



Testimony

New York State Assembly's Committees on Children and Families and Social Services Administrative Challenges in New York's Reimbursement System for Domestic Violence Shelters October 15, 2025

Good morning, my name is Catherine Trapani, and I am the Assistant Vice President for Public Policy at Volunteers of America-Greater New York (VOA-GNY). VOA-GNY is one of the largest housing and homeless services providers in NYC. We operate 7 domestic violence residential programs across 4 boroughs. Thank you Chairs Hevesi, Davila and members of the Children and Families and Social Services Committees for the opportunity to testify before you.

Domestic violence is a leading cause of homelessness in New York. When making the choice to leave an abusive relationship, many survivors face a limited opportunity structure that can make moving to safety difficult. Their current homes are no longer safe but finding a new one that is affordable make be out of reach – finances can be intertwined with an abusive partner, work may be interrupted due to the abuse and, high housing costs can make planning an escape difficult. The domestic violence shelter system exists to ensure that survivors don't have to sacrifice safety to start planning for an independent future. Shelter is a safe haven where one can take space to heal, rebuild financial independence, and find alternative housing. Unfortunately, in New York State, the shelter system is structured in such a way that domestic violence shelter isn't available to everyone that needs it. In fact, if you don't have any children, the chances of a shelter bed being available when you need it are frighteningly thin. Even though over half of the callers seeking shelter through the domestic violence hotline are single, fewer than 20% of single adults seeking services are given a referral to shelter.

The reason for the shortage of beds for single adults can be traced back to the way shelter services are funded. Funding levels are based on a "heads in beds" formula. Even though the majority of expenses for shelter providers are fixed – rent and occupancy for shelter facilities and staffing costs are the lion's share of program costs – the heads in beds model only provides sufficient resources to safely operate programs if the provider hits their occupancy targets, typically 90% or higher. "Occupancy" is calculated based on the number of beds being slept in, not the number of households served so, providers must make sure that every bed is slept in every night in order for the math of reimbursement rules to result in sufficient funds to operate their program.

Shelters providers who accept a single adult into a vacancy that has two beds in it can only claim 50% of the funding required to serve the adult even though the actual cost of serving them is the roughly same as it is to serve a parent with a child. Regardless of whether or not a survivor has children with them in shelter, they are still entitled to the same level of services as a family: a

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private room where they can stay for up to 180 days with access to case managers, housing specialists, support groups, 24-hour security and crisis support, counseling and referrals. While additional family members may marginally increase cost of service (things like emergency food, diapers, activities for children), the biggest expenses (staffing and occupancy) are the same no matter how many beds are in a room.

Typically, when a shelter provider has a vacancy, they enter that vacancy into the central database used by the City's 24-Hour Domestic Violence Hotline, the NoVA unit screening homeless families and individuals for domestic violence shelter eligibility and, notifies any other referral partners of what is available – noting the number of beds in the room, any accessibility features and general geographic information to inform whether or not the space can safely accommodate a household in need. When a survivor requests shelter services, referral partners check for appropriate availability and refer the survivor to the shelter for screening. When providers like VOA-GNY receive these referrals, we conduct a telephone screening to determine if we are able to meet the survivors' needs.

We operate on a first come, first served basis – if a survivor is unsafe and has no viable alternative, we offer them the option to enter our program to receive confidential care and support where they can rebuild their lives and move to a more stable environment free of abuse. Nowhere in this process should there be a pause to see if we can afford to move forward with a referral that may not generate sufficient revenue to support the care of the person on the other end of the line. Yet, that is exactly the position our staff often find themselves in – if we “downsize” accept a single adult in a room with 2 beds every time such a vacancy is available, we risk the fiscal solvency of our entire domestic violence shelter portfolio. Our staff is constantly asked to make impossible decisions – do we privilege the safety of the caller on the other end of the hotline today, or do we turn them away to see if another family with more people in it calls later on so we can preserve the funding of our program for tomorrow? How can we hold the consequences of these decisions for ourselves and the countless others who will be impacted by them? The trauma experienced by our team due to having to make judgement calls like this is real and it must stop. We should not have to make those kinds of choices.

Domestic violence survivors and service providers urgently need help to address the structural flaw in the funding model that creates these impossible circumstances. The Securing Access to Fair & Equal (SAFE) Shelter Act offers a simple solution – provide shelter providers the same amount of funding for a single adult member household as the State would for a household with one child. In this way, we can ensure that the only factor governing a provider's decision of whether or not to offer shelter to a survivor in need is the risk profile of the survivor and the ability of the shelter provider to help them manage the risk. Providers would receive the financial resources necessary to maintain solvency and survivors would get the access to shelter they need to be safe.

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Failing to implement the SAFE Shelter Act has already done significant damage to the safety net and placed countless single survivors at needless risk. While many major categories of violent crime are trending downwards, domestic violence incident reports are up, as are intimate partner related homicides. Meanwhile, domestic violence shelter programs are running deficits and, at least one shelter provider upstate has already closed their doors even as single survivors struggle to find safe placement in a domestic violence shelter. If we fail to adequately fund safe spaces for all survivors in need, services will continue to erode even as need remains great.

This is not happening in a vacuum – the federal government is taking steps that will reduce support for domestic violence programs nationwide. New terms and conditions are being introduced to federal grants that limit who providers may serve, and new rules curtail the kinds of services that may be offered. Transgender survivors, who often present for services without children, are particularly at risk of losing access to support even though they are at higher risk of mortality. The State simply cannot ignore this any longer. If New York is to continue to be a beacon of hope and safety, we must ensure that our social safety net is flexible enough to meet the evolving needs of survivors, including those without children.

We are grateful to Chairs Hevesi and Davila for allowing us to shed light on this important issue and are happy to answer any questions you may have.

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