

## NYC Shelter Accessibility Advisory Board

March 14<sup>th</sup>, 2025

4 World Trade Center, 42<sup>nd</sup> Floor, Conference Room A

Attendance: Jennifer, Lisanne, Charisma, Cynthia, Crystal, Beth, Erica

Absent: Mbake, Asa

Minutes taken by Beth Diesch

Questions for the group: Is there any reason not to give everybody editing privileges for our Google Drive folder? Should there be only PDFs of the minutes? Should each meeting be started with approval of previous meeting minutes? These questions will be discussed in the next meeting.

Next steps/follow-up from last meeting:

- Requested a list of all shelters –though this may not be practicable due to shelter privacy issues.
- Potentiality of getting a visit/tour with one of the newer accessible shelters.
- Forms requested: a packet containing copies of DHS guidance documents was given.
- Intake f/u info: There is a disability questionnaire that is supposed to be completed to determine if somebody has a disability that may need accommodations.
- Connect Clinic in-reach to shelter: DOHMH confirmed that if they have the outreach staff on their staffing pattern then yes, they can do in-reach.
- DHS hiring: Jennifer confirmed that a certain percentage of staff are supposed to be people who have also received public benefits at some point.

Review of RA forms/Disability Questionnaire:

- RA letter needs to say “this is the challenge [person] is needing to overcome and the recommendation to directly meet the need of the challenge”; DHS does not want to provide a specific template because the request gains more weight if it is individualized and clear why this particular person needs the RA they are requesting; Charisma expressed concern about DHS having too much access to healthcare information in the RA process.
- Review and discuss at the next meeting.

Selection of Chair and Co-Chair:

- Tabling until the next meeting when all members are present.

Review of Introduction to Disabilities Full-Day Training:

- All newly-hired DHS staff take Introduction to Disabilities Part I (4 hour, ½ day).

- Part II is given to all DHS staff who are client-facing.
  - Provider staff receive the same training: Non-client facing receive only Part 1 and client-facing staff receive a full-day training.
- Consideration had been given to an LMS/clickthrough version of these trainings but this would lose the nuance of conversation and additional learning that is available in a live group setting.
- Committee members shared personal experiences related to the training question of “How do different cultures view disabilities”?
- Overview of the training slides: Slides contained information related to the existence of personal bias, making assumptions, addressing assumptions, the history of disability rights and segregation/eugenics/politics; reasonable accommodations vs reasonable modifications; legal protections.

Not all slides were reviewed in this session.

#### Possible Recommendations:

- 3<sup>rd</sup> party (non-DHS staff) staff (possibly grant funded program), possibly combo of Peer and clinician, in order to assist shelter residents in learning how to advocate for themselves; Cynthia emphasizes the need for DHS buy-in. Suggestions from the group to include:
  - Having clear resources for who to reach out to for what kind of assistance.
  - “How do you write an email/speak to somebody” in order to best advocate for yourself; “ask rather than demand”, how to continue asking for help when you have previously been treated poorly when asking...
  - “Self-advocating as a life skill”
  - Know Your Rights as part of new resident coaching
  - Teaching people about what trauma responses can look like and how cortisol etc. can cause fight/flight, many of which have both Peer certifications and Clinical licenses.
- Form review recommendation: DHS 13-A form should have “If you need more time” guidance; also need to create guidance for doctors (possibly to give to residents to give to doctors?).
  - “What do I need to know about the clinical assessment form”? The document needs to be more robust.
- Jennifer described a new tool that is in development called a “Communicard” for people who are deaf to use when needing or requesting simple items in shelter. It is currently being tested through focus groups. These will not be replacing the need for sign language interpretation.

#### Next steps:

- Group to review the forms that were provided and be prepared to share feedback
- Jennifer to explore potential options for creating a pilot program for the Peer + Clinician outreach program; Cynthia suggested having a focus group as part of this pilot exploration (or possibly as evaluation afterwards) in order to assess the experiences of people at different shelters, with and without advocacy support/tutelage.
- Assess: What shelters have peer support staff from DHS, how are these lines funded (by DHS or by the individual provider agencies?)

- Continued review of existing training materials – Left off language slide “Why are these words outdated”