

Testimony by the New York Legal Assistance Group in Support of
Int. 0092-2022, Int. 0108-2022, Int. 0124-2022, Int. 0132-2022,
Int. 0190-2022, Int. 0229-2022, Int. 0276-2022, Int. 0421-2022,
Int. 0431-2022, Int. 0513-2022, and Int. 0522-2022

Before the New York City Council Committee on General Welfare

September 13, 2022

Deputy Speaker Ayala, Council Members, and staff, good morning and thank you for the opportunity to speak to the Committee on General Welfare on legislation impacting people experiencing homelessness. My name is Deborah Berkman, and I am the Coordinating Attorney of the Shelter Advocacy Initiative at the New York Legal Assistance Group (“NYLAG”).

NYLAG uses the power of the law to help New Yorkers experiencing poverty or in crisis combat economic, racial, and social injustices. We address emerging and urgent needs with comprehensive, free civil legal services, financial empowerment, impact litigation, policy advocacy, and community partnerships. We aim to disrupt systemic racism by serving clients, whose legal and financial crises are often rooted in racial inequality.

The Shelter Advocacy Initiative at NYLAG provides legal services and advocacy to low-income people in and trying to access the Department of Homeless Services (“DHS”) shelter system. We work to ensure that every New Yorker has a safe place to sleep by offering legal advice and representation throughout each step of the shelter

application process. We also assist and advocate for clients who are already in shelter as they navigate the transfer process, seek adequate facility conditions and resources for their needs, and we offer representation at fair hearings. I also serve as part of the Public Assistance and SNAP Practice, representing clients having trouble accessing or maintaining Public Assistance and SNAP benefits. We represent these clients at Administrative Fair Hearings, conduct advocacy with the Department of Social Services (“DSS”), Job and SNAP centers, and bring impact litigation to ensure that our clients are obtaining and maintaining an adequate level of benefits.

I have worked with numerous single adults and families residing in and trying to access the DHS shelter system. Based on my experiences working with them, I appreciate the opportunity to offer the following comments.

1. Int. 0092-2022 Is a Necessary First Step to Ensure that DHS Shelters Are Accessible for Clients with Disabilities

Int. 0092-2022 would require DHS to create an accessibility advisory board to advise the Mayor and the Council on issues relating to accessibility in City shelters. This bill is a very necessary first step to bring DHS into compliance with the Americans with Disabilities Act. So many of my clients who live with physical and mental health disabilities cannot reside in DHS shelter because DHS will not accommodate their disabilities. This lack of accommodation forces many people to resort to sleeping outside.

The current process DHS uses to make shelter accessible for people with disabilities is insufficient to meet the needs of shelter seekers with disabilities. Currently, if a person experiencing homelessness would like to enter a DHS shelter,

and needs a reasonable change or adjustment to DHS' policies, practices or procedures in order to successfully access to shelter, they must apply for those changes through the formal and intensive reasonable accommodation process. One example of a reasonable accommodation would be a wheelchair-user requesting a ramp. The reasonable accommodation process requires medical documentation from a healthcare professional verifying that the resident has a medical condition or disability that necessitates their requested accommodation. The current process for obtaining reasonable accommodations presents significant barriers for many of my clients for several reasons.

First, many people experiencing homelessness are not aware that the reasonable accommodation process exists. Even for those who are aware, the reasonable accommodation process necessitates consistent access to affordable medical care. For many, lack of requisite immigration status prevents individuals from obtaining any medical care beyond emergency services. Even those clients who do have medical coverage often have other barriers to accessing the care they need, particularly mental health care. Thus, our clients often have medically necessary accommodations they need to access shelter, but do not have the means to prove this need.

Even when clients can access medical documentation, often the clients or their medical professionals do not know the specific language necessary to justify the requested accommodation. Reasonable accommodation requests are often rejected

on this basis and without explanation as to what documentation and information would be necessary to grant the request.

Finally, responses to reasonable accommodation requests are often delayed and can take a long while to get approved. During that time, some people experiencing street homelessness who need a modification to shelter rules and regulations to access shelter have no choice but to remain street homeless.

While DHS has an obligation under the settlement of the lawsuit *Butler v. City of New York* to assist clients in obtaining the medical documentation they need to safely access shelter¹, such assistance is rarely, if ever, provided. When I contacted DHS to request that they assist my clients in finding medical providers and obtaining documentation necessary to apply for a reasonable accommodation, I was informed that DHS has no process to do so, despite such assistance being a legal requirement. Moreover, under *Butler*, DHS is mandated to provide provisional accommodations, if a failure to do so would prevent a client from accessing shelter or result in a safety risk,² but my clients report that provisional accommodations are rarely made.

Moreover, even when a reasonable accommodation request has been granted, DHS will sometimes nonetheless place a shelter resident in a placement that does not accommodate their needs. One of my clients, Ms. L., used a wheelchair to ambulate and, per an approved reasonable accommodation request, resided in a wheelchair-accessible DHS shelter with a wheelchair-accessible bathroom. One day, without

¹ https://www.coalitionforthehomeless.org/wp-content/uploads/2017/08/Butleretalv_CityofNewYorketal_15-CV-3783-StipulationofSet.pdf

² *Id.*

notice, Ms. L. was involuntarily transferred from her wheelchair-accessible shelter to a shelter that had a step, which was necessary to use to get in and out of the door. While Ms. L. had been told that her new shelter would have an accessible entrance, when she arrived, she discovered the only accessible entrance was under construction. As a result, if Ms. L. wanted to enter or exit her shelter, she would need to be carried over the step or request that DHS staff put a ramp down. DHS staff did not consider setting up and removing the ramp as part of their job, so often Ms. L. would have to wait for long periods of time outside the shelter for a staff member to be willing to set up the ramp so that she could come inside. On some occasions, other residents of the shelter retrieved the ramp for Ms. L. so she could get back inside. Other clients who use wheelchairs or other assistive devices have often reported broken elevators and facilities that are impossible to navigate in a wheelchair, even when the shelters are labeled “accessible.”

Moreover, clients with mental health disabilities report that they are rarely accommodated. One client, Mr. M., who suffered from debilitating anxiety, was treated particularly poorly by staff at the 30th Street Intake Center for single adult men. DHS was aware of his condition, and he had been granted a reasonable accommodation based on it. Nonetheless, Mr. M. was at the intake site for over 24 hours and only fed once during this time. He was told if he left for any amount of time, he would have to start the process again. When Mr. M. suffered a panic attack while waiting, staff would not allow him to use any of his mitigating strategies, which included sitting alone, wearing headphones, or letting him wait outside and calling

him when it was his turn. Although Mr. M.'s requested accommodation had been approved as medically necessary, staff had no knowledge of it and refused to look into system records when informed of the accommodation. Mr. M. reports that he was mocked and yelled at repeatedly. Mr. M. was not able to speak about the experience without crying.

Overall, clients with disabilities are often not accommodated by DHS, thus, they are not able to access shelter. So many of my clients experiencing street homelessness report that they would come inside if their disability-related needs were met. Creating an advisory board is an important first step towards creating a shelter system that welcomes clients with disabilities, and this must be followed with concrete changes to the system.

2. Reporting on Provider Conditions and Successes is Critical to Determining How to Best Serve Clients

Int. 0108-2022 would require the DHS to submit an annual report on the performance of DHS providers in the City, specifically on the rate of return of clients; the per-diem rate the shelter is paid; the average length of stay of clients; the rate of housing placements; the number of critical incidents; the number of open violations; and whether the contract for the prior fiscal year was registered on time. Publicizing this information would shine a light on the persistent problems that clients report about certain shelters in the DHS system- most importantly the extended periods of time that clients remain in shelter, the physical violence that occurs, and the other difficult living conditions that clients encounter.

Reporting on average length of stay of clients aggregated by providers would allow this Council to see which providers are most effective in transitioning clients into permanent housing and perhaps provide a framework for other providers so that they may achieve similar results. Requiring reporting on shelter conditions is also critical, as clients report conditions can range from adequate to extremely hazardous. It is vital that this Council and DHS be aware if certain providers are not able to provide safe, clean and well-maintained premises. Similarly, reporting on violent incidents that occur and the physical safety of shelter residents and staff will allow DHS to assess which providers are most successful in creating a calm and peaceful environment. This information will help inform DHS when determining whether to renew, expand, or reduce shelter-provider contracts. These statistics should be made available so that the public can understand the significant challenges our clients face.

3. Housing Specialists are Critical to Reduce the Length of Stays in Shelter

Int. 0124-2022 would require that housing specialists be provided to all DSS shelters. Housing specialists are a critical component for shelter residents to transition out of the shelter system and into permanent housing. Currently, the average length of stay for single adults and families in the shelter system is far too long. For instance, in July of 2022, the average length of stay for families with children in DHS shelter was over a year (504 days to be exact).³ In that same month, the average length of stay for adult families in DHS shelter was well over two years

³ https://www1.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf

(822 days to be exact).⁴ The average length of stay for single adults was 469 days.⁵ The numbers are unconscionable. Shelter should only be a temporary occurrence to aid in the transition to affordable permanent housing, not a place where people languish for years. In addition, even those shelter residents lucky enough to have a housing voucher to pay a portion of their rent encounter significant difficulties finding residences.⁶ Housing specialists are a vitally important resource for locating and securing permanent housing and every shelter should provide this service.

4. Creating Additional Intake Options for Families with Children Experiencing Homelessness Will Increase Access to Shelter and Reduce the Trauma of the Application Process

Int. 0132-2022 would require the DHS to establish additional intake centers for families with children in boroughs without existing intake centers. Currently, the only way for a family with children to access shelter is by applying at the Prevention Assistance and Temporary Housing (PATH) center in the Bronx. One intake site is wholly insufficient for a city of our size. For example, in July of 2022, 1829 families applied at the PATH center for shelter.⁷ I represent a number of those families and all of them report having waited for extremely long lengths of time at PATH before they were assigned a shelter. Some of these families waited for several days. For instance, one of my clients, Ms. M., reported that she and her family spent two days at the PATH intake office before they were finally assigned to a shelter. Similarly, another client, Ms. Y, reported having spent three days at the crowded PATH intake center

⁴ https://www1.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf

⁵ https://www1.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf

⁶ <https://www.clarasophiadaly.com/work/new-york-city-voucher-program-fails-homeless-families>

⁷ https://www1.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf

with her husband and son before being assigned to a shelter. Unfortunately, there are simply too many families in need of shelter for all of the applicants to be processed at one intake center.

Moreover, many families who find themselves needing shelter have no familiarity with the Bronx and must navigate hours of public transportation to reach the intake site. Long journeys to PATH and lengthy stays in the PATH office only exacerbate the trauma these families are already facing, including trauma stemming from the sudden or gradual loss of one's home.⁸ Additionally, many people experiencing homelessness, particularly women, become homeless after experiencing physical and sexual abuse and its consequent psychological trauma.⁹ The application process for shelter should seek to reduce, not exacerbate, the families' trauma, and expanding intake locations to every borough would support this goal.

Allowing community non-profits to process shelter applications would reduce trauma for families with children even further. Int. 0513-2022 would require DHS to report on the feasibility of partnering with community-based nonprofit organizations to accept and process application for shelter intake for families with children. This model would capitalize on existing relationships, and it will undoubtedly reduce trauma for families, as well as inefficiencies in the current shelter application process. Many of my clients are connected with local social services agencies that assist them with applying for and recertifying their public benefits. These agencies

⁸ *Homelessness as Psychological Trauma*, Lisa Goodman, Leonard Saxe (1991)

⁹ *Id.*

already have many of the documents clients need to apply for shelter. Moreover, these agencies are located in the communities that clients reside in prior to experiencing homelessness. Clients and their children are already comfortable in these offices, which would make the shelter application process far less stressful.

5. A Homeless Bill of Rights Is Essential to Recognize and Protect the Rights of People Experiencing Homelessness in New York City

NYLAG enthusiastically supports Int. 0190-2022, which would require DHS to produce and distribute a homeless bill of rights.¹⁰ A homeless bill of rights is critically important to ensure that people experiencing homelessness are met with dignity when interacting with the shelter system and to protect them from certain violations of rights. Of particular importance in Int. 0190-20 is the provision for informing clients on how to file a complaint and describing protections against retaliation for filing complaints. So many of my clients have experienced mistreatment at the hands of shelter staff or security, or live with dangerous conditions in their shelter, but do not know how to report it or are afraid to do so because of potential backlash. Also of critical importance is the provision guaranteeing the right to request an interpreter and to have documents translated into other languages when interacting with city

¹⁰ The homeless bill of rights would include notifications of the rights to; shelter; access to legal services; to request an interpreter and to have documents translated into other languages when interacting with city agencies; educational options for children experiencing homelessness; voting rights, voter registration and how to find polling places; how to file a complaint and protections against retaliation for filing complaints; housing and financial assistance; protections against discrimination; the right to request accommodations for disabilities; meet privately with advocates and legal representatives; leave and return to the shelter outside of curfew hours and request early and late passes; participate in recreational activities; be placed in a room with a person who identifies as the same gender; a private room with a lock for families experiencing homelessness; a secure locker for single adults experiencing homelessness; access to bathrooms; access to washing machines and dryers or to money for laundry; access to space and equipment to bathe and change babies and small children; and meals and accommodations for dietary needs and restrictions.

agencies. My clients routinely report that they only receive notices in English despite DHS being made aware that they do not speak English.

However, while the provision of a homeless bill of rights is an important first step to protect the rights of people experiencing homelessness, further action is warranted. To be a truly effective tool, the homeless bill of rights must include language explicitly stating that in New York City, sleeping outside is not a crime and not a basis for arrest. An explicit statement to this effect would strengthen this bill of rights into an enforceable tool against the criminalization of homelessness.

6. NYLAG Wholly Supports Prohibiting DSS from Deducting a Utility Allowance from Monthly Rental Assistance

Int. 0229-2022 would prohibit DSS from deducting a utility allowance from the maximum monthly rent when calculating the monthly rental assistance that DSS provides. In effect, this bill increases the amount of rental assistance provided which is sorely needed to assist people experiencing homelessness in transitioning to permanent housing. Many NYLAG clients have rental vouchers but cannot obtain apartments with them, in part because the rental amount cap is below market rates in New York City.¹¹ Any raise in the rental assistance available is a welcome measure and will expedite transitions to permanent housing.

However, the rent cap in rental vouchers is not the only barrier for people experiencing homelessness to obtaining permanent housing. Even when clients are able to find apartments that fit within the rental guidelines, the process of getting an apartment approved for a voucher is slow and overly burdensome for landlords, and

¹¹ <https://www.renthop.com/average-rent-in/new-york-city-ny>

is often riddled with administrative errors by DSS. According to many NYLAG clients, so much of landlords' reticence to rent to voucher holding tenants stems from DSS' own practices. Landlords are reasonably concerned that there will be administrative problems with the DSS paying the rent.

After a client finds an apartment and a landlord willing to take a rental voucher, it can take months for that apartment to be approved by the DSS for voucher use. One reason for this delay, is that for clients in shelter seeking to use a voucher, shelter housing specialists or caseworkers process the application and act as an intermediary between DSS and the landlord. Clients report a frequent breakdown of information between their shelter caseworkers, DSS, and the landlords. If a willing landlord makes a mistake on the application (as often happens), it can take many days or even weeks before that information is relayed from DSS to shelter caseworkers and then back to the landlord. The landlords do not work directly with DSS, and information is often lost in the process. Clients report situations where forms are filled out incorrectly multiple times and landlords are not able to obtain clarification on how to correct issues with the forms. This confusing and time-consuming process creates significant deterrents for landlords.

Clients also report that often DSS is not able to schedule apartment inspections in a timely manner. Even when a landlord is willing to hold an apartment to complete the process, often after several weeks they will be forced to rent that apartment to someone who can start the lease quicker. NYLAG clients report having to wait months between finding an apartment with a landlord willing to take a voucher and

actually getting DSS's approval to execute the lease. Many times, such apartments are lost in the process.

Even after an apartment is approved and the client moves in, problems with DSS persist. NYLAG clients who rely on both the FHEPS and CityFHEPS vouchers report that DSS often does not pay their rent on time, and sometimes will discontinue paying rent without notice to the client or the landlord. Indeed, landlords have created a website, www.nycfheps.com, to warn each other about the pitfalls of renting to voucher holders. Although some of the stories posted complain about so-called "difficult" tenants, most complaints state that they will not rent to voucher holders because of DSS's slow processing and late rental payments. Evidently, much of the reluctance to rent to voucher holders is attributable to DSS' administrative failures, which is entirely within the City's control. We urge this Council to pass the current legislation and to create further legislation aimed at DSS' administrative practices and procedures.

7. Mandated Trainings for All Shelter Staff in Professionalism, Cultural Sensitivity, De-escalation of Conflict, Trauma-informed Theory and Customer Service are Essential to Protect the Safety of Shelter Residents

Int. 0276-2022 would require DHS to conduct trainings on techniques to improve professionalism, increase cultural sensitivity, de-escalate conflict and use trauma-informed theory for all public facing DHS employees and contractors and Int. 0431-2022 would require DHS to provide customer service training to all public facing staff members and contractors. These are sorely needed measures to protect the physical and mental health of people experiencing homelessness (and that of the staff). While

NYLAG wholeheartedly supports mandating this training, we recognize it as a necessary first step. This Council must also create an effective oversight mechanism to investigate complaints and to enforce compliance with conduct policies.

Unfortunately, clients routinely report negative experiences with staff at intake centers and at shelters. Many of my clients have suffered from extreme physical or emotional trauma and discrimination. Shelters and intake centers are strongly policed, either by DHS police themselves or by private security providers. Overwhelmingly, clients report that their interactions with shelter and intake staff are either emotionally or physically aggressive. We recognize there is both a lack of cultural competency for staff working with diverse populations and a lack of recourse for these marginalized individuals.

Clients report that staff at DHS intake sites are particularly aggressive. Many of my clients experience street homelessness because, although they are willing to go inside, they could not navigate the difficult intake process successfully. Clients report that intake staff is often rude and aggressive and, at worst, physically threatening. Clients can spend upward of 24 hours at the intake centers. For instance, I represented two clients who had a violent encounter at the Adult Family Intake Center (“AFIC”). This couple had been discovered sleeping outside under scaffolding by a DHS-contracted outreach team, and one of the outreach workers escorted them to AFIC for shelter intake. Both individuals lived with mental illness but were willing to try sleeping inside. While at AFIC, one member of the couple experienced extreme anxiety and PTSD and reacted by raising their voice. In response, DHS police rushed

over, surrounded them, and would not allow the outreach worker to help de-escalate the situation. When the client continued yelling, a DHS police officer punched both members of the couple in the face, resulting in one of them losing consciousness. Throughout the incident, the outreach worker tried to de-escalate the situation but was told repeatedly by DHS police that he was not allowed to help. Unsurprisingly, the couple returned to street homelessness.

Numerous clients have reported that staff at the AFIC and PATH intake centers use threats and intimidation to dissuade clients for applying for shelter. Many clients think they have been denied shelter because security guards or front desk staff will tell clients that they are ineligible for shelter before they even apply. A number of clients with minor children who have reapplied at PATH for a second or third time have been threatened by PATH security guards or DHS police that if they pursue their application, a complaint would be made against them to the Administration for Children Services. Having nowhere to live is stressful enough without having to deal with hostile and scary encounters with DHS staff – those meant to help these individuals in crisis.

Once clients enter shelter, many report that interactions with staff continue to be hostile and aggressive. Some of my clients live with severe mental illness that makes everyday tasks particularly challenging, and in some cases, they cannot adhere to conventional structures. Clients describe shelter as “a police state” that makes no accommodation for those with different abilities.

While Int. 0276-2022 and Int. 0431-2022 are important steps in the right direction, and ones that we support, we recommend that DHS must maintain a robust complaint system where reports of abuse are recorded, investigated, and if warranted, penalties are imposed for bad actors and penal violations.

8. Additional Reporting on Statistics Involving Families with Children Residing in Shelter is a Welcome First Step, But Ultimately the Eligibility Process for Families with Children Must Be Changed

Int. 0421-2022 would require DHS to produce a regular report on the total number of families with children living in shelter or entering the shelter system disaggregated by shelter type; percentage of families found eligible disaggregated by number of applications submitted; the number of families and placed in shelter based on their individualized needs; the average length of stay for families and the total number of families leaving shelter to permanent housing; and metrics concerning school enrollment and attendance for children living in shelter. While much of this information is already publicly available¹², additional reporting requirements will serve to shine a light on the weaknesses in the current process, particularly with regard to the percentages of families found ineligible for shelter, the number of applications each family has to submit in order to eventually be found eligible for shelter, and the average length of stay for families in shelter.

The eligibility process for family shelter appears designed to find families experiencing homelessness ineligible for shelter. In New York City, the application process for family shelter is extremely onerous. Families must provide a complete

¹² See Local Law 37 DHS report <https://data.cityofnewyork.us/Social-Services/Local-Law-37-DHS-Report/2mqz-v5im>

history of all the places they have lived for the last two years, as well as third-party contacts to verify the family actually lived in those locations (this may be an impossible feat for many families who have frequently moved around often or “couch surfed”). If the verification contacts provided do not answer the phone, or DHS cannot speak with them within 10 days, then the client is found ineligible for shelter for “not cooperating” with the investigation, and the family must reapply for shelter. Prior to COVID-19, when families applied for shelter, every family member had to be present for the 10-20 hours of the initial application, but currently DHS has allowed a temporary Covid-era easement of this policy to allow all subsequent applications after the first one to be completed over the telephone.

Reapplying for shelter entailed restarting the process from the beginning by having the family return to the intake site and spend another 10-20 hours completing a new application for shelter, typically identical to the prior application, and then waiting on-site for a new temporary shelter placement¹³. Prior to COVID-19, this happened frequently to my clients, and, for some families, they would have to return to the PATH intake center every 10 days for months before DHS could verify their housing history. Currently, clients still must reapply for shelter approximately every 10 days, but they may do so over the telephone rather than returning to the PATH office. Still, the vast majority of applications for family shelter are denied. In July of 2022, 5% of families with children who were found eligible for shelter had previously

¹³ While children technically did not have to be present for subsequent applications, because the applications took so long children most often had to come along, because their parents would not be able to leave the intake process to pick them up at school.

submitted **six or more** applications.¹⁴ In that same month, **only 18%** of applications for family shelter were deemed eligible.¹⁵

While state regulations mandate some of the eligibility investigations, if DHS performed them in a different way (for instance, complying with its duty to assist the applicant in obtaining necessary documentation, or even better, allowing applicants to self-attest to their housing histories), the process would be much more efficient, and it would allow eligible homeless families to obtain shelter and stability more expeditiously. The current approach of investigating every aspect of our clients' applications for shelter, and the repeated denials necessitating reapplication is extremely traumatic for these struggling families and a waste of government resources. If a family was not, in fact, homeless, they would not seek to enter the shelter system.

Moreover, any reporting that shines a light on the immense length of stay that most families in shelter endure is very welcome. As I discussed above, in July of 2022 the average length of stay for families with children in DHS shelter is 504 days, or over 16 months.¹⁶ This is far too long for children to live without stable housing.

9. On-site Mental Health Providers in Family Shelter Would be a Tremendous Gain But Protections Must be Added To Avoid Coercion and Misuse of Private Information

Int. 0522-2022 would require mental health professionals to be available in every shelter that housed families with children. NYLAG enthusiastically supports the

¹⁴ https://www1.nyc.gov/assets/operations/downloads/pdf/temporary_housing_report.pdf

¹⁵ *Id.*

¹⁶ *Id.*

provision of mental health services, because losing one's housing is a traumatic event and the experience of homelessness itself creates trauma. Additionally, by the age of 12, 83% of children experiencing homelessness have experienced violence, children experiencing homelessness have three times the rate of emotional and behavioral problems of their housed peers, and approximately 63% of homeless women have been victims of domestic violence.¹⁷ Most families who are experiencing homelessness are led by single women, and these women experience posttraumatic stress disorder, depression, and substance use at a rate higher than the national average.¹⁸ Clients who opt for mental health counseling should have every opportunity to receive accessible counseling on site.

However, protections must be added to this bill to ensure that these mental health services are only provided to those families that voluntarily seek out such treatment. Residents should not be coerced into entering mental health treatment and must understand that mental health treatment is voluntary and not mandatory. Shelters must make clear that residence in shelter is not contingent on accepting mental health services, and there cannot be any retaliation for those families who opt not to participate.

Protections must also be added to ensure the privacy of shelter residents who do opt for mental health counseling and to ensure compliance with HIPAA. Information gleaned in counseling sessions must never be shared with shelter staff or DHS and in

¹⁷ https://stopchildhomelessness.org/the-facts/?gclid=Cj0KCKQjwjvaYBhDIARIsAO8Pke0ydImPjToK5_AEVsOn8WgXmUlnafxOMRMhGXl3Aj0CCMeoXEZVj7saAr-YEALw_wcB

¹⁸ <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/trauma>

no circumstances referenced in other documentation created or maintained by the shelter. If the mental health provider shares a computer system with the shelter provider or DHS, a fire-wall system must be created so that shelter staff and DHS do not have access to this confidential health information. Privacy of shelter residents' medical information is vital, and this privacy must not be violated because these medical appointments will happen on-site.

We thank the Committee on General Welfare for the work it has done to facilitate services for vulnerable New Yorkers, and for taking this opportunity to continue to improve the conditions for our clients. We hope we can continue to be a resource for you going forward.

Respectfully submitted,

New York Legal Assistance Group