions with them on
3 how services are being delivered, we also have
4 monthly meetings to share best practice information
5 and trainings.

6 CHAIR LEVIN: So, then there would be
7 like notes from those meetings, I'm, I'm wondering
8 what models are out there that are working, that's... I
9 mean that's the first thing is what, what's, what's...
10 what are programs... it's, it's 2017 we've been... we've
11 made a lot of advancements in mental health in this
12 country in the last 25 years, what, what, what
13 programs are working within our DV system for women
14 and children that have experienced the trauma or
15 suffering from PTSD, you know this is... you know we
16 have to understand we're talking about children
17 three, four, five year old children, teenage
18 children, you know children that have... that have
19 experienced a tremendous amount... I mean think about
20 it, nobody's, nobody's in a DV shelter because they
21 want to be there, they, they suffered an uprooting
22 event, an uprooting event in their lives, they are
23 living in a... in a foreign environment, they are
24 living in... it's, it's tough to call a shelter home,
25 it's tough to call a shelter home and if somebody's

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there for six months or a year it is... it is a
traumatic experience in... by any measure for anybody,
how are... how are we getting a clear picture of what
is available to these families when it comes to
resources to help them deal with the trauma and how
are we compiling that and how are we evaluating that
and, and how are we moving forward, I'm, I'm sorry I
would... I would like some specifics here, what's...

[cross-talk]

GRACE BONILLA: Sure... [cross-talk]

CHAIR LEVIN: ...working... [cross-talk]

GRACE BONILLA: So, Council Member I
could emphasize with you passion around this issue,
we know that our providers have done a, a... they're
doing the best that they can with the expertise that
they have to answer your question because the Office
of Child... of, of Children and Family Services at the
State level are really the ones that look into the
quality of, of some of these services, HRA has not
been in the position to do that and I would agree...

[cross-talk]

CHAIR LEVIN: We're contracting... [cross-
talk]

GRACE BONILLA: ...with you... [cross-talk]

COMMITTEE ON GENERAL WELFARE JOINTLY WITH THE

COMMITTEE ON WOMEN'S ISSUES

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1 CHAIR LEVIN: ...these programs... [cross-
2 talk]

3 GRACE BONILLA: ...oh absolutely... [cross-
4 talk]

5 CHAIR LEVIN: ...you should obviously know
6 the quality... [cross-talk]

7 GRACE BONILLA: ...absolutely, absolutely,
8 we're just starting the contract with these
9 providers, you're absolutely right and I believe that
10 there's an opportunity here for us to hone in on what
11 is working but I would not want to leave this hearing
12 without the emphasizing that services are being
13 provided, do we... [cross-talk]

14 CHAIR LEVIN: Not onsite and not
15 individualized. I, I will tell you I have a friend
16 who was in a DV shelter, right, she, she... there were
17 four other women that were having similar experience
18 to her, I met with them a couple of months ago in my
19 office they all described not having access to the
20 needed mental health services that they and their
21 children needed, they and their children needed these
22 mental health services, they were not provided on
23 site and, and the reality is... I mean we should look
24 at what is... I, I would... I would think that having
25

1
2 access to onsite individualized services would be a
3 requirement because for those families that don't
4 want to go off site they don't want to go to Kings
5 County Hospital if they're in Brooklyn or Staten
6 Island Hospital if they're in Staten Island or
7 wherever they are to have to go off site to go into
8 a, a sterile or clinical environment, they don't want
9 to be in group sessions because of issues that they
10 don't want to disclose to other people that they're
11 residing with, I mean you know there's the other
12 aspects of just what it's like to live in a shelter,
13 they said well you're, you're living in congregate
14 facilities and, and then in a lot of ways some of... a
15 lot of the, the, the... whether it's a kitchen or a...
16 you know areas of... recreational areas, you're not...
17 you don't have a lot of private space, it's really
18 hard to, to consider any space private space when you
19 have inspections that are every, every day or every
20 couple of days when you don't... you don't have the
21 right to say excuse me I don't want any visitors
22 right now, you know... you know all of that, that
23 experience to not have the ability to say I need to
24 talk to somebody today, onsite and somebody that's
25 there to receive you, not be judgmental and to... that

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2 has some, some level of training I would think would
3 be an essential component to this system.

4 GRACE BONILLA: Council I'd, I'd like to
5 unpack a little bit of what you've said, you
6 described a, a situation where there is no privacy,
7 where there are inspections and that is the lived
8 reality for many of our domestic violence survivors,
9 it is for that reason that in our experience they'd
10 rather leave the facility to receive some of their...
11 some of their services, if I may finish... [cross-talk]

12 CHAIR LEVIN: Uh-huh... [cross-talk]

13 GRACE BONILLA: ...the other part that you
14 also I think very eloquently pointed out is that some
15 of the... that there should... have access to someone in,
16 in the facility and they do, there are case managers
17 and there are MSW's that can absolutely talk to a
18 client if they need that, what we are seeing is that
19 additional long term mental health services are
20 provided both in, inside the facility and at times
21 outside the facility and what we have found is that
22 in our experience our clients do prefer that.

23 CHAIR LEVIN: I mean I think that the
24 national literature that I've seen almost all speak
25 to the need for onsite services, I'm... so I'm, I'm

1
2 actually... I'm going to take issue with that and maybe
3 we can have further conversations about this, but my
4 understanding is that... I mean there has to be some
5 national standards out there that onsite services
6 are, are preferred or are... you know are, are kind of
7 the national standard, I'm, I'm looking at this... it's
8 this NIH study on, on the, the, the HOPE Program,
9 HOPE for battered women with PTSD and domestic
10 violence and one of the, the, the foundational
11 aspects of this is the, the, the benefits of shelter
12 based treatment, page two of this... of this NIH
13 report, shelters are an integral resource for
14 battered women with approximately 2,000 community
15 based facility programs throughout the United States,
16 shelters offer multiple services to bat, battered
17 women in, including... research suggests that women who
18 seek more forms of help while in shelters report less
19 victimizations, the, the idea of providing support
20 services, mental health services onsite... I think this
21 is, is an integral component of all this so I, I
22 don't... I mean I'm... is... are, are we engaged with, with
23 you know national organizations, advocacy
24 organizations, research organizations on, on whether
25 onsite is, is the most appropriate or... that, that,

1
2 that at least offering onsite to every, every woman
3 or... [cross-talk]

4 GRACE BONILLA: I, I just want to be...
5 [cross-talk]

6 CHAIR LEVIN: ...child... [cross-talk]

7 GRACE BONILLA: ...clear there are case
8 managers onsite...

9 CHAIR LEVIN: Case managers don't...
10 [cross-talk]

11 GRACE BONILLA: ...and MSW... [cross-talk]

12 CHAIR LEVIN: ...cut it, I'm sorry, I...
13 [cross-talk]

14 GRACE BONILLA: ...onsite.

15 CHAIR LEVIN: That's not a... that's not...
16 that's not a, a counselor, I mean are you saying that
17 every... that that's, that's not what we're talking
18 about, you, you could have a case manager who's
19 dealing with your housing issues and we'll get to
20 housing and all of that but, but you know just a...
21 your case manager's not the one, they don't have the
22 training to be able to be a, a, a counselor when it
23 comes to PTSD, I'm sorry they don't, I mean a, a case
24 manager with a BA that's 25 years old is not going to

1
2 have the training or the expertise to know what to
3 do.

4 GRACE BONILLA: [off-mic] Do you want to
5 answer that?

6 MARIE PHILLIP: Councilman I do want to
7 say that though a position may be a case manager it
8 doesn't mean that that individual is not qualified to
9 provide trauma informed care for the clients, yes
10 case managers can range in what they provide, housing
11 and other functions but we do have dedicated
12 counselors within our shelters that provide trauma
13 informed care, counseling... [cross-talk]

14 CHAIR LEVIN: Not in every shelter...

15 MARIE PHILLIP: In... it must... if they are
16 not in every shelter we do have at least an MSW that
17 is covering that shelter, so everyone does by state
18 regulation have to have a staff person that is
19 providing that level of care, it... [cross-talk]

20 CHAIR LEVIN: But that... but that... [cross-
21 talk]

22 MARIE PHILLIP: ...looks different across
23 the... [cross-talk]

24 CHAIR LEVIN: ...shelter... [cross-talk]

25 MARIE PHILLIP: ...system... [cross-talk]

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2 CHAIR LEVIN: ...but that, that social
3 worker's not providing onsite counseling in an
4 individualized... [cross-talk]

5 MARIE PHILLIP: Yes, they are... [cross-
6 talk]

7 CHAIR LEVIN: ...setting...

8 GRACE BONILLA: They are...

9 MARIE PHILLIP: Yes, they are...

10 CHAIR LEVIN: So... no, they're not, I mean
11 I can tell you I, I... we, we... the... if... I mean the,
12 the, the people that I spoke to residing in shelter
13 had access to group therapy sessions once a week,
14 they did not have access to individualized therapy
15 session onsite, you, you said in your testimony
16 earlier that half... that, that half have onsite... or
17 less than half and the rest have... are referred to
18 offsite programs.

19 MARIE PHILLIP: However all of our
20 shelters are required by the state regulations to
21 provide one on one counseling.

22 CHAIR LEVIN: Onsite... [cross-talk]

23 MARIE PHILLIP: Trauma informed care
24 counseling onsite.

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CHAIR LEVIN: That's not what was said
in... [cross-talk]

MARIE PHILLIP: And all of them... [cross-
talk]

CHAIR LEVIN: ...earlier in... [cross-talk]

MARIE PHILLIP: ...are staff... [cross-talk]

CHAIR LEVIN: ...the testimony...

GRACE BONILLA: I want to... [cross-talk]

MARIE PHILLIP: And complies with that
regulation... [cross-talk]

GRACE BONILLA: I would like to clarify
what we did say in the testimony, we do have case
managers in every site, what you asked is for long
term mental health services... [cross-talk]

CHAIR LEVIN: Correct... [cross-talk]

GRACE BONILLA: ...in the community... we
have those in the community as well so there is...
there is a distinction between having a case manager
that would, would... that will deal with you once a
week and if you need additional services going out
into the community if those additional services are
not available in... onsite.

CHAIR LEVIN: Right but a case manager...
again I'm not saying that a case manager necessarily

1
2 is unequipped to handle mental health concerns but
3 they are not necessarily equipped, I mean I'm sorry
4 but you... what, what are the requirements to be a case
5 manager, it's a BA, right, a BA you don't need a
6 Masters, you don't need an MSW to be a case manager
7 in a shelter in a... in an HRA domestic violence
8 shelter, I guarantee you that's, that's not the
9 requirement so you got somebody that's 23, 24, 25
10 years old with a BA coming out of college making
11 38,000 dollars a year, it's not... I'm sorry but
12 they're not... so I'm not... there might be some
13 exceptional people that are equipped but they're not
14 necessarily equipped to be able to do that.

15 MARIE PHILLIP: They have to be qualified
16 to work in a domestic violence shelter, they have to
17 be qualified to provide that service and they are
18 supervised by an MSW commission.

19 CHAIR LEVIN: But, but onsite mental
20 health, ongoing mental health services are not... are
21 not in, in every site, right?

22 MARIE PHILLIP: There's a baseline of
23 services in every site however there may not be long
24 term services or family counseling or more specific...
25 [cross-talk]

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CHAIR LEVIN: What's the difference between baseline and long term, I mean... [cross-talk]

MARIE PHILLIP: The baseline is that every site must provide counseling for one on one as well as groups that is geared for domestic... that is individualized for domestic violence and trauma informed that's the requirement.

ELIZABETH DANK: And I just wanted to add when we're talking about clients... [cross-talk]

CHAIR LEVIN: Sorry, but that's not... that's... sorry, go ahead I'm... [cross-talk]

ELIZABETH DANK: That's okay, I just wanted to add when we're talking about clients going offsite and, and it is our experience that many clients do prefer to receive services in, in the community not just because of their, their desire to not receive these services in that close environment where there is no privacy or very often there's not that privacy that you experience when you're receiving services in a community as opposed to a residential setting and we see that in DV shelters and in NYCHA developments that there's a desire to leave where you're living and receive services in the community and we know that at the Family Justice

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2 Centers over 1,000 clients at the time of their
3 intake indicate that they live in shelter and those
4 are just the clients who are indicating that at
5 intake. So, we know that clients are going offsite,
6 they are going into communities and being referred to
7 different systems and agencies to receive the
8 services that they need including mental health
9 services.

10 CHAIR LEVIN: Taking a step back, okay,
11 is ongoing trauma informed one on one mental health
12 services required to be provided in all DV shelters,
13 answer to that is no, yes...

14 GRACE BONILLA: No, the answer to that is
15 yes be... through state regulation case managers are
16 required to meet one on one once a week... [cross-talk]

17 CHAIR LEVIN: That's not what I'm asking...
18 [cross-talk]

19 GRACE BONILLA: ...with clients... [cross-
20 talk]

21 CHAIR LEVIN: I'm not talking about case
22 managers, I'm talking about trauma informed
23 counseling, that's not case management, that is
24 trauma informed counseling, it's a different standard
25 of care.

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2 MARIE PHILLIP: Sir they are provided..
3 they are required to provide one on one trauma
4 informed care counseling with all clients or head of
5 household.

6 CHAIR LEVIN: So, if I... if, if, if a, a
7 client says I need one on one counseling onsite today
8 that is provided?

9 MARIE PHILLIP: Yes, it is supposed to
10 be.

11 CHAIR LEVIN: Okay, I... we're... I'm going
12 to... I'm going to... we're going to spend some time
13 together over the next few years exploring this.

14 MARIE PHILLIP: Okay...

15 CHAIR LEVIN: I am not confident that
16 there's a, a standard across the board, I don't... I
17 didn't hear... I mean I asked about whether... what
18 models are being used, in fact please, what models
19 are being used, what, what trauma informed models..
20 [cross-talk]

21 GRACE BONILLA: I believe the... [cross-
22 talk]

23 CHAIR LEVIN: ...are being used... [cross-
24 talk]

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2 GRACE BONILLA: ...response to that Council
3 Member was that the models do vary depending on the
4 provider... [cross-talk]

5 CHAIR LEVIN: What are some of them...
6 [cross-talk]

7 GRACE BONILLA: ...we are... we are happy to
8 gather that information for you after the hearing.

9 CHAIR LEVIN: So, offhand you don't know
10 what models are... some of the models, just a handful,
11 an example?

12 GRACE BONILLA: I would not want to guess
13 at the models, we have to gather information, we...
14 we're happy to give you more accurate information
15 after the hearing.

16 CHAIR LEVIN: Because... like for example,
17 we have oversight over preventative service programs,
18 right, so we have... there's general preventive, this
19 is in ACS... there's general preventive and then
20 there's evidence based preventive programs, they're
21 more intensive, they're more expensive. When ACS
22 presents to us the preventive models being used for
23 families in need there's a very clear array of
24 preventive models that are tailored to individual
25 needs that are, are specific, they could be more

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2 intensive, they could be less intensive, they could
3 be general, there are general preventive but it's
4 pretty clear what the models are that are out there
5 and there's a... and there's a... an accounting of how
6 many of those slots are available, where they're
7 available, who's the provider, so on and so forth.
8 What I would like to know is when it comes to mental
9 health services in the DV system to serve these
10 thousands of families that are presenting themselves
11 to the city fleeing their batterers while in the
12 city's care what mental health services specifically
13 are being provided, where they're being provided, how
14 many are, are, are made... how many of those slots are
15 made available and what the models are, and I think
16 that that's a reasonable thing to ask. Okay, then
17 I'll turn it over to my Co-Chair.

18 COUNCIL MEMBER KOSLOWITZ: Thank you.

19 What is the capacity of HRA's domestic violence
20 emergency, emergency shelters today?

21 MARIE PHILLIP: We have a capacity of
22 2,378 emergency beds and 253 tier two units.

23 COUNCIL MEMBER KOSLOWITZ: Are there
24 remaining beds becoming available?
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2 MARIE PHILLIP: We have beds that will be
3 coming on the system through the RFP that was issued,
4 we have actually awarded 300 beds and we are awaiting
5 approximately 80, I think it is six beds to come
6 online so we have satisfied pretty much the emergency
7 need, we are hoping to continue to bring on tier two
8 units.

9 COUNCIL MEMBER KOSLOWITZ: What was the...
10 I didn't get... 86 you said?

11 MARIE PHILLIP: We have approximately 86
12 units that are about to come online, they've already
13 been awarded but they are waiting OCFS certification.

14 COUNCIL MEMBER KOSLOWITZ: And what is...
15 what is the current census of DV tier two beds?

16 MARIE PHILLIP: DV tier two is measured
17 by units which are for family and we have currently
18 approximately 253 units, we are... have added on
19 another 54 that were awarded only 20 of those are
20 actually up, we are awaiting 34 to be certified by
21 OTDA.

22 COUNCIL MEMBER KOSLOWITZ: Okay, how many
23 beds are available for families with children, single
24 women and single men?

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2 MARIE PHILLIP: All of our DV beds are
3 available to those populations, the last expansion
4 really focused on trying to ensure that we could
5 better service smaller families, single DV survivors
6 and pregnant women so our newer beds are really
7 structured to be able to do that. Our system is a
8 family system, so we do not have dedicated single
9 facilities.

10 COUNCIL MEMBER KOSLOWITZ: Okay, I want
11 to turn it over to Annabel Palma for questions.

12 COUNCIL MEMBER PALMA: Thank you Madame
13 Chair. I just have a couple of quick questions, in
14 the... I mean I, I think being a survivor of domestic
15 violence I know the trauma that is caused by the
16 situation, right and there's not a, a cookie cutter
17 approach to try to help any one single family, we
18 need to make sure that we're meeting the needs on an
19 individualized basis and so I respect this
20 administration for the work and the leadership that
21 it has taken to deal with this issue and make sure
22 that the services are being provided in a way where
23 folks are being moved out of shelter and in, into
24 communities and are then able to be proud to be part
25 of, of the community in, in a stable... in a stable

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2 way. With that being said I also know the stigma that
3 mental health brings to families and so I, I'm
4 curious to know if the reason why any of the families
5 that do elect to seek services outside of the... of, of
6 the shelter is due to that is... you know the, the
7 stigma that it brings, I mean folks don't want anyone
8 knowing or thinking that they have a mental health
9 issue and so I'd rather go outside and seek my
10 services then to be labeled having mental health
11 issues, do you think that that's what may be
12 happening to some of those families?

13 GRACE BONILLA: Council Member you could
14 not be more right, that is absolutely one of the
15 reasons that our families do prefer and have said to
16 not only our providers but our staff that they would
17 rather seek services outside of the setting where
18 they're staying in. We also know that this is as... you
19 know better than anyone this is a complex issue,
20 there are a number of reasons why someone who's a
21 survivor of domestic violence may not be ready to
22 receive services, may in fact reject services and
23 it's the reason that we work with them once a week
24 in... onsite to see what they're actually ready for not
25 just on the mental health field but in, in an array

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2 of services that will hopefully help them towards the
3 road to self-sufficiency.

4 COUNCIL MEMBER PALMA: And so that staff
5 that you have dedicated that you've mentioned that
6 does provide that type of service to, to these
7 families on a one on one basis because the state
8 mandates you to do so, is... you mentioned the staff is
9 equipped to provide these kinds of services, is it
10 just the title of the position that they're working
11 under that is called a case manager and so we may be
12 thinking that that's why they're not qualified to
13 provide these services?

14 MARIE PHILLIP: So, the case manager
15 position is determined by the provider agencies, some
16 are case managers, some are called DV counselors and
17 we have agencies where... such as Jewish Board Family
18 and Children Services where highly qualified
19 individuals seeking their MSW still cannot be
20 considered a, a social worker until they have it, so
21 it doesn't mean that they are not trained or
22 qualified but they're title is what the agency
23 prescribes.

24 COUNCIL MEMBER PALMA: At, at the time of
25 assessment for, for these families they are being

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2 made aware that this is a service that's provided to
3 them on a one on... a one on one basis and also if...
4 besides the one on one basis are... when, when it's a
5 group setting is that also just part of, of what that
6 individual provider does or that shelter does?

7 MARIE PHILLIP: Well the groups will be
8 conducted by individuals that that provider deems
9 eligible for what they're doing so that could be
10 facilitated by an MSW social worker as opposed to a
11 case manager or it could be co-led by those as well
12 and for individuals that need beyond what that case
13 worker is able to provide there's more intensive...
14 there are more intensive needs for the client those
15 are the ones that are referred for other services,
16 more prescribed mental health services and that's why
17 our providers are required to link with mental health
18 providers either in the community or citywide.

19 COUNCIL MEMBER PALMA: And, and for the
20 sake of clarity in terms of individual services
21 versus group setting services it's not one or the
22 other... [cross-talk]

23 MARIE PHILLIP: It's both.

24 GRACE BONILLA: It's both.

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COUNCIL MEMBER PALMA: It's both and so...

[cross-talk]

MARIE PHILLIP: They must do both...

[cross-talk]

COUNCIL MEMBER PALMA: ...we know that again you know people that have gone through trauma can benefit from a... from a group setting, right and so... but it's not that they're being denied an individualized service?

MARIE PHILLIP: Correct, they're not being denied, and I just want to make clear for the record that we do have providers who are experts in providing these levels of care. I personally can't give you those particular models as I sit here but as we said we will gladly grant that information.

COUNCIL MEMBER PALMA: Thank you and then my last question is in regard to the RAPP program, I'm a huge fan of the RAPP Program and, and I'm so happy that this administration continues to make sure that it... that it's functioning, the testimony said it served over 7,000 students but only 3,600 completed the, the session, the three sessions, do we know what happened to the other 3,400?

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MARIE PHILLIP: I don't have specifics on that but we know that, that with... we're working with teens and so what we really look at particularly is the ones that completed the entire curriculum and that's what we measure by, so they may have completed two, they didn't complete all three for different reasons and some of these families are quite unstable so in that particular school where the program was being provided maybe they didn't complete it but we're only measuring those that absolutely completed it.

COUNCIL MEMBER PALMA: Okay..

GRACE BONILLA: I think it's one of the reasons that it's such an investment that we're drilling down to the middle school level where we're hoping that it would get a, a bigger return on our investment when we're providing these services and these trainings, so we are... we're very excited to see what the results of that will be.

COUNCIL MEMBER PALMA: Thank you so much.

CHAIR LEVIN: Council Member Grodenchik.

COUNCIL MEMBER GRODENCHIK: That's okay, good morning, good morning, it's almost... still morning, right? Thank you, Mr. Chair and Madame

1 Chair, good morning, good morning, good to see you
2 here. I am a little confused though this past spring
3 Commissioner Banks was here or actually across the
4 street to testify about homelessness in general and I
5 had asked him for a breakdown of where people come
6 from, from... where they come from before they end at a
7 shelter system... [cross-talk]

9 MARIE PHILLIP: Uh-huh... [cross-talk]

10 COUNCIL MEMBER GRODENCHIK: ...and I...
11 distinctly remember him telling the committee that 30
12 percent of the people in the shelter system, I'm not
13 going to hold to him exactly 30 percent, were
14 domestic violence victims meaning that mostly women
15 and young children which would add up to about 18,000
16 people given the current close to about 60,000 people
17 that are in the shelter system but according to page
18 two of the testimony we only had 9,205 individuals
19 including adults and children in 2016 and my question
20 for you, I really would like to get a breakdown in
21 writing on exactly and I, I know the homeless service
22 commissioner's not with us this morning, on where
23 people are coming from the shelters into the shelter
24 system. I remember Commissioner Banks telling us that
25 11 percent of the people were coming from evictions,

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2 I don't know where the other 59 percent are coming
3 from and that is troubling to me, I was promised
4 those numbers, I have not received them, it's many,
5 many months later now. So, one I would really request
6 that you'll come back to my office and, and the Chair
7 as well I'm sure he'd like to receive them, I don't
8 want to put words in his mouth, but I really would
9 like to know where all the people are coming into the
10 system from. So, that's the first thing. My set of
11 questions have to deal with the basis for the 180-day
12 limit and I know that's a state rule, can you explain
13 that why the state feels that we need to do this so..
14 I, I can understand they don't want people to be in
15 shelter forever but is that in your opinion an
16 arbitrary number, is it a bad number, is it a good
17 number, is it... is it a little too cold, too hot or
18 just right?

19 GRACE BONILLA: Well the response to that
20 is, is slightly complicated, what we know about
21 domestic violence survivors is that some of them and
22 the large share of them don't... won't use the 180
23 days, if it's their first time encountering domestic
24 violence services many of them will come back and
25 forth our data has proven around seven times before

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2 they're ready to leave their abuser. The 180 days is
3 a, a period... and I just... for, for clarity the
4 services for DV survivors has a very long continuum,
5 right, we're talking about a specific imminent
6 danger, an emergency situation that requires us to
7 get an additional level of service but it doesn't
8 mean that domestic violence services begin and end at
9 emergency shelter, the 180 days allows us to
10 stabilize families and survivors in order for them to
11 have the ability to be self-sufficient and too
12 stabilize not only just where mental health services
13 are concerned but also financially, many of them are
14 coming to us without ever having financially sustain
15 themselves. Those, those beds are really served for
16 imminent danger. Those 180 days set by the state we
17 can argue back and forth whether it's... whether it's
18 enough time or not but it's really meant so that
19 folks that are still in need of shelter can move on
20 to tier two in, in the case of the streamlining to
21 DHS but make those beds available for folks that have
22 imminent danger not for services to stop and end at
23 those levels. So, I think that is what the intent of
24 the 180 days really is.

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2 COUNCIL MEMBER GRODENCHIK: Is there a
3 mechanism... do you... do you have to petition the state
4 if you think somebody needs to spend beyond 180 days?

5 MARIE PHILLIP: No, we don't have to
6 petition the state and we do make those
7 determinations based on where our clients are, if
8 they are linked to housing for example at that 175th
9 day we will not discharge them from the system while
10 they're waiting out their lease signing or to
11 actually move out, so we do use some discretion in,
12 in how we apply that within reason. The state does
13 keep a pretty strict compliance request on it, but we
14 are able to show in cases where we go over the 180
15 days why we did that and usually for reasons that are
16 viable.

17 COUNCIL MEMBER GRODENCHIK: Okay, thank
18 you and you're going to get me those figures, right
19 on where everybody's coming from statistically, I
20 don't care literally... [cross-talk]

21 GRACE BONILLA: We... [cross-talk]

22 COUNCIL MEMBER GRODENCHIK: ...but I, I'd
23 like to know exactly where they're coming from.

24 GRACE BONILLA: We will work on that
25 Council Member.

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2 COUNCIL MEMBER MEALY: So, how easy is
3 the process between Family Justice Centers and HRA,
4 HRA's domestic violence emergency shelters for
5 victims to access?

6 ELIZABETH DANK: Uh-huh. So, we have
7 close linkages with the Family Justice Centers and
8 the HRA shelters, as we had included in our testimony
9 over 1,200 Family Justice Center clients indicated at
10 the time of intake that they were currently living in
11 shelter. We had last year over 12,000 clients at the
12 Family Justice Centers access civil legal services
13 and that includes family law, immigration law,
14 housing legal assistance and other civil legal
15 assistance that clients may need.

16 COUNCIL MEMBER MEALY: So, the shelters
17 have the same thing?

18 ELIZABETH DANK: So, the shelters... so we
19 have close linkages with the shelters that they're
20 able to directly refer clients to the Family Justice
21 Centers and also to other community based
22 organizations in communities that are offering these
23 same services.

24 COUNCIL MEMBER MEALY: Okay, my last
25 question, of the households who exist to an unstable

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2 destination such as family, friends' houses are known
3 what percentage return back to the shelter system, do
4 you have a percentage of that?

5 MARIE PHILLIP: So, we don't track that
6 number specifically and I would just want to say that
7 in terms of what would be looked at as recidivism as
8 we... [cross-talk]

9 COUNCIL MEMBER MEALY: Yeah... [cross-talk]

10 MARIE PHILLIP: ...just mentioned we know
11 that data wise that it can take up to seven times be...
12 before survivors actually leave that relationship. We
13 see that every time they may come back to a DV
14 shelter that that is an opportunity, it is one, clear
15 that they have been able to make a decision based on
16 resources that they now have and that they have
17 actually been able to come back, they have kept
18 themselves safe to the point where they could return
19 to services and they know what those are, but we
20 don't track the recidivism specifically.

21 COUNCIL MEMBER MEALY: Is there a reason
22 why not because to me if a person was in the shelter
23 and they have stayed there 180 days and they, they
24 leave there... the shelter for 180 days they have no
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2 other alternative to go back to their abuser.. [cross-
3 talk]

4 MARIE PHILLIP: Uh-uh...

5 GRACE BONILLA: No...

6 MARIE PHILLIP: They do have alternatives
7 and we certainly look at that with our survivors who
8 share that information with us, we do have clients
9 who come in and leave and we don't know where they're
10 returning to, our self-determination is key to
11 working with survivors, they have the right to make
12 the decision about what they will do in their lives,
13 we try to educate, make aware, link resources and
14 make them... make them aware as, as much as possible
15 what options they do have, that is really the role of
16 working with them to make... let them make the
17 decisions that make sense for them so in... [cross-
18 talk]

19 COUNCIL MEMBER MEALY: Are you... [cross-
20 talk]

21 MARIE PHILLIP: ...leaving they may share
22 with us what their plans are, some of them leave and
23 go back to their apartments where their abuser is no
24 longer present, some of them go to Safe Family and
25 Friends, they are aware of how important it is to

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2 safety plan but they're not ready to actually many of
3 them leave the relationship entirely and often when
4 there are families, children involved it is quite
5 complex.

6 GRACE BONILLA: Council Member I also.. I
7 also want to add that in recognition of what you
8 pointed out where do families go after the 180 days
9 are over and for the cohort of families who.. that
10 don't fall within the categories that our Deputy
11 Commissioner just pointed out its one of the reasons
12 that this administration made a commitment with the
13 assistance of advocates to streamline the process so
14 for those families that do not have a house.. housing
15 stabilization plan they can enter the DHS shelter
16 system to an equally.. to a tier two facility where
17 they still move with all of the services that we have
18 provided and linked them to so there, there are
19 options for our families who may not want to return
20 to their... where they came from or don't have a, a
21 plan for housing.

22 COUNCIL MEMBER MEALY: So, have you all
23 put in a component.. could.. some constituents came to
24 me asking when they're in domestic violence shelters
25 they can't go to vote because if they find out, you

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2 know their abuser will know where they live so please
3 try to put that in your package just as well.

4 MARIE PHILLIP: Actually we do... we do
5 have a relationship with the Board of Elections and
6 when it is safe to be able to allow our clients in
7 shelter to vote and there's enough time to do that
8 depending on when they entered we do try to encourage
9 that.

10 COUNCIL MEMBER MEALY: Okay, thank you so
11 much, thank you Chairs.

12 COUNCIL MEMBER KOSLOWITZ: How many beds
13 would be needed to accommodate all individuals who
14 request a spot in a domestic violence shelter?

15 MARIE PHILLIP: I honestly don't know
16 what that number would be, it would be many, many
17 more than we actually have, and I think what is
18 important in talking about that particular issue is
19 that it may not always be a bed that is requested
20 that is the answer to the issue. Domestic violence is
21 an insidious issue and we have to look at all of the
22 dynamics that play out here so, yes, we are expanding
23 beds and we want to continue to do that as they're
24 needed but we also have to look closely at the
25 dynamics of abusive behavior and how we can work with

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2 that particular issue to stop domestic violence, stop
3 the abuse from occurring. So, looking at ways in
4 which... and working with abusive individuals is a
5 strategy that we are also looking at very closely and
6 we're also working with the Office of Domestic
7 Violence and the Task Force to do that.

8 COUNCIL MEMBER KOSLOWITZ: Do a lot of
9 people come to you that want to be in a shelter
10 they're turned away because there's no beds?

11 MARIE PHILLIP: We do have individuals
12 that ask for a shelter bed and we don't have one
13 available in a safe space and that meets the
14 particular family configuration that's available at
15 that time. So, for instance if we have a family who
16 was... the domestic violence occurred in Brooklyn and
17 we may have beds in Brooklyn but it's not safe to
18 place that particular family in... where that... where
19 those beds are located, and we don't have
20 availability in another area for, for that family.

21 COUNCIL MEMBER KOSLOWITZ: When you say
22 not safe what does that mean?

23 MARIE PHILLIP: It means that if they're
24 coming into shelter there is some level of imminent
25 danger so we're trying to place them where they will

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2 be safest so where none of the family members of the
3 abusive individual reside, work or even other
4 individuals that could disclose where that survivor
5 is.

6 COUNCIL MEMBER KOSLOWITZ: Okay, thank
7 you.

8 CHAIR LEVIN: Okay, so I'm, I'm going to
9 just follow up on my previous type question. So, I
10 think to clarify my question just to be clear because
11 I think that we... I think this is what the original...
12 when we first... when I first asked the question I
13 think this is the question that I was asking, do all
14 HRA run domestic violence shelters have onsite
15 individual therapy, therapy not counseling, therapy
16 available to all residents, clients?

17 MARIE PHILLIP: The answer to that would
18 be no, not all of our sites have onsite therapy that
19 they can provide to our survivors, they all have
20 onsite counseling, crisis intervention and trauma
21 informed services but not all have therapy.

22 CHAIR LEVIN: Right. Okay, that's what I
23 would like to emphasize...

24 MARIE PHILLIP: Okay... [cross-talk]
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CHAIR LEVIN: ...is that all domestic violence shelters among the one HRA run one and all of the rest not-for profit run should provide for those that want it onsite therapy, individualized therapy, that is what I'm trying to say so that is something that I would like to work with you guys on whether I'm a Council Member or not in the coming term I would like to work with you on that.

MARIE PHILLIP: Okay...

GRACE BONILLA: We're happy to work with you Council Member.

CHAIR LEVIN: Okay. Okay, so I want to kind of get into a little bit of, of the capacity issues and how, how things are, are working. How many families and I think every one's kind of asked, asked especially these questions as well so I apologize if, if we're repeating ourselves, how many families right now point in time are over the 180 day stay?

GRACE BONILLA: We would have to get that number back, back to you, we do not have that number right now.

CHAIR LEVIN: Okay. How many exit HRA run DV shelter in any given year, we'll use that as our...

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2 exit into a subsidized housing option so city FEPS
3 linked NYCHA?

4 GRACE BONILLA: So, what we do know is
5 that in the last year we have 474 that have left
6 through Linc three... [cross-talk]

7 CHAIR LEVIN: Okay... [cross-talk]

8 GRACE BONILLA: ...354 with city FEPS and
9 since the beginning of the N0 Priority we've had
10 1,163 survivors enter NYCHA.

11 CHAIR LEVIN: And when was the N0
12 Priority?

13 GRACE BONILLA: That was at the... 2015.

14 CHAIR LEVIN: 2015, now... sorry, explain
15 to me a little bit... who gets an N0 Priority and who
16 get an N1 Priority because I can tell you that I've
17 had a significant conversation with NYCHA, I had a
18 conversation with, with NYCHA about this very issue
19 and they said we are not going to give people exiting
20 DV shelter N... a blanket N0 status, they get an N1
21 status, they don't get an N0 status so who gets an N0
22 status?

23 GRACE BONILLA: So, I do want to correct
24 the record, we have 1,206 individuals who have left
25 with Linc three... [cross-talk]

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2 CHAIR LEVIN: That's, that's since the
3 beginning of Linc three in your testimony, I was
4 asking about this year, so I think maybe you're... so
5 474 in, in calendar year '17?

6 GRACE BONILLA: No, so... [cross-talk]

7 MARIE PHILLIP: No... [cross-talk]

8 GRACE BONILLA: So, yeah, the... 474 is
9 just HRA... [cross-talk]

10 CHAIR LEVIN: Uh-huh... [cross-talk]

11 GRACE BONILLA: We don't have the figures
12 for... by calendar year so we will... [cross-talk]

13 CHAIR LEVIN: Sorry, 474 is HRA and 1,206
14 is HRA... [cross-talk]

15 GRACE BONILLA: Including... [cross-talk]

16 CHAIR LEVIN: ...and DHS... [cross-talk]

17 GRACE BONILLA: ...DHS, that's correct...
18 [cross-talk]

19 CHAIR LEVIN: Okay, so I'm going... I'm
20 asking because I'll, I'll get to DHS in a second...
21 after this but I'm talking about just exiting the HRA
22 system so, 474, 354 city FEPS and then some number
23 into NYCHA, 1163 over the last three years. Sorry,
24 back to the question, who's getting an N0 status and
25 who's getting an N1 status?

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2 MARIE PHILLIP: So, clients that are
3 coming into DV shelter can apply through the NYCHA
4 portal... [cross-talk]

5 CHAIR LEVIN: Uh-huh... [cross-talk]

6 MARIE PHILLIP: ...to receive the N1
7 status... [cross-talk]

8 CHAIR LEVIN: N1... [cross-talk]

9 MARIE PHILLIP: ...and the, the process for
10 that as... since they're in domestic violence shelter
11 it's really streamlining some of that documentation
12 process because they're quite... they're already
13 certified as DV once... [cross-talk]

14 CHAIR LEVIN: Uh-huh... [cross-talk]

15 MARIE PHILLIP: ...they're in a DV shelter.

16 CHAIR LEVIN: Uh-huh... [cross-talk]

17 MARIE PHILLIP: And they apply for that
18 N1 Priority and they can get it while they're in
19 shelter and they can leave shelter with the N1
20 Priority. The N0 is an allocation, so there is a
21 limited number of vouchers that... or NYCHA allotment
22 for those particular survivors, they get it based on
23 what's available and they apply for it, everyone that
24 applies may not get it, but we certainly afford it to
25 everyone who can apply but the number... [cross-talk]

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CHAIR LEVIN: How many are available..

[cross-talk]

MARIE PHILLIP: ...runs out... it's change...
it's varied over time, we've had at times 200, we've
had at times 150, I think the max that we've ever had
is, is, is 300 and we have to.. [cross-talk]

CHAIR LEVIN: 300 in a given.. [cross-
talk]

MARIE PHILLIP: ...share.. [cross-talk]

CHAIR LEVIN: ...year.. [cross-talk]

MARIE PHILLIP: ...right and we share some
of that allotment with DHS.

CHAIR LEVIN: Okay. Just to be clear so
that we all know what the difference is, an N0 status
means that you're at the top of the list to get a
NYCHA apartment..

MARIE PHILLIP: Correct.. [cross-talk]

CHAIR LEVIN: ...an N1 status means that
there are plenty of other types of, of... people in
other conditions that qualify for N1, if you have an
N1 status chances are you're not going to get a NYCHA
placement in the next year, I'm just being real like
I... you know you don't... you don't jump to the front of
the line with an N1 status.. [cross-talk]

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MARIE PHILLIP: It's what... [cross-talk]

CHAIR LEVIN: ...you're, you're, you're close to the front of the... you're not an N2 but you're not... you're not N0, if you're an N0 you're likely to get a NYCHA placement, an N1 you're not necessarily likely to get a NYCHA placement in, in the foreseeable... you know in the imminent future.

MARIE PHILLIP: Council... [cross-talk]

GRACE BONILLA: Council... I'm sorry, go ahead...

MARIE PHILLIP: Those that have the N1 Priority are the first to be considered for the N0. So, if you're in shelter with that N1 and you acquired it through being in our shelter system you will be afforded... [cross-talk]

CHAIR LEVIN: When those N0's become... [cross-talk]

MARIE PHILLIP: ...the next... [cross-talk]

CHAIR LEVIN: ...available... [cross-talk]

MARIE PHILLIP: ...correct, correct.

CHAIR LEVIN: Okay...

GRACE BONILLA: And Council Member I just wanted to add it's one of the reasons that our streamlining from HRA DV to DHS took this into

1
2 consideration, you don't lose your N status while,
3 while you're streamlining into DHS shelter for that
4 very reason because you may not have... [cross-talk]

5 CHAIR LEVIN: Okay... [cross-talk]

6 GRACE BONILLA: ...availability while... when
7 it's time for you to leave.

8 CHAIR LEVIN: So, I'm going to... so,
9 NYCHA's going to have an unclear number because 1163
10 since two... since 2015, we're coming at the end of
11 2017 so you could divide it by three if you want, I
12 don't know. How many families in any given year or in
13 the last calendar year or this calendar year or 2016
14 calendar year or however you want to measure it are
15 exiting the HRA system to go into the DHS system?

16 GRACE BONILLA: I will have to get that
17 number to you.

18 CHAIR LEVIN: So, that's just something
19 we don't track?

20 GRACE BONILLA: We, we do track it, we
21 don't have it today.

22 CHAIR LEVIN: How many people are leaving
23 into other, just going... you know and, and other could
24 be family, back to their abuser, do we track how many
25 go back to their abuser?

1
2 GRACE BONILLA: We track... we do track
3 those that have... make their own arrangements.

4 CHAIR LEVIN: Make their own
5 arrangements, okay and how many are there?

6 MARIE PHILLIP: So, from emergency
7 shelter, made own arrangements in 2016 which is the
8 data we have available now is 945.

9 CHAIR LEVIN: 945...

10 GRACE BONILLA: I also want to make clear
11 that these are codes that are set by OCFS so
12 categories to codes that would break down the number
13 that our Deputy Commissioner just shared would be
14 working in collaboration with the state which is
15 always a challenge as far as codes are concerned.

16 CHAIR LEVIN: Okay. Okay, now are there
17 any other categories of, of, of move outs or does
18 that constitute all of the move outs from the HRA
19 system on any given year, we have Linc three, city
20 FEPS, NYCHA, make your own arrangements, DHS, right?
21 What other categories are there, does that account
22 for everybody?

23 MARIE PHILLIP: We do have families that
24 move into HPD Section 8 housing...

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2 CHAIR LEVIN: Got it, okay and do we know
3 how many those are?

4 MARIE PHILLIP: I can't give you that
5 exact... the breakout is not particular to HPD and we
6 also have families who move into housing that is not
7 HRA programs so on their own housing... [cross-talk]

8 CHAIR LEVIN: But isn't that the... would
9 that be under the make their own arrangements?

10 MARIE PHILLIP: We can't... it...

11 GRACE BONILLA: Yeah...

12 MARIE PHILLIP: Yes.

13 CHAIR LEVIN: Okay.

14 MARIE PHILLIP: In general.

15 CHAIR LEVIN: So, then that should
16 account for everybody so then do we have a, a... do we
17 have an overall number in the calendar year of '16 of
18 how many move outs out of the HRA system there are in
19 that calendar year?

20 GRACE BONILLA: I, I do want to caution
21 us down this road some of these are kept by our
22 sister agencies, I want to just by way of example
23 someone can come in to the DV shelter system and
24 we've deemed them eligible for an N1 status
25 unbeknownst to us they have gotten an N4 status

1
2 through the NYCHA system and moved out with N4 status
3 that could also fall under make your own arrangement,
4 right so I, I want to caution us on... that this is not
5 that clear cut and cookie cutter as far as being able
6 to track how people are moving out.

7 CHAIR LEVIN: Okay, we do want to get a
8 sense though of, of where people are going so do we
9 have a total list of... I mean this is a... do we know
10 how many moves that... we have to know how many move
11 outs there are in a calendar year, so we'll just say
12 2016 calendar year from the HRA DV system, how many
13 people left the system?

14 GRACE BONILLA: We probably can get you a
15 total of how many people left the system once you
16 start breaking that down it becomes a lot more
17 complicated.

18 CHAIR LEVIN: Okay, we can deal with
19 that, but I think that we need to know, I mean the
20 reason I asked I want to make sure that everybody's
21 accounted for that there's not major gaps, I mean how
22 many... if there are... how many... how many... let me ask
23 this, how many unique families in 2016 were served in
24 the HRA shelter system?

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2 MARIE PHILLIP: So, we've served a total
3 of over 11... we served a total over 1,100 families per
4 day in the system.

5 CHAIR LEVIN: Right, per day but I'm, I'm
6 talking about unique, unique families because there's
7 some churn obviously every day hopefully somebody's
8 moving out for some... with some... hopefully it's, it's
9 into one of the other, whether it's Linc or city FEPS
10 or NYCHA, so every day somebody should be moving out.

11 MARIE PHILLIP: So, we can... we can get
12 you that information...

13 CHAIR LEVIN: That's the question, how
14 many unique families... [cross-talk]

15 MARIE PHILLIP: Uh-huh... [cross-talk]

16 CHAIR LEVIN: ...per year are being served,
17 we also want... need to know how many unique families
18 are, are, are moving out. So, 474 Linc that's in...
19 that's in, in, in '16, that's an annual number out of
20 HRA and then 1,206 is the Linc... is the Linc DHS
21 number?

22 GRACE BONILLA: It's not the annual
23 number, we can tell you that it's 1,200... 1,206 Linc
24 three moves... [cross-talk]

25 CHAIR LEVIN: Have been... [cross-talk]

1 GRACE BONILLA: ...and each has an HRA
2
3 since the beginning of the program.

4 CHAIR LEVIN: Since the beginning of the
5 program, the programs been in place for three years...

6 GRACE BONILLA: Uh-huh... [cross-talk]

7 CHAIR LEVIN: ...right, so divide that by
8 three that's about 400, right, so that's about 400 a
9 year?

10 GRACE BONILLA: It's to date and... [cross-
11 talk]

12 CHAIR LEVIN: To date... [cross-talk]

13 GRACE BONILLA: ...we... so we don't know
14 what the last... rest of this year is going to look
15 like, right?

16 CHAIR LEVIN: Uh-huh... [cross-talk]

17 GRACE BONILLA: So... we again we have a
18 total number for DHS and HRA, we can go back and look
19 at what our annualized number is.

20 CHAIR LEVIN: Okay, how many... how many
21 individuals... so, this question is on Council Member
22 Grodenchik's question before like how... so how many
23 people are presenting... so, if 30 percent are of
24 people entering PATH present a history of DV and ten
25 percent of people entering PATH are, are Nova

1
2 qualified, what, what's the... how many people per year
3 are presenting at PATH eligible for DV emergency
4 shelter?

5 GRACE BONILLA: We'd have to get back to
6 you on that number, but I also want us to be clear we
7 did not have rental subsidies that really focus on
8 this population until about three years ago...

9 CHAIR LEVIN: Three years ago... [cross-
10 talk]

11 GRACE BONILLA: ...so, we have a lot of
12 catching up to do especially since the advantage
13 program ended to ensure that DV survivors have a
14 pathway to stabilized home but we do have some
15 catching up to do so when the Council Member claims
16 the 30 percent being in shelter, yes, before 2014
17 that 30 percent had a very difficult path to ending
18 their homelessness status. Since 2014 we are on our
19 way to changing that but there is absolutely work to
20 do.

21 CHAIR LEVIN: Okay, I mean I'm... I, I
22 grant that, I've, I've... you know we were on this
23 committee discussing the ending of advantage back in
24 2011, Council Member Palma was leading the charge on
25 that so we're, we're well aware of that but it has

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been three years, I want to know whether the Linc
three program is, is, is working so actually that
would.. that's my next question is what are the
challenges with, with Linc and, and, and city FEPS?
So, we've, we've been looking at this, we had a whole
hearing about this a couple of months ago, you know
one of the... so, how many... let me ask this, how many
of the 54 emergency shelters how many have a housing
specialist whose entire job it is to find apartments?

MARIE PHILLIP: We have staff that
provide those services across all the sites not all
of them have a dedicated housing specialist.

CHAIR LEVIN: And I... so I strongly urge
that HRA provide the funding for everybody to go out
and hire a housing specialist whose entire job it is,
is to find people apartments because when you're a
case manager you're... you know doing the case
management as you said doing counseling, doing... you
know... I don't know what the case... what's, what's the
case ratio, what's the average case ratio?

MARIE PHILLIP: It depends on the sites
but they're within reason so if you have a site with
a large number of families depending on how many
workers the ratio is, is established.

1 CHAIR LEVIN: One to ten, one to 20, one
2
3 to 30?

4 MARIE PHILLIP: Could be... it's definitely
5 not over 30.

6 CHAIR LEVIN: Not over 30 but not one to
7 ten?

8 MARIE PHILLIP: No.

9 CHAIR LEVIN: If anybody's been a case
10 manager they know that one to 30 you... you're lucky
11 if, if you're able to, to, to deal with the kind of
12 fires that might arise at any given day. The reason
13 why we need housing specialists is because you need
14 somebody that A has skills in trying... knowing how to
15 find an apartment so I recommend going to like
16 various real estate agencies and saying we want to
17 hire your staff to be housing specialists, so they
18 can find people apartments with Linc and city FEPS
19 vouchers that's number one. Number two, that has to
20 be their whole job is finding... [cross-talk]

21 GRACE BONILLA: So... [cross-talk]

22 CHAIR LEVIN: ...apartments.

23 GRACE BONILLA: Council Member I think
24 that what you are highlighting is the difficulty that
25 we have under limited resources to really look at

1
2 what are the things that we have to provide now and
3 what are the services that we can't provide now. We,
4 we have housing specialists, absolutely that's what
5 they focus on, but I believe that the testimony and
6 what my colleagues have said also point to the fact
7 that when folks are in emergency we're dealing with
8 their mental health issues, we're dealing with
9 stabilizing them emotionally, many times, in fact the
10 majority of times the data has proven that housing
11 may not be the thing that they can handle at that
12 moment. With that said this administration has made a
13 significant investment in ensuring that we have
14 housing specialist that we... that have... that they can
15 have access to throughout the system... [cross-talk]

16 CHAIR LEVIN: But we're also... [cross-
17 talk]

18 GRACE BONILLA: ...both in DHS and in the
19 HRA system.

20 CHAIR LEVIN: But we're, we're giving
21 them 180-day clock, I mean how quickly are they
22 getting these vouchers, are they getting the
23 vouchers... they have to wait three months to get the
24 voucher because that's what you have to do in a DHS
25 system? If you go into DHS tier two you got to wait...

1
2 you got to wait 90 days to get your... to get a
3 voucher.

4 MARIE PHILLIP: I just would want to
5 interject here that for DV shelters the state
6 regulations do not mandate that our clients receive
7 housing while in emergency shelter, what it does
8 mandate is that they be linked to housing resources
9 and as Grace has just said that that's done given the
10 pace at which our clients are moving and are ready
11 for.

12 CHAIR LEVIN: But they're getting... but at
13 180 days right now they're being told hey you got to
14 move out, I mean I'm telling you I've, I've been
15 talking to people that are in the system that before
16 and after the policy change so they, they were there
17 for longer than 180 days all of a sudden the reason
18 why they reached out to me is all of a sudden they
19 were getting word, hey you got to move out of here,
20 you got to get out of here, you got to get out of
21 here, you got to get out of here, we'll streamline
22 you... [cross-talk]

23 GRACE BONILLA: Council Member... [cross-
24 talk]

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CHAIR LEVIN: ...we'll streamline you... we'll streamline you, get out of here, you... there's a NYCHA apartment available, it might have bullet holes in the window but get out of here... get out of here... get out of here, it's four o'clock on a Friday, go look at that apartment again... look at that apartment again... look at that apartment again, the... obviously the word coming from HRA is move those families out... move those families out and so I hear you maybe housing is... maybe permanent... you know permanent housing... when somebody's going through PTSD it's... that's not the easiest thing obviously they should have onsite mental health therapy at the time to help them get through this trauma that they're experiencing but at the same time I mean the... if they... if you had to be out in 180 days and you... and you get your voucher at day 90 you then have three months to find an apartment and if you don't have a housing specialist, I mean I will also say that the person that I was talking to said the housing specialist was asking them, hey do you have any recommendations of where we could find an apartment, asking the clients.

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GRACE BONILLA: So, Council I'm, I'm concerned about the way the streamlining process has been depicted, we worked very closely with advocates to make sure that this process was working for clients because what we did not want to do is for them to get to a stage where they did not have access to their services and had a tier two place to go, that was the whole purpose of streamlining. As I've said before emergency beds are for imminent danger, it's for, for clients and survivors who are running out of a situation with nowhere to go by the 180th day if you're not stabilized we're giving you a streamline option where you are walking away from that emergency bed to a situation where you still... [cross-talk]

CHAIR LEVIN: DHS tier two... [cross-talk]

GRACE BONILLA: ...have... we... but we... and I think what you're... what we're not appreciating here is that that person walks away from emergency shelter with all of the services and linkages that we have made for them to continue to stabilize them and to help them find housing... [cross-talk]

CHAIR LEVIN: So, what is the... [cross-talk]

COMMITTEE ON GENERAL WELFARE JOINTLY WITH THE

COMMITTEE ON WOMEN'S ISSUES

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GRACE BONILLA: ...once in the... [cross-

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talk]

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CHAIR LEVIN: ...training protocol... [cross-

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talk]

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GRACE BONILLA: ...DHS... [cross-talk]

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CHAIR LEVIN: ...sorry, the... okay, so then

8

what is the training protocol for DHS tier two

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operators and staff on domestic violence protocol...

10

on, on, on how... on how to do counseling, just

11

counseling... [cross-talk]

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GRACE BONILLA: As we have stated...

13

[cross-talk]

14

CHAIR LEVIN: ...for... [cross-talk]

15

GRACE BONILLA: As we have... [cross-talk]

16

CHAIR LEVIN: ...what, what, what's... I mean

17

is... does everybody in every tier two operated... in DHS

18

go through a training to what to look out for, for

19

domestic... signs of domestic violence trauma for women

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and children, is that something that's now provided

21

to everybody in a DHS tier two?

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GRACE BONILLA: Yes, as we've stated in

23

testimony we have worked very closely with our sister

24

agencies, with the Family Justice Centers and the

25

Department of Health to make sure that we're

1
2 providing that kind of training across the system
3 both in HRA and DHS shelter...

4 CHAIR LEVIN: So, today everybody that
5 works in a DHS tier two has received some form of
6 domestic violence training, every type of DHS tier
7 two?

8 ELIZABETH DANK: So, I can say to date
9 more than two... 2,600 DHS employees and contracted
10 staff system wide has received training through 116
11 trainings that have been offered by staff through
12 OCDV's policy and training institute and we're
13 continuing to offer trainings, we offer the domestic
14 violence 101 training which is the basic standard
15 training on a monthly basis... [cross-talk]

16 CHAIR LEVIN: Okay... [cross-talk]

17 ELIZABETH DANK: ...and advanced, advanced
18 trainings and refreshers every other month for staff.

19 CHAIR LEVIN: Are those trainings
20 required for DHS contractors?

21 ELIZABETH DANK: So, yeah, I... [cross-
22 talk]

23 [off-mic dialogue]

24 ELIZABETH DANK: ...yeah, I...

25 GRACE BONILLA: They are required?

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MARIE PHILLIP: Yes.

GRACE BONILLA: Yes, they, they are
required.

CHAIR LEVIN: Okay, so I don't know how
many DHS staff there are but if 2,000 have gone
through the training, I don't know out of how many
within DHS...

GRACE BONILLA: We can provide with that...
[cross-talk]

CHAIR LEVIN: ...contracted staff... [cross-
talk]

GRACE BONILLA: ...provide you with that
breakdown.

ELIZABETH DANK: Yeah and... [cross-talk]

GRACE BONILLA: ...we don't have it today...

ELIZABETH DANK: And just to add that
number is of December 2016 so... in less than a year
we've reached that many staff members.

CHAIR LEVIN: In your opinion is Linc
three working as a resource and if you can... I mean
if, if it has shortcomings what are those
shortcomings?

GRACE BONILLA: So, it's working for the
families that we've been able to link to housing, I

1
2 don't think that we should see Linc three as the
3 silver bullet that's going to get folks into housing
4 because it's a lot more complicated than that, you
5 could have a Linc three voucher and not have the
6 level of financial literacy or self-sufficiency to
7 actually put that Linc voucher into play for yourself
8 and your family. We can't parcel out domestic
9 violence survivors as a one size fits all, they come
10 with a lot of needs and sometimes housing as we have
11 said before is the last thing on their mind so for
12 those survivors who are ready to take a... take
13 advantage of the program it has been working.

14 CHAIR LEVIN: So, does every... how many...
15 how many survivors of DV have been found eligible for
16 Linc three or, or have a Linc three voucher, I mean...
17 and I know that the way the voucher works is you
18 don't just get a voucher... like a piece of paper that
19 you can just take around with you, you're deemed
20 eligible and then if you can find an apartment then
21 you're... then the... then the, the voucher is given to
22 you, how, how many people have been found eligible
23 for Linc three?

24 GRACE BONILLA: We'll have to get that
25 number back to you... to you.

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CHAIR LEVIN: Do you have a, a range, a guess?

MARIE PHILLIP: The majority of our client population are, are eligible for some form of PA so we would say that... I would say that the majority are probably eligible for Linc three if they are... if they're on PA.

CHAIR LEVIN: Okay, but we don't know how many unique families we... [cross-talk]

MARIE PHILLIP: We can get... [cross-talk]

CHAIR LEVIN: ...see annually so... [cross-talk]

MARIE PHILLIP: ...back to you with...

GRACE BONILLA: Not today, we... but we can get that to you.

CHAIR LEVIN: So, we don't know what the percentage is because my guess is that that 1,206 is, is actually a relatively small percentage is my guess like in the... you know ten percent to, to 12 percent range is my guess.

GRACE BONILLA: We'll look into that.

CHAIR LEVIN: I'm going to actually interrupt for a second because we're going to

1
2 continue the vote for Council Member Rafael
3 Salamanca.

4 COMMITTEE CLERK MARTIN: Continuation of
5 roll call, Committee on General Welfare, Council
6 Member Salamanca?

7 COUNCIL MEMBER SALAMANCA: I vote aye on
8 all.

9 COMMITTEE CLERK MARTIN: The final vote
10 on Introductions 1066-A and 1443-A are now seven in
11 the affirmative, zero in the negative and no
12 abstentions.

13 CHAIR LEVIN: Sorry, back to the question
14 about how many... how many people are discharged from
15 the HRA system into... so, streamlined or going from
16 HRA to DHS, Commissioner Banks testified in 2014 that
17 roughly 43 individuals or families a month so at that
18 time there was the data available, do we... do we, we,
19 we... that's just something we're going to have to...
20 [cross-talk]

21 GRACE BONILLA: The data's available I'm
22 sure we just don't have it here today.

23 CHAIR LEVIN: And I guess... so, I'll, I'll
24 ask one more question I think about if you're... if you
25 present at PATH as being... going to PATH because of a

1
2 domestic violence situation you are not guaranteed an
3 emergency shelter placement within the HRA system, is
4 that right?

5 GRACE BONILLA: When you first present at
6 PATH... [cross-talk]

7 CHAIR LEVIN: Uh-huh... [cross-talk]

8 GRACE BONILLA: ...we will look to see if
9 there is availability but no, it is not guaranteed.

10 CHAIR LEVIN: And where do you go if you
11 don't get a unit within the DV system?

12 GRACE BONILLA: There's an assessment
13 made for safety first so that limits the available...
14 geographic availability for that particular client
15 and, and they would be placed in the DHS system
16 taking safety into consideration first.

17 CHAIR LEVIN: Oh... within... how many are
18 exiting the DV system into supportive housing so
19 either New York, New York three or the New York, New
20 York 15 plan?

21 GRACE BONILLA: We can get that to you.

22 CHAIR LEVIN: And is there, there... one of
23 the... there was a recommendation from a couple of
24 years ago from New Destiny about... having to with
25 eligibility out of HRA DV into supportive housing

1
2 being that the De Blasio Administration has it's...
3 has... you know New York, New York 15 is a... is a... it's
4 really a, a city funded supportive housing program is
5 there, there... are there any hurdles to, to, to
6 establish a preventive eligibility?

7 GRACE BONILLA: New York... New York, New
8 York 15 is the first program in the... in the New York,
9 New York family that will take DV as... into
10 consideration as part of the eligibility
11 requirements.

12 CHAIR LEVIN: So, that establishes then
13 that they will be automatically eligible?

14 GRACE BONILLA: That's correct.

15 CHAIR LEVIN: And to date do you know if
16 any families moving out of HRA DV have gone into New
17 York, New York 15 units that have come online?

18 GRACE BONILLA: No, not yet.

19 CHAIR LEVIN: Okay. Okay, there's a lot
20 of follow up I think we need to do and obviously
21 we've, we've marked down there's... I mean there's a
22 lot of data that we hope to get in the follow up
23 communication. I continue to have serious concerns
24 about the level of mental health therapy options
25 there are for women and children in an onsite

1
2 individual fashion and so what I would like to see
3 moving forward is a clear picture of what's currently
4 made available, where it's made available, which
5 providers are, are providing that, which providers
6 are merely giving referrals to other programs, what,
7 what modalities are being used, how that's tracking
8 best practices throughout the country, I don't care
9 whether it's Seattle or Akron, Ohio or Chattanooga,
10 Tennessee I want to know where they're doing
11 innovative things and how we can do that. I think for
12 something as important as mental health services for
13 women and children fleeing a domestic violence
14 situation for the health... for, for their own safety
15 and health the cost should be... should not be a
16 consideration, I would like to know from providers
17 what... how HRA is engaging them in these decisions,
18 what we can... and then how that can be incorporated
19 into their contracts, obviously if 98 percent of the
20 capacity within the system is, is done through
21 contracted providers we want to make sure that there
22 are standards across the board, how many different
23 providers are there within the, the 50 or so... for 50
24 some odd...

25 GRACE BONILLA: 19.

1
2 CHAIR LEVIN: 19, so it's not... it's not
3 an unmanageable number, we'd really like to know
4 who's doing a really good job, who's doing a not so
5 good job, how we can support the programs that are
6 doing a good job and how we could help those that are
7 not doing such a good job turn around, what are the
8 best practices here within New York City, you know I,
9 I don't... I mean there's no... is there an HRA DV Task
10 Force, is there a monthly meeting or a quarterly
11 meeting of all the providers that get together and
12 say hey how are things going on your end, oh they're
13 going alright on my end, this is this new and
14 innovative thing that we learned from the folks at
15 Chattanooga and we really want to share it with you,
16 I mean... [cross-talk]

17 MARIE PHILLIP: Yes, there is a monthly
18 meeting that we hold with our DV provider directors
19 and also there's the residential coalition which is a
20 group of all of our DV shelter providers across the
21 city, they have committees and one of them happens to
22 be best practices and we share information, do
23 presentations actually just last week we had an event
24 for domestic violence awareness month where our
25 providers shared particular practices that they are

1
2 utilizing in working with children that are impacted
3 by domestic violence. As I said our providers are the
4 experts, the services are not equal across the
5 system, we have some providers that are quite rich in
6 terms of those therapeutic intervention models and we
7 have others who are not, but they are providing, they
8 are in compliance with the required services through
9 the state.

10 CHAIR LEVIN: I mean... another area that I
11 want to continue to explore is, is a... is the case
12 level ratio and, and how many... you know what's the...
13 what are we striving for, what are we... what are we
14 looking to achieve in terms of, of case management
15 ratio, you know I, I, I... the, the concern that I have
16 is this and this is the same concern that I have
17 within the, the DHS tier two system, you know there
18 are some programs as you said that are... that are rich
19 in, in, in therapeutic options, rich in wraparound
20 services that's the same... that's, that's the same
21 case in the DHS tier two system but it's, it's kind
22 of luck of the draw, if you go in to the system it's
23 not as if it's... you know just those that have the
24 high needs are going to the... to the programs that
25 have... that are the most rich in resources and so we

1
2 want to make sure that... you know some programs can
3 raise a lot of money on their own, they have really
4 great fund raisers and development staff and, and,
5 and very rich benefactors and that's great and we...
6 and, and that's, that's, that's fantastic but we, we
7 can't have a system where it's just totally random
8 and if you happen to go to one of the programs that
9 has a really active development staff then, then you
10 have, you know an array of services that are
11 available to you and if you don't then you're kind of
12 out of luck and we can't have that in our system so
13 that's something we want to address.

14 GRACE BONILLA: So, we look forward to
15 those conversations with you, I don't think that it's
16 fair to say that it's completely random that our
17 standards that are set by the state but where we can
18 improve on those standards we... [cross-talk]

19 CHAIR LEVIN: But where you get placed...
20 [cross-talk]

21 GRACE BONILLA: ...look forward to... [cross-
22 talk]

23 CHAIR LEVIN: ...is you know... [cross-talk]

24 GRACE BONILLA: ...working with you...
25

1
2 CHAIR LEVIN: It's just it's in... it's in...
3 it's, it's, it's an unacceptable reality and I think
4 that everybody were... will agree, I don't... you know
5 you could go to the most conservative fiscal hawk
6 Manhattan institute, Wall Street Journal, I don't
7 care who everyone would say that services for those
8 fleeing domestic violence is... money should not be an
9 issue and I think that we could collectively make
10 sure that those resources are there through the
11 budgetary process and here to this council I can... you
12 know I can say I think for sure that nobody would
13 oppose additional resources if they're needed. Okay,
14 thank you very much to this panel...

15 GRACE BONILLA: Yeah...

16 CHAIR LEVIN: And... okay, I want to thank
17 my Co-Chair she's running across the street for a
18 vote, thank you Chair Koslowitz. So, for our first
19 panel of public testimony I want to call Kelly Coyne,
20 Safe Horizon; Carol Corden, New Destiny Housing;
21 Jelaine Altino, Sanctuary for Families. Okay, whoever
22 wants to begin.

23 KELLY COYNE: Thank you Chairman Levin
24 and acting Chair Woman Koslowitz and members of the
25 committee for the opportunity to testify you... before

1
2 you today about Safe Horizon's approach to onsite
3 mental health services to the residence of our
4 domestic violence shelters. I'm Kelly Coyne, I'm the
5 Vice President of Domestic Violence Shelters at Safe
6 Horizon, the nation's leading victim assistance
7 organization and New York City's largest provider of
8 services to victims of crime and abuse, their
9 families in their communities. At Safe Horizon we
10 hoped to create opportunities and hope for hundreds
11 of thousands of New Yorkers each year. As you know
12 Safe Horizon operates eight domestic violence
13 shelters across all five boroughs and strive to
14 provide healing setting to over 700 people a night
15 more than half of whom are children. Our shelters are
16 designed to provide assistance to all survivors
17 regardless of race, ethnicity, sexual orientation,
18 gender identity, age or income level. We offer
19 comprehensive services that include counseling,
20 advocacy, intervention, child care, practical,
21 practical assistance including float... food and
22 clothing, transportation, crisis counseling, and
23 other services designed to meet the families. We use
24 a safety focused trauma informed client centered
25 approach, it's our belief that when we work in

1 collaboration with our clients that they're best
2 served. In order to fully support all of our clients
3 we really believe and respect, compassion, informed
4 decisions and non-judgement. One thing that's
5 important to note is domestic violence shelter
6 providers in the city are expected to provide these
7 life sustaining services to victims and their
8 families in crisis but don't have a ton of resources
9 to do so. Our primary force... source of funding is our
10 per diem rate which is set by the state which I just
11 looked has gone up five dollars since 2011 and this
12 primary source of funding is expected to cover all of
13 our expenses including rent, utilities, staffing,
14 services, client assistance, repairs and so forth.
15 Providers have a litany of state and city
16 requirements for both licensing and contracting in
17 addition the rising cost in virtually every area and
18 the stagnant per diem rate doesn't allow us to keep
19 up. One example is last year's rate increase was two
20 tenths of one percent which is inadequate. Despite
21 the high prevalence of clients coming into shelter
22 who have systems of post-traumatic stress disorder or
23 might meet the clinical criteria for depression. Our
24 per diem rate doesn't really allow us to provide the
25

1 full depth of services that we would like to instead
2 we're forced to compete for outside grants or make
3 other arrangements to do this and I'll provide a
4 couple of examples of how Safe Horizon is doing this.
5 Recently we were fortunate enough at Safe Horizon to
6 have the research and evaluation division and so they
7 came in and did a study on our clients over a ten
8 month period and basically one... the first thing that
9 we found is shelter works, the vast majority of our
10 clients were experiencing decreased abuse while in
11 shelter but what we also noticed is while clients
12 came in and had a temporary dip in symptoms that
13 could be attributed to PTSD or depression they didn't
14 sustain those throughout the entire shelter stay for
15 a lot of reasons; complexity of leaving, their
16 neighborhood, trying to find housing and so on and so
17 that that really led us to do was we wrote to the
18 Mayor's fund when they're RFP through Thrive New York
19 came out to receive funding to help better train our
20 staff to be equipped to deal with the mental health
21 needs of our heads of households and children and not
22 only... not only requires what happens in the
23 individual room with the clients but also making sure
24 spaces are trauma informed and that our policies and
25

1
2 practices are trauma informed as well. This funding
3 has allowed us to provide mental health first aid,
4 risk and connection and to better train all of our
5 staff to provide psychotherapy and assessments for
6 clients. As you know crisis doesn't happen during
7 nine to five when the social worker is there, so we
8 really have invested heavily in all of our staff to
9 make sure that they're all able to respond to mental
10 health crisis or a client who's having trauma
11 reactions. The other portion of that is staff also
12 need to be prepared to deal with their own trauma
13 reactions and learn how to both ground themselves and
14 help the client ground and also to teach their
15 children so that they're better able to cope with
16 things as they happen. Another innovative thing that
17 we've done is in 2016 we were the recipient of a
18 federal grant through the National Child Traumatic
19 Stress Network, this funding allowed us to expand our
20 evidenced based trauma informed services of our
21 Brooklyn Outpatient Mental Health Clinic into
22 satellite operations, so we now have a satellite
23 clinic in Manhattan and one in our tier two DV
24 shelter Rose House. This is the first time that the
25 state has granted a satellite mental health clinic

1 location into a shelter and this has been really
2 important to us for a couple of reasons; one just due
3 to safety, clients aren't able to travel around as
4 easily and when they discharge from shelter having
5 that same therapist that they can see at an offsite
6 location allows that continuity of services. We
7 really believe that this onsite shelter treatment and
8 nearby aftercare is essential for our families and...
9 because we know the time right after they leave their
10 abusive partner is often their most dangerous time so
11 while every client might not choose to take that
12 service we really feel it's important to have it
13 there onsite. Let's see... the... and by the way we have...
14 New York State Office of Mental Health has applauded
15 this onsite treatment an innovation and has actually
16 just awarded our second satellite clinic too that
17 will go to one of our emergency shelters located in
18 Brooklyn. Safe Horizon is dedicated to using data to
19 support decision making across all programs. The
20 agency uses two improvements to ensure consistency;
21 one being in depth case review and one being our
22 quality improvement planning process. In IDCR, the
23 process to... is divined to advance a client centered
24 trauma focus culturally responsive approach to safety
25

1
2 assessment and risk management across all of our
3 programs by increasing communication, clarity,
4 alignment, and accountability among all program
5 managers. IDCR presents a unique opportunity for
6 staff from all levels to discuss our case practices,
7 portray site and data program review, and really
8 think about our practice and how it can move us into
9 the future. From IDCR we move into our QIP or our
10 Quality Improvement Process where we take what we
11 learned from IDCR and look at our program and how
12 we're going to use those changes to improve our
13 quality of our services to our residents for the next
14 year. Each plan includes measurable short and long-
15 term goals that are reviewed quarterly by senior
16 management and are revised as needed. So, on behalf
17 of our staff at our domestic violence shelter program
18 across Safe Horizon we really want to thank you for
19 convening this hearing and are happy to respond to
20 any inquiries.

21 CHAIR LEVIN: Thank you so much.

22 CAROL CORDEN: Good morning, thank you
23 for the opportunity to testify at this oversight
24 hearing. My name is Carol Corden and I'm the
25 Executive Director of New Destiny Housing, a 23-year-

1
2 old not-for-profit committed to ending the cycle of
3 domestic violence and homelessness by connecting
4 families to safe permanent housing. New Destiny
5 currently operates seven service enriched affordable
6 housing projects that set aside at least half of the
7 units for domestic violence survivors and their
8 children leaving HRA shelters. As we know domestic
9 violence is now the leading generator of family
10 homelessness. The typical profile of a family shelter
11 user is a young woman of color with one or two young
12 children. In the 2016 HUD Point in Time Count for New
13 York City victims of domestic violence tied for third
14 place as the city's largest homeless sub-population,
15 this is a big problem and one that impacts children
16 as well as survivors. My comments today focus on what
17 happens at the end of the survivors stay. New York
18 City's domestic violence shelter system offers robust
19 services in a safe, confidential location for
20 survivors but as we've discussed so far it provides
21 survivors only a brief respite because most of the
22 beds available are in emergency shelters with a state
23 mandated 180 days stay. The question that haunts
24 domestic violence residents from the beginning of the
25 stay until the end is where will I go after shelter.

1 For the majority the answer is seldom safe,
2 affordable housing. For over eight years New Destiny
3 with the cooperation of a lot of people in the room
4 and the non-profit shelter providers collected data
5 on destinations of domestic violence survivors
6 leaving shelter, the percentage of residents leaving
7 for permanent housing seldom reached 20 percent even
8 when rental subsidies such as advantage were
9 available. We actually stopped that project in 2011
10 and since then we have not had good data on where
11 people go. At this point this information is critical
12 to assessing how well the shelter system is actually
13 serving its clients, it's population. We therefor
14 enthusiastically support Intro 1739 which would
15 require HRA to issue information about where shelter
16 residents go at the end of their time in shelter. Our
17 city in general has done a good job of responding to
18 crisis and trying to keep victims out of harm's way
19 but it has not focused enough attention and energy on
20 the question of what comes after shelter, the
21 outcomes. The following housing resources should be
22 available to domestic violence shelter residents; NYC
23 15/15 supportive housing, homeless set aside units
24 and HPD funded projects, long term rental subsidies
25

1
2 like Section 8 and NYCHA housing obtained through the
3 End Zero Priority. Right now, however these resources
4 are not available or not readily available to
5 domestic violence shelter residents. Since this is a
6 short testimony I want to focus on just one example
7 which is NYC 15/15 Supportive Housing. The gateway to
8 NYC 15/15 is the 2010 E screening form that focuses
9 on chronically homeless individuals with medical
10 disabilities. New York City Domestic Violence System
11 is short term making it difficult for families to
12 ever meet the, the requirement of chronically
13 homeless and a medical or a mental health diagnosis
14 threatens family stability. A homeless mother labeled
15 as having a medical disability is more likely to lose
16 her family custody battle with her batterer, she has
17 two strikes against her, she cannot provide stable
18 housing for her children and she has a diagnosis that
19 threatens her competency as a parent. The new NYC
20 15/15 Program as currently set up will exclude most
21 families headed by domestic violence survivors and I
22 think probably most families who are homeless as
23 well. This doesn't have to be the case, youth which
24 is one of the homeless groups prioritized under NYC
25 15/15 is not screened using the 2010 E-process, there

1 is an understanding that youth are vulnerable to
2 homelessness because of their life circumstances not
3 necessarily because of medical disability. Similar
4 accommodations could be made for vulnerable homeless
5 families headed by domestic violence survivors. We
6 and by we, I mean elected officials, public agencies
7 that serve this population, advocates, service and
8 shelter providers must do a better job of ensuring
9 that domestic violence shelter users have equal
10 access to existing resources. Moreover, we have to
11 advocate for new resources such as rapid re-housing
12 programs and new models of service enriched housing
13 specifically for domestic violence survivors. We also
14 need to consider alternatives to shelter programs
15 which can help families and individuals who safely
16 can do so to remain in their current housing or move
17 quickly to other housing which has been successfully
18 done in both Washington State and Oregon. Helping
19 domestic violence survivors transition successfully
20 to safe permanent housing is one of the key services
21 that shelters must provide to ensure that survivors
22 and their families can build on the healing work done
23 in shelter and continue their progress toward long
24 term safety and stability free of violence. I want to
25

1 thank the council very much for this opportunity and
2 I would be happy to answer any questions you might
3 have, thank you.
4

5 CHAIR LEVIN: Thank you.

6 JELAINE ALTINO: Good afternoon, my name
7 is Jelaine Altino, I'm the Deputy Clinical Director
8 of Residential Services at Sanctuary for Families,
9 New York States largest provider of comprehensive
10 services exclusively for survivors of DV and
11 trafficking. We are so grateful to the New York City
12 Council for the opportunity to testify today and to
13 Council Members Levin and Koslowitz for bringing this
14 critically important discussion of the DV shelter
15 system to the council's attention. We further want to
16 express our support for Council Member Levin on his
17 proposed legislation that calls for an annual report
18 by the Human Resources Administration on the housing
19 outcomes for individuals and families exiting the
20 domestic violence shelter system. All of us DV
21 service providers and city government officials alike
22 are painfully aware of the crisis of poverty,
23 homelessness, and lack of affordable housing that
24 confronts the poorest members of our community. For
25 more than 25 years Sanctuary has run a large 58

1 family transitional shelter and four small crisis
2 shelters that together provide residents for nearly
3 400 adult abuse victims and children each year but
4 the future that awaits these families at the end of
5 their shelter stay has always been a grave concern.
6 Extensive evidence and simple common sense show that
7 DV victims who do not have affordable housing and
8 livable income streams when they exit, exit shelter
9 have poor outcomes. They may enter the non-
10 confidential homeless system which can be dangerous
11 for victims whose abuser is stalking them and in
12 general are sub optimal for families. They may take
13 residents with friends or family members where the
14 abuser can easily find them or in too many instances
15 may return to their former batterer or enter another
16 abusive relationship. With the advent of new housing
17 subsidy programs in the past several years Sanctuary
18 and many of its community partners have had notable,
19 greater success in securing safe affordable housing
20 for individuals and families leaving our shelters.
21 Last year Sanctuary placed 73 crisis and transitional
22 shelter families into permanent housing however while
23 these subsidy programs including Linc, city FEPS and
24 FEPS are more widely available than they were even
25

1
2 five years ago they are inadequate to cover even the
3 most modest rents within the current booming New York
4 State real estate market. As a result, landlords and
5 brokers often will not accept prospective tenants who
6 have these subsidies and even when a landlord is
7 amendable there are many instances of public
8 assistant offices mistakenly sanctioning or closing a
9 client's PA case. A white paper by a... a white paper
10 by the family homelessness task force described this
11 problem and the dire situations it creates for many
12 abuse victims. The task force further recommended
13 that HRA and HPD prioritize the application process
14 and inspection of units earmarked for homeless
15 families which would help to prepare apartments for
16 victims exiting shelter at a faster pace. HRA has
17 proven exceptionally responsive in this regard
18 working closely with Sanctuary to identify eligible
19 clients in our shelters once their date is
20 established clients generally receive their keys the
21 same day or the following day but there remains a
22 wide chasm between the supply of affordable permanent
23 housing and demand from victims exiting shelter each
24 year. In this challenging climate helping shelter
25 residents find and secure permanent housing from the

1 limited stock of available options involves intensive
2 work by housing specialists. In order to meet these
3 needs as well as the intensive clinical and safety
4 needs of abuse victims and children who have recently
5 fled violent homes, shelters require robust staff
6 resources. A level of staffing insufficiently
7 supported by shelter reimbursement rates which have
8 been raised by only a fraction by the sharp increases
9 in cost of living rents and other expenses necessary
10 to run a highly... high quality shelter. For Sanctuary
11 in order to offer comprehensive housing support
12 programs and trauma focused clinical support to make
13 housing placements successful we have no choice but
14 to supplement our shelter reimbursements with private
15 funding. At our flagship Sarah Burke House
16 Transitional Shelter which provides 350 residents
17 annually with holistic clinical care and programs
18 Sanctuary invests 400,000 dollars annually to... in
19 private funding needless to say this is not a
20 sustainable model over the long term. As the city
21 seeks to affect improvements in the DV and homeless
22 shelter system another critical issue to be aware of
23 is the lack of attention to single abuse victims like
24 most DV shelter providers Sanctuary has almost
25

1
2 exclusively family shelters and cannot afford to have
3 single victims occupy family units. There must be
4 more shelter beds made available to singles and their
5 needs must be part of any conversation about
6 streamlining shelter referral processes as well as
7 prioritization for NYCHA and other affordable
8 permanent housing options. The city has done a great
9 deal under the De Blasio Administration to improve
10 its DV shelter system substantially increasing the
11 number of shelter beds and giving abuse victims
12 higher priority for housing voucher programs but with
13 the acute shortage of affordable housing in our city
14 there is room for improvement. First, we recommend
15 heightened attention to equitable access to housing
16 subsidies. Second, direct service providers need
17 broader discretion to determine the best subsidy
18 options for different clients. Third, we strongly
19 believe the duration of Linc and city FEPS vouchers
20 should be increased to last until the youngest child
21 is 18 rather than the current five-year time limit
22 which is an artificial cut off that does not account
23 for the dire financial strains many abuse victims
24 confront in a pricy real estate market especially
25 single woman with dependent minor children. Finally,

1
2 we urge the city to make annual adjustments to these
3 vouchers and certifications to include annual rent
4 increases matching the rent stabilization guidelines.
5 By taking these steps, the city will help to ensure
6 that those who do secure permanent housing are able
7 to maintain it and not find themselves in arrears in
8 risking eviction or even soliciting help from former
9 abusers to keep up with rent. HRA has been an
10 outstanding partner in navigating these processes and
11 together we can work to improve the systems and make
12 sure large numbers of abuse victims achieve durable
13 housing situations and long-term freedom from
14 violence. Thank you for the opportunity to testify
15 today and thank you for your work on behalf of our
16 communities most vulnerable abuse survivors.

17 CHAIR LEVIN: Thank you all for your
18 testimony and I was thrilled to see kind of between
19 your three testimonies covering a lot of different
20 areas and just so appreciative of the work that your
21 organization's do and for coming here today to, to
22 provide this testimony. So, first off Carol I'm sorry
23 that we did not really touch upon after care in
24 terms... in... with, with our questioning but I, I
25 concur, and I agree that it's, it's such an essential

1
2 component that I think is getting overlooked. I... you
3 heard them testify or the, the administration testify
4 about... they, they said in, in New York... New York 15
5 or whatever it is that, that that's... you know now
6 that that is available obviously your testimony
7 painted us a, a very different picture, can you... can
8 you speak a little bit to that and... [cross-talk]

9 CAROL CORDEN: Collaborate... [cross-talk]

10 CHAIR LEVIN: ...maybe provide some...

11 [cross-talk]

12 CAROL CORDEN: ...on that... [cross-talk]

13 CHAIR LEVIN: ...clarity?

14 CAROL CORDEN: Yeah. As I understand it
15 New York, New York... New York City 15/15... [cross-talk]

16 CHAIR LEVIN: Sorry, uh-huh... [cross-talk]

17 CAROL CORDEN: ...is still really oriented
18 toward individuals... [cross-talk]

19 CHAIR LEVIN: Uh-huh... [cross-talk]

20 CAROL CORDEN: ...so at this point there
21 are going to be 15,000 units built over 15 years,
22 about 1,300 of them are for families so it's a very
23 small portion... [cross-talk]

24 CHAIR LEVIN: Uh-huh... [cross-talk]

COMMITTEE ON GENERAL WELFARE JOINTLY WITH THE

COMMITTEE ON WOMEN'S ISSUES

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CAROL CORDEN: ...already and in terms of domestic violence, I mean we have asked the, the COC... New York City's COC and a variety of others and we're involved right now in a CAPS workgroup, so this Comprehensive Assessment Process and it seems very clear that in order to access NYC 15/15 supportive housing you must have a medical disability, a diagnosed medical disability and you must be chronically homeless and chronically homeless according to the HUD definition... [cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

CAROL CORDEN: ...and I, I think that if we were to ask HRA how many people from the DV system... [cross-talk]

CHAIR LEVIN: Are chronically homeless...

CAROL CORDEN: ...were chronically homeless, I mean they're... you know they're not tracking that... [cross-talk]

CHAIR LEVIN: Right... [cross-talk]

CAROL CORDEN: ...they're... you know there may be... they may be episodically homeless, but I think the, the HUD definition would be very hard to meet... [cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

1
2 CAROL CORDEN: ...and I also feel that, you
3 know the DV HRA system was very much marginalized
4 under New York, New York three... [cross-talk]

5 CHAIR LEVIN: Uh-huh... [cross-talk]

6 CAROL CORDEN: ...that there were few
7 families from that system who were able to access
8 supportive housing and yet everything we've heard
9 today indicates that this is a population that's
10 suffering from trauma, extreme trauma and that there
11 are very vulnerable families and children who would
12 really benefit first from supportive housing, but it
13 is not going to be available to them under the
14 current methodology.

15 CHAIR LEVIN: So, I'll follow up with
16 that to try to get a picture so if... how many units
17 did you say were available to families, 1,200, 1,300
18 so out of that 1,300 how many are actually available
19 to families leaving domestic violence shelter, right,
20 it's probably... you know I'd be surprised if it was
21 more than 200.

22 CAROL CORDEN: At one point we were told
23 in 2015 by HRA that fewer than 10 families were able
24 to get supportive housing under New York, New York
25 three.

1 CHAIR LEVIN: Just meeting the
2 chronically homeless definition is, is an
3 extraordinary... and it's not... because it's not... you
4 know I don't know... we're not drawing down on state
5 funds it's a city program, there... that's a self-
6 imposed criterion, right, I, I... unless, unless
7 there's federal funds involved maybe... [cross-talk]

9 CAROL CORDEN: It is... [cross-talk]

10 CHAIR LEVIN: ...establish that...

11 CAROL CORDEN: So, so basically, it's,
12 it's been defined as the most vulnerable homeless
13 population and yet domestic violence survivors are
14 the third largest subpopulation... [cross-talk]

15 CHAIR LEVIN: Uh-huh... [cross-talk]

16 CAROL CORDEN: ...not everyone needs
17 supportive housing but within that population there
18 are definitely families and individuals who could
19 benefit from supportive housing and they're not going
20 to be able to under the current criteria.

21 CHAIR LEVIN: Uh-huh. Jelaine, thank you,
22 I, I was, you know muttering my approval of... and in
23 concurrence in what you were talking about because
24 I've seen it myself. Have you noticed there's... this
25 issue you mentioned of, of, of sanctions

1
2 inappropriately closing out PA cases that kind of
3 thing, have you seen... have you... has Sanctuary seen
4 that, that type of... it's a... has it... has it... I mean I
5 will say I've seen it... I've encountered this now more
6 frequently recently and I don't know whether that's
7 just a fluke, whether that's just kind of what's
8 coming to me but I, I've seen that and had to go back
9 to HRA and try to examine these case close outs and
10 I'm somewhat flummox by some of these determinations.

11 JELAINÉ ALTINO: Yeah, it's, it's been
12 really challenging, we have... Sanctuary for Families
13 our... sorry, our Burke House, our tier two has its own
14 after care program that we've been running for years
15 now... [cross-talk]

16 CHAIR LEVIN: Uh-huh... [cross-talk]

17 JELAINÉ ALTINO: ...and so we follow our
18 clients who have been transitioning... who have
19 transitioned into the community for up to two years
20 or so and we have seen this happen a, a number of
21 occasions. Fortune... fortunately because we're
22 following them we're able to advocate and catch it
23 quickly if legal assistance is needed, Sanctuary for
24 Families has lawyers that we can go to directly very
25 quickly and get those situations resolved and that

1
2 family is able to stay in shelter... in, in their
3 apartment.

4 CHAIR LEVIN: Right, right because...
5 right, I mean as far as everything else out of whack
6 too you lose your Medicaid, you lose your SNAP
7 benefits...

8 JELAINA ALTINO: Exact... yes...

9 CHAIR LEVIN: ...no, I mean it's a bad
10 situation, it could be very bad very quickly... [cross-
11 talk]

12 JELAINA ALTINO: Yes... [cross-talk]

13 CHAIR LEVIN: ...and unless somebody's
14 catching it quickly, you know it could be a real
15 problem...

16 JELAINA ALTINO: Exactly.

17 CHAIR LEVIN: If you don't mind me asking
18 how much private fund raising do your organizations
19 do annually, I mean I don't want to put you on the
20 spot but...

21 CAROL CORDEN: So, New Destiny is unusual
22 but only maybe 20 percent of our funding comes from
23 government... [cross-talk]

24 CHAIR LEVIN: Okay... [cross-talk]

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2 CAROL CORDEN: ...so the rest of it is
3 coming from other sources including, you know
4 foundations, including corporate funding sources,
5 individual fundraising and also fees from developing
6 housing... [cross-talk]

7 CHAIR LEVIN: Right... [cross-talk]

8 CAROL CORDEN: ...but, but it's a very
9 small portion... [cross-talk]

10 CHAIR LEVIN: So, your non... your non-
11 governmental funding, do you have a, a sense of what
12 it is annually or...

13 CAROL CORDEN: Yeah, it's probably around
14 500,000 and that we use for services onsite... [cross-
15 talk]

16 CHAIR LEVIN: Uh-huh... [cross-talk]

17 CAROL CORDEN: ...for our permanent housing
18 and that funding comes in addition to contributions
19 from... or grants from the city council through DOVE,
20 it also comes from two state programs, so one state
21 program is New York State Supportive Housing Program
22 which provides services for, for permanent housing
23 and secondly now from the Governor's new program
24 called ESSHI, Empire State Supportive Housing
25 Initiative... [cross-talk]

COMMITTEE ON GENERAL WELFARE JOINTLY WITH THE

COMMITTEE ON WOMEN'S ISSUES

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CHAIR LEVIN: Got it... [cross-talk]

CAROL CORDEN: ...but without that... and even then, the programs and I'm sure this is the case across the board, is only about 60 percent funded by those government sources. So, the other 40 percent has to be picked up by private fund raising. Kelly?

JELAINE ALTINO: That's correct as well, I'm so glad that my development person... [cross-talk]

CHAIR LEVIN: Is here to tell you...

JELAINE ALTINO: ...is here, yeah.

CHAIR LEVIN: 35... [cross-talk]

JELAINE ALTINO: About, about 35 percent private.

KELLY COYNE: Yeah, uh-huh... [cross-talk]

CHAIR LEVIN: Yeah. How bout at Safe Horizons?

KELLY COYNE: So, at Safe Horizon we're about 15 percent is private.

CHAIR LEVIN: 15 percent private.

KELLY COYNE: And I think the thing that's important for multi service agencies is that's for the domestic violence shelter program... [cross-talk]

CHAIR LEVIN: Yeah... [cross-talk]

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2 KELLY COYNE: ...a much smaller number so
3 while we, we use those other private funds... [cross-
4 talk]

5 CHAIR LEVIN: Uh-huh... [cross-talk]

6 KELLY COYNE: ...for other programs but for
7 the DV shelter program it's a much smaller number.

8 CHAIR LEVIN: A much smaller number
9 that's... [cross-talk]

10 KELLY COYNE: Because it's mostly
11 government funded by that rate.

12 CHAIR LEVIN: Right, okay. Now how... if,
13 if, if money weren't an option, if we were exploring
14 what the city council could do in partnership with
15 HRA or Council funding on its own or, or HRA funding
16 on its own, city funding, what would...
17 programmatically what would you like to see in the
18 programs that you run where are you seeing the need
19 that, that you're just not able to meet or you're
20 only able to meet with that outside privately raised
21 funding?

22 KELLY COYNE: I can say a couple of
23 things for our DV shelter program that the work that
24 our counseling center is doing, the trauma based work
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with the zero five population is unbelievable..

[cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

KELLY COYNE: ...when I first started doing DV shelter work we thought if mom was healthy the rest of the family would be healthy and that was it and now the research is really clear that kids even in utero are experiencing the stress and trauma of DV... [cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

KELLY COYNE: ...and so I would really help to provide... have that onsite trauma informed evidence based practice available to clients where they... we really believe in our motto where they can receive it both onsite and in the community with the same practitioner so there's no disruption in services when they leave shelter in the future so that for some... for me for like ending domestic violence...

[cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

KELLY COYNE: ...is really getting that work because we're seeing kids who are suffering and then after receiving some of the modalities that our counseling center is using we are literally seeing

1
2 their PTSD symptoms disappear and then those kids
3 stand a chance of reading, writing, arithmetic and
4 all those other things that... [cross-talk]

5 CHAIR LEVIN: Uh-huh... [cross-talk]

6 KELLY COYNE: ...are so helpful for the
7 rest of life.

8 JELAINA ALTINO: Yeah, we're presently
9 engaged... I heard a number of questions center around
10 the type of counseling that... therapy... [cross-talk]

11 CHAIR LEVIN: Uh-huh... [cross-talk]

12 JELAINA ALTINO: ...that clients should
13 receive while they're with us and again the monies
14 that we receive from the government don't support
15 that... [cross-talk]

16 CHAIR LEVIN: Uh-huh... [cross-talk]

17 JELAINA ALTINO: ...fortunately within our
18 crisis shelter we have master level individuals that
19 are able to provide therapy at both our... at crisis
20 shelter and our Sarah Burke House tier two and right
21 now we are training our master level people in child
22 parent psychotherapy but that costs quite a bit of
23 money to, to train 15 to 20 people or so doing that
24 and if we had the funds... more funds from the
25

1
2 government to supplement that that would be great, it
3 would take less strain off the agency.

4 CHAIR LEVIN: Uh-huh... [cross-talk]

5 CAROL CORDEN: And I, I would like to
6 really emphasize what Kelly said, I think that
7 children services are really, really critical that on
8 very young children who are in domestic violence
9 shelters or in shelter period and have gone through
10 the trauma of witnessing a parent experiencing
11 domestic violence really, really needs support and I
12 think that having rich therapeutic services for kids
13 is really critical and one of the things I would say
14 about supportive housing is its very much oriented
15 toward the head of household, they are not looking at
16 the family, this is a unit, there is a parent and
17 there are kids and they all need help, they all need
18 support so I think it's really important to start
19 looking at that and just one word about trauma
20 informed care which has been mentioned a lot, we're
21 in the process at New Destiny of going through trauma
22 informed training at this point and as I understand
23 it it's actually an approach which helps you to
24 understand where your clients or your tenants are
25 coming from, it's not a model... [cross-talk]

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CHAIR LEVIN: Uh-huh... [cross-talk]

CAROL CORDEN: ...it's actually an approach and trauma informed care is something that everyone who deals with domestic violence survivors should be trained in, so it should be the front door monitor or the security guard and the resident assistance as well as the therapist. The model I think is the great question and I think it's a great question to present to the domestic violence community because I think we need to come up with models in terms of what works, I think some organizations are using a sanctuary model, there are several models out there, but I think really testing those models and seeing... [cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

CAROL CORDEN: ...what works is very important. Trauma informed care is kind of the overlay, it's the approach but the model itself is something different and evidenced based models I think we, we don't know enough about, we're lacking that information.

CHAIR LEVIN: So, you heard me ask over and over again about onsite versus offsite, am I barking up the wrong tree there, does onsite have its own intrinsic value, you know to at least have it

1
2 offered or be available to, to, to families and
3 children?

4 JELAINÉ ALTINO: Definitely, we establish
5 a relationship with the families when they come and,
6 and while I heard on the other side sometimes
7 families might feel not so comfortable doing therapy
8 in house but there are a number of clients that do
9 and so having that available to them onsite can be
10 very advantageous and what... and what we've done is
11 once their cycle with us is complete we'll... and they
12 want to continue therapy services we will then link
13 them to services in the community but definitely
14 advantageous to have.

15 KELLY COYNE: Yeah and I would like to
16 sort of link what Carol said too that I think that
17 it's also making sure that the spaces are trauma
18 informed, that all of the staff and policies and
19 practices. As someone referenced earlier there's
20 inspections, like there's a way to do inspections...
21 [cross-talk]

22 CHAIR LEVIN: Yeah... [cross-talk]

23 KELLY COYNE: ...and a way that's trauma
24 informed. For example, we call the residents before
25 we go upstairs to say because we know trauma

1 survivors are often really hypervigilant, nervous so
2 we call to say you should expect a knock on your door
3 in about 20 minutes and that's going to be
4 maintenance coming through for the inspection so it's
5 not only just making sure that you can receive trauma
6 informed care by your case manager but that all of
7 your practices are taking to the fact that you got
8 trauma survivors in your setting.
9

10 CHAIR LEVIN: Okay, not just a, a knock,
11 knock, knock at, at 7:15 saying... [cross-talk]

12 KELLY COYNE: Right... [cross-talk]

13 CHAIR LEVIN: ...you know why isn't your,
14 your room clean or a loud speaker saying hey Miss so
15 and so, you know you're needed down here now
16 something like that or something that might be
17 personal or embarrassing or whatever. And, and, and
18 are you all engaging... I mean I'm... I... because you know
19 I'm, I'm... I want... I kind of asked about this to HRA,
20 you know what are some of these evidence based models
21 that are being implemented elsewhere in the country
22 and we're not the only people... hey, we're not the
23 only city doing domestic violence shelter and you
24 know it would be presumptuous to think that we're
25 doing it best so where... are you looking at... you... are

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2 you... are you guys going to national conferences and
3 seeing what's going on elsewhere and, and exploring
4 all of these... you know because I, I, I have to think
5 that there's been strides that have been made in the
6 last 15, 20 years?

7 JELAINA ALTINO: Right, so as I said
8 we're presently training our master level social
9 workers on child parent psychotherapy, some of our
10 other counselors with therapists also have training
11 in motivational interviewing, play therapy, TF-CBT
12 which is Trauma Focus Cognitive Behavioral Therapy...
13 [cross-talk]

14 CHAIR LEVIN: Uh-huh... [cross-talk]

15 JELAINA ALTINO: ...so things like that...

16 CHAIR LEVIN: Yeah, that, that, that Hope
17 Program that I referenced before from Akron, Ohio
18 talks about a type of behavioral therapy as a... as a
19 model.

20 CAROL CORDEN: And I just wanted to
21 mention that there are a number of, of prevention
22 models out there that would be interesting to look
23 out. So, Rapid Re-housing has been HUD's answer to
24 homeless housing for families... for homeless families
25 and I think that it can't be... it can't actually be

1
2 used as a blunt instrument, it has to be really
3 revamped and retooled and in New York City
4 particularly which has a very tough housing market
5 you can't just kind of expect people to be put
6 immediately into permanent housing and everything
7 will be fine but I think retooled and revamped it
8 could be an important element in our tool bag and I...
9 you know I also think that, that between supportive
10 housing as we currently know it three floors of
11 services, very medical model, very much medical model
12 and just housing which is what most domestic violence
13 survivors get when they leave if... [cross-talk]

14 CHAIR LEVIN: Right... [cross-talk]

15 CAROL CORDEN: ...they're lucky enough to
16 get that... [cross-talk]

17 CHAIR LEVIN: Uh-huh... [cross-talk]

18 CAROL CORDEN: ...there should be something
19 in the middle which would really be a service
20 enriched model which would be less expensive and much
21 more oriented toward family unity and toward really
22 good therapeutic outcomes for both the adult and the...
23 and the child... and the children.

24 CHAIR LEVIN: So, this is great, I want
25 to follow up with all three of you moving forward and

1 see what we can do over the next... hopefully I'll be
2 here for another four years and if I am or even if
3 I'm not I would like to work with, with your agencies
4 to see how we can get more of these programs funded
5 in a sustained way and that the city feels an active
6 partnership on... and that the city frankly pays some
7 more attention to this and that, you know with the
8 goal of, of making sure that families are not falling
9 through the cracks or losing touch with support and..
10 you know the idea that, you know once, once the..
11 they've... you know essentially they've... in, in some
12 unfortunate circumstances might go through six to
13 nine months of a very traumatic experience after
14 already experiencing the trauma of domestic violence
15 and then, yes, rushed out the door maybe if they're
16 lucky enough to find permanent housing with some type
17 of, of subsidized model and then... and then they're
18 kind of on their own, right and, and having to
19 reestablish linkages to communities, new communities,
20 I mean trying to... I mean just the... you know and, and,
21 and ultimately what does this do to, to children that
22 are going through this experience? What does this do
23 to their self-esteem, what does it do to their long
24 term... you know their long term mental health and what
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1
2 do... what are the long term trauma, traumas of this
3 and how can we ameliorate that to sort of see... you
4 know with, with, with what you're doing at Safe
5 Horizon, you know seeing that PTSD symptoms are in
6 fact decreasing in a quantifiable way in a... in, in...
7 through a rigorous process of figuring out what,
8 what's, what's actually the, the impact of this, I
9 think that that's a, a, a really important lesson
10 that we could learn and I just... I want to see the
11 city support your, your organizations and, and the
12 work that you're doing so... great, thank you so much.
13 So, I'm just going to take a two-minute break, I'll
14 be right back. Okay, so, I'm going to call up the
15 last panel Sharlena Powell, Voices of Women and Mary
16 Haviland, NYC Alliance Against Sexual Assault.
17 Whoever wants to begin and there's no clock, so you
18 can take as much time as you wish.

19 SHARLENA POWELL: Thank you, I appreciate
20 that. Hi, good afternoon. Good afternoon to all
21 present and participating with this important
22 hearing. My name is Sharlena and I'm a member of the
23 Voices of Women, VOW, a grassroots organization for...
24 of survivors of domestic violence who organize to
25 improve the systems that abused, abuse victims rely

1 on for safety and justice. I have been an active
2 member since... of VOW since 2012 where I lost my home
3 and my pet dog due to domestic violence. After a
4 violent episode with my then boyfriend I sought
5 safety by securing a police report, the following day
6 my apartment was burned down with our dog still in
7 the apartment. Devastated I had an option presented
8 to me as going into a domestic violence shelter, I
9 was skeptical and waited for an opening as a single
10 female for almost a month. Once admitted I heard of
11 different advantages including tier two, priority
12 housing, Linc, Nova and so on. Unfamiliar to me I
13 realized many restrictions around these concepts in
14 getting to the next steps towards a source of a home.
15 As a survivor I believe more transparency is needed
16 from HRA in regard to resolutions in defining what
17 systems are currently working. At VOW we have a long-
18 standing housing justice campaign where we have
19 petitions for increase in fair housing resources,
20 improvement upon the requirements to qualify for
21 domestic violence priority and also to disclose the
22 amount of people who are currently on the waiting
23 list and how many are securing placement annually. I
24 quote from a book, an excerpt from Out of the
25

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2 Wreckage, New Politics for an Age of Crisis by George
3 Monbiot, "we want to live in a place which proudly
4 and consistently supports people in need of help
5 including those fleeing from danger and persecution
6 abroad". Thank you to the Committee of the General
7 Welfare, the Committee of Women Issues and the City
8 Council for continuing to recognize the strength
9 including the survivor voice when crafting forward
10 policy.

11 CHAIR LEVIN: Thank you very much for
12 your testimony and I'll, I'll... if you could stay I'll
13 questions after Mary's testimony.

14 MARY HAVILAND: Hi, my name is Mary
15 Haviland, I'm the Executive Director of the New York
16 City Alliance Against Sexual Assault, you might
17 wonder what we're doing here and I'm a little self-
18 conscious because I've heard quite a bit of testimony
19 about the lack of resources around mental health,
20 housing and after shelter housing so I'm going to
21 give my testimony with due respect to the resources
22 that are necessary for domestic violence victims. I
23 myself spent probably over 25 years working on
24 domestic violence so I, I understand where the need...
25 absolutely where the need comes from. I do want to

1
2 thank the Committee on General Welfare and also the
3 Women's Issues Committee and particularly Council,
4 Council Member Levin for his attention to this... to
5 this issue. So, a couple of years ago the Alliance
6 went to HRA and proposed a limited project that would
7 shelter victims of sexual assault in the domestic
8 violence shelters. Currently the domestic violence
9 shelters are not admitting victims of stranger sexual
10 assault, they are obviously admitting victims of
11 intimate partner sexual assault but not acquaintance
12 or stranger sexual assault and we have... the New York
13 City Alliance does have a small direct service
14 program but we're also an umbrella organization of
15 the Rape Crisis Centers in New York City and we have
16 both had clients and also had Rape Crisis Centers
17 call us and ask us if there's any shelter provision
18 for victims of sexual assault. This mostly happens
19 when there's been home invasion and there's been no
20 arrest by NYPD and the survivor really feels like
21 going back to that home would be extremely dangerous.
22 So, what we decided to do was to think about a pilot
23 project to get a couple of volunteers from the
24 shelter network who would be willing to accept sexual
25 assault survivors. We also did a survey of the Rape

1 Crisis Centers and I'll just tell you briefly what we
2 found. The Rape Crisis Centers reported back to us on
3 1,486 sexual assault survivors and out of those
4 1,486, 201 survivors were in need of shelter as a
5 direct consequence of the sexual assault, 59 of the
6 survivors in need of shelter were victimized outside
7 of an intimate partner relationship making them
8 ineligible for domestic violence shelters. So, we're
9 not talking about really high numbers at least... at,
10 at least from what we can tell but we are talking
11 about extreme need for small numbers. The majority of
12 the women had no children so that puts even more
13 pressure on the network in terms of single family
14 housing and the consequences of sexual assault are
15 not unlike domestic violence in terms of emotional,
16 psychological health issues, post-traumatic stress,
17 major depression and trauma. So, most of the
18 survivors who needed shelter either moved in with
19 other relatives or became homeless or entered a
20 homeless shelter themselves and we know that homeless
21 shelters are not the most... are not always the safest
22 and we also know that sexual assault victims are
23 often vulnerable to subsequent attacks and so we
24 are... with this program we're hoping to both eliminate
25

1 survivors that are going into homeless shelters and
2 also prevent any kind of negative experience they
3 might have in a homeless shelter. Obviously, the
4 staff of a homeless shelter are not trained in, in
5 dealing with sexual assault survivors and, and so we
6 feel that it's not really an appropriate place for
7 them. So, we have been working... we have no funding
8 for this, we've been working with a couple of
9 shelters and what we'd like to do is find two
10 sheltering programs that are willing to participate
11 work with them to establish intake and reimbursement
12 procedures, we'd have to clear the program with the
13 state and then conduct training in the two domestic
14 violence shelters, the two pilot shelters for their
15 staff, create internal policies for services for
16 sexual assault survivors and a big last one that's
17 very easy to say and much harder to solve is tackle
18 long term housing issues because as I understand they
19 would probably not be eligible for any of the
20 subsidies that are available for domestic violence
21 victims. So, our recommendations are increasing the
22 capacity of single person capacity in the shelters,
23 HRA increasing it's per diem rate for the housing of
24 single residents and that HRA fund this pilot program
25

1 and the participating programs sufficiently to get
2 this program up and running in the next nine months.
3 So, I thank you for listening to me and thank you for
4 your attention to this issue.

5
6 CHAIR LEVIN: Well thank you both for
7 your... for your testimony and so I, I have a few
8 questions for, for both of you. The first question is
9 so what is the level of engagement that HRA... I mean
10 have they given... have they given you an audience on
11 this pilot program, have you gotten any feedback from
12 them, you know it, it may present... I mean it, it, it
13 could either present a regulatory funding challenge
14 or maybe not... [cross-talk]

15 MARY HAVILAND: Uh-huh... [cross-talk]

16 CHAIR LEVIN: ...or it could... you know it
17 could be a, a candidate for a type of program that's
18 funded either through the Mayor's fund or through
19 something here at the council perhaps... [cross-talk]

20 MARY HAVILAND: Right... [cross-talk]

21 CHAIR LEVIN: ...or, or some type of
22 foundation or, or philanthropy... [cross-talk]

23 MARY HAVILAND: Uh-huh... [cross-talk]

24 CHAIR LEVIN: ...dollars but have you had
25 any feedback from HRA about whether they... I mean

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2 you're... because you're right you... the numbers you
3 cited while not... you know unfathomable numbers it's...
4 [cross-talk]

5 MARY HAVILAND: Uh-huh... [cross-talk]

6 CHAIR LEVIN: ...201 but that still
7 represents 15 percent or so of the sexual assault
8 survivors that respond to... for the Rape Crisis Center
9 so it's not an insignificant number but it's also
10 manageable number within the, the large... you know the
11 overall scope of the system...

12 MARY HAVILAND: Uh-huh. So, as it stands
13 right now they have... HRA has been open to this idea
14 although it's been kind of difficult to schedule
15 meetings because of... I, I think just because the
16 staff there is very busy but they have promised to
17 help us fund the training for the domestic violence
18 shelters but I think what's coming up for the
19 shelters is that they want to be sure that they're
20 going to get paid for this, they want to be sure that
21 the Office for Family and, and... Family and Children
22 Services at the state level is going to come through
23 with the per diem rate that's... you know that's
24 required. I... from what I understand about the state
25 regulations the domestic violence shelters are not...

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do not have to just take domestic violence victims,
that I think... [cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

MARY HAVILAND: ...up to 30 percent or
something can be non-victims, but I think that's a
luxury the city has never been able to even fathom...
[cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

MARY HAVILAND: ...so we haven't... we've
done an... we've gone enough into the program to do
some research on this stuff... [cross-talk]

CHAIR LEVIN: Uh-huh... [cross-talk]

MARY HAVILAND: ...and to reach out to a
couple of sheltering programs to see whether they
might be interested but we need... I, I think frankly
we need some resources to continue this, that it's a,
a, a bigger bite to chew than we can do on... you know
on, on unfunded work.

CHAIR LEVIN: Do you have a sense of how...
[cross-talk]

MARY HAVILAND: How much it would be?

CHAIR LEVIN: Yeah... [cross-talk]

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2 MARY HAVILAND: I was afraid somebody
3 would ask that. I haven't really worked up a proposal
4 frankly... [cross-talk]

5 CHAIR LEVIN: Sure, right... [cross-talk]

6 MARY HAVILAND: ...we worked up proposals
7 on a lot of things but not this, but I could.

8 CHAIR LEVIN: Okay, we'd... I'd be
9 interested to know and... I mean where, where they seem
10 to be some flexibility within the regs... state regs
11 for the shelter providers again you know 201 out of,
12 you know 50 or so shelter sites, you know should be
13 something that, you know with enough buy in from the
14 overall community... [cross-talk]

15 MARY HAVILAND: Uh-huh... [cross-talk]

16 CHAIR LEVIN: ...should be something that,
17 that we can do. I would, you know at the... at the very
18 least I think there needs to be a recognition here
19 and now that this is a need within the city that
20 we're not meeting and... [cross-talk]

21 MARY HAVILAND: Uh-huh... [cross-talk]

22 CHAIR LEVIN: ...that we should be doing
23 what we need to do to make sure that we're, we're...
24 you know working with the organization to make sure
25 that... [cross-talk]

1
2 MARY HAVILAND: Uh-huh, well that's
3 partly why I'm here today, I wanted to start to put
4 it out in the public so that we could sort of gauge
5 how much support there might be.

6 CHAIR LEVIN: Okay..

7 MARY HAVILAND: Great, thank you.

8 CHAIR LEVIN: And then Sharlena do you
9 have a... has HRA engaged with your organization as
10 your organization is representing women that have,
11 have gone through this system have... has... have you
12 gotten the sense that they're... they want to hear from
13 you, that they are welcoming suggestions, welcoming
14 critiques and criticisms or... and do you have any type
15 of, of, of nexus to HRA where they can hear directly
16 from your organization?

17 SHARLENA POWELL: Over the years... [cross-
18 talk]

19 CHAIR LEVIN: I'm sorry..

20 SHARLENA POWELL: Over the years that
21 I've been working with VOW we have done trainings to
22 both HRA and ACS on how to address sensitivity to
23 survivors of domestic violence, your answer of like a
24 nexus like a, a portal like a direct link to, to, to
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2 a state where you're, your safety level is at... it's,
3 it's considerable that you really like to get on an
4 organizer path... [cross-talk]

5 CHAIR LEVIN: Uh-huh... [cross-talk]

6 SHARLENA POWELL: ...and there is a lot of
7 retention in the sisterhood that we build, we educate
8 each other on different policies, different things
9 that are coming out and... including hearings like
10 this, we always have representation there, so we
11 believe that the survivor voice is very important in
12 developing these policies and we need to know what
13 they are and how we can help each other, you know
14 collectively.

15 CHAIR LEVIN: And I, I think one... we want
16 to make sure that, that they're paying attention to
17 what you have to say and what your organization has
18 to say, and you know I think that that's an essential
19 component to, to any, any policy that comes out of
20 this city has to have... has to have survivors as, as,
21 as an important part of that conversation and in a
22 structured and organized way... [cross-talk]

23 SHARLENA POWELL: Uh-huh... [cross-talk]

24 CHAIR LEVIN: ...so, you know I certainly
25 offer, you know that, that this committee will... is,

1
2 you know has an open-door policy so any issues that
3 we can continue to talk about we would like to do
4 that in any, any way we... in which we can codify, you
5 know we, we should explore. I know that there are
6 ongoing task forces with providers, but you know
7 making sure that survivors have an active role in
8 those conversations I think is absolutely, absolutely
9 essential. We, we just recently passed the bill a
10 couple of months ago or a few months ago on creating
11 a foster care task force where it's not just
12 providers but it's youth care and, and other
13 stakeholders and it's been a, a real success and... you
14 know a meaningful level of participation from all
15 interested parties so maybe we should be looking at,
16 at, at doing a similar thing when, when it comes to
17 survivors of domestic violence.

18 SHARLENA POWELL: Yes, we are on the
19 committee of the Domestic Violence Task Force held by
20 Cecile Noel and... [cross-talk]

21 CHAIR LEVIN: Okay... [cross-talk]

22 SHARLENA POWELL: ...we have been in
23 conversation with her and her team as well as the
24 family justice centers in Brooklyn and in Staten
25 Island so... we do... [cross-talk]

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CHAIR LEVIN: Great... [cross-talk]

SHARLENA POWELL: ...try to congregate together on a... on like a regular basis.

CHAIR LEVIN: So, thank you so much for your... [cross-talk]

MARY HAVILAND: Thank you... [cross-talk]

CHAIR LEVIN: ...testimony for your ongoing involvement and advocacy and I look forward to continuing to work with both of the organizations on achieving these really important policy goals.

MARY HAVILAND: Okay... [cross-talk]

SHARLENA POWELL: Thank you... [cross-talk]

MARY HAVILAND: ...thank you very much.

CHAIR LEVIN: Sorry, we had one more person that wished to testify but they're not here at the moment so I'm just going to... okay, seeing no other, does anyone else wish to testify? Seeing no other testimony, we will close out the hearing. It is 1:37 p.m. Monday October 30th and if anyone who is watching online or on television wishes to submit testimony they can submit testimony three business days to attention Andrea Vazquez, A. Vazquez, v a z q e... q u e z at council dot NYC dot gov. Thank you very much to Committee staff, Tanya Andrea, Namira and

1
2 Dohini for preparation on today's hearing, to Joan
3 thank you Joan, sorry I didn't see you there and to,
4 to the staff of the Women's Issues Committee and my
5 Co-Chair Karen Koslowitz and with that this hearing
6 is adjourned.

7 [gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date

November 12, 2017