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**Testimony of New Destiny Housing Corporation
Oversight Hearing by Committee on General Welfare on the NYC 15/15 Initiative
April 24, 2018**

**Presented by
Carol Corden, Executive Director, New Destiny Housing Corporation**

Thank you for the opportunity to testify today at this Oversight Hearing on the NYC 15/15 Supportive Housing Initiative. My name is Carol Corden and I am the Executive Director of New Destiny Housing, a 23-year old not-for-profit committed to ending the cycle of domestic violence and homelessness by connecting families to safe, permanent housing and services. New Destiny currently operates service-enriched affordable housing in the Bronx and Brooklyn for homeless domestic violence survivors. Most of the households we serve are families-- typically a woman with one or two children.

My testimony today is about who is NOT served by NYC 15/15 and comes from the perspective of an organization whose mission is to help victims of domestic violence achieve long-term safety and stability.

Our image of homelessness tends to be a homeless man on the street but it could as easily be a young mother fleeing from domestic violence with her children. One is simply more visible than the other. Victims of domestic violence are a significant subset of the families who make up almost 70% of the residents using New York City shelters.¹

The 2017 HUD Point in Time Count (PIT) for New York City revealed that victims of domestic violence were the third largest homeless sub-population after individuals with mental illness and substance abuse histories.²

The City's second largest shelter system is dedicated to serving homeless victims of domestic violence --which is acknowledged to be a major driver of homelessness in New York City.

Survivors served by HRA domestic violence shelters are in a system where the State-mandated length of stay is 180 days. Most leave the system still suffering from the trauma of domestic violence and homelessness and facing other life challenges which make housing stability

¹ Source: Department of Social Services, as cited in Turning the Tide on Homelessness in New York City, City of New York, February 2017, p. 8.

² HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, NY-600 New York City CoC, Point in Time Date: 2/7/2017, online report.

precarious. Shelter residents are overwhelmingly low-income with no or interrupted job histories that make it nearly impossible to afford housing in New York City without assistance. They lack social support networks and have little experience of independent living. In addition, most survivors have children who have been affected by their exposure to violence and homelessness. **Homeless domestic violence survivors are, in other words, strong candidates for supportive housing.**

Yet, few will be served by NYC 15/15 because they must meet two requirements to qualify: (1) chronic homelessness and (2) medical disability.

Because of the NYS-mandated 180-day maximum stay, most survivors coming from the HRA specialized domestic violence shelter system will not meet the federal definition of “chronic homelessness.”³ In fact, according to New York City’s 2017 HUD Point In Time Count, fewer than 10% of *all* homeless families currently sheltered can meet that standard.⁴

The second eligibility requirement for NYC 15/15 is “medical disability” as determined by an interview using the 2010e form administered by a medical professional or a trained MSW. This label is a problem for families in general and for households headed by domestic violence victims in particular.

Low-income homeless families with children, many headed by a single parent, are vulnerable to charges of neglect and abuse. They have few material resources, are living in less than ideal circumstances, have minimal social networks and supports, are often dealing with their own trauma as well as that of their children—and are subject to 24-hour observation by staff members who are mandated reporters. Adding the stigma of a diagnosis of mental illness or substance abuse further threatens their family’s stability.

For domestic violence survivors, the stakes are even higher. A homeless mother labeled as having a medical disability is more likely to lose her children in a custody battle with her abuser. She has two strikes against her – she cannot provide stable housing for her children and she has a diagnosis that threatens her competency as a parent.

It’s not surprising then that supportive housing served only a small number of families with children under NY/NY III.⁵ Of those families, a very small number came from the domestic

³ The HUD definition of a chronically homeless person is “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.”

⁴ HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, NY-600 New York City CoC, Point in Time Date: 2/7/2017, online report.

The report documents 14,245 households with at least one adult and one child who are homeless in NYC but only 1,345 households with at least one adult and one child who are chronically homeless.

⁵ NY/NY III had a goal of producing 9,000 units of supportive housing over 10 years. 1,500 of those units were designated for homeless families where the head of household qualified for Populations D or G.

violence shelter system.⁶ **Supportive housing, under NYC 15/15 as currently structured, will not be available to most homeless families.**

There are two ways to address this situation. One is by making the eligibility criteria more appropriate for homeless families; the other is by creating new models to serve vulnerable families.

NYC 15/15 has already created a priority for youth, a homeless sub-population which is not “chronically homeless” according to the HUD definition, by using a more flexible screening process. There is an understanding that youth are at risk of homelessness because of their life circumstances and the resulting challenges they face – not necessarily because of a medical disability.

Similar accommodations should be made for vulnerable homeless families, including those headed by domestic violence survivors.

A second approach is to develop and fund another model for homeless families. That model could be service-enriched housing – a non-medical model with voluntary services provided on site and through referrals. New Destiny has been operating service-enriched housing for families headed by domestic violence survivors for a number of years. With services tailored to address the specific needs of low-income domestic violence survivors, this approach has been successful in helping families stay together and remain housing stable and violence free.

The “homeless” is far from a homogeneous or monolithic group. The 60,000 individuals in the City’s homeless system are there for a variety of reasons and have diverse needs. They include adults, youth, seniors, families with children and adult families, veterans, people reentering from prisons and nursing homes. All of them need safe, affordable permanent housing and some have substantial life challenges that can be managed with on-site support services.

Yet, NYC 15/15 only addresses a small number of the users of homeless shelters.

Some might argue that it does address the most vulnerable and needy. But, how do we know this? What are the data that support this contention?

For this reason, **New Destiny supports Intro. 147** – In relation to reporting on supportive housing. We need to document who is – and who is not—being served by supportive housing.

We recognize that the individuals currently prioritized for NYC 15/15 supportive housing require services in conjunction with safe, permanent housing. But, vulnerable low-income homeless families should also have access to these resources.

⁶ In December 2014 HRA, eight years into the ten year NY/NY III program, reported that “fewer than 10” domestic violence survivors from the specialized domestic violence shelter system had been able to qualify for NY/NY III housing.

Who can say that a 5-year old living with a depressed mother fleeing domestic violence in a hotel close to JFK Airport is not as vulnerable and in need of support services as a 67-year old Vietnam veteran on the subway platform?

This shouldn't be an either/or issue. Both need and can benefit from supportive housing.

I thank the Council, on behalf of New Destiny Housing, for the opportunity to speak today and welcome any questions you may have.

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