

Oversight Hearing – Addressing the Mental Health Needs of Immigrants in NYC

New York City Council Committee on Immigration

Testimony of

Senior Advisor on Interagency Partnerships Kenneth Lo

NYC Mayor's Office of Immigrant Affairs (MOIA)

September 16, 2025

Good morning and thank you to Chair Avilés and the Committee on Immigration for holding this oversight hearing. My name is Kenneth Lo, and I serve as Senior Advisor on Interagency Partnerships at the Mayor's Office of Immigrant Affairs (MOIA). I am pleased to be joined by MOIA's Chief of Staff Erin Byrne, and Nisha Agarwal, Executive Director of Policy and Communications for the Division of Mental Hygiene at the Department of Health and Mental Hygiene (DOHMH).

I want to begin by reaffirming MOIA's mission. We remain steadfast in our responsibility to improve access to City programs, benefits, and services for all of New York City's immigrant and non-English speaking communities. At a time when federal immigration enforcement has led to the detention and separation of families and community members nationwide, MOIA has a critical role to play in supporting vulnerable New Yorkers.

Currently, many immigrants experience fear, uncertainty, and emotional stress that has been taking a significant toll on their mental health. Although MOIA does not provide direct mental health programs, Commissioner Castro's vision is for us to be grounded in community and focused on those most in need. As a result, our approach to address the mental health needs of immigrant New Yorkers is three-fold. First, we elevate timely and accurate messages to immigrant communities. Next, we fund legal services that provide much-needed assistance to those needing immigration relief. Lastly, we coordinate amongst interagency partners to provide the services that meet the mental health needs of immigrant New Yorkers.

1. Timely & accurate messaging

It is clear that recent federal policy changes on immigration have created significant anxiety and emotional stress within immigrant communities. As a result, receiving clear and culturally relevant language, without speculating and adding to people's fear and anxiety, is critical. MOIA focuses on providing clear and timely messages which encourage residents to access city services without fear and to be informed of their rights. As you've heard from the Mayor, the City of New York continues to uphold and defend our Sanctuary City Laws. Regardless of immigration status, families should also continue to send their children to school, access medical care, and call 911 in emergencies.

One of the ways that MOIA elevates these messages is through our Immigrant Media Roundtables, which bring together reporters from trusted ethnic and community media outlets, to share resources and answer questions on topics including health, education, housing, emergency preparedness, and workers' rights. MOIA also disseminates vetted messaging through printed & digital flyers and booklets, social media outlets, Days of Action tabling events & resource fairs, Know your Rights workshops, and leadership participation in community meetings across immigrant neighborhoods. In 2025 alone, MOIA's outreach team has made direct contact with over 25,000 immigrant New Yorkers.

2. Addressing the cause of fear & anxiety through Access to Legal Services

The fear that many immigrants are experiencing right now is significant. Immigrants face unique stressors – such as fear of deportation and limited access to legal services – that has been negatively impacting their mental health. In addition, anti-immigrant rhetoric and policies have become significant mental health stressors.

MOIA's response focuses on expanding access to legal services. We've launched the largest, most comprehensive municipal immigrant legal services network in the United States. The 38 MOIA Legal Support Centers help community members understand their legal options, providing a range of services including legal screenings, *pro-se* application support to individuals seeking immigration relief, and full representation as part of our Rapid Response Legal Collaborative. These centers are staffed by trustworthy providers, are located in immigrant neighborhoods, offer a wide array of services in multiple languages, and provide what's needed for a family to feel supported. While this is only a part of the solution, access to free, safe, and qualified immigration legal services makes a difference in addressing a root cause of stress and anxiety amongst immigrant New Yorkers. We'd like to also thank City Council for additional funding of legal services this fiscal year and note that we look forward to further resourcing CBOs to increase access to legal services in the future.

3. Coordination

Finally, MOIA coordinates across city partners to ensure that services are accessible to immigrants. MOIA recently hosted its first annual convening between CBO partners and City agencies to strengthen collaboration and improve referral pathways for services, including mental health supports. We engage with the Department of Health and Mental Hygiene to ensure that mental health resources are accessible in multiple languages, in alignment with Local Laws 13 and 30. MOIA has also partnered with the Office of Community and Mental Health to translate mental health resource guides into the 10 designated Citywide languages and beyond, ensuring that immigrant communities from a variety of linguistic backgrounds know how to access mental health services during a crisis or on an ongoing basis.

We are committed to addressing the root causes of stress and anxiety within immigrant communities and working closely with our partner agencies.

Thank you to the City Council for the opportunity to testify on this important issue and thank you to the civil servants and nonprofits supporting immigrant communities. We look forward to continued collaboration to support the mental health and overall well-being of immigrant New Yorkers.



Testimony

of

Nisha Agarwal

**Executive Director for Policy and Communications for the Division of Mental Hygiene
New York City Department of Health and Mental Hygiene**

before the

New York City Council Committee on Immigration

on

Addressing the Mental Health Needs of Immigrants in New York City

September 16, 2025
City Hall, Committee Room
New York, NY

Good morning, Chair Avilés, and members of the committee. I am Nisha Agarwal, Executive Director of Policy and Communications for the Division of Mental Hygiene at the Department of Health and Mental Hygiene (the Health Department). I am honored to testify with Erin Byrne, Chief of Staff, and Ken Lo, Senior Advisor for Language Access in the Mayor's Office of Immigrant Affairs (MOIA), and I am a proud alumna as the former Commissioner of MOIA. I have a short black hair and beige skin color. I'm wearing multi-colored dress and black leggings, and I have a handy cane at my side. On behalf of Acting Commissioner Morse, thank you for the opportunity to testify today.

I'm honored to be here to discuss this important topic. New York City's over 3 million immigrants — more than one-third of the city's population — represent a broad spectrum of global communities, cultures and languages and have a variety of health needs. I'm also grateful for our partnership with Council, MOIA, and many community partners to ensure that the City is doing everything it can to address the mental health needs of the diverse immigrant communities throughout NYC.

The Health Department does not ask about immigration status in providing services or conducting surveys as a matter of policy and inclusion, including for mental and behavioral health programming. All of our mental health services and supports are available to ALL New Yorkers, regardless of immigration status. Earlier this year, the Health Department, along with our partners at MOIA and NYC Health + Hospitals (H+H), published an open letter to immigrant New Yorkers reiterating that in New York City, you have the right to health care regardless of immigration status or ability to pay.

Promoting mental health is a critical part of this responsibility. We seek to ensure all New Yorkers have access to responsive care that includes health and social supports that are affordable, accessible, effective, and free of stigma. For example, NYC 988 is a critical resource for all New Yorkers who need mental health support, and it is the Health Department's largest mental health crisis service. 988 provides 24/7/365 crisis counseling, emotional support, referrals to crisis intervention and ongoing mental health services. Anyone can reach out to 988 at any time of day or night, any day of the year, to speak with a trained crisis counselor or peer support specialist. Callers are never asked to disclose their immigration status. Phone, text, and online chat service are staffed with English and Spanish with additional interpretation services available in more than 200 languages. NYC 988 can refer callers to services that meet their individual needs and preferences, including language, insurance and location.

Sometimes, a person may need more support in moments of mental health crisis. In these situations, NYC 988 will dispatch a Mobile Crisis Team (MCT) to visit the person wherever they live within a few hours, 8 am – 8 pm, 7 days a week, citywide. Mobile Crisis Teams are our cornerstone short term intervention for non-life-threatening mental health crises. Mobile Crisis Teams represent a significant portion of the mental health crisis response infrastructure in the

city. This service is available for all New Yorkers regardless of immigration status or ability to pay.

Long-term treatment and recovery programs are available regardless of immigration status as well. This includes programs designed to serve people with the most complex behavioral health needs, such as Assertive Community Treatment and Intensive Mobile Treatment.

Regarding children and youth mental health programs, all of our programs serve everyone, regardless of immigration status. We also have providers in our Family and Youth Peer Support Alliance that have expertise working with immigrant communities, particularly in the context of ICE and deportation: Masa in the Bronx, and Together We Can Resource Center in Queens.

Additionally, in April, the Health Department released a report, [*Health of Immigrants in New York City*](#), to provide an updated, broad picture of immigrant health. The report highlighted the significant contributions of immigrant New Yorkers to the city's health and prosperity, while emphasizing the critical need to address unique health challenges that immigrants face. The report found that immigrants in NYC contribute greatly to the longevity of our city – they have higher average life expectancy, lower death rates from heart disease and cancer, and are less likely to smoke than US-born New Yorkers. However, these communities face significant barriers to accessing health care, particularly mental health care. Immigrant adults are nearly twice as likely as U.S.-born adults to lack access to health insurance. Additionally, immigrants with depression are less likely to receive mental health treatment compared to U.S.-born residents with depression.

We know that the process of immigrating to a new country and making a new life can be accompanied by trauma and subsequent psychological distress, anxiety, and depression. Systemic issues such as bias against immigrants, racism, unfair access to employment, and variable access to translation and interpretation services create significant obstacles to mental health for immigrants.

In response, we are organizing the Immigrant Mental Health Convening in collaboration with the Mayor's Office of Immigrant Affairs, on September 23. We've been planning this event for months with community organizations, with expertise in immigration and mental health. The convening is designed to be highly interactive and depends on the active participation of attendees, who will have ample time to share their thoughts, ideas and suggestions.

Our goal is to identify gaps in mental health services and supports for immigrant New Yorkers, in light of heightened anxieties and fears, and begin discussions of interventions and partnership. The reality is that mental and behavioral health are taboo topics to many New Yorkers. We aim to change this so New Yorkers will be comfortable and knowledgeable, and therefore, empowering them to seek help and support and not remain in silence. Also, the Health Department works with over 200 community mental health providers that deliver more than 800

programs, but we are looking to expand this network and further tap into community expertise to inform our short-term and long-term strategy for supporting the mental health of immigrant communities. We hope that Chairs Avilés, Lee, and Schulman and Deputy Speaker Ayala will be able to attend so we can continue this important conversation.

Finally, a personal note: 8 years ago, while I was in the operating room for my surgery for brain cancer, a stroke occurred. I could not speak, walk, or move independently. For the first time, I felt vulnerable. It was through my family, friends, doctors, therapists, co-workers, and an immense community that I can now walk and talk and argue and dance. Like immigrants like my parents and all New Yorkers like me, we all want to move from vulnerability to power and freedom. I am honored that I work in the Health Department. If you are in need, we can help.

We rely on the feedback of our partners in the City Council and members of the community like those here to testify today. I want to thank you for your partnership and support in this important work. I look forward to answering your questions.



Testimony

**New York City Council
Committee on Immigration**

Hearing on Oversight: Addressing the Mental Health Needs of Immigrants in NYC

Tuesday, September 16, 2025

**Submitted by
Jessica Brecker, LMSW, Director of Refugee Resettlement**

**Immigrant and Refugee Services Division
Catholic Charities Community Services, Archdiocese of New York**

Thank you for the opportunity to provide testimony today on behalf of Catholic Charities Community Services, Archdiocese of New York (CCCS), regarding the urgent need to address the mental health needs of immigrants in New York City. I am Jess Brecker, Director of the Refugee Resettlement Department which is part of the Immigrant and Refugee Services Division of CCCS. Today, I will share our agency's experiences with immigrant mental health needs and the challenges we see in supporting this community.

This testimony will provide research, data, and context to support the following recommendations for the city to:

- **Expand Access to Mental Health Care**
- **Ensure Linguistic and Cultural Responsiveness**
- **Restore and Protect Safety Net Supports**
- **Prioritize Safety in Mental Health Response**
- **Broaden Models of Care Beyond Clinical Settings**
- **Strengthen Provider Capacity and Funding**

Introduction

CCCS is proud of our decades-long tradition of welcoming New York's immigrants and refugees. Our services have a tremendous impact on communities across New York City. The scope and diversity of our services is exceptional.

Through CCCS programs, migrants in New York City have access to a variety of legal services, social services, English language classes, workforce development and support, housing assistance, food support, and other services. In recent years, the services within our Refugee Resettlement programming have grown and expanded to meet the needs of arriving immigrant populations, including the arrival of Afghan Humanitarian Parolees in 2021, Ukrainian Humanitarian Parolees after the start of the full-fledged Russian invasion of Ukraine in 2022, and the arrival of more than 216,000 immigrants to New York City – many of whom were Haitian Entrants or Parolees eligible for resettlement services. The changing populations of immigrants have had profound impacts across our programming spaces as we seek to design culturally sensitive programming specific to their needs. One thing that remains consistent across nationalities and circumstances however: the immigrant experience of trauma. At CCCS we provide comprehensive non-clinical social services which include mental health assessments and referrals to providers throughout NYC.

In the Refugee Resettlement Department at CCCS, we serve a widespread client population from 70+ countries, including refugees, asylees, humanitarian parolees, survivors of trafficking, and more. We utilize an evidence-based tool designed and published by Pathways to Wellness to screen for severity of mental health distress entitled the Refugee Health Screener-15. The tool is 15 questions in total and is translated into 17 languages commonly spoken by refugee populations. It is not a diagnostic tool, but a way for case managers and client-serving staff to open a conversation regarding mental health with immigrant clients, assess the level of distress they may or may not realize they are in, and provide opportunities for continued care. Through provision of this screener and subsequent referrals to mental health providers and community-based organizations, CCCS has determined the following barriers to support and opportunities for improvement.

Triple Trauma Paradigm and the Trauma of Resettlement

As experts in forced migration, we conceive of trauma through the lens of the Triple Trauma Paradigm. The term describes three phases of trauma through the refugee experience organized chronologically: 1. Pre-flight, or trauma endured before fleeing their home country; 2. Flight and Displacement, or traumatic events that occur on their journey of displacement, traveling through other countries or in refugee camps; and 3. Post-Migration, or the trauma experienced once arriving in the United States in this case and the process of acclimating to a new country and culture. For some, there is an additional experience of complex trauma through the immigrant experience, which refers to a series of traumatic events that occur repeatedly and cumulatively over time. For example, if someone is exposed to repeated persecution over many years, it will orient their perspective and behavior towards being in danger. It is then a challenging and lengthy process for them to readjust their outlook and actions once they are living in a relatively

safe place.

The U-Curve of Cultural Adjustment is a research-based theory that describes a period of moving to a new country as an initial honeymoon phase, followed by a culture shock phase, adjustment phase, and mastery phase. For people who arrive to the United States with refugee status, the time from culture shock, through adjustment, and onto mastery is an average of 5 years. This period is undoubtedly longer for undocumented populations, who on top of navigating the traumas of resettlement are also contending with exploitation, homelessness, and lack of basic institutional protections. In the current political climate, with ICE raids rampant and dismantling of safety net programs, newly arriving undocumented immigrants are fearful of authorities and often afraid to leave their homes. They are being actively traumatized by the rapidly declining state of the government under the Trump regime. There are virtually no public benefits available to undocumented immigrants and those who have an immigration status that makes them eligible to access public benefits are either at risk of losing them or are too terrified to access them.

Existing mental health support infrastructure is increasingly out of reach to immigrants in New York City. If someone is at risk of suicide, traditional guidance instructs providers to call 911. If someone is experiencing Intimate Partner Violence or abuse, they may need to call the police to protect them from imminent violence. However, immigrants are at particular risk of police violence, so emergency intervention can be extremely dangerous and asking for help can be discouraged in the community. Immigrants are unwilling to engage in systems that are built to protect them due to fear of kidnapping and deportation and any visit to hospitals, health providers, schools, and community centers carries increased risks of exposure to immigration authorities, including ICE.

If someone's physical safety is threatened, the brain focuses its energy on survival mechanisms, leaving little room for growth, creativity, or critical thinking, all of which are needed to heal from trauma. When a threat is perceived, the body releases stress hormones, quickens breathing, and narrows vision. Enduring in this state can cause high blood pressure, hypervigilance, and anxiety, adding to the existing burden of immigrants already suffering from the traumas of their resettlement. As providers, we cannot minimize this threat: there is no paranoia in our clients' fear of being kidnapped and shipped to a foreign country. It is their reality.

Common trauma treatment modalities like Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, and Exposure Therapy require a safe and controlled environment that is virtually impossible to build for clients who are worried about having enough to eat or seeing their family members. Treatments for depression and anxiety that are more commonly accessed, like exercise, peer support groups, and community engagement feel out of reach to clients who are afraid to leave their homes. Any meaningful conversation about the provision of immigrant mental health must include ways to re-establish these basic levels of safety in our community, city, and state.

Inaccessibility to Benefits Contribute to Low Mental Health Outcomes

Cuts and changes to Medicaid, SNAP, and other safety net programs because of the One Big Beautiful Act (OBBA) will have a negative impact on immigrant populations in multiple ways. Last year, CCCS assisted 1,184 immigrant families to access SNAP and Medicaid benefits in the Refugee Resettlement Department alone and the cuts to safety net funding will have a vast and lasting impact across immigrant communities. The changes mean that most immigrants who had previously been able access Medicaid will no longer be eligible for the program. Not being able to afford basic physical healthcare causes increased stress emotionally and financially. Additionally, they will not be able to access baseline mental healthcare services that accept Medicaid. Hundreds of CCCS' immigrant clients receive referrals to mental health services that they qualify for through their insurance benefits that will no longer be able to, nor will they be able to access basic physical healthcare. According to Maslow's Hierarchy of Needs, for someone to reach self-actualization their basic needs need to be met first. Cuts to Medicaid, SNAP, and other public benefits with a disproportionate focus on stripping the rights of immigrants will lead to low mental health outcomes in immigrant populations. CCCS recommends that the City assess the impact of this bill on the immigrant population and consider launching a program to replace – to the extent possible – supports lost after the implementation of the OBBA.

Limited and Restrictive Service Availability

When new immigrants arrive in New York City, they are often seeking the stability they have missed for months, years, sometimes decades. Their priorities upon arrival are to learn English, look for jobs, and secure housing. Any deviation from these priorities can feel impossible: sometimes they even forgo eating in favor of waiting in line at the DMV to obtain an ID which might improve their chances at a job. As providers, we believe in the self-determination of our clients and take their lead in creating service plans that center their priorities. As experts, we know that their long-term stability depends on healing their trauma. Appropriate, comprehensive care models allow both to exist together.

There are limited mental health care services available to clients in multiple languages, and we have seen accessing interpretation to be a barrier for clients to participating in mental health counseling services. It is vital for someone to discuss their trauma in their native or preferred language so that they can most accurately describe their feelings and emotions without having to translate for themselves while doing so. This dearth in available service exists even with widely spoken languages like Spanish, let alone less common but desperately needed dialects of Pulaar, Wolof, Haitian Creole, and Farsi. CCCS clients have reported trying to seek services from providers that advertise their services in Haitian Creole, only to find out they speak French. Similarly, Ukrainian clients can understand the Russian language, but offering services in Russian can further traumatize refugees who have recently fled a Russian invasion.

In mental health treatment, the standards for care must be higher than just sharing an alphabet: cultural context *must* be considered vital to make services truly accessible. City and state officials have taken small steps to recognize this need by mandating that providers include interpretation services in their care. However, when providers try to meet these requirements, they often do so at their own expense, as there is no additional municipal funding to support these mandates, further stretching the limits of providers already at capacity. In addition to more mental health providers providing services tailored to immigrant populations, these services should provide culturally sensitive interpretation in any language.

The mental health ecosystem is expansive, and its vast nature makes it challenging to navigate for anyone, let alone a newly arrived immigrant who is experiencing trauma and may not speak English. Large non-profits that provide clinical services have long wait times for an appointment. It is challenging to find providers that provide linguistically appropriate care, have appointments available in the evenings, or are near our clients' shelters, homes, and workplaces. Institutes and other sliding scale options require insurance to participate. Private practice and other private options are cost prohibitive and hard to find. CCCS would advocate for a system in which mental health providers are funded to provide mental health services specific to immigrant populations, including free or low-cost options without insurance requirements, flexible schedules, short wait times for an intake, crisis intervention, and comprehensive language access.

Stigma and a Culturally Sensitive Lens

NYC has included the negative effects of discrimination and “dehumanizing, anti-immigrant rhetoric” in its recent report on immigrant health entitled The Health of Immigrants in New York City. Providers and experts know that the dehumanization and discrimination against new immigrants is pervasive. According to the World Health Organization’s “Mosaic toolkit to end stigma and discrimination in mental health” published in 2024, people across cultures who experience mental health stigma from their communities are less likely to seek health care when needed; report lower quality of life and greater hopelessness about life; are less confident and more likely to be lonely, find it harder to get work, study, or have secure housing; are more likely to have suicidal ideation; and more. It is vital for mental health providers in NYC to include a trauma-informed, culturally sensitive, flexible, and open perspective in their work with immigration populations, and to continuously learn about how mental health is perceived in different communities in order to tailor services to meet their client where they are.

A Road Forward: Increased Options and Community Care

It is important to view mental health from an expansive and holistic perspective – noting that for some, traditional clinical services will not be the best fit for their needs. Providers and funders should prioritize increased supportive services in general, including group therapy opportunities, affinity groups including sports teams, art classes, and more, meditation study, and events that focus on and celebrate community. It is critical that we find ways to increase the impact and efficacy of mental health care despite the limited capacity of social service providers. Investing

in models that center community-based care helps meet this need. Immigrant populations should have access to a wide variety of supportive care to meet their needs at different stages of their healing journey. There is a huge need for increased clinical services to be provided to immigrant populations that are trauma-informed, culturally sensitive, linguistically equipped, cost-free, and with flexible schedules to support NYC's immigrant community. Truly addressing the mental health care needs of immigrants in NYC will require a significant investment.

In summary, our recommendations are for the City to:

- **Expand Access to Mental Health Care** – Fund free or low-cost mental health services for immigrants that do not require insurance, have reasonable wait times, offer flexible hours, and are geographically accessible to where immigrants live and work.
- **Ensure Linguistic and Cultural Responsiveness** – Invest in linguistically appropriate and culturally sensitive services, including trained interpreters in a wide range of languages, and ensure providers are equipped to work in a trauma-informed and culturally-sensitive.
- **Restore and Protect Safety Net Supports** – Assess the impact of cuts to Medicaid, SNAP, and other benefits on immigrant populations and create city-funded programs to replace or supplement lost supports, recognizing that basic needs must be met to support mental wellness.
- **Prioritize Safety in Mental Health Response** – Develop crisis intervention approaches that protect immigrants from re-traumatization by minimizing reliance on law enforcement and ensuring safe alternatives to 911 or police involvement.
- **Broaden Models of Care Beyond Clinical Settings** – Expand access to community-based supports such as group therapy, peer networks, affinity groups (e.g., sports, arts, cultural activities), wellness practices, and community celebrations that build resilience and reduce isolation.
- **Strengthen Provider Capacity and Funding** – Increase investment in providers that deliver immigrant-focused, trauma-informed care, including interpretation services, specialized training, and the resources needed to sustain comprehensive care models.

Thank you for the opportunity to testify today and for your commitment to addressing the mental health needs of immigrants in New York City. If you have any questions about this testimony, please contact jessica.brecker@catholiccharitiesny.org. We look forward to working with you to advance the needs of New York City's most vulnerable populations.



NEW YORK CITY COUNCIL HEARING

before the

Committee on Immigration

on

Tuesday, September 16th at 10:00AM

**Testimony By: Jonathan Chung, MPA
Director of Public Policy & Advocacy
National Alliance on Mental Illness of New York City (NAMI-NYC)**

Thank you, Chair Aviles, and Members of the Committee, for holding this important hearing today. We are a nation of immigrants, so we appreciate the Committee's prioritization of the wellbeing of our neighbors and friends who make up New York's immigrant community.

My name is Jonathan Chung, and I am here testifying today as the Director of Public Policy and Advocacy for the National Alliance on Mental Illness of New York City (NAMI-NYC). For over 40 years, NAMI-NYC has served as a leading service organization for the mental health community throughout the city, providing groundbreaking advocacy, education, and support services for individuals affected by mental illness, their families, and the greater public, all completely free of charge. Our renowned peer- and evidence-based services are unique in that they are led both for and by members of the mental health community and are reflective of the diversity of New York City.

NAMI-NYC's Helpline receives many calls and inquiries from the immigrant community, so our Helpline responders collectively have a unique perspective on the mental health needs of New York's immigrant community.

A major issue that impacts immigrants in New York is the lack of providers and clinicians who speak Spanish and other non-English languages. While some local Office of Mental Health (OMH) clinics state on their website or on legacy databases (such as 988's service finder, etc.) that they have providers in multiple languages, this is often not accurate. Individuals who have called clinics and requested a responder fluent in a listed language have been told they no longer have therapists offering it. This is unacceptable.

While translation services have been used for various clinical appointments, we believe that state and city licensed clinics, among others, should be doing more to provide linguistically and culturally competent care for New Yorkers who are not fluent in English. For shorter appointments, such as psychiatry, translation services may be more appropriate and efficient.

Community-based organizations (CBO) are trusted spaces in places where immigrant New Yorkers already go to receive care and services. Many provide vital care that the government cannot, but do not receive the funding they need to help everyone in their respective communities. The city must always remain vigilant and be proactive in its funding to address gaps in services where they exist and expand their commitments where necessary to adequately fund mental health

programs. When immigrant community members are familiar with these organizations, they are more willing to receive services and are less likely to feel stigma seeking support.

Our Helpline provides information on NYC Care and local OMH-licensed clinics for children of immigrants if the children are in Medicaid Child Plus. NYC Care is the most affordable way to get necessary care for adults who are undocumented and otherwise do not qualify, yet this program is underfunded. Individuals who we have connected to NYC Care have shared with us that wait times are unreasonable and counseling appointments are often as short as 20 minutes long.

We also know that immigration status is a sensitive subject, especially given the political climate with the federal government, so the city needs to be able to help people and allow them to remain as anonymous as possible. Our neighbors should feel assured that they can walk through a door to receive help without fear of being detained. Many immigrants come from places where distrust in government is prevalent, so partnering with community-based organizations, faith-based organizations, and other local credible messengers to get the word out about city services is essential and crucial to serving New York's immigrant community. It is imperative that every service provider, including the City of New York, meet people where they live and work.

Another major issue is the need for more culturally competent care, particularly for families who have a young person who has a mental illness or experiences mental health challenges. Early intervention and stabilization of a youth's mental health condition is especially important. It is an integral time for the youth to get help and mitigate progression to serious symptoms such as psychosis, severe depression, or severe anxiety. Our Helpline has received many calls from parents regarding this issue, sharing how it is challenging to understand school and mental health systems when English is not their first language and responders do not share the same cultural sensitivities.

For example, we have had clients tell us that the Administration for Children Services' (ACS) preventative services programs for families of youth who have a mental illness and/or substance use disorder has lacked culturally competent care. Additionally, some have shared that they are afraid to be associated with ACS and other government agencies, as they hold concerns about immigration enforcement and the safety of their child or the young person in their care.

Due to stigma, a lack of trust in institutions, and cultural and language barriers, many families struggle to keep a child living with a mental illness in school, or from falling into addiction.

Many families do not know what to do when their child starts showing signs of mental illness and serious mental illness. Instead of reaching out, immigrant families are more likely to keep issues within the home. Anecdotally, our Helpline responders have spoken with parents who shared that their child had been out of school for 2+ years and had begun exhibiting reclusive behavior in their room. No one reached out to the family, and they did not know what to do.

Programs, such as NAMI-NYC's Basics education class and our support groups assist in educating and supporting the family, but the actual clinical and therapeutic programs need to be more accessible and culturally competent.

NAMI-NYC is pleased to see the continuing evolution of clarity and conversation around mental health while work is being done to effect change in the New York City landscape. The stigma is real, and we need more preventative services, trusted community members, and organizations to step in earlier and meet people where they are. We hope you consider our testimony and see our organization as a resource to you as the city continues to develop its prevention and response programs. Thank you for the opportunity to testify today.

Committee on Immigration

“Oversight- Addressing the Mental Health Needs of Immigrants in NYC”

Testimony from African Communities Together September 15, 2025

Good afternoon Chair Aviles and members of the Committee on Immigration. Thank you for holding today's important hearing.

My name is Airenakhue B. Omoragbon and I am a social worker and policy advocate with subject-matter expertise in gender-based violence and family, youth, and children's services. I serve as the New York Policy Manager at African Communities Together (ACT), where I drive our Hair Braiding, Right to Shelter, and Language Access campaigns. I also work full-time on the Language Justice Collaborative (LJC) to eliminate language and cultural barriers to immigrants' access to public services.

I am here today to highlight the need to increase access to inclusive and equitable mental health services for long-term and recently arrived African migrants living in New York City.

In the spring of 2022, over 200,000 New Arrivals came to New York City seeking asylum and other protection in the United States. Studies show that between 10% and 20% of those migrants were Black and they hailed from Haiti, South America, and African republics like Senegal and Mauritania. Many were [forced to leave their home countries](#) due to interaction with extremist groups, drought, sexual and gender-based violence against women and girls, food insecurity, and being subjected to arbitrary arrests, threats, and physical assault for being members of the LGBTQIA+ community.

Refugees exposed to this height of adversity have diverse mental health needs and may be at greater risk of experiencing mental health conditions than people who have been living in the United States for a long time. For example, one of the most common mental health challenges that we see amongst young people worldwide is this feeling of powerlessness. As of 2023, there were an estimated [1.8 billion people living in the world who were between the ages of 10 and 24](#). This number represents the largest number of young people to exist in human history, with [90% of youth in developing countries](#), and [1 in 4 young people directly affected by conflict, violence, and crisis](#). Despite these challenges and experiences with violence and corruption, most young people living in economically developing nations are barred from political positions and disempowered due to age restrictions, their lack of financial, social, and political networks, and resources. This amalgamation can severely impact this population's mental health, before they even make their journey to the United States.

In addition to the trauma refugees and migrants in other age groups experience pre-migration, in the midst of migration travel and transit, post-migration, and during the integration and settlement period, young people also go through changes that put them at an additional risk for difficulty, including but not exclusive to, school transitions, grappling questions about religion

and the values they were taught growing up, desiring more control in the family, but not getting it, etc.

Because of all of these things, when an influx of refugees and migrants with lived experiences came to New York in 2022, we saw a significant demand on mental health service agencies and community organizations that were already stretched thin by COVID-19.

As a national membership organization that is by and for African immigrants, ACT is dedicated to fighting for civil rights, opportunity, and a better life for our communities in the United States. To ensure their access to healthcare and mental health services, African Communities Together's New York Chapter is working in partnership with AfriLingual LLC, New York's first and premier language services cooperative, to provide no-cost interpretation to recently arrived migrants for access to healthcare and mental health services.

Here is how the project works:

- Through our partnership with AfriLingual, ACT is working to expand responsive, no-cost interpretation services from 10 to 20 African languages, including but not limited to Wolof, Puular, Bambara, Swahili, Fulani, and Amharic.
- In cooperation with AfriLingual, we are supporting the recruitment, training, and certification of 10 additional language interpreters, to increase the cooperative's team from 10 to 20 staff members.
- These new interpreters would be asked to undergo a comprehensive 60-hour Community Interpretation program, obtain certificates in Trauma-Informed Interpreting and Medical Terminology through [REACH](#) (a woman-owned consulting and training company aimed at providing outstanding cultural and linguistic services geared to healthcare), and receive ongoing support and training from a consultant, hired by ACT, to enhance their interpreter skills, well-being, and efficacy in providing trauma-informed migrants with premier care.
- After strengthening their team, AfriLingual will work with NYC Health + Hospitals, including but not exclusive to Harlem Hospital, Bellevue Hospital, Lincoln Hospital, and Montefiore to provide 400 hours of no-cost interpretation services to 200-300 individuals.

The partnership is also working with NYC Care, NYC Mayor's Office of Immigrant Affairs (MOIA) and the Department of Health and Mental Hygiene to support migrant communities seeking healthcare and mental health services, and inform and enhance citywide services.

Earlier this month, as part of this project, ACT hosted two mental health sessions for African asylum seekers living in New York City. One was catered towards men, the other was tailored for women, and both were facilitated by ACT staff and AfriLingual interpreters. Staff began to break down the stigma associated with mental health in African communities, and provided participants with language and terminology around their emotions.

Many of the members of ACT staff are either immigrants, migrants, or the children of immigrants living in New York City, so they spoke honestly about what it was like for them to seek mental

health support at some stage in their life and navigate challenges here in New York. This gave participants the courage to speak their truth and make sense of what it looks like to seek mental health support.

For ACT, the fight to increase access to mental health treatment for immigrants living in New York, isn't just professional. It's personal and starts with striving for language justice. Because of this, we ask the City Council to continue to see ACT and AfriLingual as a resource in solving this challenge, now and in years to come.

Thank you.

Submitted by:

Airenakhue B. Omoragbon, MSSW, LMSW

NY Policy Manager

African Communities Together



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Addressing the Mental Health Needs of Immigrants in NYC

Thank you, Chair Alexa Avilés and the Committee on Immigration, for holding this hearing and for allowing us to testify. I am Maryam Khaldi, Director of Programs at the Arab American Association of New York, where we provide wraparound services and empowerment programs to over 10,000 Arab American and Arab immigrant New Yorkers every year. We are here today testifying alongside our partners from the Asian American Mental Health Roundtable, a coalition of 15 Asian-led, Asian-serving organizations that collaborate to address challenges, create solutions, and share resources, to increase access to culturally competent mental healthcare.

Mental health has been a persistent (and growing) issue in our community for many years, and the current sociopolitical environment has amplified the fears, anxieties, and mental health challenges faced by our and all immigrant communities. Since January, our Roundtable has noted an increasing number of Asian Americans facing heightened mental health issues, due to the chilling impact of anti-immigrant policies issued by the federal administration and the ongoing surge of anti-Asian hate. In our home neighborhood of Bay Ridge, Arab-phobic and Islamophobic attacks have become commonplace, shaking our neighborhood to the core and compromising community safety and well-being. Community-Based Organizations have played a vital role in addressing barriers and concerns by providing direct services and utilizing existing social support networks. However, the rising demand for services and the challenges in hiring and retaining culturally and linguistically competent staff have placed additional stress on our organizations.

It is vital that community organizations like our own receive increased funding to provide these services. We have spent years building trust in the communities we serve and, in many cases, are the only ones in the City with the linguistic and cultural awareness needed to provide impactful services to our community members. We need increased city investment in immigrant mental health services; otherwise, our vulnerable community members will suffer worsening mental health outcomes that will have a lasting impact for years to come. We respectfully request that the City Council increase or improve initiatives to help us sustain our mental health work to prevent and address crises before they arise, including:



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- Invest in Asian-led, Asian-serving, and immigrant-serving CBOs that provide culturally competent non-clinical and clinical mental health services and case management tailored to the needs of Asian American immigrants.
- Increase funding for mental health initiatives tailored to the specific linguistic needs of Asian Americans.
- Invest in a linguistically and culturally competent mental healthcare workforce, including creating programs to fast-track skilled immigrants.
- Increase the financial budget of the Mayor's office to strengthen and sustain support for Hate Crime Prevention through community-based solutions, Immigrant Mental Health initiatives to reduce stigma.

Every year, the Arab American Association of New York provides one-on-one clinical counseling in Arabic and English to hundreds of our community members. We host support groups for young mothers and survivors of domestic violence that help dozens of vulnerable immigrant women build independence, learn healthy coping strategies, and find community. And we partner with organizations all across the city to conduct holistic hate crime prevention programming to thousands of vulnerable community members in an effort to build safety, solidarity, and well-being in the face of hatred and violence.

We must do more to protect the emotional well-being and stability of immigrant and Asian New Yorkers. CBOs have the proven skills and expertise to provide specialized culturally and linguistically competent care our communities need; however, only with adequate funding and investment can this be accomplished. The Arab American Association of New York is committed to advancing culturally competent care and advocating for our community. Thank you for your continued support and for the opportunity to testify today.



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TESTIMONY OF THE ARAB AMERICAN FAMILY SUPPORT CENTER BEFORE THE CITY COUNCIL COMMITTEE ON IMMIGRATION September 16th, 2025

Good afternoon, Chair Alexa Avilés and members of the Committee on Immigration. My name is Zarin Yaqubie, and I serve as the Mental Health Clinician Supervisor at the Arab American Family Support Center (AAFSC). AAFSC provides linguistically accessible, trauma-informed, and multi-generational social services. While our doors are open to all New Yorkers, we have particular expertise in serving the growing Arab, Middle Eastern, North African, Muslim, and South Asian communities across the city. With locations in all five boroughs and services offered in more than 20 languages, AAFSC provides comprehensive support to over 20,000 individuals annually.

As members of AAF's Asian American Mental Health Roundtable, we are here today to highlight the urgent mental health needs of New York's pan-Asian and immigrant communities. The Roundtable is advocating for increased funding for community-based organizations to expand and sustain their mental health services. These resources ensure that all New Yorkers have access to care that is both effective and accessible. At AAFSC, we make our services accessible by providing them free of charge and in a setting where clinicians understand our clients' backgrounds and speak their languages. For many of our clients, we are one of the only providers offering this level of support.

Beyond mental health, AAFSC provides wraparound services including domestic violence case management, housing navigation, legal services, food distribution, and more, ensuring that community members receive holistic support. However, just as demand is surging, sustaining these services has become increasingly difficult.

Federal funding freezes and delays have created unprecedented uncertainty for our mental health program. AAFSC alone faces a potential \$1.1 million shortfall amid an 80% increase in referrals to our mental health program. Like many CBOs, we lack endowments or reserve funds to bridge gaps while awaiting federal decisions. Without support, essential services such as mental health counseling and domestic violence intervention are at risk.

Recent federal policies have placed immigrant communities in immediate jeopardy by escalating immigration enforcement actions, rolling back protections, slashing the social safety net, and restricting access to critical services. We are already seeing the consequences:

- Students are afraid to leave shelters.
- Families are forgoing critical social services, such as food stamps, out of fear of sharing personal information with federal agencies.

- Mental health requests have surged by 80 percent at AAFSC.

In response, we expanded mental health, legal, and outreach services, strengthened facility security, and trained staff to respond to potential ICE actions. But sustaining these programs requires the city's support.

New York City must invest in immigrant mental health now. Without action, vulnerable communities will face worsening outcomes with lasting harm. We urge the Council to strengthen initiatives that sustain care, prevent crises, and ensure equitable access for all, including:

- Invest in Asian-led, Asian-serving community-based organizations that deliver linguistically competent mental health services, both clinical and non-clinical, along with case management tailored to the unique needs of Asian American immigrant communities.
- Expand funding for linguistically accessible mental health initiatives that break down barriers preventing Asian American and immigrant New Yorkers from seeking and receiving care.
- Develop a linguistically competent mental health workforce by creating pathways and fast-track programs that empower skilled immigrants to serve their own communities.
- Increase the Mayor's Office budget to strengthen and sustain immigrant mental health programs and community-based hate crime prevention efforts, while reducing stigma and fostering safer, healthier neighborhoods.

Investing in these initiatives is not just an investment in mental health. It is a commitment to protecting New York's most vulnerable residents.

Thank you for your time and consideration.

Testimony to the New York City Council
Committee on Immigration
September 16, 2025

Thank you, Chair Alexa Avilés, and members of the Committee on Immigration, for holding this hearing and providing us with the opportunity to testify. My name is Nat Moghe, the new Advocacy Coordinator at the Asian American Federation (AAF), where we proudly represent a collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers. I'm honored to testify alongside our partners from the Asian American Mental Health Roundtable as a South Asian queer and trans activist, as well as a first-generation American.

Current Mental Health Landscape for Asian American New Yorkers

With the current federal administration's growing attacks on immigrant communities, the mental health burden on Asian American New Yorkers has significantly increased, especially for those with existing mental health struggles and/or limited English proficiency. To paint a clearer picture, there are over 1.5 million Asians in NYC, and 65.1% are foreign-born. Nearly 45% of all Asians in NYC and 72% of our seniors have limited English proficiency (LEP), making it harder for them to access help due to language barriers.¹

In our current political climate, the nation's official language has been narrowed to "English-only" through Executive Order 14224 signed on March 1, 2025, creating additional barriers for our LEP community members. This will directly impact their ability to access vital mental health services. Access to these services is essential to our community as suicide is the second-leading cause of death for Asian Americans aged 15-24, and Asian women aged 65+ have the highest suicide rate among all racial groups.² Furthermore, AAF and 14 of our member organizations recently surveyed New York's pan-Asian community to study the impact of our Hope Against Hate campaign.³ This analysis found that 49% of survey respondents felt at risk of experiencing anti-Asian bias, and 46% perceived an increase in anti-Asian bias, indicating a significant level of concern and fear within our local Asian community. Our pan-Asian community continues to face xenophobia, a rise in anti-Asian violence, and ever-changing and regressive immigration policies from the current federal administration. The passing of bills, such as H.R.1, will have devastating impacts on Asian New Yorkers in immigration and healthcare access. AAF recently analyzed the preliminary text of H.R. 1 and how policy changes will specifically impact Asian

¹ Asian American Federation Census Information Center. (2025, May 5). Expanding Communities, Expanding Needs: Asian Communities in New York City Council Districts 2025 - Asian American Federation. Asian American Federation. <https://www.aafederation.org/expanding-communities-expanding-needs-asian-communities-in-new-york-city-council-districts-2025/>

² Asian American Federation, & Asian American Mental Health Roundtable. (2024, April). Bridging the Gap: Policy Recommendations for Improving Mental Health Services. aafederation.org. <https://mentalhealth.aafederation.org/post/bridging-the-gap:-policy-recommendations-for-improving-mental-health-services>

³ More than Just Strategies: The Lasting Impact of the Hope Against Hate Campaign - Asian American Federation. (2025, April 8). Asian American Federation. <https://www.aafederation.org/research/2024-hah-findings/>

New Yorkers.⁴ Almost 1.5 million New Yorkers may lose health coverage, including 224,000 low-income immigrants on the essential plan. New work requirements will restrict access to care and legal status, particularly for older adults and households with limited English proficiency. These changes will have detrimental effects on our communities, reigniting fear and pushing even more families out of life-saving programs.

AAF's Mental Health Programming and Advocacy

Since 2017, AAF has been committed to advocating for and researching improvements in access to culturally competent mental health services for Asian Americans. AAF has prioritized access to mental health resources for the Asian American community as a fundamental aspect of our advocacy and programmatic initiatives. In alignment with our initiatives, we firmly believe that as a sanctuary city, we should welcome all immigrants with the dignity and fairness they deserve.

AAF leads the Asian American Mental Health Roundtable, the only coalition of Asian-led, Asian-serving Community-Based Organizations (CBOs) providing linguistically and culturally competent clinical and non-clinical mental health services and resources, and we collaborate to address challenges, create solutions, and share resources. Additionally, AAF builds the organizational capacity to provide mental health services. From 2020 to 2024, AAF worked with our CBOs to strengthen their health programming, which resulted in over 12,800 Asian New Yorkers getting connected to mental health services from providers who speak their language and understand their unique cultural needs. In 2021, AAF launched its Hope Against Hate campaign, partnering with 33 CBOs to provide linguistically and culturally competent safety information, services, and programming. In 2022, AAF launched our online Mental Health Directory, the first-ever mental health provider database with over 650 service providers fluent in over 19 Asian languages who are committed to helping Asian New Yorkers find culturally relevant mental health support.⁵ In 2024, AAF launched the Asian American Mental Health Hub, the first-ever, comprehensive digital platform, to increase access to mental health data, services, and resources tailored to New York's Asian community.⁶ This hub includes resources that address mental health concerns in various Asian languages, such as how to address stress and anxiety linked to anti-Asian hate, bullying among Asian American Youth, and identifying mental health concerns among Asian seniors.

In the past year, AAF provided 7,029 in-language, culturally competent mental health services to 2,819 Asian New Yorkers. In 2024, in collaboration with the Asian American Mental Health Roundtable, we also published a policy agenda that highlights the gaps and barriers Asian New Yorkers face in accessing mental healthcare.⁷ This agenda offers recommendations to promote equity and inclusion in mental health policies and practices.

⁴ Asian American Federation. (2025). How H.R. 1 Threatens the Health and Wellbeing of Asian American New Yorkers.

<https://www.aafederation.org/wp-content/uploads/2025/08/Asian-American-Federation-H.R.-1-Info-Sheet.pdf>

⁵ AAF Mental Health Directory. (2022). Aafederation.org. <https://mhd.aafederation.org/>

⁶ Asian American Federation Mental Health Hub. (2024). Aafederation.org. <https://mentalhealth.aafederation.org/>

⁷ Asian American Federation & Asian American Mental Health Roundtable. (2024). Bridging The Gap: Policy Recommendations For Improving Asian American Mental Health Services. Asian American Federation. https://www.aafederation.org/wp-content/uploads/2024/04/Mental-Health-Roundtable-Policy-Brief_FINAL.pdf



ASIAN AMERICAN MENTAL HEALTH ROUNDTABLE

Collective Care for Our Communities

As we advocate for and provide culturally competent mental health services, we continue to witness the detrimental effects of inadequate mental health resources for Asian New Yorkers. Without increased funding, Asian-led organizations struggle to retain bilingual staff, expand case management services, and sustain vital mental health programs, both clinical and non-clinical. In FY 2025, only AAF and eight of our member organizations received funding from the Immigrant Health Initiative, the Mental Health for Vulnerable Populations Initiative, or the Geriatric Mental Health Initiative. Furthermore, only 2.47% of FY 26 City Council funding for mental health services went to Asian serving organizations. Despite the ongoing lack of funding, Asian-led organizations remain dedicated to delivering high-quality, culturally sensitive mental health services, even as the demand significantly surpasses their capacity. Furthermore, with the added pressure of HR.1 shifting the financial burden from the federal government to states and cities, we understand that the reduction in funding for essential programs like Medicaid, along with the narrowing of the definition of "eligible aliens," will undermine resources available for immigrants to access healthcare, particularly mental healthcare. Now more than ever, the city must invest in culturally and linguistically inclusive mental health services to ensure all communities have access to care. We need to do more to protect the emotional well-being of Asian New Yorkers, but we cannot do it alone.

Recommendations

Our member CBOs have played a vital role in addressing barriers and concerns by providing direct services and utilizing existing social support networks. However, the rising demand for services and the challenges in hiring and retaining culturally and linguistically competent staff have placed additional stress on these organizations. Increased city investment in immigrant mental health services is essential; otherwise, our vulnerable community members may face worsening mental health outcomes.

In today's current political climate, we respectfully request that the City Council increase or improve initiatives to help us sustain our mental health work to prevent and address crises before they arise, including:

Invest in Asian-led, Asian-serving CBOs that provide culturally competent non-clinical and clinical mental health services and case management tailored to the needs of Asian American immigrants.

- Adequately funding Asian led, Asian serving CBOs would allow them to design and implement programs that align with the specific needs of Asian immigrant communities.
- 75% of CBOs surveyed in the Roundtable expressed a need for additional funding, which would not only support their existing mental health services, but also facilitate their expansion to address the rising demand for such services.

Increase funding for mental health initiatives tailored to the specific linguistic needs of Asian American immigrants.

- Increase funding for NYC's Immigrant Health Initiative and Mental Health for Vulnerable Populations Initiative and ensure Asian CBOs get a piece of this funding.
- Increase funding for case management services to meet the increasing demand for mental health support.
- Funding can support the design of programs that meet immigrants where they are at, respecting cultural values and traditions.

Invest in a linguistically and culturally competent mental healthcare workforce, including creating programs to fast-track skilled immigrants.



ASIAN AMERICAN MENTAL HEALTH ROUNDTABLE

Collective Care for Our Communities

- Support not just bilingual mental health staff recruitment, but also retention.
- Explore and open pathways for immigrants with specialized mental health backgrounds to address the current staffing shortage.
- Offer grants and scholarships specifically targeted to individuals pursuing careers in mental health professions.

Conclusion

We must do more to protect the emotional well-being of Asian New Yorkers, especially Asian immigrants. CBOs have the proven skills and expertise to provide specialized culturally and linguistically competent mental health care our communities need; however, only with adequate funding and investment can they address these challenges. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of you to make sure our immigrant communities get the support they deserve. If you have any questions, you can contact me by email at nat.moghe@aafederation.org or by phone at 732-589-2210.



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TESTIMONY OF:

**Zoe Joly, Director of Social Work
Immigration Practice**

BROOKLYN DEFENDER SERVICES

Presented before

The New York City Council Committee on Immigration

Oversight - Addressing the Mental Health Needs of Immigrants in NYC

September 16, 2024

My name is Zoe Joly. I am the Director of Social Work in the Immigration Practice at Brooklyn Defender Services (BDS). BDS is a public defense office whose mission is to provide outstanding representation and advocacy free of cost to people facing loss of freedom, family separation and other serious legal harms by the government. I thank the New York City Council Committee on Immigration, in particular Chair Avilés, for the opportunity to testify about the mental health needs of immigrant New Yorkers.

For 29 years, BDS has worked, in and out of court, to protect and uphold the rights of individuals and to change laws and systems that perpetuate injustice and inequality. As of July 1, 2025, BDS assumed the responsibilities of the criminal defense contract previously held by Queens Defenders. We are proud to now provide high quality legal services to low-income New Yorkers in both Brooklyn and Queens. Our staff consists of specialized attorneys, social workers, investigators, paralegals, and administrative staff who are experts in their individual fields. BDS also provides a wide range of additional services for our clients, including civil legal advocacy, assistance with educational needs of our clients or their children, housing, and benefits advocacy, as well as immigration advice and representation.

BDS' Immigration Practice protects the rights of immigrant New Yorkers by defending against ICE detention and deportation, minimizing the negative immigration consequences of criminal and family court involvement for non-citizens, and representation in applications for immigration benefits. We represent people who are applying for immigration relief before U.S. Citizenship and Immigration Services (USCIS), and in removal proceedings in New York's immigration courts. In 2013, with funding from the City Council, BDS became one of the three legal

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providers for the New York Immigrant Family Unity Project (NYIFUP), the nation's first-ever universal representation program for detained immigrants facing deportation. Along with The Bronx Defenders and The Legal Aid Society, BDS specializes in representing people who are detained while they await their deportation hearing. We will also provide continued representation on immigration matters to our previously detained immigrant clients after securing their release from ICE custody.

Immigrant New Yorkers and Mental Health

As a provider of legal services for the low-income New Yorkers, we often meet our clients when they are in crisis and facing financial and emotional hardship. In the immigration practice, many of our clients have personal histories of complex trauma, both in the United States and before they arrived in this country. Many have been exposed to violence and persecution in their home country before experiencing criminalization, detention and prosecution in the United States. Others, vulnerable upon arrival in this country, have faced abuse in the United States before suffering in detention. For even the most resilient, these experiences are traumatizing and dehumanizing. In detention, people struggle to access even the most basic mental health services, medication, and counseling. For those living with severe mental illness, these experiences may cause re-traumatization and exacerbate mental health concerns. Many of the people we serve report they are being held in protective custody or administrative segregation, forms of solitary confinement, for weeks or months. This practice has been banned in New York State facilities on the HALT Act, which recognizes that long-term solitary confinement is torture and causes lasting psychosocial harm.

The aggressive, militarized immigration enforcement tactics in our communities coupled with rapid changes to immigration status at the federal level have left the people we serve exhausted and terrified. Places that once felt safe, like food pantries¹ and community centers, have become targets for ICE enforcement. The current climate of heightened fear unfolds amid increased restrictive federal immigration policies and increased enforcement actions.² These policies generate profound fear and stress within immigrant communities. Immigrants, particularly those without U.S. citizenship, are forced to navigate daily life under a cloud of uncertainty, trauma, and the looming threat of detention or deportation: conditions that carry serious mental health implications. This environment of pervasive anxiety and instability contributes to elevated levels

¹ See https://ny1.com/nyc/queens/politics/2025/07/22/how-ice-fears-are-shaping-the-jackson-heights-community?cid=share_clip; <https://qns.com/2025/04/meng-homeland-security-food-pantries/>; <https://www.healthbeat.org/newyork/2025/06/18/food-pantries-immigrant-aid-hunger/>; <https://ny1.com/nyc/queens/politics/2025/07/21/queens-street-vendors-on-edge-over-immigration-policies--deportations>

² Dadras, O.; Sediq Hazratzai, M., "The silent trauma: U.S. immigration policies and mental health," The Lancet Regional Health (April 2025) available at [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(25\)00058-4/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(25)00058-4/fulltext); Educators have reported increased stress and uncertainty among immigrant students who worry about their families' safety. See <https://gothamist.com/news/nycs-immigrant-families-face-new-source-of-back-to-school-anxiety-federal-agents>

of psychological distress, especially among families and children living in mixed-status households.³

A May 2025 Kaiser Family Foundation poll of immigrants found that 6 in 10 lawfully present immigrants say they worry about the possibility that they or a family member could be detained or deported, contributing to feelings of increased stress, anxiety, and other health problems.⁴

Changes to Federal immigration policy may impact mental healthcare access

The mental health needs of immigrant New Yorkers are substantial and multifaceted, shaped by legal uncertainty, trauma, and many other factors. Currently, many immigrant New Yorkers remain eligible to enroll in health insurance through the Health Plan Marketplace, including those with Permanently Residing Under Color of Law (PRUCOL) status.⁵

PRUCOL allows many immigrant New Yorkers to qualify for healthcare programs. However, recent changes in immigration policies could disrupt this access, leading to serious consequences for mental health care. Recent changes to federal immigration policy have resulted in many immigrants losing lawful status.⁶ For example, in 2025 the Department of Homeland Security (DHS) has initiated the termination of Temporary Protected Status (TPS) for multiple countries, such as Haiti, Honduras, El Salvador, Nicaragua, and Venezuela. TPS recipients are often eligible for health coverage through PRUCOL. However, these new restrictions could cause these individuals to lose their TPS status or be unable to renew it, likely leading to their losing access to healthcare programs they once relied on.

For many immigrant New Yorkers in this situation, losing healthcare coverage also means losing access to mental health services, which are often essential for addressing the stressors and trauma associated with immigration experiences. Immigrants, particularly those who have fled conflict, natural disasters, or economic hardship, may have pre-existing mental health conditions like anxiety, depression, or PTSD.⁷ The loss of healthcare access for immigrants does not only affect

³ See Vital, Veronica, “The Impact of Immigration Policies on Health Outcomes”, *Hispanic Health Care International*, Sage Journals, Volume 23, Issue 3, September 2025, Pages 137-138, *available at* <https://journals.sagepub.com/doi/epub/10.1177/15404153251352356>

⁴ KFF Survey of Immigrants: Views and Experiences in the Early Days of President Trump’s Second Term (Mar. 6 - Apr. 13, 2025) *available at* https://www.kff.org/wp-content/uploads/2025/05/Immigrants-worries-about-being-detained-or-deported-are-higher-now-than-in-2023_for-news-release.png

⁵ See the New York State Department of Health Documentation Guide: Immigrant Eligibility for Health Coverage, https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/04ma003att1.pdf

⁶ A report published today by the National Immigration Law Center (NILC) shows that an overwhelming majority of Deferred Action for Childhood Arrivals (DACA) recipients fear losing future access to health care services and many are experiencing worsening health due to concerns about their immigration status. See “DACA Recipients Fear Losing Health Care Access, Annual Report Shows,” Aug. 26, 2025, *available at* <https://www.nilc.org/press/daca-recipients-fear-losing-health-care-access-annual-report-shows/>

⁷ Fact Sheet, World Health Organization (WHO), “Refugee and migrant mental health” Sept. 1, 2025, *available at* <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-mental-health>

the individuals who lose their coverage but can also have broader public health consequences.⁸ The lack of stable healthcare coverage can worsen these conditions, leading to greater social isolation, diminished economic productivity, and worsening overall well-being.

Recommendations

Our team works diligently to help our clients navigate healthcare systems, access competent providers, and receive the treatment they need and deserve. Even with a team of advocates—including an attorney and a social worker—accessing care can be time-consuming and challenging. For immigrant New Yorkers without advocates and with limited resources, this process may seem impossible.

1. Ensure timely access to psychiatric care for people leaving immigration detention

Leaving detention is a precarious time for people, particularly those with serious mental illness, who have been removed from their communities, detained for months, and then returned without connections to community support. Access to care has long been and remains a fundamental concern for our clients in city jails, state prisons, and immigration detention centers. As part of our representation, BDS' Jail Services and Reentry teams provide direct services and advocacy for our clients while they are incarcerated in New York City jails, returning from New York State Department of Corrections and Community Supervision (DOCCS) prisons upstate. However, the services that the city and state provide to people leaving city and state jails and prisons are typically not available to immigrants leaving detention.

When released from immigration detention, the facility typically provides people with a 10-day supply of medication but not a prescription for a medication refill, a referral to an outpatient psychiatrist, or any documentation on their mental health treatment while detained or the presenting condition. This leaves people with few options for accessing care. They can enroll in an outpatient mental health clinic, which typically requires two intake interviews over a 6-week period before seeing a psychiatrist or doctor who can prescribe medication. This often means going without psychiatric medication for days or weeks while waiting to see a doctor. Typically, people choose to go to a city hospital emergency room for a psychiatric assessment. This places additional strain on overburdened city hospital system.

After release from detention, people are particularly vulnerable. They may be housing insecure or homeless, their lives and families have been disrupted, they often lack identification, all of which are compounded by the trauma of detention. This is a critical time for immigrant New Yorkers to be connected to comprehensive mental health services and care teams and there remains a gap in service delivery.

⁸ <https://www.nyc.gov/assets/doh/downloads/pdf/episrv/immigrant-health-2025.pdf>



2. Continue to fund NYC's Insurance Navigator Programs

When we last testified before this Committee to discuss immigrant mental health care in 2019, we highlighted the need for increased training for Health Plan Marketplace insurance navigators. Many immigrant New Yorkers, including those without social security numbers, are eligible for insurance plans through the Marketplace. We are happy to report that over the past few years we have found that insurance navigators are more familiar with eligibility and navigating system overrides. We have amassed a referral list of navigators who are well equipped in helping immigrant New Yorkers navigate the complicated application process.

3. Fund culturally competent mental health programs to meet the unique needs of immigrants

Cultural competency is a major barrier to services for immigrants with mental health needs. For the young people we represent, existing outpatient mental health programs are not equipped to address the extreme trauma and hardship they have endured. For example, one of our young immigrant clients who is from an indigenous community and speaks Spanish as his second language, struggled to work effectively with a therapist who had little understanding of his cultural background or the context within which his family's history of violence occurred. The client struggled to make a meaningful connection with the therapist because he could not express himself fully due to the language barrier as well as because he felt that the therapist did not understand the persecution and violence that his family had experienced as indigenous people, as well as how these external pressures impacted his own family's psychosocial wellbeing. Because of this his serious mental health needs went largely untreated.

We urge the city to invest in mental health services that are designed for immigrants who have experienced hardship, trauma, or detention. These programs must be equipped to meet the needs of people who are newly introduced to mental health care, to create a familiar, non-threatening therapeutic environment for those who may be hesitant to engage in treatment. Such programs must employ trained clinicians who are fluent in multiple languages, including Spanish, French, Haitian Creole, and commonly spoken indigenous languages of Northern Triangle and South American nations such as Mam, K'iche', Garifuna, and Quechua. To be a true Sanctuary City, New York must provide immigrant residents with comprehensive, trauma-informed care.

Conclusion

We thank the City Council for the continued attention to the needs of immigrant New Yorkers, including those living with mental illness. We know that our immigrant neighbors are facing extremely high rates of fear, anxiety, and stress in light of ongoing attacks on our communities. It is critical that everyone has access to the mental health support they need. To effectively support the mental health needs of immigrant populations in New York City requires a



collaborative approach to ensure that services are accessible, affordable, and culturally appropriate for this diverse and vulnerable group.

If you have any questions, please reach out to Catherine Gonzalez, Senior Supervising *Padilla* Attorney and Policy Counsel, at cgonzalez@bds.org.



**The New York City Council Committee on Immigration
Honorable Chair Alexa Avilés
September 16th, 2025**

**NYC Must Expand Immigrant Mental Health and Protect Our School Youth
Testimony of the Dignity in Schools Campaign - NY**

Good afternoon, my name is Andrea Ortiz and I represent the Dignity in School Campaign - NY (DSC-NY), a New York City coalition advancing restorative justice, mental health access, and immigrant protections in public schools. We work to foster a preventative culture of safety based on care, mutual respect, and problem-solving in order to end the school to prison pipeline.

The Dignity in Schools Campaign calls on New York City to redirect funding from school policing and surveillance into mental health access and healing-centered programs for immigrant students currently experiencing trauma due to Trump's toxic federal anti-immigrant campaign.

Due to President Trump's xenophobic policies and Mayor Adams's collusion, immigrant students are experiencing severe levels of trauma and systemic attacks that affect their safety, stability, and sense of belonging. Many students live with the constant fear that their parents or loved ones could be detained or deported. Raids, detentions, and anti-immigrant rhetoric amplify this anxiety, creating a chronic state of hypervigilance. Additionally, undocumented immigrants often experience unstable work or housing, sudden relocations, or disruptions in schooling; factors which make it hard for students to plan for the future, which can cause hopelessness and stress.

Moreover, under Mayor Adams' leadership, City agencies, like the NYPD, continue to violate laws limiting information-sharing with federal immigration officers. NYPD school cops can currently place youth on a Criminal Group Database (CGD), also known as the gang database, with little to no evidence of any wrongdoing. The database currently contains approximately 16,000 names, with 99 percent of individuals identified as Black or Hispanic and 98 percent as male. It includes minors as young as 13 years old, and is contributing to the school to deportation pipeline.

We call on the city to prioritize school-based mental health access and protections for immigrant students, and redirect money from school policing and systems that criminalize and harm our most vulnerable students.



Therefore, we demand NYC:

1. Expand multilingual school-based mental health access and healing centered programs
2. Commit to protecting the safety and wellbeing of immigrant students and parents at a time when 4 immigrant NYC public school students have already been kidnapped and separated from their families by ICE
3. Expand successful school programs like the Mental Health Continuum, restorative justice, and the immigrant family communications and outreach to all schools serving immigrant students
4. Redirect money away from school policing and surveillance and end the GANGS Database, as they perpetuate the wrongful criminalization and potential deportation of immigrant students.
5. Invest in a multilingual mental health pipeline to train culturally and linguistically responsive providers

NYC Council Members must stand up for immigrants, expand mental health access, and ensure NYC prioritizes the safety and wellbeing of all students, regardless of immigration status.

Submitted by:

Andrea Ortiz
Membership and Campaign Director
Dignity in Schools Campaign - NY



Free to
Be Youth
Project

Free to Be Youth Project

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NYC City Council Committee on Immigration
Oversight Hearing Addressing the Mental Health Needs of Immigrants
Public Testimony
September 16, 2025

To The NYC City Council Committee on Immigration

Good morning. Thank you so much for the opportunity to speak with you today. On behalf of the Free to Be Youth Project of the Urban Justice Center, I would like to thank the New York City Council's Committee on Immigration for convening this important hearing. My name is Morgan Torre, and I am the Community Outreach Associate at the Free to Be Youth Project, a free legal service provider for unhoused, street-involved, and at-risk LGBTQ+ youth ages 14-24.

Free to Be Youth Project: Free & Confidential LGBTQ+ Immigration Services

The Free to Be Youth Project is dedicated to serving homeless and at-risk lesbian, gay, bisexual, transgender and queer (LGBTQ+) youth. We provide free legal services for individual LGBTQ+ young people up to the age of 24 and systemic advocacy for the LGBTQ+ youth community. The Project is housed at the Urban Justice Center, a non-profit law collective serving New York City's most disenfranchised populations. Since 1994, we have been providing legal services to LGBTQ+ youth and young adults who are low-income, living on the streets, in homeless shelters, in the juvenile justice system or foster care. We regularly travel to drop-in centers where homeless youth congregate for resources and community to offer free and confidential direct legal services. This accessibility has led us to support hundreds of LGBTQ+ youth as they apply for legal immigration status, fight wrongful denials of disability benefits, change their names, fight terminations of their public assistance benefits, overcome barriers to obtaining safe and stable housing, and resist being wrongly turned away from our City's homeless shelters.

Our immigration services have never been in more demand and the barriers to LGBTQ+ immigrant justice have never been higher. We have seen a significant increase in young people seeking immigration assistance, from asylum applications, visas, and work authorization documents, to support in navigating the long and arduous green card process. This past year we provided over 100 clients with free and confidential immigration services, allowing them to live safe and successful lives in New York City.

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LGBTQ+ Immigrant Youth Mental Health

As young LGBTQ+ immigrants, our clients come to us with complex trauma. Many of our clients have fled their home countries as a result of systemic persecution, abuse, neglect, or violence from community members and families unaccepting of their gender identity or sexual orientation. This is even more significant for transgender refugees and asylum seekers who are often visible in their gender nonconformity and therefore particularly vulnerable to violence and persecution. But the trauma does not stop when they leave their home countries, with LGBTQ+ asylum-seekers facing disproportionate rates of violence in transit zones and lacking financial resources upon arrival to the United States.¹ Without the proper mental health, immigration, and housing support, LGBTQ+ youth are increasingly vulnerable to mental health crises.

Many immigrants are currently ineligible for forms of shelter or housing assistance that might be available to citizens or those with lawful status such as green cards. Without access to Section 8 or CityFHEPS benefits,² folks find themselves forced into homelessness, exacerbating pre-existing trauma and creating additional life stressors.³ These heightened mental health concerns disproportionately impact LGBTQ+ immigrant youth, with 39% of LGBTQ+ young people seriously considering attempting suicide in the past year, including 46% of transgender and nonbinary young people.⁴ These statistics are all the most devastating when hearing first hand difficulties from our clients about the issues they have in accessing mental health resources

¹Shaw, Ari, and Namrata Verghese. "LGBTQI+ REFUGEES and ASYLUM SEEKERS a Review of Research and Data Needs." (last updated, June 2022), available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQI-Refugee-Review-Jul-2022.pdf>.

²Adams, Adrienne. 2022. "NYC's Response to the Arrival of Asylum Seekers." New York City Council Speaker. <https://council.nyc.gov/press/wp-content/uploads/sites/56/2022/12/NYCs-Response-to-the-Arrival-of-Asylum-Seekers.pdf>.

³"New USCIS 'Special Agents' Will Be Given the Power to Arrest, Use Deadly Force Against Immigrants." American Immigration Council, n.d. (last updated, September 10, 2025), available at <https://www.americanimmigrationcouncil.org/blog/uscis-special-agents-arrest-immigrants/>.

⁴"2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People." Trevor Project (last updated 2024), available at <https://www.thetrevorproject.org/survey-2024/>.

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amongst language, cultural and financial barriers, and the recent federal budget cut of the national LGBTQ+ suicide hotline.⁵

Our client Matthew, a young queer man from Haiti, experienced significant childhood trauma, and violence, motivating him to immigrate to the United States. Since arriving in New York City, he has struggled to connect with mental health providers that are both LGBTQ+ culturally competent and speak Haitian Creole. Matthew, like so many other clients, are in desperate need for robust mental health supports that have the capacity to meet them where they are, and address their complex needs.*

Financial Trauma of Immigration

The financial difficulties of navigating an increasingly expensive immigration system play a key role in shaping our clients' experiences with housing, employment, and mental health. Most notably, the decision to rescind federal filing fee waivers and addition of annual fees for essential document submissions has devastating impacts on the wellbeing of folks like our clients.

- For the first time, **asylum** seekers must now pay a \$100 application fee and an annual \$100 fee for each year their case remains pending — costs that are non-waivable regardless of financial hardship. Clients often wait years for asylum interviews, some as many as 9-10 years, and the annual fee poses an incredible hardship.
- **Special Immigrant Juveniles**, an immigration status reserved for children in the immigration system who cannot reunite with their parent, will now face a \$250 filing fee for Form I-360. Young people, who were abused, abandoned, and neglected, many unaccompanied minors with no parental support or assistance, now have to find \$250, all while navigating a life not knowing where they might sleep or eat next.
- Immigrants who file for an **Employment Authorization Document** will now pay \$550 as a first time applicant under asylum, parole, or TPS with a \$275 renewal fee. For unhoused youth, the ability to obtain gainful steady employment is critical to their efforts to create stability in their lives.

⁵NBC News. "Trump Administration Shuts down LGBTQ Youth Suicide Hotline." (last updated, July 17, 2025), available at <https://www.nbcnews.com/nbc-out/out-news/trump-shuts-down-lgbtq-youth-suicide-hotline-rcna219090>.

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Our client Ian, a young Salvadorian gay man, spent five years navigating homelessness after he was kicked out of his home and had his immigration papers stolen by a relative. We assisted him with his asylum application prior to the implementation of new fees, but now Ian* has no financial means to afford the exorbitant fee for a work permit or pay the annual recurring fees while he awaits an asylum interview. Were it not for our efforts to pay this fee on Ian's behalf, his efforts to work would be hindered or halted. He would not be able to earn sufficient income to move out of an emergency shelter, nor would he have the ability to contribute to a housing subsidy for long term housing. While we remain steadfast in our mission to provide free legal services, absorbing the cost of these new fees serves as a short term solution for a long term economic burden with the capacity to financially disempower the organizations that serve as a lifeline for the most vulnerable New Yorkers.*

Traumatic Court Appearances

The increased presence of ICE agents across the city and at courthouses is having a detrimental impact on our clients' mental health, with many experiencing fear and anxiety surrounding the risk of being apprehended by ICE when attending mandatory court appearances. Our clients also face increased risk of being targeted by ICE agents for identifying as LGBTQ+.⁶ This has led to a noticeable increase in client requests for virtual appearances, but many have been denied.

Our client Eric was experiencing such profound fear of detention or deportation at his court appearance that he considered the possibility of not attending. After collaborating with his therapist, we provided the court with evidence in support of our request for a virtual appearance. Eric's virtual appearance was approved, and he was able to attend and participate in his immigration proceeding without the crippling anxiety.*

⁶Immigration Equality, National Immigrant Justice Center, and Human Rights First. 2024. "‘No Human Being Should Be Held There’ the Mistreatment of LGBTQ and HIV-Positive People in U.S. Federal Immigration Jails." (last updated June 2022), available at <https://immigrantjustice.org/sites/default/files/content-type/research-item/documents/2024-06/No%20Human%20Being%20Should%20Be%20Held%20There%20-%20THE%20MISTREATMENT%20OF%20LGBTQ%20AND%20HIV%20POSITIVE%20PEOPLE%20IN%20U.S.%20FEDERAL%20IMMIGRATION%20JAILS.pdf>.

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This fear is warranted, with unlawful policies allowing ICE to arrest those showing up to court and preventing immigrants from pursuing pathways to lawful residency and employment.⁷ While our client was able to access mental health support, this is not the case for the majority of immigrants in New York City. The importance of accessible mental health services from an emotional and legal standpoint cannot be understated when considering recommendations for LGBTQ+ immigrant youth wellbeing.

Our Recommendation

New York City pledges to be a sanctuary city for vulnerable LGBTQ+ immigrants amongst daily federal attacks, but this requires a lasting commitment to protecting our most vulnerable. Our recommendation for the betterment of young LGBTQ+ migrants is as follows:

1. **Expanding the B-Heard Model:** The B-Heard model (Behavioral Health Emergency Assistance Response Division) aims to treat mental health crises as public health problems, not public safety issues. This program has been continuously expanded, allowing teams of health professionals to respond to 911 mental health calls rather than NYPD.⁸ We recommend this program is expanded across all five boroughs with the explicit inclusion of migrants and language access, ensuring newly arrived youth receive trauma-informed mental health support through a harm reduction lens.
2. **Increasing City Funding for Immigration Legal Services:** Immigration legal service providers must receive supplemental funding in the absence of filing fee waivers and the addition of new and annually incurred fees. Without the support of stable city funded CBOs, vulnerable migrant New Yorkers have no means to access lawful residence or employment leaving them more vulnerable to mental health crises.

Thank you to the members of this NYC City Council Committee on Immigration and to the community advocates who have been working hard to address the needs of immigrant

⁷Ferré-Sadurní, Luis. "Immigrants File Class-Action Lawsuit to Stop ICE Courthouse Arrests." The New York Times, (last updated July 16, 2025), available at <https://www.nytimes.com/2025/07/16/nyregion/trump-ice-arrests-lawsuit-immigrants.html>.

⁸"B-HEARD 911 Mental Health Response." Mayor's Office of Community Mental Health, n.d. (available at <https://mentalhealth.cityofnewyork.us/b-heard>).



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communities. The Free to Be Youth Project stands ready to assist the NYC City Council Committee on Immigration in any way that we can.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Torre".

Morgan Torre
Community Outreach Associate
Free to Be Youth Project
Urban Justice Center



Testimony on Addressing the Mental Health Needs of Immigrants in NYC
To the Committee on Immigration

Organization: Garden of Hope

Honorable Committee on Immigration,

Thank you for holding this hearing and for allowing us to testify. My name is Adeline Zhao, and I serve as a Mental Health Counselor at Garden of Hope, a linguistically and culturally competent nonprofit organization dedicated to serving adults, seniors, youth, and children affected by domestic violence, sexual assault, human trafficking, hate violence, and other forms of violence, as well as promoting family well-being, community justice, and providing mental health services to the Asian communities. We are here today testifying alongside our partners from the Asian American Mental Health Roundtable.

Asian immigrant communities need health care providers who deliver culturally and linguistically competent services that recognize how language, culture, and history shape mental well-being. Mental health must also be understood in the context of family dynamics, cultural expectations, and intergenerational relationships, as many families face overlapping challenges such as language barriers, cultural adjustment, economic stress, and stigma that affect the whole household.

At Garden of Hope, we have seen firsthand how culturally specific, language-accessible services can make a difference. Our programs are tailored to address the unique needs of Asian immigrants in New York City. In 2024, we provided over 4,000 trauma-informed mental health individual counseling sessions, with 94% of adult clients having limited English proficiency. This year we already supported more than 100 families with counseling, parenting classes, and mental health related workshops and events.

With a dedicated team of 21 bilingual staff members and 9 licensed social workers and mental health counselors, we deliver culturally competent mental health services that overcome barriers and promote well-being.

We respectfully urge the City Council to further assist immigrant mental health by: investing in Asian-led CBOs, increasing funding for Mental Health initiatives tailored to the specific needs of Asian Americans immigrants, and expanding financial budget of the Mayor's office to strengthen and sustain support for Immigrant Mental Health initiatives to reduce stigma. With your continued support, we can build a future where Asian immigrant families have equitable access to the mental health resources they deserve.

Respectfully,
Adeline Zhao, LMHC
Program Manager
Garden of Hope



New York City Council, Committee on Immigration

Oversight Hearing on the Mental Health Needs of Immigrants in NYC

Testimony of Sierra Kraft, Executive Director

Immigrant Children Advocates' Relief Effort (ICARE)

September 16, 2025

Good morning, Chair Avilés and members of the Committee,

My name is Sierra Kraft and I serve as Executive Director of ICARE, a coalition of legal service providers dedicated to expanding access to legal representation for unaccompanied immigrant children. The young people we serve have already endured violence, trauma and instability before reaching New York. Once here, many are now being fast tracked through deportation proceedings without a right to an attorney. Judges moving their cases forward before children have time to find a lawyer. We're talking years of uncertainty, complex hearings they don't understand, and constant fear of removal. For a child, that compounds trauma. We see the impact daily: anxiety, depression, sleeplessness, difficulty in school, and feel like they don't belong or are welcome here.

ICARE operates a centralized legal referral hub and provides court preparation (what to expect, advocacy letters for continuances, planning for in-person vs. virtual appearance). We connect youth to free attorneys and wraparound supports and follow up so families are not lost on multiple waitlists. This support reduces confusion, increases appearance rates, and improves



readiness for hearings, but legal support alone is not enough. Without mental-health care, trauma shows up in every hearing and every classroom, and the cycle continues.

Just last week, a 16-year-old girl had an immigration court hearing, but she was in an inpatient psychiatric care facility and therefore had a valid, documented basis for not appearing. Her mother arrived at court to appear on her behalf with the medical note but after seeing many ICE agents outside the court was too fearful to enter the building. She called us in distress; by the time we reached court staff, the hearing had concluded, and she missed the hearing resulting in a removal order. This is how these issues intersect and unfold in real life. A child in clinical crisis and a caregiver prepared to comply—yet the courthouse environment itself foreclosed participation. That is not due process and is a systems failure for these families striving to comply.

This fear is reinforced by a broader enforcement posture. Over Labor Day weekend, federal judges halted attempts to deport unaccompanied Guatemalan children—including dozens already placed on planes—because of serious due-process concerns. That national message reaches New York families locally and it walks into our courts with them, which undercuts participation, mental health and trust in the process.

What we're currently seeing on the juvenile immigration docket:

- Rapid calendaring without counsel: Master Calendar Hearings set quickly; continuances granted inconsistently.
- Visible enforcement presence: Children and caregivers report fear in court hallways that chills participation.



- Interpreter gaps: Spanish is usually available; Indigenous languages are not, forcing children to proceed without full understanding.
- Families are unsure whether to appear in person or virtually, and what steps are required for each.
- Re-detention risk at 18: Youth approaching adulthood fear transfer or re-detention, destabilizing school and care plans.
- Untreated anxiety, depression, and trauma symptoms make it hard to process instructions, advocate for continuances, or complete post-hearing tasks.

Meanwhile, unaccompanied children remain largely invisible in our mental-health system. Most live with sponsors, often relatives, who don't know how to access services. Many children speak Indigenous languages for which culturally and linguistically appropriate care is scarce. Even when services exist, stigma, fear of enforcement, and long waitlists keep kids from getting care.

Recommendations to the Council:

1) Invest in youth-specific, trauma-informed care

- a. Create/expand dedicated child & adolescent mental-health slots for immigrant youth, with guaranteed interpreter access, including Indigenous languages, tele-mental health options or school-based clinicians embedded in immigrant-serving sites (schools, shelters, CBOs, libraries) to reduce travel/time barriers.

2) Integrate care with court and legal processes



- a. Establish a standard referral pathway from court to care: when a child appears (or has a documented emergency), staff make a warm handoff to a city-funded provider within 48–72 hours. Place trained navigators in the courthouse to help caregivers check in, find courtrooms, and submit letters, with on-site interpretation available.

3) Ensure safe access and reduce fear in and around courts and service sites

- a. Limit visible immigration enforcement in juvenile-docket areas and post policies so families know they can safely access their hearings and services. Train court security and staff in trauma-informed, youth-appropriate practices (clear directions, de-escalation, wayfinding signage).

4) Build or revive a coordinated citywide infrastructure for mental health services for immigrant youth: Resource a central clearinghouse for unaccompanied and similarly situated youth with multilingual intake and triage.

New York can lead with a child-first approach that is supportive and compassionate. The choices we make about how children meet the court, whether they understand the process, can communicate in their language, and can safely access care, are the difference between deepening harm and building stability. With targeted investment and coordination, we can replace fear with care, and ensure no child stands alone in this system. Thank you for your ongoing leadership and for your continued support and care for our youth.

In Community,

Sierra Kraft



Executive Director, ICARE Coalition

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September 16, 2025

Thank you to Chair, Alexa Avilas and the members of the Committee on Immigration for the opportunity to testify today.

My name is Ashley Lin, and I serve as the Community Engagement Advocate for the Korean American Family Service Center (KAFSC). We are a proud member of the Asian American Federation's Asian American Mental Health Roundtable. For over 35 years, KAFSC has supported immigrant survivors of gender-based violence, offering safety, healing, and hope through culturally and linguistically accessible services.

At KAFSC, we see every day how trauma from domestic violence, sexual assault, and child abuse intersects with the deep stigma around mental health in immigrant communities. Our clients—primarily Korean and other Asian immigrant women—often carry their trauma in silence, weighed down by shame, isolation, and fear. For many, it is only when they come to us that they speak about their abuse for the very first time.

In this current political climate, the challenges are even greater. Language barriers, immigration concerns, and the fear of deportation leave survivors with nowhere else to turn. I think of a Korean immigrant woman who came to us recently—she has no legal status, speaks almost no English, and endures relentless violence at home. She told us that she was terrified to reach out for help, believing that if she called the police, she might be separated from her children or deported. For her, and for many others like her, the lack of culturally responsive and linguistically accessible care in the mainstream system makes survival feel impossible.

That is why KAFSC's mental health services are so essential. Our trauma-informed counseling, bilingual case management, and culturally specific clinical support are often the first and only lifeline for survivors. And the demand is growing. Yet today, these life-saving services are at risk. Federal funding cuts have already reduced our capacity. Survivors are waiting longer to see a counselor, and some lose hope before they ever make it through.

We cannot allow immigrant survivors to fall through the cracks. We urge the City Council to invest in community-based organizations like ours that deliver culturally and linguistically competent mental health care, and to increase funding for initiatives that directly support AAPI communities. By sustaining and expanding city programs that address immigrant mental health, prevent hate crimes, and strengthen services for vulnerable populations, you can ensure that no survivor is left invisible or unsupported.

At KAFSC, we are committed to ensuring that every survivor can access mental health care that speaks their language, understands their culture, and honors their resilience. We ask you to stand with us in building a mental health system that truly includes all New Yorkers.

Thank you for your leadership and for the opportunity to testify today.

Elizabeth Estrada
New York State Manager at the National Latina Institute for Reproductive Justice
elizabeth@latinainstitute.org phone: [REDACTED]
Tuesday, September 17, 2025.

To the New York City Council's Committee on Immigration,

Thank you for holding this oversight hearing on the mental health needs of immigrants. My name is Elizabeth Estrada, and I am the New York State Manager at the National Latina Institute for Reproductive Justice. Latina Institute fights for equal access to reproductive health and rights for our communities because all of us should have the power to make informed decisions about our bodies, families, and futures. Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

My work is dedicated to organizing communities around the urgent issues that impact their access to reproductive health and rights. A large part of my work focuses on combating anti-abortion centers (AACs), also known as crisis pregnancy centers. These centers are deliberately deceptive posing as legitimate health providers, spreading misinformation, and steering people away from abortion care. In New York, AACs specifically target immigrant communities and non-English speakers living in under-resourced neighborhoods.

Because AACs are unregulated, they are not bound to medical privacy standards. Many immigrants enter these centers believing they are receiving real health care or options counseling, but instead are misled, shamed, and misinformed. What makes this even more dangerous is that these facilities collect deeply personal information—names, medical histories, even immigration status that could be shared with government agencies intent on detaining or deporting them.

This is happening in a city where immigrants make up nearly one-third of the population, yet we remain sidelined in policy priorities. New York City calls itself a sanctuary city, but in reality, we see the NYPD collaborating with ICE, violating sanctuary protections, and fueling fear in our communities. Parents in the Latine and immigrant community share with me their fears of taking their children to school or even attending school meetings terrified that ICE might be waiting for them. Doula's I work alongside with tell me their clients are skipping critical prenatal visits because they fear encountering ICE on the way to or at their healthcare facilities. This is a direct threat to public health and a reproductive justice crisis.

I have heard stories of ICE showing up at children's softball games, intimidating

parents, and approaching kids when their parents weren't there. I live and work in the Bronx, and as a Mexican immigrant who came to the U.S. at the age of four, I see and feel the fear firsthand. Latine-owned businesses in my neighborhood close early or don't open at all out of fear of being targeted. Community members who speak Indigenous languages like Maya, Nahuatl, and Quechua are especially left behind, as they cannot access the limited resources the Department of Health provides.

Our neighborhoods are already heavily surveilled, and with the looming threat of national guard deployments or Mayor Adams' talks with President Trump, families are even more afraid to ride the train, drive, or simply walk down the street. Every day I receive calls and texts from members wondering whether they should even attend their immigration appointments, afraid of being detained at Federal Plaza. Children confide that they worry their parents will be taken away, leaving them abandoned.

I have lived this fear myself. When news broke, that Mayor Adams was considering turning Rikers into a detention site, I was in a meeting with Council Member Avilés' office and broke down crying during the meeting. This is not just policy it is my life, my family, my community. Every day, I fear for myself, my loved ones, and my neighbors, and I do not see our city or state doing enough to protect us.

This is a reproductive injustice. Families are being separated, parents are being disappeared, and communities are being destabilized. These harms are too great for nonprofits, school counselors, or advocates alone to solve. The city must act with courage and urgency to protect its residents.

Recommendations:

- Pass the NYC Trust Act, allowing immigrants to take legal action when their rights are violated by agencies colluding with ICE.
- Strengthen protections of sensitive locations such as schools, hospitals, and public clinics to ensure immigrants can safely access essential services.
- Use city power to condemn federal immigration enforcement, making loud and unequivocal statements against these attacks.
- Partner with state legislators to pass measures like the NY for All Act and the NY Health Act, guaranteeing the health, safety, and dignity of immigrants across New York.

NORTHERN MANHATTAN IMPROVEMENT CORPORATION (NMIC)

Testimony

Regarding

MENTAL HEALTH NEEDS OF IMMIGRANTS IN NYC

SUBMITTED TO:

**NEW YORK CITY COUNCIL
COMMITTEE ON IMMIGRATION**

September 16, 2025

PRESENTED BY:

RAULY CHERO, LMHC

Coordinator of Wellness Services

Northern Manhattan Improvement Corporation (NMIC) is a settlement house that was founded in 1979 to protect low-income and immigrant families in Upper Manhattan. Since then, we have expanded into adjacent Bronx neighborhoods and support 14,000 New Yorkers with a wide array of programs to address Housing, Immigration, Benefits Access & Finance, Education & Career, Health, and Holistic needs.

NMIC plays a critical role in the delivery of necessary human services to our community. We serve about 14,000 clients each year with a variety of programs. NMIC is ideally situated in communities where the large immigrant and mostly Spanish speaking populations can easily access the broad range of services available. NMIC's Wellness Program offers free bilingual mental health counseling in Spanish and English. Our team includes five master-level counseling psychology students and one licensed mental health counselor. In addition to individual counseling, we provide psychoeducational workshops that address mental health stigma. NMIC staff are also trained to administer assessments for anxiety, depression, substance use, and trauma. In 2024 alone, NMIC supported 90 clients and provided nearly 1,000 free counseling sessions to the community.

Through this work, our Wellness Program has empowered clients to advocate for themselves and their families. Our mental health program achieves this by providing trauma-informed care that enables clients to build effective coping and communication skills. For example, in January 2025, a 44-year-old Afro-Latino father from Honduras came to NMIC seeking support for depression and anxiety. As a single parent to a 17-year-old daughter with Down syndrome, he was navigating immense pressure while living in a shelter. He first learned about NMIC's mental health services through a psychoeducation workshop offered as part of his English for Speakers of Other Languages (ESOL) class, highlighting how trusted, community-based settings can open doors to critical support. He began meeting weekly with one of NMIC's counseling interns for individual therapy. Together, they focused on helping him process past trauma, express his emotions in healthy ways, and build coping strategies to manage his stress and responsibilities. Since beginning therapy, he has made significant progress. He and his daughter have moved into a one-bedroom apartment, and he has earned a Home Health Aide certification; an important milestone toward greater stability and economic opportunity. He continues to receive counseling at NMIC, demonstrating his commitment to personal growth and his family's future. His story reflects the transformative impact of accessible, culturally responsive mental health services that is within reach in his community through NMIC. With the right support, clients are not only able to heal but also thrive and build stronger futures for their families.

As we continue to serve thousands of New Yorkers each year, it is imperative that the City Council recognizes and supports nonprofit providers as the indispensable partners we have always been in our communities. Our ability to carry out lifesaving and life-changing work depends on having stable, consistent support from the Council to be able to provide systems that promote trauma-focused, culturally competent care, and foster the professional development of all mental health professionals. The need for accessible and culturally competent mental health services in our city is crucial now more than ever. Immigrants in New York City face mental health challenges including exposure to trauma, discrimination, legal and financial stress, isolation, and significant barriers to accessing care due to language barriers, fears of separation, lack of insurance, and difficulty accessing other human services. These issues, compounded by structural inequities and a lack of culturally responsive services, contribute to higher rates of depression, anxiety and trauma in immigrant communities.

We respectfully call on the Council to support these crucial mental health programs so we can continue delivering services and advocating for equity, safety, and opportunity for the communities we serve. Thank you to the members of the Committee for the opportunity to submit testimony and for your leadership on issues that deeply impact our community.



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**Testimony of Nevien Swailmyeen, Advocacy Manager for the Health Justice Program at
New York Lawyers for the Public Interest
New York City Council Committee on Immigration on September 16, 2025
Oversight Hearing Addressing the Mental Health Needs of Immigrants in NYC**

Thank you to the Committee on Immigration for holding this public hearing to address the urgent need to protect our immigrant communities in New York City. My name is Nevien Swailmyeen, and I am the Advocacy Manager of the Health Justice Program at New York Lawyers for the Public Interest (NYLPI).

NYLPI's Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy, including ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers. We provide direct services, systemic advocacy, and coordinate a medical-legal partnership on behalf of immigrant New Yorkers living with serious medical conditions and disabilities.

NYLPI is privileged to be a part of the City Council's Immigrant Health Initiative (IHI), and we thank you for that support. This initiative has supported NYLPI programs aimed at improving the health and well-being of immigrant New Yorkers and their families through direct immigration representation, litigation, community education, medical-legal partnerships including with local doctors and public hospitals, and non-legal advocacy. Through vigorous client and community advocacy and wraparound services, NYLPI improves health outcomes, increases access to healthcare, and provides critical and timely education for communities, healthcare providers, and legal service advocates.

Immigrants and asylum-seekers in NYC face unique mental health challenges including trauma, discrimination, and acculturation stress, often leading to higher rates of depression, anxiety, and PTSD.¹ Key barriers to care include language differences, cost of living, stigma, fear of repercussions due to immigration status, and a shortage of culturally competent healthcare providers. In this moment, we are facing grave threats from the incoming federal administration, including impending cuts to Medicaid and other critical health and social service programs. We

¹ New York State Office of Mental Health. (n.d.). *Spotlight on immigrants: Cultural competence and immigrant communities*. Retrieved from https://omh.ny.gov/omhweb/cultural_competence/spotlight-on-immigrants.pdf

are further disturbed that our hard-fought protections in New York City are being violated, challenged, and threatened by our own mayor and agencies. These rollbacks not only undermine immigrants' rights but also jeopardize access to essential healthcare, including mental health supports, leaving immigrant New Yorkers at heightened risk of stress, depression, and trauma.

Today, we ask the Council to strengthen immigrant New Yorkers' access to healthcare, especially mental health care, through direct community connections, training, and legal interventions. Many recently arrived migrants face trauma from displacement, unsafe shelter conditions, and the constant stress of legal uncertainty. For long-term immigrant New Yorkers, the fear of deportation itself is a driver of depression, anxiety, and worsening chronic illness. In immigration jails, we see the most acute harms: isolation, neglect, and unsafe conditions that compound trauma and create lasting mental health crises. We commend the Department of Health and Mental Hygiene for expanding culturally responsive crisis services and improving language access, but major gaps remain, including long waits, weak continuity of care in shelters, and limited access to immigration-informed trauma services. We urge the Council to ensure oversight and accountability so that mental health supports are not only available, but continuous, culturally competent, and immigrant centered.

The Mental Health Crisis: Challenges Faced by Immigrant Communities in New York City

Immigrant communities in New York City face a mental health crisis fueled by systemic failure and compounded trauma. Many of our clients and community members arrive in New York City carrying the weight of significant trauma experienced in their home countries or during their journey. This includes exposure to violence, persecution, war, and the profound distress of family separation. Upon arrival, these past traumas are compounded by new stressors, including housing, job security, lack of insurance, and shortage of mental health resources.

Immigrant New Yorkers face a series of barriers when accessing mental healthcare. A deep distrust in systems, fueled by immigration status and fear of enforcement, prevents many from seeking help. This is exacerbated by cultural stigma, a lack of mental health education, and the prohibitive cost of care without insurance. Even for those who attempt to navigate these obstacles, the system is often unequipped to help due to critical language barriers and a severe shortage of mental health professionals who can provide culturally competent care.

As one of the few organizations operating at the intersection of health and immigrant justice, NYLPI has been responding to an unprecedented demand from medical providers on how to ensure their facilities remain safe for immigrant patients now that the Trump administration rescinded the sensitive locations memorandum which historically limited ICE enforcement at healthcare settings. Doctors and healthcare workers are now overwhelmed and panicked about how to serve their immigrant patients. Conflicting and inconsistent guidance from the City to

hospitals have added to the uncertainty.² Community members are foregoing vital services out of fear that they will be detained or deported. An immigrant mother in the Bronx who had been undergoing a workup for what is likely brain cancer, missed an appointment she waited for five months because she was too afraid to leave her home due to the presence of ICE in the community. A medically vulnerable client was assaulted and robbed but refused medical attention out of fear of immigration enforcement. NYLPI has heard from pediatricians that fewer immigrant parents are bringing their children – including U.S. citizens and Lawful Permanent Residents – in for routine checkups. Other pediatricians have been asked by their patients to adopt or care for their children if they are deported.

Moreover, the struggle for housing and job stability directly undermines mental well-being. Immigrants face a dire lack of affordable housing, a crisis worsened by discrimination from landlords and a statewide shortage. This frequently forces families into overcrowded and precarious living conditions, which actively compounds mental and physical health issues.³ Simultaneously, the economic landscape presents its own traps. Highly skilled professionals are often unable to utilize their credentials, while the threat of exploitation and wage theft is rampant. A fear of reporting abuse due to immigration status creates a pervasive climate of powerlessness and financial insecurity.

In essence, the mental health of immigrant communities cannot be separated from their material conditions. Trauma, inaccessible care, housing precarity, and economic exploitation are not isolated issues but interconnected layers of a single, compounding crisis that demands a comprehensive and systemic solution.

Immigrant New Yorkers Face Barriers to Healthcare Access

Federal policy and political rhetoric create a climate of fear that serves as a powerful deterrent to care, often overriding the availability of services. At NYLPI, we have heard repeatedly from our immigrant clients that they are hesitant to access healthcare at local medical facilities and hospitals due to a fear of immigrant enforcement. This chilling effect was well documented during the first Trump administration and has taken root again. The fear of ICE enforcement has led to the postponement of preventative care and overreliance on emergency room services.

The recent passage of H.R.1 - One Big Beautiful Bill Act (OBBBA) further exacerbates these issues. The legislation is projected to make significant cuts to Medicaid and introduces new requirements that are expected to lead to higher rates of disenrollment for low-income

² See Caroline Lewis, “NYC hospitals scramble to send a clear message to patients, staff amid ICE threats,” Gothamist, Feb. 6, 2025, available at: <https://gothamist.com/news/nyc-hospitals-scramble-to-send-a-clear-message-to-patients-staff-amid-ice-threats>

³ Citizens' Committee for Children of New York. (2022, November 18). *New data illustrates housing affordability crisis facing immigrants, non-citizens in New York City* [Press release]. Retrieved from <https://cccnewyork.org/press-and-media/new-data-illustrates-housing-affordability-crisis-facing-immigrants-non-citizens-in-new-york-city/>

individuals. This includes new "community engagement" or work requirements for adults, which pose a significant challenge to those with unpredictable schedules or multiple jobs. Additionally, the act increases fees for immigration applications and makes access to social safety nets like SNAP more restrictive for many immigrants, further undermining their financial stability and contributing to chronic stress. These changes, combined with a significant increase in federal spending on immigration enforcement, create a profoundly destabilizing environment for immigrant communities seeking to access care.

This climate of fear is further exacerbated by recent state-level policy shifts. Following the devastating federal funding cuts, which eliminates \$7.5 billion in annual funding for New York's Essential Plan, Governor Hochul has chosen to terminate the state's 1332 waiver. While this difficult decision is intended to preserve coverage for over a million New Yorkers, it comes at a steep cost to our most vulnerable community members.⁴ The 1332 waiver, a groundbreaking policy, expanded the Essential Plan to cover individuals with incomes up to 250% of the federal poverty line (FPL), including DACA recipients and other lawfully present immigrants, with no premiums. Without it, the state is reverting to the standard Basic Health Program, which only covers individuals up to 200% of the FPL. The burden of federal disinvestment is being shifted onto immigrant and working-class communities, who will shoulder the steepest consequences. This policy change will strip an estimated 450,000 New Yorkers of their zero-premium health coverage. This increased financial burden and fear of losing access to care will inevitably push thousands of working-class immigrants off the plan and lead to higher rates of uninsurance, directly undermining their ability to seek timely and proactive mental and physical healthcare.

New Yorkers in ICE Detention Suffer from Lack of Healthcare

NYLPI has for years documented the egregious conditions within ICE detention centers where many New York City residents have suffered medical neglect and lack of disability accommodations, causing severe health consequences and other dignitary harms. Far from keeping us safe, immigration enforcement has disastrous impacts on the health and well-being of New York City families and communities. We track these violations through our Medical Provider Network (MPN), whereby volunteer doctors review medical records of individuals detained by ICE to assess the adequacy of their healthcare and the health risks they face. We receive most of our referrals from attorneys and social workers with the New York Immigrant Family Unity Project ("NYIFUP") and can complement their highly skilled representation with needed medical advocacy and expertise. The demand for this service is only growing.

Many people arrested by ICE in New York City are detained at Orange County Jail (OCJ) in

⁴ New York State of Health. (2025, September 10). *Following devastating federal funding cuts, New York State takes new action to preserve health care for as many New Yorkers as possible* [Press release]. Retrieved from <https://info.nystateofhealth.ny.gov/news/press-release-following-devastating-federal-funding-cuts-new-york-state-takes-new-action>

Goshen, NY. OCJ is notoriously dangerous and abusive. In previous hearings before this council, directly impacted New Yorkers testified about the conditions in the jail. People reported unsanitary conditions, exceedingly cold temperatures, inedible and inadequate food. Testimony and legal claims have also highlighted that officers at OCJ are abusive: they make xenophobic and racist comments, including using the N word; scream at detainees for not speaking in English; threaten to put detainees in solitary confinement for wearing a sweater in freezing temperatures; and regularly fail to provide appropriate meals and prayer spaces. There are widespread reports of physical violence and excessive force by OCJ officers, including pepper spraying, kicking, and punching people involved in nonviolent protest.

Our prior reports *Detained and Denied*⁵ and *Still Detained and Denied*⁶ revealed widespread barriers to care for detained immigrants in New York, and conditions have only worsened since. Today, as the federal government aggressively expands immigration enforcement, thousands of immigrant New Yorkers face serious health risks in detention. Our upcoming report on the Orange County Jail (OCJ) in Goshen, NY, provides new documentation showing how facilities that contract with private prison corporations and for-profit medical providers consistently prioritize profits over patient well-being. At OCJ, our review of medical records for nineteen individuals reveals pervasive and life-threatening medical deficiencies. This is especially true for those with chronic conditions who had previously managed their health successfully in the community.

The failures at OCJ include delayed or denied follow-up care, neglect of chronic disease management, denial or mismanagement of essential medications, and lack of adequate nutrition and language access. The experience of "Amit S." exemplifies the systemic denial of health service where the failure to treat physical illness directly exacerbates psychiatric conditions. Despite a confirmed Crohn's disease diagnosis, medical staff provided ineffective medication and refused appropriate treatment, prolonging his physical suffering. Psychiatrically, despite a diagnosis of severe major depressive disorder with psychotic features, Amit was prescribed a subtherapeutic dosage of antidepressants. Purposefully mistreating Amit with a lower dosage increased his risk of long-term harm. Furthermore, having other potentially serious conditions like Hepatitis C and COPD, for which follow-up was never pursued, added another layer of psychological distress. His case illustrates how medical neglect is not merely an omission of care but an active source of trauma.

These recurrent violations are not isolated and are emblematic of a national pattern of neglect that has already resulted in at least fourteen deaths in ICE custody since the start of the current

⁵ See New York Lawyers for the Public Interest, *Detained and Denied: The Healthcare Access is Immigration Detention* (2017), https://nylpi.org/wp-content/uploads/2017/02/HJ-Health-in-Immigration-Detention-Report_2017.pdf.

⁶ See New York Lawyers for the Public Interest, *Still Detained and Denied: The Health Crisis in Immigration Detention Continues* (2020), https://www.nylpi.org/wp-content/uploads/2020/06/NYLPI-report-_detainment.pdf

administration, many linked to medical mistreatment.⁷ Such systemic failures have a profound impact on health and well-being. They strip people of their dignity, exacerbate preventable physical and mental health conditions, and endanger lives. It is urgent that these harms are addressed. By protecting the health and rights of immigrants who are detained, we can also safeguard public health and reduce the long-term medical and financial costs of neglect.

Recent reporting confirms that conditions in 26 Federal Plaza and the Metropolitan Detention Center (MDC) Brooklyn are contributing directly to these harms. At 26 Federal Plaza, a building meant for administrative purposes has been repurposed into a de facto detention center, with individuals being held for days on the 10th floor. Reports confirm that individuals are being held in overcrowded, unsanitary rooms, where they are forced to sleep on cold floors without proper bedding.⁸ The average stay in 26 Federal Plaza has also increased: once typically under 30 hours, now averaging 58 hours, with hundreds detained for more than two or even four days. A federal judge recently ordered ICE to improve conditions there, requiring daily cleaning, sufficient space, and better access to private legal calls.⁹

Conditions at MDC Brooklyn have been described as “barbaric” and “inhumane” by elected officials, legal advocates, and health professionals. Reports cite medical neglect, botched diagnoses, including cancer, maggot-infested food, frequent lockdowns, inadequate access to basic health care, and poor sanitation.¹⁰ Individuals with chronic conditions like heart disease, diabetes, and neurological injury have been denied medication, delayed treatment, or otherwise cut off from care.¹¹ As the child of immigrants and an immigrant rights’ advocate, I know that immigration enforcement affects not only recently arrived New Yorkers, but also long-time NYC residents with extensive family and community ties. When a noncitizen New Yorker is arrested and detained by ICE, they lose access to the healthcare they received in their communities. At the same time, their children and other family members of those detained often experience worsening physical and psychological health outcomes with the removal of their primary caretakers or providers.

⁷ See U.S. Immigration & Customs Enforcement, *Vietnamese National Dies in ICE Custody* (July 22, 2025), <https://www.ice.gov/news/releases/vietnamese-national-dies-ice-custody>; see also U.S. Immigration & Customs Enforcement, *Detainee Death Reporting*, <https://www.ice.gov/detain/detainee-death-reporting>; Marina Dunbar, *Two More Deaths in ICE Custody Put US on Track for One of Deadliest Years in Immigration Detention*, *The Guardian* (June 30, 2025), <https://www.theguardian.com/us-news/2025/jun/30/us-ice-detention-deaths>; Rachel Treisman, *Lawmakers Demand Answers After a Haitian Woman Dies at an ICE Detention Center*, *NPR* (May 1, 2025), <https://www.npr.org/2025/05/01/nx-s1-5383108/haitian-woman-death-ice-detention>.

⁸ New York Immigration Coalition, “New Video Shows Inhumane Conditions Inside ICE Detention Center at 26 Federal Plaza, ICE Breaking Oversight Law,” July 22, 2025, <https://www.nyic.org/2025/07/new-video-shows-inhumane-conditions-inside-ice-detention-center-at-26-federal-plaza-ice-breaking-oversight-law/>.

⁹ See, “Judge Slams ICE for Overcrowding and Inhumane Conditions at 26 Federal Plaza Lockup,” *The City*, September 17, 2025, <https://www.thecity.nyc/2025/09/17/ice-overcrowding-conditions-judge-injunction-26-federal-plaza/>.

¹⁰ See, Andrew Gounardes, “Electeds, Advocates Call for End to ICE Detention at Inhumane Federal Jail,” *New York State Senate*, July 14, 2025, <https://www.nysenate.gov/newsroom/press-releases/2025/andrew-gounardes/electeds-advocates-call-end-ice-detention-inhumane>.

¹¹ Law360, “ICE Detainees Say MDC Brooklyn Provides ‘Substandard’ Care,” February 2025.

ICE detention in New York State is inhumane. Many New Yorkers enter detention with medical issues that require regular treatment, including medical problems worsened by health disparities affecting immigrant communities. People report that the medication they were taking when they entered detention, often for years to decades, is stopped or altered once they are detained. Even with clear directions regarding prescription medication and its importance, ICE and jails refuse to continue proven treatment, often with negative health consequences. Other deficiencies in medical care include deficient medical records, language access barriers, lengthy delays in receiving medical treatment, inadequate treatment for acute pain and failure to evaluate and manage mental health problems. For seriously ill people cut off from their continuing care in the community due to detention, interrupted treatment can have severe consequences, up to and including death.

Transforming Mental Health Crisis Response: From Police to Peer-Led Care

NYLPI has long documented the failures of New York City's mental health crisis response system and has consistently called for transformational change. As NYLPI has emphasized, when someone experiences a mental health crisis, the city's current system too often responds with force rather than care. Instead of support, the first responders are typically police officers who are not trained in mental health care and whose involvement can escalate situations rather than de-escalate them. This approach subjects people with mental health needs, who are disproportionately people of color, immigrants, and people with disabilities, to traumatic, dangerous, and sometimes deadly encounters. The reliance on forced removals and involuntary hospitalizations not only violates basic rights but also erodes community trust and perpetuates stigma. These harmful responses reinforce the message that people in crisis are threats to be managed rather than community members to be supported.

NYLPI and other advocates have called for a new model that prioritizes health, dignity, and human rights. Transforming crisis response means replacing police with peer-led, health-based teams. Peers, understood to be individuals with lived experience of mental health conditions, bring trust, empathy, and cultural understanding that cannot be replicated by law enforcement. Their presence, alongside trained health professionals, helps reduce harm, connect people to care, and strengthen long-term recovery. A true shift requires routing crisis calls through health-centered hotlines like 988 rather than through police dispatchers and guaranteeing 24/7 access to non-police crisis teams across the city.

For immigrant New Yorkers, this transformation is even more urgent. As NYLPI has documented, the involvement of police in mental health crises can create devastating ripple effects that trigger the fear of deportation, exposing individuals to immigration enforcement, and deterring families from seeking help. Immigrant communities may avoid calling for help entirely if they believe police will arrive, leaving individuals isolated in their moment of greatest need. A peer- and health-led system, that eliminates coercive practices like forced hospitalization except where there is imminent danger—can ensure that immigrant New Yorkers receive care with

dignity and without fear. By centering community-based, culturally competent, and rights-affirming practices, New York City can follow NYLPI's call to transform its approach to mental health crises.

TAKE ACTION

We urge you to take immediate action to protect immigrant New Yorkers by:

- Passing local resolutions in support of the **Dignity Not Detention Act** and the **New York For All Act**.
- Advancing **Intro 396 and Intro 395 of 2024**, which would limit communication between the Department of Correction and federal immigration authorities and restrict the circumstances under which the NYPD and DOC may detain individuals for civil immigration violations in coordination with federal authorities.
- Passing **Intro 214 of 2024**, which creates a private right of action, allowing individuals to sue if city officials unlawfully collude with ICE to facilitate detention.
- Issuing clear guidance and training for all city agencies and facilities, including hospitals and schools, requiring compliance with constitutional protections and local laws that limit ICE access to non-public areas without a valid judicial warrant. Agencies should also adopt clear policies designating which staff are authorized to communicate with law enforcement.
- Urging the Mayor to rescind any involuntary removal policy that allows police to forcibly detain people perceived to have a mental illness and who are judged “unable to care for their basic needs,” unless there is clear evidence the person is a danger to self or others.
- Establishing and funding a peer-led, non-police mental health crisis response system operating 24/7 that includes:
 - Peers (people with lived mental health experience) as core responders;
 - EMTs or health professionals who are not part of the police force;
 - Call routing through a crisis hotline system (like 988) rather than automatically through 911.
- Ensuring the self-determination of people with mental health disabilities is prioritized, meaning they must have agency in their care, choices, and interventions.
- Replacing or revamping any pilot programs that still allow extensive police involvement (for example, the B-HEARD pilot as criticized) so that they do not perpetuate criminalization of mental illness.
- Expanding community-based, evidence-based mental health services, including housing, outpatient supports, peer networks, etc., rather than defaulting to involuntary hospitalization or outpatient commitment.

- Addressing racial disparities: collect and publish data to show whether people of color (and immigrants) are disproportionately impacted by involuntary removal or forced treatment and ensure corrective policies.
- Investing in programs modeled on successful non-police crisis intervention programs (e.g., CAHOOTS in Oregon, CCIT-NYC) that have reduced harm, improved outcomes, and avoided deaths.

Conclusion

Thank you, Chairperson Avilés and the Committee, for giving us the opportunity to present testimony today and for this tremendous assistance. We look forward to continuing our work to improve immigrant New Yorkers' access to healthcare for new arrivals and long-time New Yorkers alike. **Health is a human right.**

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NYLPI has fought for more than 40 years to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it is needed most.

NYLPI's Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy, including ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers.



September 16, 2025

New York City Council

Committee on Immigration
Hon. Alexa Avilés, Chair

**Testimony of Sebastien Vante, Associate Vice President
Streetwork Project, Safe Horizon**

On Addressing the Mental Health Needs of Immigrants in NYC

Good morning and thank you for the opportunity to provide testimony to the Committee on Immigration. My name is Sebastien Vante, and I am Associate Vice President of Streetwork Project at Safe Horizon, the largest victim service organization in the country. Every year, 250,000 people seek safety through our services. Clients come to us following experiences of physical violence, sexual violence, community violence, emotional abuse, and exploitation. Often, they have experienced multiple forms of harm, and for many, it was made worse by an institution that was supposed to protect them. We use a lens of racial equity and justice to guide our work with clients, with each other, and in developing the positions we hold.

Our mission is to stand with those who have experienced violence, abuse, and exploitation. We offer unwavering support and advocate for systemic change. We envision a world where safety is a universal human right, and we all share a collective responsibility to protect and uphold it. We strive for a society where people are safe in their communities, homes, bodies, and minds.

The point I want to stress at the outset of my testimony is that increased ICE enforcement, the climate of fear, the potential for deportation and family separations, as well as the limited pathways to status are creating increased stress and anxiety amongst our noncitizen clients. There is an overwhelming and unmet need for culturally and linguistically competent mental health services in New York City.

Health and mental health are inextricably linked to safety – individual safety and public safety. When survivors of violence and trauma are further victimized and deprived of support, including by the very systems that should be assisting them, we perpetuate cycles of violence and trauma. When we isolate immigrant survivors of violence and trauma, we further harm their sense of stability and safety. When survivors do not have access to the services and care they need, their mental health naturally suffers.

Safe Horizon assists immigrant New Yorkers across all of our programs, but I am going to center my testimony on what we are experiencing at Streetwork Project, Immigration Law Project, and Anti-Trafficking Program.



Streetwork Project includes an overnight shelter, overnight street outreach, and two drop-in centers for homeless and at-risk young people, many of whom have experienced violence in the home and/or on the streets. Runaway and homeless youth are some of the most vulnerable New Yorkers and are often overlooked, especially during times of crisis. Streetwork drop-in centers provide services with young people up to age 25 who are homeless or experiencing housing instability. We provide a wide range of services including supportive counseling, access to benefits and housing, and connections to primary and mental healthcare. We focus and center on engagement with and response to the number of young people who are in crisis in the drop-in, on the streets through late-night citywide vehicle-based outreach, and through our 24-bed crisis shelter. Our services are provided through our client centered, trauma-informed, anti-oppression and harm reduction approach in working with youth and young adults experiencing homelessness and housing instability.

Safe Horizon's Immigration Law Project (ILP) was launched in 1988 in response to the growing numbers of immigrant survivors in New York City. Over its decades-long history, ILP has become a leading provider of high-quality, direct legal services, offering comprehensive consultations, representation, and advocacy to approximately 1,000 low-income noncitizen survivors annually. Today, ILP is at the forefront of responding to the urgent needs of the immigrant community. Focusing on humanitarian-based immigration benefits, ILP is a lifeline for people fleeing violence, crime, torture, and abuse.

Safe Horizon's Anti-Trafficking Program (ATP) is one of the largest providers on the East Coast and one of the only providers in New York State offering comprehensive services to survivors of all types of human trafficking, including labor trafficking. Offering both immigration legal services and social services, unique features of ATP's work include a focus on economic stability (and thus, protection against re-trafficking), intensive mental health support, and bold systems partnerships to help clients access justice and safety. ILP and ATP serve survivors and families from all five boroughs. Our clients represent the full diversity of NYC, and we work with survivors of all races, genders, ethnicities, languages, immigration statuses, origins, sexual orientations, ages, and experiences.

Safe Horizon has seen a dramatic increase in immigrant and undocumented survivors seeking our immediate assistance. The city's overwhelmed systems have left countless in tenuous circumstances - food and housing insecure and desperate for work - making them even more vulnerable to abuse, exploitation, and trafficking and in need of our support and services. Safe Horizon will continue to provide comprehensive support services for survivors while advocating for policies that allow all survivors to find safety, justice, and healing in ways that are right for them. But we need our city and state governments to step up to ensure that all New Yorkers, regardless of immigration status, have the supports they need to find safety, healing, and justice.

The Trump Administration is targeting immigrants across the country, including in New York and New York City. Policies that have enabled immigrant survivors to access basic services and exercise their rights are in peril. For example, the long-standing policy that keeps Immigration and



Customs Enforcement (ICE) agents from arresting undocumented people at or near “sensitive locations,” including houses of worship, schools, hospitals, and public demonstrations are being abandoned and ignored. ICE and other federal agents now appear in immigration court, waiting outside courtrooms ready to take away noncitizens who are following the rules and showing up for their court hearings. With the fear of an ICE encounter preventing survivors and their families from going to school, seeking medical care, and accessing justice, the health, safety, and well-being of entire communities are being impacted. And the Trump Administration is diligently working to force cities, states, and organizations into cooperating with federal authorities to make it even that more dangerous for immigrant survivors to seek help. By striking fear in immigrant communities, the federal government only enables abusers and traffickers, who often use the threat of arrest and deportation to silence their victims, thereby decreasing public safety.

All of this, and more, only harms survivors, destabilizes communities, and threatens public safety for everyone.

Organizations like ours are doing our best to meet both the legal and mental health needs of our clients. For example, Streetwork has a nurse practitioner on site, but they can only do so much. Nearly all, if not all, of our Streetwork clients have experienced violence or trauma. This is especially true of immigrant youth. Many are fleeing violence in their home countries. Many experienced violence in their country of origin and/or experienced violence enroute to NYC. Many have experienced or have witnessed violence here in New York City. And many continue to be traumatized by our systems. These young people deserve mental health services and supports. We try to provide therapeutic support using an interpreter, but the interpreter often feels uncomfortable and/or the client does. Noncitizen youth would benefit from an expanded pool of interpreters, especially interpreters who speak West African tribal languages like Pulaar, Wolof, and Fulani.

The Mayor and City Council, and the Governor and Legislature, must work together to ensure that immigrant New Yorkers are protected from this aggressive, anti-immigrant federal government. And they must work together to ensure that immigrant New Yorkers are provided with the wraparound supports they need to find stability, safety, and healing.

To begin, they can equitably invest in the nonprofit civil legal providers that have the expertise to assist with complex immigration cases. Our staff and the staff of our sibling organizations are trained and experienced in working with survivors of trauma and violence from diverse cultures and are able to provide services in a wide variety of languages. We conduct comprehensive screenings to ensure that immigrant New Yorkers are assisted with applying for appropriate relief and connect them to vital basic services. However, without robust and steady funding, we are simply unable to serve everyone who seeks our help. We are grateful that the City Council invested so heavily in immigration legal services in this budget, and we urge the Mayor, Governor, and Legislature to follow suit, especially in response to the threats to our federal funding we are all experiencing.



Investing in the work of Safe Horizon and our sibling organizations is critical to prevent escalating crises and help build public safety. When immigrant survivors and other immigrant New Yorkers are deprived of the resources they need, i.e. legal representation, shelter, and mental health and wraparound services, we increase their chances of being exposed to further exploitation, trafficking, and violence. We also need to shift the narrative away from demonizing and dehumanizing immigrants. Repeated use of anti-immigrant rhetoric only serves to further isolate and stigmatize Black, brown, immigrant and LGTBQI+ survivors, who already face the most formidable barriers to safety and healing.

Together we can ensure that New York City remains an inclusive, welcoming city to all, including the immigrants that make New York, New York. I urge the City Council to take decisive action to address the many obstacles that immigrant survivors, including immigrant youth, routinely face in our city. We owe it to them to provide a pathway to safety, stability, and opportunity, and it is our collective responsibility to ensure that no survivor is left behind.

Thank you.



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*Empowering young
people through legal*

THE CHILDREN'S LAW CENTER TESTIMONY FOR THE NYC COUNCIL'S COMMITTEE ON IMMIGRATION:OVERSIGHT-ADRESSING THE MENTAL HEALTH NEEDS OF IMMIGRANTS IN NYC

Good Morning, my name is Ydalmi Mejia, the Paralegal Supervisor at the Children's Law Center ("CLC"). I am a lawyer who emigrated from the Dominican Republic. The Children's Law Center ("CLC"), a 28-year-old, not-for-profit legal services organization that has represented over 175,000 children in legal proceedings in the New York City Family Courts as well as the New York State Supreme Integrated Domestic Violence Courts. We are the only organization in New York City dedicated primarily to the representation of children in custody, domestic violence guardianship, and visitation matters. Our mission and purpose is to empower young people through legal representation and support. Thank you for giving me the opportunity to testify today.

I appear before you today to share CLC'S experience representing children and young people under the age of 21 who are seeking Special Immigrant Juvenile Status ("SIJS") and ask for your support in this critical work.

As you are aware, Congress created the SIJS designation to provide an avenue to obtain lawful immigration status for certain undocumented children in foster care or guardianship situations, where one or both of a child's parents are unable to provide for that child's care or protection. A youth in New York City who wishes to file an application for immigration relief from the U.S. Citizenship and Immigration Service ("USCIS") via this route, his or her guardian, first must seek preliminary determinations from the Family Court, including that it would not be in the child's best interests to return to his or her country of origin.

Many children and young people in our city face desperate circumstances that prevent them from staying in their homeland. For them, obtaining this order from a Family Court is the first and essential step toward achieving this status, but that step is only the beginning of a long and difficult journey. Here are just one of are many powerful stories that are told by our clients.

Client Stories

Charlotte, 14, from Ecuador, came to the U.S.A. when she was 11 years old to reunite with her mother. Her father, whom she had lived with in Ecuador, has been incarcerated since she was 5 years old and communicated with her through phone calls. During her interview, Charlotte became distraught and tearful as she recounted her journey- crossing the jungle in Ecuador and walking through multiple countries for over a month, where many in her group lost family members, and then was separated from her cousin, the only person she knew, to be

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representation and support.

placed with Cayuga. As she witnessed death and endured unimaginable hardship, she still carries that trauma.

Sam, 20, from Nicaragua, abandoned by his father when he was a baby, is the youngest of three siblings; his brother was murdered in Nicaragua at age nineteen when he was shot in the stomach during a robbery. He reported, there was significant unrest for several years, workers went on strike, and students protested reforms proposed by the president. In response, the police harassed and killed young people whom they believed were involved; they also searched their homes in the middle of the night and unjustifiably incarcerated them. As a result, his mother was terrified he would be targeted, unjustifiably jailed, or worse, because they refused to participate in pro-Sandinista marches and decided to come to the USA to protect her only surviving son. Sam, in addition to the trauma of losing his brother, was aging out to benefit from this legal status.

The Children's Law Center provides more than legal advocacy, we create spaces of safety, dignity and growth for immigrant youth- recognizing that their journeys are shaped not only by the law but by the immense personal challenges they face. These children often carry the trauma of migration: separation from parents and siblings, loss of community, extreme poverty, violence and the most crushing of them all, the uncertainty of an unknown future. By providing further funding, we can expand trauma-informed services to our clients. Without this funding we risk compounding the harm and trauma already experienced by our clients.

Our work is rooted in the understanding that true advocacy requires addressing the whole child. Mental health, cultural identity, education and stability are not secondary needs; they are essential to helping young people heal and thrive. Immigrant youth face some of the greatest barriers to accessing healthcare, education and basic social services, all while navigating a hostile political climate that too often cast suspicion and fear on them and their families. It has been our experience that many SIJS clients speak minimal English and have received a rudimentary education in their home countries and thus may need social work assistance and educational supports. In these instances, our attorneys and social workers have connected our clients with a range of services and have helped caretakers enroll our clients in appropriate school settings. In addition to this, CLC now has a licensed therapist on staff. Our therapist can give direct care to referred clients who may not otherwise be able to access mental health services on their own. It's so important to have someone who can understand the impact of trauma and help our clients cope and provide support both during their time using our services and as they continue to navigate the world, build new communities and discover themselves. The needs of these children are wide-ranging and significant, and CLC aims to ensure that they are met, either through our work or through referrals to community-based organizations and other service providers.

Good morning, Council Members. I'm Dr Kristen Slesar, the director of clinical practice at the Children's Law Center. Thank you for allowing my testimony today.

The degree of trauma experienced by many of the immigrant youth with whom we work cannot be overstated. Before migration, they may witness the murder of their parents or other family members and friends; experience sexual assault, physical violence, domestic violence, and extreme poverty (Alleyne, 2020; Ne Moyer et al., 2019; Huemer et al., 2009). Many escape gang violence, political violence, and human trafficking. Migration itself is often terrifying and violent, with youth witnessing or experiencing sexual violence, severe injury, death, kidnapping, malnourishment, and dehydration (Franco, 2018).

Unaccompanied immigrant youth are significantly more likely to have experienced or witnessed "extreme traumatic events" (Huemer et al., 2009, p. 4) than those children who migrate with family. More than 50% of unaccompanied minors experience between 1 and 3 traumatic events, and nearly 40% experience more than 4 such events (Huemer et al., 2009, p. 4).

It is not surprising that rates of post-traumatic stress disorder (PTSD), depression, anxiety, borderline personality disorder, substance use, and psychosis are higher among immigrant youth than those who are born here (NeMoyer et al., 2019; Huemer et al., 2009). Many also present with anger and aggression (Raymond-Flesch, et al., 2014).

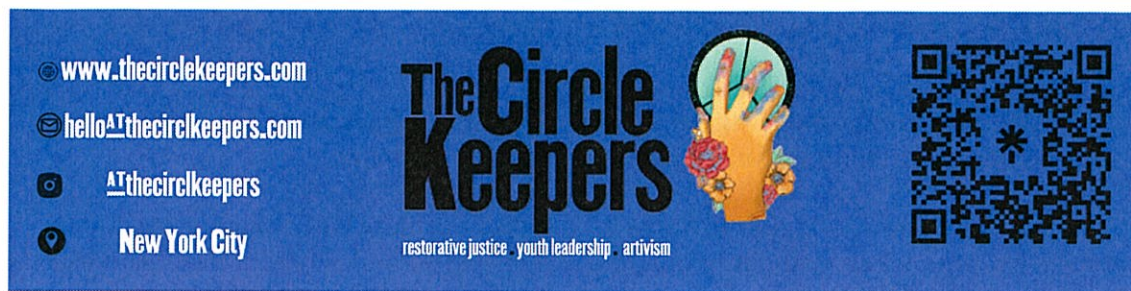
Immigrant youth are forced to face these mental health challenges along with the stress of acculturation, which includes increasingly hostile and violent anti-immigrant and racist sentiment and policies, and fewer and fewer legal protections from state violence. Certainly, this violence and hostility exacerbates the mental health challenges such children and teens already face.

The fear and harm created by such policies and the threat of deportation—either of themselves or their family members—results in chronic traumatic stress (Roche et al., 2018; Moreno, 2018). This chronic activation of the stress response system in children and teens leads to both immediate and long-term impairments in physical and mental health (Barajas-Gonzalez et al., 2018).

Threat of deportation, cost, discrimination, and fear of discrimination are the primary obstacles immigrant youth must overcome to seek and receive mental and physical health care, let alone disclose traumatic events (Alleyne, 2020; NeMoyer et al., 2019; Raymond-Flesch, et al., 2014). These are the very reasons why immigrant youth, regardless of legal status, are less likely to access social services, medical care, and legal protections (Roche et al., 2018). Immigrant youth, like all youth, deserve access to safe, confidential, trauma-informed, and culturally and linguistically responsive care (NeMoyer et al., 2019; Franco, 2018).

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Good Afternoon, *Chair Aviles*,

My name is Jania Witherspoon and I am an MSW Social Work student, an educator, and the Co-Founder of The Circle Keepers, a youth-led restorative justice non-profit rooted in Brooklyn. I am here on behalf of the Dignity In Schools campaign. Every day I have the profound privilege of working alongside young people- as co-workers and as a mentor and teacher. Many of our students are recent immigrants navigating not only the challenges of adolescence, but also the trauma of displacement, separation and systematic injustice.

As a young person who once navigated the New York City public school system myself, I can say firsthand how **life-saving** it was to attend a school that prioritized my **whole well-being—not just my academic performance**. I was fortunate to be part of a community where I felt seen, protected, and supported. That care shaped who I am today. But the reality is that **many students are not blessed with such opportunities**. More often than not, immigrant students walk into schools where their needs are misunderstood, their cultures are invisibilized, and their safety is uncertain.

I am here today because immigrant students in our schools deserve safety, dignity, and healing not being dragged out of their classroom by school cops or ICE agents.

Too many of the young people I serve come to school **carrying the silent weight of fear**—fear that their parents will not return home from work, fear that speaking their native language will mark them as “other,” and fear that even a small misstep could put them or their families at risk of deportation.

This fear shapes everything.

It shows up as sleepless nights, headaches, stomachaches, and panic attacks. It shows up as missed days of school, slipping grades, or sudden outbursts in class—behaviors that are so often labeled as “defiance” or “disrespect,” but are really **trauma responses from children just trying to survive**.

And that fear is **not imagined**.

ICE officers have shown up at schools I am in community with.

They park unmarked cars outside at dismissal.

They stand near the schoolyard and watch as children walk out holding their parents' hands.

They use ****information shared from city agencies—including school police and the NYPD gang database—**to track, target, and detain youth and their loved ones**.

This year alone, **four immigrant NYC public school students have been taken by ICE—ripped from their schools and separated from their families.**

Imagine being 14 years old, trying to solve an algebra problem while wondering if your parents will be gone when you get home. Imagine having a panic attack in class, and there is **no bilingual social worker, no trusted adult who understands your language or your story**—only an intimidating school safety officer watching you from the doorway. Imagine trying to be a child while the world treats you like a threat.

I have also seen what is possible when youth are met with **care instead of criminalization.** In **Restorative Justice circles** with The Circle Keepers, I watch students learn to trust one another, to name their grief, and to share the weight of it. I have watched young people who entered our circles withdrawn and silent slowly find their voices. I have seen students who were written off as “troublemakers” become the ones helping their peers resolve conflicts and calm their anxiety.

They are not broken.

They are brilliant.

They are carrying more than any child ever should—and **they are still showing up.**

What they need is not punishment.

What they need is for us to show up for them with the same fierce commitment they show up with every day.

They deserve schools that treat their lives like they matter.

They deserve classrooms where their safety is never in question.

They deserve to walk through the school doors carrying hope, not fear.

So today, I am calling on the City Council to:

- **Expand multilingual, culturally responsive mental health care** and ensure every school serving immigrant youth has access to healing-centered programs.

AND

- **Redirect funding away from school policing and surveillance and eliminate the NYPD gang database** that criminalizes youth and feeds ICE enforcement .
- **Invest in a mental health workforce pipeline** to train providers who reflect the languages, cultures, and lived experiences of our communities.

With students actively being targeted and taken by ICE, we cannot wait any longer. Every day we delay, more children suffer in silence—and more families are torn apart.

New York has always been a city thats made up of immigrants. Let's make sure our schools

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reflect that legacy—not with fear and surveillance, but with safety, love, and belonging.

Respectfully submitted,

Jania Witherspoon
The Co-Founder of The Circle Keepers

Testimony of
Coalition for the Homeless
and
The Legal Aid Society
before the Committees on Immigration,
of the New York City Council
on
Oversight – Addressing the Mental Health Needs of
Immigrants in New York City
submitted by
Rachel Goldsmith, LCSW-R
Director of Social Work, Civil Practice
The Legal Aid Society
and
Jamie Powlovich
Senior Manager, Systems Access & Shelter Compliance
Coalition for the Homeless

September 19th, 2025

Introduction

The Legal Aid Society (“LAS”) and the Coalition for the Homeless (“Coalition”) jointly welcome this opportunity to testify before the New York City Council Committee on Immigration regarding the mental health needs of immigrant New Yorkers. We thank Chair Avilés and the Committee on Immigration for offering the opportunity to highlight some of the critical issues in this area.

LAS is built on one simple but powerful belief: that no New Yorker should be denied the right to equal justice. We want to remain a beacon of hope for New Yorkers who feel neglected, regardless of who they are, where they come from, or how they identify. From our start nearly 150 years ago, our growth has mirrored that of the city we serve. Today, we are proud to be one of the largest and most influential social justice law firms in New York City and nation-wide. Our staff deliver justice in every borough, working tirelessly to defend our clients and dismantle the hidden, systemic barriers that can prevent them from thriving. As passionate advocates for individuals and families, LAS is an indispensable component of the legal, social, and economic fabric of our City.

In the past year, LAS served over 480,000 individuals and their families who benefitted from our holistic direct services through our Civil, Criminal, and Juvenile Rights Practices. Our work across these Practices together provides us with unique insights into the challenges facing marginalized communities in NYC and an unparalleled ability to effect change on a greater scale. Our Civil Practice works with low-income New Yorkers experiencing a broad range of civil legal issues that, without assistance, can escalate into situations with cascading effects that threaten their stability and keep families locked in cycles of poverty. Our specialized units cover the full spectrum of civil legal needs, including housing and homelessness; homeowner stabilization, family law and domestic violence; immigration; special education; health; community development; consumer issues; employment; government benefits and disability; taxes; and holistic services for vulnerable populations including the elderly, adults and children with disabilities, and people living with HIV/AIDS.

For almost 40 years, LAS has maintained a citywide Immigration Law Unit (ILU) within the Civil Practice. ILU, now comprised of nearly 100 staff, is a recognized leader in the delivery of free, comprehensive, and high caliber immigration legal services to low-income immigrants in New York City and surrounding counties. Staff represent immigrants before U.S. Citizenship and Immigration Services (USCIS), in Immigration Court removal proceedings before the Executive Office for Immigration Review (EOIR), on appeals to the Board of Immigration Appeals (BIA), and in federal court on habeas corpus petitions and petitions for review. In addition to representing clients, staff conduct outreach clinics at community-based organizations throughout New York City, intake clients at immigration detention centers, and conduct trainings in various venues throughout the city. Over the most recent year, ILU assisted in nearly 8,600 individual legal matters benefiting over

21,100 New Yorkers citywide. In addition to providing direct legal services, ILU staff provide regular training to immigrant-serving advocates from community-based organizations, State and local agencies, and judicial and legislative staff. Partnerships with other non-profit organizations and coordination of a successful pro bono program with 53 participating law firms enable the ILU to maximize resources to meet the increasing demand for representation.

The Coalition is the court- and City-appointed independent monitor of the NYC Department of Homeless Services (“DHS”) shelter system that arose in response to the historic *Callahan*, *Eldredge*, and *Boston* cases that created the right to shelter in New York. We are also the court-appointed independent monitor of the non-DHS shelters for asylum seekers and other new arrivals entering NYC since April 2022 (“New Arrivals”) under the March 15, 2024, stipulation of settlement in *Callahan* (“Stipulation”). We are actively engaged in assisting and defending the rights of New Arrivals and advocating for increased resources to help the newest New Yorkers move from shelter to permanent housing and stability.

The Coalition, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless and at-risk New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to address the crisis of modern homelessness, which is now in its fifth decade. The Coalition also protects the rights of homeless people through litigation involving the right to emergency shelter, the right to vote, the right to reasonable accommodations for those with disabilities, and life-saving housing and services for homeless people living with mental illnesses and HIV/AIDS.

The Coalition operates 12 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers. These programs also demonstrate effective, long-term, scalable solutions and include: permanent housing for formerly homeless families and individuals living with HIV/AIDS; job-training for homeless and low-income women; and permanent housing for formerly homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition’s mobile soup kitchen distributed nearly 400,000 hot, nutritious meals to homeless and hungry people on the streets of the city this past year – up from our usual 320,000. Finally, our Crisis Services Department assists more than 1,000 homeless and at-risk households each month with eviction prevention, individual advocacy, referrals for shelter and emergency food programs, and assistance with public benefits as well as basic necessities such as diapers, formula, work uniforms, and money for medications and groceries. In response to the pandemic, we are operating a special Crisis Hotline (1-888-358-2384) for homeless individuals who need immediate help finding shelter or meeting other critical needs.

New York City has always been a city of immigrants, bringing cultural vibrancy, hard work, and vitality to our neighborhoods. Throughout history, our city has welcomed those who come to the United States to make a better life or to find a safe haven from persecution, violence, and trauma. This reputation as a place of refuge is critical to our identity, and is something we are, and should be, proud of.

Immigrants are critical to New York City's economy — accounting for 43 percent of our workforce and contributing \$61 billion in tax revenue.¹ For these reasons, it is imperative that the City take immediate measures to protect both immigrants who have long resided in our community as well as the newest New Yorkers from the draconian and harmful actions undertaken by the current presidential administration.

President Trump and his administration continue to spread misinformation and flat-out untruths about immigrants, fueling xenophobic and racist fears through targeted anti-immigrant policies and messaging. He has pledged to carry out mass deportations of millions of hard-working individuals, even threatening to use the military against civilians to effectuate his plan. Despite the legal, financial, and logistical hurdles to such extensive removals, he has moved quickly to implement such plans in the months since his inauguration.

These very real threats have directly impacted and raised fears among New York's immigrant population irrespective of how long they have been living in our city as valued members of our community. These fears are well-founded, as immigration enforcement, deportations, and military involvement continue to escalate in New York and nationwide.

The City must take steps to ensure that New York City retains its proud heritage as a city of immigrants, a city dedicated to the principles that we have long expressed to the entire world through the welcoming words on the Statue of Liberty. We urge the City to take immediate action in the ways enumerated below to protect and provide essential support to the countless immigrants who call our city home, including the newest arrivals and particularly those residing in our City's shelters.

Overview of Immigrant Mental Health Needs

Immigrant communities built our city and continue to make invaluable contributions. Despite New York City's history as a haven for immigrants, while anti-immigrant rhetoric is not new, negative messaging in the media has increased hostility and attacks directed towards immigrants. Under the current administration, people are emboldened to demean, threaten, and report their neighbors and community members. ICE officers have been given the freedom to target immigrants based on racial identity. Showing up for necessary appointments at schools, doctors' offices, or courts comes with the increased risk of detention and deportation. As we saw during the pandemic, isolation from

social networks and communities had a significant impact on mental health.¹ Under the second Trump Administration, we are seeing increased isolation again, this time with immigrants fearing completing daily tasks due to the potential for ICE enforcement.

The mental health needs of immigrants are layered. Many immigrants are processing trauma from experiences in their home countries or from their migration experiences. That does not mean, however, that the symptoms of trauma may be immediately visible. Common trauma responses include a state of hyperarousal where someone feels anxious or overwhelmed, in addition to hypoarousal where an individual is numb or detached from their emotions.² Furthermore, while many recently arrived immigrants come to the US seeking asylum, we should not assume that an asylum application is necessary to indicate a history of trauma.

Individuals with no previous history of mental health symptoms are also susceptible to adverse mental health conditions because of stress because of fears of immigration enforcement and discrimination.³ Depression and anxiety are common responses to this stress. As a result, it is essential that immigrants can access necessary mental health supports. Also, members of mixed status households, school staff, religious congregations, and other friends and community members of immigrants are deeply impacted by ICE detentions in our city; their mental health and their need for mental health services are also considerable these days.

At LAS, many of our clients have not heard of programs such as NYC Care and the mental health and health services offered for free through these programs. The City must continue to increase its direct outreach efforts to notify the public about these services. With each new hostile anti-immigrant policy, communities will continue to question whether they can access services even if they have been told previously that they are available. Due to stigma around accessing mental health care in many immigrant communities, outreach efforts must come with psychoeducation that clarifies the nature of these services. Furthermore, because of concerns about immigration enforcement, community members may only be willing to access services through phone or video or may need increased reassurances that the hospitals and clinics have no connection to ICE and will not share information about them with third parties that could put them at risk for immigration enforcement.

With potential cuts to Medicaid coverage looming and healthcare premiums rising, we expect the need for NYC Care and other community-based mental health support to increase. The City should not assume that the services are not needed simply because people have not yet accessed them. It

¹ Luz M. Garcini et al., *Implications of Undocumented Status for Latinx Families during the Covid-19 Pandemic: A Call to Action*, 53 *Journal of Clinical Child & Adolescent Psychology* 10 (2024), <https://www.tandfonline.com/doi/full/10.1080/15374416.2022.2158837>

² <https://nicabm-stealthseminar.s3.amazonaws.com/Infographics/window-of-tolerance/NICABM-InfoG-window+of+tolerance-pf.pdf>

³ Cindy C. Sangalang et al., *Trauma, Post-Migration Stress, and Mental Health: A Comparative Analysis of Refugees and Immigrants in the United States*, 21 *J Immigrant Minority Health* 909 (2019), <http://link.springer.com/10.1007/s10903-018-0826-2>.

should assume that there are significant mental health needs that are unaddressed, and these needs will increase as fear and isolation continue.

Recommendations to Support Immigrant Mental Health

Provide frequent and regular outreach to immigrant communities about free mental health services available without insurance.

- Utilize print, radio, and partnerships with community-based organizations to share these messages.
- Reduce stigma by providing psychoeducation on common mental health concerns such as trauma, depression, and anxiety to normalize these experiences and encourage access to care.

Investigate current waiting times for mental health services and language access needs.

- Community members consistently report long wait times for services, which is discouraging.

Provide support to staff working with immigrant communities, particularly because many social services staff are also part of the immigrant communities they are serving.

- Ensure all city employees and city contracted agencies working with immigrants in health, mental health, and social service settings have training in trauma-informed practices.

Recommendations to Support Immigrants in Shelter

Improve the Screening and Appropriate Placement of New Arrivals

New York City has an extensive municipal shelter system to ensure its most vulnerable residents can access a safe place to stay each night. Despite this, New Arrivals and especially those with disabilities and mental health conditions continue to go without necessary accommodations to meet their needs. As with longer-term New Yorkers residing in shelters, whether or not they are immigrants, the experience of homelessness in itself has “deleterious effects on mental health”.⁴ For New Arrivals, who are frequently unable to access DHS and instead relegated to enormous congregate facilities without social services, there are additional access barriers and less accessible shelter capacity. The City should:

- Implement comprehensive and culturally competent screenings for disability and mental health conditions at shelters serving New Arrivals, to ensure people are 1) connected to suitable clinical services, and 2) placed in a suitably accessible shelter.
- Provide on-site social services at all types of shelters, including assistance with connecting to clinical services and staff who have received appropriate training to coordinate placements that fulfill disability-related needs.
- Track and regularly analyze current and anticipated disability-related and mental health

⁴ Deborah K Padgett, *Homelessness, housing instability and mental health: making the connections*, PubMed Central (2020)

needs in all shelter types to inform needed accessible capacity.

- Accommodate transfers of New Arrivals into appropriate DHS shelters as expeditiously as possible, especially those with disabilities and/or mental health conditions that are exacerbated in large, congregate non-DHS shelter settings.
- Accommodate single room and reduced-density placements in shelters serving New Arrivals and long-term migrants in New York City, expanding the availability of such to ensure people have suitably accessible and safe shelter placements after having navigated profoundly traumatizing circumstances.

Invest in Trauma-informed Support Services and Staff Professional Development

The experience of homelessness is, with social determinants of health contributing to higher rates of health conditions among people experiencing homelessness⁵. The compounding impact of trauma, housing instability and circumstances leading to homelessness, and the experience of living in a shelter setting contribute to the emergence of anxiety, depression, PTSD, and an array of mental health and other medical conditions.⁶ For immigrants in New York City, there are added stressors caused by lack of access to suitable medical and mental health care, long shelter stays due to not having access to benefits to exit shelter, and a general lack of suitable language access tools and culturally responsive services. As such, we recommend:

- Partnering with local community groups with shared cultural and linguistic backgrounds to immigrants residing in shelters; consult with such groups on resources and services (including access to food, recreation, legal support, and medical/mental health support) that are most suitable.
- Ensure sites serving immigrants hire staff with language skills that meet the needs of residents; wherever there are gaps, provide on-site language translation service as often as possible.
- In collaboration with community groups with shared cultural and linguistic background, develop culturally responsive peer support resources, activity groups, and resource-sharing opportunities.
- Offer comprehensive clinical assessments with culturally competent providers, where linkages are made to suitable services and information collected informs submission of reasonable accommodation requests.
- Provide additional training and resources to all shelter staff (including leadership) regarding trauma-informed care, cultural competency, and continue to expand on such as often as needed. Training should be required and have an efficacy measure to ensure accountability.

Stop the Use of Non-DHS New Arrival Shelters

The current standard of shelter delivery in the non-DHS New Arrival shelters (also known as HERRCs), specifically for single adults, is unacceptable. These large congregate settings lack case

⁵ Shantiera Nicole Taylor & David Munson, *Health Care of People Experiencing Homelessness: Part 1*, 2 New England Journal of Medicine Evidence 8 (2023)

⁶ Centers for Disease Control and Prevention, *About Homelessness and Health* (2024)

management, consistently functioning bathroom facilities, standard beds, and are often riddled with bed bugs. The conditions that people are subjected to in the non-DHS shelters, layered on the City's failure to meet their health care needs the fear of contact with federal immigration authorities, and lack of adequate translation and legal support is traumatic alone. But most New Arrivals are experiencing this in addition to carrying the weight of the trauma that led them to this country, and sometimes additional trauma they experienced getting here. Therefore, in addition to the other recommendations outlined, we are calling for the City to expedite the transition of New Arrivals still in need of shelter into the DHS system and cease their use of the non-DHS shelters for New Arrivals.

Conclusion

Thank you again to the Committee on Immigration for looking closely at how to best support the mental health needs of immigrant communities in New York City.

CONTACT:

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Jamie Powlovich
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Systems Access and Shelter Compliant (SAS-C) Team
Coalition for the Homeless
129 Fulton St.
New York, NY 10038
JPowlovich@cfthomeless.org

September 11, 2025

To: New York City Council Committee on Immigration

From: Immigration Justice Subcommittee of The New York Doctors Coalition

Re: Oversight - Addressing the Mental Health Needs of Immigrants in NYC.

Thank you for the opportunity to share our experiences caring for immigrant communities across New York City. We are an organization of over 900 physicians and healthcare workers employed in New York City, across a number of hospitals, with a collective experience of multiple decades caring for patients. Being on the frontlines of healthcare in the city, we have within the last year cared for and advocated on behalf of hundreds to thousands of newly arrived people. This includes single adults and families from over 50 countries, who have endured countless trauma including torture, persecution, and violence.

As the Committee noted in its Briefing Paper, more than half of immigrant New Yorkers have been part of our city's community for decades. We care for them daily in our clinics and hospitals. We hear firsthand the fears they carry with them in their day-to-day experiences in the city and how these fears have multiplied with the increasing attacks on their dignity and safety. In particular, the revoking of sensitive locations at the federal level in January of 2025, their fears around accessing healthcare including mental health services have grown immensely.

The exponential rise in immigration enforcement over the past few years has led to unprecedented levels of detention and family separation. Furthermore, a number of extensive reports have been written by human rights and immigration justice organizations specifically about the innumerable ways that detention facilities provide substandard medical care and intentionally create inhumane conditions. While "Know Your Rights" guides can be valuable in certain scenarios, they do not offer meaningful protection for patients or providers when confronted by ICE, particularly in the current phase of enforcement. Until our patients are guaranteed safety in attending their healthcare appointments, they will continue to suffer, and likely have exacerbations of, avoidable trauma, anxiety, depression, PTSD, and substance use.

We see these consequences every day. Patients admitted from detention facilities to New York City hospitals in crisis, surrounded by ICE officers throughout their hospital stay, making it impossible for clinical teams to provide effective psychiatric care in a safe, trusting environment. Emergency physicians face unmanageable patient volumes because people avoid preventive primary care visits out of fear. Others cancel necessary follow-ups, worried they may be deported before their appointment. We know many a patient who has, within a clinical visit, asked for definitive care for chronic well-controlled conditions because of fear that if they are detained,

they won't get access to their medications and will have to suffer the consequences. And children—two million of whom in New York City have at least one immigrant parent—are showing behavioral regressions and developmental delays rooted in chronic stress.

These are just a few stories of many of what we have witnessed through our patients.

New York City has made strides in expanding mental health resources, but barriers remain. Long wait times, language barriers, insurance gaps, and deep institutional mistrust prevent many from receiving care. In our clinics, social workers and case managers provide critical short-term counseling for patients who have nowhere else to turn. But this is not enough and doesn't address the existing structural and punitive measures that our patients are currently facing by simply walking outside of their home, attending their work shifts, or going to their scheduled immigration hearings.

The City cannot do this work alone.

First: we ask the Council to join the crowds of voices and call on our State leaders to convene a special session to address urgent immigrant policy issues, including three critical pieces of legislation: the Dignity Not Detention Act (S.316/A.4181) and New York for All (A3506/S2235), and essential healthcare legislation through the New York Health Act (S3425/A1466).

Second, we urge the Council to pass intro 395, intro 396, and intro 214 all three of which would seek to limit the collaboration and communication of local NYPD with Federal immigration enforcement.

Finally, we call on the City Council to hold the Mayoral office accountable for implementing Local Law 35 that requires the provision of clinical mental health services in all DHS family shelters where many of the recently arrived immigrant new yorkers are housed.

These three tasks are essential to protect the health, safety, and dignity of immigrant New Yorkers—and to ensure our city's healthcare system can continue to meet the medical and mental health needs of every New Yorker.

Thank you for your time and consideration.

Christopher Leon Johnson 9/16/2025
[REDACTED] Brooklyn NY 11213
[REDACTED]

To The Committee on Immigration.

Hello my name is Christopher Leon Johnson and I am submitting a written testimony because I was busy doing a family errand and I was not able to testify virtually because I was in the train I am submitting this written testimony to show my support to this committee and I am here to say that I believe that the delivery stores the delivery workers that deliver our food and the taxi drivers such as loss deliveristas unidos and justice for app workers and the independent driver's guild and the New York taxi workers alliance needs the same amount of funding that the other non-profits such as mixteca and lacoilema received from the city council the delivery workers and taxi drivers or migrants too they deserve the support too they work like everybody else work and I believe that day again they are really real disrespected in the city council. So I'm sure my support thank you for having the hearing this is my written testimony. And one more thing is that these non-profits that I mentioned should not be divided and worry about their salaries and worry about their titles because they're both being unfairly targeted by the corporations such as Uber doordash lift GrubHub relay and instacart they need to stop the division and come together as one as I mentioned on September 15th 2025 at the committee for transportation infrastructure in person testimony and I support intro 1132 hosted by Justin Brannan. God bless New York City and God bless our essentialworkers take care Thank you.

Sincerely

Christopher Leon Johnson

9/16/25

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 09/16/2025

(PLEASE PRINT)

Name: Yolanda Nfeja

Address: _____

I represent: The Children's Law Center

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9.16.25

(PLEASE PRINT)

Name: KRISTEN SLESAR

Address: _____

I represent: CHILDREN'S LAW CENTER

Address: _____

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Appearance Card

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Jamie Povolovich

Address: 129 Fulton St

I represent: Coalition For the Homeless

Address: Same

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Date: 9/16/25

(PLEASE PRINT)

Name: Nisha Agarwal, ED for Policy and

Address: Communication

I represent: DOJ/MC

Address: _____

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Erin Byrne, COS

Address: _____

I represent: MOJA

Address: _____

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Kenneth Lo, Senior Advisor on Interagency

Address: Partnerships

I represent: MOJA

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Andrea Ortiz

Address: [REDACTED] Bk 11218

I represent: Dignity in Schools Campaign-NY

Address: _____

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THE CITY OF NEW YORK**

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Date: _____

(PLEASE PRINT)

Name: Neven Swailmyeen

Address: _____

I represent: NYIPT

Address: _____

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Galloway - Ali Farney Center

Address: _____

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Martin Urbach

Address: _____

I represent: The Circle Keepers

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Sarah Williams, MD

Address: [REDACTED], Bklyn, NY

I represent: TLC NYC

Address: 11218

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ZARIN VAQUIS

Address: [REDACTED]

I represent: Arab American Family Support Center

Address: 156 Court Street Brooklyn NY

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Sierra Kraft

Address: _____

I represent: ICARE Coalition

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jania Wither Spoon

Address: _____

I represent: The Circle Keepers

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Neven Swailmyeen

Address: 151 W 30th St, 11th Floor, New York, NY 10001

I represent: New York Lawyers For the Public Interest

Address: Same as above



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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Airenakhue Omoragbon

Address: _____

I represent: African Communities Together

Address: (ACT)

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ravly Chen

Address: _____

I represent: Northern Manhattan Improvement Corporation

Address: 45 Woodworth Ave NY NY 10033

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: 09/16/2025

(PLEASE PRINT)

Name: Aldanza Buerba

Address: [REDACTED] Brooklyn, NY, 11201

I represent: Mixteca Organization Inc

Address: 245 23rd St Brooklyn NY, 11215

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Appearance Card

09/16/25

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Mamoo Adeline Zhao

Address: _____

I represent: Garden of Hope Asian American Federation

Address: _____

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Rachel Goldsmith

Address: _____

I represent: The Legal Aid Society

Address: _____

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9/16/25

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Stephanie Bovine

Address: [REDACTED] New York NY

I represent: The Healing Center

Address: 7125 3rd Av, Brooklyn NY 11225

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☐ in favor ☐ in opposition

Date: 09/16/2025

(PLEASE PRINT)

Name: Aldonza Buerba

Address: [REDACTED] Brooklyn NY 11201

I represent: Mxtera Organization Inc

Address: 245 23 St Brooklyn NY 11215

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nelven Swailmyer

Address: _____

I represent: New York Lawyers for the public interest

Address: 151 W 30th St, 11th fl, NY, NY 10001

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Christopher Lee Johnson

Address: [REDACTED]

I represent: SNV

Address: _____

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Scherden Vante

Address: 2 Lafayette

I represent: Safe Horizon - Hochmark Project

Address: _____

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Ashley Ln

Address: NY

I represent: Veteran American Family Service Center

Address: _____

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I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Zana Vagobie

Address: _____

I represent: Arab American Family Support Center

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Adeline Zhao

Address: _____

I represent: Garden of Hope (Mental Health Paradise)

Address: _____

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I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Nat Mayhe

Address: _____

I represent: Asian American Federation

Address: 120 Wall St 9th Fl NY 10005

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☐ in favor ☐ in opposition

Date: 9/16/25

(PLEASE PRINT)

Name: Jessica Brecker

Address: _____

I represent: Catholic Charities Community

Address: Services

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☐ in favor ☐ in opposition

Date: 09/16/2025

(PLEASE PRINT)

Name: Charles Brown

Address: [REDACTED] New York, NY 10027

I represent: Lutheran Social Services of New York

Address: 475 Riverside DR, New York, NY

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ashley Lin

Address: 25-41 76 Street, East Elmhurst NY 11370

I represent: Korean American Family Service Center

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Aracelis Wicario

Address: [REDACTED] Bx, NY 10473

I represent: Masa

Address: 2770 Third Ave 15th Fl Bronx, NY

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