



Breaking the Cycle of Homelessness
for Women and their Children

Testimony of Win (formerly Women In Need, Inc.)
for the New York City Council Committee on General Welfare
in Support of Intro 522

Thank you to Chair Ayala and to the esteemed members of the General Welfare Committee for the opportunity to offer testimony. My name is Christine Quinn, and I am the President and CEO of Win. I am here to express our strong support for, and discuss the importance of, Intro No 522, which would require the city to fund onsite mental health clinicians at every shelter for families with children, at a ratio of one clinician for every 50 families.

Win is New York City's largest provider of shelter and services to families with children experiencing homelessness. We operate 14 shelters and nearly 600 supportive housing units across the five boroughs. More than 6,200 people call Win 'home' every night, including 3,490 children — in total, we house over 10 percent of homeless families with children in New York City.

Becoming homeless and experiencing homelessness in and of itself is a traumatic experience. Every family living in New York City shelters, including those that Win operates, have experienced trauma — from being evicted, to fleeing an abusive partner, to navigating the City's onerous intake system for homeless families. Many of those families also have unaddressed mental health needs, such as PTSD, depression, or substance use disorders.

Homeless shelters should be more than a roof over a family's head. The time a family spends in shelter is an opportunity to eliminate barriers to mental health care by uncovering their needs, reducing the stigma, and initiating treatment. To truly support families in their journey toward wellness and permanent housing, family shelters need clinical resources to offer their residents. That is why Win worked hand in hand with Council Member Bottcher, our clients with lived experiences, shelter and mental health providers, and advocates to develop Int. 0522-2022.

As mothers experiencing homelessness fight structural barriers, many also face complex personal histories. Trauma can impact people in ways that are subtle, insidious, and destructive in both the short and long term.ⁱ Mental health and substance use issues are more prevalent among adults with exposure to traumatic events and circumstances.ⁱⁱ Given the intersectionality of trauma and homelessness, it is not surprising that mothers experiencing homelessness are disproportionately likely to suffer mental health needs and substance use disorders than those who are not. Research repeatedly finds alarmingly high rates of psychiatric disorders among homeless mothers,ⁱⁱⁱ most commonly post-traumatic stress disorder (PTSD), major depression, and bipolar disorder.^{iv} In one seminal study, homeless women with children were found to be 2.5 times more likely to meet the criteria for a major depressive episode and three times more likely for PTSD.^v

In 2016, New York City began to recognize homeless families' mental health needs by introducing social workers into family shelters. But even with this valuable resource, the scope of services available in



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shelters is extremely limited — and more support is needed. The funding amount and social work staffing pattern provided by the Department of Social Services allows for specialized assessment, brief counseling, and referral to external clinics, which often have monthslong wait times. But staffing levels and Department of Social Services directives preclude social workers in family shelters from providing ongoing therapy or other recurring services. The current social work program in family shelters is a first step, but it does not address families' mental and behavioral health needs.

Win recognizes that homelessness is traumatic, which is why we have committed to becoming a trauma informed organization. Thanks to the support of the New York City Council Speakers Initiative, the Children and Families in NYC Homeless Shelters Initiative, and other discretionary funds, Win provides trauma informed care training for all our staff members. That initiative has resulted in real gains in staff-client interactions and client experience. We have seen the tremendous shift that a trauma informed approach can facilitate and know that for shelters to become a place of healing, they need both onsite clinical mental health services as well as staff that are trained in trauma informed care and de-escalation. So, in addition to Intro 522, we also strongly support Intro 276. By requiring DHS employees and contractors to be trained in trauma informed care, cultural sensitivity, and de-escalation, shelters will be much better equipped to provide services and help clients achieve their goals.

Shelters are uniquely equipped to eliminate many of the barriers that prevent mothers from receiving mental health care by providing space on site, eliminating the need to refer patients to offsite clinics, and ensuring clients have access to other wraparound services that complement treatment, especially when staff are trained in trauma informed care. Passing Intro 522 and requiring the equivalent of one, full-time, on-site mental health clinician for every 50 families would allow each mental health clinician to provide comprehensive, on-going services such as regular follow-up visits, therapy, and, for qualified clinicians, medication management. The addition of more clinical support and supervision would also help alleviate some of the burden on the social workers currently in shelter, allowing them to focus on the specialized work they are contracted to do. Another key aspect of Intro 522 is that all the services provided under the legislation would be one hundred percent voluntary and all information shared would be confidential and covered by the protections of HIPAA. The services provided will act as an additional resource for healing and support and cannot be used for punitive actions under any circumstances.

In addition to the healing benefits of onsite mental health services for families, we expect a variety of other positive impacts from the passage of Intro 522. For instance, access to onsite mental health services should reduce the number of "critical incidents" in shelters, which will in turn reduce the utilization of costly emergency services for clients facing mental health crises. Additionally, as families begin to address unresolved trauma and other mental health issues through their work with onsite mental health clinicians, we expect to see an increase in successful moveouts, and a reduction in the number of families returning to shelter, reducing the strain and cost on the shelter system. Importantly, mental health clinicians can also complete the psychosocial assessments required for supportive housing applications, helping quickly fill the backlog of vacant supportive housing units and ensuring that qualified families with ongoing needs are connected to permanent supportive housing where they will have the resources needed to thrive.



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Although it can be challenging to fill vacancies for mental health clinicians, special care was taken in drafting Intro 522 to ensure that the \$40 million annual cost of implementation would guarantee competitive wages for the mental health clinicians hired to provide these critical services. Providers need adequate resources to attract culturally competent clinicians and compete with wages paid in private practice. Beyond ensuring that wages are competitive, we are also very interested in seeing capacity increased. Win is exploring the idea of working with CUNY to find a way to increase the number of mental health clinicians similarly to the work I did with the nursing shortage while I was Speaker of the New York City Council. We are also open to extending the implementation time to help cope with any recruitment challenges. Additionally, the bill language allows providers flexibility in the types of licensed mental health clinicians they hire based on need including but not limited to psychiatric nurse practitioners, licensed clinical social workers, psychiatrists, and psychologists. Further, the bill was drafted with the expectation that most shelter operators will work with existing mental health providers to hire clinicians at a prorated level based on the number of families they serve.

Right now, tens of thousands of our neighbors are living in family homeless shelters — staying for an average of a year and a half — while many also face unmet mental health needs. Passing Intro 522 would ensure these New Yorkers have the clinical mental health services they need and deserve — turning their experience in shelter into a time of healing that will make a lasting difference in their lives and help them move in to and stay in permanent homes.

We urge you to pass Intro 522 and give homeless families the resources they need.

Thank you.

ⁱ Slesnick, N., & Erdem, G. (2013). Efficacy of ecologically-based treatment with substance-abusing homeless mothers: substance use and housing outcomes. *Journal of substance abuse treatment*, 45(5), 416–425.
<https://www.ncbi.nlm.nih.gov/books/NBK207191/2>

ⁱⁱ Forman-Hoffman, V. L., & Bose, J. (2016, April). Correlates of Lifetime Exposure to One or More Potentially Traumatic Events and Subsequent Posttraumatic Stress among Adults in the United States: Results from the Mental Health Surveillance Study, 2008-2012. *Substance Abuse and Mental Health Services Administration*. Retrieved June 27, 2022, from <https://www.samhsa.gov/data/sites/default/files/CBHSQ-DR-PTSDtrauma-2016/CBHSQ-DR-PTSDtrauma-2016.htm>

ⁱⁱⁱ Welch-Lazoritz, M. L., Whitbeck, L. B., & Armenta, B. E. (2015). Characteristics of Mothers Caring for Children During Episodes of Homelessness. *Community mental health journal*, 51(8), 913–920.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4722539/>

^{iv} Welch-Lazoritz, M. L., Whitbeck, L. B., & Armenta, B. E. (2015). Characteristics of Mothers Caring for Children During Episodes of Homelessness. *Community mental health journal*, 51(8), 913–920.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4722539/>

^v Bassuk, E. L., Buckner, J. C., Perloff, J. N., & Bassuk, S. S. (1998). Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *The American journal of psychiatry*, 155(11), 1561–1564. <https://pubmed.ncbi.nlm.nih.gov/9812118/>