RECOMMENDATION TO COUNCIL

Hispanic/Latino Quality of Life Resource Advisory Commission

Recommendation Number: 20260604-002: Emergency Budget Recommendation for SAFE Alliance - Eloise House

Date of Approval: June 4, 2026

Recommendation:

The Hispanic/Latino Quality of Life Resource Advisory Commission recommends that the Austin City Council and the Mayor's Office, in partnership with Travis County allocate a minimum of $430,000 in funding to preserve Eloise House as a community-based, non-hospital forensic exam and advocacy center operated by SAFE Alliance from June 9 through September 30, 2026, and $200,000 to keep the SAFE domestic violence shelter open from October 2026 through October 2027.

The Commission further recommends that the City commit to a sustainable, multi-year funding strategy that ensures continuity of SAFE's full wraparound model without displacement into hospital settings. Services include:

- Forensic exams
- Trauma-informed advocacy
- Shelter
- Legal services
- Culturally responsive care

Finally, the Commission calls on the Austin City Council to immediately pause the Mayor's proposed transition of forensic nursing services to hospital systems and BRAVE Alliance, and to require a meaningful community input process that centers survivors, advocates, and the communities most impacted before any transition moves forward. A press release is not a plan. Survivors and the organizations that serve them deserve a seat at the table before services that took decades to build are dismantled in weeks.

Description of Recommendation to Council:

Eloise House, operated by SAFE Alliance, is the only non-hospital forensic exam facility in Austin. It provides sexual assault forensic exams and rape kits at no cost to survivors, in a setting purporse built for:

- Trauma-informed care
- Outside the emergency room

- Free from billing
- Staffed by advocates who remain with survivors throughout the process

The Mayor's May 5, 2026 announcement proposed transitioning forensic nursing services to hospital systems and BRAVE Alliance, a Cedar Park-based organization with no demonstrated capacity at Austin's scale. This Commission asks Council to reject that transition and instead fund Eloise House directly, preserving the co-located model of exam, advocacy, and wraparound care that has made it the destination of choice for survivors; accounting for 95% of all forensic exams in the region.

Funding of at least $630,000 would allow SAFE to sustain approximately 600 forensic exams annually, maintain 24/7 SAFEline access, and continue serving the more than 700 survivors per day who rely on SAFE's shelter, counseling, legal support, and preservation programming.

SAFE Alliance - Eloise House Statistics

- 600 forensic exams per year
- 700 survivors per day
- 27,000 SAFEline contacts per year
- 50% of clients identify as Hispanic/Latinx
- 95% of regional exams occur at Eloise House

It is equally critical that the City not reduce or eliminate funding for any of SAFE's other programs. SAFE operates approximately 20 programs serving survivors across a wide spectrum of need. These include homicide prevention programs such as Planet Safe, which deploys armed security personnel to accompany children during court-ordered visitations. This is a direct intervention in situations where the risk of violence is highest. Cutting any part of SAFE's programming does not reduce the need; it eliminates the infrastructure that exists to meet it.

Rationale:

The hospital transition reintroduces every barrier Eloise House was built to remove. Emergency rooms are not trauma-informed environments. Wait times are long, lighting is harsh, and staff rotate through 12-hour shifts without the continuity of care that survivors deserve and need. But the most urgent concern for this Commission is what happens before care even begins. Governor Abbott's Executive Order GA-46 requires all Texas hospitals participating in Medicaid or CHIP to ask every patient at intake whether they are a U.S. citizen or lawfully present in the country. Patients are not required to answer, and hospitals must inform them their care will not be affected by their response, but requiring hospital staff to raise the question of immigration status before a survivor can access care creates a chilling effect that policy disclaimers cannot undo. Survivors within the community have reported being asked about their status during recent hospital visits for routine medical concerns. For an undocumented or mixed-status survivor already living under fear of enforcement, that question alone may be enough to keep them from walking through the door. Directing the most vulnerable members of our community to a setting where that question is mandatory is not a neutral policy choice, it is a barrier with foreseeable and serious consequences.

Eloise House, as a community-based non-hospital setting is not subjected to GA-46, and that distinction matters enormously for the populations this Commission serves.

Cost is a real and documented barrier. SAFE's services are free. Hospital-based care is not and the reimbursement pathway for survivors seeking forensic exams at a hospital remains

unclear. Confusion about cost, even the possibility of receiving a bill, suppresses help-seeking among low-income, working-class, and immigrant survivors. This Commission serves a population for whom financial uncertainty is not abstract, especially during a time where gas and groceries are at an all time high. A model that introduces any ambiguity around cost is a model that will fail the people they are meant to serve.

Separating the exam from the advocacy breaks the model that works. Eloise House succeeds because the forensic exam, the crisis advocate, and the path to follow-up services all exist in one trusted, known place. Fewer than one in four survivors ever comes forward. That number will fall further if survivors must navigate a hospital system they fear or cannot afford, coordinated by a provider, Brave Alliance, they do not yet know or trust. Brave Alliance is, at this stage, an unproven provider at the scale Austin requires. Furthermore, splitting the exam from advocacy does not reform the system, it breaks the only model that has proven to work for Austin's most vulnerable survivors.

This is a Latino quality of life issue. Half of everyone SAFE services identifies as Hispanic or Latinx. Domestic and sexual violence are:

- Public health crises
- Housing crises
- Immigrant crises

As other public safety nets erode, demand for SAFE's services grows. The City has an opportunity and an obligation to ensure that every Austin resident, regardless of immigration status, income, language, or gender identity, can access safety, advocacy, and healing free from fear and free from cost. The Hispanic/Latino Quality of Life Resource Advisory Commission asks Council to take that stand now, before Eloise House's June 8th deadline forces the question for them.

Motioned By: Commissioner Ramos Seconded By: Commissioner Morales

Vote: 8-0

For: Chair Galvan, Vice Chair Castañeda, Commissioners Afifi, Flores, Morales, Perales, Ramos, Ruiz

Against: None

Attest: *Nekaybaw Watson*, Staff Liaison