

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 AND
GENDER EQUITY

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September 24, 2019
Start: 10:29 a.m.
Recess: 1:45 p.m.

HELD AT: Council Chamber - City Hall

B E F O R E: STEPHEN LEVIN
Chairperson

HELEN ROSENTHAL
Chairperson

COUNCIL MEMBERS:

Ben Kallos
Diana Ayala
Laurie A. Cumbo
Brad Lander
Ritchie J. Torres
Vanessa L. Gibson
Rafael Salamanca Jr.
Barry Grodenchik
Antonio Reynoso
Brad Lander
Mark Treyger

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

Annette Holme, Chief Special Services
Officer
HRA

Natasha Godby, Deputy Commissioner
Emergency Intervention Services

Alita Chicambo [sp?], Domestic Violence
Survivor

Elizabeth Dank, Deputy Commissioner and
General Counsel
Mayor's Office to End Domestic Violence
[ENDGBV]

Jennifer DeCarli

Laila Mohammed, Domestic Violence
Survivor

Dania Darwish
Asiyah Women's Center

Dr. Carla Smith
URI

Catherine Shugrue dos Santos, Deputy
Executive Director
New York City Anti-Violence Project

Jimmy Meagher, Policy Director
Safe Horizons

Alyssa Keil, Director of Housing Link
New Destiny Housing

Beth Hoffmeister, Staff Attorney
Legal Aide Society

Jackie Simone
Coalition for the Homeless

Randy Levine, Policy Director
Advocates for Children of New York

Jelaine Altino, Deputy Clinical Director
Sanctuary For Families

Sharlena Powell, Organizing Assistant
Voices of Women Organizing Project

1 <INSERT TITLE OF MEETING>

5

2 SERGEANT-AT-ARMS: Testing one, two. One,
3 two. Today is September 24th, 2019. The hearing
4 today is on the Committee of Women and Gender Equity
5 recorded by Keith Polite.

6 CHAIRPERSON: Co-chair Council member Helen
7 Rosenthal for joining this hearing today and for her
8 commitment to promoting gender equity in our city.
9 In addition to our oversight top back on HRA domestic
10 violence shelters, we will also be considering bill
11 Intro 152, which I and concerning in relation to
12 requiring the department of social services to report
13 on the family with children and shelter. This report
14 would shed light on the average length of stay for
15 families disaggregated by the type of shelter that
16 they are in, as well as metrics concerning school
17 enrollment and attendance for children living in
18 shelter. This information would allow us to better
19 track data concerning homeless families including
20 many of those fleeing domestic violence. Domestic
21 violence is considered to be one of the leading
22 causes of homelessness and New York City. For
23 survivors of domestic violence that require shelter,
24 HRA oversees the city's system of emergency domestic
25 violence shelters. HRA's Office of Domestic Violence

1 provides emergency shelter, transitional housing
2 programs, and support services for survivors of
3 domestic violence and their children. HRA's domestic
4 violence shelter locations are kept confidential to
5 ensure the clients are protected. Under state law,
6 local social services districts such as New York City
7 must provide temporary emergency shelter for
8 survivors of domestic violence, however, state law
9 limits the length of stay at these shelters to 180
10 consecutive days. After the hundred and 80th day,
11 time limit expires. After the 180th day, time limit
12 expires, very limited options for domestic violence
13 survivors who require additional shelter and have not
14 been able to relocate into permanent housing. This
15 time limit can put domestic violence survivors in a
16 very precarious situation. Many domestic violence
17 survivors end up seeking shelter within DHS, which do
18 not provide the same level of services as HRA DV
19 shelters. Currently, there are almost 60,000
20 individuals in DHS shelters, which include 12,240
21 families with children. In 2016, among the families
22 with children entering the DHS system each month, and
23 a branch of 31 percent had a history of domestic
24 violence. Although HRA can refer clients to the
25

1 transitional housing programs, such resources are
2 very limited. We have heard from advocates that a
3 number of domestic violence survivors will remain
4 homeless or return to their abusers due to the lack
5 of affordable housing options and limited access to
6 services specific to their needs and the DHS
7 shelters. This is a reality that we must change and
8 that we have an obligation to, the city, address with
9 every resource that we have. Today, the city is well
10 examined HRA's domestic violence system, including
11 whether there is sufficient capacity to meet the
12 needs of survivors. We would also like to explore
13 what happens when survivors time out and must enter
14 the general homeless shelters system. In addition,
15 the DHS system does not provide the same level of
16 confidentiality that the DV system does. The
17 committees will also examine what the city is
18 currently doing to enhance domestic violence services
19 including on-site mental health services and other
20 wraparound services to ensure that survivors are set
21 up for safety and success. At this time, I would
22 like to acknowledge my colleagues who are here today,
23 Council member Brad Lander, Council member Barry
24 Grodenchik, Council member and Majority Leader Laurie
25

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY

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1 Cumbo, and, of course, my co-chair, Helen Rosenthal.
2
3 I would like to also thank the staff of the general
4 welfare committee, Aminta Kilowan [sp?], senior
5 counsel, Krystal Pawn, senior policy analyst, Natalie
6 Omari [sp?], policy analyst, Joheni Sempura [sp?],
7 unit head, Julia Haramis [sp?], Finance analyst, and
8 the staff of the Women and Gender Equity Committee
9 for putting this hearing together. I would also like
10 to thank my chief of staff, Jonathan Boucher, and my
11 legislative director, Elizabeth Adams, and my
12 constituent services director, Deidre Chedan [sp?].
13 I will now turn it over to Council member Rosenthal
14 for her opening remarks.

15 CHAIRPERSON ROSENTHAL: Thank you so much,
16 Chair Levin. Good afternoon. I am Council member
17 Helen Rosenthal. My pronouns are she, her, hers.
18 I'm Chair of the Committee on Women and Gender equity
19 and I want to thank Chair Levin of the Committee on
20 General Welfare for holding this hearing with us
21 today. There are some who say that domestic violence
22 is a somewhat sanitized phrase that does not paint a
23 complete picture. Their vernacular is-- there
24 suggested vernacular is individual terrorism. I
25 bring this up to validate the fact that victims of

1 gender-based violence live in fear of their abuser
2 every single day and we cannot fully tackle the many
3 consequences of gender-based violence until we
4 recognize, acknowledge these facts, and adjust our
5 language in the conversation. The statistics about
6 shelter access are staggering. On a national level,
7 seven-- 2017 report for the National Coalition of
8 Anti-Violence Programs shows that 13 percent of
9 intimate partner violence survivors attempted to
10 access shelter, but nearly half, 43 percent, were
11 denied shelter and a third of those were turned away
12 based on gender identity. How does that translate to
13 the numbers in New York City? As of 2018, the city
14 had 2689 emergency in the HRA domestic violence since
15 serve being nearly 8000 individuals. As those 10,000
16 individuals represent 40 percent of gender-based
17 violence survivors who are served, that means that
18 there are over 20,000, 21,000 DVDs survivors
19 attempting to access shelter in this city and each
20 year roughly 9000 survivors and their families are
21 turned away, denied shelter. And according to our
22 advocates, over 50 transgender nonconforming are
23 turned away every year is solely on the fact of their
24 gender identity. These numbers are clear. The TGNC
25

1 community in New York is underserved. While all the
2 beds in the HR system are available to since gender
3 individuals with family, there is no of emergency
4 bands specifically available to single TGNC survivors
5 of gender-based violence. Additionally, the way man
6 on the atmosphere of domestic violence shelters
7 discourages acts as by TGNC in the jewels. According
8 to the shelter access toolkit created by the anti-
9 violence project, a leader in the New York State LGBT
10 intimate partner violence network, quote, many
11 domestic violence programs in New York State often
12 focus solely on heteronormative paradigm of domestic
13 violence. i.e. on men's violence against women and
14 may deny LGBTQ survivors full access to services,
15 including safe shelter because LGBTQ survivors do not
16 meet the traditional understanding of who a survivor
17 is, end quote. This is unacceptable. The goal of
18 today's hearing is to ensure that HRA shelters are
19 accessible and service all victims of gender-based
20 violence, regardless of race, gender, or sexual
21 orientation. ENDGBV must play a role in transforming
22 the culture around services for survivors,
23 specifically they must not only train domestic
24 violence shelters staff repeatedly and often to
25

1 ensure inclusivity, sensitivity, and cultural
2 competence, but training alone-- because training
3 alone is not the solution, ENDGBV must use their
4 expertise in auditing the work of domestic violence
5 shelters and reviewing the domestic violence shelters
6 plans to comply with the state antidiscrimination
7 policy published in 2015. In other words, not only
8 train, but also audit to ensure compliance across the
9 city. We look forward to learning about the services
10 ENDGBV provides to victims of gender-based violence
11 to both in and outside the HRA system and the working
12 relationship, most importantly, the two-lane HRA and
13 ENDGBV. My bill, Intro 1712, is a vital step to help
14 assess the needs of the TGNCNB survivors. It would
15 require HRA to review the outreach efforts and
16 services provided to NG-- to TGNCNB individuals and
17 domestic violence shelters, including any complains
18 that HRA has received. Culturally competent services
19 and training ineffective end inclusive screening
20 practices are critical for providing services. We
21 can help ensure that our city's commitment to support
22 all survivors becomes a reality for TGNCNB people. I
23 look forward to your comments on my legislation and,
24 parenthetically, I want to mention that it is our
25

1 understanding of the entire domestic violence
2 shelters says stone only between four and a bands are
3 available to the TGNC population. Now, there are
4 funding reasons why that is true and that is
5 reasonable. In other words, through TANIF, the city
6 is the paid by individual, not by unit, and by taking
7 some on from the TGNC population, you are taking
8 someone who will be an individual and what-- and
9 will be paid for as one person rather than two people
10 which could fit in that unit. However, that cannot
11 be the very results and not accommodating the needs
12 of the TGNC population out there. We are grateful to
13 have HRA chief of special services in the home to
14 testify and Deputy Commissioner Natasha Godby and
15 Elizabeth Dank, Deputy Commissioner at ENDGBV to
16 testify and Jennifer DeCarli, Assistant Commissioner
17 for family Justice Centers. I think that is in the Q
18 and A. And may advocacy organizations that are here
19 to testify. These are the experts on the complexity
20 of domestic violence who are steeped in the work of
21 piecing together the intersection of. Let me say
22 that one more time these are the experts on the
23 complexity of domestic violence. Sorry. They
24 intersection our idea of raise, and gender,
25

1
2 socioeconomic, sexual orientation, and the power
3 dynamics and efforts to and gender and domestic based
4 violins. And it's also important to note that, given
5 the sensitivity of this topic, we are not going to
6 hear today from survivors. Right? And so,
7 unfortunately, their voices, although they will be
8 encapsulated by everyone talking, we are not going
9 they hear their voices directly. And I think that is
10 an important consideration to have in mind. I would
11 also like to thank Marissa Mock, my chief of staff,
12 my former legislative director, Ned Terrace, as well
13 as committee staff for their work in preparing for
14 this hearing and working on the legislation. Thank
15 you to Jasree Ganapathy [sp?], my counsel, Chloe
16 Rivera, the legislative policy analyst, Monica Peppel
17 [sp?], financial analyst, and Elizabeth Arts, our
18 community engagement staff. So, thank you very much
19 to that and I turn it back to the Chair.

20 CHAIRPERSON LEVIN: Okay. We'd like
21 to, call administration officials that will be
22 testifying. Okay. I will ask Council committee to
23 swear you in. If you can all raise your right hands,
24 please?

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 14

LEGAL COUNSEL: Do you affirm to tell
the truth, the whole truth, and nothing but the truth
in your testimony before this committee and to
respond honestly to Council member questions? You
may begin.

ANNETTE HOLME: Okay. Good morning,
Chairperson Levin and Chairperson Rosenthal and
members of the General Welfare and Woman and Gender
Equity Committees. Thank you for this opportunity to
testify and offer updates on our efforts to provide
assistance for support for survivors of domestic
violence. My name is Annette Holme and I am the
Chief Special Service is Officer for HRA. I joined
by Natasha Godby, the newly appointed Deputy
Commissioner for Emergency Intervention Services who
began on April 1st of this year. As you know, is
Domestic Violence Awareness Month and HRA welcomes
the opportunity to inform our staff and providers
about current issues related to domestic violence.
This year, we will focus our effort on client-
centered decision-making and self-care training for
staff who are exposed to the secondary trauma related
to the school provide services to domestic violence
survivors. HRA is the nation's largest social

1 services agency assisting now over 3 million New
2 Yorkers annually through the administration of public
3 assistance programs including cash assistance,
4 employment programs, food stamps, public health
5 insurance, and others supports that will New Yorkers
6 remain in the workforce. HRA also plays a role in
7 the administration of housing programs such as
8 supportive housing and services designed to assist
9 individuals who are chronically homeless, coupled
10 with HIV, AIDS, serious mental illness, and or are
11 survivors of domestic violence, among others. Much
12 of our work focuses on advancing one of this
13 administration's chief priorities: reducing income
14 equality and leveling the playing field for all New
15 Yorkers. We know that domestic file is,
16 unfortunately, far too common and blind to one's
17 socioeconomic status, immigration status, gender
18 identity, and sexual orientation. Anyone, anywhere
19 can fall victim to domestic violence. HRA addresses
20 the scourge of domestic violence, a major driver of
21 poverty and homelessness, by ensuring survivors and
22 their families have access to a safe living
23 environment and trauma and formed services, both
24 within the shelter systems and as they transition
25

1 back into communities. Operating under the New York
2 State Domestic Violence Prevention act of 1987, the
3 New York City human resources administration works
4 with a network of providers to provide support
5 services for survivors of domestic violence and to
6 their children. The law requires County used to
7 provide shelter and service is to survivors of
8 domestic violence and establishes funding for these
9 programs. The New York State Office of Children and
10 Family Services promulgates and maintains regulations
11 for licensure and the standards for the establishment
12 and maintenance of residential and nonresidential
13 domestic violence programs. OCFS authorizes HRA to
14 administer the financial and contractual requirements
15 of domestic violence emergency residential service
16 programs. The New York State Office of Temporary
17 Disability Assistance authorizes HRA to amend-- to
18 administer the financial and contractual requirements
19 of the domestic violence tier 2 system. HRA
20 administers the large is domestic violence shelters
21 system in the country. The emergency domestic
22 violence shelters system consists of 55 confidential
23 facilities throughout all five boroughs. There are
24 2514 emergency bands. The emergency bands provide
25

1 trauma informed shelters services to domestic
2 violence survivors who are in immediate risk.
3 Included in the 55 sites are nine DV tier 2
4 transitional shelter facilities which account for 362
5 units. Only domestic violence survivors who are
6 stabilized in the emergencies system can be
7 transferred to the DV tier 2 shelters. In fiscal
8 year 19, the HRA domestic violence system served
9 10,983 individuals which included 355 single adults
10 and 3877 families. In September 2015, Mayor DeBlasio
11 announced that the city will develop 400 additional
12 DV tier 2 units and 300 emergency beds, and
13 unprecedented addition by the city to address
14 capacity in the domestic violence shelter system.
15 All 300 emergency beds and emergency domestic
16 violence shelter which was constructed primarily to
17 accept households with pet opened last week and we
18 are actively working to fill the beds. Additionally,
19 295 of the 400 tier 2 units have been awarded. Three
20 tier 2 shelters are currently scheduled to open in
21 2020. For the remaining 105 tier 2 units, there is
22 currently an open RFP and we strongly encourage
23 providers to submit proposals. Emergency shelters
24 services are designed to address domestic violence
25

1 survivors who are an imminent danger and in need of
2 safe housing. Programs are client-centered with a
3 focus on managing the crisis and trauma of domestic
4 violence, strengthening coping skills and enhancing
5 client self-sufficiency. Services shall include
6 individual counseling, advocacy, psych educational
7 groups, and trauma focused interventions that address
8 the dynamics of domestic violence. All shelter
9 programs may include on-site or have linkages to the
10 child care services, housing assistance, benefit
11 entitlement assistance, financial development
12 service, and economic empowerment programs to
13 maximize self-sufficiency. Enhanced services, which
14 may be available, include expressive therapies art,
15 play, recreational, stress reduction, coping skill
16 techniques, mental health, substance abuse
17 counseling, and linkages to community-based medical
18 providers. DV shelter providers offer an array of
19 services to children including, but not limited to,
20 individual counseling for children. HRA conducts
21 monthly meetings with DV shelter providers. The
22 purpose of which is to discuss programmatic
23 developments, share best practices, and address
24 matters related to shelter operations. This year, in
25

1 collaboration with the DV provider coalition, HRA
2 hosted three DVD residential best practice forums,
3 the latest one focused on child welfare services and
4 policies. Previous forums included trauma informed
5 care for children and presentations by the mayor's
6 office to and domestic and gender-based violence, the
7 administration for children's services and autism
8 speaks. Over the course of the past six years, this
9 administration has advance substantial policy changes
10 that have had both immediate and long-term positive
11 outcomes for domestic violence survivors accessing
12 residential and or nonresidential services. I'd like
13 to take some time to highlight numerous developments
14 that have been made to assist domestic violence
15 survivors, and improve their shelter experience, and
16 assist them in transitioning out of shelter and back
17 into the community.
18

19 Interagency collaboration. HRA, in
20 partnership with the Mayor's Office of Economic
21 Opportunity, the New York City Department of Health
22 and Mental Hygiene, and the New York City
23 Administration for Children's Services received grant
24 funding to transform 15 domestic violence shelters in
25 New York City over three years. The initiative will

1 engage survivors and staff to enhance environments in
2 the shelters, promoting wellness and supporting the
3 social and emotional needs survivors and their
4 children.
5

6 Language access services. DSS offers to
7 share, at no cost, telephonic interpretation and ASL
8 interpretation services with all DV shelter
9 providers. This helps ensure that all TVs survivors
10 have access to shelter and support in their
11 languages.

12 New York City Well. HRA continues to
13 explore ways in which it can string the provision of
14 trauma informed mental health services within the
15 domestic violence programs, recognizing the
16 importance of having access to mental health support
17 outside of providers regular business hours. HRA
18 delivered over 5000 posters, flyers, and information
19 owns two providers about the services provided by New
20 York City Well, a signature program funded through
21 Thrive NYC. The posters are prominently displayed
22 throughout the facility so that clients have a
23 connection to free, confidential mental health
24 support. New York City Well and able callers the
25 ability this week with a counselor via phone, text,

1 or chat and get access to mental health and see you
2 services and more than 200 languages 24 seven, 365
3 days a year. HRA collaborates with ENDGBV to ensure
4 that all domestic violence providers are aware of
5 training opportunities for staff, as well as service
6 is offered to survivors at the NYC Family Justice
7 Centers and in communities across the city. These
8 service scan enhance what is offered by shelter
9 providers and form a more robust service package to
10 survivors.
11

12 School busing. HRA and the Department of
13 Education collaborated to ensure that HRA shelter
14 residents and their children are safely placed in
15 schools and have resources to meet their educational
16 needs. The school busing program upholds
17 confidentiality and safety by not conducting pickups
18 and drop-offs in front of the facility, but at a
19 nearby location. We can duct presentations at ACS
20 borough office is to inform staff of DV shelter rules
21 and regulations. HRA partners with ACS to address
22 complex case matters and assist with shelter needs.
23 This July, we received a donation of 100 free cell
24 phone for DV clients, provided by the DSS emergency
25 management office. This donation benefited survivors

1 whose communication devices were linked to their
2 abusers and can now have a safe of communication.

3
4 Gender equity initiatives. I would like
5 to take an opportunity to specifically highlight our
6 work on gender equity. Historically, domestic
7 violence services were created with cis-women and
8 heteronormative families in mind. Cis-gendered men,
9 transgender, and gender nonconforming people
10 accessing domestic violence services may encounter
11 obstacles related to shelter placement. The DSS
12 diversity and equity team's gender equity initiatives
13 engage HRA's non-residential domestic violence
14 providers and their interests in becoming more
15 welcoming and inclusive spaces for people of all
16 genders. In 2017, trainings were offered to increase
17 knowledge around gender inequity and provide
18 affirming and welcoming engagements for survivors of
19 domestic violence. Subsequently, outreach was made
20 to the providers to provide them with the services
21 needed to-- I'm sorry. Excuse me. Yeah. To
22 identify gaps. We were encouraged by the providers,
23 interests and measures taken to have LGBTQI and
24 gender nonconforming clients feel welcome, accepted,
25 and treated with respect and dignity. We continue to

1 support their efforts to improve services to these
2 clients in need of DV services. Our next engagement
3 phase well include training, technical assistance,
4 and surveying HRA's residential domestic violence
5 providers in the coming months. Okay. As clients
6 transition back into communities, it is essential to
7 utilize programs and services designed to support and
8 assist DV clients, particularly through the New York
9 City family justice centers and community-based
10 services. These services include crisis
11 intervention, case management, and advocacy,
12 counseling, support groups, housing, advocacy, and
13 economic security. HRA contracts with nine providers
14 to offer a state-mandated nonresidential services
15 through the five boroughs. The goal of this program
16 is to provide a range of supportive services to the
17 families of domestic violence. And in addition to
18 offering a series of core levels services required by
19 the New York State regulations, and these include
20 telephone hotline assistance, information and
21 referral services, advocacy, counseling, community
22 education, and outreach activities. These providers
23 offer aftercare services for clients transitioning
24 out of shelter to ensure that when they enter
25

1 permanent housing, as they are safe, financially
2 secure, and on track for employment. In FY 19, then
3 nonresidential service providers served, on average,
4 2016 clients. Other nonresidential services include
5 legal advocacy and assistance in obtaining orders of
6 protection, securing U visas, and navigating divorce
7 and child support proceedings, as well as services
8 for adolescent and child witnesses of domestic
9 violence. We recognize that, often times, clients
10 wish to receive services outside of their residences
11 or even the broader community. It is our goal to
12 ensure that clients are aware of the client centered
13 service options available to them throughout New York
14 City and are able to access the services of interest
15 to them through referrals and direct linkages to the
16 providers and the broader community, such as the
17 family justice centers located in every borough.
18 Through its office of civil justice, HRA oversees,
19 manages, and monitors the city's programs that
20 provide civil, legal assistance to New Yorkers in
21 need. Since 2014, the city has made great strides
22 and increasing, and enhancing, and making more
23 efficient the delivery of civil legal services to low
24 income New Yorkers facing legal issues that may
25

1 jeopardize the essentials of life, including things
2 like housing and immigration status.
3

4 Intro 1712 would amend the administrative
5 code of the city of New York in relation to reporting
6 on the services provided to transgender and gender
7 nonconforming individuals and domestic violence
8 shelters. We look forward to working with the
9 sponsor to ensure that all clients are treated with
10 dignity and respect. As drafted, we have some
11 concerns, namely about ensuring that collection of
12 such information about transgender and non-binary
13 people does not create barriers to access, raise
14 privacy concerns, and or further traumatized client a
15 in an already vulnerable situation. We look forward
16 to better understanding the purpose of the data
17 collection. For example, an interest in the number
18 of transgender nonconforming people accessing TV
19 service or about service provision and or specialize
20 domestic violence services for transgender
21 nonconforming people. There may be alternative means
22 to meet our shared interest and ensuring gender
23 affirming services for transgender and non-binary
24 people accessing our DV shelters.
25

Intro 1152 amends administrative code of the city of New York and relation to requiring the department of homeland service is to report on families with children and shelter. We look forward to working with the sponsor to better understand the intention and goal of such reporting. I would like to remind the committee that clients and domestic violence shelters are subject to strict confidentiality requirements and, as written, would require client consent for the collection and exact use of the data for this reporting purposes. Thank you for this opportunity to testify and I look forward to your questions.

CHAIRPERSON LEVIN: Thank you very much, Officer Holmes. I appreciate your testimony. And I'm going to interrupt for the moment because we do have a survivor that is here to testify, so, for the time being-- and then we'll bring the panel back.

ANNETTE HOLMES: Okay.

CHAIRPERSON LEVIN: Okay. Thank you very much. Okay. So, would the individual like to come up to testify?

[background comments]

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
1 GENDER EQUITY 27

2 CHAIRPERSON LEVIN: Individuals. And
3 you don't have to--

4 [background comments]

5 CHAIRPERSON ROSENTHAL: Right up here.
6 And no need for names.

7 CHAIRPERSON LEVIN: No need for names.

8 CHAIRPERSON ROSENTHAL: Okay. Welcome.

9 CHAIRPERSON LEVIN: Sorry. Just make
10 sure the red light is on. Push the button.

11 ALITA CHICAMBO: Thank you. Good
12 morning. My name is Alita Chicambo and I'm a
13 survivor leader for Sanctuary for Families which is
14 New York State's largest comprehensive service
15 provider exclusively for survivors of domestic
16 violence and trafficking. We are so grateful to the
17 Committee of Women and Gender Equity and Chair
18 Council member Ms. Rosenthal and the Committee on
19 General Welfare, Mr. Stephen Levin and for the
20 opportunity relate to speak today. We greatly
21 appreciate the counselor's concern about the
22 efficiency of HRA domestic violence shelter system.
23 As a former resident of for Sanctuary for Families
24 shelter, I cannot express enough the importance of
25 such facilities. Operating 24 hours a day, seven

2 days a week, and 365 days a year. I came to New York
3 City three years ago with my three little girls
4 completely broke in and barely alive. After a couple
5 nights and days scary old motel, being admitted at
6 the domestic violence shelter was the best thing that
7 could have happened to me. I had never been in a
8 homeless shelter before, but surprisingly, this place
9 really defeated all the stigma I had of a homeless
10 shelter. The Davies shelter was really the best
11 thing that happened to me since I started my journey
12 from running away from my abuser. I really liked it
13 there. The staff was really properly trained to deal
14 with DV survivors. I was happy and that one bedroom
15 apartment and I even remember sharing to my friend
16 next door how blessed we were to be and such shelters
17 because I had had exchanges with other survivors or
18 other people living in the shelters and it was not
19 the same thing. But, suddenly, after three months,
20 things changed. The minute I received my city
21 voucher, I really, right away, felt the pressure.
22 The pressure was that I had to move on. So, I was
23 really urged immediately to move out of the shoulder.
24 I couldn't stay past six months. I had just started
25 to feel better. I was transitioning from heavy

1 medication to medium intake and remember that I'm new
2 to New York City. So, I didn't know how difficult,
3 or rather say, impossible, it was to find an
4 apartment in three months. I asked for record phone
5 books that I used as apartment search logs, a Ziploc
6 full of business cards that they had from realtors,
7 and a folder in my inbox in my email that I called
8 apartment search with 650 emails. So, I don't know
9 if you can imagine 650 emails standing in between you
10 and finding an apartment for you and your children.
11 The apartment search was so difficult because
12 landlords were really skeptical. They didn't really
13 want to deal with vouchers. Many times they would
14 hung up on me the minute that I mentioned I had one
15 and they would refuse to even have me go and look at
16 the apartment. The other issue that I also had was
17 the fact that the amount that was given to for the
18 shelters were really not really enough. 1500, what
19 was in my case, was a lot because that was the price
20 of the mortgage I paid living in Maryland, so I had
21 no idea what the reality here in New York City. I
22 looked for an apartment day and night, but it didn't
23 happen. And I remember the housing specialist in
24 charge of helping me said that it was not my fault,
25

1 which was really important for me to hear because
2 many times my abuser always set me up for failure and
3 made me feel like it was my fault. And looking at
4 this apartment search adventure was-- put me back in
5 that same track. Unfortunately, when I had to go
6 back to Path after six months at the DV shelter and,
7 unfortunately for me, all the DV shelters were full.
8 So the only option that I had was for me to go back
9 to a regular shelter. At that time, it was-- that
10 was really the nightmare because I wonder why and how
11 this could ever happen. How people didn't care what
12 would have happened to me in a regular shelter for me
13 and my children. And the only answer that they had
14 at that time was just that the system had failed me.
15 What I really want to emphasize here is the fact that
16 six months is not enough. Settling on have to expect
17 a survivor or for someone to get well and move on.
18 And based on my experience here, I see three
19 problems. The first is the fact that, like I said,
20 six months-- three months-- sorry. Six months is
21 not enough. If you are going to build shelters to
22 help the survivors, we need to give them at least one
23 year. One year sounds really something that is
24 doable. The second problem I see here is the fact
25

1 that those city vouchers need to be increased. It's
2 really not-- it doesn't really match the reality.
3 Lastly, it seems like the system works against
4 survivors, especially for a single woman with
5 dependent minor children by forcing them to go back
6 into the cycle of lifetime public assistance. Just
7 to cite you an example [inaudible 00:39:51] were
8 really mystically closed putting really families at
9 risk of a vixen, which is the situation I'm going
10 right-- I am living right now. And exiting those
11 shelters with improper preparation is really at risk
12 because, when we-- when you are playing just, let's
13 say in my case, and a shelter which is not trauma
14 bays store focused, that is just delays your way of
15 getting better and getting back on track. HRA has
16 been gutted at providing appropriate and safe sites
17 to providers. Like I mentioned earlier, getting into
18 a DV shelter was the best thing that really happened
19 to me at that time. But we still have the challenges
20 to ensure that this solution is really efficient.
21 That's why we recommend that the city builds more
22 affordable apartment housing with survivors of
23 domestic violence at the top priority of occupying
24 those facilities. We also suggest that the Sadie
25

1 elaborate and implement trauma focused strategy is to
2 accompany survivors exhibiting shelters. Finally, we
3 need to strengthen the city's effort to prosecute
4 landlords illegally refused to take those rental
5 assistance. I think you so much for your support and
6 for supporting New York City's survivors and the
7 opportunity to testify today. Thank you.

8 Questions?

9
10 CHAIRPERSON LEVIN: Thank you so much.

11 Is it okay if I ask a question?

12 ALITA CHICAMBO: Sure.

13 CHAIRPERSON LEVIN: So, thank you so
14 much for testifying and for telling your story and
15 for providing clear actionable items for the city to
16 take and I think that those are all things that we
17 can do and we must do and I think that it is
18 important that we listen to you and to others
19 survivors and others that are experiencing what you
20 have experienced and listen to you. And so we hear
21 you and we will be working with you.

22 ALITA CHICAMBO: Thank you.

23 CHAIRPERSON LEVIN: I want to--

24 ALITA CHICAMBO: Sure.

1
2 CHAIRPERSON LEVIN: ask about
3 throughout all of the steps in this process, whether
4 it was the DV shelter or whether it was how you had
5 to go back into a DHS shelter, did you feel that you
6 had access to adequate-- like a therapist of any
7 kind to help deal with the trauma of being a
8 survivor? Did they provide licensed clinical social
9 worker or psychologist that's available?

10 ALITA CHICAMBO: Definitely. When living
11 at the shelter, I had all types of supports, not only
12 for myself, even for my children. So we really felt
13 that we were being helped. We were taken into
14 consideration. I had about three staff, clinical
15 staff working with me and that were accessible all
16 the time. And then even the staff in the shelter.
17 They were really trained. They knew how to handle
18 any situation. What happened with me and my
19 children. Even with other families also.

20 CHAIRPERSON LEVIN: Uh-hm.

21 ALITA CHICAMBO: But the minute I left
22 that facility, it was something else. Like I said, I
23 felt like the system they didn't care. It was just
24 she has a place where to stay with her children and
25

1 that was it. For them, they were doing a lot.

2 Like--

3 CHAIRPERSON LEVIN: Uh-hm.

4 ALITA CHICAMBO: putting me in a place.

5 Everything else that was-- that I needed at that

6 time, and no one really cared. I didn't have any

7 type of assistance.

8 CHAIRPERSON LEVIN: Were you every mold

9 to find an apartment through the City [inaudible

10 00:43:43] voucher?

11 ALITA CHICAMBO: I did later on, but it

12 was really difficult the condos like I am saying--

13 CHAIRPERSON LEVIN: Yeah.

14 ALITA CHICAMBO: It's so funny because

15 sometimes you are almost pushed tell a lie. Many

16 times I was pushed to lie.

17 CHAIRPERSON LEVIN: Uh-hm.

18 ALITA CHICAMBO: And that's not reality.

19 It's either you have to come up with the supplement--

20 CHAIRPERSON LEVIN: Uh-hm.

21 ALITA CHICAMBO: because there is no--

22 CHAIRPERSON LEVIN: Right.

23 ALITA CHICAMBO: There is no apartment

24 for a family for 1500 dollars.

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 35

CHAIRPERSON LEVIN: And what was the
voucher amount limit?

ALITA CHICAMBO: 1515.

CHAIRPERSON LEVIN: 1515 for a two or
three bedroom?

ALITA CHICAMBO: Yes. Two bedrooms.

CHAIRPERSON LEVIN: Two bedrooms for--

ALITA CHICAMBO: And--

CHAIRPERSON LEVIN: 1515.

ALITA CHICAMBO: And I'm still struggling
right now. Like I said, it's like a cycle.

CHAIRPERSON LEVIN: Right.

ALITA CHICAMBO: You just feel like--

CHAIRPERSON LEVIN: And they don't
allow for you to sup-- I mean, that's the way that
it structured. This is something that we are working
on. I hear you 100 percent because a two bedroom for
1515 anywhere in New York City on top of the
discrimination that landlords are doing all around
against vouchers makes it virtually impossible. So,
even with the housing specialist--

ALITA CHICAMBO: Definitely.

CHAIRPERSON LEVIN: Now, was here
housing specialist helpful?

1
2 ALITA CHICAMBO: She was great. She
3 really-- She was helping me. And also the fact that
4 I don't think there is enough. I don't know how it
5 works, but I really wish that we had more the shelter
6 in--

7 CHAIRPERSON LEVIN: More housing
8 specialists.

9 ALITA CHICAMBO: Yes. So they could
10 have-- assist everybody properly.

11 CHAIRPERSON LEVIN: Yeah.

12 ALITA CHICAMBO: So, the burden is
13 really-- When you're going through a tough
14 situation, you don't want to pu-- You don't want to
15 be put in a situation where they make you feel like
16 you're guilty because that is, as I say, her telling
17 me that it was not my fault really important because
18 she saw me how our walked day and night, but she
19 couldn't be with me 24 hours because--

20 CHAIRPERSON LEVIN: Uh-hm.

21 ALITA CHICAMBO: there were other
22 families that she had to assist.

23 CHAIRPERSON LEVIN: Yeah.

ALITA CHICAMBO: And relieve the burden of serving a part on the agency, not on the survivors. It's not fair.

CHAIRPERSON LEVIN: And when you left the DV shelter, did you feel like you had-- In terms of like the mental health support or, you know, just the, you know, connecting with the therapist, were you able to maintain that type of connection?

ALITA CHICAMBO: Not right away because--

CHAIRPERSON LEVIN: Yeah.

ALITA CHICAMBO: Think about it. For me it was I had to feel safe. I was not safe out there. I had to feel safe. So, my routine was related to-- if I could not go outside, I would not go outside. [inaudible 00:46:05] my little girls. I had to protect them. So, at that time, you put yourself-- you forget about yourself.

CHAIRPERSON LEVIN: Right.

ALITA CHICAMBO: You forget about getting well. You have to survive. You don't want to go back into the same situation.

CHAIRPERSON LEVIN: Right.

ALITA CHICAMBO: And I made two times survivor, so that I was just-- That cannot happen

1
2 anymore. So, yeah. I forgot about me. I forgot
3 about getting well. They would suggest some places
4 out there to-- in the community to go and get help,
5 but it not the same thing. You don't have the same
6 connection. You go there and you don't have the same
7 feeling that those people are there for you.

8 CHAIRPERSON LEVIN: Right.

9 ALITA CHICAMBO: Living in the shelter, I
10 have that connection. But out there--

11 CHAIRPERSON LEVIN: When it was site.

12 ALITA CHICAMBO: it was not the same
13 thing.

14 CHAIRPERSON LEVIN: When it was on--

15 ALITA CHICAMBO: Yeah.

16 CHAIRPERSON LEVIN: site.

17 ALITA CHICAMBO: in the facilities. Yes.

18 CHAIRPERSON LEVIN: Did you do any
19 accessing the like either of the calling or the
20 texting? The administration testified about the, you
21 know, they put up the posters about you have access
22 to, you know, the NYC Well. You know--

23 ALITA CHICAMBO: I'm not sure I
24 understand the question. Can you just repeat again?

CHAIRPERSON LEVIN: I guess, I'm not sure if it was there at the time, but through the Thrive initiative, the overall--

ALITA CHICAMBO: Uh-hm.

CHAIRPERSON LEVIN: city's mental health initiative that the First Lady Shirley McCrae is heading up, that there is-- survivors have access. You could call it therapist, basically or text a therapist.

ALITA CHICAMBO: Again, when you've been a victim and especially domestic violence, you don't just talk to anybody and it's really been difficult to talk.

CHAIRPERSON LEVIN: Uh-hm.

ALITA CHICAMBO: So when you build a relationship with somebody and long term or somebody you feel like you're really comfortable talking to the person that understands you--

CHAIRPERSON LEVIN: Yeah.

ALITA CHICAMBO: it's not like I'm calling 311 I'm asking where I can get rid of my TV. It's not the--

CHAIRPERSON LEVIN: Right.

ALITA CHICAMBO: same thing.

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 40

2 CHAIRPERSON LEVIN: Right.

3 ALITA CHICAMBO: It's not like this is
4 not good in the city, but it really depends, you
5 know, in the trauma how effective you are.

6 CHAIRPERSON LEVIN: Yeah. Yeah.

7 ALITA CHICAMBO: I mean--

8 CHAIRPERSON LEVIN: Especially someone
9 that-- The trust of the relationship--

10 ALITA CHICAMBO: Yeah. Definitely.

11 CHAIRPERSON LEVIN: the specialty.

12 ALITA CHICAMBO: Yeah.

13 CHAIRPERSON LEVIN: Yeah. Yeah. All
14 right. And the access--

15 ALITA CHICAMBO: I'm sorry. It was
16 easier for me to go back to the agency and contact
17 the agency's somehow just to continue that help than
18 to--

19 CHAIRPERSON LEVIN: Right.

20 ALITA CHICAMBO: start something new.

21 CHAIRPERSON LEVIN: Right. Right.

22 Right. I mean, access is important. I mean, I could
23 tell you four, in my case, I go to therapy and my
24 therapist on the-- near Grand Central and for me to

25

1 get there from here is all my, you know, to subway
2 stops and I am able to make it work the kinds of--

3 ALITA CHICAMBO: Convenient for you.

4 CHAIRPERSON LEVIN: But if it was
5 somewhere, you know, in Queens, it would take the
6 whole day and it makes it very difficult.

7 ALITA CHICAMBO: Definitely.

8 CHAIRPERSON LEVIN: So, I think it's
9 important to have the access, the relationship,
10 trust.

11 ALITA CHICAMBO: The relationship to
12 specialists.

13 CHAIRPERSON LEVIN: The specialization.

14 ALITA CHICAMBO: Definitely. Yes.

15 CHAIRPERSON LEVIN: How are your
16 children now?

17 ALITA CHICAMBO: They are great. They
18 are really happy and full of life. She's laughing
19 because they are really well known at the daycare
20 center. They are great. I mean, they are doing
21 good.

22 CHAIRPERSON LEVIN: Excellent.

23 ALITA CHICAMBO: I'm really happy that,
24 actually, even for them, that they have the support
25

2 as early in their age because my concern was just
3 those three young girls, so I didn't want them to
4 have that memory of what mommy went through as
5 something normal, something standard and not talk
6 about it and wake up one day and just say, hey, this
7 is what is happening to me and that was really a
8 concern to me. The fact that they could-- and we
9 are with people who really pay attention to what they
10 say. The way they act. Like I said, having trained
11 staff is really important. Definitely

12 CHAIRPERSON LEVIN: Yeah. Yeah. Yeah.
13 Wonderful. Wonderful. Thank you so much for your
14 testimony [inaudible 00:49:55].

15 ALITA CHICAMBO: You're welcome.

16 CHAIRPERSON ROSENTHAL: Thank you so much.
17 Really appreciate you coming forward and sharing this
18 information. I'm glad to see you here today.

19 ALITA CHICAMBO: Thank you. Me, too.
20 Thank you.

21 CHAIRPERSON ROSENTHAL: I want to get out
22 the idea-- It sounds like you had a great experience
23 that the DV shelter.

24 ALITA CHICAMBO: Definitely at the
25 beginning. Yes.

2 CHAIRPERSON ROSENTHAL: And that is so
3 helpful to hear. I'm wondering a couple of
4 specifics. When you had bad experiences where
5 landlords denied you an opportunity to provide your
6 vouchers, were you able to share that information
7 with the housing specialists--

8 ALITA CHICAMBO: Oh, yes. Definitely.

9 CHAIRPERSON ROSENTHAL: who could then
10 report--

11 ALITA CHICAMBO: Right away.

12 CHAIRPERSON ROSENTHAL: that back?

13 ALITA CHICAMBO: Uh-hm. I think two
14 instances I even called 311 to report.

15 CHAIRPERSON ROSENTHAL: Great. Great. And
16 then, with your therapist, sounds like you developed
17 a great relationship with your therapist at the DV
18 shelter.

19 ALITA CHICAMBO: At the shelter.

20 CHAIRPERSON ROSENTHAL: But then what
21 happened when you left the DV shelter, you just
22 didn't have access to that person anymore.

23 ALITA CHICAMBO: It's not like I didn't
24 have access to that person.

25 CHAIRPERSON ROSENTHAL: Okay.

ALITA CHICAMBO: Like I mentioned, it's just the proximity. Accessibility.

CHAIRPERSON ROSENTHAL: Got it.

ALITA CHICAMBO: It was not the same thing.

CHAIRPERSON ROSENTHAL: But you could have gone back.

ALITA CHICAMBO: Oh, I did.

CHAIRPERSON ROSENTHAL: And you did.

ALITA CHICAMBO: I did. When I put myself-- I was, myself, in a situation where I couldn't do it anymore. I knew where to get the help, so I did. I did call. I did call.

CHAIRPERSON ROSENTHAL: Okay.

ALITA CHICAMBO: Even the staff. I mean, my therapist and other staff also--

CHAIRPERSON ROSENTHAL: And they were available to you?

ALITA CHICAMBO: I did call because we had a lot of social events that really involved in the family and then the girls loved it and I loved it. So, I was, in a way, getting, you know, a sense of real life. So, even the staff, I did call them when I needed them.

2 CHAIRPERSON ROSENTHAL: Okay. And that's
3 after you left the six--

4 ALITA CHICAMBO: That was after--

5 CHAIRPERSON ROSENTHAL: [inaudible 51:47]

6 ALITA CHICAMBO: I left. Yes.

7 CHAIRPERSON ROSENTHAL: And Dave you ever
8 visit our Family Justice Center?

9 ALITA CHICAMBO: I've been there. Yes.

10 CHAIRPERSON ROSENTHAL: The Family Justice
11 Center.

12 ALITA CHICAMBO: To the one in the Bronx,
13 believe. I don't want to--

14 CHAIRPERSON ROSENTHAL: The one in the
15 Bronx. And how often did you go there--

16 ALITA CHICAMBO: One time.

17 CHAIRPERSON ROSENTHAL: What?

18 ALITA CHICAMBO: Just one time.

19 CHAIRPERSON ROSENTHAL: Just one time.

20 ALITA CHICAMBO: I'm going to try just to
21 give you a picture. You've been in a relationship
22 for 20 or 30 years of hiding because you cannot talk,
23 you cannot say certain things, so even when you are
24 out of that relationship, connecting leads to new
25 people-- connecting the new people is not easy.

1
2 Going to some plays new is not easy. It's still
3 almost kind of scary. The fact that I liked about
4 having all these services at the shelter, I didn't
5 have to go anywhere. I remember even when I didn't
6 feel like going out because part of the process was
7 for me to be out because getting into public
8 transportation was an issue for me because I saw my
9 abuser everywhere. All these issues. So, it was
10 therapeutic for me sometimes to go outside. But even
11 when I couldn't do it, my therapist would come to the
12 shelter. And now I didn't have that anymore, so I
13 had to go get the help, but, like I said, you, in the
14 beginning, I had to choose what was important.
15 Taking care of me at that time was not important.

16 CHAIRPERSON ROSENTHAL: What's the right
17 length of time to stay in a DV shelter?

18 ALITA CHICAMBO: I think a year. And
19 then, a year from the beginning just to explain
20 everything to the client. Like I said, New York City
21 was new to me. I had no idea that, you know, finding
22 an apartment was a full-time job. I didn't know
23 that.

24 CHAIRPERSON ROSENTHAL: Thank you. Oh--

2 ALITA CHICAMBO: Oh, no. I can go on.
3 It's up to you. I'm just--

4 CHAIRPERSON ROSENTHAL: That's okay. Thank
5 you.

6 ALITA CHICAMBO: I'm just wanting the
7 save the you--

8 CHAIRPERSON ROSENTHAL: Yes.

9 ALITA CHICAMBO: from the beginning, it's
10 really important to explain the situation clearly.
11 Tell the truth. New York City is expensive. The
12 housing policy is really complex. It might happen
13 that you find an apartment in three months, six
14 months. Sometimes it takes a year or two. We can
15 have you for one year maximum and then we need to
16 see, you know, if you can go to a tier 2. One of the
17 persons and mentioned it. And it's just-- but not
18 six months. It's just--

19 CHAIRPERSON ROSENTHAL: Thank you. And,
20 lastly, I really was taken by your point of it feels
21 like the system, larger system, doesn't fundamentally
22 help someone get out of poverty. You make this point
23 about a cycle of a lifetime of public assistance and
24 you noted that the public assistance cases are

2 mistakenly closed. Do you know how that ever gets
3 resolved or what--

4 ALITA CHICAMBO: I have no idea. Up to
5 there, I don't even understand what happened and,
6 like I said, I'm still in that situation. I don't
7 know because you get moved from one borough to
8 another. There is no consistency. I don't know. I
9 mean, they put the burden on you. I'm not HRA. You
10 have the system--

11 CHAIRPERSON ROSENTHAL: Right.

12 ALITA CHICAMBO: and I think in 2019,
13 with everything that we know about computers, things
14 would make sense. But--

15 CHAIRPERSON ROSENTHAL: So, this is a true
16 something that's happened to you in 2019?

17 ALITA CHICAMBO: No. I'm saying even now
18 things are the same from one borough to another.
19 They close your case. You don't get the proper mail
20 explaining to you what really happened, what is the
21 next step.

22 CHAIRPERSON ROSENTHAL: Thank you so much.
23 We really appreciate your time, your coming today.
24 I'm sure you had to set aside other things to do
25 that.

2 ALITA CHICAMBO: Thank you.

3 CHAIRPERSON ROSENTHAL: So, thank you.

4 COUNCIL MEMBER LANDER: Chair, I'm sorry.
5 Could ask one question?

6 CHAIRPERSON ROSENTHAL: Yeah.

7 COUNCIL MEMBER LANDER: Thank you so much
8 for being here and for the courage to tell your story
9 and for sharing all that experience with us. So, I
10 think your point about extending to a year is a very
11 good one, but I also want to understand the
12 transition point. So, if you could just say a little
13 more about going to Path. The one other thing I
14 don't understand here is why it is necessary-- you
15 know, maybe at the end of a year you wouldn't have
16 found a place. At some point some people might have
17 to transition to the tier twos. And I'm going to ask
18 HRA this, as well. Why is that-- can be a seamless
19 transition that was arranged from the sanctuary
20 shelter instead of having to go back to Path and then
21 get placed elsewhere in the system? So, that's shows
22 one piece of this plan is not made a lot of sense to
23 me and I'm--

24 ALITA CHICAMBO: I received, I think it
25 was-- I never received a mail, but I did receive via

1
2 the message in the office one day that I had to call
3 a shelter. That was the second option that I was
4 transitioning to. I didn't know that they would
5 delay and then transitioning to that shelter, I think
6 it was not automatic either. I think you had to go
7 through-- you know, ask questions and, you know,
8 find out if you were [inaudible 00:57:25] and things
9 like that. So when I called, the person I spoke to
10 said that, you know, that we should've called like a
11 day before or two days before and then they were
12 supposed to contact me back to see if I was supposed
13 to go back to their places or not. So it was just
14 like-- it was not 100 percent sure that I was
15 getting there.

16 COUNCIL MEMBER LANDER: And just so I
17 understand, because at Sanctuary, you know, you had a
18 housing specialist you're working with.

19 ALITA CHICAMBO: Uh-hm.

20 COUNCIL MEMBER LANDER: You had a set of
21 people who knew your situation. Who knew your story?
22 Who had been working with you and understood what
23 your needs were and who were contracted with HRA--

24 ALITA CHICAMBO: Uh-hm.

25

1
2 COUNCIL MEMBER LANDER: And who already had
3 all this information and then use still had to go
4 back through the Path system, talk to people who
5 didn't really know you, your current--

6 ALITA CHICAMBO: Because they couldn't--

7 COUNCIL MEMBER LANDER: system--

8 ALITA CHICAMBO: I couldn't stay there
9 longer. I couldn't stay at the place longer than six
10 months.

11 COUNCIL MEMBER LANDER: Right.

12 ALITA CHICAMBO: And I didn't find an
13 apartment at that time, so--

14 COUNCIL MEMBER LANDER: My only-- I mean,
15 and look, I think both helping everybody find an
16 apartment is the most important and extending from 6
17 to 12 months would be enormously valuable. But
18 another thing that would make more sense to me here
19 is that the folks you were working with at sanctuary
20 would have had the ability to directly connect you to
21 the tier 2 shelter placement you were going to go to
22 rather than have to go back to Path and get replaced
23 in the system. So--

24 ALITA CHICAMBO: No. Like I said, I had
25 that option. I have the message. I had the phone

1 call. I don't remember the place, but I was-- I did
2 contact some money from a shelter that was the ex--
3 tier 2. It was a tier 2 shelter. Like I said, and
4 the person had mentioned to me that I must have
5 called-- I should've called two days before that and
6 that they were supposed to let me know--
7

8 COUNCIL MEMBER LANDER: Okay.

9 ALITA CHICAMBO: what was going to
10 happen?

11 COUNCIL MEMBER LANDER: Think you. And
12 thank you, again, for coming forward to help us
13 understand this system battered today from the
14 perspective of somebody who has had to live it. We
15 really appreciate it.

16 ALITA CHICAMBO: Thank you.]

17 CHAIRPERSON ROSENTHAL: Thank you. I just
18 want to acknowledge we've been joined by Ben Kallos
19 from Manhattan and Mark Tregyer from Brooklyn. Okay.
20 Thank you. Thank you, again, for coming. Okay. I
21 think we're inviting the administration to come back
22 up. Thank you so much for your patience in taking
23 the time to listen to somebody with lived experience.
24 Okay. We've move on now with ENDGBV. Yes? Okay.

2 ELIZABETH DANK: Good morning

3 Chairpersons Rosenthal and Levin and members of the
4 city Council Committees on Women and Gender Equity
5 and General Welfare. I'm Elizabeth Dank, Deputy
6 Commission and general counsel at the Mayor's Office
7 to End Domestic and Gender-based Violence or ENDGBV
8 and I am joined here by Assistant Commission Jennifer
9 DeCarli who oversees the Family Justice Centers and
10 outreach. And I am pleased to be here today with her
11 colleagues at HRA to speak about domestic violence
12 resources and services. And I just want to take a
13 minute. I know this survivor that just spoke has
14 left the room, but I want to thank her for sharing
15 her experience and being with us today, as well. The
16 Mayor's Office to End Domestic and Gender Based
17 Violence, which was relaunched and expanded in 2018
18 via Executive Order 36 develops policies and
19 programs, provides training and prevention education,
20 conducts research and evaluations, performs community
21 outreach, and operates the five of New York City
22 Family Justice centers. We collaborate with city
23 agencies and community stakeholders to ensure access
24 to inclusive services for survivors of domestic and
25 gender-based violence, including intimate partner and

1 family violence, elder abuse, sexual violence,
2 stocking, human trafficking, and other forms of
3 gender-based violence. The FJC's are walk-in multi-
4 service centers in each borough for survivors to
5 access free, confidential services and support.
6
7 ENDGBV has an onsite administrative team at each FJC
8 to oversee operations and coordination of all on-site
9 partners and providers, which include community-based
10 organizations that provide civil legal services, case
11 management, counseling, and children's services, city
12 agencies including the human resource administration,
13 health and hospitals, the New York city Police
14 Department, and the District Attorney's Office is,
15 and other providers that offer a wide array of
16 supportive services. Through our partnership with
17 the mayor's office of Thrive NYC, at every FJC, there
18 are now on-site clinicians to provide mental health
19 services and support for domestic violence and
20 gender-based violence survivors and their families.
21 Co-locating providers and agencies on site at each
22 FJC makes it easier for survivors to get help. FJC's
23 welcome people of all incomes, ages, sexual
24 orientation, and gender identities regardless of
25 language they speak, their immigration status, or

1 housing situation. FJC services and programs are
2 available to all qualifying New Yorkers including
3 those in shelter, whether they are and domestic
4 violence shelter or the broader homeless shelters
5 system? Service delivery at the FJC's is consistent
6 with trauma informed client centered approaches to
7 care. In calendar year 2019 through September 1st,
8 the five Family Justice Centers have served almost
9 18,000 unique clients through 43,000 client visits.
10 During that time, over 1300 clients received housing
11 and shelter advocacy services such as advocacy with
12 shelter placement and assistance for applying for the
13 permanent housing options available for DV survivors
14 in the city. Of the 1300 clients receiving housing
15 and shelter advocacy services this year, almost 600
16 of them received assistance in obtaining emergency
17 shelter. ENDGBV collaborates with city agencies and
18 community partners to connect survivors with
19 resources, including the comprehensive array of
20 services available at the FJC's through community-
21 based domestic violence programs and through other
22 city programs. On New Yorkers, including the name
23 those in domestic violence and homeless shelters may
24 access these services. ENDGBV, including the FJC's,
25

1 work closely with our colleagues and partners that
2 the department of social services to assist FJC
3 clients seeking shelter other housing assistance. We
4 also collaborate with the city contracted shelter
5 directors. We streamline referral processes to
6 services and resources and discuss ways to enhance
7 collaboration and support for survivors of domestic
8 and gender-based violence entering the shelter
9 systems. Additionally, on-site FJC providers provide
10 advocacy and navigation assistance. To support FJC
11 clients with the domestic violence shelter intake
12 process and/or the homeless shelter intake process.
13 ENDGBV and HRA are committed to enhancing
14 partnerships between the FJC's and shelters then we
15 have worked closely with Thrive of NYC to ensure
16 shelter residents have access to on-site mental
17 health services at the FJC's which are implemented
18 through Health and Hospitals staff and include
19 psychiatry and psychotherapy. The FJC mental health
20 program has served approximately 340 unique clients
21 so far in 2019. In addition to our collaboration
22 through direct services for survivors of domestic and
23 gender-based violence, ENDGBV also works closely with
24 DSS to provide relevant trainings and technical
25

1 assistance to the shelter staff and service
2 providers. ENDGBV's training team has developed a
3 cadre of trainings that range from intimate partner
4 violence 101 to more advanced trainings including
5 topics such as trauma informed practice, risk
6 assessment safety planning, and IPV in the LGBTQ+
7 community which are designed to equip direct service
8 providers with best practices when working with
9 survivors. Through our partnerships with HRA and
10 DHS, we've trained over 5300 agency employees and
11 contracted staff who work with or may come in contact
12 with people in the shelter system who are
13 experiencing or have experienced domestic or gender-
14 based violence. We have also partnered with DHS and
15 HRA to provide ongoing monthly IPV 101 trainings and
16 advanced trainings for their staff specifically
17 targeting new employees and contracted staff. During
18 IPV 101 training, DHS and HRA representatives often
19 deliver presentations on agency policies and
20 procedures related to domestic and gender-based
21 violence. ENDGBV works to provide comprehensive
22 accessible services for all New Yorkers experiencing
23 domestic or gender-based violence. Our work extends
24 from connecting survivors with direct services to
25

2 training service providers and city agencies staff
3 across the city to work with individuals in a trauma
4 informed away. We look forward to continuing to
5 collaborate with our city agency colleagues, our
6 community partners, and other stakeholders to better
7 serve survivors, particularly those in shelter.

8 Thank you for the opportunity to speak to the issues
9 then we welcome any questions the committees may
10 have.

11 CHAIRPERSON LEVIN: Thank you so much.

12 Just very quickly I want to acknowledge we have been
13 joined by fourth-graders from Green Hills School in
14 Brooklyn. Welcome, guys. Welcome to the New York
15 City Council. Thank you for being.

16 CHAIRPERSON ROSENTHAL: Okay. Boy, do I
17 really appreciate your testimony and all the
18 information that you have shared today. It's
19 obviously a complex issue and you are doing amazing
20 work and I really want to thank HRA and the ENDGBV
21 administration for the challenges that you are trying
22 to phase and the people you are trying to help. It's
23 so important. So, thank you for that. I want to try
24 to understand just a couple of things, if you could
25 help me with this. The first just very basic

1 question is how many-- the state criteria-- I want
2 to first ask about cisgender women in their
3 experience coming to Path. And it's my
4 understanding, as you testified, there are certain
5 criteria that have to be met in order for them to
6 get into the crisis shelter. How many women to you
7 think are turned away because they don't meet the
8 criteria?
9

10 ANNETTE HOLME: We don't have that
11 number available. However, what I can say is that we
12 make every effort to house women who apply for
13 service, and men, and whoever comes to our age of in
14 need of domestic violence shelter. We need to make
15 every attempt to house them. Is, at the time of
16 assessment, they are deemed eligible and we do not
17 have a unit that is available at that time, we will
18 continue to contact them within 60 to 90 day period
19 just to see if they are still interested and, when we
20 have a unit, we will link them up to that unit and,
21 if it's a good fit for the provider and the
22 individual, the family, they will be accepted at that
23 point.

24 CHAIRPERSON ROSENTHAL: And how many people
25 fall into that category?

2 ANNETTE HOLME: We will have to get back
3 to you with those numbers.

4 CHAIRPERSON ROSENTHAL: That would be very
5 helpful. Yeah. Thank you for offering that. And
6 then, similarly, how many people do you think are
7 turned away because the provider doesn't feel it's a
8 good fit to have that individual?

9 ANNETTE HOLME: I wouldn't necessarily
10 count to as the provider that as the provider doesn't
11 feel it's a good fit. The DV system has great
12 providers that have been doing this work for quite a
13 number of years. They are established providers.
14 Basically, when they interview with a DV survivor,
15 it's to ensure, first and foremost, for the safety of
16 that individual and the family. So, they are looking
17 to make sure that where they are housed, it's a safe
18 environment for them. In addition to that, will the
19 family be amenable to receiving the services that are
20 provided by the provider? So, it's a fit make sure
21 that it's good for the family, the individual, and
22 the provider and it is safe.

23 CHAIRPERSON ROSENTHAL: How many TGNC
24 identifying or not even, people come forward every
25 year?

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 61

2 ANNETTE HOLME: So that's not--

3 CHAIRPERSON ROSENTHAL: To ask for shelter?

4 ANNETTE HOLME: a criteria that we
5 capture. We do now that we service them and I know
6 that, when you spoke you said that we didn't have
7 units specifically for transgender, but we into.
8 Maybe I missed that--

9 CHAIRPERSON ROSENTHAL: That's okay.

10 ANNETTE HOLME: Okay.

11 CHAIRPERSON ROSENTHAL: I want to hear what
12 you have to say.

13 ANNETTE HOLME: Okay. So, what we do is
14 we have single units in our system. URI, one of our
15 providers, a long-standing provider, recently just
16 opened up a shelter that has a number of single
17 units.

18 CHAIRPERSON ROSENTHAL: How many in total?

19 ANNETTE HOLME: I'll have to get that
20 number-- get back to you--

21 CHAIRPERSON ROSENTHAL: Wait. Wait. Wait.

22 ANNETTE HOLME: with that number.

23 CHAIRPERSON ROSENTHAL: How many singles
24 before URI and then just how many--

25

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 62

1
2 ANNETTE HOLME: Okay. So, we do have
3 singles before URI and we have singles with URI.
4 So--

5 CHAIRPERSON ROSENTHAL: How many singles
6 pre-URI?

7 ANNETTE HOLME: We'll get that number.
8 I will have to get that number for you. I don't have
9 it off the top of my head.

10 CHAIRPERSON ROSENTHAL: And then, do you
11 know the number in URI?

12 ANNETTE HOLME: Do we have that
13 [inaudible 01:11:30]. Yeah. But she's asking how
14 many singles. I don't have that number, but I know
15 that they have a number of singles. We will try to
16 get that.

17 CHAIRPERSON ROSENTHAL: Is it over a dozen?

18 ANNETTE HOLME: It's about [inaudible
19 01:11:44]. 32?

20 [background comments]

21 ANNETTE HOLME: 32 with URI.

22 CHAIRPERSON ROSENTHAL: 32 is the total
23 with URI.

24 ANNETTE HOLME: Our of 100. So, they
25 have 100 beds in this new facility.

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 63

2 CHAIRPERSON ROSENTHAL: Yeah.

3 ANNETTE HOLME: Of the 100 beds, 32 are
4 singles.

5 CHAIRPERSON ROSENTHAL: And how many in the
6 system prior to--

7 ANNETTE HOLME: That's the number I'll
8 have to get back to you with.

9 CHAIRPERSON ROSENTHAL: And do they accept
10 TGNC individuals.

11 ANNETTE HOLME: We accept everyone who
12 is a domestic violence survivor as long as it's a
13 safe fit for the individual and that we can provide
14 the services that are needed to them and they are
15 willing to accept our services. We will accept them.

16 CHAIRPERSON ROSENTHAL: Have they submitted
17 a plan for how they work with TGNC individuals?

18 ANNETTE HOLME: So, we work in
19 collaboration with the anti-violence project and the
20 Mayor's Office to Gender-Based Violence. We work
21 collaboratively to provide training to all of our
22 providers.

23 CHAIRPERSON ROSENTHAL: Right. No. I'm
24 just asking a specific thing. In 2015, the state
25 required that every provider present a plan on how

1
2 their-- what their efforts will be around the LGBTQ
3 community and I'm just wondering had they submitted
4 their plan.

5 ANNETTE HOLME: I'd have to get back to
6 you on that one. I don't have any concern for that
7 right now. URI is here with us.

8 [Background comments]

9 ANNETTE HOLME: Oh. I'm sorry. That is
10 part of the operational plan and it's submitted to
11 the state.

12 CHAIRPERSON ROSENTHAL: So you don't see
13 it?

14 ANNETTE HOLME: We do receive it. So we
15 receive the plans, as well, but it's also submitted
16 to the state as part of their operational plan.

17 CHAIRPERSON ROSENTHAL: Have you ever
18 reviewed a plan?

19 ANNETTE HOLME: Me personally?

20 CHAIRPERSON ROSENTHAL: Well, your office.
21 What is the review process like?

22 ANNETTE HOLME: So, whenever the plans
23 are submitted, it comes into our agency. It's a
24 review of the plan. Of the total--

25 CHAIRPERSON ROSENTHAL: Yeah.

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 65

ANNETTE HOLME: operational plan and
then we forwarded to the state.

CHAIRPERSON ROSENTHAL: Do you ever respond
to the plan? Make comments?

ANNETTE HOLME: Absolutely.

CHAIRPERSON ROSENTHAL: Do you measure
whether or not it meets the needs of the LGBT
community?

ANNETTE HOLME: I can't speak
specifically to the LGBTQI community--

CHAIRPERSON ROSENTHAL: Uh-hm.

ANNETTE HOLME: at this point right now,
but--

CHAIRPERSON ROSENTHAL: Okay.

ANNETTE HOLME: we do review the plan.

CHAIRPERSON ROSENTHAL: And have those
plans ever been reviewed by-- are they sent to
ENDGBV to review the plans?

ANNETTE HOLME: No. It is not.

CHAIRPERSON ROSENTHAL: Okay. Is there any
reason you couldn't do that? Would it be possible to
do that in the future and working together just so
they could have their eyes on it with their sort of
training?

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 66

1
2 ANNETTE HOLME: Yeah. At this point, we
3 could explore. I cannot answer--

4 CHAIRPERSON ROSENTHAL: Okay.

5 ANNETTE HOLME: definitely, but we can
6 explore it.

7 CHAIRPERSON ROSENTHAL: Okay. I would be
8 really interested in knowing like is there some legal
9 reason why they aren't.

10 ANNETTE HOLME: Uh-hm.

11 CHAIRPERSON ROSENTHAL: What impediment?
12 Why wouldn't that be shared now? I mean, the
13 relationship-- ENDGBV has been working with HRA for
14 at least a year and I'm just wondering what's the
15 relationship like? You know, so that sort of get
16 that that question. I want to ask specifically about
17 something a little different. And this has to do
18 with process.

19 ANNETTE HOLME: Uh-hm.

20 CHAIRPERSON ROSENTHAL: Survivors are asked
21 to sign an HRA mandated form each morning by 10 a.m.
22 for verification of the residential service provided
23 and for reimbursement procedures for the provider.
24 And I understand that. The state of the regulations.
25 The federal government. A survivor who works

1
2 overnight or has other extenuating services sometimes
3 makes-- It sometimes makes this documentation
4 verification challenging and then, of course, that
5 leads to reimbursement delays and, you know, problems
6 by the staff. All totally understandable. Do you
7 know where the regulation comes from and how HRA can
8 ensure providers are correctly reimbursed without a
9 daily requirement of the survivor? Could there be
10 flexibility given as to the timing of the intake form
11 and, also, I'm wondering if there could be a
12 possibility of an electronic system.

13 ANNETTE HOLME: Well, funny that you
14 mention that. We have moved to an electronic system.
15 We are in the process of rolling it out and we make
16 every effort to work with our DV survivors who are
17 sheltered. For those who work overnight, for those
18 who have alternate schedules, to ensure that the
19 attendance can be accounted for. We work with the
20 providers, as well. So, with this new electronic
21 system that we have for attendance, the individual
22 can either use the phone in the shelter where they
23 can account for their attendance, but if that is
24 unavailable, the shelter provider can also account
25 for their attendance. So, under this new system that

1 we are rolling out, it's rolled out to the first
2 phase of it and we are getting ready to move to the
3 next phase. All of the providers, eventually, will
4 be in the system.
5

6 CHAIRPERSON ROSENTHAL: What's the timing?
7 For all the providers? When will it be done?

8 ANNETTE HOLME: We are saying
9 approximately six months.

10 CHAIRPERSON ROSENTHAL: In six months?

11 ANNETTE HOLME: Yes.

12 CHAIRPERSON ROSENTHAL: And how many
13 shelters as it and now?

14 ANNETTE HOLME: Seven.

15 CHAIRPERSON ROSENTHAL: It's in seven of
16 the 45?

17 ANNETTE HOLME: Yes. We were trying
18 to-- Seven of the 54. 55, I'm sorry. Seven of--

19 CHAIRPERSON ROSENTHAL: Okay.

20 ANNETTE HOLME: the 55. The first phase
21 we were working out the glitches and we are piloted
22 with these seven shelters and we used a variety of
23 our shelters and now that we have worked that out, we
24 will be paying it to the rest of them.
25

2 CHAIRPERSON ROSENTHAL: In your testimony,
3 you mentioned that you God a donation of 100 cell
4 phones for survivors. I'm wondering what the demand
5 is for cell phones and why this needed to happen
6 through a donation. Why you wouldn't have the funds
7 to give survivors cell phones now.

8 ANNETTE HOLME: So, we were fortunate
9 that there was some phones that were left over from a
10 program that no longer needed them and they were
11 trying to find out a program that could use the and
12 they offered it to us and we gladly accepted. And we
13 found that it has been beneficial. It would be
14 something that we would need to seek funding for if
15 we would like to continue.

16 CHAIRPERSON ROSENTHAL: So, 100
17 individuals can use the cell phones now?

18 ANNETTE HOLME: Yes.

19 CHAIRPERSON ROSENTHAL: And I imagine they
20 give back the cell phone after their stay in the
21 shelter?

22 ANNETTE HOLME: No. They would be able
23 to keep it.

24 CHAIRPERSON ROSENTHAL: They're able to
25 keep it, so that 100--

1 COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 70

2 ANNETTE HOLME: Yes.

3 CHAIRPERSON ROSENTHAL: is gone. And how
4 many--

5 ANNETTE HOLME: Yes.

6 CHAIRPERSON ROSENTHAL: How many adults are
7 in the DV shelter system right now?

8 NATASHA GODBY: Currently for 2019, FY
9 19, 10,833 individuals were served. The number of
10 children served in the emergency was 5550.

11 CHAIRPERSON ROSENTHAL: Is 5000 a subset of
12 that 10,000 number?

13 NATASHA GODBY: Yes.

14 CHAIRPERSON ROSENTHAL: Right. So you have
15 about approximately 5000 adults--

16 ANNETTE HOLME: Uh-hm.

17 CHAIRPERSON ROSENTHAL: And you have
18 already given away your 100 cell phones.

19 NATASHA GODBY: Yes.

20 CHAIRPERSON ROSENTHAL: So, you have a
21 demand for roughly maybe 4900 more. Is there any
22 expectation of additional phones? Is there something
23 that you think is important or necessary?

24 NATASHA GODBY: Well, just--

25

CHAIRPERSON ROSENTHAL: And specifically, I was thinking of it in context of the question I even just asked.

ANNETTE HOLME: Uh-hm.

CHAIRPERSON ROSENTHAL: Right? How to make contact.

ANNETTE HOLME: Uh-hm.

CHAIRPERSON ROSENTHAL: To even say that you're checking in.

ANNETTE HOLME: Just to clarify, not everyone actually needs a replacement phone. It would--

CHAIRPERSON ROSENTHAL: Sure.

ANNETTE HOLME: It's just all--

CHAIRPERSON ROSENTHAL: What's the demand?

ANNETTE HOLME: Well, right now we don't know the demand because we only had the 100 phones amounts was the donation fund.

CHAIRPERSON ROSENTHAL: Could it be added as part of an intake question when somebody comes into the shelter? Just part of the regular intake? Do you have kids? Do you have a cell phone?

ANNETTE HOLME: It is something we can explore.

CHAIRPERSON ROSENTHAL: Uh-huh. I think that would be interesting to know what the demand is.

ANNETTE HOLME: Uh-hm.

CHAIRPERSON ROSENTHAL: I want to talk a little bit more about nonpayment provider issues. Providers encounter nonpayment issues when residents stay out of shelter because of medical issues with their children or other family members. HRA requests letters from the hospital documenting the residents presents in the hospital. Are you staying overnight with the minor child in the hospital or at a family member's home and not being physically present at the shelter? If the medical incident occurs when a social worker is not present, the resident can experience difficulties in getting documentation of their physical presence at the hospital or their location. If the provider does not have a letter, they may not be reimbursed, even when the resident submits the patient and billing information. Issues like these have been with some frequency and can create a serious financial shortage for the provider, especially over a large number of beds. Providers can also enter difficult power dynamics of the provider client relationship in trying to find such

1
2 documentation rather than working on the wellbeing of
3 the survivor and their future. And this is
4 something-- I was the Chair of the Committee on
5 Contracts. This is a tug that is kind of natural.
6 It always has been, but I'm just wondering how you
7 have thought about being flexible in these situations
8 or is this state and the federal government to---
9 have they totally constrained your abilities here or
10 can you find flexibility?

11 ANNETTE HOLME: So, we need to work with
12 providers and we try to get as much documentation as
13 we can to account for the attendance. As part of the
14 regulations, you have to be in the bed or account for
15 your absence in order for the provider to be paid.

16 CHAIRPERSON ROSENTHAL: Of course--

17 ANNETTE HOLME: [inaudible 01:22:22]

18 Yes.

19 CHAIRPERSON ROSENTHAL: I mean, that's the
20 premise of the question.

21 ANNETTE HOLME: Yeah. And that--

22 CHAIRPERSON ROSENTHAL: So, it's a state
23 regulation?

24 ANNETTE HOLME: Yes. Yes. It is.

25

1
2 CHAIRPERSON ROSENTHAL: Right. So, given
3 the challenge and the reality of a DV survivor, what
4 has HRA done to work with the providers? Because
5 this is something we are hearing from multiple
6 providers.

7 ANNETTE HOLME: Yes. I mean, we hear it
8 as well. And we are working with them providers. We
9 are trying to come up with every avenue that we can
10 to account for payments to providers in the event of
11 absence that is undocumented. So, we are definitely
12 working with them. And, just to clarify, it is also
13 a federal claiming issue in addition to the state
14 regulations.

15 CHAIRPERSON ROSENTHAL: Hm. Sorry. Just
16 hearing my colleagues have questions, so I'm just
17 going to ask one more just quick one, defer to my
18 colleagues, and then we will come back. There are
19 providers who are very-- who are not big and might
20 be relatively new, but are very culturally competent,
21 but are small providers. Smallish. And may not
22 currently be in the HRA system. What's the
23 opportunity for a provider like that to get a
24 contract with the city?
25

COMMITTEE ON GENERAL WELFARE JOINTLY WITH WOMEN AND
GENDER EQUITY 75

ANNETTE HOLME: So, we need to have an open RFP right now for tier 2. We have 125 beds that are still available and we encourage anyone to apply. It's on accelerator and there are requirements with accelerator in regards to, you know, what constitutes a provider, but we welcome applications.

CHAIRPERSON ROSENTHAL: Sorry. How about the crisis center?

ANNETTE HOLME: I'm sorry. 105 beds that are still open on the RFP.

CHAIRPERSON ROSENTHAL: 105--

ANNETTE HOLME: Yes.

CHAIRPERSON ROSENTHAL: for tier 2.

ANNETTE HOLME: Yes.

CHAIRPERSON ROSENTHAL: And any for crisis?

ANNETTE HOLME: Excuse me?

CHAIRPERSON ROSENTHAL: For emergency shelter?

ANNETTE HOLME: No. This is for--

CHAIRPERSON ROSENTHAL: Zero.

ANNETTE HOLME: tier 2.

CHAIRPERSON ROSENTHAL: And is there an opportunity coming up, do you think, for the crisis shelter beds?

2 ANNETTE HOLME: For the emergency beds?

3 CHAIRPERSON ROSENTHAL: Yep. Sorry.

4 Emergency beds.

5 ANNETTE HOLME: So, at this particular
6 point right now, we are just opening up the last of
7 the 300, so we will assess and look at our system.
8 We are filling those beds right now and then we will
9 see as we move along and we complete the RFP for the
10 400 units to see what the need is at that particular
11 point in time.

12 CHAIRPERSON ROSENTHAL: So, I guess what
13 I'm saying is this. There are providers doing
14 service now with no government funding. So, the
15 demand is there, right? These are individuals who
16 cannot stay in their home.

17 ANNETTE HOLME: Uh-hm.

18 CHAIRPERSON ROSENTHAL: The demand is
19 there. On what I'm asking is what is the opportunity
20 for those providers to get government funding? And
21 the answer is they have to apply through a contract
22 process, through the RFP and meet the criteria of the--
23 that's in accelerator, which I am really familiar
24 with. So, I guess what I wanted to hear-- what I
25 was hoping you would say, even though you are big

1 bureaucracy and I get that, is that is there room for
2 culturally competent smaller providers that are not
3 the big Sanctuary for Families that has been doing
4 this forever and really knows, you know, the system
5 and how to work it. Is there any opportunity for a
6 culturally competent provider doing it now, has been
7 doing it for the last five years, doesn't really know
8 about accelerator exists. How do they go about and
9 how would they know? How can government lend them a
10 helping hand to get some government funding?
11

12 ANNETTE HOLME: So, we do welcome
13 culturally competent providers and we embrace that.
14 And, if at this particular point, is a provider--
15 Generally, what happens is if providers are
16 interested in applying, they will reach out to the
17 program, which would be the domestic-- ODV, Office of
18 Domestic Violence and may can, at least, provide them
19 with the information as to what is needed for them to
20 apply.

21 CHAIRPERSON ROSENTHAL: Is this information
22 available at the Family Justice Centers so that a
23 provider-- How would a provider know. I mean,
24 people don't magically reach out to government. Do
25 you know what I mean? I say that respectfully, but,

1
2 you know, for normal-- I mean, for other people's
3 lives, just sort of running a shelter, you don't
4 necessarily know how to do it. So, I'm just
5 wondering how would they even know?

6 ELIZABETH DANK: No. We don't generally
7 have the solicitation information available at the
8 Family Justice centers, but through the competitive
9 procurement process, all of the notifications are
10 sent out through that process and available to--

11 CHAIRPERSON ROSENTHAL: Right. Although
12 you have to be in the system already in that thing--

13 ELIZABETH DANK: To learn about it.

14 CHAIRPERSON ROSENTHAL: is sent out.

15 ELIZABETH DANK: Yes. Yes. I mean, we
16 do-- We are happy to talk to providers about the
17 system and about competitive procurements and provide
18 information about how to become registered.

19 CHAIRPERSON ROSENTHAL: Absolutely. How
20 many in the last year do you think you have worked
21 with who are not part of the system who are small,
22 cultural competent, but small. Not sophisticated
23 enough, necessarily, to get a city contract. How
24 many do you think you work with?

1
2 ELIZABETH DANK: I'd have to get back to
3 you on that. I would have to look to see what
4 solicitations we had recently released and what
5 providers ended up getting those contracts.

6 CHAIRPERSON ROSENTHAL: Well, I guess I
7 sort of mean, at the FJC's-- This is for your
8 colleague, I think. Do you hear from culturally
9 competent providers who don't know how to-- Who say
10 we want to provide services. We need government
11 funding.

12 JENNIFER DECARLI: We do. We do. We do
13 often meet with our contracted providers, as well as
14 our in [inaudible 01:28:26] providers. We meet
15 regularly and we let them know about solicitations
16 that may be out, not only for domestic violence
17 shelter, but also may be for FJC services or other
18 contracts that we are aware of.

19 CHAIRPERSON ROSENTHAL: So, recently in the
20 New York Times, there was an article about Asiyah
21 Women's Center. Are you familiar with them?

22 JENNIFER DECARLI: Uh-hm. Yes. I saw the
23 article and I am familiar with them.

24 CHAIRPERSON ROSENTHAL: Okay.
25

JENNIFER DECARLI: We actually work with our large number of cultural specific providers at the FJC.

CHAIRPERSON ROSENTHAL: Yeah.

JENNIFER DECARLI: Such as Urban American Family Support Center, Womenkind, Garden of Hope, and those are not agencies--

CHAIRPERSON ROSENTHAL: No. No. No.

JENNIFER DECARLI: that have city contracts. So--

CHAIRPERSON ROSENTHAL: Do they have shelter beds?

JENNIFER DECARLI: No. The ones that I just mentioned--

CHAIRPERSON ROSENTHAL: So, Asiyah has shelter beds.

JENNIFER DECARLI: Yep. And I do know that actually. Garden of Hope has shelter beds and they are on-site at some of our centers. Garden of Hope, they are culturally specific provider in Queens and Brooklyn, but I--

CHAIRPERSON ROSENTHAL: These are all providers that are beds?

1
2 JENNIFER DECARLI: Yep. They have beds.
3 The Garden of--

4 CHAIRPERSON ROSENTHAL: And so why can't
5 they get government funding?

6 JENNIFER DECARLI: So, I think that's a
7 bigger question of about making sure people are aware
8 when there are solicitations out there and also
9 providing capacity building and support to make sure
10 people know about accelerator and know about all the
11 requirements that you need to be able--

12 CHAIRPERSON ROSENTHAL: How--

13 JENNIFER DECARLI: to submit the
14 applications.

15 CHAIRPERSON ROSENTHAL: How can that
16 happen?

17 JENNIFER DECARLI: I think that's something
18 we should take back and think about because I think
19 it is a great suggestion to provide that capacity
20 building. And I would love to talk to the
21 organization because, even if they are not able to
22 provide shelter beds, we could partner with them
23 through the Family Justice Centers to make sure that
24 we are connecting with them.

25

2 CHAIRPERSON ROSENTHAL: Right. But I mean
3 everything-- Okay.

4 JENNIFER DECARLI: [inaudible 01:29:51]

5 CHAIRPERSON ROSENTHAL: I'll let that go.
6 And, I mean, we know that is all on a, quote unquote,
7 volunteer basis--

8 JENNIFER DECARLI: Yes.

9 CHAIRPERSON ROSENTHAL: when we connect.
10 When FJC's partner, that means--

11 JENNIFER DECARLI: Uh-hm.

12 CHAIRPERSON ROSENTHAL: the partnering
13 nonprofit does this work for free.

14 JENNIFER DECARLI: Uh-hm. Yes. In kind.

15 CHAIRPERSON ROSENTHAL: Right. There is no
16 funding from the Family Justice Center.

17 JENNIFER DECARLI: Right at the moment we
18 don't have RFPs out for core services, but we are
19 hoping to release those soon and Liz can speak to
20 that.

21 CHAIRPERSON ROSENTHAL: How long have you
22 worked with Asiyah?

23 JENNIFER DECARLI: Say it again. Excuse
24 me?

CHAIRPERSON ROSENTHAL: How long have you worked with them?

JENNIFER DECARLI: Worked with which agency?

CHAIRPERSON ROSENTHAL: Sorry. Asiyah.

JENNIFER DECARLI: We don't work specifically with them on at the FJC yet, so I was saying that I would love to meet with them and talk about ways that we could partner.

CHAIRPERSON ROSENTHAL: So, you've never met with them before?

JENNIFER DECARLI: No. I haven't met with them. We work with other culturally specific providers at the center.

CHAIRPERSON ROSENTHAL: Okay. Because that was a pretty big article in the times.

JENNIFER DECARLI: Yep.

CHAIRPERSON ROSENTHAL: So, I would've thought the city would have reached out to them. It was a pretty big deal.

JENNIFER DECARLI: I saw that.

CHAIRPERSON ROSENTHAL: In my mind's eye.

JENNIFER DECARLI: Yeah.

CHAIRPERSON ROSENTHAL: Anyway. Okay. I'm going to turn it over to colleagues. Council member-- Which one was first?

LEGAL COUNSEL: Barry.

CHAIRPERSON ROSENTHAL: Grodenchik and then Council member Lander.

COUNCIL MEMBER GRODENCHIK: Thank you, Chairs. I just want to ask you this question. It's been over an hour, I guess, since you testified that, the shelters themselves, are any of them run by HRA or they are all run by providers?

ANNETTE HOLME: There are two shelters, New Day One and New Day Two, that are direct run HRA shelters and we are in the process right now of contracting out those two shelters.

COUNCIL MEMBER GRODENCHIK: And to follow up on Chair Rosenthal's questioning about culturally competent services for DV victims, to me that is extremely important. I think most of my colleagues represent a very diverse districts. I just want to know how you would go about that. How would providers-- There's some liaison at the-- Who is the entry point into HRA for that?

1
2 ANNETTE HOLME: Are we talking about a
3 shelter?

4 COUNCIL MEMBER GRODENCHIK: Running a
5 shelter. Yeah.

6 ANNETTE HOLME: So, when the RFP's are
7 open at that particular point, and placed on the city
8 record and any entity that is interested in applying
9 for the RFP can go through the process and apply. If
10 they have questions, we can respond to some of the
11 questions, but, because it's an RFP, it becomes a
12 little bit tricky to navigation because the RFP is--

13 COUNCIL MEMBER GRODENCHIK: Government is
14 tricky. I didn't-- I never--

15 ANNETTE HOLME: I thank you for your
16 candidness on that. It is important and I have had
17 this discussion with both Commissioner Banks and
18 administrator Bonilla because it-- you know, in my
19 over 30 years and then around government, I have
20 found that people want to get social services from
21 people who look and sound like them and it gets more
22 people in the door. Often times, people don't come
23 out to get the services that they need and when you
24 are talking about DV services, there is probably
25 nothing more critical that the government provides,

2 so I want to thank you for that answer and for HRA's
3 willingness and more to bring those folks in. Thank
4 you.

5 ANNETTE HOLME: Thank you.

6 COUNCIL MEMBER GRODENCHIK: Thank you,
7 Chairs.

8 CHAIRPERSON LEVIN: Thank you, Council
9 member Grodenchik. Council member Lander.

10 COUNCIL MEMBER LANDER: Thanks very much
11 and thank you for all your work and your testimony
12 today. I want to follow up on two things that have
13 been talked about already. One was the question and
14 I asked Alita. And I just want to make sure I
15 understand that I know you have made some adjustments
16 in the system to try to make that transition easier,
17 but I really don't understand why it is not more
18 seamless than it is. Obviously, there is the
19 question of how long, the question of having enough
20 beds. All the things you are already talking about
21 and, worse, we have never-- You know, it's a
22 failure, not a-- You know, when somebody has been in
23 one of the DV shelters hits the end of their time
24 there or can't find permanent housing and has to go
25 to a tier 2 shelter, so we should work to diminish

1 that as much as we possibly can. But when it
2 happens, it's not clear to me why that is treated as
3 like re-entry to the tier 2 homeless system instead
4 of just like HRA management both of those-- you
5 know, or is it can-- you know, both those systems
6 and whoever you are working with at the DV shelter
7 ought to be able to do your intake, arrange the
8 shelter that you would be transitioning to and enable
9 a smooth transition and [inaudible 01:34:34] that
10 anyone would be happy with, but still better than
11 like the trauma of going back to Path and having to
12 then be replaced. So, help me understand this.

14 ANNETTE HOLME: So, you are correct and
15 that was brought to our attention in 2016. We met
16 with DV advocates, ENDGBV, and our providers and we
17 heard the-- and the survivors and to hear the
18 process of trying to navigate our system in a DHS
19 system. So, in 2017, we worked in collaboration with
20 DHS, our sister agency, and we streamlined the
21 process. This way, when an individual is in our
22 system are family and they have to transition to DHS,
23 they do not have to go through Path. So, what
24 happens now is read to all of that intake behind-the-
25 scenes. We work with them and they are assigned an

2 actual shelter in DHS without having to go through
3 Path.

4 COUNCIL MEMBER LANDER: Okay.

5 ANNETTE HOLME: Because we understand as
6 the woman-- the survivor before testified and I can
7 understand going through this process, it's, you
8 know, traumatic. You have to leave what you know to
9 go to a new system and we wanted to make it as
10 welcoming as possible and not stressed the survivors
11 out any more than necessary. So, we do have a
12 streamlined process in case and it is working. And
13 what will happen is that, until that DHS unit is
14 available to them, they will remain in our system.

15 COUNCIL MEMBER LANDER: Okay.

16 ANNETTE HOLME: One other thing else I
17 would like to point out is that, if a survivor is in
18 our system and they are timing out and they have
19 found an apartment, we will maintain them in our
20 system until that apartment is available to them.

21 COUNCIL MEMBER LANDER: All right. Thank
22 you. That is helpful to hear and I'm glad those
23 changes have been made then, you know, that's not, as
24 you are agreeing and I am agreeing, like that is not
25 success. That's not what any of us want, but it's

1 good to know at least that you can get the extension
2 of time if you've got a lease and you can move
3 smoothly to a tier 2 shelter without having to,
4 essentially, be calm homeless again, so thank you for
5 that. The other questions I want to ask build on the
6 Chairs question about Asiyah Women's shelter. You
7 know, I don't know if you got to read that quite
8 remarkable times story, about one of the women on the
9 chain that had helped Ms. Zahan [sp?] In that story
10 get free was Jahana Hanif [sp?] who is my organizing
11 director and it was a quite remarkable story that
12 really required a lot of people in that chain to help
13 somebody escape and, you know, I was, of course-- we
14 were all in my-- in our office and our community,
15 really proud that Jahana was a part of that chain.
16 And just by going-- You know, it was a lot of steps
17 of good luck. Like it was good luck that the up
18 stander was there, that she reached out on Facebook,
19 that somebody else on Facebook new to tag Jahana.
20 That Jahana knew that Asiyah existed then was able to
21 build that bridge. And I think, you know, some of
22 what Chair Rosenthal was getting at is like how do we
23 make that less lucky happenstance and more a system
24 that the city is offering to reach out to people,
25

1 which is hard in a lot of different languages to
2 people who are vulnerable and here without a lot of
3 contacts? So, you know, what are the things that we
4 can do to deploy a system that can reach out as much
5 as possible? And then, I guess, I also want to ask,
6 you know, some of what I learned in the wake of a is
7 the challenge that particularly Muslim women have in
8 dealing with the system we currently have, you know,
9 some of this is at the HRA centers where there is not
10 space to pray, where there is not Halal food. You
11 know, it's like, we are working on translation, but,
12 you know, that's a challenge, as well, and I just
13 want to know, both within the HRA system itself and
14 with your contracted providers, what the steps that
15 you are taking. You know, we kind of use cultural
16 competence as a shorthand and we all wanted, but then
17 it gets really hard down in the details to deliver
18 it. And, especially, at this moment in time facing
19 the public charge legislation and jazz all the
20 reasons that people have to fear engagement with the
21 system, can you talk a little more about the steps
22 that you are taking with then HRA itself and with
23 your contracted providers to build the system that we
24 really want to have that makes sure folks have the
25

1 greatest possible chance of getting free and ways
2 that work.
3

4 ANNETTE HOLME: So, on that HRA's side
5 went on our system, we ensure that we provide
6 culturally sensitive training to all of our providers
7 and our staff. We do ensure that immigrants feel
8 welcome when we provide services to them, that we
9 ensure that we have the language access that is
10 available and that is why we extended that language
11 access to our TV providers to ensure that they have
12 the same level of access as we do in HRA to ensure
13 that the communication is happening and it is
14 happening correctly. That we are not using untrained
15 interpreters, but trained interpreters. We
16 definitely want people to access our services on a
17 large scale and, again, in collaboration with the
18 mayor's office to ENDGBV, we, basically, work
19 collaboratively to ensure that the services we
20 provide meet the needs of all.

21 COUNCIL MEMBER LANDER: So, language access
22 is-- Well, go ahead. I'm sorry. Were you--

23 [background comments]

24 COUNCIL MEMBER LANDER: Language access is
25 essential, so it's one-- but it's really just one

1 element, so I just want-- again, you know, what I
2 learned in the wake of the-- you know, that instant
3 was-- and I think we're going to hear a little bit
4 more about it today, about some other barriers that
5 folks phase. So, I just wondered to what extent and,
6 you know, what I heard about was particularly issues
7 that Muslim women face, but there may be others, so
8 are there some examples of changes you have made in
9 the system? You know, again, what I heard about was
10 sort of opportunities to pray, Halal food, private
11 space to breast-feed. Some of the kinds of things
12 that just would make people comfortable in the
13 centers.
14

15 JENNIFER DECARLI: So, I would just add to
16 what our colleagues said that we are constantly doing
17 outreach to communities and trying to into it in
18 partnership with communities. We have actually done
19 a number of roundtables with Muslim faith leaders and
20 with CBO's surveying Muslim women and so we need to
21 continue that outrage and do it in partnership with
22 you because you are really the experts in your
23 community. We do have a number of culturally
24 specific providers on side and I need to meet with
25

1 Asiayah, obviously, right away, so I look forward to
2 setting up that meeting.
3

4 COUNCIL MEMBER LANDER: And--

5 JENNIFER DECARLI: But I--

6 COUNCIL MEMBER LANDER: And they're
7 fantastic and I am thrilled to provide them a little
8 member item--

9 JENNIFER DECARLI: Yeah.

10 COUNCIL MEMBER LANDER: but this is not a--
11 I mean, the point here-- and they, you know, they
12 don't think it either. I mean, this is not a like--

13 JENNIFER DECARLI: No. I know.

14 COUNCIL MEMBER LANDER: Please honor us.
15 Yeah. This is it's two everything we can--

16 JENNIFER DECARLI: Definitely.

17 COUNCIL MEMBER LANDER: to-- I mean,
18 Muslim women are a lot of the women--

19 JENNIFER DECARLI: Definitely.

20 COUNCIL MEMBER LANDER: in our city and we
21 just want to make sure the system-- and, you know,
22 everybody faces barriers--

23 JENNIFER DECARLI: Uh-hm.

24 COUNCIL MEMBER LANDER: escaping--

25 JENNIFER DECARLI: Yeah.

COUNCIL MEMBER LANDER: abuser, dealing
with our communities. Like that's across all lines.

JENNIFER DECARLI: Of course.

COUNCIL MEMBER LANDER: But we just-- We
will need to build a system that shows up for
everyone.

JENNIFER DECARLI: Yeah. And we need to
address the gaps and the barriers that people are
raising with us. And we do have Urban American
Family Support Center on site at all five of our
centers, so we've been--

COUNCIL MEMBER LANDER: Yeah.

JENNIFER DECARLI: doing a lot of work and
we need to broaden our partnerships. I would also
say that we do-- we have placed a lot of emphasis on
training our providers at the Family Justice Centers
and we mandate culturally specific and culturally
competent training before people even start on site
and we do that in partnership with our wonderful
providers here. They are the ones doing that
training on-site at the centers. It's also offered
to the domestic violence shelter providers.

ANNETTE HOLME: I would also like to
add, with our shelters, we need to have shelters that

1
2 are culturally specific and that they need to work
3 with certain groups of the population. However, they
4 are required to take in, you know, everyone. But we
5 do have certain of our providers that are specialized
6 in certain areas and can provide targeted services.
7 In addition to that, we need do have the best
8 practices that we work with our providers and when we
9 hear of situations that we feel we are not responding
10 appropriately or we don't have the level of service
11 that is needed, we are definitely willing to explore
12 and to see what we can do to become more inclusive
13 than we already are.

14 COUNCIL MEMBER LANDER: And I appreciate
15 the attention. Obviously, you know, Halal food is a
16 good example. It would be easier to have one-- you
17 know, a dedicated set of places where you contracted
18 with food services providers who provided it, but the
19 human rights law requires that all of the programs be
20 available to everyone. So, you know, that is the
21 tension in doing this work. We just want to make
22 sure we're being mindful of it.

23 ANNETTE HOLME: Okay.

24

25

1
2 COUNCIL MEMBER LANDER: Thank you. I
3 appreciate those answers. I appreciate your work.
4 Thank you.

5 CHAIRPERSON LEVIN: Thank you, Council
6 member Lander. So, I'll keep my questions as
7 succinct as I can. So, around mental health within
8 the system, kind of in the continuum of the system,
9 you heard the testimony of the survivor before and I
10 was encouraged on the one hand that she was able to
11 receive the type of therapeutic services that she was
12 able to receive on-site by the provider. I was a
13 little bit concerned that, when her six months were
14 up, that that discontinued, you know, except for
15 extraordinary effort to keep that connection with the
16 person that she had been in services with. So, that
17 leads to a couple of questions that I have. First,
18 is where is the baseline for therapeutic mental
19 health services in the DV emergency system? Where is
20 the baseline? And what is the-- Because maybe that
21 one provider is able to supplement their funding with
22 privately raised funding and if able to hire a
23 licensed clinical social worker or psychologist that
24 specialized in PTSD or domestic violence trauma and
25 is able to-- and that that provider is able to do

1 that? There are 19 providers and the DV shelters
2 emergency system. How do we ensure that, on site,
3 that level of care is afforded to everybody that
4 enters the system regardless of which provider they
5 are assigned to?
6

7 ANNETTE HOLME: So, for the emergency
8 system, they do provide crisis services because this
9 is the first entry into our system and the providers
10 that are there to have social workers that can
11 provide services and may have linkages that can
12 provide even further services. As you mentioned,
13 some providers do have other funding that can-- that
14 service can continue with that provider post
15 discharge from the shelter, but others are referred
16 to FJC's or other community providers that can
17 provide aftercare services for them after they leave
18 our system.

19 CHAIRPERSON LEVIN: So, before we get
20 to aftercare, though, on site-- I just want to make
21 sure, so when you say social workers, that's MSW's or
22 licensed clinical social workers?

23 ANNETTE HOLME: They are MSW's. I don't
24 believe that they are all licensed clinical. I
25 believe that they--

2 CHAIRPERSON LEVIN: Uh-hm.

3 ANNETTE HOLME: have the ability to go
4 with either MSW's or LCSW's.

5 CHAIRPERSON LEVIN: Okay. The clients
6 are able to see these social workers on a regular
7 basis kind of at any time that they need them or are
8 able to make an appointment that is, you know, time
9 responsive?

10 ANNETTE HOLME: Yes. And as I testified
11 earlier, the hours are staggered to meet the needs
12 because these are individuals--

13 CHAIRPERSON LEVIN: Uh-hm.

14 ANNETTE HOLME: and families who are
15 coming to our system for the first time. A lot of
16 them for the first time. So, yes. The services are
17 available on an as needed basis.

18 CHAIRPERSON LEVIN: Throughout the
19 emergency system.

20 ANNETTE HOLME: Yes.

21 CHAIRPERSON LEVIN: So every client of
22 the 2000 some odd beds that are in the emergency
23 system has access to a kind of regular mental health
24 relationship with the provider?

25

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1
2 ANNETTE HOLME: Yes. Either onsite or
3 through linkages.

4 CHAIRPERSON LEVIN: Okay. Sorry. Not
5 all of them are on site?

6 ANNETTE HOLME: So they have social
7 workers that are on site, but, then, as you well
8 know, some people need more than a social worker.

9 CHAIRPERSON LEVIN: Okay.

10 ANNETTE HOLME: So, then that would be
11 the linkages.

12 CHAIRPERSON LEVIN: Okay. Do you have
13 a mechanism to get feedback from clients on how well
14 that is working throughout the system?

15 ANNETTE HOLME: Well, this
16 confidentiality rule that just went into effect by
17 the state in June kind of limits how much information
18 we can pull from shelters.

19 CHAIRPERSON LEVIN: Uh-hm.

20 ANNETTE HOLME: So, we can speak to them
21 about it, but in terms of actually going to a client
22 to find out--

23 CHAIRPERSON LEVIN: Uh-hm.
24
25

2 ANNETTE HOLME: client-specific
3 information, if they have not signed a
4 confidentiality agreement, we cannot speak with them.

5 CHAIRPERSON LEVIN: Okay. What other
6 ways, then, are you able to kind of do quality
7 assurance in terms of mental health services on site
8 and the emergency system?

9 ANNETTE HOLME: So, in collaboration
10 with the state, when they make their visits for
11 assessments, they review the records which are
12 redacted with the client information and, from there,
13 we can see what services are being provided to who
14 and when. That would probably be the best way to
15 respond to that question.

16 CHAIRPERSON LEVIN: Okay. Is there
17 additional Thrive resources that are specific to the
18 emergency DV system?

19 ANNETTE HOLME: We use Thrive resources
20 for the New York City Well, which we advertise to our
21 providers. They have provided presentations to the
22 provider, so we use that to enhance the services that
23 are already in place in the shelters so that if
24 someone at 2 o'clock in the morning gets up and I
25 really need to talk to somebody and there's no one at

1 the shelter, that's where the New York City Well
2 comes in because it can enhance what he shelters
3 already provide.
4

5 CHAIRPERSON LEVIN: How are you able
6 to gauge the effectiveness of or the utilization of
7 NYC Well in the emergency DV system? In other words,
8 how are you able to know whether anyone is using it?

9 ANNETTE HOLME: Honestly, we don't have
10 a mechanism to do that. We just ensure that the
11 services are provided. We do know that we are
12 receiving younger people into shelter.

13 CHAIRPERSON LEVIN: Uh-hm.

14 ANNETTE HOLME: Younger women with just
15 one or two children who are more apt to text, chat,
16 use--

17 CHAIRPERSON LEVIN: Uh-hm.

18 ANNETTE HOLME: electronic devices.

19 CHAIRPERSON LEVIN: Uh-hm.

20 ANNETTE HOLME: So we just would like to
21 offer that as an addendum to what is currently being
22 provided in our shelters.

23 CHAIRPERSON LEVIN: Uh-hm. Okay. When
24 it comes to after care, this is, I think, an area
25 that is ripe for investment throughout the system and

1 we've worked with-- we've piloted with Henry Street
2 Settlement [sp?] here at the Council through our
3 children and families and homelessness-- Our
4 initiative which is kind of flexible funding and kind
5 of pilot funding on aftercare services with Henry
6 Street and it has great success. In fact, the
7 testimony that we heard from the survivor earlier,
8 Ms. Chicambo-- I'm not good at the pronunciation,
9 but what we heard was how important maintaining that
10 linkage to her provider beyond that six months was.
11 And in our initiative out of the Council with Henry
12 Street, we see how effective that is within a tier 2
13 population. Within a general DHS family population.
14 So, how are we exploring within the emergency system
15 how to advance or expand aftercare services?

17 ANNETTE HOLME: So that is a great model
18 and we thank you for funding that. It's really a
19 wonderful model and for those that participate or
20 take advantage of it, it's great. We are exploring
21 and looking at different models of how we can--

22 CHAIRPERSON LEVIN: Uh-hm.

23 ANNETTE HOLME: Look at aftercare. I
24 just would like to caution, though, that that model
25 doesn't necessarily work for everyone.

2 CHAIRPERSON LEVIN: Sure.

3 ANNETTE HOLME: So it works for a
4 portion of the population, but there is another
5 population that, when they leave shelter, I don't
6 want anything to do with this.

7 CHAIRPERSON LEVIN: Right.

8 ANNETTE HOLME: Let me go on my way. If
9 I seek aftercare, you know, I'll do it on my own.
10 And that's their right to self-determination. Right?

11 CHAIRPERSON LEVIN: Yeah.

12 ANNETTE HOLME: So, it is a good model,
13 but there are other models. So I think we just--

14 CHAIRPERSON LEVIN: Sure.

15 ANNETTE HOLME: as part of best
16 practices, we'll--

17 CHAIRPERSON LEVIN: Yeah.

18 ANNETTE HOLME: look at it and see, you
19 know, what can be-- I mean, we also have it here
20 with one of our providers, Sarah Burke. They also
21 have a similar model that they self-fund.

22 CHAIRPERSON LEVIN: Uh-hm.

23 ANNETTE HOLME: And, again, it works for
24 a segment of the population.

25

1
2 CHAIRPERSON LEVIN: Absolutely. Right.
3 It's voluntary. And I think that-- I mean, kind of
4 exploring, I mean, the-- where I'm going with this
5 is exploring how we can make it not necessarily just
6 a self-funded type of program, but that the city
7 could invest in different models of aftercare. I
8 mean, I'd like to see that throughout the tier 2
9 system. I think a good place to start would be with
10 the DV emergency system because it is-- you know,
11 it's not-- it would be more-- the numbers aren't as
12 big. It would be, I think, an effective place to
13 start. What are we doing around things like
14 financial literacy in the DV system and how-- where
15 is there an opportunity to invest in those types of
16 programming and where would we see an opportunity in
17 terms of like programmatic success? Like where do we
18 think that that could go in terms of its
19 effectiveness?

20 ANNETTE HOLME: Uh-hm. So, I mean, we
21 collaborate with financial literacy. And do
22 something that we have found to be quite beneficial
23 to--

24 CHAIRPERSON LEVIN: Uh-hm.

25

1 ANNETTE HOLME: our DV survivors. URI
2 has a program.
3

4 NATASHA GODBY: Sanctuary for--

5 ANNETTE HOLME: Sanctuary for Families
6 has a program that is long-standing.

7 CHAIRPERSON LEVIN: Uh-hm.

8 ANNETTE HOLME: There are several others
9 that are programs that have proven to be beneficial
10 to our survivors where they learned the skills to
11 translate to jobs that pay, you know, a living wage
12 where they can live independently. It is something
13 that we are expanding demand we look forward in
14 partnership to--

15 CHAIRPERSON LEVIN: Uh-hm.

16 ANNETTE HOLME: make it happen.

17 CHAIRPERSON LEVIN: So, the URI and
18 Sanctuary are self-funding, those programs? Or are
19 those--

20 ANNETTE HOLME: So, Sanctuary for
21 Families is a program that we provide funding for.
22 URI is self-funding.

23 NATASHA GODBY: And each of the
24 providers has a budget line for economic empowerment
25 staff and programming.

1
2 CHAIRPERSON LEVIN: I see. Okay. So
3 that's how Sanctuary is funding their program? In
4 terms of kindness professional development for
5 providers, we should really explore what are the--
6 you know, through some kind of evidence-based models.
7 I am sure that they are out there on financial
8 empowerment, particularly with the survivor the
9 domestic violence survivor population. I mean,
10 things are-- like disentangling your finances from
11 your abuser.

12 ANNETTE HOLME: Yes.

13 CHAIRPERSON LEVIN: Setting up your
14 own bank account, if you had a joint bank account.
15 Things like that. I mean, that's-- I think anyone
16 can benefit from financial literacy, including
17 myself. You know, like anyone can-- everyone can
18 benefit from that. I think, in particular, survivors
19 of domestic violence that are fleeing in abuser and
20 may have to do some unilateral disentanglement, I
21 think there is greater need for those types of
22 services.

23 JENNIFER DECARLI: So I totally agree and
24 we actually have a pretty robust package of financial
25 empowerment services at each of the Family Justice

1 Centers and we've been working to enhance those
2 referral networks with the domestic violence
3 shelters. We've recently opened a classroom for
4 clients under Manhattan Family Justice Center.
5 Sanctuary runs our work readiness program there and
6 they recruit from the shelters and the none-res
7 programs and the FJC. So, we've been working really
8 hard to even offer different options like--

10 CHAIRPERSON LEVIN: Uh-hm.

11 JENNIFER DECARLI: entrepreneurship
12 programs, financial literacy classes. I, too, could
13 benefit from those. We have the 13 week program on
14 site and we also have career readiness and career
15 workshops that different providers come in and offer.
16 So, we are always looking to enhance--

17 CHAIRPERSON LEVIN: Uh-hm.

18 JENNIFER DECARLI: those services because
19 we completely agree that it is key. And we have
20 financial clinic on site doing--

21 CHAIRPERSON LEVIN: Right.

22 JENNIFER DECARLI: financial coaching
23 sessions, as well.

24 CHAIRPERSON LEVIN: Right. Because I
25 think it's pretty clear that financial issues, the

1 broader set of financial issues are probably the
2 leading reason why somebody might go back to it in
3 abuser.
4

5 JENNIFER DECARLI: Definitely. Uh-hm.

6 CHAIRPERSON LEVIN: And just make
7 breaking free from an abusive relationship-- You
8 know, it's a major hurdle.

9 JENNIFER DECARLI: Huge.

10 CHAIRPERSON LEVIN: Major hurdle.

11 JENNIFER DECARLI: Huge.

12 ANNETTE HOLME: Uh-hm.

13 JENNIFER DECARLI: We also have-- HRA is
14 actually onsite at each of our FJC's and--

15 CHAIRPERSON LEVIN: Uh-hm.

16 JENNIFER DECARLI: they're able to detangle
17 case issues that come up when you need to get off of
18 an abusive partners cash assistance case. So, we are
19 looking at that--

20 CHAIRPERSON LEVIN: Right.

21 JENNIFER DECARLI: right from the outset
22 when we are providing that--

23 CHAIRPERSON LEVIN: On benefits.

24 JENNIFER DECARLI: assistance. Uh-hm.
25

1
2 CHAIRPERSON LEVIN: I mean, is there a
3 partnership with any banks or consortium of banks or
4 credit unions or credit unions or-- on setting, you
5 know, streamlining setting up a bank account? You
6 know--

7 JENNIFER DECARLI: Yeah.

8 CHAIRPERSON LEVIN: getting the proper
9 identification and whatever you need to be able to do
10 that.

11 JENNIFER DECARLI: So, all of our great
12 providers to work with the clients to prepare them
13 when they are doing that. We have actually started
14 to explore some partnerships with banks to-- it
15 would be wonderful to have Mike save bank accounts
16 that survivors--

17 CHAIRPERSON LEVIN: Uh-hm.

18 JENNIFER DECARLI: could access and so,
19 that is something that we are hoping to explore.

20 CHAIRPERSON LEVIN: Okay. So, mental
21 health, financial services, I think, hard to areas
22 that I would love to, over the next two years-- I'm
23 only here for another two years.

24 JENNIFER DECARLI: Okay.
25

1
2 CHAIRPERSON LEVIN: I would really
3 like to work with you guys and make some strives on
4 making sure that there are some good baseline
5 services on those two areas so that, at the very
6 least, everybody has access to those really essential
7 components because that's where you are able to build
8 towards success. It is a few and your children are
9 able to work through the trauma of going through this
10 whole situation, this whole experience in life and,
11 you know, the percentage of people that are in the
12 emergencies system that are-- have been diagnosed
13 with PTSD is-- do you know what that number is?
14 It's high.

15 JENNIFER DECARLI: Based on national
16 research--

17 CHAIRPERSON LEVIN: I think it's some--

18 JENNIFER DECARLI: I mean, based on
19 national research, I would imagine is quite high
20 because--

21 CHAIRPERSON LEVIN: Yes.

22 JENNIFER DECARLI: it's so much underlying
23 trauma. You know?

24 CHAIRPERSON LEVIN: Yes.

25

JENNIFER DECARLI: But I don't think we
have any city studies on that.

CHAIRPERSON LEVIN: I think at some
point was over 50 percent of actual diagnosis and
that is just actual diagnosis. So, you know, I think
it's just fair to assume that everybody has some
form of trauma and dealing with it in some way. And
so, really, when we are talking about giving people
what they need, through the system, it's the-- I
think those are two areas where I think we could
really work together on and you have my commitment
to, you know, putting in the time to do that with you
all.

JENNIFER DECARLI: Thank you.

CHAIRPERSON LEVIN: And then my-- I'm
sorry. My last question--

[background comments]

CHAIRPERSON LEVIN: My last question
has to do with capacity and how many people are
actually turned away that qualifies for emergency
placement, but are turned away on capacity issues?
That there is just not a bad for them?

ANNETTE HOLME: So, in the system, as I
testified earlier, what we do is we make every effort

1 to provide shelter to those who live for our system.
2 Because the emergency, it runs on a bed system, not a
3 unit system. We had to have the right configuration.
4 So, I then asked, let's say you buy it a day and you
5 need a one and one, that one adult one child, in
6 Brooklyn, a certain part of our plan and we have a
7 shelter there, but they don't have an opening today,
8 that they may have an opening in a week, we will
9 continue to call you and, when that unit--
10

11 CHAIRPERSON LEVIN: Uh-hm.

12 ANNETTE HOLME: becomes available, we
13 will definitely, you know, bring you into our system.

14 CHAIRPERSON LEVIN: Uh-hm.

15 ANNETTE HOLME: So, we do keep in
16 contact with you to try to make every effort to fit
17 you to that unit.

18 CHAIRPERSON LEVIN: I mean, I think
19 probably a safeguarding assumption is that we need
20 more emergency shelters and we need more tailored to
21 shelters. I think if that's a-- I mean, I think
22 that's even waiting for the outcome of those beds
23 that had come online from 2015, why not right now in
24 20-- because that was four years ago. Why not do
25 more tier 2 beds and more emergency beds? We know

1 that the demand is there. There is no way that
2 those-- that if we brought on the capacity, that it
3 would not be utilized. We don't have any excess
4 capacity in the system.
5

6 ANNETTE HOLME: No.

7 CHAIRPERSON LEVIN: No. So, let's
8 just invest in them without-- you know, let's get on
9 the-- let's do another round of this. Of Freon more
10 capacity. So, I think that is may be something that
11 we should work on in the next two years. We
12 shouldn't just leave it at the 2015 effort. We
13 should be doing another round of upgrading the system
14 or expanding the system. With that, I'll turn it
15 back to my co-chair.

16 ANNETTE HOLME: Okay.

17 CHAIRPERSON LEVIN: Thank you.

18 CHAIRPERSON ROSENTHAL: Thank you so much.

19 A couple of just really quick questions because I
20 know we have providers who are waiting to testify.
21 So, I would like to run through these quickly, if
22 that's all right with you. You mentioned that there
23 is a new electronic check-in system that is coming.
24 I'm wondering if that could include some sort of
25 vault, the way that passport has a vault where you

1
2 could upload-- a survivor could upload paperwork and
3 maybe then there's, you know, like there's, you know,
4 a doctor's note, hospital note for where somebody is
5 staying and then there could be some sort of online
6 dashboard that a survivor could track.

7 ANNETTE HOLME: So, we do have a system
8 that's a little bit old and we are working with that
9 system to incorporate this electronic attendance. It
10 is a process that we are phasing in and there will be
11 several phases, too. The implementation, one of it
12 right now is that a provider can indicate whether
13 that is a documented absence or undocumented absence,
14 but the paperwork is submitted through a different
15 source. So, that is something we will be exploring--

16 CHAIRPERSON ROSENTHAL: Great.

17 ANNETTE HOLME: in the future.

18 CHAIRPERSON ROSENTHAL: Thank you very
19 much. I wanted to get back to the TGNC population
20 where it is more of the challenge because of the
21 need, more often than not, for single beds.

22 ANNETTE HOLME: Uh-hm.

23 CHAIRPERSON ROSENTHAL: A room with a
24 single. Is there any training given to intake staff
25

2 and the providers staff to let them know they really
3 have to take these individuals?

4 ANNETTE HOLME: So, transgender
5 nonconforming survivors are treated like anyone else.

6 CHAIRPERSON ROSENTHAL: Hm.

7 ANNETTE HOLME: So we don't make a
8 distinction that, you know, we don't accept them, so
9 we treat them all the same. And if they come in and
10 we have an available bed and they meet the criteria,
11 they will be housed.

12 CHAIRPERSON ROSENTHAL: Right. And is
13 there ever a situation, do you know-- and I know I
14 asked this just a little bit before, but where they
15 are sent to a provider and then the provider says no?

16 ANNETTE HOLME: So providers--

17 CHAIRPERSON ROSENTHAL: Where maybe the
18 provider might say-- and I'm only asking this, of
19 course, because I have heard stories about this.
20 That where the provider might say, oh, you know, I
21 can hear your voice. You are-- And saying it or not
22 saying it is, basically saying we thought-- we see
23 you are female presenting, but you have such a deep
24 boy is, that's just not going to work out in our
25 shelter. Do you know, since there are those that

2 have had those experiences, so we know that and we
3 know, course, what your policy is and that you are
4 open to everyone. I'm not questioning that. I'm
5 questioning reality and, given reality, how do we
6 address those issues?

7 ANNETTE HOLME: Power providers, when
8 they assess individuals, they have the opportunity to
9 ensure that the individual or family that they are
10 bringing into their shelter, it's a good fit for
11 both.

12 CHAIRPERSON ROSENTHAL: What does that
13 mean?

14 ANNETTE HOLME: So, what it means is
15 that, you know, you have people who say, I want to
16 come into domestic violence shelter, but they don't
17 understand that there are rules associated with
18 coming in the shelter.

19 CHAIRPERSON ROSENTHAL: Say you're saying
20 that trans women don't understand the rules?

21 ANNETTE HOLME: No. That's not what I'm
22 saying. Absolutely not. What I'm saying is that
23 anyone who comes into our system, they have to abide
24 by the confidentiality rules that they cannot share
25 the address, that there is meetings and groups--

1
2 CHAIRPERSON ROSENTHAL: Please.

3 ANNETTE HOLME: And some-- Let me
4 just-- I'm just trying to answer. And at that
5 particular point in time, the shelter and the
6 individual, they work together to make sure that this
7 is a good fit for both. However, if you have stories
8 like us and if they come to your attention, welcome
9 to please share them with us because he will
10 definitely address that with the providers. Now,
11 that particular story that you just shared with us,
12 that is come to my attention, but if it does, you
13 will sent with the provider.

14 CHAIRPERSON ROSENTHAL: You've never heard
15 of a situation where an intake HRA-- maybe a Nova
16 staff person recommends somebody who is transgender
17 to a shelter and the provider changes their mind upon
18 recognition of this person's gender status?

19 ANNETTE HOLME: That has not come--

20 CHAIRPERSON ROSENTHAL: You've never heard
21 that--

22 ANNETTE HOLME: to my attention.

23 CHAIRPERSON ROSENTHAL: story?
24
25

2 ANNETTE HOLME: That is not come to my
3 attention, but if it does-- If it comes to your
4 attention, I welcome the opportunity for you to--

5 CHAIRPERSON ROSENTHAL: I mean, my
6 understanding is there 40 to 50 people who are turned
7 away a year who are transgender. 40 to 50 a year.
8 So, it's disappointing-- So, I'm going to leave it
9 right there. That's okay. I want to go to the FJC's
10 just a little bit. Sorry. To ENDGBV. Has this ever
11 come to your attention? Do you train HRA staff on
12 these issues? Do you do trainings on the providers
13 physician is?

14 ELIZABETH DANK: So, ENDGBV does have a
15 policy and training institute and the focus of the
16 training team within that unit is to train city
17 agency and contractor providers on a whole cadre of
18 trainings. In addition, we offer training at the
19 Family Justice Centers, both core trainings and more
20 advanced trainings that are open to the FJC providers
21 and also the general public. So, we do have a wide
22 range of trainings that are available and that we are
23 conducting.

24 JENNIFER DECARLI: Then we require training
25 of our front and screening staff and reception staff

1 who are often the first person creating someone into
2 this and talking about the services. We do require
3 [inaudible 02:09:47] training for them on a regular
4 basis.
5

6 CHAIRPERSON ROSENTHAL: The providers, it's
7 my understanding the executive directors are the--
8 or the head of the each of the provider shelters have
9 monthly. Have you ever attended those?

10 JENNIFER DECARLI: We attend them on a
11 regular basis. So we--

12 CHAIRPERSON ROSENTHAL: Does regular mean
13 you attend every month?

14 JENNIFER DECARLI: We attend every month.
15 It's either myself or our director of FJC operation,
16 Denise Jenkins.

17 CHAIRPERSON ROSENTHAL: And what's your
18 role in those meetings?

19 JENNIFER DECARLI: So, we are often asked
20 by our colleagues to present on new programs at the
21 Family Justice Centers to raise awareness about those
22 programs and make referrals and we are in regular
23 collaboration around meeting agenda.

24 CHAIRPERSON ROSENTHAL: All right. I have
25 to wrap this up because a survivor has to go to a

1 court appearance, so I have to wrap this up. I want
2 to be on the record saying that I have three or four
3 more really pressing questions. I'm not going to be
4 when asked them publicly, so we will include them in
5 a follow-up letter to. They're pretty basic
6 questions. Do you think you can agree to get the
7 answers back to us without even knowing what the
8 questions are? But even if the answer is I don't
9 know, within two weeks?
10

11 ANNETTE HOLME: Yes.

12 CHAIRPERSON ROSENTHAL: Okay. So I'm going
13 to call it a day. Thank you very much.

14 JENNIFER DECARLI: Thank you.

15 CHAIRPERSON LEVIN: First I would like
16 to call Dania Darwish and Laila Mohammed. And we
17 will also call up Urban Resources Institute because I
18 know that they have to leave, as well.

19 CHAIRPERSON ROSENTHAL: We would encourage
20 members of the administration to stay to sort of hear
21 what we are hearing from lived experiences. Thank
22 you.

23 LAILA MOHAMMED: Hello. My name is Laila
24 Mohammed. I arrived in New York in February, so I'm
25 still new. Last February.

2 CHAIRPERSON LEVIN: Welcome.

3 LAILA MOHAMMED: Thank you. I'm a
4 domestic violence survivor and I didn't even know
5 that I am a domestic violence until I met Danielle
6 Asiyah Women's Center. This is the moment when I was
7 going an interview with her about where should I stay
8 and sleep and then I found out what is my real
9 situation. As a domestic violence survivor in Asiyah
10 Women's Center, which is a private shelter, we had to
11 go and-- honestly, sorry for my words are really
12 kind of because I wasn't here to testify. I only was
13 here to support my director that I really appreciate
14 every single thing she do to us. Challenging in New
15 York is something huge. Even if it's going to put
16 you all the way up high to the sky to fly or it's
17 going to bury you under the ground if you're not
18 prepared, if you're not being ready for it.
19 Challenging how to use simple things. For all of you
20 it's like daily things like not big thing, for me it
21 was big. Using transportation, the subway, it was a
22 difficult thing. Getting lost every single time to
23 get in the subway. Knowing about the coins is
24 something. We needed education. I needed to learn
25 how not to get lost anymore. But because of the

1 limited sources that we had in the shelter, it's not
2 that much of things being offered as we couldn't have
3 too much employees to help. I had to struggle with
4 learning every single thing. She is there for me all
5 the time. I'm walking around with her laptop.
6 Really, appreciate New York a lot. In the beginning,
7 I felt like I might be a unwell come as you see me.
8 Really, totally stranger outside this country with a
9 really not usual luck, let's say. I was so in need
10 to receive any kind of support, then I made a
11 decision and I informed Danielle about it that I am
12 willing, God willing, the moment I stand and my feet,
13 I am starting and Institute to teach people how to
14 use the subway. How to learn-- [inaudible 02:14:50]
15 I'm serious. It sounds ridiculous, but it's big. It
16 is big to know the difference on the coins between
17 the time and the one cent, I had to struggle not
18 eating or drinking for three days and I didn't know
19 that I had five dollar coins. I didn't know that.
20 So, a lot of work needed. A lot of the poor needed.
21 Not too much hands. It's almost weak hands we have
22 here. I appreciate every single help I received. I
23 went to the family Justice Center. They were
24 helpful, but not that much help I received. I
25

1 appreciate everything they did, but it wasn't enough
2 for a person then my situation being me. Like I try
3 to go to sit to have a-- because I had an
4 appointment. I couldn't arrive in my time because I
5 was, as usual, lost in New York like every time.
6 Emotional support. This is what definitely we need,
7 next to [inaudible 02:16:01] financial support for
8 the shelter so they can give us the emotional support
9 that we need, educated us, workshop, classes, how to
10 stand up. How can I stand up and go and earn my own
11 place? How can I stand map and just into the doors
12 to have my own work, my own job? You know? Because
13 it's not the same. Because every time I do
14 something, everyone is telling me, Laila, this is
15 America. This is New York. It's something
16 different. And I really want to know what is
17 different and to do that I mean someone who is really
18 free to have the free time to teach me, to help me.
19 I'm jumping on her every time while she's working
20 trying to get more jobs so she can offer us the money
21 and the things to help us. Simple things. But it's
22 different. Make a difference. Make a huge step
23 friends. So, I really wanted to appreciate you
24 people to have me here and Dania. Asiyah Women's
25

1 Center is something huge, but it's small and it could
2 be bigger. It could be not just for Muslims. It
3 could be for every single different people. They can
4 have their own, but they need support. So, I'm going
5 to let it-- the rest for Dania.

7 DANIA DARWISH: Thank you, Laila.

8 CHAIRPERSON LEVIN: And I just want to
9 say that you said that you appreciate New York. New
10 York appreciates you.

11 LEILA MOHAMMED: Thank you. Thank you.

12 DANIA DARWISH: Laila, thank you. I
13 love you so much. My name is Dania Darwish. I am
14 the executive director of the Asiyah Women's Center.
15 At this time, we do not receive any funding from the
16 government and we don't receive any money from HRA
17 and I do not know why. I do not get paid for my work
18 at Asiyah. I do it simply because I find very few
19 things as appalling as domestic violence as a result,
20 I juggled two jobs, one job full time that I have had
21 to take time off of that Freedom For Immigrants and
22 another job which I consider the Asiyah Women's
23 Center and LSAT studying, as well. So, I do
24 everything from answering emergency calls at 2 a.m.,
25 editing CV's, going to court with women and

1
2 advocating for them in the face of their abusers. We
3 actually have to run right after this. I research
4 family and immigration law. I am even held one of
5 our clients while she was 40 hours in labor, held up
6 her legs for her, watched that. I appreciated my
7 mother so much more. Our second baby at the Asiyah
8 Women's Center was delivered just this week. She is
9 so beautiful and we share the same name. and I
10 entered the C-section room with her, stayed for all
11 three nights at the hospital. We were discriminated
12 against in the hospital because she didn't speak
13 English, had to file a report at the hospital. I
14 know how to change diapers. I know how to feed. I
15 know how to take photos of deep blue bruises and help
16 women report. I know how to change tires. I know
17 the signs of a miscarriage that happened because of
18 domestic violence and I have learned how to help
19 women breathe through panic attacks. Things I never
20 thought I would know how to do in my life or at least
21 not this soon. As a proud New Yorker, I never
22 thought I would know how to learn how to drive, but I
23 was pushed to because when women want to escape at
24 night, I'm the person that picks them up and takes
25 them away from their abusers. My parents, they tell

1 me I need to work on my love life, but I can't
2 because I am the only woman or one of the only women
3 in my community doing this to this level of depth and
4 I wish it wasn't me just doing this. I wish we had
5 more funding. I wish that there were more resources.
6 To tell you a little bit about the Asiyah Women's
7 Center, we offer temporary transitional housing to
8 survivors of domestic violence and victims of
9 homelessness. We have a specific mission to address
10 the gap in appropriate residential services for the
11 AMEMA population, which is Muslim, Arab, South Asian,
12 Middle Eastern. We were created as a project for
13 Muslims Giving Back in August of 2018 and since we
14 opened up, we have helped over 75 women and children.
15 This was as of three months ago, this number. One
16 out of every three women experiences domestic
17 violence in the United States, but for the Muslim
18 community, it is the one out of every two. And
19 before we provided housing, we, at Muslims Giving
20 Back, we used to refer survivors to shelters and
21 organizations and that is how they received support.
22 However, many clients reported that they experienced
23 hostility, difficulty to access services due to
24 language barriers and, one time, when we dropped off
25

1 a client, she said that-- She called us the next day
2 crying saying that they told her to take off her damn
3 headscarf and we knew then that we needed a solution.
4 Add our facility, we have 20 beds available and I
5 have had to turn away countless of people and every
6 time I have to do that, it is such a struggle for me.
7 We partner with multiple community-based
8 organizations such as the Recopricity [sp?]
9 foundation to provide a range of mental health and
10 medical service is for our clients and we work
11 closely with the Brooklyn, New York City Family
12 Justice Center for social services, civil, legal, and
13 criminal justice assistance by referring our clients
14 there. In the past year, my experience with the New
15 York City Family Just as Center, we have had some
16 challenges. One of our biggest challenges is that
17 there is not substantial support and identifying
18 permanent housing for domestic violence survivors
19 with a pending case in criminal court because, if
20 they tried to seek that support, then that would
21 impact their case. And one of our clients, her
22 husband knew the court system and she was a recent
23 immigrant and he reported first. He filed the order
24 of protection first and now she has to go through
25

1 extensive criminal proceedings and she can't get
2 housing now. As a result of the public service law
3 that is going into of fact on October 15, a lot of my
4 clients are afraid and I also am afraid. I don't
5 know what is going to happen to them. Their
6 inability to get public benefits while they are
7 trying to seek a pathway for citizenship is going to
8 deter them from even wanting to stay in this country.
9 They are going to want to return to their abusers as
10 a result. Every time a woman in my center returns to
11 her abuser, I feel like I have failed her and I feel
12 like our system has failed her and I have to say
13 today. Thank you.

14 CHAIRPERSON LEVIN: Thank you so much.

15 DANIA DARWISH: Thank you.

16 CHAIRPERSON LEVIN: Thank you for the
17 testimony and for all the work that you are doing.

18 DANIA DARWISH: Thank you.

19 CHAIRPERSON LEVIN: Just a quick
20 question. Which hospital-- You said at the hospital
21 there is a discrimination against one of your
22 clients.

23 DANIA DARWISH: Richmond University
24 Medical Center.
25

2 CHAIRPERSON LEVIN: Which one?

3 DANIA DARWISH: Richmond University
4 Medical Center.

5 CHAIRPERSON LEVIN: Okay.

6 DANIA DARWISH: Yeah.

7 CHAIRPERSON LEVIN: Thank you.

8 DANIA DARWISH: Thank you.

9 CHAIRPERSON LEVIN: We will follow up
10 with that.

11 CHAIRPERSON ROSENTHAL: That's really
12 powerful. And you can submit your testimony online.

13 DANIA DARWISH: Thank you.

14 CHAIRPERSON ROSENTHAL: We will make sure
15 that happens. We really appreciate all the work you
16 are doing.

17 DANIA DARWISH: Thank you so much.

18 CHAIRPERSON ROSENTHAL: And if anyone needs
19 to leave, they should. You know, no obligation to
20 stay here.

21 DANIA DARWISH: I think we have like
22 five minutes to spare.

23 CARLA SMITH: Thank you for sharing your
24 story and all that you do. I apologize if I was to
25 label salt. I'm recovering or attempting to recover

1 from a cold. Thank you for the opportunity to
2 testify. My name is Ms. Dr. Carla Smith.

3 CHAIRPERSON ROSENTHAL: Let me jump in.

4 CARLA SMITH: Sure.

5 CHAIRPERSON ROSENTHAL: One of the things
6 that I am so excited for you to talk about and I know
7 everyone is on a crunch. We have your testimony. I
8 think what I have heard about you and URI is that you
9 just have this exceptional model for training and
10 making sure everyone is very cognizant about all
11 different types of populations. And I was
12 wondering-- I specifically and hoping you would
13 focus on how we can make sure that the rest of the
14 shelters system can follow the model that you have
15 laid out, and to make sure everyone is trained, but
16 trained repeatedly. That we know people have
17 integrated into who they are all different types of
18 populations. So could I ask you-- Could I trouble
19 you only because I know everyone is short of time, to
20 focus on that?
21

22 CARLA SMITH: Sure. So, you know, while we
23 are working men continue to make sure that we are
24 providing culturally competent services, you know,
25 there are a lot of people in New York City who are

1
2 doing excellent work. And we are doing good work and
3 moving towards excellence, but we know we can't do
4 that by ourselves, so we work with other partners,
5 Anti-violence Project in particular, as well as other
6 experiments in sort of the diverse city, equity,
7 inclusion arena to make sure that our staff are
8 informed, trained. And that includes from the top
9 down. We started with our executive staff and our
10 senior staff to make sure that we were all on the
11 same page in shifting towards an open access model of
12 care. Truly being open access to any person who
13 called our hotline who needed to access shelter. And
14 so, in order to do that, we took some pretty
15 significant steps and, and being really intentional
16 about not only thinking about the training that our
17 staff needed, but the space. What we needed to do to
18 make our space inclusive. So, we have the facilities
19 department and operations team not looked at space.
20 How do we make that diverse, inclusive, welcoming to
21 the many different kinds of clients that we are
22 serving, taking into consideration intersecting
23 identities? So, materials and the space, gender-
24 neutral bathrooms. And not just for our clients, but
25 for our staff. We have a very diverse staff that

1 work at the organization. So, in terms of the
2 services, it's really working with the experts, first
3 of all, to understand, number one, who we are
4 serving, right? So, in many ways, providers don't
5 ask those detailed questions. So, taking a look at
6 our intake and assessment tools that we are using to
7 make sure that those are inclusive. That our staff
8 are trained around how to ask questions and no way
9 that will make a person feel welcomed. And so that
10 staff understand the language that they are using.
11 So, we have incorporated and expanded our orientation
12 within the organization to us five day orientation at
13 a lot, but for you actually walk into the space of a
14 shelter, you go through an intensive five day all day
15 orientation on a number of different topics. LGBTQ
16 cultural competency is one of those topics that we
17 incorporate. We have also, in our work with AVP,
18 will be planning to do ongoing sort of cultural
19 competency 2.0 or working with children of LGBT-
20 identified individuals. So to really helping staff
21 to understand not just the baseline information that
22 you need to be able to work with an individual, but
23 all of those different things that come up over the
24 course of time so that they have the tools and this
25

1 is that they need to be able to provide culturally
2 competent services, and not just based on gender
3 identity, gender expression, sexual orientation, and
4 all those intersecting identities that come into play
5 and will have you design services that meet the
6 specific needs. And then in a person goes, leaves
7 that sort of orientation period, and they step into
8 the shelter environment, the ideas that they are
9 managed with another staff person. You are not just
10 sort of released to do the work. You are matched
11 with another staff person who has been in the space,
12 who understands how URI is operating, and can partner
13 with you and mentor you through for a period of time to
14 do the work. We also highlight right in the
15 beginning URI's commitment to the open access model
16 of care. You believe in that model. We let people
17 know that we understand that everybody comes with
18 what they have learned, right? Their own lens, but
19 that we ask them to leave their bag at the door.
20 They can pick it up on the way out if they feel
21 comfortable, but while they are in our environment,
22 we are responsible for the lives of the people that
23 we are serving and, whether you are at the front desk
24 as a security guard or you are a terrific service
25

1 provider, the way you interact with a person will
2 impact whether or not they decide to stay.

3
4 CHAIRPERSON ROSENTHAL: Have you worked at
5 all with ENDGBV or to give them that training?

6 CARLA SMITH: We haven't worked with them
7 to give them training. We work with AVP. We work
8 with-- some of our staff and gone the trainings and
9 other places.

10 CHAIRPERSON ROSENTHAL: Sorry.

11 CARLA SMITH: But we have not provided
12 training to them.

13 CHAIRPERSON ROSENTHAL: Right. And I sort
14 of asked that question backwards, I think. Has
15 ENDGBV ever reached out to you to understand the
16 breadth and depth of your training better and maybe
17 adopt that for other shelter providers?

18 CARLA SMITH: Well, we share information
19 with them. This is a new model for us that we have
20 sort of developed the divisions and we have grown as
21 an organization over time. We actually established a
22 quality improvement of valuation and training
23 department and so that department is responsible for
24 doing observational-- collecting observational data
25 for going into the shelters and doing chart reviews.

1
2 Our own sort of internal system. Evaluating whether
3 our services are trauma informed, not just by looking
4 at charts, but by actually observing client sessions,
5 you know, provided that the client consents. And
6 then, providing feedback to the program leaders at
7 those sites who are alienating those shelters, as
8 well as to develop trainings that come out of that to
9 enhance our staff ability to provide services. We
10 are also developing a tracking system. You mentioned
11 of questioner or to another person around denials.
12 So, really understanding we are developing our own
13 internal dashboard, not just around utilization, but
14 really understanding why people are being turned away
15 so that our program leaders or our program directors
16 who are licensed clinical social workers, for the
17 most part, and our quality improvement evaluation and
18 training team can go and then periodically pull
19 copies of hotline to sort of see why are people being
20 turned away? Is that the Nile appropriate? Do we
21 need to do any training for staff, so that we can
22 track internally for own organization over time why
23 people are sort of not getting access to shelter? We
24 have been very intentional about in the development
25 of all our news sites about setting aside spaces for

1 singles. Now, that doesn't mean we are setting aside
2 spaces only for LGBTQ. There are other people who
3 identify as single, so we don't hold spaces. We take
4 people as they, you know, you need to come and to
5 shelter, provided we have availability. Also singles
6 with pets. But we are tracking more information and
7 collecting more data that will help us to inform how
8 we continue to develop our services.

10 CHAIRPERSON ROSENTHAL: Do you get
11 additional-- How do you get funding for this model?
12 It's very intensive.

13 CARLA SMITH: Well, we use the resources
14 that we have in terms of the per diem that we get.
15 So we have a full complement of staff. Case
16 managers, social workers, housing specialists. We
17 also-- because we have grown a lot, the organization
18 has really invested a lot of resources into
19 infrastructure building that quality improvement
20 team. We understand that we don't just want to be a
21 good provider. We want to be an excellent provider
22 and that means we need to be able to look at our own
23 work over time and evaluate what we need. We also
24 apply for private resources. Private funding.
25 Someone economic empowerment program. We actually

1 received a grant-- we received funding from city
2 Council from DOVE to support that program and we
3 received a private foundation grant to develop an
4 economic empowerment center that victims of domestic
5 violence, including-- homeless families, including
6 victims of domestic violence, will be able to access
7 post shelter. So even if they've been in shelter--

9 CHAIRPERSON ROSENTHAL: Where is that
10 located?

11 CARLA SMITH: We are actually in the
12 process of securing the final phase. Hopefully we
13 will be in the midtown area. We are negotiating
14 right now that that center will include job training,
15 job placement job coaching.

16 CHAIRPERSON ROSENTHAL: Gotcha' [sic].
17 They can we go back to the intensive training you do?
18 Like the five-day training, the quality review. You
19 are able to find that out of your current GM or do
20 you get additional city funds are private funds just
21 to run your program?

22 CARLA SMITH: Yeah. I mean, you know, I
23 think you work with what you have. We need to have a
24 development-- excuse me. A development department
25 that does private fundraising to resource the

1 organization and a manner that allows us to do the
2 work that we are talking about. So, part of the city
3 funding and it is around determining your budget is
4 going to look like based on the resources that you
5 get from the city in the state, but also identifying
6 what private resources might be available to us to
7 support that programming.
8

9 CHAIRPERSON ROSENTHAL: Great. I'd love to
10 follow up with you on that with an eye towards how do
11 we bring this to HRA and ENDGBV as a whole.

12 CARLA SMITH: Yeah. We actually have an
13 established supervision protocol which talks about
14 orientation and training, which I be happy to share.

15 CHAIRPERSON ROSENTHAL: Oh, that would be
16 great.

17 CARLA SMITH: Yeah.

18 CHAIRPERSON ROSENTHAL: Thank you very
19 much.

20 CARLA SMITH: Thank you.

21 CHAIRPERSON ROSENTHAL: Is there anything
22 else you want to share?

23 CARLA SMITH: No. I mean, we understand
24 that the needs far outweigh what we have as the
25 current complement of shelter availability both on

1 the emergency and the tier 2 side. URI is working in
2 partnership with HRA as well as a number of providers
3 to make sure that any person in need with pet in tow
4 can access shelter. And so we will continue to
5 expand our programming in order to be able to do that
6 and the people will be able to be welcome into
7 shelter, you know, in celebration of how they
8 identify and all the ways that that, you know, tends
9 to show itself.
10

11 CHAIRPERSON ROSENTHAL: And do you have a
12 sense of how many people are turned away because you
13 just don't have space?

14 CARLA SMITH: You know, I would have to
15 pull the numbers and I could probably do that for you
16 over time. We currently have-- We are the largest
17 DV shelter provider in the country at this point. We
18 have 1183 beds online right now on any given evening.
19 We have some other site that will be coming on. You
20 know, we budget based on a 95 percent occupancy rate.
21 And shelters, they fill up quickly. When the beds
22 become vacant, they fill up quickly. So I would have
23 to look at the denial rate specifically.

24 CHAIRPERSON ROSENTHAL: Great. Thank you
25 so much. We really--

2 CARLA SMITH: Thank you.

3 CHAIRPERSON ROSENTHAL: appreciate your
4 time and your staying late.

5 CARLA SMITH: Thank you so much.

6 CHAIRPERSON ROSENTHAL: Okay. I'm going to
7 call up the next panel. From the Anti-violence
8 Project, Catherine Shugrue dos Santos, from Safe
9 Horizon, Jimmy Meagher, from New Destiny Housing,
10 Alyssa Keel, and from the Coalition for Homeless
11 Youth, Jaime Palovich. So everyone come up and
12 provide your testimony to the clerk who will then
13 distribute it. And, Catherine, if you could get us
14 started.

15 CATHERIN SHUGRUE DOS SANTOS: Good
16 morning, Chair-- Good afternoon, I guess, by now,
17 Chair Rosenthal, and everyone here. My name is
18 Catherine Shugrue dos Santos and I'm the Deputy
19 Executive Director at the New York City Anti-Violence
20 project. AVP appreciates our partnership with the
21 Council, specifically with your committees, with HRA
22 and with ENDGBV, which has demonstrated strong
23 leadership and ensuring New York City's domestic
24 violence services remain relevant across sexual
25 orientation and gender identity. Ends by of

1 promising work that is going on across the city and,
2 I think, including and especially the work that Carla
3 just described at URI, we have a long way to go to
4 make safe, confidential domestic violence shelter
5 accessible to all survivors. Therefore, we support
6 the bills 1712 and other measures proposed by the
7 Council. AVP is the HRA contracted New York City
8 LGBTQ specific nonresidential domestic violence
9 program. We are the only rape crisis center that is
10 LGBTQ specific in the state. We run the National
11 Coalition of Antiviolence Programs and the New York
12 State LGBTQ intimate partner violence network that
13 the Chair referenced in her opening remarks. We know
14 that domestic and intimate partner violence are as
15 pervasive, dangerous, and deadly and LGBTQ
16 relationships, as they are in all relationships. Yet
17 mainstream domestic partner violence service
18 providers, especially shelter, is geared towards
19 cisgender women abused by cisgender men, as has been
20 pointed out over and over again today. They
21 surrenders LGBTQ survivors invisible, particularly
22 TGNC people and gay and bisexual men with deadly
23 consequences. NCAVP reported 11 homicides related to
24 IPV in 2017 and we suspect number as much higher, but
25

1 is not widely reported due to that invisibility. So,
2 despite the antidiscrimination provisions, part of
3 the 2013 reauthorized Violence Against Women Act and
4 the OCFS administrative directive issued in 2015, as
5 we have heard over and over again today, there are
6 precious few, even is the number is now over 30, beds
7 in New York City available at any time for survivors
8 who do not identify as straight cisgender women with
9 children. Here at AVP, our clients regularly report
10 being turned away from shelters and having nowhere to
11 stay, putting them at risk of further potential
12 deadly violence. Each year, millions of federal,
13 state, and local public dollars are given to
14 organizations to provide shelter to the domestic
15 violence survivors and LGBTQ survivors are
16 historically excluded from those shelter resources.
17 In this climate of increasingly virile and, hateful
18 rhetoric and escalating attacks on LGBTQ people on
19 the streets, in their homes, at work, and in the
20 public eye, survivors feel that they have nowhere to
21 turn if they also face of violence in their intimate
22 relationships, therefore it is more urgent than ever
23 to expand access to LGBTQ survivors. We must do more
24 and we cannot wait. We look forward to continuing
25

1 this work together with HRA and ENDGBV as soon as
2 possible. Specifically, we respectfully ask that, in
3 addition to passing the bills that are on the table
4 today, that the Council work with the mayor to
5 identify and release more funding to HRA and ENDGBV
6 to create space that can accommodate single survivors
7 of intimate partner violence and domestic violence
8 shelter across gender and sexual orientation, to
9 provide more and deeper training, much like what
10 Carla was discussing that URI that they have piloted,
11 and to mainstream shelter providers, to really create
12 that cultural shift that Carla discussed that's
13 needed to really engage LGBTQ survivors effectively.
14 To ensure compliance with local and federal laws, and
15 the protect survivors from enduring further violence
16 with shelters staff, volunteers, or residents ones in
17 the shelters system. Additionally, we recommend
18 extending and funding shelter stay beyond 180 days,
19 as housing challenges are even more significant for
20 trans and gender nonconforming folks, as the Council
21 knows well. AVP remains at the ready to continue our
22 work with the Council, with HRA, with ENDGBV, and our
23 fellow domestic violence service providers to support
24 these efforts. We extend our gratitude to the
25

1
2 Council for hearing our testimony and urge you to act
3 quickly to ensure access to life-saving confidential
4 domestic violence shelter for all survivors of
5 intimate partner violence across the spectrum of
6 gender identity and sexual orientation.

7 CHAIRPERSON ROSENTHAL: Thank you.

8 JIMMY MEAGHER: Good afternoon. Thank
9 you for the opportunity to testify before you today.
10 My name is Jimmy Meagher. My pronouns are he, him,
11 his and I am a policy director at Safe Horizon. Safe
12 Horizon is the nation's leading victim assistance
13 organization in New York City's largest provider of
14 services to victims and survivors of crime and
15 violence, their families, and communities. I am here
16 today to offer information about the Safe Horizons
17 role connecting transgender, gender nonconforming,
18 and non-binary folks to domestic violence shelter and
19 I am also here to offer Safe Horizons strong support
20 of Council member Louis' resolution call in for the
21 New York State legislature to pass Assembly Bill
22 2381. This legislation would authorize shelters for
23 victims of domestic violence to be reimbursed for any
24 payment differential for housing a single individual
25 in a room, intended for double occupancy. Safe is

1 and operates New York City's 24-hour domestic
2 violence hotline. Our hotline advocates offer
3 personalized, nonjudgmental support for survivors of
4 domestic violence and provide safety planning and
5 information about local resources. Our hotline is
6 also the centralized intake for survivors seeking
7 emergency domestic violence shelter placement. The
8 major obstacles facing many survivors is difficulty
9 accessing DV shelter as a single adult. Based on our
10 data, this obstacle may be felt acutely by TGNCNB
11 survivors. We have some data on the number of TGNCNB
12 survivors calling the hotline for shelter, though, of
13 course, transgender nonconforming, non-binary
14 survivors calling our hotline may not disclose their
15 gender identity for any number of reasons, including
16 the fear of discrimination. We do not require
17 callers to disclose this information and those who do
18 disclose, do so voluntarily. In FY 19, of the
19 thousands of single adults who called seeking shelter
20 placement, 35 or, one person, identified their gender
21 as trans or other. Only three people identifying
22 their gender trans or other sought placement with one
23 or more children. In FY 19, the hotline provided
24 telephonic services to 7586 unique callers seeking
25

1 placement in emergency DV shelter. 3328, or about 44
2 percent of those callers seeking shelter place were
3 single adults. This category of survivors, single
4 adults with no children, was the largest category of
5 survivors calling for shelter. Although 44 percent
6 of hotline callers seeking shelter were single
7 adults, we were only able to link 33 percent of these
8 callers to shelter. By comparison, 16 percent of our
9 hotline callers were from a family of three,
10 typically a mother and two children, and we were able
11 to link 73 percent of these callers to shelter. 30
12 percent of our hotline callers were from families of
13 two, typically a mother and one child and we were
14 able to link 75 percent of these callers to shelter.
15 These numbers refer to callers being linked to a
16 provider for that organization's own assessment, not
17 callers actually being accepted into shelter. This
18 barrier shelter is why we support Assembly Bill 2381.
19 In addition to managing the hotline, Safe Horizon
20 also operates six emergency DV shelters and two
21 transitional or tier 2 shelters across New York City.
22 We currently provide 745 beds across the eight
23 shelters. Our confidential DV shelters provide
24 healing environment for families and individuals
25

1 leaving a dangerous situation. We provide onsite
2 mental health treatment at two are shelters and we
3 offer economic empowerment programming at all of our
4 shelters. We have an agreement with AVP which works
5 with LGBTQ+ survivors to set aside three beds for AVP
6 clients. Sometimes we have up to four additional
7 beds available in another one of our shelters and I
8 want to stress that these beds are a minimum, not the
9 only beds available to queer and trans folks, though,
10 of course, we understand all of the barriers that we
11 heard about it today. TGNCNB survivors face all the
12 same obstacles and challenges that many cisgender
13 survivors do: trauma, confusing and controlling
14 systems, economic insecurity, the herculean task of
15 finding affordable permanent housing, etc. But they
16 also face discrimination, hate, and additional forms
17 of violence. All share one story from one of my
18 colleagues in one of our DV shelters. A survivor,
19 and trans woman of color in her 30s entered one of
20 our DV shelters after her partner threatened her with
21 a gun. She escaped and temporarily stayed with her
22 mother. She never called the police because she did
23 not feel safe to do so. She expressed how difficult
24 finding safe, secure, affordable housing is and she
25

1 stated that DHS shelters are not safe. During her DV
2 shelters stay, a roommate and her safe dwelling
3 apartment expressed anger and frustration to be
4 living with a transgender person and having to
5 explain that her teenage son what transgender means.
6 Shelter staff mediated and our client explored living
7 with her mother, but felt ambivalent because her
8 mother did not accept her being trans. When her time
9 and shelter ended, she left to stay with a friend.
10 But, of course, this is an option for all survivors.
11 Safe Horizon strives to be an inclusive, accepting,
12 healing environment for all survivors. When it comes
13 to serving LGBTQ+ survivors, and more specifically,
14 TGNCNB survivors, we train and support staff, but we
15 can, course, always do much better. We are grateful
16 with our relationship with AVP. We have leaned on
17 and learned from AVP's expertise countless times,
18 whether for training staff on LGBTQ terminology 101,
19 and TNGNCNB awareness, consulting on individual
20 cases, or advocating together around macro level
21 issues facing survivors. And our shelters staff are
22 guided by the shelter access toolkit created by the
23 New York State LGBTQ intimate partner violence
24 network, which is coordinated by AVP. Just quickly,
25

1 because of the challenges facing single adults trying
2 to access DV shelters, Safe Horizons strongly
3 supports the Assembly Bill which will increase the
4 availability of domestic violence shelter options for
5 single adult victims of domestic violence, sexual
6 abuse, and trafficking. The bill will ensure that
7 domestic violence shelter providers who accommodate a
8 single adult in a room designed for two individuals
9 will receive a differential to preserve the existing
10 per diem rate. Across the state, but particularly in
11 New York City, the emergency DV shelters system was
12 configured for families. Most rooms are designed to
13 hold a family of two, three, or more. Single adults
14 seeking safety and a DV shelter face significant
15 obstacles in obtaining this needed program. This
16 bill will require New York State to preserve the full
17 reimbursement rate for providers who downsize a room
18 configured for a family of two to accommodate a
19 single adult individual. By removing the financial
20 barrier for DV-- for domestic violence shelter
21 providers to house single adults, the bill will give
22 greater access to the domestic violence shelters
23 system to single adults who otherwise face
24 considerable obstacles for accessing the shelters
25

1
2 system. Our DV hotline receives many requests from
3 individuals seeking shelter and, while the city has
4 added more shelter capacity for single adult victims
5 of domestic violence, emergency shelter options for
6 single adults continue to be extremely limited. By
7 allowing shelter providers greater flexibility to
8 downsize a room meant for two people to accommodate a
9 single adult, organizations will have increased
10 capacity to serve single adults fleeing violence and
11 abuse. Thank you for your time and I'm happy to
12 answer any additional questions.

13 CHAIRPERSON ROSENTHAL: Can I just asked to
14 quickly, I very much appreciate your support of the
15 Assembly [inaudible 02:48:45] bills and the change or
16 the increase in funding. Do you have a feeling about
17 Intro 1712 or-- this is reporting on the services
18 provided to transgender, gender nonconforming
19 individuals sort of around, you know, outreach
20 efforts, trainings, stuff like that.

21 JIMMY MEAGHER: Sure. I mean, I think
22 that I can definitely get back to you on that.

23 CHAIRPERSON ROSENTHAL: Great. I
24 appreciate it. Thank you.

2 ALYSSA KEIL: Thank you for the opportunity
3 to testify today's hearing and thank you to the
4 survivors who shared their stories today. My name
5 Alyssa Keil and I am the Director of Housing Link at
6 New Destiny Housing, a 25 year old nonprofit
7 committed to ending the cycle of domestic violence
8 and homelessness through permanent housing and
9 services. New Destiny is also a member of the family
10 Homelessness Coalition. New Destiny supports the
11 legislation put forth today and thanks the council
12 members for their efforts to create more transparency
13 around the New York City shelters systems. Domestic
14 violence is one of the main drivers of family
15 homelessness in New York City and temporary safe
16 shelter is a critical part of any continuum of care
17 for survivors, however, not everyone needs to go into
18 shelter and, as we have heard today, not everyone is
19 able to access shelter, but it is currently one of
20 the very few options available. All too often,
21 survivors must choose between going into shelter or
22 remaining in a dangerous situation. Survivors need
23 additional options. One option is rapid rehousing
24 which seeks to avoid shelter altogether by quickly
25 linking survivors with a new home. New Destiny

1 operates Housing Link, a rapid rehousing program
2 which is connected 100 families to new homes. Based
3 on our experience, rapid rehousing is an innovative
4 cost-effective approach that reduces the number of
5 survivors entering shelter even in the high cost
6 housing market like New York. We believe rapid
7 rehousing can be expanded successfully across the
8 city and encourage the council to consider funding
9 similar initiatives and protecting and improving
10 systems that allow survivors to access affordable
11 housing. Currently, DHS and HPD operate a homeless
12 set-aside program, however TV shelters and the
13 residence within them are not granted access.
14 Additionally, the local lost 64 Wilson and all direct
15 referrals from DV providers into re-rentals of
16 affordable housing. We encourage the council to
17 consider amending and expanding these initiatives to
18 ensure that survivors will have access to affordable
19 housing. Safety in Place is another approach which
20 could reduce the costs of-- the use of costly
21 shelter. HRA operates a Safety in Place program,
22 Home in Safe or alternatives to the shelter. While
23 only a small number of clients have used it thus far,
24 it could be scaled up with three changes. One,

1 providing temporary rental assistance to allow
2 victims to cover housing costs. Two, conducting more
3 nuance safety assessments that do not rely on an
4 order of protection to qualify for the program, and,
5 three, linking families with social services to
6 maintain housing stability. Both rapid rehousing and
7 Safety in Place complement the existing shelters
8 system and made the services and options available to
9 survivors more robust. They are also less expensive
10 and less traumatic than shelter. If we are to
11 address and reduce domestic violence in New York
12 City, we need to provide safe options for survivors
13 and their children who choose not to use shelter.
14 Shelter will always be an important resource, but it
15 should not be the only resource. We think the
16 counsel for the opportunity to speak today and
17 welcome any questions you may have.

18
19 CHAIRPERSON LEVIN: I just want to
20 thank you all for the work that you are doing and I
21 think it's important for this committee to
22 acknowledge that, for the most part, as HRA testified
23 to, the work out there that is being done with
24 survivors of intimate partner violence is being done
25 by the not-for-profit providers and your staff and

1 the expertise is with the not-for-profit and their
2 staff and all of that support that is given, above
3 and beyond what might be reimbursed in the contract
4 and we know how many of the little things there are
5 that are involved in supporting families in such a
6 crisis and individuals in such a crisis. And so, our
7 goal is to make sure that the programs that are doing
8 the work are resourced to the extent that they need
9 to be, trained, and that we are creating the
10 baseline. I mean, I think it is really important and
11 that we are creating the baseline that is-- so that
12 it is the most effective providers that all of the
13 organizations that are doing domestic violence
14 shelters are providing the same level of service as
15 the ones that are doing the most effective job right
16 now. And so, that's our goal and I want to thank you
17 because I know that there-- you know, that the hard
18 work is being done by you all and your staffs. So,
19 thanks.

21 CHAIRPERSON ROSENTHAL: And if I could just
22 add to that. I think that what we learned today was
23 that the demands are high, the reimbursement is not
24 high enough. The reimbursement skews who might be
25 taken care of and, you know, the state and the

1 federal government and the city have to all come
2 together to make sure we are really meeting the needs
3 of the survivors. And, you know, through our work in
4 preparing for this hearing and hearing your testimony
5 today, there is no question in everyone's heart is in
6 the right place. Everyone is trying to do the right
7 thing. At the end of the day, I think the fiscal
8 constraints are meaningful and, you know, it's on
9 government to step up and provide the money needed to
10 really take care of people who are in this situation,
11 you know, due to no fault of their own. So, thank
12 you, also. I really appreciate your work. Thank
13 you.

14
15 CHAIRPERSON LEVIN: This is the final
16 panel. Beth Hoffmeister and Jackie Simone from Legal
17 Aid and Coalition for the Homeless. Brandy Levine,
18 Advocates for Children. Jelaine Altino, Sanctuary
19 for Families. Sharlena Powell, Voices of Women
20 Organization Project, VOW. Oh. And I think Jaime
21 Palovich has left, but--

22 [background comments]

23 CHAIRPERSON LEVIN: Okay. But I want
24 to acknowledge that she was here.

25

2 BETH HOFFMEISTER: Hi. My name is Beth
3 Hoffmeister. I'm a staff attorney at the Legal Aid
4 Society in our Homeless Rights Project and I'm here
5 today with, actually, Jackie Simone from the
6 Coalition for the Homeless and we have submitted a
7 joint testimony. We think both of the Chairs for
8 this hearing and all the work that you've done. We
9 did submit written testimony and we're just going to
10 give brief comments because, frankly, between the two
11 survivors who testified and the providers who are
12 doing this work every day, we just want to amplify
13 what they have said and we also want to focus on a
14 couple issues and give our position on some of the
15 bills that are before us today. Or both for you
16 today. I wanted to start by just continuing to
17 underscore some of what we have heard from the,
18 particularly, the survivor themselves, but how
19 difficult it is for people to find a permanent
20 housing when they are in shelter. The House our
21 Future campaign, which, I think, frankly, all of the
22 providers, if not all of them here are involved with,
23 which supports everyone in shelter and their ability
24 to access long-term permanent housing, but certainly
25 also as it was underscored in HRA's own report and by

1 the testimony today, how important it is to be really
2 looking critically at how we are supporting New
3 Yorkers both recent-- you know, people just recently
4 become New Yorkers because they are escaping violence
5 either in their communities or different countries or
6 what have you or those who have been here their
7 entire lives. So, we just want to make sure that
8 that continues to be a priority. In regard to Intro
9 1712, we are in support of that bill. As was
10 discussed, the DV shelters system should be
11 celebrating and also supporting the diversity of
12 experience of individuals who present, particularly
13 TGNC and gender nonconforming non-binary individuals.
14 I think a lot of the testimony here today really
15 underscores the difference between equality and
16 equity and, while it may be important that everyone
17 is, in theory, being treated the same way, that
18 doesn't necessarily mean that equity is being
19 fulfilled, which I think is actually what the point
20 is here and what the point of this bill, hopefully,
21 will allow data to be able to underscore support
22 going forward so that it can actually be fair in the
23 way that I think-- as you just said, you know, I
24 think everyone's heart is in the right place, but it
25

1 is about really making sure that, effectively, that
2 is happening, particularly for clients who are
3 transgender nonconforming or non-binary. I also just
4 wanted to note that we, of course, respect that
5 client confidentiality is important and I am sure
6 that both HRA and the providers will ensure that
7 whatever bill gets passed will be supporting those
8 needs, but that it is-- we do think it's very
9 important that this data finally be accessible.
10 Until you spoke today that there were 50 people being
11 turned away, that was not information that we had
12 access to, so it's good to know. I'm going to let
13 Jackie finish off here.

14 JACKIE SIMONE: Hi. I'm Jackie Simone
15 from Coalition for the Homeless. My pronouns are
16 she, her, hers. To echo what Beth said, we
17 definitely want to reiterate that the House our
18 Future NY campaign is really pressing right now. We
19 are asking Mayor to DeBlasio to set aside 24,000
20 newly constructed unit out of his 300,000 unit
21 affordable housing plan specifically for homeless New
22 Yorkers. We would like him to preserve the
23 affordability of 6000 more apartments for homeless
24 New Yorkers. The fact that 39 percent of the
25

1 households that were discharged from DV shelters last
2 year went directly into the DHS shelters system
3 really underscores that we need to disrupt this cycle
4 of homelessness for some really vulnerable New
5 Yorkers and we can only do that by expanding the
6 supply of truly affordable housing. Regarding Intro
7 152, we definitely support more data transparency,
8 however, we noted that several of the data points
9 that are listed in that bill are already reported
10 through other sources, such as through local law 37
11 and local law 79, so we would encourage the Council
12 to amend the bill so that it is solely reporting on
13 new data points that are not reported elsewhere, just
14 to maintain the continuity of data. Thank you.

16 RANDY LEVINE: Good afternoon and thank
17 you for the opportunity to speak with you. My name
18 is Randy Levine and I am policy director at Advocates
19 for Children of New York. I think a lot of important
20 points have been made here today about women and
21 domestic violence shelters and we just want to add a
22 point about education and the students living in
23 domestic violence shelters. In our work on the
24 ground, we see a clear need for more communication
25 and coordination between the human resources

1 administration and the Department of Education to
2 meet the needs of students living in domestic
3 violence shelters. We have had cases in which DOE
4 staff has contacted and provided school information
5 to an abuser, putting the safety of families in
6 jeopardy. The city should review all Department of
7 Education record keeping systems to help ensure that
8 student information is protected and that the
9 location of domestic violence shelters is not
10 disclosed and must ensure that DOE staff is
11 sufficiently trained. Furthermore, while all
12 kindergarten through sixth grade students living in
13 domestic violence shelters are entitled to bus
14 service, we have seen challenges getting bus service
15 in place. Unlike students in Department of homeless
16 services family shelters, students and domestic
17 violence shelters are not automatically provided with
18 busing and there is often confusion about the
19 responsibilities of school staff members and domestic
20 violence shelter providers in arranging
21 transportation and entering confidential addresses.
22 It is critical for the DOE and HRA to develop a joint
23 protocol and training on school transportation,
24 school enrollment, school-based safety planning, and
25

1 procedures for collecting, storing, and keeping
2 confidential information for students in domestic
3 violence shelters. We are also pleased that Intro
4 152 is on today's agenda. This bill would provide
5 important information about children might have a man
6 shelters, including indicators regarding their
7 education. For example, currently, the mayor's
8 management report includes the percentage of families
9 placed in a shelter in the same borough as the
10 youngest school age child school. Given the large
11 size of the boroughs, we are glad to see that Intro
12 152 would require DHS to report the percentage of
13 families placed in shelter in the school district of
14 the youngest school aged child's school. We also
15 appreciate that the bill includes various indicators
16 regarding early childhood education for children
17 living in shelters. We are attaching to our
18 testimony on markup of the bill with recommendations
19 to further strengthen the bill and make sure that we
20 get the most effective data possible. Thank you for
21 the opportunity to speak with you. We look forward
22 to working with you to move forward Intro 152 and
23 strengthen education for children and youth living in
24
25

1 shelters, including domestic violence shelters. We
2 would be happy to answer any questions.
3

4 CHAIRPERSON ROSENTHAL: Thank you. And
5 this is extraordinary. Thank you for the markup.
6 And just to defend my honor, all of your really good
7 questions about DOE and the relationship with HRA
8 were exactly the next questions that I was getting
9 to, but, unfortunately, we had to cut it short. They
10 will be the first questions listed as we send those
11 along to HRA and I'm glad for you to raise the issue
12 again. We will make sure that they respond to that
13 very troubling situation. So, thank you for that,
14 Randy.

15 RANDY LEVINE: Thank you. We
16 appreciate that.

17 JELAINE ALTINO: Good morning. My name
18 Jelaine Altino and I am the deputy clinical director
19 for residential services of Sanctuary for Families
20 New York state's largest provider of comprehensive
21 services exclusively for survivors of DV and
22 trafficking. We are grateful to the City Council for
23 the opportunity to testify today and to Council
24 members Levin and Rosenthal for bringing this
25 critical discussion of DV shelter system to the

1 Council's attention. We are also grateful to the
2 human resources administration and the Department of
3 Social Services for being our trusted partners and
4 providing high quality services to our residents and
5 clients. We are all aware of the crisis of poverty,
6 homelessness, and lack of affordable housing that
7 confronts the poorest members of our community. For
8 more than 25 years, Sanctuary has run a large 58
9 family transitional shelter and for small crisis
10 shelters that together provide 350 to 400 adults and
11 children annually each night. Access to trauma
12 informed holistic supportive services for clients
13 during their stay in shelter can make a huge
14 difference in their post shelter outcomes. HRA's
15 emergency intervention services unit is made
16 significant improvements in recent years. They
17 talked about it a little earlier today. For example,
18 facilitating a quicker turnaround time for shelter
19 reimbursements and introducing a new voice
20 recognition system for residents to complete daily
21 check ins. There are, however, a few areas that were
22 in attention related to the need for more trauma
23 informed approach to working with families impacted
24 by abuse. For example, and multiple instances, are
25

1 shelter residents were deemed ineligible for housing
2 vouchers based on incorrect calculations of income
3 against federal poverty guidelines. The response
4 from EIS is that the client should request [inaudible
5 03:05:47] hearings through another HRA department and
6 verify the numbers. It would be a great help if HRA
7 could investigate such errors internally through
8 interdepartmental communication, rather than burden
9 abuse survivors with the additional stress and
10 economic anxiety of a fair hearing. Another major
11 concern is the complex arguably punitive public
12 assistance requirements placed on shelter residents
13 in order to qualify for housing vouchers. Clients
14 must strike a delicate balance working and showing
15 some income, but not too much, while their voucher is
16 pending. They may have to decline in job
17 opportunities that would disqualify them for
18 vouchers, but not enough to pay unsubsidized Arendt
19 and ensure that they never miss PA meetings which
20 would result in a sanction and make their voucher
21 null and void. They must navigate this confusing
22 bureaucracy while living in shelter in dealing with
23 the many challenges of being a single parent
24 recovering from trauma. The struggle to find
25

1 affordable post shelter housing remains the single
2 most pressing issue to be addressed for residents of
3 the city's domestic violence shelters. Voucher
4 levels are insufficient to meet New York City market
5 rents and brokers rarely have apartments within
6 reach. Landlords are still reluctant to accept
7 vouchers because they do not want to be forced to
8 make repairs or to rely on housing subsidy programs
9 which, and go. Lastly, vouchers expire and take a
10 long time to renew, which can put the housing search
11 on hold indefinitely, leading to longer shelters days
12 or transferred to the Path system, and unsuitable and
13 often dangerous situation for abuse survivors and
14 families. Annual shelter costs are far costlier than
15 housing vouchers. At our tier 2 shelter, 30 days of
16 shelter for a family of 138 per night comes to 4000
17 per month or more than 50,000 annually. At our
18 crisis shelters, we receive 125 dollars per person
19 per night. For a family of four, that is 498 dollars
20 per night, almost 15,000 per year, close to 180,000
21 annually. From the city's perspective, it is clearly
22 sound economics to use the voucher process for abuse
23 survivors and their families so they can find
24 permanent housing quickly and not put bureaucratic
25

1 roadblocks in their way. Sanctuary does its best to
2 mitigate the challenges our residential clients face
3 with a rich web of supportive services to help them
4 navigate complex systems. We know these services are
5 critical to shelter clients establishing durable
6 independence after they leave shelter, but shelter
7 reimbursements do not meet the costs of even shelter
8 based services, let alone support critical services
9 like our career training. Sanctuary invests over
10 500,000 dollars annually that covers supportive
11 services at our crisis and transitional shelters.
12 Needless to say, this is not a sustainable model over
13 the long term. Another critical issue that was
14 talked about is the lack of shelter for single abuse
15 survivors. Like most DV shelter providers, Sanctuary
16 has almost exclusively family shelters and, although
17 we periodically take a financial loss to provide safe
18 housing for single survivors, we cannot afford to
19 have them occupy family units on a long-term basis.
20 HRA has been an outstanding partner in problem
21 solving. The EIS team has been so responsive when we
22 have concerns to address. Given that, we are
23 confident the issues highlighted today can be
24 effectively addressed, as well. Thank you for the
25

1
2 opportunity to testify today and thank you for your
3 work on behalf of abuse survivors and their families
4 on their journeys from survival to safety to
5 independence.

6 CHAIRPERSON ROSENTHAL: Thank you. Thank
7 you for all of your hard work and we will be taking
8 the suggestions that you've made today and trying to
9 incorporate that into the language, so expect some
10 follow-up conversations. Thank you so much for your
11 time. We really appreciate all the work that you do
12 every single day.

13 [background comments]

14 CHAIRPERSON ROSENTHAL: There's one more
15 person who has come forward to testify. Sharlena
16 Powell from Voices of Women Organizing Project. Good
17 afternoon. Thank you for coming. And your patience.

18 SHARLENA POWELL: [inaudible 03:10:06]

19 CHAIRPERSON ROSENTHAL: Just make sure your
20 mic is on. The red dot is--

21 SHARLENA POWELL: Yes. Thank you. Okay.
22 Good afternoon to the Committee on General Welfare
23 and on those present in the room and City Council.
24 My name is Sharlena Powell and I am a proud survivor
25 and advocate working with the Voices of Women

1 Organizing Project, VOW. At VOW, we are a domestic
2 violence survivor led organization that has been
3 built on improving those systems that survivors and
4 their children turned to for save the and just is.
5 The overarching goal at VOW is to implement
6 strategies to hold accountable governmental systems
7 that should protect survivors and their families from
8 violence and poverty and aid them in the efforts to
9 break the cycle of violence. Most specifically, the
10 child welfare, family court, and homelessness
11 systems. Through training workshops, leadership
12 opportunities, and healing activities, VOW members
13 gain the skills and confidence needed to analyze
14 practices and attitudes, document systemic failures,
15 create recommendations, and meet with public
16 officials and engage in important policy debates.
17 Domestic violence is never equal homelessness,
18 although that has been the fate of countless
19 survivors who have exhausted their stay at domestic
20 violence emergency shelter upon fleeing abuse. As
21 the housing reform campaign chairperson at VOW, part
22 of our goals and relation to our mission is to
23 educate fellow incoming survivors of domestic
24 violence on the housing systems so that they are
25

1 truly empowered by knowing how to navigate New York
2 City's complex housing market. Within our plan of
3 action, we have posted and facilitated community
4 focused groups on current solutions, or lack thereof,
5 for survivors in need of rebuilding their lives in
6 developing individualized plans and obtaining safe
7 and affordable housing in the prevention of free
8 victimization and recidivism. We support Councilman
9 Levin for the previous intent number 152, proposed in
10 early 2018 on data collection for the total number of
11 families with children living in shelter a permanent
12 housing disaggregated by shelter placement, a, a tier
13 2 facility, b, a domestic violence shelter, c, a
14 Hassa [sp?] shelter, d, a DYCV administered crisis
15 shelter, e, cluster site, and, f, hotels. We would
16 like to include data service for those who have been
17 accommodated with the city feps [sic] voucher or
18 supplement and, as well, an account of unknown
19 residency or a return to their originally abusive
20 intimate partner. We also concur with identifying
21 the percentage of families with children living in
22 shelter in the same ZIP Code or nearby ZIP Code
23 within the respective zone or borough where the
24 family receives community-based preventative
25

1 services. Due to the projected uncertain see have a
2 survivors family leaving shelter and establish a in
3 sustainability, and a likely unknown neighborhood, it
4 is imperative that the family receive adequate
5 options for long-term planning along with financial
6 stability goals and technological savvy assistance
7 beyond their state of crisis. We recommend that the
8 is overdue proposal in local law should have a level
9 of urgency in order to uncover the necessary steps
10 needed to ensure survivors safety within their home
11 along with transparency measures needed at the New
12 York City Human Resources Administration or HRA and
13 case management services. Thank you to those who are
14 listening and who look forward to working with you in
15 your respective communities.
16

17 CHAIRPERSON ROSENTHAL: Thank you. I
18 really appreciate you coming and providing testimony.
19 Did you happen and numbering copies?

20 SHARLENA POWELL: Yes.

21 CHAIRPERSON ROSENTHAL: Okay. We will get
22 them. And thank you for bringing your personal point
23 of view and continuing your fight. We heard you and
24 I've been taking notes. I really like-- I especially
25 appreciate your bringing up the very important point

1 of having a sense of urgency. I think that wraps
2 back to just the beginning of our whole hearing and
3 sums it all up. That we need to make sure everyone
4 has a strong sense of urgency. Every day that
5 passes, you know, it results in a continued crisis
6 for many families out there. So--

8 SHARLENA POWELL: Uh-hm.

9 CHAIRPERSON ROSENTHAL: Thank you for same.
10 We really appreciate your testimony.

11 SHARLENA POWELL: Okay. Thank you.

12 CHAIRPERSON ROSENTHAL: With that, I'm
13 going to call the hearing to a close. Actually, just
14 one more quick thing. To reiterate to the
15 administration, because of some timing problems, we
16 were not able to articulate all of our questions. We
17 will be sending them over to the administration
18 quickly and really appreciate the agreement that we
19 would get the answers back within two weeks. That
20 could be written. That could be a combination of
21 written and a meeting. However you would like to do
22 it, but that, according to my book, is October 15.
23 So, I just want to make sure that that is all said
24 and agreed to on the record. I see nodding from
25 administration representatives. So, thank you

1
2 everyone for this hearing. Really appreciate
3 everyone time. The hearing is closed.

4 [gavel]

5 [background comments]

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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 September 30, 2019