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Hon. Diana Ayala
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Thank you, Deputy Speaker and Committee Chair Ayala for the opportunity to testify before you today. This testimony is submitted jointly between Urban Justice Center's Safety Net Project, NYC Family Policy Project, Rise and Center for Family Representation.

The Urban Justice Center's Safety Net Project assists thousands of individuals each year with anti-eviction defense legal services, public benefits, and homeless advocacy with the Department of Homeless Services agency, assisting homeless New Yorkers to navigate crises and access permanent housing. SNP also co-organizes the Safety Net Activists, which advocates on benefits and homelessness issues and is led by people with lived experience. During the initial phase of the pandemic SNP played a leading role in the #HomelessCantStayHome campaign and has continued to work intensely to mobilize with homeless individuals to fight the mass evictions from safe individual hotel rooms into high-risk congregate shelters.

The New York City Family Policy Project is a think tank that works from the perspective that child welfare involvement emerges as a symptom when communities are under stress and duress. FPP develops policy briefs, original research and data analysis to support the work of activists, government, philanthropists and media to reverse overspending on child welfare and under-investment in families and communities.

Center for Family Representation (CFR) is the county-wide assigned indigent family defense provider for parents who are facing ACS prosecutions in Family Court Act (FCA) Article 10 proceedings in Queens and New York counties and an assigned family defense conflict provider in the Bronx. CFR also represents youth charged in the Youth Parts and in Family Court Act Article 3 delinquency proceedings. CFR employs an interdisciplinary model of representation, marrying in court litigation to out of court advocacy: every client is assigned an attorney and a social work staff member. Teams are supported by paralegals, supervisors, and parent advocates, who are parents who have direct experience being investigated and prosecuted by ACS. To address collateral issues that often undermine family stability, CFR provides families with additional holistic assistance in immigration, housing and public benefits, as well as criminal matters.

Rise is an organization that is led by parents impacted by the child welfare system, Rise's mission is to build parents' leadership to dismantle the current child welfare system, eliminate cycles of harm, surveillance and punishment and create communities that invest in families and offer collective care, healing and support. Rise envisions families living free from injustice, family regulation and separation, and a society that cultivates life-affirming ways of preventing and addressing harm. Our primary focus is to create well-resourced and supportive communities that invest in parents and families and reduce the overuse of the child welfare system.

We are testifying today in regard to three bills:

First, we support Intro 229 because the bill will further strengthen the CityFHEPS voucher and expand housing access for many households. We have proposed additional amendments below to Intro 229 to further strengthen the bill.

We also strongly support the intention of Intro 276, which would mandate training in cultural sensitivity, de-escalation and trauma-informed theory across frontline staff at DHS. However, the bill should be significantly strengthened to make it as effective as possible. We make suggestions below.

Third, we share significant concerns about Intro 522. We are concerned that the legislation will add a further layer of surveillance and policing to families of color in the DHS system, that it raises significant privacy concerns, and that it will lead to investments focused on pathologization rather than housing.

Intro 229

We offer strong support for Intro 229, which will ensure that the utility allowances do not reduce the purchasing power of the CityFHEPS housing voucher. CityFHEPS is one of the main tools available to help individuals and families move out of the shelter system, and the increased voucher amounts secured with Intro 146 have made a significant difference in the housing search for many families. However in late 2021, HRA announced that they would be implementing a utility allowance that would reduce the purchasing power of the CityFHEPS voucher for apartments that did not include utilities in the rent (which is as the case for most apartments in NYC). This rule puts thousands of apartments just barely out of reach for many households, and caused many individuals and families to lose apartments.[1]

Given the current housing crisis in NYC and rising rent costs, it is critical that homeless New Yorkers and those at risk of eviction be able to use the full value of the CityFHEPS voucher, without unnecessary reductions. CityFHEPS voucher amounts already often limit voucher holders to searching for apartments in the least-expensive and most remote neighborhoods in the City, regardless of where their resources, community, or schools are. This bill will restore the CityFHEPS rent levels to their full amounts, increasing the number of apartments that voucher holders are able to access and helping more people get out of shelter and into permanent housing at a time when homelessness is sharply on the rise.

To further strengthen the impact of this bill, we are proposing an additional amendment specifying that the utility allowance should be used to reduce the household rent contribution when a tenant rents a unit where utility costs are not included in the rent. This change will achieve the goal of helping households afford both rent and utilities in their apartments in units where utilities are charged separately, without limiting the effectiveness of the CityFHEPS voucher in a very difficult rental market.

Intro 276

[1] See "Administrative Obstacles Jam Up Moving Process for NYC Shelter Residents," *City Limits*, https://citylimits.org/2022/01/31/administrative-obstacles-jam-up-moving-process-for-nyc-shelter-residents

We strongly support the intention of Intro 276, which would mandate that all staff who work directly with DHS clients receive training in de-escalation, trauma-informed theory and cultural sensitivity annually. This bill could help catalyze a sea change in culture at DHS. Instituting trauma-informed practice and cultural sensitivity training would help to alleviate some of the most painful and mean interactions that individuals engaging with DHS (or DHS-contracted) staff go through. De-escalation training across staff lines is long overdue.

However, the bill should be strengthened. Rather than merely an annual training, the bill should be amended to require a much more intensive approach to staff training, as well as administrative oversight, to support frontline staff and ensure fidelity to a trauma-informed, culturally sensitive model. Specifically, DHS should add permanent clinical positions in DHS administration whose sole task is to provide consultations across shelter programs, and monitor the ways in which programs are implementing trauma-informed, culturally sensitive practices.

Finally, the bill should be amended to require this training and oversight across DHS administration. Commissioners at every level of DHS, program administrators, program analysts, and others supervising specific programs often set the tone of what is acceptable by frontline staff. In our experience over the years, it is not the case, at all, that administrative staff always make trauma-informed considerations. The bill should require training and supervision to DHS administration so they can build this capacity at the level of formal leadership.

Intro 522 Bill and Context

Intro-522 was introduced to the Council on June 6th, 2022. The bill would require the Department of Homeless Services (DHS) to provide on-site "mental health services" in each DHS families-with-children shelter. Specifically, these services would be "(i) providing psychotherapy services, (ii) providing psychiatric assessments to diagnose mental illness, conduct diagnosis follow-up or coordinate clinical treatment plans, (iii) liaising with or providing referrals to emergency medical or psychiatric care providers or (iv) providing medication management."[2] The bill would then require an annual report of data culled from the effort.

While there is no document of legislative intent for this bill, a week after the bill was introduced, the *Daily News* ran a piece that added context from the bill's leading advocate, whose organization drafted the bill text:

> "The head of Win… said that because there's currently no requirement on the books to provide mental health workers at family shelters, mothers are forced to seek help outside of shelters after getting a referral from a social worker or case manager.
>
> That's a problem for several reasons, she said, and pointed to long waits, **an inability to assess family dynamics off-site and the fact that families often don't take advantage of services offered away** from where they're being housed.

[2] Details of the bill are available on the City Council site: https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5698207&GUID=3559DF6D-04FA-4A55-A701-AF45CA274033&Options=&Search=

> "If we want to really end family homelessness, if we want to do that, we need to address the mental health crisis in family homelessness," she said. "Otherwise, people will leave shelter, get an apartment and destabilize — or be overwhelmed by the new responsibilities that they have. And we don't want that to happen."[3]

We acknowledge that, on its face, this legislation may seem compassionate, and as such has attracted significant Council support. However, as longtime advocates working directly with families impacted by homelessness and the shelter system, we want to raise the unintended consequences likely to result from this bill.

In a better world the option of seeking mental health supports would be neutral and would not carry concerning historical and political context. Ideally, families wouldn't even have to enter shelter. However, that is not the world we live in.

We raise (4) concerns with Intro-522, as follows:

1. Privacy
2. Coercion and Compliance
3. Expansion of the shelter-to-ACS pipeline
4. Service fragmentation
5. Increased pathologization of homelessness

It's striking that these proposed mental health professionals would be used to "assess family dynamics" on-site. For families in shelter, this would require the presence of mental health professionals in their homes. This bill pushes the idea that a leading reason for families entering shelter is mental illness, which is not borne out by available research.[4] Further, no evidence is offered for the claim that recently housed families destabilize. While we support investments in community mental health programs and clinics to ensure that families who do want mental health treatment can access it, this bill misidentifies current needs and adds multiple layers of risk for homeless families, which are additional burdens they do not need.

<u>The Risks of Requiring the Presence of "Mental Health Services" on-site at DHS Shelters</u>

Family homelessness in New York City has been researched in great detail, as have the drivers of families into the municipal shelter systems. Historically, families entering the DHS system tend to come from poor neighborhoods, and leading events triggering entry into the shelters have

[3] Article available at: https://www.nydailynews.com/news/politics/new-york-elections-government/ny-nyc-councilman-eric-bottcher-chris-quinn-mental-health-homeless-shelters-20220615-mfcpdanqjjh45ijye6nzlx74wa-story.html

[4] See, for example, the 2019 Comptroller report: https://comptroller.nyc.gov/newsroom/comptroller-stringer-releases-sweeping-new-report-showing-domestic-violence-is-the-leading-driver-of-homelessness-and-proposes-comprehensive-roadmap-to-support-survivors/

included eviction, domestic violence, unsafe housing conditions and overcrowding.[5] To be clear, three out of four reasons relate to poverty conditions.

For at least the past 20 years there has been a marked increase in the number of families entering shelter because of domestic violence (DV). A 2019 report from the New York City Comptroller's Office found that some 41% of families enter DHS shelter due to domestic violence, with 27% entering due to eviction.[6] Many of these families are already served by the Human Resources Administration's DV-specific shelter system. These providers are legally required to have staff who can conduct crisis counseling and to offer support groups on-site. Crisis intervention and support is much different from the assessment and monitoring of families that is proposed in this bill.[7] DV shelters are also required to have linkage agreements with medical professionals.[8] A number of programs also require that staff are trained in trauma-informed practice. There also has been significant work done by providers to institute trauma-informed models in shelter programming at DYCD-administered sites for homeless youth. These are approaches we support.

However, the legislation under review is specific to the City's main shelter system, which is run by the Department of Homeless Services (DHS), and poses significant potential harms to residents of these shelters.

We discuss each of these in turn.

Privacy

There is no serious evidence that most families want to have a mental health professional in their home, much less one assigned to "assess family dynamics." Yet, that is what this bill will require. Shelters are temporary homes, the goal of which legally is to link families to permanent housing as soon as possible. Families face a housing crisis, but they do not necessarily face a parenting crisis, nor a crisis of family dynamics. However, in times of crisis, homeless families, like housed families, may face struggles and benefit from supportive care. It is not, however, the case that these families necessarily or even typically require therapeutic intervention or other mental health treatment. If this bill passes, because a family faces a housing crisis they will become subject to a psychiatric gaze in moments where they may be at their most vulnerable.

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[5] See, for example, the Vera Institute's 2005 report, "Understanding Family Homelessness in New York City," at: https://www.vera.org/downloads/publications/Understanding_family_homelessness.pdf; The 2014 Independent Budget Office's report, "The Rising Number of Homeless Families in NYC, 2002–2012: A Look at Why Families Were Granted Shelter, the Housing They Had Lived in & Where They Came From," available at: https://www.ibo.nyc.ny.us/iboreports/2014dhs.pdf; and the aforementioned 2019 report from the Comptroller's office.

[6] *Ibid.*

[7] The State's Office for Children's and Family Services (OCFS) oversees the domestic violence shelters run by HRA. The regulations governing these shelters are found at 18 NYCRR 452.1 Section 452. Crisis counseling obligations are found at 18 NYCRR 452.12(d), specifically: "Counseling refers to crisis intervention, emotional support, guidance and counseling services provided by advocates, case managers, counselors or mental health professionals." Support groups requirements are found at 18 NYCRR 452.12(f).

[8] See 18 NYCRR 452(h), "Medical services which means: (1) The program having an established linkage, documented by a letter of agreement, with a fully accredited medical institution or clinic or with qualified medical personnel, which include a physician, physician's assistant or nurse practitioner, for the referral of residents for health examinations where necessary, and follow-up visits."

That gaze may not lend help, but may introduce new complications into their lives – merely by virtue of being homeless – that they never asked for.

Mental and physical health care are afforded significant privacy rights in our country, and mental health care is usually provided under particularly private conditions that emphasize patients' control and consent. Therapists do not typically visit clients' homes or have the opportunity during treatment to observe patients during everyday interactions with their families and neighbors. Instead, therapy is constructed as a space apart. Further, patient consent to involvement of family members or others in the therapeutic relationship is carefully constructed. The comments made to the *Daily News* about the purpose of this bill make clear that its purpose is to ensure that mental health professionals on-site would have access to the private moments of families in shelter, in effect monitoring clients outside of the therapeutic contract and under conditions that do not allow for meaningful consent. This is a violation of privacy for families with few or no choices during a crisis moment in life.

Further, it is wise to be careful about diagnosis and medication of families during shelter stays. Just as depression should not be diagnosed after a funeral, mental health evaluations during a time of dislocation and upheaval are likely to misdiagnose the problem. Instead, support, comfort and dignity should be priorities in crisis moments.

Another significant privacy concern is that this mandate will be incorporated across the DHS portfolio. While medical and mental health documents are covered by privacy law, it is routinely the case that in singles-shelters these evaluations end up in the social service records of shelter residents. We regularly work with residents in DHS singles-shelters who find that their private medical information is being broadly shared without their consent, and in other cases have worked with shelter residents who are being coerced to sign HIPAA consent forms that they otherwise would not sign as a condition of conducting intake in a shelter. It is difficult to believe that providers or the City will not craft a consent form that will facilitate sharing of these records, even if a resident doesn't feel such sharing is beneficial or doesn't fully understand the potential risks of having their mental health records shared with DHS or its contracted agencies (whose shelter files are DHS files).

In sum, while there is not evidence supporting resident interest in this mandate, there are very serious concerns about access to private mental health and medical results that will likely result with the increased incorporation of mental health services mandatorily made available on site in family shelters.

Coercion and Compliance

How will residents be linked to these services? The bill does not address this, but it does *not* state that such services will be voluntary. This poses very real risks for homeless families.

With the permanent presence of on-site "mental health services," DHS could begin inserting required visits to the relevant professional in OTDA-mandated Independent Living Plans (ILP's). ILP's, which set out the service plan for a family, are highly-subjective documents ("tailor[ed]…to the individual needs of the individual/family to promote self-sufficiency"), and

which carry penalties for non-compliance. Per OTDA, "An individual or family does not have the right to a fair hearing to challenge the contents of the ILP."[9] The consequence is set forth by the state: "When an individual or family unreasonably fails to comply with the independent living plan requirements, the social services district must discontinue temporary housing assistance."

Residents in shelter have often told us how ILP's are used as disciplinary tools to get them to do what a case manager or DHS wants them to do. Of historic note, under the Bloomberg administration, the City implemented the NextStep program that relied on an "intensive case management" model that was widely experienced and seen as shaping case management to function as a type of harassment and punishment. While the program was discontinued in 2014, there is little reason to believe that it, or a version of it, couldn't be implemented again, and that mandated engagement with mental health providers could come to play a role.[10]

There is also the risk that families will be pressured in other ways to engage on-site mental health providers. For example, with on-site mental health services across the DHS system, it is increasingly likely that families will likely face pressure to engage in therapy or diagnosis from that provider, even if they don't believe they need it, or even if they'd prefer to use a mental health resource outside of the shelter system.

Moreover, it is likely that the on-site mental health will become a way for caseworkers and/or housing specialists to respond to clients they find difficult, to pathologize normal client behavior they dislike or have judgements about (see below), and to channel families into supportive housing who don't want or need that type of housing, but would benefit much more significantly from independent housing. It is well known that in the singles system, individuals are often steered by social service staff toward supportive housing, even if they would prefer independent housing.

The mandated presence of mental health professionals on-site at DHS facilities will likely intensify coercive tactics and distrust between DHS (and its contractors) and residents. It is already the case that many shelter residents distrust DHS providers, who they often experience as abusive or unhelpful. It will likely lead to compliance mechanisms that harm families and add to family precarity.

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[9] ILP's are mandated under NYCRR 352.35(b)(2) and the required framework is detailed in OTDA administrative directive 16-ADM-11, https://otda.ny.gov/policy/directives/2016/ADM/16-ADM-11.pdf.

[10] On Next Step, see: Department of Homeless Services (2008), "A Progress Report on Uniting for Solutions Beyond Shelter," p. 14 at: http://www.nyc.gov/html/endinghomelessness/downloads/pdf/progress_Report.pdf; Sarah Murphy's article, "The Next Step Punishment" at: https://www.coalitionforthehomeless.org/the-next-step-punishment/. The program was briefly described in 2008 in testimony by then-Commissioner Robert V. Hess: "To the degree that we have some number of families with children in this case that are unwilling to go look for apartments or go down that path toward permanency, that we then will have a process, they may move to a next step facility. They may beyond that go through a client responsibility process that could find them before an administrative law judge at some point in time explaining why they're not working towards permanency." See the transcript of his testimony to the General Welfare Committee on September 23, 2008.

Expansion of Shelter-to-ACS Pipeline

Families in shelter already experience painful and excessive monitoring of their personal lives that can have enduring repercussions, including over-involvement with the child welfare system. Housing loss is a predictor of child welfare involvement[11] and a 2016 report documented that 25% of families in shelter were involved with the city's child welfare system, the Administration for Children's Services (ACS).[12]

Public perception is that child welfare involvement is rare and results from serious abuse or neglect, but in fact it is extraordinarily common in New York City. By age 18, 44% of Black children and 43% of Latino children in New York City experience a child welfare investigation[13]. The majority of these investigations end without a finding of neglect or abuse, yet an ACS investigation is stressful and destabilizing to families, even when the investigation is unfounded. For families needing to stabilize economically and search for acceptable housing, unnecessary child welfare investigations are time-consuming and stressful, as families fear the system's power to separate families. Further, ACS investigation and family court involvement often serves as a barrier for families to obtain housing. As parents jump through hoops for ACS, or children are unnecessarily removed, housing vouchers expire, families are kicked out of their shelter placement, and families are even less able to obtain stable housing outside the shelter.

Finally, over-surveillance harms families as the threat of child welfare involvement prevents parents from seeking help.Parents report going to extraordinary lengths to shield their families from unnecessary ACS involvement. As one mother wrote in the report *Someone to Turn To* by the parent advocacy organization Rise:

> "I was in a shelter with three kids and…we didn't have food. I didn't tell anybody what was going on because I was scared to get an ACS case because I didn't have the necessities for my kids. We ate peanut butter for six days…It could have escalated. They finally came in while I was food shopping— they are able to come in whenever they want. I'm glad that while they were in there, I was bringing in the food because the caseworker said, 'I was going to call ACS because there was no food here.' I wasn't really aware of pantries at that time."[14]

Another Rise parent wrote:

> "Being scared of the child welfare system has an impact on almost everything I do. Every move I make has to be given careful thought—what doctors I go to and what I tell a

[11] For multiple studies on housing loss and instability as a driver of child welfare involvement, see Chapin Hall: https://www.chapinhall.org/wp-content/uploads/Economic-Supports-deck.pdf

[12]See: K. Hurley, "Adrift in NYC: Family Homelessness and the Struggle to Stay Together," Center for New York City Affairs. https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/5914bdd92994ca8427bac01b/1494531564473/AdriftinNYC_Final_11May.pdf

[13] See the study by Edwards et. al. (2021), "Contact with Child Protective Services is pervasive but unequally distributed by race and ethnicity in large US counties." https://www.pnas.org/doi/10.1073/pnas.2106272118

[14] The report can be found at: https://www.risemagazine.org/item/someone-to-turn-to/

> doctor or therapist…A therapist who I was mandated to see once told me that, no matter what, I would never be truly safe from the child welfare system. Because I have mental health issues, my son could be taken back by CPS at any time, for any reason."

Given the interplay of shelter involvement and ACS involvement that has long been a reality in New York City, it's likely that therapy provided on-site under conditions that appear coercive and threatening to parents are unlikely to have a therapeutic impact. Instead, non-compliance and family monitoring can drive unnecessary child welfare involvement.

Fragmented Care

This mandate will contribute to fractured and fragmented care that can be detrimental to parents' and children's mental health and well-being. Starting a mental health diagnosis, treatment and medication plan through a clinician located in a place that is designed to be temporary will likely be harmful. Family members who do open up and establish a trusting relationship will have that attachment broken when they move out and must find a new provider. Treatment will be interrupted. Medication may be interrupted, which can be harmful and destabilizing.

It is more effective for family shelter residents who do want mental health care to engage it through a community provider that can offer continuity of care. No mental health professional would suggest engaging in psychotherapy and medication management through a site where families will be unable to continue services upon accessing housing. This kind of discontinuity in mental health care is harmful. The Council can address waiting lists and/or prioritization of shelter-involved families at community mental health programs rather than guarantee fractured and discontinuous care.

Increased Pathologization of Homeless Families and Homelessness

For decades there has been a steady move toward policy and service interventions that pathologize homelessness and homeless people.[15] Specifically this means policies and service interventions that frame the cause of homelessness as an outcome of mental illness, and interventions that focus on viewing homeless people through the lens of mental illness, even as the lack of affordable housing in New York City is well known. One outcome of this has been an ever-growing push for supportive housing as the solution to homelessness, with new variations of the pathology framework to secure funding.[16] While supportive housing is helpful for some people who want it, it is also the case that homeless people, particularly single adults, are steered

[15] For a broad overview of this trend see: Vincent Lyon-Callo, *Inequality, Poverty, and Neoliberal Governance: Activist Ethnography in the Homeless Sheltering Industry* (Broadview, 2004). Also see: China Mills, "The Psychiatrization of Poverty: Rethinking the Mental Health–Poverty Nexus," *Social and Personality Psychology Compass* 9(5), pp. 213-222; Erin Dej, *A Complex Exile: Homelessness and Social Exclusion in Canada* (UBC Press, 2020).

[16] See, for example, Branca et. al (2012), *BuildingFutures: Creating More Family Supportive Housing in New York City*. Report available at https://shnny.org/uploads/Building-Futures.pdf. Of note is the concept of "rescuing high-risk families" via the lens of fiscal savings: "However the majority of research has been focused on homeless and disabled individuals, and none of it has attempted to capture the more complicated, long-term savings associated with ending the cycle of family homelessness. The true 'payback' of rescuing high-risk families is spread across multiple systems and over decades."

in the direction of supportive housing by providers, because this is the main type of housing that has been made available for chronically homeless individuals in New York City.[17] Clients at the Safety Net Project have for years complained about being pushed into or toward supportive housing rather than independent housing, and being pressured to go through psychiatric evaluations for that purpose.

For individual family members and families entering shelter, there is no question that all staff should work within a trauma-informed model. Homelessness is often traumatizing, and the factors that lead to homelessness are also often traumatizing. Frontline staff should be trained in how to interact with shelter residents in ways that consider what they've been through and are going through, be trained in crisis support and de-escalation, and know how to spot and avoid triggers. However, this bill doesn't get us there. The presence of on-site mental health professionals as a requirement within the DHS system will likely cause many people who are experiencing housing crises to enter into a realm of mental health engagement they don't want or need. It will likely be the case that residents will be increasingly shuffled onto the caseloads of mental health professionals, while the main intervention they need is assistance getting out of shelter. Rather than ensuring all staff are trained in trauma-informed practice, with the supervision to ensure fidelity to that framework, clients will be sent to an on-site psychiatrist.

What would be helpful?

There is no doubt that families entering DHS shelters are facing a housing crisis, and that many have experienced significant trauma. Many will also continue to experience traumatic events while in shelter – including but not limited to abrupt transfers from one facility to the next with little notice or justification, mistreatment from DHS or DHS-contracted staff members, the heavy weight of surviving homelessness in a system based on a "personal responsibility" framework that constantly tells people homelessness, economic setbacks and financial poverty are their faults. However, the solution to this trauma isn't to mandate clinicians on-site. Here are some alternative options that we believe would provide more tangible assistance to homeless families:

Trauma and Mental Health

1. **DHS should institute a trauma-informed practice curriculum across the agency and hire clinical staff at the administrative level** so that every staff member and administrator is trained to work within this framework. The agency could then hire trained clinicians to supervise staff, agency-wide, to ensure fidelity to this model. Some programs, particularly in domestic violence shelters, already have some version of this in play, which may help provide a model to work from. Please also see our suggestions regarding Intro 276 above;

[17] As a result of organizing and advocacy work there has been an increasing willingness by journalists to write more carefully and critically about the difficulties encountered by supportive housing tenants. See various testimony given at the 04/28/2018 General Welfare Committee hearing "Oversight - Update on the NYC 15/15 Initiative," as well as David Brand, "'It's Like a Slum': Supportive Housing Tenants Cope with Violation-Filled Homes. Provider Blames Underfunding." *City Limits,* July 13, 2022. https://citylimits.org/2022/07/13/its-like-a-slum-supportive-housing-tenants-cope-with-violation-filled-homes-provider-blames-underfunding/

2. **Develop clear linkages to outside resources serving domestic violence survivors**. Since so many people entering DHS shelters are coming there because of domestic violence, DHS should focus on ensuring that all family shelters have clear linkages to offer people to community-based groups serving domestic violence survivors;

3. **At the administrative level, DHS should hire parent peer supporters[18], social workers or other staff across the shelter system whose role it is to create and maintain direct linkages to community-based mental health providers and other community programming that can support family well-being during a housing crisis**. Very often what happens in DHS shelters is that shelter residents who want mental health treatment are simply told to go find a provider with little support or guidance. New York City has high-demand citywide for these services and it's a high-burden for people to have to wait on the phone for hours or get a 'no' when they reach out. Hiring staff at the administrative-level at DHS to ensure concrete linkages and a warm handoff so that there is a clear referral path would make a significant difference for people who want mental health treatment. The City could also hire additional mental health professionals within existing health care systems and offer priority to homeless or recently homeless New Yorkers seeking appointments. In addition, family mental health benefits from involvement in afterschool sports and arts programming, advocacy organizations, youth employment, peer support and social opportunities, and other forms of enrichment. Community referrals beyond direct mental health care can bolster overall family mental health.

DHS itself maintains policies that harm family mental health and cause stress and distress:

1. **DHS must end its policy of uprooting and transferring people from shelter to shelter**. For many years DHS has abused its power to involuntarily transfer shelter residents from one place to another. DHS should reign-in this process and allow people to stay in place when they want to, so that they can achieve some sense of stability until they find housing.

2. **DHS must address visiting policies that increase family stress.** DHS limits families from babysitting for one another, bringing in guests including sitters, or allowing family members to spend the night outside the shelter. These rules intensify the isolation and overwhelm of families. DHS should work with community members with shelter experience to develop pro-social policies that protect the mental health and well-being of families in shelter.

Housing

1. **DSS should end the 90-day rule and provide vouchers upon entry to shelter**. Currently, residents of DHS shelters must wait 90 days to access a CityFHEPS voucher. This rule should be repealed so that as soon as a family enters shelter a voucher is made available to them.

[18] See Rise's report on peer care at: https://www.risemagazine.org/item/someone-to-turn-to/

2. **The administration must seriously combat source-of-income discrimination to help people get housed**. In recent months, the Adams administration shuttered one of the two City units charged with challenging source-of-income discrimination (the unit that was at HRA), then transferred those staff lines to the remaining unit charged with challenging SOI-discrimination at CCHR. This is nowhere near the investment needed to adequately challenge landlords who refuse to accept tenants with vouchers. The City must massively expand its efforts to combat SOI discrimination.