



ENDGBV COVID Response Work Group
Meeting #2 Best Practices for Remote Services
Friday, May, 22 2020 10:00am-11:30pm

Quote of the Meeting: "Remote services are here to stay"

Work Group Member and City Agency Attendees	
<i>Administration for Children's Services, Shanelle Bolton, Dale Joseph & Rachael Jensen</i> <i>Anti-Violence Project, Darlene Torres</i> <i>Arab American Family Support Center, Nancy Albilal</i> <i>Barrier Free Living, Paul Feuerstein</i> <i>Columbia University Medical Center, Betsy Fitelson</i> <i>CONNECT, Sally MacNichol</i> <i>Crime Victim Treatment Center, Christopher Bromson</i> <i>CUNY Law, Julie Goldscheid</i> <i>Department of Health of Mental Hygiene, Catherine Stayton</i> <i>Department of Information Technology & Telecommunications, Jessica Tisch</i> <i>Her Justice, Anna Maria Diamanti</i> <i>Human Resources Administration, Annette Holm</i> <i>Mayor's Office to End Domestic and Gender-Based Violence staff</i> <i>Mayor's Office of Criminal Justice, Shekera Algarin</i>	<i>New York City Council, Helen Rosenthal</i> <i>New Destiny Housing, Carol Corden</i> <i>New York Legal Assistance Group, Amanda Beltz</i> <i>Office of Deputy Mayor Perea-Henze, Megan Tackney</i> <i>Office of First Lady Chirlane McCray, Grace Choi</i> <i>Safe Horizon, Liz Roberts</i> <i>Sanctuary for Families, Jennifer Friedman</i> <i>Shalom Taskforce, Shoshannah Frydman</i> <i>STEPS, Anne Patterson</i> <i>Sunshine in my Living Room, Doreen Lesane</i> <i>Urban Justice Center, Madeline Bigelow Garcia</i> <i>Urban Resource Institute, Nathaniel Fields</i> <i>Voices of Women, Raquel Singh</i> <i>VOICES, Doreen Jones</i> <i>Violence Intervention Program, Carmen Beltre</i> <i>Weinberg Center for Elder Justice, Tristan Sullivan- Wilson</i>

TOP LINES

1. Discussion Themes

- Adjustment to remote services will live beyond the crisis and provides an opportunity for long-term improvements to DV/GBV services
- A digital divide in the City is creating gaps in access to services and programming for DV/GBV survivors
- Providers need support to build technology infrastructure necessary for a shift to remote service model
- Remote service model during the crisis and beyond can create opportunities for collaboration across DV/GBV providers
- Access to remote services can enhance engagement for some survivors
- Modifying programs to provide remote service options requires identifying potential pitfalls including privacy and confidentiality concerns and potential for abuser manipulation



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2. Examples of proposed short and long term responses

- Create shared work spaces/satellite offices for providers and clients to safely access programming, especially technology
- Host a citywide virtual survivor town hall
- Explore creating peer support programming for DV/GBV survivors
- Distribute specific information on remote and in-person services available during the crisis
- Review and enhance resource directory information in NYC Hope portal
- Provide survivors with technological devices, including phones and Wi-Fi hotspots

GROUP DISCUSSION

#1 Recognizing the unique needs of survivors, what are ways the City can support DV/GBV providers in remote service provision? Are there areas for collaboration among providers to enhance remote service provision?

City Support/Provider Collaboration

1. Collaboration and Communication
 - a. ENDGBV should serve as clearinghouse to facilitate exchange of ideas and needs across CBOs
 - b. ENDGBV should identify space to allow providers to collaborate and share work, think about intersections in survivor identities to connect survivors to appropriate service providers
 - c. ENDGBV should track and share up-to-date information on which providers are currently offering which services on which platform
2. The City should enhance marketing and communication about resources for survivors through daily press conferences and placing ad/information on television
3. Legislative Actions
 - a. Advocate for an extension of the modification of NYS regulations to sustain remote services beyond the immediate crisis, including reimbursement/funding regulations as well as regulations under the NYS Office of Mental Health and other credentialing agency regulations; support partnerships around advocacy between academic/health/CBO and other service provider agencies, as well as support modifying city requirement that limits billing for in person services
 - b. Enhance City assistance around the service of legal documents
 - c. Advocate for legislative changes required for in-person legal processes, i.e. issues with violations of orders of protection because of service issues
4. Technology and Technical Assistance
 - a. Help coordinate (and perhaps fund) the technical assistance needed to create more remote based work, particularly related to operating text/chat functions; providers are



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- looking to expand those mediums and want to explore how to coordinate around this effort without competition and how to leverage collaborative resources
 - b. Identify flexible funding for providers to invest in new technology to support remote services
5. Create satellite office/shared work space for clients to access tech safely and confidentially, including for remote court appearances

#2 How can we use technology to enhance safe service delivery and ensure access to remote services? Are there ways the City can support providers in increasing service access to populations we are currently not reaching?

Technology and service delivery

1. Use additional outreach methods
 - a. PSAs/TV ads
 - b. Target the public about the specific resources available; could provide an opportunity for family members or friends to have the right information to try and help their loved one
2. Focus specifically on identifying the services that survivors need and are seeking
3. Consider peer to peer support in enhancing access and use of remote services
4. Host a survivor virtual town hall for survivors to share their experiences and support other survivors; could include ability for survivors to participate anonymously

City support

1. Technology and Wi-Fi Access
 - a. Explore creating community spaces for clients to access technology and Wi-Fi
 - b. Support strong localized and public access Wi-Fi
 - c. Develop partnerships with pharmacies and grocery stores to increase survivors access
 - d. Enhance client internet access in shelters, public housing, and supportive housing
 - e. Expand language line access currently available in the FJCs to providers in community
 - f. Obtain physical devices for clients, mimicking the former Verizon Hope phone program or the New York Public Library hotspot program for families with school age children
2. Increasing outreach when NYS On PAUSE is lifted
3. Support accommodations for Deaf/Hard of Hearing Community
 - a. Increased access to video interpretation
 - b. Provide staff training on relay phone numbers for 311 and City hotlines
 - c. Provide links to videos of sign language interpreters sharing information about DV/GBV resources
4. DOITT Commissioner Tisch reported commitment to working with ENDGBV and the provider community on technology issues related to DV/GBV providers, including any concerns with 311, Text to 911, and other areas for support around technology and service platforms for survivors



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- a. DOITT seeking provider support in distributing information on Text to 911

#3 In what way do you think DV/GBV remote and in-person services will be modified and or reimagined as we move beyond the crisis?

1. Work collectively to build resources to increased demand after crisis; use the opportunity to increase partnerships
2. Recognize that remote client services are here to stay
 - b. Remote client services can be more convenient by taking away barriers like childcare and transportation issues
 - c. Providers are moving towards text/chat functions, remote support groups and other virtual programming
 - d. Blending virtual and in-person services could expand provider capacity beyond in-person services alone; having physical spaces requires paying for expensive real estate
 - e. There is an opportunity to expand telehealth programming beyond the crisis, for example clients in shelter could have regular access to a psychiatrist
3. Use COVID-19 as an opportunity to push for much needed long term change in court operations, i.e. court can be traumatic, long, frustrating, and creates health concerns; work towards better calendar control, reduce waiting, trauma related to clients having to face abusers in court; more efficient operations could encourage more pro bono engagement
 - a. Electronic filings should be expanded beyond order of protection petitions to family court and matrimonial cases; the remote model works particularly well for DV/GBV survivors who often need help outside of traditional hours and often have difficulty getting to an office (because their abuser limits mobility or their emotional state/fear makes it harder for them to take the action of going somewhere)
 - b. Remote court appearances should be continued in some situations, i.e. when facing the abuser in person is terrifying or dangerous for the survivors, the client has physical mobility issues, or there are childcare issues; taking time off work and long waits in court has always been a barrier to those seeking help and remote sessions can work and would be less disruptive and expensive for litigants
4. Support groups and in-person walk-in services can be completely reimagined but need to make sure that agencies and survivors both have the technological infrastructure available to successfully connect; should figure out how to provide all services remotely with needed safety measures, i.e. creating a sort of "sponsorship" program like they do in other support groups settings to ensure the safety of victims or designating "safe havens" for victims in the city
 - a. Explore creating simple safe apps providers could use to check in with survivors in potential danger; could mirror police officers using neighborhood patrol to check in on vulnerable people known to their precinct
 - b. Collaborate with other sectors (tech) to leverage resources
5. Account for increased engagement with some survivors



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- a. New awareness of trauma and collective trauma can reduce stigma so survivors have more comfort and less fear accessing services
- b. Some survivors are more open about their history or trauma when communicating remotely
- c. Additional options can increase access to services; there should not be a wrong door to access services
6. Address concerns related to remote services
 - a. Significant technology/internet gap especially for certain populations
 - b. Virtual meetings may come at expense of opportunities for further service delivery and impact the confidentiality that is available in a private, physical environment
 - c. Legal impacts of providing remote services; for example, it is unclear what will be subpoenaed; clinicians can control what they record in their notes but not what is said in videoconferences
 - d. Virtual service provision could be exploited by abusive partners; i.e. the example of an abusive partner getting a temporary order of protection more readily in a virtual setting
 - e. Collectively identify best practices in remote service provision, especially around client privacy
7. Going forward during and beyond COVID-19 more community intervention should be encouraged, i.e. look out each other/ see something say something
8. The current crisis and inevitable permanent changes require reeducating survivors on how to stay safe; survivors may need to modify safety plans, for example, they can no longer go for a walk, to a park, family/friends, or a public place during NYS on PAUSE