

COMMITTEE ON GENERAL WELFARE

JOINTLY WITH

COMMITTEE ON PUBLIC SAFETY

1

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE
JOINTLY WITH
COMMITTEE ON PUBLIC SAFETY

----- X

February 10, 2026
Start: 10:03 a.m.
Recess: 3:30 p.m.

HELD AT: COUNCIL CHAMBERS - CITY HALL

B E F O R E: Crystal Hudson, Chairperson of
Committee on General Welfare

Oswald Feliz, Chairperson of
Committee on Public Safety

COUNCIL MEMBERS OF THE COMMITTEE ON GENERAL WELFARE:

Alexa Avilés
Darlene Mealy
Sandy Nurse
Althea V. Stevens
Sandra Ung

COUNCIL MEMBERS OF THE COMMITTEE ON PUBLIC SAFETY:

Joann Ariola
Chris Banks
Elsie Encarnación
Jennifer Gutiérrez
Ty Hankerson
Kamillah M. Hanks
Sandy Nurse

COMMITTEE ON GENERAL WELFARE

JOINTLY WITH

COMMITTEE ON PUBLIC SAFETY

2

COUNCIL MEMBERS OF THE COMMITTEE ON PUBLIC SAFETY:
(continued)

Justin E. Sanchez
Phil Wong

OTHER COUNCIL MEMBERS ATTENDING:

Mercedes Narcisse
Lincoln Restler
Julie Menin, Speaker
Jumaane Willians, Public Advocate
Simcha Felder

COMMITTEE ON GENERAL WELFARE

JOINTLY WITH

COMMITTEE ON PUBLIC SAFETY

3

A P P E A R A N C E S

Molly Wasow Park, Commissioner of the New York
City Department of Social Services

Zach Iscol, Commissioner of New York City
Emergency Management

Alexander Crohn, Deputy Commissioner of Strategic
Initiatives of the New York City Police
Department

Dr. Theodore Long, Senior Vice President of
Ambulatory Care and Population Health at New York
City Health and Hospitals

Dr. Jason Graham, New York City Chief Medical
Examiner

John Esposito, Chief of Department at New York
City Fire Department

Josh Goldfein, Staff Attorney at the Legal Aid
Society

Graham Horn, Coordinating Attorney on the Shelter
and Economic Stability Project in the Public
Benefits Unit at New York Legal Assistance Group

Kristen Miller, Executive Director of Homeless
Services United

Carolyn Norton, Interim Chief of Litigation
Advocacy at Legal Services NYC

COMMITTEE ON GENERAL WELFARE

JOINTLY WITH

COMMITTEE ON PUBLIC SAFETY

4

A P P E A R A N C E S (CONTINUED)

Catherine Trapani, Volunteers of America Greater
New York

Orin Barzilay, self

Erica Strang, Director of the Manhattan Outreach
Consortium at the Center for Urban Community
Services

Helen Strom, Benefits and Homeless Advocacy
Director at the Safety Net Project at the Urban
Justice Center

Eric Rosenbaum, President and Chief Executive
Officer of Project Renewal

Judith Rosenfeld, Vice President of Special
Projects at Breaking Ground

Van Yu, Chief Medical Officer of the Center for
Urban Community Services and Janian Medical Care

Jody Rudin, President and Chief Executive Officer
of the Institute for Community Living

Shana McCormick, Senior Director of Government
and Community Relations for Rethink Food

A.P. LaFare, self

Christopher Leon Johnson, self

Timothy Pena, Veterans Justice Project

COMMITTEE ON GENERAL WELFARE

JOINTLY WITH

COMMITTEE ON PUBLIC SAFETY

5

A P P E A R A N C E S (CONTINUED)

Richard Flores, self

Charlton D'Souza, President and Founder of
Passengers United

Knakisha Candanedo, Friends of Echo Park

Sam Rivera, Executive Director of OnPoint NYC

SERGEANT-AT-ARMS: This is a mic check for the Committee on General Welfare and Public Safety. Today's date is February 10, 2026 in the Chambers recorded by Walter Lewis.

SERGEANT-AT-ARMS: Please take your seats. We are beginning shortly.

Good morning, good morning. Welcome to the New York City Council hearing on the Committee on General Welfare joint with Public Safety.

At this time, please silence all electronics and do not approach the dais. I repeat, please do not approach the dais.

If you are testifying today, pull out a slip with a Sergeant-at-Arms at the back.

Thank you for your cooperation.

You may begin.

SPEAKER MENIN: [GAVEL] We have a faulty gavel. I won't take that as a bad sign, but okay.

Good afternoon and welcome to today's oversight hearing on New York City's Code Blue operations. I'm Julie Menin, Speaker of the New York City Council, and I first of all want to begin by thanking you all for being here. I want to thank my Colleagues, Council Member Oswald Feliz, who Chairs

1
2 our Public Safety Committee, Council Member Crystal
3 Hudson, who Chairs our Committee on General Welfare,
4 and so I want to thank them and all of you for being
5 here for today's emergency hearing.

6 As New Yorkers, we have collectively
7 endured extreme weather over the past several weeks.
8 We've shoveled our neighbors' sidewalks, we've
9 navigated remote learning with our students, and
10 we've checked in on vulnerable New Yorkers to ensure
11 their safety. We are here today, though, because 18
12 New Yorkers have lost their lives since the City
13 declared Code Blue. These deaths are not inevitable.
14 They are the result of gaps in outreach, shelter
15 capacity, mental health services, and follow-up.
16 Every person who freezes to death in this city is a
17 reminder that systems that are designed to protect
18 human life are failing the people who need them most.
19 Code Blue literally refers to an emergency notice
20 that is issued automatically during winter nights
21 when the temperature drops to 32 degrees Fahrenheit
22 or below, including windchill between 4 and 8 a.m. We
23 are experiencing one of the longest cold snaps in
24 recent years. As a City, the response to such an
25 endured period of freezing weather is obviously

1
2 complex and difficult, but our number one priority
3 must be on protecting and preserving the lives of
4 vulnerable New Yorkers. We must remain constantly
5 vigilant in helping those who need our help the most,
6 and we must help those New Yorkers who cannot help
7 themselves get access to a warm and self-place. That
8 is the humane thing to do. What is not humane is
9 allowing New Yorkers to linger on the streets knowing
10 that they will die in these freezing extreme weather
11 conditions. Code Blue means action, it means urgency,
12 and it also means deep care. But for too many New
13 Yorkers experiencing homelessness in our city this
14 winter, Code Blue is a warning that unfortunately
15 came too late.

16 I would like to take a moment to name and
17 recognize just a few of the 18 New Yorkers who passed
18 away. Frederick Jones, 67 years old, of Midtown
19 Manhattan, who was under an Adult Protective Services
20 guardianship and who was found by emergency workers
21 about a mile away from his building. Barbara Stuter,
22 64, who was found dead last Saturday morning and was
23 identified by law enforcement as having been
24 unhoused. Another man, who was 60 years old, was
25 found outside of St. Barnabas Hospital before he was

1 rushed inside, where he was tragically declared dead.
2
3 Norberto Jimbo Niola, 52 years old, originally from
4 Ecuador and found on a park bench in Queens with
5 discharge papers from Elmhurst Hospital. These New
6 Yorkers should be alive today.

7 In 2025, the HOPE count identified 4,504
8 unsheltered individuals in New York City. This was
9 364 more individuals than in 2024, a 9 percent
10 increase. When temperatures drop, our responsibility
11 to each of these New Yorkers rises. That means
12 meeting people where they are, expanding safe and
13 dignified shelter options, improving coordination
14 across City agencies, and treating this crisis with
15 intense seriousness. Data from the New York City
16 Department of Health Environment and Health Data
17 Portal indicates that cold stress deaths, or deaths
18 that are due to cold weather, have increased citywide
19 since 2016. Similarly, the number of cold-related
20 emergency room visits, such as for hypothermia,
21 frostbite, and worsened chronic conditions due to the
22 cold, have unfortunately also increased.

23 While I recognize that this period of
24 Code Blue presents significant challenges, we must do
25 better. It is imperative that we hear today from City

1
2 agencies on what they are doing to improve operations
3 and outreach during this time to protect the lives of
4 unsheltered New Yorkers and ensure that they have
5 what they need to stay safe.

6 I first of all want to thank the
7 Administration for being here today to testify. I
8 want to thank the Chairs and all of my Colleagues who
9 are here today for this very important hearing and
10 now I'm going to turn it over to my Colleague,
11 Council Member Feliz, for his opening statement.

12 CO-CHAIRPERSON FELIZ: Thank you, Speaker
13 Menin, and good morning, everyone. I am Council
14 Member Oswald Feliz, Chair of the Committee on Public
15 Safety. I want to thank the Speaker for her
16 leadership on this critically important issue and
17 Chair Hudson for partnering with me for today's
18 urgent hearing on New York City's Code Blue
19 operations. I would also like to acknowledge we've
20 been joined by Council Members Aviles and
21 Encarnación. Thank you for joining us today.

22 When emergencies arise, New Yorkers
23 should have full confidence that their local
24 government is fully prepared, ready to respond
25 efficiently and effectively, especially when dealing

1
2 with the health and safety of our most vulnerable New
3 Yorkers, homeless populations. Keeping New Yorkers
4 safe is one of the most important duties of City
5 government. Our preparation was tested in recent
6 weeks when freezing temperatures triggered the
7 issuance of a Code Blue emergency notice. As you've
8 been hearing, when this notice takes effect, it sets
9 in motion a series of obligations our City agencies
10 must undertake to ensure that everyone is off the
11 street and in a safe and warm location. While the
12 Department of Homeless Services generally takes the
13 lead in responding during Code Blue and undertakes
14 efforts to relax admissions policies, expand shelter
15 hours, and put more outreach teams on the streets to
16 identify unhoused individuals in need of services and
17 shelter, first responders also play critical roles.
18 EMS is dispatched to calls related to unhoused people
19 to provide medical care, including treatment for
20 cold-related injuries and hypothermia, and offer
21 transport to hospitals and shelters. And since our
22 Police Department has the resources and personnel to
23 respond quickly, police officers are also a critical
24 part of the Code Blue response. During these
25 emergencies, NYPD officers work alongside DHS staff,

1
2 Department of Homeless Services staff, to increase
3 patrols and outreach at known locations where
4 unhoused individuals gather. When people are willing
5 to relocate, police officers will offer transport to
6 the nearest DHS shelter. And in limited
7 circumstances, officers may play a role in
8 determining if, in accordance with applicable laws
9 and policy, whether a person can or should be
10 transported involuntarily to a hospital emergency
11 room.

12 Now, on the January Code Blue response,
13 it is hard to argue that the response to freezing
14 temperatures was enough. It is difficult to maintain
15 that our City's response met the need. Our City's
16 response to the severe weather clearly fell short. We
17 lost 17 vulnerable New Yorkers, 13 due to
18 hypothermia. New Yorkers who died in freezing
19 conditions. Most who were homeless and in a state of
20 crisis, 17 vulnerable New Yorkers. These are not just
21 statistics, these were lives. Real people who were in
22 a well-documented state of crisis. As a City, we must
23 take every step to ensure that something like this
24 never, ever happens again. As a City, we must take
25 every step to ensure that something like this never

1 happens again. And so today, I look forward to
2 hearing from the agencies, including our Police
3 Department, but also from the Department of Homeless
4 Services, EMS, and other agencies who play an
5 important role in ensuring vulnerable homeless
6 populations are safe during freezing conditions.
7

8 As Chair of the Public Safety Committee,
9 I'm especially interested in hearing from our Police
10 Department, but also from all the other agencies who
11 respond on current processes to make sure we're
12 reaching homeless populations and providing them with
13 safe spaces during freezing temperatures, but also
14 current rules to ensure agencies are working together
15 so that we can provide assistance efficiently and
16 effectively. But also, most importantly, steps that
17 we can take to make sure that another tragedy like
18 this never, ever happens again.

19 I thank everyone here today for
20 participating in this important hearing, and I look
21 forward to a thoughtful and constructive dialogue.
22 Thank you so much.

23 And I'll pass it on to our Co-Chair,
24 Council Member Crystal Hudson.
25

1
2 CO-CHAIRPERSON HUDSON: Thank you so much
3 to Speaker Menin and Chair Feliz.

4 Good afternoon, good morning, and welcome
5 to today's oversight hearing on New York City's Code
6 Blue operations. I'm Crystal Hudson, General Welfare
7 Committee Chair, and my pronouns are she/her. We are
8 additionally joined by Council Members Ung and
9 Hankerson.

10 Today, our City mourns the tragic loss of
11 life that has occurred during the recent period of
12 extreme cold that has gripped New York City. Since
13 late January, the prolonged freeze and sub-freezing
14 temperatures have claimed at least 18 lives outdoors
15 across the five boroughs. These deaths are not just
16 statistics. They represent parents, siblings, and
17 neighbors whose lives were cut short by conditions
18 that should never be fatal in a city as resource-rich
19 as ours. While official data indicates that not all
20 of the individuals who died were confirmed to have
21 been unsheltered individuals, many had passed
22 interactions with our homeless shelter system, and a
23 number of these fatalities reflect the acute
24 vulnerability that people living without stable
25 housing face during extreme weather.

1
2 Our city has been under a Code Blue
3 emergency since January 19th. Under New York City's
4 Code Blue protocol, which is activated when
5 temperatures fall to 32 degrees Fahrenheit or below,
6 the City, led operationally by the Department of
7 Homeless Services, or DHS, is required to ensure that
8 no one experiencing homelessness who seeks shelter is
9 denied entry. During these emergencies, DHS expands
10 and relaxes normal intake procedures so that
11 shelters, drop-in centers, safe havens, and
12 stabilization beds are open 24/7 and available to all
13 in need. Anyone can walk into any facility for warmth
14 without undergoing the usual eligibility process, and
15 outreach teams are deployed throughout the five
16 boroughs to connect unsheltered individuals with
17 these life-saving resources.

18 The Department of Homeless Services also
19 coordinates a citywide street outreach effort that
20 operates year-round and intensifies during Code Blue
21 conditions. DHS supported outreach teams, including
22 non-profit partners and trained staff, canvas
23 neighborhoods, subway stations, parks, and other
24 outdoor locations to identify and engage individuals
25 living on the streets. Their goals are to offer

1
2 immediate access to shelter, provide information and
3 encouragement, and build the trust necessary to help
4 people transition off the streets and into safer
5 environments. These teams work in coordination with
6 other agencies to maximize their reach and
7 effectiveness during life-threatening weather.

8 According to Mayor Mamdani, at least 1,100 people
9 have been brought into shelters or safe havens since
10 the Code Blue was activated. Despite these efforts,
11 the recent deaths underscore how emergency responses
12 alone are not sufficient without broader strategies
13 that address the deep-root causes of homelessness,
14 including lack of affordable housing, gaps in mental
15 health support, addiction services, and long-term
16 care. Outreach and shelter placements must be
17 complemented by sustained investments in housing
18 stability and compassionate social services so that
19 individuals are not put in harm's way in the first
20 place. We honor the memory of each life lost and
21 extend our deepest condolences to the families and
22 communities affected. Let these tragedies be a
23 catalyst for action to strengthen DHS's capacity,
24 improve inter-agency coordination, and expand

1
2 preventive services that protect our most vulnerable
3 neighbors, not only during emergencies but every day.

4 We hope that today's hearing will inform
5 an assessment of the effectiveness of the City's Code
6 Blue operations thus far. We look forward to
7 receiving testimony from the Administration, advocacy
8 groups, and other interested members of the public to
9 learn more about the City's successes, areas for
10 improvement, and ideas for better Code Blue
11 operations going forward.

12 I want to conclude by thanking the
13 Committee Staff for their work on this hearing,
14 Aminta Kilawan, Nina Rosenberg, Justin Campos, and
15 Colby Porter (phonetic). I would also like to thank
16 my staff, Andrew Wright and Erika Ruintan.

17 We've also been joined by Council Member
18 Banks.

19 And now the Committee Counsel will
20 administer the oath to the Administration. Thank you.

21 COMMITTEE COUNSEL: Thank you, Chair
22 Hudson.

23 Now in accordance with the rules of the
24 Council, I will administer the affirmation to the
25

witnesses from the Mayoral Administration. Would you
all please raise your right hand?

Commissioner Molly Park, do you affirm to
tell the truth, the whole truth, and nothing but the
truth in your testimony before this Committee and to
respond honestly to Council Member questions?

COMMISSIONER PARK: I do.

Committee Counsel: Commissioner Zach
Iscol, do you affirm to tell the truth, the whole
truth, and nothing but the truth in your testimony
before this Committee and to respond honestly to
Council Member questions?

COMMISSIONER ISCOL: I do.

COMMITTEE COUNSEL: Thank you.

Deputy Commissioner Alexander Crohn, do
you affirm to tell the truth, the whole truth, and
nothing but the truth in your testimony before this
Committee and to respond honestly to Council Member
questions?

DEPUTY COMMISSIONER CROHN: I do.

Committee Counsel: And finally, Jason
Graham, do you affirm to tell the truth, the whole
truth, and nothing but the truth in your testimony

1
2 before this Committee and to respond honestly to
3 Council Member questions?

4 CHIEF MEDICAL EXAMINER DR. GRAHAM: I do.

5 COMMITTEE COUNSEL: Thank you all. You may
6 begin when ready.

7 COMMISSIONER PARK: Thank you. Good
8 morning. My name is Molly Wasow Park, and I serve as
9 the Commissioner of the New York City Department of
10 Social Services, which includes the New York City
11 Department of Homeless Services and the New York City
12 Human Resources Administration. I'm joined by New
13 York City Emergency Management Commissioner Zach
14 Iscol and Deputy Commissioner Alexander Crohn from
15 the New York City Police Department. I would like to
16 thank Speaker Menin, Chair Hudson, Chair Feliz, and
17 the Members of the Committee on General Welfare and
18 Committee on Public Safety for holding this oversight
19 hearing on New York City's Code Blue operations.

20 To start, I want to remind New Yorkers to
21 call 3-1-1 if you see someone experiencing
22 unsheltered homelessness. An outreach team or first
23 responder from NYPD or FDNY will be dispatched and
24 work to make sure that the individual is connected to
25 a safe and warm place. New Yorkers can also sign up

1
2 for NotifyNYC to learn about current resources and
3 changing conditions. NotifyNYC provides information
4 about emergency alerts and important resources and
5 services.

6 During the past three weeks, New York
7 City experienced weather that was as cold or colder
8 than some parts of Alaska. We want to be sure that
9 every New Yorker is safe as we confront the coldest
10 temperatures we have encountered in nearly a decade.
11 Our hearts, my heart, go out to the families and
12 loved ones of New Yorkers who have tragically died
13 outside due to the cold temperatures as a result of
14 this horrible cold spell in recent weeks. The reason
15 that we do the work that we do is to prevent these
16 tragedies and connect vulnerable people to the
17 shelter and resources they need to stay safe and
18 warm. We are acutely aware that extreme cold is
19 particularly challenging and dangerous for people
20 experiencing unsheltered homelessness. DSS is taking
21 action to keep our unsheltered neighbors safe. Part
22 of our job as public servants is delivering the
23 message that help is available at every opportunity
24 we can. That is at public meetings like this, in
25 person with outreach workers, through social media,

1 spreading the word through community partners and
2 faith leaders, and through public service
3 announcements. I thank you all again for this
4 opportunity to use this platform to highlight the
5 resources available and share the work DSS is doing
6 to get people experiencing unsheltered homelessness
7 the help that they need.
8

9 Our preparation for Code Blue begins
10 before the winter starts. Before winter begins, our
11 team at Street Homeless Solutions reviews our Code
12 Blue procedure with the outreach team directors and
13 discusses winter preparedness. As needed, trainings
14 include a review of how to identify and assess at-
15 risk clients and resources available during a Code
16 Blue. We maintain ongoing targeted placement of the
17 most chronic and vulnerable clients experiencing
18 unsheltered homelessness into housing with an
19 enhanced effort in the three months before winter.
20 Each October, outreach teams will create a Code Blue
21 priority list of clients and identify the usual
22 locations where they congregate. Clients living in
23 vehicles or in exposed geographic areas, such as near
24 bodies of water, may be especially at risk and are
25 included on these lists. This list is based on

published evidence, the vulnerability index, and can be updated as additional at-risk clients are identified through the winter in New York City.

Individuals may be placed on this list if they are or have more than three hospitalizations or emergency room visits in a year, more than three emergency room visits in the previous three months, aged 60 or older, cirrhosis of the liver, end-stage kidney disease, a history of frostbite, immersion foot syndrome, or hypothermia, HIV-AIDS, trimorbidity, which means co-occurring psychiatric substance use and chronic medical condition.

In addition, the vulnerability index takes into consideration the following, living conditions, whether they're in a structure or lack thereof, appropriate dress, layering and head, hands, and feet covered, whether there are open fires, contained fires, and the risk for carbon monoxide poisoning, the ability to be logical and goal-directed towards meeting basic needs, active signs of hallucinations or gross disorganization, current alcohol dependence, a known history of heart disease, diabetes, peripheral vascular disease, and/or severe psychiatric illness. As demonstrated by that list,

1
2 which is non-exhaustive, of factors that were taken
3 into consideration for placement on the Code Blue
4 alert distribution list, we are seeking to take
5 individual circumstances into consideration and
6 remain sensitive to the unique vulnerabilities a New
7 Yorker may face.

8 Each November, relevant teams within DSS
9 DHS review Code Blue procedures. This group includes
10 our Street Homeless Solutions Unit, DSS' Health
11 Services Office, DSS' Office of Performance
12 Management and Data Analysis, and DSS' Office of
13 Legal Affairs. This review is conducted with an eye
14 towards strengthening best practice and ensuring our
15 policies and procedures are positioned to meet our
16 mission of serving vulnerable New Yorkers.

17 Outreach work occurs year-round and aims
18 to build the trust necessary for people experiencing
19 homelessness to connect with shelter, resources, and
20 assistance. Building trust with vulnerable New
21 Yorkers is a vital component of successfully
22 delivering assistance. During a Code Blue, the City
23 delivers assistance to vulnerable New Yorkers through
24 several pathways. In this period of emergency, 3-1-1
25 calls about people experiencing unsheltered

1
2 homelessness are routed to 9-1-1 in recognition of
3 the serious life safety danger that needs to be taken
4 into consideration with such severe weather. DHS
5 directs shelters to suspend their normal intake
6 procedures to more readily accommodate New Yorkers in
7 need of assistance, and shelters make accommodations
8 for walk-ins. Outreach teams also gain greater
9 latitude in assisting bringing individuals to
10 shelters. All drop-in centers are open year-round and
11 24 hours a day. Drop-in centers assist as many people
12 as they can safely accommodate, taking account of
13 health and safety regulations, and, if necessary, the
14 drop-in center will identify an alternative location,
15 such as a shelter, a warming center, or another drop-
16 in center, and offer transportation to that
17 alternative location. Shelters, safe havens, and
18 stabilization beds make beds available to accommodate
19 individuals brought in by DHS street outreach teams
20 or who walk in. Those individuals are engaged by
21 shelter or safe haven caseworkers to encourage them
22 to stay indoors and access services.

23 Outreach teams contact vulnerable
24 individuals, including those on the Code Blue
25 priority list, to ensure safety and bring them to

1 shelter. During a Code Blue, DHS street outreach
2 teams contact individuals on the Code Blue priority
3 list a minimum of once every four hours, beginning at
4 8 p.m. until 8 a.m. During an enhanced Code Blue, DHS
5 street outreach teams contact individuals on the Code
6 Blue priority list a minimum of once every two hours,
7 beginning at 8 p.m. until 8 a.m., to encourage them
8 to accept transport to a safe and warm place. During
9 Code Blue, hospital waiting rooms also serve as
10 warming centers. DSS reminds hospitals of this
11 protocol each year at the beginning of the season.

12
13 Given the historic nature of the recent
14 cold spell, the Mamdani Administration has mobilized
15 additional resources beyond the Enhanced Code Blue
16 protocol to ensure no New Yorkers experiencing
17 unsheltered homelessness are left without access to
18 shelter and warm spaces. For the first time ever, a
19 24-hour Enhanced Code Blue was established on January
20 31st to ensure the safety of those experiencing
21 unsheltered homelessness. Over the past two weeks,
22 the Mayor directed DSS DHS to open approximately 300
23 additional low-barrier beds across multiple locations
24 in Manhattan, the Bronx, and Queens to assist with
25 capacity needs for those in need of immediate

1
2 shelter. These provider-operated sites are equipped
3 with wraparound services to ensure unsheltered
4 clients have the resources they need to get back on
5 their feet. During the first weekend, the City
6 mobilized to open warming centers in schools that
7 operated 24 hours per day and have subsequently
8 opened warming buses in each borough operating 24
9 hours. Winter Access, Relief, and Medical Outreach,
10 also called WARM Outreach, operated by the Health and
11 Hospitals Corporation, also serves as a resource
12 during a Code Blue. Each WARM Outreach mobile unit is
13 staffed by a team that includes a nurse, someone
14 providing administrative support, and a driver. WARM
15 Outreach buses can provide clinical care, food, and
16 warming supplies.

17 As this unprecedented emergency requires
18 an all-hands-on-deck response, the City, in
19 conjunction with our partners at the MTA, New York
20 City Public Schools, CUNY, and H and H, operated
21 nearly 65 WARM Outreach centers, including an
22 additional 29 newly established this past weekend at
23 10 New York City Public Schools, two CUNY-based
24 sites, two Northwell sites, two overdose prevention
25 centers, and more than 13 H and H mobile units.

1
2 Understanding that there is a need for
3 innovation during this unprecedented time, the City
4 has embedded people with lived experience who have
5 been connected to housing, to outreach teams. We've
6 also reminded all of our shelter providers to expand
7 their perimeter walks around their buildings and to
8 proactively engage anyone who appears unsheltered by
9 encouraging them to come inside and stay warm as they
10 call 3-1-1 for assistance. This has not only been a
11 DSS-DHS response, volunteers from other City agencies
12 have answered the call to help staff the warming
13 buses.

14 In addition to understanding the efforts
15 DSS and our sister agencies are making to identify
16 vulnerable New Yorkers in need of assistance and
17 deliver the shelter and resources they need, it is
18 important to understand the complex reasons why a
19 vulnerable New Yorker may refuse shelter. As
20 clinicians and community experts have shared, there
21 are psychological or mental health barriers that may
22 prevent an individual from seeking refuge from the
23 cold. People with medical conditions experiencing
24 psychosis, hallucinations, delusions, disorganized
25 thinking processes, individuals who have experienced

1
2 severe trauma, individuals with substance use
3 disorders, or individuals with co-occurring substance
4 use and mental disorders may all resist help. As Dr.
5 Van Yu, the Chief Medical Officer at Janian Medical
6 Care at the Center for Urban Community Services put
7 it, it's difficult to convince people we are the good
8 guys when many traumatized people don't believe good
9 guys even exist.

10 We also recognize other reasons New
11 Yorkers may hesitate before accepting assistance. An
12 individual may be concerned about their separation
13 from their pet, their privacy, or their safety. In
14 collaboration with three drop-in centers in the
15 Bronx, Manhattan, and Queens, we recently instituted
16 a pilot program that during a Code Blue, a person can
17 also bring in one pet, either a cat or a dog, that is
18 under 45 pounds to these three sites.

19 Those challenges are precisely why the
20 work of our outreach teams is so important.
21 Regardless of the presence of a Code Blue or enhanced
22 Code Blue alert, DHS street outreach teams operate
23 throughout the day and night, canvassing and engaging
24 with individuals experiencing unsheltered street
25 homelessness. Building a relationship over time,

1
2 consistently treating people with dignity,
3 understanding the lived experiences of clients, and
4 taking a person-centered approach are some of the
5 tools in the toolbox of outreach workers in
6 overcoming those barriers and assisting clients to
7 voluntarily come indoors.

8 DHS also works continually to ensure
9 clients' rights are respected, among others,
10 including the right to ask for reasonable
11 accommodation, the right to a safe, clean living
12 environment, and the right to receive courteous,
13 fair, dignified, and respectful treatment. Thanks to
14 their work, as of February 9th, we have made
15 approximately 1,400 placements to transitional
16 housing, which includes shelters, safe haven beds,
17 and stabilization beds, since January 19th.

18 Outreach teams overwhelmingly focus on
19 voluntary transport. From January 19th to February
20 9th, involuntary transportation represented
21 approximately 2 percent of placements, or 34 out of
22 about 1,400 individuals. In cases where New Yorkers
23 refuse service or treatment in accordance with the
24 New York State Mental Hygiene Law, Section 9.58, the
25 agency conducts clinical assessments to see if an

1
2 involuntary removal is warranted to ensure the health
3 and safety of the individual. In other words, if they
4 are a danger to themselves or at risk of succumbing
5 to hypothermia. In these cases, the individual is
6 typically taken to a hospital emergency department.
7 New York State Mental Hygiene Law provides that
8 transport does not create a presumption that the
9 person should be involuntarily admitted.

10 As Mayor Mamdani has said, extreme
11 weather is not a personal failure, it is a public
12 responsibility. Alongside our sister agencies,
13 including New York City Parks, Sanitation, Buildings,
14 Transportation, Education, and Health and Hospitals,
15 we have mobilized dedicated outreach teams,
16 clinicians, and conscientious New Yorkers to make
17 every effort to keep vulnerable New Yorkers safe
18 through this dangerously cold weather.

19 Before I pass the mic on over to my
20 colleagues, I'm going to go off script for a moment
21 just to speak from the heart. I am proud of the work
22 that DHS has done over the last several weeks. The
23 agency has been creative, persistent, and
24 compassionate in very challenging circumstances. The
25 responses that I outlined in my formal testimony

1
2 would not have been possible without the creative
3 problem-solving and the operational skills of the DHS
4 team. That doesn't mean that these deaths are not a
5 tragedy, they absolutely are. When the cold snap is
6 over, I'm sure the agency will do a debrief and there
7 will be things that we can learn and build into
8 future cold emergencies. If any of us gets to the
9 point where we cannot learn from experience, we are
10 no longer doing our job as public servants. But I
11 also hope that as a City, we are also taking a
12 holistic look at all the systems and institutions
13 that discharge people to the streets, leaving them so
14 traumatized that they would rather stay outside than
15 accept help. And lastly, I would like to say a huge
16 thank you to my DHS colleagues who have worked around
17 the clock. I'm so grateful to you. You are the best
18 of City government.

19 With that, thank you for the opportunity
20 to testify today and I'm happy to take questions.

21 COMMISSIONER ISCOL: Good morning, Speaker
22 Menin, Chairperson Hudson, Chairperson Feliz, and
23 Members of the Committee on General Welfare and
24 Public Safety. I'm Zach Iscol, Commissioner of New
25 York City Emergency Management. Today is my last full

1
2 day as Commissioner of New York City Emergency
3 Management. I cannot tell you how much I appreciate
4 the opportunity to be here in front of the City
5 Council on my last full day at Emergency Management.
6 I also, in all seriousness, wanted to say how much I
7 appreciate the opportunity to testify today alongside
8 so many great public servants, including Molly Park,
9 who I have shared this dais with before and who I
10 consider, along with her team at DSS and DHS, amongst
11 the heroes of the migrant crisis. I also appreciate
12 the opportunity to talk about extreme weather,
13 including cold, that puts so many New Yorkers,
14 especially our most vulnerable, at risk.

15 While I recognize that much of the public
16 conversation around this weather event has been
17 focused on the tragic loss of life among New Yorkers
18 experiencing homelessness and on questions as to
19 whether emergency orders should be used to
20 involuntarily remove individuals from the streets or
21 whether encampment sweeps should resume, it's
22 important to acknowledge that winter weather is just
23 one example of how extreme weather conditions in New
24 York City can be extraordinarily dangerous across
25 many contexts. We see this not only in exposure on

1
2 our streets, but also in fires, in heat-related
3 illness during the summer, and in flooding and other
4 hazards that impact New Yorkers in different ways.

5 As we have seen with other aspects of
6 severe weather, climate change and its impacts
7 continue to pose new challenges to New York City.
8 City agencies are working to adjust our plans and
9 outreach to New Yorkers to address increased extreme
10 weather hazards and their consequences. Climate
11 change is already reshaping how New York City
12 experiences heat and cold, forcing changes in how we
13 plan, build, and communicate about severe weather.
14 Average temperatures are expected to rise by about 3
15 to 7 degrees by the 2050s and 5 to 12 degrees by the
16 2080s. Days at or above 90 degrees could increase
17 from about 17 per year today to as many as 54 by the
18 2030s and more than 100 by the 2080s. Heat waves may
19 grow from about 2 per year to as many as 9 or 10 by
20 the 2080s. At the same time, very cold days below 32
21 degrees are expected to decline from roughly 70 per
22 year to as few as 17 to 34 by the 2050s. This means
23 less sustained cold but more frequent temperature
24 swings above freeze-thaw cycles that can put
25 considerable strain on infrastructure.

1
2 While the city has experienced prolonged
3 stretches of sub-freezing temperatures before, what
4 makes this one so notable is the confluence of other
5 factors around it and some nuanced aspects of the
6 cold itself. Not only was this cold air outbreak
7 preceded by significant snowfall, but also unusually
8 daytime temperatures, which often rise into the high
9 20s or low 30s, remained dangerously cold throughout
10 much of this event. These prolonged cold temperatures
11 and snowfall not only complicate response but present
12 an additional hazard to quickly drain heat away from
13 anyone exposed outside. It should also be noted that
14 temperature extremes have been growing more intense
15 in New York City with the changing climate. These
16 growing extremes, along with rapid transitions
17 between them, are increasing risks to public health,
18 City systems, and vulnerable New Yorkers. City
19 agencies are updating plans and public outreach to
20 address these evolving hazards and their impacts.

21 At Emergency Management, we work every
22 day with a singular focus on reducing risk,
23 strengthening preparedness, and ensuring that no New
24 Yorker faces extreme weather or any emergency alone.
25 Our hearts are broken for those lost over the past

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

two weeks, not only for the families and loved ones of those New Yorkers who have passed, but also for those lost in fires in recent weeks and to hypothermia. Each of these losses is felt by our entire team, and they also serve to show how serious we must take the dangers of today's weather. These tragedies remind us that extreme weather is not a single incident or a seasonal challenge. It is a persistent and evolving threat that requires coordinated planning, clear communication, and sustained partnership across government, communities, and the private sector.

Our approach at Emergency Management is proactive and collaborative, built on supporting New Yorkers through training, education, and timely emergency notifications, aligning government agencies with community and private sector partners to coordinate responses in real time, and supporting individuals and neighborhoods through recovery so resilience is strengthened with every event. Our intent is clear, to ensure that every New Yorker has the information, support, and coordinated response necessary to reduce risk, protect life, and enable

1
2 communities to recover stronger after every
3 emergency.

4 At Emergency Management, we work
5 extensively with community groups, local and ethnic
6 media, and other organizations to educate the public
7 about the dangers of extreme weather and ways to
8 protect themselves and their loved ones. Last year
9 alone, our team conducted 435 Ready New York events
10 across all five boroughs. As I said at the January
11 26th press conference with Mayor Mamdani at City
12 Hall, just because the snow had stopped falling and
13 cleanup was underway, we were not out of the woods.
14 As we have seen over the past two weeks, dangerous
15 weather conditions persist beyond the snowfall, with
16 frigid temperatures that place vulnerable New Yorkers
17 at risk, as well as our critical infrastructure and
18 utilities. Winter weather can also mean hazardous
19 visibility conditions due to high winds and blowing
20 snow, and in some cases, coastal flooding. It can
21 also mean icing in the waterways of the city. All of
22 these hazards require Emergency Management to
23 coordinate and communicate to the city, and its
24 residents are ready to prepare for, respond to, and
25 recover from winter weather events.

1
2 Emergency Management is always tracking
3 weather conditions in real time in conjunction with
4 our agency meteorologists, as well as the National
5 Weather Service, 24 hours a day, seven days a week,
6 and then disseminating related hazard information to
7 agencies and to the public. In preparation for the
8 storm, NYCEM started hosting multi-agency calls on
9 January 22nd when the winter weather plan was
10 activated. The Emergency Operations Center started
11 staffing on January 24th and remains staffed to this
12 day. Calls were held with elected officials,
13 providing forecast updates, and inviting multiple
14 agency partners to speak directly to their operations
15 and response posture. Daily private sector calls were
16 held with participants representing multiple
17 industries, including financial resources, retail,
18 food distribution, airlines, and real estate. Calls
19 were also held with community partners and those
20 representing vulnerable networks throughout the city.
21 We worked with the Board of Elections to communicate
22 about early voting, and with New York City Public
23 Schools to communicate about the pivot to online
24 learning. Emergency Management conducted four
25 briefings for city, state, and federal elected

1 officials. Notifying New York City, New York's
2 official free emergency communication pad program had
3 nearly 70,000 new subscribers in one week, the
4 largest organic growth surge in its history, bringing
5 the system close to 1.5 million users. Between
6 January 24th and 27th, the program added almost
7 35,000 new subscribers, the three largest day
8 increases ever, demonstrating rapid public response,
9 coordinated City leadership, and safety messaging.
10 Citywide Notify NYC English (INAUDIBLE) subscribers
11 more than doubled in seven days, increasing by over
12 33,000, showing unprecedented demand for real-time,
13 location-specific emergency alerts.
14

15 We know that people want to know what is
16 happening, and since January 22nd, the program has
17 sent out 86 notifications and counting relating to
18 the winter weather emergency. Examples of Notify NYC
19 messages sent in 14 languages, including American
20 Sign Language. During this time included alerts
21 around weather preparedness messaging, real-time
22 weather impacts, transportation disruptions, warming
23 center hours, and amplification of the City's
24 Enhanced Cold Blue.
25

1
2 As dangerous cold temperatures moved to
3 New York, the extreme and prolonged cold weather
4 required flexibility and changes to the City's
5 operations to keep the public and most vulnerable
6 population at safe. As a coordinating agency,
7 Emergency Management's role in this extended cold
8 weather event has been to work with and support our
9 partner agencies with core competencies in sheltering
10 and care for vulnerable populations in their
11 operations, and to connect them with other partners
12 who have assets and resources that the City can
13 leverage in emergencies like this one. This
14 prolonged, still ongoing activation has demonstrated
15 the City's flexibility in rapidly scaling emergency
16 operations and targeting them to population and
17 locations experiencing the most acute needs. This
18 operation further demonstrates the interagency
19 staffing model to recruit interagency staff to fill
20 emergency shifts, and the City will continue to
21 refine this model to better coordinate with agencies
22 and staff. As we have seen with other aspects of
23 severe weather, impacts continue to pose new
24 challenges to New York City, and City agencies are
25 working to adjust our plans and outreach to New

1
2 Yorkers to address this hazard. We will continue to
3 pursue giving New Yorkers the most up-to-date
4 information on the potential dangers so they can make
5 any adjustments to their activities as needed and to
6 stay safe. Thank you for the opportunity to testify
7 today.

8 DEPUTY COMMISSIONER CROHN: Good morning,
9 Speaker Menin, Chair Feliz, Chair Hudson, and Members
10 of the Council. My name is Alex Crohn, and I am the
11 Deputy Commissioner of Strategic Initiatives at the
12 NYPD. On behalf of Commissioner Tisch, I thank you
13 for the opportunity to testify today regarding the
14 Department's role in the response to the recent
15 winter storm and extreme cold conditions in New York
16 City.

17 The City has been under a Cold Blue
18 emergency since January 19th, with Cold Blue
19 consistently being declared every night until an
20 Enhanced Cold Blue emergency was declared on January
21 31st. Cold Blue is activated between the hours of 4
22 p.m. and 8 a.m. when the temperature, including
23 windchill, is expected to drop below 32 degrees. By
24 contrast, Enhanced Cold Blue is put in place 24 hours
25 a day when there's a significant amount of

1 precipitation, temperatures drop below negative 5
2 degrees, there are sustained high winds, or at the
3 request of the New York City Office of Emergency
4 Management or City Hall. During a Cold Blue or
5 Enhanced Cold Blue activation, all 3-1-1 calls
6 concerning homeless individuals are deemed Cold Blue
7 calls and are immediately routed to 9-1-1. EMS is the
8 primary responder to those Cold Blue calls. The NYPD
9 will typically only respond to such calls if
10 requested by EMS. That being said, if EMS is in
11 backlog or if EMS expects that it will not arrive on
12 scene within 10 minutes, an NYPD unit is also
13 dispatched to help ensure a timely response.
14 Oftentimes NYPD officers are the first to arrive on
15 scene in response to Cold Blue calls. In those
16 instances, officers will verify that an individual is
17 in need of assistance, and if so, coordinate with EMS
18 to expedite the arrival of an ambulance. This has not
19 only improved the response time to Cold Blue calls,
20 but also helped EMS triage and direct its resources
21 where they are most needed.

22
23 Since January 19th, the NYPD has
24 responded to 2,679 Cold Blue calls as of midday on
25 February 8th. In 22 percent of these responses,

1
2 officers determined that an EMS response was
3 unnecessary because the individual either was not at
4 the location or was not in need of assistance. That
5 information is relayed to EMS, which then removes the
6 Cold Blue call from its queue and enables EMS to
7 direct ambulances where they are in fact necessary.
8 During the course of the emergency, officers across
9 the city and the subway system have offered shelter
10 to 1,570 individuals, with 540 of those individuals
11 accepting shelter.

12 In a small number of Cold Blue cases,
13 responding officers may identify circumstances that
14 require the involuntary removal of an individual in
15 distress to a hospital. Involuntary removals are
16 governed by strict legal standards and are only
17 permissible when individuals reasonably appear to be
18 suffering from mental illness and, as a result, pose
19 a risk of serious harm to themselves or others. For
20 example, there are times when an individual suffering
21 from mental illness is at risk of death from the cold
22 and is refusing assistance. In those circumstances,
23 officers will, consistent with the law, forcibly
24 transport that person to a medical facility for
25 evaluation. They do so to save that person's life.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Since January 19th, our officers have made a decision to involuntarily move 52 individuals who were outside at the time our officers encountered them. To be clear, the efforts that I am describing are completely separate and distinct from homeless encampment cleanups. Those cleanups are conducted by the Department of Social Services and the Department of Sanitation, with NYPD officers serving in an ancillary role to provide for the safety of those conducting the cleanups and to voucher certain types of property. The City paused all such cleanups on January 5th as it reassesses its approach to homeless outreach and that pause remains in effect.

Throughout this period of extreme cold, the men and women of the NYPD have tirelessly assisted in the citywide effort to keep people safe and we will continue to help EMS and other City agencies in their critical work. Thank you for the opportunity to testify today, and I look forward to answering your questions.

SPEAKER MENIN: Thank you so much.

I first of all want to recognize that we've been joined by Colleagues, Council Member Ariola, Felder, and Sanchez.

1
2 I'm now going to turn it over to our
3 Public Advocate, Jumaane Williams, for an opening
4 statement.

5 PUBLIC ADVOCATE WILLIAMS: Thank you,
6 Madam Speaker.

7 As mentioned, my name is Jumaane
8 Williams, Public Advocate for the City of New York. I
9 want to thank the Speaker and Chairs Feliz and
10 Hudson, as well as the Members of the Committee and
11 the City Council who are here today for this
12 important hearing.

13 The snowstorm that landed in New York
14 City in late January was the first major snow event
15 in five years. Parts of the city were blanketed in 15
16 inches of snow and ice and temperatures as cold as
17 we've seen over the past months are far lower than
18 what we have come to expect. I do want to credit the
19 Administration and OEM, particularly in those first
20 few days of making sure that the City can still move,
21 so congratulations on that.

22 I think there's some questions that need
23 to be answered as we move a little further. But
24 temperatures, as we mentioned, were just far colder
25 than we expected for a longer time than we expected,

1
2 so I know that it made things harder. It does make us
3 continue to ask questions. Are we prepared for the
4 next major snowstorm or the major cold spell that is
5 going to seemingly just keep coming now? And even
6 more generally, are we ready for climate and weather-
7 related emergencies going forward? As we enter the
8 budget season in Albany and soon after in New York
9 City, what are we doing to backfill the vacancies and
10 vital services roles left by the previous
11 Administration while we look at very real budget
12 gaps, especially from programs like CityFHEPS, which
13 by design keep people in their homes, when we know
14 that the most basic prevention from deaths during an
15 extreme cold emergency is shelter.

16 The deaths of New Yorkers on streets
17 during these frigid weeks are very tragic. As I
18 understand, at least 18 New Yorkers lost their lives
19 between January 23rd and today. Of those, which we
20 haven't confirmed, but from the information we
21 received from Admin, 10 are presumed from
22 hypothermia. No matter their cause of death, it is
23 heartbreaking to know that our neighbors lost their
24 lives out in the cold, believing something could have
25 been done to prevent it. There needs to be a full

1
2 accounting for what led to these losses. We also must
3 look expectantly to continually expanding efforts
4 from the new Administration to provide government
5 support that helps ensure such future pain is
6 prevented.

7 Unfortunately, some are using the deaths
8 of our fellow New Yorkers for bad faith political and
9 policy attacks. I think there's room for discussions
10 about what to do with encampments, but I do know that
11 tearing down encampments and taking away people's
12 personal possessions would not help them not die in
13 the cold. Shelter would.

14 Today, the City Council will look at what
15 steps the City has taken and where the programs can
16 and should be expanded. I presume and assume the
17 loudest voices like the New York Post that were using
18 these bad faith political attacks will join us, not
19 just in weaponizing these deaths, but speaking out
20 for expansion of supportive and deeply affordable
21 housing and increased services for New Yorkers,
22 instead of putting more effort into exploiting New
23 Yorkers in death than they do in supporting them in
24 life.

1
2 I would also just, for DSS and HRA, I
3 know that there was a combination of the agencies a
4 few years back, and I'd be interested to hear any
5 responses if that has led to any people waiting to
6 receive their housing or receiving their vouchers,
7 which may lead them to be homeless more than they
8 might have if these two agencies weren't combined. I
9 know there were some lawsuits around the combination
10 of these agencies, and I just want to make sure that
11 they're working as optimally as possible, because
12 from what I hear and from the lawsuits, it may not
13 be, and I'm wondering if that has contributed to some
14 of the homelessness.

15 But thank you so much, and I appreciate
16 us having this hearing. I think the City deserves to
17 hear what was done, what wasn't done, and how are we
18 going to prevent it from happening in the future.

19 Thank you.

20 SPEAKER MENIN: Thank you so much, Public
21 Advocate.

22 So, we have a number of questions, and
23 our questions are in the spirit of trying to
24 understand what happens so that improvements can be
25 made, and so that is really our goal here.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

The first question I have is that obviously two of the Commissioners on the dais are leaving City service. So, first of all, I want to thank you both for your dedication, your years of public service to the City. My first question is, what are the Administration's plans, then, given the critical role that your two respective agencies play, and given that we're in the middle of this crisis right now, what is the Administration's plan, then, for sort of a seamless transition so that there are not gaps in service?

COMMISSIONER PARK: Thank you. I'm happy to start. While I will defer questions about the Administration's plans to the Administration, I will note that DSS has an immensely deep bench, a lot of very talented and very experienced public servants, and I am a 22-year veteran of City government. I am not going to run away and leave the agency in the lurch, and I will do everything I can to ensure a smooth transition.

COMMISSIONER ISCOL: I'm going to echo Molly's words. I'm not going to speak for City Hall Administration in terms of finding my replacement. What I will say is I'm leaving an agency that has

1
2 historic low vacancies, historic retention, and 100
3 percent of our executive staff positions are filled
4 right now so I'm leaving the agency in a really good
5 place in terms of continuity and their ability to
6 keep going. Also tomorrow is my last day, and the
7 City will be a balmy 45 degrees.

8 SPEAKER MENIN: That's very fitting. Thank
9 you.

10 So, Commissioner Park, you testified in
11 your testimony that if an individual that is
12 experiencing homelessness refuses to be moved to a
13 shelter, that your team conducts a clinical review to
14 see if that individual might be a danger to
15 themselves and therefore appropriate for involuntary
16 removal. I guess my first and fundamental question is
17 how can a person refusing to come indoors in freezing
18 weather, where they are obviously at great risk of
19 potentially dying, not be assessed to be a danger to
20 themselves?

21 COMMISSIONER PARK: Thank you, Speaker.
22 These are very individualized assessments in
23 accordance with the law and with best practice. So,
24 clinicians really are looking to see if the
25 individual meets the twofold test, which is are they

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

exhibiting signs of mental illness, and are they a danger to themselves or others. So, if an individual is completely lucid, they are dry, they are wearing enough layers of clothing, and they do not want to come inside, they have the right not to come inside. That being said, absolutely the weather contributes to that assessment of danger. So, since January 19th and running through the beginning of this week, DHS and our contracted outreach providers have done a total of 33 involuntary removals, which is far more than we would normally do in a few-week period.

SPEAKER MENIN: Is it humane to leave them outside?

COMMISSIONER PARK: This is a very challenging situation, and I fully acknowledge it is a very challenging situation. First of all, this is based absolutely on individualized assessments, and it has to be done in accordance with the law, which is this twofold test about exhibiting signs of mental illness and danger to self. These are adults with agency and civil rights. So, if somebody does not meet that test that is codified in State law, we do not have the right to bring them inside. That is why we lean so hard into the relationship building and

1
2 the trust building, because our goal really is to get
3 as many people inside as possible. We have had about
4 1,400 placements from the street into various
5 shelters and warming centers.

6 SPEAKER MENIN: I'm sorry. How many?

7 COMMISSIONER PARK: About 1,400 into
8 various transitional settings. That includes
9 shelters, safe havens, trips to the hospital. It
10 actually does not include the warming centers, which
11 are a much more informal, people walking in and more
12 ad hoc basis. We have been able to get people inside,
13 and the involuntary removals are a small slice of it,
14 but it is a tool that we use. As I say, the 33 that
15 we have done in this time period is substantially
16 more than would be typical.

17 SPEAKER MENIN: So, DHS reports
18 approximately 2,000 vacant City-funded supportive
19 housing units. What actions, if any, were taken
20 during this emergency to bypass prolonged shelter
21 stays and connect unsheltered individuals directly to
22 housing?

23 COMMISSIONER PARK: So, let me start by
24 saying that connecting people to permanent housing is
25 incredibly important to us. In prior years, DHS, with

1
2 respect to people experiencing unsheltered
3 homelessness, declared victory when somebody was
4 indoors and off the street. Under my tenure, it has
5 been very important to me to make sure that we are
6 continuing with that follow-through and making sure
7 that we are getting people to permanent housing. Last
8 year, we placed about 1,200 people who had been
9 experiencing unsheltered homelessness into permanent
10 housing. So, that work is incredibly important.

11 The supportive housing landscape is an
12 incredibly complicated one. We tend to talk about it
13 as if it is a monolith, but it is, in fact, dozens
14 and dozens of different programs with different
15 oversight agencies, different contracting agencies.
16 The vacancies that exist, the majority of them are
17 linked. There are tenants who are linked, and we are
18 working through the process to get them inside. There
19 are a relatively small number of units where there
20 isn't a tenant yet linked to it. That is a
21 combination of really a reflection of the normal
22 churn in a portfolio of units that is about 39,000
23 units of supportive housing across the city.

24 In terms of expediting placements, we are
25 certainly working very closely with the supportive

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

housing providers to do whatever we can, but I will note that almost all of these buildings have very high-stakes financial and regulatory requirements attached to them, right, so particularly all of those buildings that have low-income housing tax credits, which is the bulk of the supportive housing attached to it, if it gets used for an alternative use or a person who moves in is ultimately ineligible, there are enormous financial consequences for the housing that can jeopardize its viability going forward. So, we have been laser-focused on getting people indoors during this crisis into shelter, into warming buses, into hospital waiting rooms, whatever the setting. The permanent housing piece of it has been somewhat secondary right now just because there are such complicated regulatory environments that it is hard to move fast. So, our priority has been on what can we do quickly. As I noted in my testimony, we opened four additional low-barrier sites during this time period with hundreds of beds so that we would be able to ensure that we had that capacity.

SPEAKER MENIN: And were all of those beds filled?

1
2 COMMISSIONER PARK: Three of the sites are
3 full to the allowable capacity. One of them has some
4 additional requirements on who is allowed to move in
5 there that were agreed to during some community
6 negotiations, so that one is going a little bit more
7 slowly, but it will be filled.

8 SPEAKER MENIN: You mentioned the warming
9 buses, and I know there was a number of different
10 reports and I heard concerns from a lot of my
11 Colleagues about the warming buses that in terms of
12 public notice about them, in terms of reaching those
13 experiencing homelessness where they are, what can
14 the City do better next time? Because I think that's
15 something that's the whole point of this hearing is
16 to sort of uncover answers and to try to come up with
17 best practices moving forward. But what were the
18 issues around the warming buses? Why weren't they
19 connected to communities that really needed it most?
20 And also we saw a lot of reports from the press that
21 they weren't allowed to take photos of the buses or
22 they weren't allowed to access. What was the policy
23 reason behind that?

24 COMMISSIONER PARK: Sure. Thank you,
25 Speaker. So, we were moving very quickly on this. So,

1
2 the morning after the first buses were up and
3 running, I got an email from an advocate saying the
4 sidewalk wasn't shoveled around the buses and there
5 wasn't a sign, and so we dealt with that that same
6 day. So, those were not in place the first night, but
7 they were in place by the second night. We actually
8 have been quite nimble with the buses, moving them
9 around to places where we are seeing the highest
10 demand. And because of that, we have not been putting
11 out hard copy written documentation of where the
12 buses are because we are adapting on real time.
13 Instead, what we've been using is the 3-1-1 website,
14 and certainly people can call 3-1-1 as well, and
15 making sure that all of our partners know that that
16 is the live source of information. So, certainly our
17 contracted outreach providers are aware. We've also
18 worked with the SOS teams, which are outreach teams
19 that are contracted by the State Office of Mental
20 Health, engaging with sister agencies that have teams
21 that while they're not doing dedicated homeless
22 outreach are interacting with people on the streets
23 so, for example, the DOHMH mobile crisis teams. We
24 have shared this with our DSS partner list, which is
25 hundreds and hundreds of organizations with faith-

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

based partners and on and on, and really reinforcing that 3-1-1 is the best source of information about where those buses are on a given night. Also grateful that the Mayor put out public service announcements on the kiosks, that those are very visible so we are really trying to reach every source of communication. I think we will, you know, as we debrief, we have still very much been in the throes of it so I would say the analysis and self-assessment is still in process, but we will certainly look at all those communication tools and think about whether or not there's things that we should add.

SPEAKER MENIN: Yeah. I think you'll hear a lot from the Colleagues on that. I know they have a number of different suggestions about how we can increase notice around the warming buses. So that's an area of real concern.

COMMISSIONER PARK: I'm more than open to those suggestions.

SPEAKER MENIN: So, we know that obviously more New Yorkers have died during this cold spell according to City-compiled death toll of 18, which is more than the 14 who died in the aftermath of Hurricane Ida in 2021, so we're obviously deeply

1
2 concerned by the number of deaths. One death is too
3 many, 18 is certainly far, far too many. So, we want
4 to understand how does this rate of deaths compare to
5 past snowstorms? What do you attribute this increase
6 to? What steps are you taking to address these
7 issues? Are you going to be doing a corrective action
8 plan? And if so, what would that look like?

9 COMMISSIONER PARK: Thank you. So, for an
10 average year, for the total number of hypothermia-
11 related deaths for people experiencing homelessness,
12 it ranges from about 10 to 20. So, we are certainly
13 seeing, although we do not have final causes of death
14 for people and from everything that we know at this
15 point, it will be not all 18. I think it is certainly
16 safe to say that this is going to be a year that is
17 outside the norm, which is tragic, and I feel that
18 every day. So, I think we will be looking at what we
19 can do differently, absolutely. As I noted, we have
20 been very much in the throes of this, so I think we
21 are still doing, but I think we made a lot of
22 innovations during the course of this cold snap that
23 I think are going to be things that we build into our
24 normal toolbox going forward. Really grateful for the
25 partnership with H and H, the ambulance services that

1
2 they have stood up have been incredibly helpful. One
3 of the things that has been a relatively small part
4 of our response, but that I would like to see more
5 of, is the peer work. We brought people who are
6 currently living in shelters and safe havens onto our
7 outreach teams. I was able to get a small foundation
8 grant so that we could pay them in real time.
9 Onboarding people is not necessarily something that
10 we can do quickly from City government, so that's why
11 we went to the private sector. I think there are
12 moments where, particularly as I have mentioned,
13 people who are deeply traumatized and distrustful of
14 systems are not going to take government or
15 government workers as a trusted messenger, and a peer
16 can be so I think that that is something that we
17 should be building on. I think recognizing that we
18 need to continue to build on our safe haven capacity
19 is important. So, there absolutely will be lessons
20 learned, and I think there are, as well as pieces of
21 our response that we evolved on the fly that should
22 be incorporated into the ongoing response.

23 SPEAKER MENIN: I want to talk a little
24 bit about Kendra's Law and understand if this
25 Administration is slowing or curtailing the use of

1
2 Kendra's Law, particularly regarding those
3 individuals with serious mental illness who pose a
4 danger to themselves. Is there a change in position
5 in terms of Kendra's Law, and if so, what is that?

6 COMMISSIONER PARK: There has not been any
7 change in position, and just to be clear, for
8 somebody to be subject to Kendra's Law, that goes
9 through the court system.

10 SPEAKER MENIN: And how many Kendra's Law
11 petitions were initiated during this Code Blue
12 period?

13 COMMISSIONER PARK: I don't have that
14 data. I'll have to get back to you.

15 SPEAKER MENIN: Okay. If you could get
16 back to us. I want to understand how many were
17 initiated and how that compares to prior cold weather
18 emergencies as well.

19 Now, in terms of street outreach
20 capacity, the New York Times reported that DHS street
21 outreach staffing declined from 600 workers in 2021
22 to roughly 400 today. Given current levels of those
23 that are experiencing homelessness, how can DHS
24 credibly claim that this workforce was sufficient
25 during a life-threatening cold emergency?

1
2 COMMISSIONER PARK: So, there was a little
3 misrepresentation of the numbers, confusion about the
4 numbers in what got published. So, there are two ways
5 of looking at the number of people that are doing
6 outreach. There are the literal boots on the ground
7 people whose full-time job it is to be out on the
8 street. There are about 400 of those, and that has
9 been the case for quite some time. Then there are
10 another approximately 200 people whose job it is to
11 do related support services so this includes the
12 caseworkers, the housing specialists, the
13 supervisors, and so on. They may spend some of their
14 time on the street, some of their time working with
15 clients in indoor settings. That's about another 200
16 people. So, when we've talked about going, the number
17 400 and 600 get used and I think it has been there's
18 been some confusion.

19 SPEAKER MENIN: So what is the number
20 then?

21 COMMISSIONER PARK: So, it's about 400 who
22 are on the street as their full-time job and 600 when
23 you include the caseworkers, housing specialists, and
24 other related staff. So just to be clear, this is
25 with contracted outreach providers. So not DHS

1
2 employees. So, there has not been an appreciable
3 change in the number of people. It's some confusion
4 about which number we're talking about.

5 SPEAKER MENIN: How many outreach workers
6 were deployed during Code Blue? Where were they sent
7 and what data was used to determine the deployment
8 locations? And specifically, did outreach teams speak
9 with any of the individuals who passed away in the
10 last couple weeks?

11 COMMISSIONER PARK: So, there are, as I
12 mentioned, about 400 outreach workers working through
13 our contracted outreach providers. That 400 number
14 covers three shifts a day, seven days a week so there
15 was never a moment where there were 400 people on the
16 street at one time. But they were, you know, outreach
17 workers were working overtime. We had additional DHS
18 staff working overtime. So, we did have a robust
19 presence on the street. We also engaged with sister
20 agencies that were doing adjacent work. So, the SOS
21 teams, the State Office of Mental Health, I mentioned
22 this, talking about communication as well. So, a lot
23 of work going.

24 The deployment is based on where we know
25 that there is historic concentrations of people

1
2 experiencing unsheltered homelessness so we send
3 people to the neighborhoods where, you know, where we
4 have patterns, what we have observed doing outreach
5 on other days of the year, what the 3-1-1 data shows
6 us, where we were seeing high demand on the warming
7 buses. So, we were being very responsive to the
8 trends that we were seeing on the ground. So, we did
9 do quite a bit of adaptation there.

10 I'm sorry, there was one more question.

11 Can you repeat that?

12 SPEAKER MENIN: Did the outreach team
13 speak with any of the individuals who passed away?

14 COMMISSIONER PARK: So, with the caveat
15 that we are still doing, you know, full assessment of
16 the individuals, of the people who passed away, the
17 majority of them, not all of them, had had some
18 contact with DHS. But the number that had had some
19 contact in the very recent times was fairly small,
20 right? So, when I say some contact, that can include
21 that they interacted with us in the, you know, weeks
22 or last month or two, but it also includes
23 individuals who were in shelter for a week, you know,
24 10 years ago or even 20 years ago. So, we took a very
25 expansive view of looking at who had had contact with

1
2 the system so it's a relatively small minority of
3 people who were, who were active clients.

4 SPEAKER MENIN: So, of the 18, how many
5 would you say had contact?

6 COMMISSIONER PARK: Active clients? It was
7 a handful.

8 SPEAKER MENIN: Can you be more specific
9 then about what that contact was?

10 COMMISSIONER PARK: Again, the
11 circumstances for each individual are different, but
12 there were people who had had active shelter
13 placements but that didn't arrive at the active
14 shelter placement. There were people who had come
15 through intake. So, it was a variety of different
16 circumstances. You know, we are still assessing the
17 specifics of each case. And then as I noted, a number
18 who had their contact, last contact with the
19 Department of Homeless Services was many years ago.

20 SPEAKER MENIN: Okay. If you could please
21 provide to the two respective Committees the details
22 about what that contact was, we want to see, we would
23 like to get information on that.

1
2 I have a lot more questions. I'm going to
3 ask three more questions and then I'm going to turn
4 it over to my Colleagues.

5 So, what is the required protocol when
6 someone declines shelter during Code Blue? And how
7 often must outreach teams reengage them? And do you
8 then ensure that no one is simply marked refused or
9 forgotten?

10 COMMISSIONER PARK: Absolutely. That's an
11 important question. So, during a regular Code Blue,
12 the DHS and provider outreach staff are going out and
13 checking on people on that vulnerable list that I
14 mentioned in my testimony every four hours. And
15 during an Enhanced Code Blue, which is what we've
16 been under for several weeks at this point, it is
17 every two hours. Obviously, people move. They may not
18 find each individual every two hours, but that is the
19 goal.

20 SPEAKER MENIN: Okay. Two more questions
21 before I turn it to my Colleagues.

22 So with DHS, H and H, NYPD, EMS, State
23 outreach teams, and multiple non-for-profits all
24 operating simultaneously, who was in actual
25

1
2 operational command during Code Blue? And how are
3 decisions coordinated in real time?

4 COMMISSIONER PARK: So, DHS staff, our
5 outreach providers, the SOS teams, and DOHMH all have
6 access to our database that we use for managing and
7 working with unsheltered clients known as
8 StreetSmart, so we do quite a bit of shared data.
9 In addition, DHS has a 24-hour command center, is
10 what we refer to it, that handles all of the
11 placements so that all of the entities that are
12 engaging with people on the street, should they have
13 somebody who wants a placement that they call that
14 centralized location and they can figure out where
15 the vacancy is and make sure that that placement is
16 happening in real time. But I would also say that
17 this is, you know, an area where we have very strong
18 relationships and so there was also, you know, quite
19 a bit of, let's pick up the phone and, you know, if
20 we need to do any problem solving, if we need to, you
21 know, say, hey, we need more teams over here, we
22 picked up the phone and we did that in real time.

23 SPEAKER MENIN: But does one agency have
24 the final say?

1
2 COMMISSIONER PARK: I mean, I think it
3 depends on the final say on what. If it is the final
4 say on placing people into DHS facilities,
5 absolutely. That is DHS.

6 COMMISSIONER PARK: Okay. And last
7 question before I turn it to my Colleagues. You
8 mentioned in your testimony that after this
9 emergency, the agencies will take a look at sort of
10 where there may have been gaps, failures, etc., to
11 focus on corrective steps moving forward. So, has the
12 City conducted or will it commit to an after action
13 review of Code Blue operations including the deaths,
14 any outreach gaps, hospital discharges, NYPD
15 coordination, and when will the Council receive these
16 findings? And I would just add on that, that in terms
17 of one of the deaths I mentioned, Nolberto Jimbo
18 Niola, he was discharged from Elmhurst Hospital
19 during Code Blue. He returned to the streets and he
20 later died from exposure. So, that's an example of
21 what we want to fix. Obviously, that never should
22 have happened. We need to fix that moving forward.
23 So, what I'm specifically asking is will you commit
24 to a corrective action plan that you will then share
25 with the City Council?

1
2 COMMISSIONER PARK: Well, I can't commit
3 to anything for my successor. I don't think I will be
4 there. But I do know that the DHS DSS team is an
5 exceptional group of public servants and who remain
6 committed to always learning, thinking about how we
7 can do better to serve our clients so I am confident
8 that some version of that will happen, and I will
9 defer to my successor.

10 COMMISSIONER ISCOL: Yeah. So, at New York
11 City Emergency Management, you know, we do a lot of
12 after action reports, and I think it's something that
13 we can commit to doing an after action report. We
14 will do an after action report for this winter
15 weather event that takes all those issues into
16 consideration.

17 And I just want to add that, you know,
18 this is something that, nobody takes these tragedies
19 other than the families of those lost more seriously,
20 more personally than the people who work for the
21 City. We count each one of these 18 deaths as a
22 tragedy and something that we always ask those
23 questions of what more could we have been done.

24 And I think, Speaker, earlier you had
25 asked about you brought up Ida. And I think when you

1
2 look at and I mentioned this briefly in my comments,
3 we are in an age of extreme weather. Last summer in
4 June, we had an extraordinary heat wave in the city.
5 That death count is on par with what we experienced
6 from Ida or what we have experienced from this cold
7 weather break over the last couple of weeks. Ida, as
8 you mentioned, 13, 14 people lost their lives. And I
9 think that there are also still looking at Ida, there
10 are still some legislative fixes that could be
11 implemented as well. I've read those casualty
12 reports, remember those after action reports. And so
13 just what I would ask is that in the spirit of this
14 hearing, I think there's a lot that we can focus on
15 in the response, but at the same time, there's always
16 more that we can be doing holistically across
17 government to ensure these things don't ever happen
18 again, and I think that's a conversation worth
19 having. Thank you.

20 SPEAKER MENIN: Okay. Thank you.

21 I have more questions. I'm going to go on
22 second round, but I'm going to turn it over to Chair
23 Hudson for her questioning.

24 CO-CHAIRPERSON HUDSON: Thank you so much,
25 Speaker Menin.

1
2 I'd like to acknowledge that we've also
3 been joined by Council Members Nurse, Mealy, and
4 Wong.

5 Commissioner Park, you were speaking
6 about the circumstances under which DHS would have
7 the final decision. Were there other examples of
8 other agencies that would have a final decision on
9 moving folks off the street?

10 COMMISSIONER PARK: So, thank you, Council
11 Member. I would say there is a form of involuntary
12 removal that is done through the Police Department. I
13 think my colleague testified to that. With respect to
14 coordination, right, there are certainly entities in
15 all of this process where we do depend on
16 collaboration and good communication and relationship
17 building to be able to manage through this. So, for
18 example, there's been discussion about hospital
19 systems. We send at the beginning of the Code Blue
20 season, so this year in November, we send a letter
21 reminding hospitals that it is their obligation to
22 allow people to stay indoors during Code Blue to be
23 in warming centers. We reissued that guidance on, I
24 believe, January 30th that, again, reiterated that
25 waiting rooms could be used as warming centers, but

1
2 also reminded them that nobody should be discharged
3 without an adequate plan, and that should be the case
4 always, but particularly during Code Blue. At the end
5 of the day, we are not the regulatory agency for the
6 hospitals, so in terms of most of the hospitals,
7 they're extraordinary partners, but I can't compel
8 them to do anything. What we did see, though, was
9 that the State Department of Health also issued
10 guidance. They were a few days later than we were,
11 but I think, I believe I said ours was the 30th. I
12 think ours was the 26th. Theirs was the 30th,
13 reminding hospitals of their obligations as well.

14 CO-CHAIRPERSON HUDSON: Okay. If yours was
15 the 26th, you said, right, January 26th?

16 COMMISSIONER PARK: Yes.

17 CO-CHAIRPERSON HUDSON: Okay. The first
18 major snowfall was on the 25th, followed by freezing
19 temperatures on the 26th. I just want to note that.

20 And then, just with regard to the letters
21 to hospitals, and then, Deputy Commissioner, I'd like
22 to address training for the police as well, but the
23 letters are sent to the hospitals. Are you aware of
24 any specific trainings or reminders before shifts?
25 Same for the police. Are there any, you know,

1
2 announcements during shifts, you know, about Code
3 Blue status and what's happening?

4 COMMISSIONER PARK: So, let me speak to
5 the hospitals before I turn it over. So, just to
6 clarify, we sent a notice to all the hospitals in New
7 York City in November of 2025 at the start of the
8 Code Blue season and reissued it with stronger
9 language on the 26th. So, this was, you know, we
10 didn't start mid-storm.

11 CO-CHAIRPERSON HUDSON: It was a reminder.
12 I understand.

13 COMMISSIONER PARK: We were engaged before
14 then. We talk regularly to the hospitals and, in
15 fact, the DHS team, our street solutions team, will
16 call hospital emergency rooms on a nightly basis for
17 those that we know have particularly high
18 concentrations of people who might be in the waiting
19 rooms. So, we do do a lot of regular check-in. I
20 can't speak to what they might do in terms of, you
21 know, real-time training with the hospital staff.

22 CO-CHAIRPERSON HUDSON: Okay. I'm just
23 noting that there was at least one report, a
24 publication that reported that there was a person who
25 was found with actual discharge papers from, I

1
2 believe, Elmhurst Hospital on his person when he was
3 found. So, I know you're not responsible for the
4 hospitals, but I'm just noting here for the record
5 that clearly there is a gap there.

6 COMMISSIONER PARK: Understood.

7 CO-CHAIRPERSON HUDSON: Thank you.

8 DEPUTY COMMISSIONER CROHN: As to how we
9 inform our officers about Code Blue, so when Code
10 Blue is determined by DSS, a notice goes out to
11 across the entire Department about the activation of
12 Code Blue and what the obligations of our officers
13 are to homeless individuals during that time. That
14 happens on a continual basis throughout the entire
15 emergency. In addition, just given the length of what
16 happened here, we sent out subsequent notices
17 informing officers more specifically about safe
18 havens, places where homeless New Yorkers can go to
19 provide them more information. And officers are
20 extensively trained on what to do during Code Blue,
21 how to handle the difficult decision of involuntary
22 commitments, and that's done on a regular basis.

23 CO-CHAIRPERSON HUDSON: Thank you.

24 What type of assessment, if any, are
25 outreach workers doing to identify the needs of

1
2 individuals they encounter, such as identifying any
3 physical, psychiatric, or cognitive disabilities
4 which may inform the placement that is appropriate
5 for them?

6 COMMISSIONER PARK: Thank you. That
7 assessment is the core of what we do, and what it
8 looks like on the ground is going to depend on how
9 willing that individual is to engage. So, at bare
10 minimum, there is going to be a visual assessment,
11 right? Is the person covered? Are they dry? Are they
12 wearing a lot of layers? And then to the extent
13 possible, we are always also looking to engage, you
14 know, ask questions. How are you doing? Do you have a
15 plan for what you're going to do if you get colder?
16 Those kinds of questions, which both are assessing
17 the individual's ability to understand the challenge
18 of their circumstances, but also getting a handle on
19 whether or not that individual is experiencing
20 obvious signs of mental health crisis. It is very
21 much based on the clinical judgment of the nurses and
22 the teams that go out with nurses and the experience
23 and the training of the social service staff that are
24 out there on a night-by-night basis. It is absolutely

1
2 on an individual basis. It's not a, you know,
3 checklist. If this, then the person is okay.

4 CO-CHAIRPERSON HUDSON: And according to
5 agency data entry protocol, what information is
6 entered concerning contact with a street homeless
7 individual into the StreetSmart database, and at what
8 point does data entry occur? For example, while in
9 the field or at the end of a shift?

10 COMMISSIONER PARK: So, right now it does
11 happen at the end of the shift. Our system is web-
12 based, and we don't have a way to do it in the field.
13 We are looking at an option to have an app-based that
14 could allow for real-time entry. With respect to the
15 items, we are looking at the time and location of the
16 engagement, what happened, you know, what did the
17 person say, and, if we know, why they refused
18 placement, and then follow-up that is recommended.
19 So, we are actively looking to make sure that we are
20 sharing the best possible information across the
21 system, knowing that, you know, somebody might be in
22 the, you know, above ground today and in the subway
23 system tomorrow, and that is going to be a different
24 outreach team.

1
2 CO-CHAIRPERSON HUDSON: And are all the
3 street outreach workers deployed to do Code Blue
4 outreach performing data entry to StreetSmart?

5 COMMISSIONER PARK: Yeah. StreetSmart is
6 our system of record.

7 CO-CHAIRPERSON HUDSON: Okay. And are
8 organizations who have contracts with the City for
9 street outreach able to access information regarding
10 contacts entered by other organizations or only their
11 own contacts?

12 COMMISSIONER PARK: Everybody can see what
13 is in StreetSmart comprehensively.

14 CO-CHAIRPERSON HUDSON: Okay. And is the
15 data in StreetSmart available to access in real-time
16 for others with access to the system?

17 COMMISSIONER PARK: For the SOS teams, for
18 the DOHMH, the other organizations where we have data
19 sharing agreements, yes, they can see it. The only
20 caveat on the real-time is that the data entry for a
21 given shift is happening at the end of the shift.

22 CO-CHAIRPERSON HUDSON: Okay. And how many
23 unsheltered homeless individuals have entered a
24 shelter or drop-in center since the beginning of the
25

1
2 current Code Blue? Is that the 1,400 number that you
3 have?

4 COMMISSIONER PARK: That's about 1,400
5 placements made. That may not necessarily correspond
6 to unique individuals, right? So, somebody who
7 accepted, you know, went to a placement, left the
8 next day, might have another placement.

9 CO-CHAIRPERSON HUDSON: Okay.

10 COMMISSIONER PARK: I will note that does
11 not include placements to warming buses because that
12 is being done on a much more informal basis. The
13 design behind the warming buses is to have it the
14 lightest touch and easiest to access system.

15 CO-CHAIRPERSON HUDSON: Are you collecting
16 data, though, for information?

17 COMMISSIONER PARK: We have counts on the
18 number of people who have been on the warming buses,
19 but, you know, you don't even need to give your name
20 to get on a warming bus.

21 CO-CHAIRPERSON HUDSON: Okay. And have any
22 drop-in centers or safe havens hit full capacity, and
23 if so, how often and how does DHS serve additional
24 clients in need when this happens?

1
2 COMMISSIONER PARK: So, you know,
3 certainly our safe havens are running at very low
4 vacancy rates. There are sites that are completely
5 full. It is a big part of the reason why we opened
6 four additional sites during this cold snap, three of
7 which were sites that were in the pipeline already,
8 but we were able to expedite and one that is fully
9 new.

10 CO-CHAIRPERSON HUDSON: Moving on to,
11 well, I guess it's in the same vein, but street
12 outreach specifically, what options for shelter were
13 offered to individuals staying outside? So, for
14 example, are they offered a congregate shelter
15 placement, a bed at a safe haven center, a warming
16 center, a warming bus, all of the above?

17 COMMISSIONER PARK: It is really an all of
18 the above answer, right? We want to get somebody
19 inside and what might work for one individual isn't
20 going to be what works for another individual, right,
21 so the warming bus where you don't have to give your
22 name might be the best option for some individuals.
23 Somebody else might be ready to take the step and
24 accept a bed, which does require a little bit more
25 engagement with us. And so we are putting everything

1
2 we have on the table when we're engaging with
3 clients.

4 CO-CHAIRPERSON HUDSON: How long are folks
5 allowed to stay on a warming bus?

6 COMMISSIONER PARK: So most of the warming
7 buses we've had are open 24/7, with a brief break for
8 cleaning during the day. There was, I think it was
9 not this past weekend, but the weekend before there
10 were a number of MTA buses and those were provided to
11 us only on the overnight hours.

12 CO-CHAIRPERSON HUDSON: They're open 24/7,
13 but is one allowed to stay on a warming bus for 24
14 hours?

15 COMMISSIONER PARK: With the exception of
16 the cleaning break, yes.

17 CO-CHAIRPERSON HUDSON: Okay. Were
18 individuals always offered transportation to an
19 indoor site?

20 COMMISSIONER PARK: In almost all cases,
21 yes. We really do try and make sure that we are
22 transporting people. We know that it increases the
23 likelihood that somebody is actually going to check
24 into a site. There have been resource constraints

1
2 through this whole thing, so in some instances, we're
3 connecting people to the subway.

4 CO-CHAIRPERSON HUDSON: Okay. Can you talk
5 about the folks who are actually on the Code Blue
6 Outreach Teams? Are they social workers, clinicians,
7 police officers? Who makes up that Code Blue
8 outreach?

9 COMMISSIONER PARK: So, there's very
10 rarely an instance where there is a police officer on
11 an outreach team. The only instances where that's the
12 case is designated subway teams that started during
13 the Adams Administration, but the street outreach is
14 all done by social service staff. Many of those teams
15 have a clinician that could be a social worker, could
16 be a nurse, but the bulk of the staff are going to be
17 trained social service canvassers, but we do a lot of
18 training to make sure that people are equipped for
19 what is a very difficult job.

20 CO-CHAIRPERSON HUDSON: And what hours
21 were teams conducting outreach? Are there more teams
22 deployed during nighttime hours when the weather is
23 coldest?

24 COMMISSIONER PARK: So, outreach teams are
25 out 24/7. They are spread relatively evenly

1
2 throughout the day, but, as I noted, we've had people
3 working overtime, engaging with other partners, you
4 know, H and H has really been a tremendous partner
5 during this, and their mobile teams have been working
6 specifically on the overnight shift so there is a
7 presence around the clock.

8 CO-CHAIRPERSON HUDSON: I see Dr. Long
9 here. I don't know if you're prepared to, okay. So,
10 we'll swear you in and then I'd love to ask you a
11 question.

12 COMMITTEE COUNSEL: Dr. Ted Long, do you
13 affirm to tell the truth, the whole truth, and
14 nothing but the truth in your testimony before this
15 Committee and to respond honestly to Council Member
16 questions?

17 VICE PRESIDENT DR. LONG: Yes.

18 COMMITTEE COUNSEL: Thank you.

19 CO-CHAIRPERSON HUDSON: Thank you. How is
20 Health and Hospitals notified when Code Blue is
21 activated and how is that guidance communicated to
22 frontline staff such as emergency department
23 clinicians, discharge planners, and social workers?
24 And I'd love for you to address the training, if any,
25

1
2 as part of this in terms of the letters that you
3 receive from DHS.

4 VICE PRESIDENT DR. LONG: Yeah,
5 absolutely. So, I can break it down in three ways. I
6 can talk about our hospital's role in the trainings
7 pertaining to the letters from DHS, I can talk about
8 our warming centers and how we are doing things
9 differently in concert with DHS, and I can also talk
10 a little bit about what Molly Park was referring to,
11 about the new mobile warming units that we've created
12 as a response to this particular emergency.

13 So first off, in terms of the trainings
14 and how that works when a Code Blue is activated, we
15 do receive the letters and we distribute them to all
16 of our frontline providers. I confirmed yesterday at
17 one of our sites that the doctors had received it and
18 the social workers who are a key part of this had
19 received the trainings as well. That links into the
20 discharge process where we make sure that during a
21 Code Blue, one, we're making all of our patients
22 aware of new resources like the warming centers, two,
23 our social workers are taking into account getting a
24 patient from the hospital to where they're trying to
25 go. That will mean making sure that we keep a patient

1
2 in the hospital until we can arrange safe transport
3 for them. And three, even if a patient leaves the
4 hospital or any New Yorker coming to our warming
5 centers, we have an enhanced social work process at
6 some of our sites now where the social workers
7 actually come in around at the warming centers to
8 offer patients there the opportunity to engage and
9 the opportunity to potentially transition directly to
10 a DHS site. So, that's at the level of the hospital.

11 At the level of the warming center, I
12 want to make an important point, which is, and
13 actually I will quote Speaker Menin here, in terms of
14 how we can improve operations and outreach. So, as
15 we've gone into this particular emergency, there is a
16 requirement that our hospitals, we designate places
17 for people to come, like lobbies, to remain warm, but
18 we've gone way above and beyond that working with DHS
19 to make sure that we're doing everything in our power
20 to help New Yorkers in need. For example, at all 11
21 of our hospitals today and at seven of our large
22 community health centers, which have never done this
23 before, it's not just a place to come and stand. It's
24 a place to come, get food, get blankets, get jackets,
25 and if you stay with us over the night, we're

1 offering everybody a same day primary care
2 appointment with a doctor like me to get you on a
3 healthier journey going forward. Also, as I mentioned
4 at some of our sites the following morning, we take
5 the opportunity to check in with you and see where
6 you are and see if you're ready to have a discussion
7 with our social work team to enter into the DHS
8 shelter system.
9

10 The next thing that we've done, which is
11 unique to this emergency, is we did think about how
12 we could improve operations as we were seeing this
13 emergency draw on. In lockstep with DHS, we together
14 learned from DHS about where we needed to go and we
15 said we're not going to rely on New Yorkers to come
16 only to our warming centers. We're going to bring
17 warming centers to them. We have 33 new units. We
18 call them the WARM units. They stand for Winter
19 Access, Relief, and Medical. It's a new model that we
20 created as part of this emergency. 33 units will be
21 going to over 200 locations tonight. They've been
22 doing this since January. We started doing this
23 January 29th. Our mantra is we'll come out, Council
24 Member Hudson, and if you're a person experiencing
25 homelessness we'll say, how can we help you today?

1
2 We'll offer you a blanket. We'll offer you a jacket.
3 We'll ask how we can help you with your medical needs
4 because every one of these 33 units is run by a
5 clinician, and p People tell us they have a lot of
6 medical needs. Then we'll say, do you want to come on
7 to this WARM unit, ambulette, or van with us? There
8 we offer you a warm meal. We say we can help you with
9 your medical needs further. Then after that, after
10 we've offered you help, brought the warmth to where
11 you are, and helped you with your medical needs, we
12 then say, can we take you anywhere you want to go?
13 We've driven people to residences, to shelters, to
14 warming centers. Wherever you want to go is where we
15 want to take you. This has been an effective strategy
16 so far. We've actually completed over 4,000 client
17 engagements with over 1,500 medical engagements as
18 part of the effort. Just showing the importance of
19 bringing the medical perspective as an additional
20 tool in the tool belt, working lockstep with DHS.
21 They identify sites. There's a dispatch number. They
22 call us. We go there.

23 CO-CHAIRPERSON HUDSON: A couple
24 questions. One, when you're returning folks to
25

1
2 wherever their final destination may be, are you
3 providing them with transportation via cars or?

4 VICE PRESIDENT DR. LONG: Yeah, exactly.

5 When you come on to one of our WARM units, one of our
6 ambulettes or vans, you could stay there with us for
7 a few minutes, we'll give you a warm meal, and then
8 you don't even have to move. We'll drive you directly
9 where you want to go.

10 CO-CHAIRPERSON HUDSON: Okay. Can you talk
11 a little bit about folks who are in the emergency
12 room versus admitted patients because, as I stated
13 earlier, there was somebody who was found with
14 discharge papers in their pocket. It's likely that
15 they were maybe a visitor to the emergency room and
16 not an admitted patient. Are all the protocols that
17 you just mentioned applicable to those visiting the
18 emergency room?

19 VICE PRESIDENT DR. LONG: I'll walk you
20 through it. While I can't talk about the facts of a
21 specific case, as you know, the protocols for the
22 emergency room and for a patient that's been
23 admitted, so an inpatient patient, if you're a person
24 experiencing homelessness, we will have a social
25 worker engage you. What happens every time when we

1
2 have our social workers go and talk to our patients
3 is they see what your individual situation is. If you
4 came from a particular DHS shelter, we will call that
5 shelter, and there's a coordinated process with DHS
6 to ensure that we can get you back there if that's
7 the place you want to go and that's the best place
8 for you to go. If you have not had experience with
9 the DHS shelter system, or if it's been a while and
10 you don't have a particular shelter that you're
11 coming from, we will again coordinate with DHS. Our
12 social workers lead this. They're the heroes here.
13 And then we will get you to DHS intake. What's
14 different about Code Blue, whether it's the emergency
15 room or the inpatient units, is we'll ensure that you
16 have the right type of transport to make sure that
17 you can get there safely, given whatever your
18 particular medical issues are. And as part of that,
19 we'll also, on your way out, make you aware of the
20 fact that we have these warming units, which are
21 active, though for this past weekend, many of them
22 were 24/7, but the hospitals are always 24/7.

23 CO-CHAIRPERSON HUDSON: But it sounds like
24 there is a likelihood that someone could be
25 discharged from the hospital and end up on the

1
2 streets, maybe despite being informed of all of these
3 resources, or how would that happen?

4 VICE PRESIDENT DR. LONG: Yeah. It's a
5 great question. And Commissioner Park was talking a
6 little bit about this earlier. Our job and our
7 mission in the hospital is to take care of you
8 medically and offer you all of the resources and all
9 of the hard work that we've put into making sure
10 those resources are the best they can be, meeting you
11 where you are, including literally bringing the
12 warmth to you.

13 You as an individual, though, if you have
14 capacity to make your own decisions, and you're not a
15 threat to yourself or others, can make your own
16 decision. So, if we offer you the resources, what I
17 can speak to for sure is that we offer these
18 resources to everybody in need, that is why the
19 public health care system exists, and the Elmhurst
20 team has been there for patients, you know, since
21 COVID, serving a critical role in really helping to
22 save the City. But patients don't have to take us up
23 on those resources if they, again, have capacity to
24 make their own decisions. It's their choice how they
25 want to interact with us.

1

2

CO-CHAIRPERSON HUDSON: Okay. Thank you.

3

I'm going to turn it over to Speaker

4

Menin for some additional questions.

5

SPEAKER MENIN: I just want to ask two

6

clarifying questions before I turn it over to Council

7

Member Feliz.

8

I want to, Commissioner Park, circle back

9

to a question that I asked earlier about outreach

10

staff, because you had stated in your testimony in

11

response to a question I asked that outreach staff

12

has not decreased since 2021 because the 600 outreach

13

staff you have includes, you said, 400 boots on the

14

ground and 200 who play a supportive role and do some

15

outreach work. But in 2021, you testified before the

16

Council, and I'm going to quote, "this Administration

17

has tripled the number of outreach staff engaging New

18

Yorkers on the streets since 2014 from fewer than 200

19

to more than 600. Those dedicated staff canvass the

20

streets every day, building relationships over the

21

weeks and months through regular contact and

22

concerted engagement with New Yorkers experiencing

23

homelessness, focused on encouraging them to accept

24

services and transition off the streets." So that was

25

a quote. So my question is, it seems like in 2021

1
2 there were, indeed, 600 outreach staff on the street
3 every day, and now there are really only 400 on the
4 street every day with 200 in supportive roles. So, I
5 just want to make sure I'm understanding that
6 discrepancy correctly.

7 COMMISSIONER PARK: I appreciate that, and
8 this is a statistic that I've spent a lot of time
9 digging in on with the team. So, I think the reason
10 that the language and the number has been challenging
11 is that while it is very clear when somebody is
12 spending full time on the street, there are a number
13 of full time working with individuals on the street,
14 a caseworker spends some of their time, a supervisor
15 spends some of their time, so the language was less
16 precise in the past. So, I want to be -- I'm trying to
17 be more precise now. For our contracted outreach
18 providers, it is 400 people who are full time on the
19 street and 200 who are spending some of their time in
20 different settings.

21 SPEAKER MENIN: Okay. It just does
22 contradict the last testimony, but I know you're
23 going with these numbers now. It's still not
24 completely clear. It just seems very different than
25 what you had said to the Council in 2020. The main

1
2 point and the reason for my line of questioning is
3 the New York Times had reported this and you're
4 saying that the New York Times number is not correct,
5 and so our goal is to increase the number of outreach
6 staff you have. Our total goal is to make sure that
7 you have the staff resources that you need to do the
8 proper outreach. So, that is where my line of
9 questioning is going.

10 COMMISSIONER PARK: I'm grateful for that.
11 What I would say is that outreach is very much a
12 relationship-based process, right? While involuntary
13 removals do occur and that is an important tool that
14 we have in our toolbox, it is far better for the
15 long-term success of getting somebody off the street
16 if it is happening on a voluntary basis and that's
17 only going to happen if there is a trust-based
18 relationship and that takes time. So certainly, you
19 know, more people and more access to more resources,
20 you know, can make a difference and we are in ongoing
21 conversations with the Office of Management and
22 Budget on that.

23 SPEAKER MENIN: And then one last
24 clarifying question is there was an article in the
25 Daily News recently that quoted a Deputy Chief-of-

1 Staff at DHS saying, quote, "none of the 18 New
2 Yorkers who have died in this cold stretch had an
3 interaction in the past few weeks with a City
4 outreach worker." But that doesn't completely align
5 with what you mentioned previously in questioning
6 where you said some of those individuals who
7 tragically passed away were in recent contact with
8 DHS. So, can you please clarify that discrepancy?
9

10 COMMISSIONER PARK: Yeah. I think the
11 discrepancy is the difference between outreach worker
12 versus DHS writ large. So, I was giving you a more
13 expansive answer, right? So, somebody who came into
14 intake at 30th Street, for example, and was placed in
15 a shelter, they might not have had experience in
16 engagement with an outreach worker, right? So,
17 outreach is a component of what DHS does. It is not
18 everything that DHS does, right? That is
19 operationally distinct from the shelter, although
20 certainly interacts with the shelter system. So, when
21 we have been looking at the people who have passed
22 away, we have been looking at their DHS history writ
23 large, not just outreach.

24 SPEAKER MENIN: Okay. And then you're
25 going to, per my follow-up question, provide to the

1
2 Council the interactions that those that did
3 tragically pass away, the interactions they had with
4 DHS so we can understand what those interactions
5 were.

6 COMMISSIONER PARK: Yes.

7 SPEAKER MENIN: Okay. Thank you.

8 Chair Feliz.

9 CO-CHAIRPERSON FELIZ: Thank you. Thank
10 you so much, Speaker Menin and Chair Hudson, for the
11 many questions.

12 I have a lot of questions for the Police
13 Department, for NYPD, specifically questions on the
14 NYPD's role on this issue, also coordination, how are
15 you all working together to make sure that the
16 services we're providing are provided efficiently and
17 effectively. Also questions about involuntary
18 removals and many other topics. And of course, my
19 goal is to learn more about the processes and the
20 systems that we have in place so that we could learn
21 about areas that need improvement and also fixing so
22 that we could be better prepared to respond to
23 emergencies like the emergency that we saw in
24 January. So, lots of questions, some of them we
25

1
2 already know the answers to, but I'll still ask them
3 just to set general context for the future questions.

4 So, I guess for the NYPD, what's the
5 NYPD's role on the issue of homelessness during
6 severe weather?

7 DEPUTY COMMISSIONER CROHN: So, I could
8 break down our response during Code Blue into three
9 categories. One is 9-1-1 response. So, I think you've
10 heard a number of people said already that in Code
11 Blue calls for homeless help, assistance that
12 normally come in through the 3-1-1 system are
13 rerouted to the 9-1-1 system. We respond to those
14 calls or as we answer the phone, but we are not the
15 primary responder for those calls. That's really EMS.
16 We assist EMS as needed or as I mentioned in my
17 testimony, if they're experiencing backlog or if
18 their estimated time of arrival is longer than ten
19 minutes.

20 The second area where we activate during
21 Code Blue is on patrol. So, our patrol guide
22 instructs our officers during Code Blue to do
23 increased outreach to homeless New Yorkers. So, that
24 could be both in response to a call for service
25 through 9-1-1, but also through their own personal

1
2 observations as they're doing their work. So, if they
3 see someone, they are obligated to try to do
4 outreach, to try to offer them services and connect
5 with them there.

6 And then final, and I think this was
7 probably one of the more effective things we did in
8 this emergency, was proactive outreach. So, starting
9 right before the storm, we instructed all of our
10 patrol boroughs and then they instructed all their
11 precincts to canvass known locations for homeless
12 individuals and to either offer them services or, you
13 know, get EMS there as the case may be. That was very
14 successful. We made hundreds of contacts during that
15 weekend and there were a number of connections to
16 shelter as well as to hospitals during that period.
17 So, I think that proactive outreach, which continues
18 today, we did not stop it that weekend, it continues
19 to today, was really effective at connecting people
20 to services and is probably something we continue in
21 the future.

22 CO-CHAIRPERSON FELIZ: All right. So, in
23 other words, you engage with individuals when a 9-1-1
24 or 3-1-1 call is made, but also when a police officer

1
2 sees someone in, for example, in the streets sleeping
3 in the severe cold.

4 DEPUTY COMMISSIONER CROHN: That's
5 correct.

6 CO-CHAIRPERSON FELIZ: When someone calls
7 9-1-1 or 3-1-1, what does the general police response
8 look like? So, you mentioned that services are
9 provided. What do the services look like?

10 DEPUTY COMMISSIONER CROHN: So, during
11 Code Blue, we're not the primary responder. It would
12 really be EMS. So, EMS would respond. They would
13 determine whether the person is in need of medical
14 assistance, if they need our assistance. And that
15 assistance could just be to provide, you know,
16 safety, their need of police support, or if they
17 think there might be an instance of involuntary
18 removal needed, they will call us to respond. So, we
19 really play a support role in responding to those 9-
20 1-1 calls. We're not always dispatched.

21 CO-CHAIRPERSON FELIZ: When a 9-1-1 or 3-
22 1-1 call is made, how long does it generally take to
23 get a police officer to that specific location? Let's
24 say the EMS worker needs a police officer for
25 whatever reason.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

DEPUTY COMMISSIONER CROHN: Right. So, EMS is the primary responder. You know, if needed, they can respond to how quickly they respond. What happens is there's a dual dispatch if the case that they're backlogged. So, if they are, you know, encountering a huge number of calls, we will be dispatched simultaneously. So, our average response time in those situations is 45 minutes. Now that does not mean a person is waiting 45 minutes for someone. Oftentimes EMS does make it well before we do, but we're, of course, balancing, you know, crimes in progress and things like that. So, our final response time is 45 minutes, but many times we get there much earlier than that and we are the first responder to get there.

CO-CHAIRPERSON FELIZ: What are steps that NYPD officers take when they see, for example, someone sleeping in the streets during the severe cold? So, again, you mentioned 3-1-1, 9-1-1, but also they're proactive. If they see someone sleeping in the street, they'll respond. So, what does that general response look like?

DEPUTY COMMISSIONER CROHN: Yeah. So, if there's a medical emergency, right, if the person is

1
2 in need of medical assistance, of course they'll
3 contact EMS and arrange for an ambulance transfer. I
4 will say that during the course of this emergency, we
5 have put people in need of medical assistance into
6 our own police cars to get them to the hospital as
7 quickly as possible. So, that's on the medical side.

8 On the shelter side, our officers are
9 trained to know where drop-in centers are, where DHS
10 facilities are, so they can facilitate transfer to
11 those locations if the person does agree to
12 placement.

13 CO-CHAIRPERSON FELIZ: So, you mentioned
14 that you usually relay information to EMS and other
15 agencies. I'm sure DHS is also another agency that
16 you relay information to when you see an individual
17 who is homeless and might need some help.

18 DEPUTY COMMISSIONER CROHN: That's
19 correct. So, in the patrol guide, it says that if
20 there's chronic homelessness, if there's a person who
21 is consistently homeless who we're encountering over
22 and over again, officers are supposed to reach out to
23 DHS and see if any assistance can be given, and
24 that's really happening at the local level.

1
2 CO-CHAIRPERSON FELIZ: And what is the
3 information that is usually relayed to DHS when you
4 are faced with that circumstance?

5 DEPUTY COMMISSIONER CROHN: That's really
6 happening, you know, at the officer level, so it
7 really depends on the context and the situation that
8 they're encountering. So, it really depends on what
9 they're encountering, you know, in their particular
10 neighborhoods.

11 CO-CHAIRPERSON FELIZ: Is there any data
12 related to the amount of people that NYPD engaged
13 with that specific week that we lost 17 New Yorkers?

14 DEPUTY COMMISSIONER CROHN: Yes. So, I can
15 say that, you know, we used January 19th as the
16 beginning of the emergency just because when Code
17 Blue was starting to consistently be called. So, we
18 did offer shelter to over 1,500 individuals, and
19 actually 540 of those did accept shelter. Now
20 sometimes those people say, I will get there on my
21 own, right, and so they may make it, they may not.
22 Sometimes we are going to transport them. Sometimes
23 we work with DHS for transportation as well.

24 CO-CHAIRPERSON FELIZ: And approximately
25 how many of those individuals were engaged with

1
2 through the 9-1-1 or 3-1-1 system versus the
3 proactive system where you just provide help if you
4 see someone that needs help?

5 DEPUTY COMMISSIONER CROHN: Hold on one
6 second. I just want to make sure I have my numbers.
7 So, during Code Blue, we responded to 2,679 Code Blue
8 calls. That was as of midday, Sunday, when we pulled
9 the data. So again, those could be instances where
10 EMS is also responding or ones where we're the only
11 ones to respond.

12 CO-CHAIRPERSON FELIZ: So earlier today,
13 DHS testified that they conducted 32 involuntary
14 removals, NYPD put the number of removals at 52. Can
15 both of you provide clarity on each agency's role in
16 the process of evaluating and conducting involuntary
17 removals?

18 DEPUTY COMMISSIONER CROHN: Yeah. So, the
19 52 are NYPD, they're called 941 removals because
20 that's the section of mental hygiene law that allows
21 us to make involuntary removals. The standards are
22 the same. However, it's just the difference is who's
23 making the call. Officers, as I mentioned, are
24 trained. They've received training as recently as
25 2024 in the proper protocols for 941 removals. That

1
2 includes the protocol during cold weather
3 emergencies. So, signs of exposed skin, individuals
4 not wearing shoes would be an indication that the
5 person is a risk to themselves. They are then taught
6 on the proper method of doing 941 removals. Again,
7 these are involuntary removals so it requires them to
8 do it carefully. They do it in conjunction with EMS
9 so officers are not putting these individuals in a
10 patrol car. They are working with EMS to secure them
11 in an ambulance. They accompany EMS on those
12 ambulance runs. And then they are, of course, dropped
13 off at a hospital, in which case our participation in
14 the process is over and it gets turned over to
15 clinicians.

16 COMMISSIONER PARK: And we refer to our
17 removals as 958s, again, in reference to the section
18 of State Code. These have to be done by not only a
19 clinician, but a clinician who is certified to do
20 involuntary removal. So we, DHS, have, I believe, 21
21 nurses that work with us and our outreach teams who
22 are all certified in doing 958 removals. And then our
23 contracted outreach teams also have clinicians who
24 are certified and can do 958 removals as needed. We
25 also, you know, if a team that doesn't have a nurse

1
2 on it encounters somebody who they believe needs
3 removal, that they have the ability to connect with a
4 team that does and we will make sure that that
5 happens. Like a 941, the removal is to a hospital
6 where there is a more complete assessment done by a
7 doctor.

8 CO-CHAIRPERSON FELIZ: So, there's
9 obviously been a lot of changes and a lot of
10 conversations related to policies related to
11 homelessness, including rules related to encampments.
12 I'm not going to get into that issue because, as we
13 know, the 17 individuals who lost their lives did not
14 have encampment-related challenges. But in general,
15 besides the encampment rules, has there been any
16 changes related to how NYPD engages or interacts with
17 the homeless this past month?

18 DEPUTY COMMISSIONER CROHN: There have
19 not.

20 CO-CHAIRPERSON FELIZ: No changes at all
21 to no policies?

22 DEPUTY COMMISSIONER CROHN: Other than us
23 being very proactive during the emergency, there have
24 not.

1
2 CO-CHAIRPERSON FELIZ: So, earlier you
3 mentioned that generally NYPD would relay information
4 to EMS and also DHS and other agencies. What happens
5 after they relay that information? Does the NYPD role
6 end there or do they do follow-ups?

7 DEPUTY COMMISSIONER CROHN: It depends on
8 the circumstances. So, when it comes to EMS, if we
9 are the first to arrive on scene and we determine
10 that an individual is in need of medical assistance,
11 we'll wait for EMS to arrive, make sure everything is
12 stable there. But if they don't need our help, really
13 our support ends there. EMS is going to take the lead
14 on transporting them to hospital. And it's the same
15 with DHS, right? If a person is referred to DHS for
16 outreach, again, our role is really limited to the
17 initial identification and then DHS would take the
18 lead in providing any support.

19 CO-CHAIRPERSON FELIZ: Who does the NYPD
20 believe should serve a top role in responding to
21 calls for assistance of unhoused people in a Code
22 Blue emergency?

23 DEPUTY COMMISSIONER CROHN: So, it really
24 depends on the circumstance. During Code Blue, it is
25 EMS. I think the vast majority of the issues are

1
2 medical in nature, so it does feel appropriate that
3 they would be the primary responder.

4 CO-CHAIRPERSON FELIZ: All right.

5 So, a few questions on involuntary
6 removals, and of course, this is not to take a
7 position on the topic. This is more about to get as
8 much data and information related to it so that we
9 could be able to better analyze the topic.

10 Any data related to the 17 individuals
11 who lost their lives during that week of severe
12 weather? Did the NYPD have any contact with them at
13 any point?

14 DEPUTY COMMISSIONER CROHN: So, we haven't
15 done the full assessment of all of our interactions
16 with those individuals. I would note that oftentimes
17 we do not know the identity of the people that we are
18 encountering if it's not an enforcement action,
19 right? So, if we're being called and someone's in
20 need of assistance and we ask them, do you need any
21 help, and they say no, we oftentimes will not know
22 who that person is so it's difficult to know if we've
23 had contact with every single person. There has been
24 contact with some, but we're still doing that
25 assessment right now.

1
2 CO-CHAIRPERSON FELIZ: Okay. A few more
3 questions on involuntary removals. And again, this is
4 not to take a position on the topic. This is so that
5 we could better understand the rules related to the
6 topic.

7 So, obviously involuntary removal rules
8 allows for involuntary removal when an individual
9 poses a threat to themselves or others. How is this
10 rule interpreted? So, at what point is someone
11 considered a threat to themselves? That's State law,
12 correct?

13 DEPUTY COMMISSIONER CROHN: Correct.

14 CO-CHAIRPERSON FELIZ: You have to be a
15 threat to yourself or another person.

16 DEPUTY COMMISSIONER CROHN: That's
17 correct. So, threat to yourself or others can include
18 inability to care for yourself. And obviously during
19 the cold weather emergency, that issue comes to the
20 fore much clearer. So, we do train our officers on
21 what the indicia are for that. So, if you bear with
22 me, you know, inappropriate clothing for the weather,
23 such as no shoes, extreme swelling of legs and feet,
24 malnourishment, exposed skin during a cold weather
25 alert. These are all indicia that a person cannot

1 care for themselves and that they may be eligible for
2 941 removal.

3
4 CO-CHAIRPERSON FELIZ: And are those
5 factors stated in State law or are those factors that
6 were created based on the general state rule?

7 DEPUTY COMMISSIONER CROHN: I need to
8 check for sure, but I'm pretty sure these are
9 interpretations of State law.

10 CO-CHAIRPERSON FELIZ: Interpretations by
11 whom?

12 DEPUTY COMMISSIONER CROHN: By our Legal
13 Bureau.

14 CO-CHAIRPERSON FELIZ: By the Legal
15 Department?

16 DEPUTY COMMISSIONER CROHN: Correct.

17 CO-CHAIRPERSON FELIZ: Okay. So, isn't it
18 fair to say that if it's negative 15 degrees or it
19 feels like negative 15 degrees, even if someone is
20 clothed, if they're sleeping outdoors, isn't it
21 reasonable to conclude that they're at a severe risk
22 and they are a threat to themselves? I'm confused
23 about the application of that rule.

24 DEPUTY COMMISSIONER CROHN: So, I think as
25 Commissioner Park mentioned, these are very context

1
2 specific determinations. Obviously in this cold
3 weather emergency, we did make that determination 52
4 times that the person was unable to care for
5 themselves. You know, if it's negative 15 degrees, it
6 becomes legally more permissible, right, to say that
7 that person cannot care for themselves. So, we train
8 our officers to make that determination and our Legal
9 Bureau works 24 hours a day to provide them with
10 additional guidance if they need it.

11 CO-CHAIRPERSON FELIZ: All right. So, in
12 other words, if it's negative 13 degrees and they're
13 sleeping outdoors, they're very likely to be
14 considered a threat to themselves.

15 DEPUTY COMMISSIONER CROHN: It really
16 depends on the context, right? If they're of sound
17 mind, if our officers encounter them, they're
18 coherent, they're answering our questions, they are
19 not exhibiting signs of mental illness, you know, it
20 becomes more difficult, but again, it's very context
21 specific so it's hard to say right here, a blanket
22 rule for when it would be appropriate.

23 CO-CHAIRPERSON FELIZ: Do we know how many
24 of those cases we had these past three weeks where
25 people were assessed?

1
2 DEPUTY COMMISSIONER CROHN: So, it happens
3 every time, every time our officers encounter a
4 person, they could do it, right, so it's not like a
5 formal, you know, assessment where they have a
6 checklist, right? They're using their training.
7 They're using their experience to understand that the
8 person could be involuntarily removed.

9 CO-CHAIRPERSON FELIZ: Who makes the
10 decision on whether an individual is a threat to
11 themselves or others?

12 DEPUTY COMMISSIONER CROHN: It's officers
13 on the scene and oftentimes in consultation with the
14 supervisor.

15 CO-CHAIRPERSON FELIZ: In what cases they
16 consult with their supervisor?

17 DEPUTY COMMISSIONER CROHN: You know, I'd
18 have to get back to you on that. I don't know if I
19 have data on that. I think it happens a lot,
20 obviously, because it's a difficult decision.

21 CO-CHAIRPERSON FELIZ: At what point would
22 we consider getting the opinion of a medical or
23 mental health professional?

24 DEPUTY COMMISSIONER CROHN: Well, so once
25 they are transported, then it is up to the medical

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

world to determine what to do next. This is just the initial decision to transport, right? So, we transport them to a hospital and then doctors make the actual decision about what to do. So, I think, you know, making that difficult decision in the moment is best done by officers because it can happen quickly. They don't have to wait. And then the real difficult decision about what to do next is left to medical professionals.

CO-CHAIRPERSON FELIZ: When someone meets that criteria, are they always transported to a hospital or are they provided options? For example, go to a local shelter.

DEPUTY COMMISSIONER CROHN: There's no involuntary removal to a shelter, so they always get delivered to a hospital.

CO-CHAIRPERSON FELIZ: Okay. How many individuals were involuntarily transported this past weekend?

DEPUTY COMMISSIONER CROHN: This past weekend. Hold on one second.

CO-CHAIRPERSON FELIZ: Well, this past week.

1
2 DEPUTY COMMISSIONER CROHN: I have it
3 here. Sorry. So as of, let's see, it's the 10th, we
4 had 11.

5 CO-CHAIRPERSON FELIZ: Eleven that were
6 involuntarily transported.

7 DEPUTY COMMISSIONER CROHN: That's since
8 February 3rd.

9 CO-CHAIRPERSON FELIZ: Since February 3rd.

10 DEPUTY COMMISSIONER CROHN: And again,
11 that's just 941. That does not include the 958s.

12 CO-CHAIRPERSON FELIZ: How many people
13 were assessed for a potential involuntary removal?

14 DEPUTY COMMISSIONER CROHN: Again, there's
15 no formal assessment. So, you know, you could say
16 that every time we come in contact with a person, we
17 are assessing to see whether they have sound mind and
18 if they are able to care for themselves or others.

19 CO-CHAIRPERSON FELIZ: All right. Thank
20 you so much for all the questions.

21 I have a few questions for DHS and then
22 I'll pause there. I know my Colleagues have
23 questions, so a few questions for DHS.

24 Recently your agency expanded efforts to
25 keep New Yorkers safe, including this past weekend we

1
2 saw when it felt like negative 14 degrees. The
3 expanded efforts included new safe haven beds, 10
4 school based warming centers, warming bus units,
5 approximately 150 new outreach workers, and a lot
6 more. These steps were obviously necessary to protect
7 life and prevent another tragedy like the one that we
8 saw in January. Is it safe to say that we didn't have
9 these steps in early January? We didn't have these
10 measures in place?

11 COMMISSIONER PARK: I wouldn't
12 characterize it that way. So, we opened our first
13 school-based warming centers the weekend when the
14 temperature dropped very substantially, and those
15 opened, they then closed when school reopened and
16 then we replaced them with buses and then we have
17 continued to iterate and add, right? So, there was a
18 weekend where we had some MTA buses. That was a time-
19 limited donation from the MTA. So, when those went
20 away, we came up with alternative options. So, it has
21 been, it's been evolving, but I don't think it is
22 fair to say that we didn't start until this weekend.

23 And with respect to the safe haven beds
24 that we've been adding, right, at the beginning of
25 the cold snap, we had a higher vacancy rate in the

1
2 safe havens. As the weather got colder, as more
3 people came inside, the vacancy rate shrunk and so we
4 added additional beds.

5 CO-CHAIRPERSON FELIZ: Do you have any
6 data or numbers related to how many safe haven beds
7 we had, school-based warming centers, bus units, and
8 also outreach workers? You mentioned some outreach
9 workers data.

10 COMMISSIONER PARK: So, we have a total of
11 about 3,900, about 4,000, safe haven beds, safe haven
12 and stabilization beds. So, those are the two
13 different programs that serve people experiencing
14 unsheltered homelessness. Within that, we've added a
15 couple of hundred since the start of this cold snap.

16 With respect to outreach workers, this is
17 the, the 400, 600 that we've been talking about. So,
18 there's about 400 people through our contracted
19 outreach workers who are literally boots on the
20 ground, meaning their full-time job is to be on the
21 streets working with clients. There's another 200
22 that includes caseworkers, supervisors, others who
23 spend some of their time in the field and some of
24 their time in the office.

1

2

Sorry, there was another question there.

3

What was the other data point you were looking for?

4

CO-CHAIRPERSON FELIZ: Yeah. So, safe

5

haven beds, school-based warming centers, bus units,

6

and also outreach workers.

7

COMMISSIONER PARK: Okay. So, both the

8

buses and the school-based warming centers have

9

changed over time. So, under normal Code Blue

10

conditions, DHS has 10 warming buses that are

11

dispersed around the city. During this Code Blue, we,

12

DHS, added another 10 buses. H and H is also

13

operating warming buses. As I noted, we briefly got a

14

donation of MTA buses, so those were additive. We had

15

10 school-based warming centers that first weekend.

16

Those closed when school reopened. This past weekend

17

we had another 10, plus I believe an additional two

18

sites at CUNY. All in, this past weekend I believe

19

there were close to 70 different warming centers that

20

were operating.

21

CO-CHAIRPERSON FELIZ: Yeah. So, these

22

were all steps that were taken since the start of the

23

severe cold weather. I guess the question is, what

24

did we have in place before the January 19th severe

25

weather?

1
2 COMMISSIONER PARK: Sure. So, as I
3 mentioned in my testimony, our Code Blue planning
4 starts, you know, well before the weather gets cold.
5 So, our drop-in centers are available. Those are 24/7
6 year-round. As I noted, we have 10 warming buses as
7 part of our normal course of operations during the
8 winter season. It is normal Code Blue, and this was
9 in place well beforehand, that hospital waiting rooms
10 need to function as warming centers. We were geared
11 up to do the outreach and asking people to do
12 overtime before the storm started, the calls getting
13 routed to 9-1-1 during Code Blue hours. All of that
14 was in place before the storm started. I think as it
15 became increasingly clear that not only were the
16 temperatures lower but the duration was longer, we
17 kept adding, right? It is never okay to say we've
18 done everything that we can. So, we started with a
19 toolbox of response in place, and we continued to add
20 to it to make sure that we were meeting people's
21 needs.

22 CO-CHAIRPERSON FELIZ: All right. Two
23 final questions, and then I'll pause.

24 So, the latest information that I read
25 said 18 individuals have lost their lives since the

1
2 start of this emergency. Are we expecting that number
3 to go up? I know it generally takes a week or so to,
4 I guess, learn about the deaths and then investigate.

5 COMMISSIONER PARK: So, you know, I
6 certainly can't predict the future. The 18 is the
7 universe of outdoor so deaths that were suspected at
8 some point to be related to hypothermia. You know,
9 the medical examiner is here and can speak in more
10 detail, but I think analysis is ongoing. There's at
11 least, I believe three of those where it seems likely
12 that the primary cause of death is not going to be
13 hypothermia, you know, but all of that analysis is
14 still ongoing. I'm not the expert, but it is clearly
15 a complicated process.

16 CO-CHAIRPERSON FELIZ: Yeah. I guess my
17 question though is, are there any deaths that
18 happened this weekend that are being investigated due
19 to a potential hypothermia?

20 COMMISSIONER PARK: So, the reporting that
21 the City has done has erred on the side of
22 expansiveness, right, so, as soon as we learn of a
23 death that it feels like could be related to
24 hypothermia, it is going on the list that we are
25 tracking, and then, you know, as we learn more, as I

1
2 noted, we are still talking about 18 despite the fact
3 that it looks like at least three of them are
4 probably not related to hypothermia or primarily
5 related to hypothermia. Doesn't mean they are less of
6 a tragedy, but there is another cause of death there.

7 CO-CHAIRPERSON FELIZ: All right. My final
8 question is, what would we say went wrong in January?
9 This weekend, based on the numbers that I've seen, it
10 was three times colder than it was in January and we
11 didn't get 17 people losing their lives. So, that on
12 its face just shows that something went wrong in
13 January. So, just wondering what your take is on
14 that. I mean, again, it was nearly three times colder
15 this past weekend and we didn't get that same result.

16 COMMISSIONER PARK: So, this is a
17 hypothesis. It's not something that I can prove, but
18 I think one of the things that was remarkable about
19 that first weekend, and perhaps Commissioner Iscol
20 can chime in on this as well, is the temperature
21 dropped really sharply, really fast, right, and so I
22 do think that there was, and I will say frankly, it
23 is, and that happened on a Friday night, right, and
24 it is not uncommon for us in the shelter system to
25 see, you know, lower census in the shelters,

1 particularly the single adult shelter census over the
2 weekend. People will, you know, opt to be outside
3 rather than adhere to curfew, things like that,
4 right, and so we had this very dangerous situation
5 happening very quickly on a weekend, and I think it
6 caught people by surprise, right? Is there something
7 that we could have done to communicate about the
8 dangers differently? You know, as I said in my
9 testimony, I always believe that I can learn from
10 experience and, when I can't, then it's time for me
11 to go home. So, I think we will be looking at whether
12 or not there's something that we could have done
13 around that particular communication point.

15 COMMISSIONER ISCOL: It's a great question
16 and I don't know if I have a great answer to it other
17 than to say, so as Molly said, there was a
18 precipitous drop in temperatures that was incredibly
19 dangerous and deadly. At the same time, I don't think
20 we will know until we've done a full assessment of
21 the 18 deaths. And I say that, and I mentioned this
22 to Speaker Menin earlier during her questioning, when
23 you review the deaths from Ida, in the aftermath of
24 that, there was a lot of focus and I was not in this
25 job at the time, but I remember there was a lot of

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

focus on the response during Ida. When you look at the actual deaths and the autopsy reports, it is very, very clear that if folks had doorways that had swung open instead of out, if they had bars on their windows that could be removed from the inside, if they had flood alarms, people would still be alive. And so I think that in the aftermath of this, when we do the actual investigation of the individual deaths, at that point we will actually know more about what could or could not have happened and what we, we need to do in the future.

SPEAKER MENIN: Just one follow-up. I just want to make sure we get an answer to Council Member Feliz's question. So, the question was, are there any investigations from deaths over the weekend? Sunday was the coldest day. So, are you actively investigating any potential deaths that occurred on Sunday that we might not know about?

COMMISSIONER PARK: Sorry. I'm going to ask my colleague at the Office of Chief Medical Examiner to chime in. I will say the list of 18 includes deaths that are still under investigation, but he may have more current information than I do.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CHIEF MEDICAL EXAMINER DR. GRAHAM: Yes.
Thank you, Speaker. That is a fact. And I'm sorry.
I'm Jason Graham. I'm the Chief Medical Examiner. We
are actively, every day, undergoing surveillance
across all cases that are reported to the Medical
Examiner's Office and that we perform scene
investigations, hospital investigations, screening
for cases that may involve hypothermia. And so, as of
yesterday, the final numbers in preparation for this
hearing that there are no additional outdoor deaths
that we believe, until completing the examination,
involve hypothermia. But each one of these cases is
unique and they involve a combination of steps to
determine whether hypothermia played a role in
someone's death. It's a question for us,
investigatively and medically, as to whether or not
someone is dying in the cold or of the cold. And that
is a process, and we are providing as close as we can
offer to real-time data to our partner stakeholders
in order to keep, in the midst of an emergency, as
much data available as possible.

CO-CHAIRPERSON FELIZ: Yeah. And actually
before I ask some additional questions, I think you
need to be sworn in.

1
2 Oh, you were already. All right. My
3 apologies.

4 All right. So, 18 based on examinations
5 that have already been done. Is that correct?

6 CHIEF MEDICAL EXAMINER DR. GRAHAM: Yes.

7 So, and I want to also acknowledge these 18
8 fatalities and the tragedy they represent for the
9 families, virtually all of whom we've been in touch
10 with. These are individuals that have been examined
11 by our forensic pathologists. We've performed death
12 scene investigations. We're conducting laboratory
13 testing, and based on all the preliminary information
14 available, we believe that at least 15 of the 18 are
15 directly hypothermia-related. Eight have already been
16 confirmed. Seven, we believe, are very high
17 likelihood that hypothermia played a direct
18 mechanistic role in their death, and so those
19 investigations are ongoing. But at least 15 of the
20 18, we believe, are directly hypothermia-related.

21 CO-CHAIRPERSON FELIZ: Right. But I guess
22 my question is, so 18 based on examinations and
23 investigations that have been completed, right?

24 CHIEF MEDICAL EXAMINER DR. GRAHAM: Yes,
25 part of that process has been completed. Laboratory

1 test results, we may be waiting for. There may be
2 additional investigative information that we need,
3 but based on all the preliminary information that we
4 have about these outdoor deaths that occurred in 18
5 individuals, we believe that at least 15 of the 18
6 are directly hypothermia-related.

8 CO-CHAIRPERSON FELIZ: But are there any
9 cases that are in the process of being completed, not
10 finalized, but potentially deaths due to hypothermia
11 during the weekend? So, basically any cases, yeah,
12 that haven't been completed yet?

13 CHIEF MEDICAL EXAMINER DR. GRAHAM: I
14 anticipate that at the moment, I would need to get
15 back to your, I would need to get back to you about
16 what, within the past hours, but I would say that I
17 would anticipate that there will be additional cases
18 based on ongoing investigations, and we're not
19 completely out of the cold weather yet, and so we're
20 remaining very vigilant in our monitoring of the
21 possibility of hypothermia being involved in anyone's
22 death, and we will complete a comprehensive
23 investigation, including autopsies and laboratory
24 tests in each one of those cases to make that
25 determination.

1
2 CO-CHAIRPERSON FELIZ: Thank you. Thank
3 you so much.

4 CO-CHAIRPERSON HUDSON: Thank you. One
5 question for you, Medical Examiner, and then I'm
6 going to go on to our Colleagues. At least three of
7 the deaths were attributed to substance use. At this
8 point, is your office able to make a determination as
9 to primary causes of death for these particular
10 individuals?

11 CHIEF MEDICAL EXAMINER DR. GRAHAM: You're
12 referring to, I spoke of the 15 that we believe
13 hypothermia is directly related. You're referring to
14 the other three, and those investigations are not
15 complete yet. It was, based on scene investigative
16 information and historical information that was
17 gathered as a part of our investigation, felt likely
18 that drugs may be involved in two of the three
19 remaining cases, but those cases are still under
20 active investigation. We do not have a final
21 determination yet.

22 CO-CHAIRPERSON HUDSON: Thank you so much.

23 I'm going to move on to Council Member
24 questions, and then I believe the Chair and I and
25 maybe the Speaker will come back with some more

1
2 questions, but I want to start with Council Member
3 Nurse followed by Avilés and then Banks.

4 COUNCIL MEMBER NURSE: Thank you, Chairs,
5 and thank you all, especially NYCEM. Thank you for
6 setting up a warming center this weekend for a power
7 outage. Lots of information here.

8 I just had a simple question to clear up
9 something I had heard from some advocates about
10 whether or not DHS and DHS-contracted outreach
11 workers are able to offer supplies for folks in a
12 situation like this, like blankets or any kind of
13 emergency heat warmers and things like that. We had
14 heard that agency folks have said they don't want to
15 do that because their primary mission is to try to
16 get folks to come in, but in a situation like this,
17 it might be helpful. So, just want to get some
18 clarification on that.

19 COMMISSIONER PARK: Most of our outreach
20 teams are traveling by foot, right, so they are not
21 carrying large quantities of supplies. Historically,
22 we have really focused on making sure that we are
23 trying to get people indoors, that that is the focus.
24 But, you know, where we need to make particular
25 exceptions, we will, but again, because our outreach

1
2 teams are largely traveling by foot, they're not
3 carrying large quantities of supplies.

4 COUNCIL MEMBER NURSE: Okay. And in this
5 type of Code Blue, are you equipping, I understand
6 like no one wants to carry around 100 pounds of
7 stuff, but for example, just like the emergency heat
8 warmer packets and things like that, I mean, what are
9 they going out with besides just to go make a
10 connection?

11 COMMISSIONER PARK: It is fairly limited,
12 the supplies that they are, and I will circle back to
13 you potentially before the end of this hearing with
14 exactly what people have, but really historically the
15 focus has been bring people indoors and really try
16 and convince people of that. You know, we will
17 provide medical care. Many of the teams, particularly
18 the contracted outreach teams, partner with street
19 medicine organizations, right, and they're going to
20 be able to provide some food, some other things like
21 that. But the hope is really not to set people up to
22 stay on the street, but rather to encourage them to
23 come indoors.

24 COUNCIL MEMBER NURSE: I understand that,
25 and I understand the overall goal. Is there any data

1
2 that would suggest that providing in this kind of
3 specific extreme weather event, providing that type
4 of warming supply would encourage or incentivize
5 folks to stay outside?

6 COMMISSIONER PARK: I don't have
7 quantitative data like that. I think, you know, and
8 it is certainly a challenging question, and I
9 understand where you're coming from.

10 COUNCIL MEMBER NURSE: Okay. So, no data.

11 Okay. I think I'll just say in this
12 particular situation it might have been helpful just
13 to have our outreach workers have a little bit of
14 something. I'm not saying they need to have, you
15 know, sacks of things, but just a backpack full of
16 some stuff to go around with because there are people
17 who are of sound mind who don't want to come inside,
18 and that's their right. It's their right to stay
19 where they want to be, especially if they are able to
20 speak about their circumstances clearly so just
21 wanted to clarify that, if it was policy or not.

22 COMMISSIONER PARK: Thank you.

23 COUNCIL MEMBER NURSE: Thank you.

24 CO-CHAIRPERSON HUDSON: Dr. Long, did you
25 want to.

1
2 VICE PRESIDENT DR. LONG: Sorry. Just
3 wanted to say in agreement with you, another thing
4 that we've done in concert and lockstep with DHS is
5 we've set up a dispatch line where if there's
6 somebody that's in need, that could be maybe a way to
7 have the conversation about them coming to a shelter
8 site. We have borough-based dispatch lines that
9 connect directly to the mobile units that we set up,
10 and they do have blankets, hand warmers, and jackets.
11 So, we actually, when we go out to people, are able
12 to give people resources that they would need, but
13 just wanted to make the point very clear, as
14 Commissioner Park was making, it's to enable us to
15 have an effective conversation with them to
16 ultimately try to get them to come into the warm
17 place.

18 COUNCIL MEMBER NURSE: Agree. Yeah. I
19 think, like, having some stuff in this kind of
20 situation could more quickly establish some trust.

21 So, can you just clarify, you're saying
22 these mobile dispatch units are, were they out during
23 this particular period?

24 VICE PRESIDENT DR. LONG: Yeah. So, the
25 mobile dispatch units are something that we created

1
2 together with DHS as an enhanced part of this overall
3 response. We went live on January 29th, and this
4 weekend we had 33 of these mobile units, which are
5 clinician-led. Each one has a nurse or a nurse
6 practitioner on it, and they're mobile WARM units
7 like amulets. They go up, ask, how can we help you
8 today? And if what you say is, one example that comes
9 to mind is there was a person that actually had moved
10 to New York City very recently, came from a warmer
11 place, didn't have a jacket. So, giving that person a
12 jacket enables us, which we did, to build trust. That
13 enables us to have a more effective conversation
14 about telling them about the resources that our DHS
15 team has and to help to make that connection, which
16 in that case, or in a case like that, I should say,
17 can culminate in us actually driving them in the warm
18 ambulette with a warm bowl of soup to a DHS shelter.

19 COUNCIL MEMBER NURSE: Okay.

20 COMMISSIONER PARK: And if I can clarify,
21 and thank you to my colleagues who are feeding me
22 extra answers, we have been giving coats, hats, and
23 gloves in this particular circumstance. It is not
24 part of our standard outreach process, but in this
25 particular emergency we have been.

1
2 COUNCIL MEMBER NURSE: On the street, like
3 on the street outreach.

4 COMMISSIONER PARK: Yes.

5 COUNCIL MEMBER NURSE: And that's been all
6 weekend or during this entire Code Blue? You can,
7 like, say it back later.

8 COMMISSIONER PARK: The entire Code Blue.

9 COUNCIL MEMBER NURSE: Oh, okay. Great.
10 Okay. Thank you so much.

11 CO-CHAIRPERSON HUDSON: Thank you, Council
12 Member.

13 I'd like to acknowledge that we've also
14 been joined by Council Members Narcisse, Stevens,
15 Restler, and Gutiérrez.

16 Council Member Avilés followed by Banks
17 and then Ariola.

18 COUNCIL MEMBER AVILÉS: Thank you, Chair.
19 So, first I'd like to thank you, Commissioners, for
20 all the years of public service to our city. We wish
21 you the best, and we know that you're leaving
22 stronger agencies, and we know you're leaving behind
23 very strong staff. So, I just want to thank you at
24 the top for your service.
25

1
2 I'd like to, I guess, follow up with
3 NYPD. In your testimony, you noted that the NYPD
4 hadn't changed your policies regarding homelessness
5 during this Code Blue. However, City Hall did note
6 that they were instructing NYPD to not remove
7 homeless individuals from the subway system into
8 freezing temperatures during this situation. We heard
9 widespread instances where people have seen
10 individuals being removed from the subways during
11 this Code Blue. So, can you help us understand the
12 discrepancy here with the City Hall directive and
13 what we were seeing on the ground?

14 DEPUTY COMMISSIONER CROHN: Yeah, and
15 Council Member, you're exactly right. That was a
16 change that happened during this emergency, so I
17 certainly misspoke earlier. So, just to set the stage
18 a little bit, if people are violating subway rules,
19 the rules of the MTA, they are potentially subject to
20 ejection from the system. Now, our officers use
21 substantial amount of discretion in when to do that
22 and when not to. So, really they need to be creating
23 a substantial disturbance within the system,
24 interfering with subway operations, interfering with
25 the safe passage of passengers. I mean, obviously

1
2 during a cold weather emergency, we would be even
3 more conservative in our use of that legal power.
4 There were ejections that happened earlier, but
5 again, we would do our best, especially at the end of
6 line stations where we work very closely with DHS, to
7 connect those individuals to services. That could be
8 something like a warming bus. That could be something
9 like a safe haven. Over this past weekend, we put a
10 complete stop to all ejections, even people who could
11 potentially be causing problems in the subway system.
12 Now there were other ways, of course, to get to those
13 people, again, in partnership with DHS, but that was
14 paused completely over the weekend.

15 COUNCIL MEMBER AVILÉS: Well, how is this
16 communicated to officers? Because over this weekend,
17 in fact, many individuals witnessed people getting
18 told by police officers to leave the subway.

19 DEPUTY COMMISSIONER CROHN: I'm happy to
20 look more into those circumstances, especially if you
21 relay them over to us. It was communicated very
22 clearly throughout the chain of command, you know, up
23 from the top all the way down. But again, if there
24 are specific instances you'd like us to look at, I'd
25 be more than happy to.

1
2 COUNCIL MEMBER AVILÉS: So, in the
3 instance that you noted of disturbance, what exactly
4 does that look like?

5 DEPUTY COMMISSIONER CROHN: It could be,
6 you know, yelling at passengers on a train, right,
7 disrupting the regular operations of the MTA and
8 providing maintenance to their fleet. Again, we try
9 to use it as conservatively as possible and, again,
10 when we do try to use it, we try to connect with the
11 services as best as we can.

12 COUNCIL MEMBER AVILÉS: All right. Well, I
13 think we'll continue to monitor the situation, and
14 we'll ask New Yorkers to please speak up if we see
15 police officers violating the City Hall policy during
16 this particular time.

17 I'd like to note, I don't think anyone is
18 here from FDNY, but it's very important to put on the
19 record that, you know, EMS workers are a key part.
20 Are you here? Amazing. Thank you. EMS workers are a
21 key part of our City's response, particularly as you
22 noted that they are the first to receive the Cold
23 Blue 3-1-1 calls. However, it is clear that our City
24 has long underinvested in EMS services, which we're
25 currently dealing with understaffing, high attrition

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

rates, and no pay parity with other first responders. This results in higher wait times, which can quickly become a matter of life and death. The previous mayoral administration had vowed to take on these chronic issues with the EMS workforce, but they did not keep those promises. How does this new Administration intend to address these chronic workforce challenges facing EMS workers, which is a daily situation, not it is completely exacerbated by the Enhanced Cold Blue needs of the city.

CO-CHAIRPERSON HUDSON: Excuse me, Chief. Before you respond, we'll just swear you in. Thank you.

COMMITTEE COUNSEL: Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this Committee and to respond honestly to Council Member questions?

CHIEF ESPOSITO: I do.

COMMITTEE COUNSEL: And can you please state your name for the record?

CHIEF ESPOSITO: I'm John Esposito. I'm the Chief of Department.

COMMITTEE COUNSEL: Thank you so much.

1
2 CHIEF ESPOSITO: So, as you know, daily
3 our EMS service is inundated with a large number of
4 calls. Recently, we've been averaging about 4,400 a
5 day. Once we started with the Code Blue and the 3-1-1
6 calls were routed to 9-1-1, that jumped up to about
7 4,700, 4,800 a day, and further inundated EMS. Soon
8 after the snowstorm, on that Tuesday night, we were
9 at one point holding 300 calls, meaning that we did
10 not have ambulances available for 300 people,
11 including the cold calls that we were trying to
12 assign ambulances to. We had spoken and reached out
13 to our voluntary hospitals. As you know, FDNY EMS
14 only provides 66 percent of the ambulances in the
15 city. The other third are from our hospital systems.
16 We call them the voluntary ambulances that they
17 supply into the 9-1-1 system. So, we were able to
18 reach out to our voluntary partners to supply more
19 ambulances. But for the rest of that week, it was
20 quite difficult to staff. Response times did
21 increase. We are currently working with the
22 Administration to seek better compensation for our
23 EMTs and paramedics.

24 COUNCIL MEMBER AVILÉS: Thank you. Thank
25 you, Chief. I think it just can't be underscored

1
2 enough. If we do not get pay parity for our EMS
3 workers and continue to expect them to do these
4 gargantuan tasks, we will never meet the mark, and so
5 we are deeply committed and expect this
6 Administration, in order to systemically address
7 emergencies across the board, whether it's cold or
8 heat or any other manner of natural disaster or man-
9 made disaster, we need a fully funded pay parity EMS
10 service for our city. So, thank you.

11 CHIEF ESPOSITO: Thank you. And, you know,
12 you look at the work that our EMS folks did during
13 COVID, you know, when you could argue that they saved
14 the city and they've certainly earned it. And during
15 this as well, the EMS unions have been incredibly
16 supportive of the City and the Fire Department's
17 effort to increase our resources out there in the
18 streets to increase or improve ambulance response
19 times.

20 CO-CHAIRPERSON HUDSON: Thank you, Council
21 Member.

22 Council Member Banks followed by Ariola.

23 COUNCIL MEMBER BANKS: Thank you, Chairs.

24 First of all, just an observation. It's a
25 little concerning that the mayor and the

1 Administration with two departing Commissioners
2 wouldn't send a First Deputy Commissioner to be a
3 part of, you know, this hearing. But we'll go forward
4 with what is here.

5
6 When it comes to shelter access during
7 the Cold Blue, DHS is required to relax intake
8 procedures, accept walk-ins, and prohibit discharges.
9 Were there any reports of individuals being turned
10 away from or discouraged from entering shelters
11 during this past few weeks? And how does DHS monitor
12 and audit compliance with these requirements in real
13 time?

14 COMMISSIONER PARK: Thank you for the
15 question. I'm certainly not aware of any instances
16 where somebody was denied walk-in and, to the extent
17 that anybody has any information, you should please
18 share it with me. I'm happy to do the follow-up.
19 We've been very clear with our shelter providers that
20 this is part of the obligation. And, you know, we are
21 talking about mission-based organizations that take
22 this work very seriously so I have a lot of
23 confidence in our providers. And we actually went
24 beyond that in this particular disaster. So, not only
25 requiring providers to accept a walk-in, but actually

1 asking them to be doing perimeter walks themselves so
2 that, you know, sending their security guards, their
3 staff out to say, in the few blocks around your
4 shelter, do you see anybody? And if you do see
5 anybody, try and engage them, try and encourage them
6 to come inside to wait.
7

8 COUNCIL MEMBER BANKS: Thank you. When it
9 comes to refusal of services and follow-up, when an
10 individual declines an offer of a shelter or medical
11 assistance, how is this refusal documented? And if
12 EMS or the NYPD responds to a call, an individual
13 refuses services, is that information shared with DHS
14 or outreach providers for follow-up engagement?

15 COMMISSIONER PARK: So, I'll start and
16 then I'll pass it over to my first responder
17 colleague. So, if our outreach team engages somebody
18 and they decline services, that is noted in
19 StreetSmart, which is our system of record for
20 outreach. It has all DHS staff, but also all of our
21 contracted providers has access to that, as well as
22 the state OMH contracted outreach teams and the
23 City's Department of Health. So, we will record that
24 and note that that is a client who needs additional
25 follow-up. You know, so that is our approach. During

1
2 a Code Blue, we are not receiving the 3-1-1 calls in
3 real time, but we do get details after the fact on an
4 aggregate basis so that we can use the data to inform
5 how we shape outreach going forward so that, you
6 know, if we are seeing an increase of calls from a
7 particular neighborhood, that that is something that
8 we will use to drive the work going forward.

9 COUNCIL MEMBER BANKS: And there was an
10 article on January 30th by the Gothamist. The article
11 reported a basically it was reported that a man who
12 had died during the freezing temperatures after a 3-
13 1-1 call about his welfare was misclassified.
14 According to an NYPD spokesperson, the call was
15 logged in as a disorderly male. What safeguards are
16 in place to prevent this misclassification of welfare
17 checks during Code Blue? And how are 3-1-1 and 9-1-1
18 operators trained differently during cold weather
19 emergencies?

20 DEPUTY COMMISSIONER CROHN: So, 9-1-1
21 operators classify Code Blue calls as what's called
22 54Q. In that instance, it was categorized as
23 disorderly, but actually in the text of the entry,
24 they did write that it was a Code Blue job. So, even
25 though it was not labeled 54Q, it was still treated

1
2 as though it was Code Blue. So, it was as a data
3 entry issue, but the response by the Police
4 Department was exactly the same as it would be in
5 something that had been coded 54Q.

6 COUNCIL MEMBER BANKS: Okay. And when it
7 comes to NYCHA and heat and hot water, cold
8 exposures, how does DHS and the NYPD and the FDNY and
9 NYCHA and Department of Health share real-time data
10 during extreme cold events? And what coordination
11 mechanisms are in place to ensure rapid response when
12 residents are at risk? And were there any individuals
13 who passed away during this recent cold weather
14 period, were any of these NYCHA residents? And if so,
15 what support or interventions were provided prior to
16 their deaths?

17 DEPUTY COMMISSIONER CROHN: So, I'd have
18 to get back to you. I mean, we don't have all the
19 information on the deaths that occurred, whether they
20 were NYCHA residents or not. I do know that our
21 housing bureau works really quite closely with NYCHA.
22 And when there are emergencies in a NYCHA building,
23 they oftentimes are there helping residents. They
24 have a good relationship usually with their
25 residents, right? Because they know the housing

1 bureau cops really well. So, while I can't speak to
2 NYCHA or to those specific cases, I knew that that
3 partnership is very close.
4

5 COUNCIL MEMBER BANKS: Okay. And last
6 question, and I guess I'll come back in the second
7 round. Given the documented increase in unsheltered
8 homelessness, particularly in subways where outreach
9 teams sufficiently staffed to meet the heightened
10 demands of the extreme cold, and were additional vans
11 and overnight shifts deployed as required?

12 COMMISSIONER PARK: Sure. Thank you. So,
13 we have one outreach provider that is specific to the
14 subway work. So, although the subways were at least
15 arguably a bit warmer than other parts of the city,
16 they continued their subway outreach work throughout
17 this emergency. We didn't have additional outreach
18 workers per se brought on precisely for this cold
19 snap. It takes longer to hire and to train than we
20 were able to do that. So, what we did instead was we
21 have outreach workers working overtime. We received
22 volunteers from people, City employees volunteering
23 to work overtime who were embedded with the outreach
24 workers. So, in particularly some New York City
25 Public Schools nurses who were embedded with the

1
2 outreach teams. And then we enlisted the services of
3 sister agencies that do work with people who might be
4 experiencing unsheltered homelessness, even if it
5 isn't their primary role. So, for example, the DOHMH
6 mobile crisis teams. Another change in policy that we
7 made during this, or change in process that we made
8 during this, was we reached out to the State Office
9 of Mental Health, which operates SOS teams. These are
10 teams that do homeless outreach that tends to be a
11 very deep clinical focus. They're coming from a
12 health care agency. Their focus is really on
13 delivering mental health services. But in this
14 particular moment of crisis, we asked them, and they
15 have been great partners, to really focus on bringing
16 people indoors rather than the in-depth clinical
17 engagement that they might normally be doing.

18 COUNCIL MEMBER BANKS: Thank you.

19 CO-CHAIRPERSON HUDSON: Thank you, Council
20 Member.

21 Council Member Ariola followed by Mealy.

22 COUNCIL MEMBER ARIOLA: Thank you,
23 Speaker. Thank you, Chairs.

24 I'd also like to echo Council Member
25 Banks' statement on the fact that we have two

1
2 extremely competent Commissioners who are not going
3 to be with the Administration moving forward, and
4 this whole Committee was put together to find out
5 what's happening, what are we doing, and what are we
6 doing moving forward so I find that the
7 Administration did not send anyone that could speak
8 about what they're doing moving forward to be an
9 affront to these Committees and to our Speaker, and
10 it should certainly be addressed.

11 Additionally, I agree with you, Council
12 Member Avilés, in order to beef up our staffing for
13 EMS, we need to pay them more money, and I know that
14 this entire Council believes that.

15 So, I want to speak to Commissioner
16 Parks. You spoke about a light touch, that we've been
17 hearing that a lot. Could you tell me the criteria
18 for a light touch when the Administration sends out
19 notification to NYPD, FDNY, DOHMH, to Dr. Long's
20 operation, that there be a light touch put forth for
21 the street homeless and homeless in general in these
22 freezing weathers?

23 COMMISSIONER PARK: Thank you, Council
24 Member. I'm not familiar with this light touch
25 notification that you're talking about.

1
2 COUNCIL MEMBER ARIOLA: Well, you
3 mentioned it. That's what brought it to my mind. You
4 said we're using a light touch. What does that mean?

5 COMMISSIONER PARK: So, I think the
6 context in which I use that phrase is we have two
7 different types of shelter that are geared towards
8 people who are experiencing unsheltered homelessness.
9 We have what we call stabilization beds and safe
10 havens. Safe havens are more clinically intensive.
11 They have a higher level of service. The
12 stabilization beds are, this is where I would use the
13 phrase, lighter touch in that it doesn't have
14 necessarily exactly the same level of clinical
15 services on site, and so as we connect people to
16 beds, our first goal is getting people indoors. And
17 so if there is, particularly in this moment, when
18 we're operating with fairly scarce vacancies, we will
19 connect people to the bed that is available. But when
20 we have the opportunity to direct people to the bed
21 that we think is more appropriate, if somebody has
22 more clinical needs, they'll go to a safe haven
23 versus a stabilization bed.

24 COUNCIL MEMBER ARIOLA: The light touch
25 that I'm talking about is that the agency's first

1
2 responders and beyond have been told to take a light
3 touch when going to a person who is unhoused,
4 especially the street unhoused, which is a completely
5 different type of unhoused person that has reasons
6 why they don't want to go into shelter. One of them
7 being that they have belongings. So, if you or one of
8 your CBOs go out and encounter a homeless person, and
9 this is an actual case, who is continually just
10 sweeping and randomly walking back and forth, and
11 she's unhoused on a sidewalk, cleaning the sidewalk,
12 cleaning the floor, mumbling to themselves, not
13 really being cohesive when speaking, and they're
14 approached by DOHMH, one of the CBOs, our EMTs, our
15 NYPD, would that person meet the criteria for
16 involuntary removal?

17 COMMISSIONER PARK: So, it is very
18 situational, and obviously I don't know all of the
19 facts associated with this particular individual, but
20 it is a dual criteria, right, so it is an obvious
21 sign of mental illness and a danger to themselves or
22 to others, right, so to the extent, I am not a
23 clinician, but from the way you describe it, it
24 sounds like this is somebody who is experiencing
25 mental health issues, but if they are not also a

1
2 danger to themselves or to others, then it wouldn't
3 meet the threshold.

4 COUNCIL MEMBER ARIOLA: Well, the fact
5 that they are acting in this way and not wanting to
6 go in, and it is below freezing, well below freezing,
7 I think that that would make them fit the criteria
8 for not really having the medical capacity to do the
9 right thing for themselves. But a lot of times it's
10 because of the items they have left behind. What is
11 the protocol for the removal of any type of mattress
12 or anything left behind by that person, even if it is
13 an animal that they may have with them, which would
14 preclude them from going into a warming bus, a
15 warming station, to the hospital because they're
16 afraid of what they're going to lose.

17 COMMISSIONER PARK: So, DHS operates a
18 storage facility, and we can voucher their
19 belongings. There are some limitations. If something
20 is obviously pest-infested or something like that, we
21 wouldn't voucher it, but we take a quite broad view
22 of what is voucherable, and we do that.

23 With respect to animals, we have very
24 recently changed policy, and three of our drop-in
25

1
2 centers across three different boroughs now will
3 accept an animal.

4 COUNCIL MEMBER ARIOLA: And what is the
5 timeline when items are not vouchered, and say are
6 infested and left behind, what is the timeline for
7 those items to be removed when they're left at the
8 encampment if the person has sought shelter?

9 COMMISSIONER PARK: So, I'm going to defer
10 questions about encampment cleanup policy to City
11 Hall. I will note that DHS's role in encampment
12 cleanups traditionally and on an ongoing basis is
13 that we are the social service arm. Our job is before
14 any cleanup ever happens to make sure that we are
15 engaging with individuals, trying to build the trust,
16 and trying to convince them to come inside.

17 COUNCIL MEMBER ARIOLA: Chair, I just have
18 two questions. It won't be long. May I?

19 CO-CHAIRPERSON HUDSON: Yes.

20 COUNCIL MEMBER ARIOLA: Thank you. So, we
21 have 4,500 to 4,600 approximately street homeless,
22 street unhoused, and so the numbers that you're
23 giving us for the numbers that you've taken in,
24 they're abysmal. That means you haven't reached the
25 majority of them. So, when we're told to call 3-1-1,

1
2 now 3-1-1 is automatically putting people to 9-1-1.
3 9-1-1 then calls NYPD, EMT, and they route it from
4 there. And, again, we have NYPD who's understaffed,
5 EMTs who are understaffed. So, I'd like to know if
6 the NYPD and EMS, according to the unified pre-
7 hospital treatment protocols, FDNY EMS must follow
8 certain protocols in treating a person exposed to
9 extreme cold. One such guideline is to apply heat
10 packs in the patient's groin area, lateral chest, and
11 neck. Has FDNY EMS first responders like the NYPD,
12 have they been given this equipment with heat packs
13 to provide treatment when encountering a person with
14 potential hypothermia? And are they directed to do
15 so? And my second question is to the Medical
16 Examiner, are there more than 18 individuals on
17 tables in your building right now that could possibly
18 have died from hypothermia? So, we'll go with the
19 first question.

20 COMMISSIONER PARK: Before I turn it over
21 to my colleagues, let me just chime in on the number
22 of engagements and the work that DHS is doing because
23 the DHS staff and the contracted outreach workers
24 have been working around the clock. We've had more
25 than 5,700 engagements. We've had more than 1,400

1
2 placements, plus all of the people who have come onto
3 warming buses. On just the DHS-operated warming buses
4 alone, we are averaging 150 to 200 people a night. It
5 is an immensely challenging situation, and it's
6 people who, you know, serving people who have been
7 failed by every level of society, every level of
8 government. But I do want to argue that, in fact, the
9 agency is working very hard to try and reach people.
10 And just note, you know, last year we placed about
11 1,200 people who had been experiencing unsheltered
12 homelessness actually into permanent housing. I think
13 as we think about crisis response, we need to think
14 not only about what we are doing in the moment of
15 crisis, but why there is a continual flow of people
16 who are discharged from different institutions and
17 onto the street.

18 COUNCIL MEMBER ARIOLA: Earlier, I think
19 you testified that there were 33 that were street
20 unhoused. I'm just really referring to street
21 unhoused, not globally homeless people.

22 COMMISSIONER PARK: The 33 were the
23 involuntary removals, and there have been about 1,400
24 voluntary placements.

1
2 COUNCIL MEMBER ARIOLA: Okay. About the
3 heat packs.

4 While they're discussing, maybe we can
5 just get to, so we can save some time. Are there any
6 other... I'm sorry, Chief.

7 CHIEF ESPOSITO: Apologies, Councilwoman.

8 COUNCIL MEMBER ARIOLA: That's okay. I
9 wanted to give you time.

10 CHIEF ESPOSITO: All right. So, in the
11 time from January 23rd to February 5th, the Fire
12 Department received 5,700 cold calls. These are the
13 ones from 3-1-1 to 9-1-1. In 680 of those calls, we
14 transported somebody to the hospital. So, remembering
15 that those original 3-1-1 calls were reporting
16 somebody in the cold, not necessarily somebody with
17 an injury, so in 680 of those 5,700 times, we
18 transported somebody to the hospital. If they had an
19 injury, a cold injury, they would be treated
20 according to the protocols that you mentioned.

21 COUNCIL MEMBER ARIOLA: So, you have those
22 items in your ambulances?

23 CHIEF ESPOSITO: If it meets the protocol
24 and that's how we treat people, then we would have
25 that.

1

2

COUNCIL MEMBER ARIOLA: And the NYPD?

3

DEPUTY COMMISSIONER CROHN: That's just

4

EMS, so that wouldn't really apply to us.

5

COUNCIL MEMBER ARIOLA: Okay, and, sir?

6

CHIEF MEDICAL EXAMINER DR. GRAHAM: Yes.

7

The 18 cases that we've been discussing are non-

8

residential outdoor deaths. There have been

9

investigations into other cases as a causal or

10

contributory cause involved in their death in

11

residential settings.

12

CO-CHAIRPERSON HUDSON: Sorry. Is your

13

microphone on, sir?

14

CHIEF MEDICAL EXAMINER DR. GRAHAM: Test?

15

CO-CHAIRPERSON HUDSON: No, it's bad.

16

CHIEF MEDICAL EXAMINER DR. GRAHAM: So,

17

yes, I was referring initially to the 18 cases that

18

we've been discussing here today, which are the non-

19

residential outdoor deaths that have occurred in the

20

setting of this emergent cold-weather episode. There

21

have been investigations that are ongoing

22

investigations into other cases that cover a range of

23

situations, residential situations that are active,

24

ongoing cases. And so, the short answer is, yes,

25

there are others that hypothermia may be involved in

1
2 their death, not the focus of what we've determined
3 to be the 18 of greatest concern coming from the
4 outdoors in a non-residential setting.

5 COUNCIL MEMBER ARIOLA: All right, thank
6 you.

7 And thank you for the latitude.

8 CO-CHAIRPERSON HUDSON: No problem.

9 COUNCIL MEMBER ARIOLA: I'd like to go on
10 list for a second round.

11 CO-CHAIRPERSON HUDSON: Okay. Will do.

12 Thank you, Council Member.

13 Council Member Mealy followed by Restler.

14 COUNCIL MEMBER MEALY: Yes. I just want to
15 commend everyone because the job that you do is not
16 easy, but I have a couple of problems with you. Could
17 you explain to me, you said outside of the norm, this
18 cold snap. Were you not informed that it was going to
19 be cold? And could you be kind of quick? I have a
20 couple of other questions.

21 COMMISSIONER PARK: Of course we were
22 aware it was going to be cold. We had...

23 COUNCIL MEMBER MEALY: So, why were you
24 not prepared?

1
2 COMMISSIONER PARK: With all due respect,
3 Council Member, I do think we were prepared. We
4 implemented our Code Blue procedures, our Enhanced
5 Code Blue procedures. As the cold snap continued, as
6 the very low temperatures continued, we continued to
7 iterate.

8 COUNCIL MEMBER MEALY: Could you explain
9 to me when did you hire, and who you got the grant
10 from, the money to hire the individuals? And how many
11 did you hire?

12 COMMISSIONER PARK: We have about seven
13 peers who are working out with outreach teams.

14 COUNCIL MEMBER MEALY: Only seven?

15 COMMISSIONER PARK: Seven thus far. This
16 is something that we have innovated with very
17 recently. The grant came, and I'm very thankful to
18 them for the Fund to End Youth and Family
19 Homelessness, although this is outside their normal
20 scope of work. It's an organization that we have
21 strong relationships with, and they took rapid action
22 for us.

23 COUNCIL MEMBER MEALY: Could you explain
24 to me, just give me three locations of the warming
25

1 buses that you posted. How did anyone know where they
2 were at?

3
4 COMMISSIONER PARK: There were many
5 locations.

6 COUNCIL MEMBER MEALY: Give me two.

7 COMMISSIONER PARK: South Ferry, 181st
8 Street and St. Nicholas. There's Midtown. There's a
9 variety of different locations.

10 COUNCIL MEMBER MEALY: How many in
11 Brooklyn?

12 COMMISSIONER PARK: Let me pull the exact
13 number. In answer to your question, we are keeping
14 the information live on the 3-1-1 website and then
15 actively...

16 COUNCIL MEMBER MEALY: I have a problem
17 with that. How many homeless people or mentally
18 challenged people are going to call 3-1-1? Could you
19 give me that data?

20 COMMISSIONER PARK: We have been actively
21 dispersing that information out to all of our not-
22 for-profit partners, anybody who is engaging with
23 people experiencing unsheltered homelessness. That
24 means the normal outreach providers, but also faith-
25 based organizations, the SOS teams, other sister

1
2 agencies, our entire list of DSS partners. We do all
3 of that because we are adapting the locations of the
4 buses in real time to meet with demand. If we put out
5 written cards, it would be out of date very quickly.

6 COUNCIL MEMBER MEALY: But you did move
7 them around, correct?

8 COMMISSIONER PARK: We moved them around
9 to meet demand, yes.

10 COUNCIL MEMBER MEALY: So, how do you
11 think homeless or persons who really need the warming
12 buses would know where you moved to? Someone could
13 have saw you there, and then how many hours do you
14 stay at a location?

15 COMMISSIONER PARK: We're staying in a
16 location overnight, but in the morning we look at the
17 utilization results, and if a bus really didn't get
18 utilized, there were nights where we had a bus that
19 didn't have anybody on it, we moved it to a location
20 where there was greater demand. We were trying to be
21 as responsive as possible.

22 COUNCIL MEMBER MEALY: How did you inform
23 the individuals in that area that you moved?

24 COMMISSIONER ISCOL: It's a great
25 question, Council Member. We took an interagency

1
2 approach to this, and it was not just DHS alone's
3 responsibility to inform folks of where those buses
4 are. We had over 3,400 people use those buses during
5 the duration of this event. What we did is, as
6 Commissioner Park said, it was critically important
7 that that information was on a website that could be
8 updated.

9 COUNCIL MEMBER MEALY: Everyone is not... if
10 someone is outside in a freezing cold, they're not on
11 the website.

12 COMMISSIONER ISCOL: I understand that,
13 and that's why...

14 COUNCIL MEMBER MEALY: So, how can you,
15 brick and mortar or hands-on, boots on the ground,
16 how are you letting individuals know?

17 COMMISSIONER ISCOL: I'm trying to answer
18 your question.

19 COUNCIL MEMBER MEALY: Okay.

20 COMMISSIONER ISCOL: And so what we would
21 do is we'd make sure that information was pushed out
22 not only to our DHS partners, but that every police
23 officer, every firefighter, every EMS worker, every
24 Sanitation worker, we would mention this on our
25 interagency calls, so all City workers that are out

1
2 on the streets have this. In addition to that, we
3 have our AWS system, which is our advanced warning
4 system, which is a network of hundreds of community-
5 based organizations across the city. We have our DAFN
6 partners across the city. We have our strengthening
7 community partners, and we have our electeds. And so
8 we took a multichannel approach to pushing that
9 information out to everybody in the city to make sure
10 that that information was getting out to anybody who
11 was interacting with homeless individuals so they
12 could get it in addition to the link NYC sites. It
13 was a multichannel approach. But if we put out a card
14 or some written information, that could be outdated
15 within 12 hours, and you could have somebody go into
16 a site that was no longer active.

17 COUNCIL MEMBER MEALY: Could you explain
18 to me, from your own words, you said the norm is 10
19 to 20 deaths every, I guess, heating or freezing
20 temperature. How are you doing better to make sure
21 deaths get down to zero? We should never be thinking
22 this is the norm, that we're going to lose 20 people
23 every year.

24 COMMISSIONER PARK: I agree with you,
25 Council Member. I believe the words I used was the

1
2 average is about 10 to 20, which the fact that it
3 happens doesn't mean that it is okay.

4 COUNCIL MEMBER MEALY: It's not okay.

5 COMMISSIONER PARK: We continue to look at
6 different ways that we can better serve people. That
7 means making sure that our emergency response on the
8 street is as strong as possible, but it also means
9 thinking more broadly about the continuum that ends
10 up with people on the street. Making sure that we
11 have as much, that we are getting as many people
12 placed in permanent housing as possible, and then
13 wherever possible, working with the institutions that
14 discharge people to the street, whether it's state
15 hospitals or carceral systems, right, because the
16 reality is we are serving an enormous number of
17 people every single year who are experiencing
18 unsheltered homelessness. The challenge in terms of
19 getting ahead of it is the fact that other systems
20 continue to discharge directly to us.

21 COUNCIL MEMBER MEALY: Can I ask another
22 question? Why were they not entitled to film on the
23 warming buses?

24 CO-CHAIRPERSON HUDSON: And then we'll add
25 you to the second round of questioning.

1
2 COUNCIL MEMBER MEALY: Somebody got to
3 explain that.

4 COMMISSIONER PARK: We have...

5 COUNCIL MEMBER MEALY: You're a public
6 entity. Anyone should be able to see what you're
7 doing and how you're doing it, so why were they not
8 able to film?

9 COMMISSIONER PARK: The clients on those
10 buses are extremely vulnerable individuals in a
11 moment of crisis, and we try and respect their
12 privacy.

13 CO-CHAIRPERSON HUDSON: Thank you.

14 COUNCIL MEMBER MEALY: So, that's why you
15 did it?

16 CO-CHAIRPERSON HUDSON: Council Member
17 Restler followed by Council Member Wong.

18 COUNCIL MEMBER RESTLER: Firstly, I just
19 want to congratulate Chair Hudson on this
20 appointment. The General Welfare Committee is one of
21 the most critical and distinguished Committees of the
22 Council, and we're fortunate to have your leadership
23 of it. And, of course, to Council Member Feliz on the
24 similar leadership of Public Safety.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I want to thank Commissioner Iscol for your distinguished service to the city and also Commissioner Park. Commissioner Park, you and I have had the chance to work together closely over the years. I have a lot of admiration for the diligence and care and rigor you bring to this work. I think you've wanted to strangle me a couple times at hearings over the last four years. We'll see if today is any different but, truly, thank you for your service to the City.

COMMISSIONER PARK: Thank you.

COUNCIL MEMBER RESTLER: You all have, as I think every Colleague on this dais has noted, very challenging jobs. What I've just struggled to understand a little bit, and maybe you can break this down for me, is of the 18 fatalities that we experienced during this cold spell, what number of them were known to the Department of Homeless Services or chronically homeless individuals? Can you just give us some context of that data set?

COMMISSIONER PARK: So, to the best of my knowledge, nobody fell in the definition of chronically homeless. But they were among the, sorry, my eyes are very bad. So, I'm going, and I can't read

1
2 my small print, so I will circle back with you, but I
3 will say that the majority, but not all of them, were
4 known to the agency. But the number that were recent
5 DHS clients is quite small.

6 COUNCIL MEMBER RESTLER: So, just so I
7 understand, that basically means the majority of the
8 18 were people who were street homeless, known to
9 DHS, but not for more than a six-month period? Is
10 that the discrepancy in all likelihood?

11 COMMISSIONER PARK: I actually was going
12 even further back than six months. There are people
13 on the list, as I said, we've taken a very expansive
14 view of having touched the DHS system. So, there are
15 people whose last contact with us was five, 10, 15
16 years ago. My hypothesis, although I don't have the
17 data to support it at this point, and we may be able
18 to determine this through investigation, we may not,
19 is that these are people who had various forms of
20 sporadic housing. So, it's not that they were on the
21 street for 15 years and never encountered DHS, but
22 rather they were couch surfing. They were, you know,
23 moving from various, you know, unstable place to
24 another unstable place. And unfortunately, you know,
25 whatever safety net that they had for themselves at

1 this point in time fell apart during very cold
2 weather. That is, as I say, a hypothesis. It is
3 something that we will try and investigate. And on
4 some people, we may not ever get full information
5 because they were very much living under the radar
6 screen. There are individuals who have been in and
7 out of shelter within much more recent periods,
8 meaning even the last few weeks to a few months.

10 COUNCIL MEMBER RESTLER: And can you share
11 just the individual-by-individual breakdown with the
12 Committee so we understand just what the history of
13 contacts were with DHS and the outreach teams?

14 COUNCIL MEMBER RESTLER: That was a
15 Speaker request as well. We will figure out something
16 to share that doesn't have personally identified
17 information.

18 COUNCIL MEMBER RESTLER: Of course.

19 Just for 30 seconds, which is totally
20 unfair, as you look back on your tenure, I find
21 myself just frustrated. We invest a lot in outreach
22 services and organizations I think are underfunded,
23 under-resourced, struggle to retain staff. But
24 broadly, I wish their work was more effective. I wish
25 that we did a better job of bringing people inside

1 and that we were able to do that more efficiently.
2 Any recommendations for your successor, briefly,
3 because I have one more question and I only have 62
4 seconds.
5

6 COMMISSIONER PARK: I think my
7 recommendation is really to look further upstream,
8 right, which is not to say to ignore the work that
9 DHS does with people who are on the street. But once
10 they are on the street, they've already fallen
11 through a lot of different safety nets. And so how
12 can we, I think this stat is a year or two old, but
13 there was a year where we placed 1,100 people who had
14 been experiencing unsheltered homelessness into
15 permanent housing and 1,100 people were discharged
16 from state psychiatric care directly to DHS. So, if
17 we want to get ahead of that number, we have to think
18 broader than just the immediate on the ground
19 actions.

20 COUNCIL MEMBER RESTLER: I totally agree
21 with you and I think one of the commonalities that we
22 see among street homeless New Yorkers is that they've
23 all been through our DHS shelter system, and I think
24 that we have to be honest about the fact that our
25 single adult system, serving people in a congregate

1
2 setting, it can be rough to have 10 or 12 or 15
3 people in a room who are struggling at a low point in
4 their lives with very little privacy, too few
5 services. We need to do more to provide privacy,
6 high-quality services to connect people to the
7 housing that they need.

8 The last thing I just want to ask before
9 the Chair yells at me is about supportive housing. As
10 you know, we passed legislation last year that
11 required DSS to create the first report on vacancies
12 in supportive housing. We found there are 3,200
13 vacant supportive housing units in New York City
14 today, and about 1,000 of those units are under the
15 purview of HRA and DOHMH. These are units that are
16 either offline or are ready to be activated but have
17 no client referred. This is a tremendous opportunity
18 for us to drive down street homelessness if we can
19 fully activate each and every one of these units. I'm
20 not asking you to solve for the failures of OMH,
21 which I know is a big problem, but I am asking how do
22 we do better on the HRA side and the DOHMH side to
23 make sure that every single unit of supportive
24 housing is activated and activated soon.

1
2 COMMISSIONER PARK: So, on the shelter
3 quality issue, first of all, I think we've been
4 working very hard at the Department of Homeless
5 Services to raise the bar on the physical layouts of
6 our buildings and the footprint that we have. In my
7 last couple of weeks, I'd be more than happy to go
8 out with you and show you some of the newer sites
9 that we've brought on because they're really, really
10 beautiful.

11 With respect to the supportive housing, I
12 think this is something that we look at every single
13 day. We've developed reports so that we can follow up
14 on individual buildings, even individual units that
15 are taking a long time. What you see when we talk
16 about supportive housing, we talk about it as if it
17 is one thing. There are, in fact, many, many
18 different sets of eligibility criteria. It intersects
19 with low-income housing tax credit regs and other
20 kinds of things that make it complicated. But we are
21 doing a lot of very hands-on work with providers to
22 try and speed up that process wherever possible. I
23 will say there's about 39,000 units of supportive
24 housing in the City of New York. So, there is always
25 a 2 percent, 3 percent vacancy rate, which is

1
2 standard churn, is always going to be several
3 hundred...

4 COUNCIL MEMBER RESTLER: Agree. Just to be
5 clear, at HRA a 6 percent...

6 CO-CHAIRPERSON HUDSON: All right. Sorry.
7 6 percent vacancy rate at HRA today, not the 11
8 percent at OMH, but those are just the offline units
9 and the units that are classified.

10 CO-CHAIRPERSON HUDSON: Thank you.

11 COUNCIL MEMBER RESTLER: Thank you, Chair,
12 and thank you, Commissioner.

13 CO-CHAIRPERSON HUDSON: Thank you.

14 I'd like to acknowledge that we've been
15 joined by Council Member Hanks.

16 And now Council Member Wong followed by
17 Narcisse, Stevens, and Gutiérrez.

18 COUNCIL MEMBER WONG: Thank you. First,
19 I'll start with a story, and then I'll follow up with
20 a question. This happened on January 29th, 9 a.m. The
21 3-1-1 call was made around 8:45, and the caller was
22 on his way to work on 250 Broadway, and there was a
23 homeless individual sleeping in the front next to
24 Citibank. He could have looked the other way, and
25 then I'm certain if he did nothing, that would have

1
2 been another fatality because the temperature that
3 day was 10 degrees without the windchill. With the
4 windchill, it was like minus 5 or minus 10. So, what
5 happened was he saw an individual lying on the
6 concrete, and he had a stack of newspapers. I have to
7 demonstrate. He was wrapping himself up with
8 newspapers like this, like this, and then he was
9 wrapping his legs with newspapers, and that triggered
10 a lot of alarms, and that caller called 3-1-1. And
11 the 3-1-1 was called at 9 a.m. Here is that number,
12 311-261-58988. Now, after the Committee meeting,
13 which I think ended around 12:15, the caller came
14 out. The person was still there wrapping himself on
15 newspapers. Now, based on what you told me, there
16 should be like a warming bus on South Ferry, which is
17 only a couple blocks away. And also, based on
18 statements that I heard, I think you only need a
19 common sense to conclude that he has no capacity to
20 make his own decisions. He is unable to come to care
21 for himself. He does not have a sound mind, and he
22 has show signs of mental illness, right? Because if
23 you have a sound mind, you would know that in those
24 temperatures, you cannot stay warm wrapping yourself
25 up with newspapers, okay? And I feel really, really

1 bad today because that caller was me. I called. I
2 called, okay? So, when I saw him, that he was still
3 there after the Committee meeting, I reached out to
4 my Chief-of-Staff, who I believe reached out to
5 homeless service providers that I fund and they were
6 able to take care of the situation. But what I'm
7 trying to ask is that I made that 3-1-1 call, and
8 then there were no responses. And according to you,
9 there really should be a bus like South Ferry a
10 couple blocks away that should have come right away
11 to pick him up and he should be subject to
12 involuntary removal. And the response I got was the
13 person has refused services from the mobile outreach
14 response team, and I want to tell you about it. And
15 clearly, the person is unable to make sound decisions
16 and really should be involuntarily removed. And I
17 want to hear, like, from you, what happened? What
18 happened?
19

20 COMMISSIONER PARK: So, I'm very familiar
21 with this individual. Many of your Colleagues called
22 me directly about him as well. And, you know,
23 particularly given the location, this is an
24 individual who's had a lot of engagement and has been
25 on most days, not always, but on most days has been

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

very clear that he is not interested in accepting services. And that decision about whether or not somebody is subject to an involuntary removal is one that has to be made by a clinician, has to be situationally specific, and has to conform with state law. And so while I understand that, you know, it feels entirely unrational to want to stay outdoors, there are circumstances where even in the coldest weather, it doesn't meet the standard for a 958 removal. You know, we have kept at it with that client. I believe there was at least one instance where he did accept services. But certainly, we will, if he is back outside, this is one of the things that DHS does is that we do not give up on people and we will continue to engage.

COUNCIL MEMBER WONG: Yes. Thank you. And it's clearly evident that he cannot, he was incoherent and he wasn't making sense. When I asked him, like, are you okay, do you need help, and he was just mumbling and clearly has issues that needs to be addressed and we cannot just look at the other way, especially in front of the City Council building. Thank you.

1
2 CO-CHAIRPERSON HUDSON: Thank you, Council
3 Member.

4 Council Member Narcisse followed by
5 Stevens and then Gutiérrez.

6 COUNCIL MEMBER NARCISSE: Thank you,
7 Chairs, and thank you, all of you, and Commissioner
8 Iscol, we're going to miss each other. And Parks, I
9 know we have different views on certain matters, but
10 you remain a hard worker.

11 But I have a quick question for you.
12 Based on what you said before, you feel like you
13 reached your plateau and it's based on what took
14 place, like, the 18 deaths that we have that serve as
15 your catalyst of your exit and what you have learned
16 that you can share before your exit?

17 COMMISSIONER PARK: No. My decision is
18 based on what's best for me and my family and for the
19 agency. You know, this is an immensely draining job,
20 and, you know, my husband made it clear that if I got
21 one more middle of the night text or call that, you
22 know, I was sleeping on the couch. So, you know, it
23 is disappointing. I have loved this job and I care
24 very passionately about the work that I do and the
25 people that we serve and my colleagues who are some

1
2 of the most amazing public servants I've ever had the
3 privilege to work aside. But, no, this is not related
4 to the last two weeks. I've said this to other people
5 that, you know, in 22 years there has been plenty of
6 tough moments and two weeks is not going to bring me
7 to the door.

8 So, you know, things that I have learned.
9 You know, because I know we're on the clock, I guess
10 I would leave it at the importance of both
11 persistence and creativity, you know, and we've
12 talked about this a lot today, that there was a set
13 of responses that were in place on day one and we
14 realized we needed to go beyond, and so we iterated
15 and we iterated and we iterated and we keep at it.
16 And that is, I think, government at its best when it
17 continues to come up with creative solutions for
18 serving the people in need.

19 COUNCIL MEMBER NARCISSE: I appreciate
20 you. And what I have learned, because it intrigued me
21 when I heard the intent, I believe, this gentleman
22 saying that the reason he was out, for him he wants
23 to be out. But he said something to me, I mean, it
24 triggered me because he said that there is many
25

1
2 services that people need in order for them not to be
3 out but not being addressed by our city.

4 COMMISSIONER PARK: Interesting. So,
5 listen, I think people, even people who've had every
6 opportunity are unbelievably complex, right, and the
7 people who are sleeping on our streets are certainly
8 not people who've had every opportunity. They have
9 been, you know, failed by family, by religious
10 institutions, by multiple levels of government,
11 right? They have fallen through every safety net that
12 we possibly have, and I have no doubt that there are
13 very specific services and needs that individuals
14 have. And when somebody comes inside, when they're
15 living in a safe haven and we can sit down with a
16 caseworker and really try and understand what those
17 needs are, we do do our absolute best to make sure
18 that we are connecting people to what they need.
19 That's a lot harder to do when we are, you know, on
20 the streets and in the real moment. Although it is,
21 you know, we try and meet people where they are and
22 get them. But, you know, it is an ongoing struggle
23 and we are sort of perpetually working on making
24 better relationships with our sister agencies so we
25 can meet the full spectrum.

1
2 COUNCIL MEMBER NARCISSE: I appreciate
3 you.

4 My friend, Dr. Long, the frequent flyers
5 in the ER, because I was an ER nurse. We have an
6 amount of folks that always, if it's too hot, they
7 come to visit us. If it's too cold, they're going to
8 be visiting us. So, anything that being put in place
9 to help those populations, because that way we can
10 decrease the amount of folks that end up to be on the
11 street and end up dying in our hands, on our shift,
12 on our, you know, leadership, on our clock.

13 VICE PRESIDENT DR. LONG: Yeah. I 1,000
14 percent agree with you. And I think the way that
15 we've been thinking about this is trying to see how
16 we can use this crisis as an opportunity to do
17 things, as Molly was saying, differently and better.
18 For example, we haven't done this before, but when I
19 tell you, I think it makes perfect sense to do it
20 this way. For people that are coming to us, because
21 we're the hospitals. Everybody's been to us before.
22 We're trusted places. They come during the cold. They
23 come when it's too hot outside. But what we're doing
24 now is we're not saying in the morning, okay, you
25 know, I hope you have a good day today. We're saying,

1
2 okay, you've been with us for the night. Clearly
3 there's ways that we can help you, your needs that
4 haven't been met yet, as Commissioner Park said. So,
5 we're giving everybody a same-day primary care
6 appointment. Now, not everybody is taking us up on
7 this, but I think that's, to me, a really good
8 example of a way of doing things differently and
9 using this as an opportunity to address some of the
10 fundamental reasons why people are still experiencing
11 unsheltered homelessness and why they still haven't
12 gotten the medical care that they need and deserve.

13 COUNCIL MEMBER NARCISSE: Before I finish
14 totally, I have one more question. How long you will
15 be taking, Commissioner Graham, how long is it going
16 to be taking for us to have a clear answer? Because
17 right now you say it's preliminary, knowing that it's
18 hypothermia that folks pass, I mean die. So how long
19 it will take for us to have an absolute report?

20 CHIEF MEDICAL EXAMINER DR. GRAHAM: Thank
21 you for the question. Yes, it's very true that the
22 investigations are active and ongoing. Of the 18
23 cases, 8 of the 18 have been finalized with final
24 cause of death involving hypothermia. Each of these
25 cases is complex in its own way. That includes

1
2 laboratory testing. We've asked for our lab testing
3 to be expedited, and so we're hoping to have the
4 remainder of those cases finalized very soon. Seven
5 additional cases we suspect hypothermia will be
6 involved.

7 COUNCIL MEMBER NARCISSE: Okay. And I have
8 to say thank you. My time is up, and I will have more
9 questions probably later. I have to run. We have to
10 move. So, thank you for your time.

11 CO-CHAIRPERSON HUDSON: Thank you, Council
12 Member.

13 Council Member Stevens followed by
14 Gutiérrez.

15 COUNCIL MEMBER STEVENS: Good afternoon,
16 and thank you guys for still being here and answering
17 these questions. I know you guys have been here for a
18 while. But, you know, if people know me, I'm Council
19 Member Stevens. I'm the Chair of Children and Youth
20 and the youth person, and so I'm a little
21 disappointed that DYCD is not here to answer
22 questions because we know that that's a different
23 system for young people, and so I'm a bit
24 disappointed, especially when they have given little
25

1
2 guidance to providers on how to respond during this
3 time.

4 So, unfortunately, now I have to ask you
5 guys questions that I know you're going to say you're
6 going to have to refer to DYCD so it's going to be
7 very frustrating for me in this moment because this
8 is a message and a signal to young people that they
9 don't matter again, and I keep saying it when we're
10 talking about housing crisis and homelessness, young
11 people are a part of this conversation, and we should
12 have representation here to talk about the plans and
13 things that they need to do moving forward.

14 So, my first question is, how does DHS
15 and DYCD, how are they incorporated into the Code
16 Blue planning process? I know you said that started
17 way before it got cold. I just wanted to know how did
18 you guys, how were they incorporated into?

19 COMMISSIONER PARK: That's something I'm
20 going to need to get back to you on the specific
21 details on. I think they are at the table, but I
22 don't want to misspeak, so we will circle back.

23 COUNCIL MEMBER STEVENS: Didn't I tell you
24 I was going to be frustrated? Of course, I am. But
25 again, this is another sign that this is a problem

1
2 because they should be here to answer these questions
3 because young people are part of this.

4 And so my next question is, how is the
5 City supporting homeless and runaway youth in minors
6 since they do not have the right to shelter? What is
7 outreach workers being instructed to do if they
8 encounter an unaccompanied minor?

9 COMMISSIONER PARK: If we encounter an
10 unaccompanied minor on the street, that is something
11 that we really leap into action. We will call ACS
12 when we need to, whatever we need to do to get that
13 child into a safe place. I am relieved to say that it
14 doesn't happen often, but any time we see a child on
15 the street, actually, frankly, unaccompanied or
16 otherwise, that is an all-hands-on deck Commissioner
17 call at 2 o'clock in the morning.

18 COUNCIL MEMBER STEVENS: Yeah. And I
19 think that, yes, it is all-hands-on deck, but they
20 don't have the right to shelter, and I think that is
21 something that we do need to acknowledge. That is
22 different from adults where even removal, and I know
23 we are calling ACS, but sometimes it does get
24 difficult.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

And like I said, a lot of the questions I had were just around DYCD and preparation and what did that look like, especially since there was very little to no guidance for even the drop-in shelters, and we know a couple of years ago it was rescinded that young people could sleep in the drop-in shelters and so I had a lot of questions on what those responses have been and what have they supported providers in doing in this time. But, because I don't feel like hearing you say you have to refer to DYCD or I don't have the answers, I will follow up with DYCD. But thank you guys for being here, and thank you for your service and your time.

CO-CHAIRPERSON HUDSON: Thank you, Council Member.

Council Member Gutiérrez.

COUNCIL MEMBER GUTIÉRREZ: Thank you all, and I would like to second my Colleague in thanking you all for being here. I know we're here bright and early.

I just have two questions, and I was a little late. I was at a hearing across the street, so my apologies if you covered this already. Can you all just kind of walk me through after the 3-1-1 calls

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

and, you know, for me in Brooklyn, it's breaking ground, for example, if someone's there interacting. Are folks on the ground, like, what is the language accessibility interaction like? Are they logging it somewhere? Are there instances where, yeah, staff is just not there equipped? I know sometimes PD is called, but kind of, like, what does that look like on the data side, or what does that look like for someone, like, that's just not there, that can speak their language?

COMMISSIONER PARK: Thank you, Council Member. So just to clarify, during Code Blue, and we've been in Enhanced Code Blue for 24 hours a day for quite some time at this point, the 3-1-1 calls are routed to emergency response, so to the Fire Department or to PD. So, in that case, you actually wouldn't have the outreach worker responding in real time because the nature of things is that there are many more first responders than there are outreach workers, and although we are all crunched for resources, you can get faster response times with the first responders than with outreach, so we do that during very cold weather.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

But all of our outreach teams have access to a Language Line so that we can do real-time translation in a whole variety of different languages, and StreetSmart, which is our system of record for outreach workers, which both the DHS staff and all of our contracted outreach providers use, will record language of preference. You know, given the nature of unsheltered homelessness, you know, our identifying information isn't perfect. In some instances, you know, a person would be in as Molly Park, and in other instances, the person would be in the database as the woman in the black jacket, right, because depending on what they are willing to share. But when we do know a name and a preferred language, we will note that.

COUNCIL MEMBER GUTIÉRREZ: You do make a note of that.

And can you just remind me, for Language Line, is it just the 10 languages?

COMMISSIONER PARK: No. Language Line is very expansive. Certainly, if it is a more unusual language, it might take us a little bit more time to set that up, but we are, you know, I know we've

1 arranged outreach over the years in languages that I
2 had almost never heard of.

3
4 COUNCIL MEMBER GUTIÉRREZ: Would you be
5 able, at a later time, to just share, specifically in
6 District 34, the amount, like, the languages that,
7 you know, have been called in these, like, Code Blue
8 situations?

9 COMMISSIONER PARK: I will need to see if
10 we can break it out at that level of detail, but we
11 will figure out what we can share.

12 COUNCIL MEMBER GUTIÉRREZ: Okay. I'm
13 curious about that. Thank you.

14 And then just on the, just kind of on
15 the, like, looking forward, and I think that's been
16 an incredibly hard time, and I really applaud the
17 staff that are on the ground braving the cold with
18 folks so shoutout to all of them, because they are
19 away from their families, and it's been an extremely
20 hard time. What are some of the community qualifiers,
21 if that's the appropriate word, that we can engage
22 with starting now? I think about my neighborhoods of
23 Bushwick and Williamsburg. You know, we have the same
24 kind of unhoused folks that will move from one corner
25 to the next, and you have the bodega owners that go

1
2 and offer them water during the summer, and, you
3 know, ask them to come inside. What are some of
4 these, like, and I know that a lot of these folks are
5 transient, I know that it's, like, it's maybe not
6 that simple for everyone, but are there some of these
7 steps that we can be taking now? And, you know, just
8 throughout the year, and I, you know, I support the
9 Administration's decision not to forcefully, you
10 know, like, to force people into some of these
11 shelters. I totally understand it, but what are some
12 of the things that on the ground community can be
13 doing to help? I know it's not easy. I know it takes
14 multiple touches, but those relationships do exist,
15 whether it's with the church or, you know, whoever it
16 is. What are some of those things that you think that
17 we can be doing now? And that's my last question.
18 Thank you.

19 COMMISSIONER PARK: I'm very grateful for
20 that question, so thank you.

21 First and sort of lowest hanging fruit is
22 please call 3-1-1, right, in a Code Blue. It is a way
23 to get people connected to services immediately, but
24 it is also data that we look at on an ongoing basis
25 so that we can say, hey, here is, you know, a block,

1
2 a neighborhood where it seems like we have something
3 going on, and we need to be spending more time there.
4 So, that is important both on the individual and the
5 macro perspective. I'd say, you know, to the extent
6 that you're identifying institutions within the
7 neighborhood that are more trusted messengers than
8 government might be, then that's helpful information
9 to feed to us, right? So, if there is a church that
10 might get more trust than government would, then that
11 would be a partnership that we can build. And the
12 last thing that I would say is every year, usually
13 around April, we send out a request to local elected
14 officials and community boards about whether or not
15 that there are any sites in the neighborhood that
16 might be appropriate for shelter. I know that's a
17 challenging question to ask neighborhoods, but if
18 there is a need for a safe haven in a given
19 neighborhood, then, you know, and you have some ideas
20 about what might be a good site, we would be very
21 welcome to explore that. One of the things that we
22 know about people experiencing unsheltered
23 homelessness is while they do not have an inside
24 place to be, they can be very connected to community,
25 right? So, if I offer somebody in Brooklyn a

1
2 placement in the Bronx, it's very likely that they're
3 going to say no, so one of the things that we're
4 trying to do is make sure that we have appropriate
5 sites in many different neighborhoods.

6 COUNCIL MEMBER GUTIÉRREZ: And thank you
7 both. Thank you.

8 CO-CHAIRPERSON HUDSON: Thank you, Council
9 Member.

10 I'm going to ask three questions, then go
11 to Council Member Banks. I have over 20 questions,
12 though, remaining so I'm thanking you in advance for
13 your patience and trying to move through these
14 quickly. This is a popular topic, of course, given
15 the severity, and so I wanted to make sure we allowed
16 everybody an opportunity to ask questions.

17 So, for those individuals who died and
18 had a previous connection to the shelter system, how
19 recently were they staying at shelter and what led
20 them to no longer be in shelter?

21 COMMISSIONER PARK: So that does vary
22 tremendously. As I've indicated a few times, some of
23 them had the last few weeks, a couple of months. In
24 other cases, it was years or decades ago. And we will

1
2 follow up with some version of the client-by-client
3 information.

4 With respect to what led them not to be
5 in the shelter system anymore, I can't do anything
6 more than to speculate about that. For some people,
7 shelter has rules. We can't operate shelter without
8 rules. You can't smoke inside. They are spaces that
9 are shared. And so that might be something that they
10 would chafe at. And I say that because these are, in
11 many cases, people who've had negative experiences
12 with institutions before so being in an institutional
13 setting, even one that is intended to be trauma-
14 informed, can be challenging. I do think substance
15 use is a real factor in many instances. Certainly not
16 everybody. I absolutely do not want to suggest that
17 everybody on the street is a substance user. But
18 there are higher rates, and you can't use within DHS
19 facilities. There can be interpersonal conflicts. As
20 I say, they are shared spaces. So, there's a variety
21 of different reasons.

22 CO-CHAIRPERSON HUDSON: Okay. Thank you.

23 Would one outreach team know if a
24 different canvassing team with a different program
25 met with an unsheltered person?

1
2 COMMISSIONER PARK: Yes, in that we have a
3 shared database. Possibly in that...

4 CO-CHAIRPERSON HUDSON: Not in real time.

5 COMMISSIONER PARK: Not in real time, but
6 also almost by definition, our data about people on
7 the streets tends to be a little weaker than our data
8 about other individuals. So, as I was just saying,
9 some people we'll give a full name. Other people we
10 know as middle-aged lady in a black jacket. And then
11 if I'm not wearing the black jacket next time, that
12 outreach team might not be able to make the
13 connection.

14 CO-CHAIRPERSON HUDSON: Okay. Thank you.

15 Could you walk me through the capacity of
16 DHS Street Homeless Solutions City and non-profit
17 contracted outreach teams?

18 COMMISSIONER PARK: Capacity... sorry, in
19 what sense? Like the staff capacity?

20 CO-CHAIRPERSON HUDSON: Yes, staff
21 capacity. Thank you.

22 COMMISSIONER PARK: So, there are about
23 400 people within the contracted outreach teams whose
24 job it is to do the full-time outreach work. And then
25 another approximately 200 who include the case

1
2 workers, the housing specialists, the supervisors who
3 most of them are doing a mix of field work and in-
4 office engagement.

5 CO-CHAIRPERSON HUDSON: Thank you.

6 I'm going to turn it over to Council
7 Member Banks...

8 COUNCIL MEMBER BANKS: Thank you, Madam
9 Chair.

10 CO-CHAIRPERSON HUDSON: For some quick
11 questioning.

12 COUNCIL MEMBER BANKS: Yes, real quick.

13 First, I want to just go back to the
14 warming buses and the responses. During the January
15 27th, there was a power outage in my District and at
16 the Essex Terrace, which is a development, and it
17 probably consumed close to about 300, a little under
18 300 customers of Con Ed. Residents were left without
19 power in freezing conditions for more than a day and
20 a half, close to two days, and we were told that
21 warming buses would be deployed, but did not occur.
22 Can you walk us through how the decision-making and
23 deployment process worked in this instance? And what
24 factors contributed to the outcome? And let me just
25 get my questions out. When it comes to data sharing

1
2 with Con Edison, can you describe data sharing
3 protocols, if any, that currently exist between DSS
4 and Con Edison. And the use of outage data, when
5 power outages occur, what real-time information does
6 your agency receive, and how is this data used to
7 inform outreach efforts during these emergency
8 responses and resource deployment?

9 COMMISSIONER ISCOL: So I can't speak
10 specifically to coordination between Con Ed and DSS.
11 What I can say..

12 COUNCIL MEMBER BANKS: There's none.

13 COMMISSIONER ISCOL: I can't speak to it
14 because I work at New York City Emergency Management,
15 not DSS or Con Ed so I would defer to them. I can
16 speak to the coordination that NYCEM does with Con
17 Ed.

18 COUNCIL MEMBER BANKS: OME actually made
19 the commitment once it was... I guess all the agencies
20 were talking about the power outage.

21 COMMISSIONER ISCOL: I'm sorry. Which
22 agency did?

23 COUNCIL MEMBER BANKS: OME.

24 UNIDENTIFIED: OEM.
25

1
2 COUNCIL MEMBER BANKS: OEM. Sorry about
3 that.

4 COMMISSIONER ISCOL: OEM. New York City
5 Emergency Management was formerly known as OEM so I'm
6 not familiar with this specific case. What I can tell
7 you is that what we do on a normal course of basis,
8 and I'm happy to look into this and get back to you
9 with details about what did or did not fall through
10 the cracks. What I can tell you is over the last...

11 COUNCIL MEMBER BANKS: But the commitment
12 was made or the promise was made to...

13 COMMISSIONER ISCOL: Who made the
14 commitment?

15 COUNCIL MEMBER BANKS: The First Deputy
16 Commissioner.

17 COMMISSIONER ISCOL: Okay. I will look
18 into it.

19 COUNCIL MEMBER BANKS: The reason why I'm
20 bringing this up is because residents were left out
21 in the dark without heat, without electricity, and to
22 have a commitment made or this false sense of relief
23 that was supposed to come and it never came was
24 disheartening, and I was disappointed in the response
25

1
2 of the City, and I just hope that never happens
3 again.

4 COMMISSIONER ISCOL: It shouldn't have
5 happened. Like I said, I'm happy to look into it. I'm
6 also happy to speak to the protocols that we have in
7 place and the way that we work with Con Ed residents
8 and buildings during these emergencies to ensure that
9 it doesn't.

10 COUNCIL MEMBER BANKS: Well, I hope that's
11 the case because we're seeing constantly throughout
12 the entire city these outages taking place, and we
13 just want to make sure that when these outages do
14 take place that there's a commitment and a commitment
15 is made and it's kept.

16 COMMISSIONER PARK: I'll just add, and I'm
17 not sure whether this is the incident that you were
18 referring to, but there have been a couple of
19 instances of power outages in DHS shelters. And in
20 those instances, we offer transfers and move people
21 to other facilities.

22 COUNCIL MEMBER BANKS: I'm talking about
23 the four warming buses that was promised that never
24 came to East New York. Thank you.

1
2 CO-CHAIRPERSON HUDSON: Thank you, Council
3 Member.

4 I'm going to turn it over to Chair Feliz
5 for his questions.

6 CO-CHAIRPERSON FELIZ: Thank you. Thank
7 you so much, Chair Hudson.

8 I just want to start the second round of
9 questions by thanking you, Commissioners,
10 Commissioner Iscol and Commissioner Park. Thank you
11 so much for your service to the City. As we know, New
12 York City is a busy city, and public service is
13 rewarding, but it is not easy so I just want to thank
14 you all for everything that you did these past few
15 years, waking up early every single day and working
16 around the clock to do everything within your power
17 to help resolve the challenges of this city and the
18 people of this city. So, I just want to start my
19 second round of questions by thanking you for
20 everything you've done. All those tireless, yeah,
21 many hours of work that you put towards resolving our
22 issues.

23 So, I'll be fast because, of course, we
24 want to hear from the advocates and others that want
25 to testify so I'm just going to be pretty fast with

1
2 my questions. If we could just be a little bit more
3 concise with the answers just to make sure that,
4 again, we could get the answers and then move on to
5 the advocates. So, a few questions.

6 The first one is about effective
7 outreach. My understanding is that lots of homeless
8 individuals, they resist assistance, especially
9 related to temporary shelter, because they don't
10 trust the system. They've had horrible experiences
11 with the system, including, for example, unsafe
12 shelters, and also they've also had many negative
13 interactions with different agencies of the City for
14 many different reasons. So just curious, what's being
15 done to restore that trust with those that we serve,
16 those vulnerable populations?

17 COMMISSIONER PARK: Thank you, Chair. So,
18 I think that I would answer that on two tracks. One
19 is making sure that we are continually improving the
20 services that we are offering in shelter. I think
21 there are many stereotypes about what shelter is, and
22 a lot of that is rooted in what shelter has been, but
23 we are really focused on making sure that we are
24 offering safe, dignified spaces with appropriate
25 wraparound social services so that people can get

1
2 back on their feet and heal. I mentioned to Council
3 Member Restler we've been doing a lot of work on our
4 real estate development, for example, and many of the
5 newer sites that we're opening are really state-of-
6 the-art buildings so that is important.

7 And then also I think making sure that we
8 are using a lot of different voices to communicate to
9 people who are experiencing unsheltered homelessness.
10 Absolutely, sometimes government is not going to be
11 the trusted messenger. So, we work with not-for-
12 profits, but we also support volunteer organizations.
13 We are bringing peers onto the outreach teams. We're
14 really trying a lot of different ways so that you
15 don't have to trust me, that there are other people
16 that you can trust.

17 CO-CHAIRPERSON FELIZ: All right. Also,
18 what steps are we doing or taking to ensure that
19 people feel safe in the homeless shelters?

20 COMMISSIONER PARK: So, as I noted, we're
21 investing in the real estate. We're investing in the
22 services. And if you look at the data, the rates of
23 incidents, and particularly the rates of violent
24 incidents, have gone substantially down there. So,
25 the shelter system is overall a safe place to be,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

certainly a safer place to be than the streets. But I understand that we are serving people who have been failed by many levels of government, many types of institutions, and that the stereotypes and their memories of shelter from the past may hold true so that is why we're really trying to make sure that we're bringing many voices to the table so that we can help people understand that, in fact, shelter can be a quality place to be.

CO-CHAIRPERSON FELIZ: My next question is about those three individuals that we lost due to overdose-related problems. I know obviously not a medical expert, know very little about the issue, or know very little about the data related to that issue. But three individuals lost due to overdose challenges that specific week. I don't have data on the general amount of people that we usually lose due to that issue, but that number does seem high. What do we know about drug addiction problems or alcohol-related challenges or the effect of it being exacerbated when there's extreme temperatures? Is that something that we've seen based on the medical data?

1
2 COMMISSIONER PARK: So, let me start and
3 then turn it over to medical colleagues. Substance
4 use and overdoses are the leading cause of death
5 among people experiencing homelessness unfortunately.
6 The numbers are down from where they were a few years
7 ago, but they are still high, much higher than we
8 would like. We've done a lot of harm reduction work
9 within the DHS shelter system. Every site has
10 Naloxone on site, trained users of Naloxone. We train
11 not only staff, but we train clients in use of
12 Naloxone. We've gotten federal grants to do harm
13 reduction work so that we're really trying to embed
14 that in everything that we do. And the fact that we
15 have seen a reduction in the number of overdose
16 deaths suggests that it is working, but there is
17 still a long way to go. Outreach teams also carry
18 Naloxone, but that, of course, depends on
19 encountering somebody fairly quickly after they
20 overdose.

21 CO-CHAIRPERSON FELIZ: Right. But I guess
22 the question is, are the risks related to drug use or
23 alcohol abuse, are those risks exacerbated when
24 there's freezing temperatures outside? For example,
25 your system might not have the same defenses. I'm

1
2 just wondering how much of a role did the cold play
3 with those three individuals that we lost?

4 VICE PRESIDENT DR. LONG: I can start
5 with a couple thoughts and then turn it over to our
6 Medical Examiner. So, your question is, does the cold
7 make it more challenging or does substance use pose
8 an additional risk, and the answer is absolutely. So,
9 what we've been doing is taking this also as an
10 opportunity to do what we can for harm reduction. For
11 example, at our warming centers, at some of them, we
12 actually are passing out Naloxone to Commissioner
13 Park's point and xylazine test kits. So, we're trying
14 to take this as an opportunity for people that are
15 coming to us to have us be able to make a positive
16 intervention to reduce the harm, or in other words,
17 reduce the risk of them having a fatal overdose. I'll
18 turn to.

19 CHIEF MEDICAL EXAMINER DR. GRAHAM: Thank
20 you, and I would agree with everything Dr. Long said
21 and what Commissioner Park said.

22 I would say that absolutely when it comes
23 to putting someone in a vulnerable position at risk
24 of dying of hypothermia or hypothermia contributing
25 to their death in some way, both drug intoxication of

1 a variety of illicit drugs and also, importantly,
2 alcohol is very mechanistically placing individuals
3 in a very cold environment at risk for hypothermia
4 because of the physiologic effects of alcohol. And so
5 the answer is yes, in an environment that is
6 potentially threatening due to environmental cold,
7 individuals who are drug intoxicated and also alcohol
8 intoxicated are at greater risk.
9

10 CO-CHAIRPERSON FELIZ: How much of a risk
11 would you say is presented? Would you say it's a
12 level 10 risk? From a 1 to 10, how bad would you say
13 that risk is? I'm just wondering how much attention
14 we should give that problem. Obviously, it deserves
15 attention, but I'm just wondering how bad it is.

16 CHIEF MEDICAL EXAMINER DR. GRAHAM: Well,
17 I think it's difficult to place a numeric value in
18 terms of a risk assessment. I think that each case is
19 unique in a variety of ways, the drugs, the alcohol,
20 the environment, natural disease conditions, comorbid
21 conditions, so there are a variety of risk factors,
22 but I think it's important, as you've done, to
23 highlight the risk of that vulnerability in the
24 population. And so Dr. Long may like to comment
25 further.

1
2 VICE PRESIDENT DR. LONG: I'll give a more
3 colorful response. I think the overdose deaths from a
4 public health standpoint are a level 10 risk. I think
5 there's much more that needs to be done across the
6 country to address overdose deaths, and I think that
7 what we've done, the examples I gave are a small
8 piece of our overall citywide approach to doing
9 everything that we can to make sure that, one, we're
10 building trust to get people on the right treatments,
11 two, we're distributing things like naloxone and
12 xylazine test kits, and, three, that we have overdose
13 prevention centers that can continue to keep people
14 safe.

15 CO-CHAIRPERSON FELIZ: All right. Thank
16 you for the information.

17 Two more questions. The next relates to
18 3-1-1 calls. So, 3-1-1 calls on this issue are
19 generally transferred to 9-1-1 due to the fact that
20 it would generally.

21 COMMISSIONER PARK: During a Code Blue,
22 yes.

23 CO-CHAIRPERSON FELIZ: And the reasoning
24 is faster response.

1
2 COMMISSIONER PARK: Yeah. I mean, as I've
3 testified, there's about 400 outreach workers. That's
4 total, not on any given shift. As strained as the
5 resources for EMTs and police are, there are
6 certainly many more.

7 CO-CHAIRPERSON FELIZ: Is that policy, is
8 that a rule, department or agency rule, or is it by
9 law, or just makes sense to do it?

10 COMMISSIONER PARK: I believe it is
11 policy, and I would need to check whether or not it's
12 ever been codified into regulation, but it is very
13 longstanding policy.

14 CO-CHAIRPERSON FELIZ: Is it true that 3-
15 1-1 calls started being routed to the 9-1-1 call
16 center only after more or less two weeks, 11 days?

17 COMMISSIONER PARK: No. That's not exactly
18 accurate. So, during Code Blue, which whether it's a
19 regular Code Blue or Enhanced Code Blue, calls are
20 routed to 9-1-1. That is typically done during the
21 late afternoon to evening hours, so the 4 p.m. to 8
22 a.m. range. What has changed during this emergency is
23 that we actually declared a 24-hour Enhanced Code
24 Blue, and that has been in place for, I would need to
25

1
2 double check the exact date that we started, but for
3 some time.

4 DEPUTY COMMISSIONER CROHN: And I can add
5 the 24 hours was on the 31st of January. And Code
6 Blue has pretty much been, in effect, most nights for
7 most of the month of January. There have been a
8 couple nights where it has not been, but every time
9 it has been, those calls are transferred to 9-1-1.

10 CO-CHAIRPERSON FELIZ: Got it. Okay, so 3-
11 1-1 calls were transferred to 9-1-1 starting or
12 before January 19th, all of them.

13 COMMISSIONER PARK: I think we saw our
14 first Code Blue in November.

15 CO-CHAIRPERSON FELIZ: Okay. All right,
16 and final question, and I asked about it earlier, but
17 I'm just trying to get more specific information. I
18 know the Mayor had a briefing earlier last week, and
19 you testified earlier today, stating that there were
20 new safe haven beds, 10 school-based warming centers,
21 bus units, outreach workers, 150. How many do we have
22 now, and how many did we have of all of that before
23 January 19th? So now how many were added, how many do
24 we have now total, and how many did we have before
25 the start of this January 19th emergency? Safe haven

1
2 beds, school-based warming centers, bus units, and
3 outreach workers.

4 COMMISSIONER PARK: So, we are at about
5 4,000 safe haven beds. We added a couple of hundred
6 in there, but, you know, it still falls in the about
7 4,000 range. School-based warming centers was not
8 something that we did prior to this emergency. We had
9 warming buses, but not school-based, and then there
10 were, but there are, I actually believe that the
11 school-based centers have all closed at this point
12 because school is back in session. That was something
13 that we did for the weekend. But there are, across
14 DHS and H and H, probably about 25 or so. DHS has 20
15 warming buses, so I'll let Dr. Long talk about how
16 many H and H has.

17 VICE PRESIDENT DR. LONG: We have 18
18 additional sites, warming centers. To answer
19 precisely for your question, hospitals have always
20 been, as Commissioner Park said, a safe place for
21 people to come to be warm during Code Blue. We have
22 11 hospitals, and I used the number 18 to say that we
23 also activated seven new Gotham Health community
24 health centers. And for the 11 hospitals, we didn't
25 just take the lobbies. We created new special areas

1
2 of food, jackets, and primary care appointments. In
3 addition to that, we also have today still 33 of our
4 new mobile warming units, which we had over the
5 weekend as well.

6 CO-CHAIRPERSON FELIZ: All right. So,
7 hospitals are always warming centers. What about the
8 buses, though, the bus units? How many do we have
9 now, and how many did we have before?

10 COMMISSIONER PARK: So, we have 10, and
11 I'm going to answer specifically for DHS. As we've
12 discussed, this has been all-hands-on deck. But for
13 DHS, we have 10 buses that are part of our standard
14 winter response. We have 10 additional buses, so a
15 total of 20, that are operating now. At various
16 points in time during this emergency, that has gone
17 up and down. And as I mentioned, the MTA gave us some
18 buses for a short period, so we operated those as
19 well.

20 CO-CHAIRPERSON FELIZ: All right. So, 10
21 standard buses and 10 additional buses. What about
22 before January 19th? Did we only have the 10 standard
23 buses?

24 COMMISSIONER PARK: That was the 10
25 standard, yes.

1
2 CO-CHAIRPERSON FELIZ: All right. So, we
3 basically doubled our bus units.

4 COMMISSIONER PARK: Correct.

5 CO-CHAIRPERSON FELIZ: What about outreach
6 workers? Final question, and then we'll move on to
7 the... how many outreach workers did we have before
8 January 19th versus now?

9 COMMISSIONER PARK: So, with respect to
10 people whose full-time job it is to do street
11 outreach, that is the 400, and that has not changed
12 appreciably. What we have done since January 19th is
13 expand overtime hours for those outreach workers, to
14 draw on the skills of other organizations that are
15 working with people who might be experiencing
16 unsheltered homelessness, like the DOH mobile crisis
17 teams. We have recruited people who are City
18 employees with related skills to supplement. So, New
19 York City Public School nurses, for example, were
20 embedded in some of our outreach teams so that we
21 could stretch the resources that we can, but we
22 didn't do actual hiring of outreach workers in the
23 last several weeks.

24 CO-CHAIRPERSON FELIZ: All right. Thank
25 you so much for the information.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I'll pass it back to Co-Chair Hudson.

CO-CHAIRPERSON HUDSON: Thank you so much.

COMMISSIONER ISCOL: Chair, do you mind if I just correct something for the record?

CO-CHAIRPERSON HUDSON: Go for it.

COMMISSIONER ISCOL: So, I've just been in touch with my team about the remarks by Council Member Banks about the warming buses. We will follow up with his office, but Christina Farrell, who's our First Deputy Commissioner and is amazing, the only interaction she has with Council Member Banks around a warming bus was on January 27th, and the last note from him was thanking him for delivering that bus. We'll follow up to see if there's any other.

CO-CHAIRPERSON HUDSON: Council Member Banks thanked your team?

COMMISSIONER ISCOL: That was the last interaction we had was Council Member Banks thanking our team for delivering a warming bus on January 27th to his District.

CO-CHAIRPERSON HUDSON: Okay.

COMMISSIONER ISCOL: My First Deputy has not had any other interactions with him, so we'll follow up to find out where this miscommunication is

1
2 and where we may have fallen short with the delivery
3 of four buses, but we don't have any other
4 communication with him from my office.

5 CO-CHAIRPERSON HUDSON: Okay. Thank you so
6 much for the correction.

7 Okay. Overall Code Blue operations. New
8 York State requires districts to submit an annual
9 Code Blue report on how many people were served, what
10 services were provided, and related expenses
11 incurred. Can this report be shared with the Council?

12 COMMISSIONER PARK: We're happy to share
13 the prior year report. I will note with respect to
14 spending, the State appropriates 20 million dollars a
15 year for the entire state, and we get a few hundred
16 thousand of that, so the spending that is reflected
17 in that report is in no way, shape, or form
18 reflective of the City's commitment to Code Blue
19 work.

20 CO-CHAIRPERSON HUDSON: Can you give me a
21 specific amount that you're given, the hundreds of
22 thousands?

23 COMMISSIONER PARK: I don't remember it
24 off the top of my head. I'm happy to circle back.

1
2 CO-CHAIRPERSON HUDSON: So, you'll follow
3 up? But a couple hundred thousand out of 20 million
4 for the state feels like a disproportionate amount of
5 funding for New York City.

6 COMMISSIONER PARK: Disproportionately
7 low, you mean?

8 CO-CHAIRPERSON HUDSON: Correct.

9 COMMISSIONER PARK: Yes, correct.

10 CO-CHAIRPERSON HUDSON: Okay. Compared to
11 the size and population?

12 COMMISSIONER PARK: Yes. In most other
13 funding allocations, we get, you know, 60 or
14 something percent of the funds when it comes to
15 social service dollars, and this is well under that.

16 CO-CHAIRPERSON HUDSON: Okay. That's an
17 understatement, I think, well under, out of 20
18 million dollars.

19 There was reporting that the City had
20 made more than 1,100 placements into shelters and
21 safe havens. Although it is reported that it is not
22 clear if some of those placements were duplicates,
23 although I do think you mentioned that they were not
24 unique placements. Why is this the case? What efforts
25

1
2 have been made to track those that the City is taking
3 in during this weather emergency?

4 COMMISSIONER PARK: So, an individual can
5 come into a shelter on a Monday, you know, leave on a
6 Tuesday, come back on a Thursday, right? That happens
7 on a regular basis, and we would track those. I think
8 there will be opportunity to go back and do screening
9 and do our best on the deduplication. You know, that
10 is something that we haven't prioritized in the
11 urgency of the moment where we're really putting our
12 resources into the response, but I think it is
13 something that we can look at going forward.

14 CO-CHAIRPERSON HUDSON: Okay. Thank you.

15 And I think a similar question was asked
16 here, but I'll ask with specific regard to Code Blue.
17 Former shelter residents and those who opt for living
18 in the street rather than seeking shelter often cite
19 shelter conditions as a major reason for doing so.
20 What steps are being taken to ensure the safety of
21 shelter residents during the Code Blue advisory
22 period specifically?

23 COMMISSIONER PARK: I mean, I think my
24 answer, thank you, is really beyond Code Blue
25 specific, right? We want the shelter system to be a

1
2 safe and stable place for everybody at all times of
3 year. So, we've been doing a lot of investment in the
4 real estate, really trying to make sure that the
5 buildings themselves are safe and clean and well-
6 maintained and dignified spaces for people to get
7 back on their feet. Every shelter has wraparound
8 social services really to both caseworkers and
9 housing specialists in most cases to make sure that
10 we are meeting people's diverse needs. Shelters all
11 also have 24/7 security, which is important for both
12 the residents and the community. And I think if you
13 look at the data on the number of incidents in
14 shelter, and I would, you know, the incident is a
15 very specifically defined under State regulation
16 word, so it includes, you know, there were big spikes
17 in the number of total incidents during COVID because
18 COVID cases counted as a priority one incident. But,
19 you know, if you look at the number of violent
20 incidents, what you see is a downward trend that our
21 shelters are safer than they have ever been in the
22 past, which is something that matters a lot to us.
23 You know, I certainly understand that there are a lot
24 of conceptions about shelter and that it is our job
25 to make sure that we are countering that message and

1 helping people understand the current reality
2 wherever possible.

3
4 CO-CHAIRPERSON HUDSON: Thank you.

5 It's imperative during Code Blue that
6 providers respond in a timely manner to emergency
7 scenarios. However, providers report that admitting
8 people quickly without completing every standard
9 intake requirement can result in penalties after the
10 fact. Does DHS have an expedited or emergency intake
11 protocol for Code Blue that prioritizes immediate
12 placement over documentation? And if not, how is the
13 agency ensuring that compliance requirements do not
14 delay shelter entry during extreme weather events?

15 COMMISSIONER PARK: So, I mean, this is
16 something that I'll have to dig in with the providers
17 because it doesn't exactly align with our protocol,
18 although I'm sure there is something real that is
19 being felt that we need to understand better. So, you
20 know, the placement process is run through our
21 central team. They are the ones with the eye on the
22 sky and where the vacancies are. And so they're the
23 ones saying, you know, send Molly to this particular
24 bed. And the intake, particularly for the low barrier
25 beds, the intake process is happening once somebody

1
2 is in that bed. So, I will follow up with our
3 providers and understand what the concern is.

4 CO-CHAIRPERSON HUDSON: Thank you.

5 There have been reports of people
6 refusing shelter code during Code Blue because
7 they're required to leave their belongings behind.
8 What is DHS's policy on personal belongings during
9 Code Blue, including bags, carts, and bulk items? And
10 what storage options are available during emergency
11 weather? And how is this information communicated to
12 outreach workers and unsheltered individuals?

13 COMMISSIONER PARK: So, our priority is
14 absolutely to get people indoors. We try and walk the
15 line between making sure that the indoor spaces are
16 safe and hygienic, but also getting people in. So, we
17 will work with people to try and consolidate
18 belongings wherever possible. We also have a
19 vouchering system. We operate a storage space where
20 people can store things and then claim them at a time
21 that is convenient for them. We ask our providers to
22 be flexible wherever possible so that, you know, we
23 might be stricter on a two-bag policy in other
24 conditions to flex a little bit, but it is really a
25 circumstance-driven decision. We also ask our drop-in

1
2 centers, for example, to add extra chairs to be able
3 to accommodate a few more people than is the norm up
4 to a level that is allowable by the Department of
5 Buildings. So, if you have extra chairs and extra
6 people in the space, there may be a limit on stuff,
7 so it's a sort of case-by-case compromise.

8 CO-CHAIRPERSON HUDSON: Thank you.

9 Mayor Mamdani recently mentioned looking
10 at how the City and State share the cost for services
11 for the city. Is the agency or Administration
12 planning to ask the State to revisit the adult
13 shelter cap, which used to evenly split the cost of
14 shelter and outreach services for single adults
15 between the City and State, but gradually diminished
16 to only a 9 percent State share by 2021? It sounds
17 like this is a trend.

18 COMMISSIONER PARK: It most certainly is.
19 I will have to defer to City Hall on what they
20 actually plan to pursue. That's certainly one that
21 we've put on the list.

22 CO-CHAIRPERSON HUDSON: Okay. Thank you.

23 Mayor Mamdani announced that the City
24 will be revoking a policy from the Adams
25 Administration which required New Yorkers who wished

1 to stay in a low-barrier shelter provide
2 documentation showing they had spent at least six
3 months on the streets or six months in and out of
4 city shelter. Can you estimate how many additional
5 New Yorkers may be able to access low-barrier
6 transitional housing sites now that this rule will
7 not go into effect?
8

9 COMMISSIONER PARK: No, I can't. I can't
10 provide an estimate largely because the actual
11 wording of the rule gave us significant flexibility
12 to make sure that we were accommodating everybody's
13 needs no matter what the actual circumstance. The
14 intent behind the rule was that we operate shelters,
15 stabilization beds, and safe havens. They are each
16 slightly different types of settings with different
17 levels of services, and we wanted to provide clarity
18 on how we were tracking people to different types of
19 setting. We were, in fact, sued because we were not
20 providing that level of clarity. The intent behind
21 the rule was to provide that transparency rather than
22 have hard and fast rules. There was room for
23 significant discretion, but I understand that the
24 Administration is pulling back, and we'll be taking
25 another look at that.

1
2 CO-CHAIRPERSON HUDSON: How does the City
3 intend to ensure there's enough low-barrier housing
4 to meet the demand?

5 COMMISSIONER PARK: We continue to work
6 with our provider community to site locations. As I
7 mentioned, we are very much open to suggestions for
8 what appropriate locations might be within your
9 communities. We have an open-ended RFP for safe haven
10 sites and strongly encourage people to propose
11 options.

12 CO-CHAIRPERSON HUDSON: How does DSS
13 intend to communicate with New Yorkers that they no
14 longer need evidence of street homelessness?

15 COMMISSIONER PARK: This will be something
16 that we work with our outreach providers and our
17 other community-based organizations. This is
18 something that is happening in real time, so I don't
19 have a full strategy yet.

20 CO-CHAIRPERSON HUDSON: Okay. What is the
21 total number of people who were involuntarily
22 removed?

23 COMMISSIONER PARK: Since January 19th,
24 there have been 33 involuntary removals through
25

1
2 Section 958, which is on the social service side, and
3 I will defer to my NYPD colleagues on theirs.

4 DEPUTY COMMISSIONER CROHN: And under 941,
5 there's been 52 in the same period.

6 CO-CHAIRPERSON HUDSON: Sorry. Can you say
7 that again?

8 DEPUTY COMMISSIONER CROHN: Since January
9 19th, there have been 52 outdoor involuntary
10 removals.

11 CO-CHAIRPERSON HUDSON: Thank you.

12 Is the issuance of Code Blue guidance
13 followed up with any other types of communication
14 from DHS to ensure that guidance was received and is
15 understood?

16 COMMISSIONER PARK: We meet very regularly
17 with our providers. That includes the very formal
18 meetings that we do at the start of Code Blue and the
19 trainings that we do for all of our outreach teams,
20 but we follow up with that on an as-needed basis. As
21 we were preparing for this hearing, my team pointed
22 out that there were two such follow-up meetings on
23 Saturday alone.

24 CO-CHAIRPERSON HUDSON: Thank you. I'm
25 going to break briefly for Council Member...

1
2 COMMISSIONER ISCOL: Excuse me,
3 Councilwoman. I don't want to be rude, but I do want
4 to just flag I have a hard-out at 2 p.m. I really
5 apologize.

6 CO-CHAIRPERSON HUDSON: Okay.

7 COUNCIL MEMBER ARIOLA: I'll be really
8 fast.

9 CO-CHAIRPERSON HUDSON: Okay.

10 COUNCIL MEMBER ARIOLA: So, I'm going to
11 stay on the topic of providers, Commissioner. So you
12 speak about your providers. You said you met with
13 them as early as just last Saturday. So, how do you
14 guarantee that your outreach providers are actually
15 engaging with the homeless, unhoused members of our
16 city, and what evidence do you have of how that
17 information is relayed to you?

18 COMMISSIONER PARK: Well, let me start by
19 saying these are mission-based, not-for-profit
20 organizations who do this work because they care
21 about it and they are fantastic partners, so I want
22 to respect the work that they do and what their staff
23 does.

24 That being said, we absolutely look at
25 engagement data by shift, by provider, by all kinds

1
2 of other things, and if we see trends that are
3 concerning to us, we will engage. If those trends
4 persist, if there's something that is truly
5 concerning, we'll put an organization on a corrective
6 action plan.

7 COUNCIL MEMBER ARIOLA: And that's all
8 uploaded into... was it StreetSmart that you said?

9 COMMISSIONER PARK: StreetSmart is the
10 name of our system. So, we can see the data on the
11 engagements and things like that. That is in the
12 system. We wouldn't have a corrective action plan
13 there because we wouldn't want that to be visible to
14 other providers.

15 COUNCIL MEMBER ARIOLA: And do our first
16 responders, NYCEM, H and H, do they also have access
17 to upload into StreetSmart?

18 COMMISSIONER PARK: No. In addition to DHS
19 and the contracted outreach providers, the OMH SOS
20 teams have access, as does certain parts of the
21 Department of Health and Mental Hygiene. You know,
22 there's a tension here. There's often fairly
23 confidential information in that system, right?
24 Information might be information about somebody's
25 physical or mental health conditions, for example.

1
2 So, we do try and limit it to people with specific
3 programmatic needs, but we are also always engaging
4 in conversations with other entities about where a
5 data share agreement might be appropriate and how
6 that can enhance services.

7 COUNCIL MEMBER ARIOLA: But just
8 information on engagement alone. If the NYPD engaged
9 with 50-plus or H and H engaged with... I'll make up a
10 number—25-plus, so how do you get that into one
11 number for when you are testifying before our Council
12 Members or just for your own edification?

13 COMMISSIONER PARK: So, we do have regular
14 touch points with our sister agencies. We are
15 engaged, and that kind of aggregate data sharing does
16 happen on a regular basis, not within the data
17 system, but based on the regular contact that we have
18 as agencies of the City of New York.

19 COUNCIL MEMBER ARIOLA: And who
20 coordinates that?

21 COMMISSIONER PARK: That has varied over
22 time. At various points in time, it has been led by
23 Deputy Mayors. Right now, I would say DHS is... at the
24 moment in the transition, this is not a reflection on
25

1
2 Deputy Mayors, but the moment in the transition, I
3 would say DHS is playing largely the leading role.

4 COUNCIL MEMBER ARIOLA: Dr. Long, did you
5 have something to add?

6 VICE PRESIDENT DR. LONG: I was going to
7 agree with the line of question about the importance
8 of communication. I believe communication would solve
9 90 percent of the world's problems today. But, for
10 today...

11 CO-CHAIRPERSON HUDSON: And I just want to
12 flag, I have a question for Commissioner Iscol before
13 he has to leave...

14 VICE PRESIDENT DR. LONG: Yeah. Real fast.

15 CO-CHAIRPERSON HUDSON: So I just want to
16 make sure we can get through this.

17 VICE PRESIDENT DR. LONG: Because we just
18 set up things quickly, given the extreme situation,
19 we set up borough-based dispatch numbers, so even
20 though we don't see the same data that DHS does,
21 we're in lockstep with them. They can call us
22 directly when they see somebody that could
23 potentially benefit from our services through a
24 direct number.

1
2 COUNCIL MEMBER ARIOLA: Thank you. Do you
3 want to ask your question?

4 CO-CHAIRPERSON HUDSON: Yeah. I have a
5 question.

6 COMMISSIONER ISCOL: (INAUDIBLE)

7 CO-CHAIRPERSON HUDSON: I'm going to ask
8 my question.

9 City Hall or Emergency Management can
10 activate enhanced Code Blue at any point. NYPD stated
11 that Code Blue preparations began on January 19th.
12 Can you please state for the record again when the
13 administration activated enhanced Code Blue?

14 DEPUTY COMMISSIONER CROHN: And as
15 Commissioner Iscol prepares, I've used January 19th
16 because that's the date that the Administration has
17 been using to describe the start of the emergency.
18 But Code Blue, as Commissioner Park mentioned, has
19 been on and off since as far back as November. So,
20 there have been many, many Code Blue incidents
21 throughout the entire winter.

22 CO-CHAIRPERSON HUDSON: But I'm asking
23 specifically about Enhanced Code Blue.

24 DEPUTY COMMISSIONER CROHN: So Enhanced
25 Code Blue was on January 31st, actually.

1
2 COMMISSIONER ISCOL: I can circle back
3 with the exact dates because it also varies over the
4 course of the month based on the temperatures and the
5 weather, and it's been turned off and on so I want
6 to, for the record, get you the exact specific dates
7 that we've activated Enhanced Code Blue.

8 CO-CHAIRPERSON HUDSON: Okay.

9 COMMISSIONER PARK: If I could chime in, I
10 believe the January 31st date that was mentioned was
11 the point in time at which we went to 24/7 Enhanced
12 Code Blue, which is something that had never been
13 done before.

14 CO-CHAIRPERSON HUDSON: Okay.

15 COMMISSIONER PARK: But there was Enhanced
16 Code Blue before.

17 CO-CHAIRPERSON HUDSON: It was Enhanced
18 Code Blue before, and then on January 31st you did
19 24/7. But why did you wait to offer 24/7 assistance
20 and more routine checkups on vulnerable New Yorkers
21 until roughly five days after the worst of the storm?

22 COMMISSIONER PARK: So let me be clear. We
23 were doing checkups on vulnerable New Yorkers all the
24 way through. There was Enhanced Code Blue hours
25 during that, but throughout the day, 24/7, DHS

1
2 outreach workers are there. We have been messaging,
3 engaging with 3-1-1 that people should be letting us
4 know when they saw people. So, again, it was this
5 understanding that the cold really wasn't going
6 anywhere and that the Arctic temperatures weren't
7 going anywhere, and we continued to innovate and try
8 and address concerns as much as possible. But I don't
9 want it to seem as if we were not doing very serious
10 outreach in the days before that, because we
11 absolutely were.

12 CO-CHAIRPERSON HUDSON: Thank you. It is
13 1:59. I am going to give you one minute back of your
14 time and just echo everybody else's sentiments.
15 You've been a great public servant, a great partner
16 to work with. Just as recently as Saturday night into
17 Sunday, I believe it was, you were texting me at
18 midnight and 10 p.m. and 6 a.m. updates about a very
19 unfortunate fire in my District, but it's that 24/7
20 communication that is so important, especially to the
21 people who are being impacted directly on the ground
22 so thank you so much for your service.

23 COMMISSIONER ISCOL: Thank you. I really
24 appreciate those kind words, and I am so grateful
25 that my last question in front of City Hall, in front

1
2 of City Council, came from you so thank you.
3 Appreciate it.

4 CO-CHAIRPERSON HUDSON: You're welcome.

5 COUNCIL MEMBER ARIOLA: Can I just finish
6 up?

7 CO-CHAIRPERSON HUDSON: Okay. You have one
8 more question?

9 COUNCIL MEMBER ARIOLA: Yeah. So, when I
10 contacted, when we started to see that the
11 temperatures were dipping, contacted H and H,
12 contacted NYCEM, contacted DOHMH, contacted the NYPD,
13 contacted our first responders, and we were getting
14 kind of all different messaging. Then I hear the
15 Mayor on television, and he's saying we're putting a
16 light touch. Eighteen people lost their lives. I
17 wrote a letter to the Mayor, and it said clearly, get
18 the homeless people off the street, get them help,
19 get them off the street and out of the cold. I
20 received a response to this letter, and that response
21 was, received. I don't think that was a response. And
22 I was hoping that today someone beyond yourselves
23 that are going to still be here could have answered
24 it. I still have no answer.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

But in closing, I want to say that Commissioner Park, Commissioner Iscol, you are battle tested. We have gone through the most trying times this city has seen together, and you did it professionally, never lost your temper, no matter how many times we did at this day. You will be sorely missed. Anyone else at the table that's gone through, and each and every one of you have, I'm glad to see you're still here. I hope you stay. But whatever you do for the rest of your life, may you be blessed.

COMMISSIONER PARK: Thank you.

CO-CHAIRPERSON HUDSON: Should I ask you another question so I can actually be the last one with a question?

COMMISSIONER ISCOL: That was a statement, not a question.

CO-CHAIRPERSON HUDSON: All right. Thank you so much.

Everybody else is sticking around, though, right? I still have some questions.

Okay. Are H and H hospitals permitted to release those who have not been admitted to the hospital out to the streets without engaging DHS to

1
2 make the offer of a warm placement? I know you
3 touched on this a little bit earlier.

4 COMMISSIONER ISCOL: Yeah. So, just to
5 emphasize, if a person experiencing homelessness is
6 admitted to one of our hospitals, we always have our
7 social work team, who are the real heroes, engage the
8 patient either in the emergency department or in the
9 inpatient unit early on. We're in close collaboration
10 and coordination with DHS. If a person is coming from
11 a certain shelter, we work with DHS to get them back
12 to that shelter. If the person is coming from a
13 different shelter or hasn't been in the shelter
14 system, we work in close collaboration with DHS to
15 connect them to shelter intake. Our social work team
16 arranges the appropriate medical transport. During
17 Code Blue, we have an enhanced way of doing that to
18 make sure that it's the safest transport, whether
19 it's ambulance or Access-A-Ride. And during Code
20 Blue, of course, even though people can make their
21 own decisions if they have capacity and are not a
22 danger to themselves or others, we want to make sure
23 that everybody knows about all of the resources we
24 have, which, of course, also includes our warming
25 centers, which this past weekend, many of which were

1
2 24/7, offer same-day primary care appointments,
3 blankets, food, clothing, and even social work
4 rounds.

5 CO-CHAIRPERSON HUDSON: Thank you.

6 Some unsheltered people survive on the
7 streets with chosen families who may not meet the
8 family definition to access family shelters. What
9 options can DSS take to encourage these households to
10 come inside together?

11 COMMISSIONER PARK: So, our definition of
12 adult family, which is the family without a child
13 under the age of 18, includes family units where
14 there is emotional or financial dependence on there.
15 So, while most people in there actually have a more
16 traditional familial relationship, marriage,
17 siblings, other things like that, there are ways that
18 if there is an ongoing dependence on one another that
19 we can absorb them into the adult family system.

20 CO-CHAIRPERSON HUDSON: And if shelter
21 eligibility standards are too inflexible, would
22 repurposing stabilization beds be a viable option for
23 chosen families?
24
25

1
2 COMMISSIONER PARK: We certainly work to
3 place people together in stabilization beds or safe
4 havens if that is what is necessary for them.

5 CO-CHAIRPERSON HUDSON: Okay. And can you
6 talk about how the opening of new shelter capacity
7 has impacted the response to the Code Blue weather
8 emergency?

9 COMMISSIONER PARK: Yeah. The DHS capacity
10 development team has really moved heaven and earth
11 over the last couple of weeks. So, there were two
12 sites that were not open at all that we have been
13 able to get open. That involved very rapid fire work
14 with the Department of Buildings, with the State
15 Office of Temporary and Disability Assistance that
16 certifies shelters. They have been a tremendous
17 partner throughout this. Making sure that the sites
18 were adequately staffed and provisioned and getting
19 them open weeks or in one case even six weeks or so
20 before the original planned opening date. We had a
21 shelter, an adult family site that was slated to
22 convert to serve those experiencing unsheltered
23 homelessness. So, we accelerated that conversion,
24 moving some of the adult families to other sites
25 where we had capacity. And then there was a hotel

1
2 that had operated as families with children capacity,
3 which we were already planning to flip. And rather
4 than using it as sort of traditional single adult
5 capacity, we were using it as stabilization beds.

6 CO-CHAIRPERSON HUDSON: Thank you.

7 How did the massive amounts of snowfall
8 starting at the end of January impact emergency
9 operations relating to Code Blue calls? And did the
10 snowfall impact response times or require a
11 reprioritization of resources?

12 COMMISSIONER PARK: As I mentioned, a lot
13 of our outreach teams are out on foot. So that's on
14 the one hand both good and bad in the snow, that they
15 didn't have the same kind of transportation issues.
16 In some of the further out locations in the boroughs,
17 they do travel by car. It made things a little bit
18 more challenging. But we adapted, and people were out
19 no matter the weather.

20 CO-CHAIRPERSON HUDSON: Which non-agency
21 providers have data sharing agreements with the City
22 for StreetSmart? And are there providers who do
23 street outreach that do not have those agreements? If
24 so, which and why?

1
2 COMMISSIONER PARK: So, all the outreach
3 providers that are contracted with the City have
4 access to StreetSmart. We've also given the outreach
5 providers that are contracted through State Office of
6 Mental Health through the SOS program, we've given
7 them access to StreetSmart. You know, there are the
8 other, I think, formal organizations that may, the
9 City-contracted agencies that may interact with
10 people experiencing unsheltered homelessness actually
11 serve a more diverse population, right, so, you know,
12 we are grateful for the help from DOHMH and their
13 mobile crisis teams during this emergency, but they
14 serve some people experiencing unsheltered
15 homelessness and some people aren't. So, you know, we
16 explore where data sharing agreements are appropriate
17 in that context. Where I think it's been a little bit
18 more challenging is, you know, there have been
19 questions about whether or not some of the volunteer
20 organizations or BIDs, other kinds of things like
21 that, should have access. You know, I realize it
22 comes from a place of good intention, but we're also
23 really concerned about protecting people's privacy
24 from people who don't have the same kind of rigor
25 around their privacy as we might.

1
2 CO-CHAIRPERSON HUDSON: Would you be
3 willing to follow up with a list of the organizations
4 that have those agreements?

5 COMMISSIONER PARK: Yeah, sure.

6 CO-CHAIRPERSON HUDSON: Okay. Great.

7 How is information shared with outreach
8 teams once the outreach team engages unhoused
9 individuals, and is this information shared with all
10 outreach teams, including those without contracts?

11 COMMISSIONER PARK: So, information gets
12 entered into StreetSmart. That's our system of record
13 for the street outreach work. The list of
14 organizations that I mentioned will have access to
15 that. The organizations that don't don't have that
16 same kind of broad-braced view. I'd say one piece of
17 information sharing, excuse me, it's been a lot of
18 talking, that I should have added is we have what are
19 known as our behavioral health intervention teams. I
20 think I'm getting the acronym slightly off, but what
21 has been colloquially known as our top 50 lists,
22 which are known lists of individuals about whom we
23 are particularly concerned, both streets and on the
24 subways. There we bring together a real diverse set
25 of players who might have information about that

1 client and really try and work on a retail basis to
2 come up with particular outcomes. That's not the same
3 kind of emergency response that we're talking about
4 in the context of what we've seen over the last
5 couple of weeks, but it is a really important network
6 that we've established and that has been successful
7 in helping get to longer-term solutions for what are
8 some otherwise very high-need clients.
9

10 CO-CHAIRPERSON HUDSON: Thank you. It's
11 the last few questions here, so thank you again for
12 your patience.

13 What's your view on whether encampment
14 sweeps hinder the City's ability to connect homeless
15 New Yorkers to services and have these sweeps created
16 distrust among unsheltered populations? Does this
17 create a hindrance when working to shelter people
18 long-term?

19 COMMISSIONER PARK: I will say that the
20 DHS role in the encampment sweeps actually happens
21 largely not at the actual moment of sweep, but in the
22 days and sometimes weeks leading up to it where DHS
23 is out engaging, working with clients, really trying
24 to build a relationship to try and convince them to
25 come inside. The first thing that I would say, and I

1
2 know there's been speculation about whether or not
3 changing encampment policy has contributed to the
4 deaths. I don't think that is the case because really
5 the work of bringing people, helping to convince
6 people to come inside is all happening in the lead-up
7 to an encampment sweep or was happening in the lead-
8 up to an encampment sweep, and that kind of ongoing
9 outreach is still happening. We are still engaging
10 with people who might be living in encampments. With
11 respect to the overall policy conversations around
12 the future of encampment sweeps, I'm going to defer
13 to City Hall.

14 CO-CHAIRPERSON HUDSON: Okay. Thank you.

15 What investments has your administration
16 made in recent months to strengthen street outreach,
17 safe haven beds, and 24-hour warming options,
18 particularly for our most vulnerable residents, and
19 do you plan any additional changes in the Mayor's
20 FY27 Preliminary Budget?

21 COMMISSIONER PARK: I mentioned that we've
22 opened a number of additional low-barrier sites. That
23 has been a really important part of our response. The
24 vacancy rate would otherwise be really
25 problematically low, so I'm glad we've been able to

1 do that. We are in ongoing conversations with City
2 Hall and the Office of Management and Budget about
3 potential other changes, but nothing I can speak to
4 at this time.
5

6 CO-CHAIRPERSON HUDSON: Were the
7 individuals living outside who were found dead on
8 DHS's Code Blue priority list?

9 COMMISSIONER PARK: None that we are aware
10 of at this time.

11 CO-CHAIRPERSON HUDSON: Why wouldn't that
12 be?

13 COMMISSIONER PARK: The priority list is
14 really individuals that are both known to us and have
15 a very specific list of acuties, as I mentioned
16 during my testimony. Of the individuals who passed
17 away who were known to DHS, we are taking a very
18 expansive definition of known, some of them, it goes
19 back years, and so they wouldn't have been on the
20 list because we weren't actually engaging with them
21 at this time. Then for the people who had more recent
22 engagement with the system as a whole, and as I noted
23 with the Speaker, it may not be literally with
24 outreach. It might be with the shelter side of our
25 operations. They didn't have the underlying acuties

1
2 that we focus on with that particular vulnerable
3 client list.

4 CO-CHAIRPERSON HUDSON: Okay. And for the
5 last question.

6 Today, the NYPD testified that 22 percent
7 of Code Blue calls were deemed not needing
8 assistance, some of which were deemed such because
9 the individual was not identified, as was the case
10 with Frederick Jones, who was found dead a day after
11 police officers reportedly checked on his location.
12 Can you talk about how identification is determined?
13 Do the responding officers leave their vehicle to try
14 to identify the individual in the near vicinity,
15 including, for example, in a store?

16 DEPUTY COMMISSIONER CROHN: So, it's,
17 again, very context-dependent. In that scenario, they
18 did canvass for a number of minutes in order to find
19 him. They did stay in the car in order to cover a
20 larger geographic area because they knew that that
21 individual did move from place to place at time, so
22 that was really their judgment. I won't second-guess
23 their judgment in that scenario. They do their best
24 that they can. They weren't able to locate him at
25 that time.

1

2

CO-CHAIRPERSON HUDSON: Okay. Thank you.

3

4

All righty. Thank you all so much, and to
Commissioner Park, also echoing everyone's previous
statements, it's been a true honor and pleasure to
work with you over the years. You have also received
many texts from me at all hours with constituent
cases, and you've always been incredibly responsive,
and so thank you for your service.

5

6

7

8

9

10

COMMISSIONER PARK: Thank you so much.

11

CO-CHAIRPERSON HUDSON: Thank you.

12

13

All righty. I now will open the hearing
for public testimony. Thanks to everyone else from
the Administration for being here.

14

15

16

17

18

I want to remind members of the public
that this is a government proceeding and that decorum
shall be observed at all times. As such, members of
the public shall remain silent at all times.

19

20

21

22

23

24

25

The witness table is reserved for people
who wish to testify. No video recording or
photography is allowed from the witness table.
Further, members of the public may not present audio
or video recordings as testimony, but may submit
transcripts of such recordings to the Sergeant-at-
Arms for inclusion in the hearing record.

1
2 If you wish to speak at today's hearing,
3 please fill out an appearance card with the Sergeant-
4 at-Arms and wait to be recognized. When recognized,
5 you will have two minutes to speak on the oversight
6 topic, New York City's Code Blue operations.

7 Can we quiet down a little bit, please?

8 If you have a written statement or
9 additional written testimony you wish to submit for
10 the record, please provide a copy of that testimony
11 to the Sergeant-at-Arms. You may also email written
12 testimony to testimony@council.nyc.gov within 72
13 hours of this hearing. Audio and video recordings
14 will not be accepted.

15 It doesn't seem, though, as anyone from
16 the Administration has remained here. Is that
17 accurate? There's nobody here from the
18 Administration?

19 Okay. I'm noting for the record that
20 nobody from the Administration has remained in the
21 room to listen to the testimony of members of the
22 public and advocacy organizations. I'm sure they will
23 tell us that they're watching online, though it's not
24 always sufficient.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I'm going to call up the first panel.

Joshua Goldfein, Alison Wilkey, Graham Horn, Carolyn
Norton, Kristin Miller, and Catherine Trapani.

GRAHAM HORN: Alison left.

CO-CHAIRPERSON HUDSON: Not a problem.

Thank you. Noted.

Do you want to begin?

JOSH GOLDFEIN: Thank you, Chair. My name
is Josh Goldfein. I'm a Staff Attorney at the Legal
Aid Society. I want to thank the Chairs for holding
this very important hearing on such short notice and
asking good questions and getting good answers. I
also want to note for the record our appreciation in
particular for Commissioner Park and Commissioner
Iscol for their work over the last few years through
what was maybe the most difficult test ever faced by
those agencies and ensuring that people had places to
go inside. We see now why that is so important and
why we were talking about how important it was to go
inside. We will be submitting written testimony that
addresses our concerns that the solutions, as we've
heard today, are known to us for the problems that we
are experiencing, and that is to expand low-barrier
shelters, to reduce the reliance on large congregate

1
2 shelters, to approach people with solutions that they
3 will accept. We have seen that those strategies will
4 work and we just have to expand them, and that is, in
5 fact, what the Administration did over the last
6 several weeks, and they showed that that would work.
7 So, I think the record is clear that that is the
8 solution.

9 I just want to highlight for today some
10 points that were made during the testimony that may
11 not make it into our written testimony. First, on the
12 point of the hospitals, you heard a discussion of
13 what happens when people are discharged, and it's
14 important to zero in that what we were talking about
15 was people who are patients are discharged, but
16 people who are in the emergency room who are never
17 admitted are not considered patients, and so all of
18 that conversation did not address what happens to
19 those people, and so we need a solution to address in
20 these kinds of crises what happens to people who are
21 physically present who are not considered admitted to
22 the hospital. I also want to note that Commissioner
23 Park's numbers on (TIMER CHIME) State funding were
24 very generous to the State, that, in fact, the City
25 is responsible for 90 percent of the cost of the

1
2 single adult shelter system and 50 percent of the
3 cost of the family shelter system, so the 60 percent
4 figure that she gave doesn't, I think, highlight
5 enough the way that the State has cost shifted these
6 obligations to the City and left us holding the bag
7 in a way that the Administration needs to address in
8 Albany with all of our support.

9 Finally, I just wanted to note I am here
10 on behalf of Coalition for the Homeless who are our
11 client as well. We will be submitting joint written
12 testimony, and I have some numbers that the Committee
13 was asking about from the daily discovery that the
14 City provides to Coalition for the Homeless as the
15 shelter monitor, and I just want to note these for
16 the record. On January 19th, the actual safe haven
17 capacity on that day was 3,550 beds, and 123 of them
18 were vacant.

19 CO-CHAIRPERSON HUDSON: Sorry. Say those
20 numbers again.

21 JOSH GOLDFEIN: Sure. Now we're talking
22 about January 19th, which is the day they said that
23 they started keeping records. There were 3,550 safe
24 haven beds, and of those, 123 were vacant. Now fast
25 forward to the most recent day for which we have

1 data, which is February 8th, so two days ago. On that
2 day, the capacity was 3,645, so I believe that that
3 means 95 safe haven beds were added, and of those 95
4 beds, 26 were vacant. So hopefully those numbers will
5 comport with what they can supply you with later.
6

7 CO-CHAIRPERSON HUDSON: Thank you. I tried
8 to dig into the emergency room visitor versus the
9 patient, essentially, or admitted patient piece. It
10 didn't sound like the answer changed much, but I do
11 appreciate your pointing that out.

12 And also it sounds like you're giving the
13 Administration ideas for funding to ask, which would
14 have been good for them to be here to hear them. So,
15 thank you for your testimony.

16 JOSH GOLDFEIN: Thank you, Chair.

17 CO-CHAIRPERSON HUDSON: Next.

18 GRAHAM HORN: Chairs and Staff, good
19 afternoon. My name is Graham Horn. I'm a Coordinating
20 Attorney on the Shelter and Economic Stability
21 Project in the Public Benefits Unit at New York Legal
22 Assistance Group. Thank you for your attention to
23 this critical issue.

24 In any discussion about unsheltered
25 homelessness and the adequacy of outreach efforts, we

1 must begin from the point that people do not choose
2 to sleep outside. They are forced to sleep outside
3 because available shelter cannot accommodate their
4 needs. The vast majority of the Department of
5 Homeless Services single adult shelter placements are
6 in congregate settings, which can have as many as 100
7 people sharing a room or a dorm. Almost all of our
8 clients experiencing street homelessness stay outside
9 because they cannot live in congregate shelter due to
10 past trauma endured in that space. While sleeping
11 outside, our clients are subject to dangers of
12 robbery, assault, rape. They are food insecure and
13 malnourished. Many have chronic underlying illnesses.
14 Their bodies are under enormous strain, and the
15 psychological toll of being constantly on alert has
16 caused many of our clients severe anxiety. And this
17 is the baseline reality of our unsheltered neighbors,
18 forced to endure these chronic and cumulative
19 stressors because shelter is even less safe. The fact
20 that this continues to persist in the presence of
21 this magnitude of a Code Blue emergency, that we
22 still have people unable to return to the realities
23 of our congregate shelter spaces, instead taking
24 their chances on the street, should be for all of us
25

1
2 a profound moment of reflection and a powerful call
3 to action. We are very relieved that the
4 Administration has chosen to rescind the promulgation
5 of the rules that would have made these very limited,
6 low-barrier shelter placements even harder to access.
7 But we want to touch also on reporting that we have
8 from a fellow advocate that when folks on the street
9 experiencing street homelessness are contacted and
10 connected with outreach, the (TIMER CHIME) person
11 doesn't come inside after multiple engagements, the
12 police will be called in some instances, even if the
13 outreach worker does not believe the person meets the
14 standard for involuntary removal. This is terrible
15 policy, which will have a disastrous effect on the
16 future of outreach workers' abilities to engage. As
17 Council Member Nurse was suggesting earlier and as
18 Dr. Long's new mobile buses seem to provide, outreach
19 must move in the direction of assistance, providing
20 food, drinks, blankets and gloves. And also, as my
21 written testimony will go into in more detail, we do
22 not believe that sleeping outside meets the
23 requirements of mental hygiene laws, and sleeping
24 outside is not evidence of mental illness. It is a
25 function of fear of congregate shelter. Thank you.

1

2

CO-CHAIRPERSON HUDSON: Thank you so much.

3

KRISTIN MILLER: Hi. Good afternoon. I'm

4

Kristen Miller. I'm Executive Director of Homeless

5

Services United. We are a member organization

6

representing the outreach providers that we were

7

hearing about today and other homeless service

8

providers in the city. Thank you, Chairs Hudson and

9

Feliz, for convening us here today on this critical

10

issue. I echo my colleagues in thanking the

11

Administration leaders, particularly Commissioner

12

Park, for her years of services.

13

We, too, are incredibly saddened and

14

outraged by the death of 18 New York residents who

15

passed during the cold stab. No one should die on our

16

streets. We would like to raise today some of the

17

issues that street outreach and stabilization bed

18

providers have identified as obstacles to

19

successfully place people. There are over 25

20

different agencies, entities, and data systems

21

involved. This complex network creates significant

22

coordination challenges with different funding

23

requirements, data systems, and reporting mechanisms,

24

making unified client service difficult. We've been

25

hearing about many of the numbers of activities. I

1 think it's really important to note that through all
2 of this, whether there's a Cold Blue or an Enhanced
3 Cold Blue, our outreach workers are working 24/7.
4 However, the success of contracted street outreach
5 teams and safe haven or stabilization bed providers
6 have been limited by system inefficiencies. We need
7 greater coordination between teams and systems. For
8 example, increased coordination between emergency
9 departments, inpatient teams, and outreach teams.
10 Teams also want more data coordination and increased
11 access to comprehensive client information in the
12 CARES system. In order to successfully move more
13 clients from street to housing, we need to expand the
14 option availables, including those outside the DHS
15 system. We also call on the Administration and the
16 City Council to examine how these programs are
17 funded. The (TIMER CHIME) cold snap may be over soon,
18 but New Yorkers experiencing street homelessness are
19 just as much at risk during the extreme heat. Like
20 our EMT friends, outreach workers are also underpaid,
21 working in very stressful situations. There's high
22 vacancies in the non-profits and high turnover. We
23 must fund these programs to be innovative and
24 responsive all year round. In the event, I want to
25

1
2 address involuntary commitment quickly. We believe it
3 should be used in only the most rarest cases, but we
4 must do more to address the post-commitment care to
5 make sure that the folks are supported long-term.

6 Lastly, we think this is a moment that
7 calls on all of us to learn, reflect, and be ready to
8 be innovative to meet the needs of all unsheltered
9 New Yorkers. We look forward to working with the
10 Council and the Administration on these issues. Thank
11 you.

12 CO-CHAIRPERSON HUDSON: Thank you so much.

13 CAROLYN NORTON: Good afternoon, Chairs
14 Feliz and Chairs Hudson. My name is Carolyn Norton,
15 and I'm the Interim Chief of Litigation Advocacy at
16 Legal Services NYC. Legal Services NYC is the largest
17 civil legal services provider in the country, and our
18 neighborhood-based offices across all five boroughs
19 serve over 100,000 individuals annually. One of those
20 practice areas is focused on housing, and we have a
21 very robust practice focusing on eviction work.

22 I'm here today to discuss a critical
23 contradiction in the City's policies that puts New
24 Yorkers' lives at risk every winter. Wisely, the City
25 has created a Code Blue policy to ensure that the

1
2 unhousted can gain access to shelter during periods of
3 extreme cold. This policy is in place for a good
4 reason. Living outside during freezing temperatures,
5 as we know, is not only dangerous, but can be deadly.
6 The City recognizes that for the unhoused, freezing
7 temperatures present a real threat. Yet at the same
8 time, the City is working to bring the unhoused
9 inside, it allows city marshals to continue with
10 evictions, thereby rendering a new class of New
11 Yorkers homeless. Our organization analyzed, using
12 publicly available data, the number of evictions that
13 occurred across the City when the temperature was
14 below 32 degrees, thereby triggering a Code Blue
15 response, and found that from 2017 to date, there
16 were nearly 15,000 evictions carried out. Climate
17 change is exasperating the risk posed by both
18 excessive heat and extreme cold. Last summer, Legal
19 Services NY released a report, which I'll include
20 with my written testimony, on the dangers of being
21 evicted during periods of extreme heat. Last summer's
22 brutal heat wave was followed by this viciously cold
23 winter. We know from these past weeks how dangerous
24 it can be to be unhoused during freezing
25 temperatures. Last Monday, when the actual

1 temperature in the morning at approximately 9 a.m.
2 was 20 degrees Fahrenheit and 9 degrees with a wind
3 chill, City Marshals began evicting tenants and
4 ultimately evicted 107 individuals and families. The
5 City has acted to suspend evictions during periods of
6 extreme weather in the past, and they did, in fact,
7 suspend evictions for the first week of the storm.
8 But unfortunately, there's not a uniform policy in
9 place, and the notice to suspend evictions are
10 typically not issued until the day prior, so tenants
11 may still be taking steps to prevent (TIMER CHIME)
12 the eviction, such as traveling to court to file an
13 appearance, file emergency papers during dangerously
14 cold weather. As climate change intensifies extreme
15 weathers across all season, New York City has an
16 opportunity to take a bold step on behalf of its most
17 vulnerable residents when they need shelter the most.
18 In doing so, the City will be joining other
19 jurisdictions like Washington, D.C., and Cook County,
20 Illinois, which includes Chicago, who've implemented
21 policies suspending evictions during periods of
22 extreme weather. Allowing evictions to occur when it
23 puts New Yorkers at risk of serious harm or even
24 death is inhumane. New York City has recognized
25

1
2 extreme cold as a grave threat to the unhoused, yet
3 the City allows tenants to become newly unhoused
4 during these same conditions. By establishing a
5 uniform approach that suspends evictions when a Cold
6 Blue is in effect, New York City can prevent
7 unnecessary illness and death, reduce strain on
8 emergency services in the shelter system, and
9 demonstrate that basic human dignity and public
10 health are paramount. Thank you for your
11 consideration.

12 CO-CHAIRPERSON HUDSON: Thank you so much
13 for your testimony.

14 CATHERINE TRAPANI: Good afternoon. My
15 name is Catherine Trapani. I'm from Volunteers of
16 America Greater New York. I want to thank everybody
17 for this hearing and the opportunity to testify.

18 First, I want to touch on things that I
19 think were helpful. I think the decision to not sweep
20 encampments probably saved lives. Allowing people to
21 keep tools that keep them warm, like blankets and
22 tarps and tents, is the right decision. I think that
23 the warming buses were a game changer. I want to
24 thank Dr. Long for sending one to my neighborhood
25 when we noticed an unhoused person in need. The

1
2 response was incredible. And I also think that the
3 addition of single rooms and low barrier beds is a
4 policy that needs to continue.

5 In terms of what went wrong and how we
6 can fix it, there's still not adequate communication
7 and data sharing. Some of the CARES and StreetSmarts
8 access that we've been talking about this morning is
9 actually read-only access. There's not real-time data
10 updates throughout shifts, and so that needs to
11 improve. The definition of a family is still too
12 strict. Despite the ability to make exceptions to
13 policy, that's not a uniform thing, and a lot of
14 folks on the streets don't know that they have that
15 option. Safe havens and stabilization beds should not
16 be a prize. They should be readily available, and we
17 need to continue to ramp up capacity until we have
18 enough capacity to meet the need for everyone
19 unsheltered. And certainly the general shelter system
20 needs both repair and a design overhaul. If people do
21 not feel safe coming in, we're going to lose the
22 whole thing. And so I want to applaud Commissioner
23 Park in particular for her innovations on purpose-
24 built shelter that is designed from the ground up
25 with the needs of homeless folks in mind. But

1
2 remember, the bulk of the system is old. It was
3 created haphazardly, and it's been going on for years
4 with challenging conditions, and I would love
5 selfishly to ask DHS to expedite some of the
6 approvals that we need to do some improvements in
7 sites that VOA operates because it's really been a
8 longstanding battle, and I think if we can show that
9 it's possible to make these places more safe and
10 humane, other providers will be able to do so as
11 well, and we need the flexibility and the funding to
12 do that.

13 And finally, pathways to (TIMER CHIME)
14 housing have to be faster. Street teams can and
15 should be linking people directly to homes. Our
16 street-to-home pilot program received 15 referrals in
17 the last two weeks for some vacancies. We have 69
18 additional units that could be added to this pilot to
19 house people almost immediately, and all we need is
20 for the city to say yes. So, thank you very much for
21 the opportunity to testify. I appreciate all the work
22 of this Committee.

23 CO-CHAIRPERSON HUDSON: Thank you so much.
24 Thank you all for your testimony.

25

1
2 I'm going to call on Orin Barzilay, who's
3 online, and I believe we'll wait for you to be
4 unmuted. Orin Barzilay.

5 SERGEANT-AT-ARMS: You may begin.

6 Orin Barzilay.

7 ORIN BARZILAY: Hi. I was waiting to be
8 unmuted. Thank you.

9 CO-CHAIRPERSON HUDSON: Okay. No problem.
10 We can start your time now.

11 ORIN BARZILAY: Thank you, ma'am. I want
12 to thank everybody at the Council who's been
13 advocating and supporting our pay parity issue that's
14 been going on for years, and I want to thank the
15 Chief of Department for mentioning that today. As you
16 heard by his own words, EMS is holding 300 calls each
17 hour. It's not just 300 calls for the day. As calls
18 get dispatched, more calls are coming in. It is hard
19 for us to keep up with the demand. And unfortunately,
20 people who are suffering from hypothermia have longer
21 waits. Even though they are receiving preference now
22 to pick up these calls, they're still waiting a
23 minimum (INAUDIBLE) to half an hour. It's just the
24 public is not getting the aid that they need
25 specifically under this crisis that we're going with,

1
2 this extreme weather. Both our men and women in EMS
3 and on the Fire side are doing heroic work. But, you
4 know, the City is asking us to do something that is
5 impossible to achieve without the resources, and the
6 public is paying the price and now we're seeing that
7 18 people have passed. You know, when the police or
8 EMS get dispatched, yeah, they're no longer there
9 because they waited an hour. Sometimes calls are
10 waiting for seven, eight hours. It's an ongoing
11 issue. Hopefully, this new Administration will
12 advocate and give us the funding that we need to deal
13 with these calls.

14 CO-CHAIRPERSON HUDSON: Thank you. Thank
15 you for your testimony.

16 I'd like to call the next panel in
17 person. Helen Strom, Eric Rosenbaum, Erica Strang,
18 Judith Rosenfeld, Van Yu, and Jody Rudin.

19 You may begin.

20 ERICA STRANG: Chairperson Feliz, Hudson,
21 and Members of the Committee on General Welfare and
22 Public Safety, thank you for the opportunity to
23 testify on this important topic. My name is Erica
24 Strang. I am from the Center for Urban Community
25 Services, UCS, where I serve as the Director of the

1
2 Manhattan Outreach Consortium, commonly referred to
3 as MOC. We are a group of three non-profits
4 contracted with the Department of Social Services to
5 provide outreach and placement services to
6 unsheltered New Yorkers. Annually, we make more than
7 1,800 placements of transitional and permanent
8 housing. For years, City Hospital and non-profit
9 collaboration around Code Blue operations has saved
10 countless lives. The recent terrible weather and
11 tragic cold-related deaths highlight that
12 improvements can be made. Since the first Code Blue
13 notice in November of 2025, MOC has made over 320
14 placements from the street to sheltered settings. We
15 applaud the City for increasing low-barrier, low-
16 density safe havens and warming bed capacity as an
17 alternative for people who are fearful of and
18 overwhelmed by shelters, and we encourage more of
19 these options. We know that when single rooms are
20 offered, people are more likely to accept placement.
21 One additional step the City can take is to relax
22 current shelter rules limiting the number of
23 belongings that can be brought inside. People
24 hesitate to surrender their belongings to come inside
25 or often want their belongings stored nearby. We

1
2 recommend increasing the bag limit from two to four
3 or the acquisition of storage vans near shelters to
4 assure clients their belongings are close by. During
5 Code Blues, our social workers, nurses, nurse
6 practitioners and physicians conduct 9.58 and 9.37
7 community removals to hospitals, a very last resort
8 yet a critical tool for preventing death. We find
9 that NYPD and EMS workers who respond to transport
10 calls aren't familiar with our removal authority. We
11 urge the City to lean on non-profit partners like
12 CUCS to provide training for first responders around
13 this type of removal. Additionally, we recommend that
14 the city develop an enhanced Code Blue notification
15 to NYPD and (TIMER CHIME) EMS workers about removal
16 authority for all outreach teams to reduce barriers
17 to immediate hospital transport. Our final
18 recommendation is to build capacity for outreach
19 teams to mobilize during weather emergencies. MOC has
20 over 1,800 people on caseload. To satisfy the FY24
21 PEG, MOC was forced to cut its budget by 3 percent.
22 However, our caseload has doubled in the past eight
23 years. We advocate a 6 percent increase to the MOC
24 budget to meet staffing needs for its current
25 caseload. We also advocate that funding levels allow

1
2 us to raise starting salaries from an average of
3 40,000 to 50,000 because low pay compounded by high
4 caseloads makes it difficult to staff a sustained and
5 enhanced Code Blue response. Thank you for your
6 attention and consideration.

7 CO-CHAIRPERSON HUDSON: Thank you for your
8 testimony.

9 HELEN STROM: Hello. My name is Helen
10 Strom. I'm the Benefits and Homeless Advocacy
11 Director at the Safety Net Project at the Urban
12 Justice Center. We work directly with people who are
13 street homeless to organize for actual solutions to
14 homelessness and permanent housing and to stop the
15 criminalization of homeless people that's occurring
16 on the streets. We also provide services and directly
17 work with people in the streets to get permanent
18 housing and to come inside. I want to read part of a
19 statement by someone who is street homeless as part
20 of my testimony who couldn't be here today. This is a
21 statement this person wrote in December.

22 He said on December 4th I experienced an
23 emergency sweep at 7 p.m. at night where all of my
24 belongings were thrown away including a bicycle worth
25 over 1,500 dollars, my medications and toys and

1
2 clothes for my two children in Queens. I was arrested
3 and released to start over again. This is just one of
4 the over 40 sweeps I've experienced in the last three
5 and a half years. Over half a dozen times, 100
6 percent of my belongings have been disposed of in the
7 back of a garbage truck with tears in my eyes as I
8 watched.

9 I start with that to say I agree with
10 what the earlier panel said that stopping encampment
11 sweeps likely did save lives this month. The
12 opportunistic framing by someone in the media saying
13 that sweeps were somehow responsible for these
14 deaths, I think it's extremely harmful and it's a way
15 to use an abusive practice that repeatedly harmed
16 homeless people and destroyed trust with outreach.
17 Opportunistically use that as a cause for these
18 people's deaths is just absurd and extremely harmful.
19 In terms of the things that we think did work this
20 month, stopping sweeps I absolutely believe saved
21 lives. Opening new beds, opening single rooms,
22 opening places where people can actually go inside,
23 that worked. This person is now, who I read that
24 statement from, experienced no sweeps this month and
25 is now in a single room. Those things work but

1
2 there's a lot that still needs to change. We spoke
3 with many people this month who were getting kicked
4 out of subways (TIMER CHIME) by the NYPD into
5 freezing cold conditions and they were directed as of
6 Friday to stop doing that, and we are hearing reports
7 that the NYPD is continuing to do that. We've spoken
8 to homeless folks who are getting kicked out of
9 stations into the freezing cold. The Mayor has
10 directed the NYPD not to do that. They need to stop
11 kicking people out into the freezing cold in this
12 weather because people are being kicked out without
13 any assistance. This is not people who are causing
14 disruption in the station. These are people who have
15 nowhere else to go and are relying on the subways for
16 warmth. Lastly, sweeps have really destroyed a lot of
17 trust between outreach and the City. There's a lot of
18 homeless folks on the street who see outreach
19 approach and say, I don't want to talk to you because
20 you're the same person who came to the sweep, you're
21 the same person who posted the sweep's notice.
22 There's a lot that needs to be done to rebuild that
23 trust, and I think you've heard today some ways that
24 it can happen. Distributing care kits, distributing
25 material supplies, actually working with people on

1 permanent housing. Most people we've talked to on the
2 streets have gotten no help in getting permanent
3 housing from their outreach teams. The outreach teams
4 sometimes don't even have access to the CityFHEPS
5 vouchers. They don't have access to the affordable
6 housing apartments for homeless set-asides. The
7 outreach teams are only able to assist them with
8 getting into shelters and sometimes they aren't able
9 to assist people with that. I think we really need to
10 see a complete overhaul of the system to rebuild all
11 the trust that has been broken between homeless
12 people and City outreach, and it starts with giving
13 people supplies and care that they need, getting
14 people into permanent housing, into vacant supportive
15 housing units, giving them vouchers, using Housing
16 First that was spoken about, actually getting people
17 the assistance we need and for people to know that
18 the City is trying to do that instead of trying to
19 push them from one place to the other to the other as
20 happened during the sweeps in the previous
21 Administration and is happening right now with the
22 NYPD and the subway system.

24 CO-CHAIRPERSON HUDSON: Thank you.

1
2 ERIC ROSENBAUM: Hello. I'm Eric
3 Rosenbaum. I'm the President and CEO of Project
4 Renewal, a 58-year-old non-profit that provides
5 housing, health care, shelter and employment services
6 to thousands of New Yorkers experiencing homelessness
7 each year. Thanks to Speaker Menin and to you, Chairs
8 Hudson and Feliz and to the Members of your
9 Committees, for calling this hearing. Project Renewal
10 builds supportive communities where people achieve
11 dignity and independence, renewing their lives with
12 health, homes, and jobs. When an emergency strikes,
13 providers like us need to act quickly. We also need
14 to build the infrastructure to be ready for the
15 future. I'm going to try not to repeat things that
16 have been said a lot already, but I would say three
17 things. One is that there isn't a map of the entire
18 very complicated system. Project Renewal operates
19 many services, some of which are not funded by the
20 City. We operate state facilities. We operate
21 federally funded health care. We can coordinate very
22 well among ourselves for the few thousand people that
23 we house and provide services to, but the City
24 doesn't necessarily tap into everything that we do
25 because they don't have a full understanding of our

1
2 services, and certainly even though I've been doing
3 this work for 18 years, I don't know the full range
4 of what is actually available out there. I think
5 technology would be a big help right now just to
6 build a full system map and to ensure that data is
7 available in real time. An outreach worker on the
8 street should be able to open their phone and see
9 what the safe haven beds are that are available right
10 now within a five-to-ten-minute walk of where they
11 are or other resources that might be appropriate for
12 the person that they're talking to. We are also
13 building shelter capacity. We have 400 beds of
14 purpose-built shelter that's going to open in the
15 next few weeks. I sometimes (TIMER CHIME) think about
16 what that could have done had it been available a
17 month ago or two months ago, and I would invite you
18 to look at this because for all of the concerns about
19 what the shelter system is, we are building an
20 operating shelter that is radically different,
21 radically better, much more designed around the needs
22 of people with lived experience. We also need to be
23 able to repair facilities that mostly are owned by
24 the City and need fixing up substantially in order to
25 be the kind of place that people are willing to go to

1
2 to get the services that they need. I think I'm going
3 to stop there.

4 CO-CHAIRPERSON HUDSON: Thank you for your
5 testimony, and you could submit longer written
6 testimony.

7 JUDITH ROSENFELD: Hi. My name is Judith
8 Rosenfeld, and I'm Vice President of Special Projects
9 at Breaking Ground. Thank you to Speaker Menin,
10 Chairs Hudson and Feliz, and Members of the General
11 Welfare and Public Safety Committees for holding this
12 important hearing. Breaking Ground is the largest
13 developer and operator of permanent supportive
14 housing for low-income and chronically homeless New
15 Yorkers. We operate over 4,000 supportive apartments
16 with more than 2,000 in development and lead street
17 outreach in Brooklyn, Queens, and Midtown Manhattan.
18 Along with our network of 800 safe haven beds and our
19 drop-in center in Queens, we serve over 10,000
20 vulnerable New Yorkers each year. This recent stretch
21 of extreme cold has been the most dangerous we've
22 seen in years. Our outreach teams were in the field
23 even before the weather arrived, working closely with
24 DHS to adapt quickly. We bring people indoors
25 whenever possible, and when someone is hesitant, we

1
2 deploy clinicians, check frequently, and keep a very
3 low threshold for intervention during the coldest
4 nights. Our outreach teams have placed many
5 unsheltered individuals into transitional and
6 permanent housing. We saved many lives, but we mourn
7 those 18 individuals who suffered. To prevent future
8 loss, we must expand low-barrier beds, safe havens,
9 and stabilization beds directly in neighborhoods
10 where outreach teams work. We also need flexibility
11 to fill vacant supportive housing so people can move
12 inside faster and free up beds for others at risk. In
13 particular, HASA units often sit vacant for months
14 before they are filled. If we could place non-HASA-
15 specific clients into these units and receive the
16 necessary operating supported funding from the City,
17 we would move people into permanent housing faster
18 and free up more safe haven capacity. Breaking Ground
19 stands ready to partner with the City Council, the
20 Administration, and DSS to strengthen Cold Blue
21 Response and ensure New Yorkers survive and thrive
22 off the streets.

23 CO-CHAIRPERSON HUDSON: Thank you for your
24 testimony.

1
2 VAN YU: Chair Feliz, Chair Hudson, thanks
3 for this opportunity to testify. I'm Van Yu. I'm the
4 Chief Medical Officer of the Center for Urban
5 Community Services and its healthcare affiliate,
6 Janian Medical Care, which provides psychiatry and
7 street medicine to City-funded outreach teams,
8 including the Manhattan Outreach Consortium, Breaking
9 Ground Street to Home in Brooklyn and Queens, and the
10 Bronx Works Homeless Outreach Team. In this capacity,
11 we've enjoyed a long-standing partnership with the
12 Department of Homeless Services, including the Joint
13 Command Center. In Calendar 2025, street medicine
14 served 489 patients over 3,417 visits, and outreach
15 psychiatry served 344 patients over 1,084 visits. I
16 offer the following two recommendations to improve
17 Cold Blue operations. First, is to seek opportunities
18 to increase support, training, and retention of
19 outreach staff. Much of the groundwork for Cold Blue
20 success is laid down in day-to-day painstaking work
21 before Cold Blue. Many vulnerable people suffer from
22 serious, difficult to treat mental disorders that
23 impair people's ability to accept care and navigate
24 housing pathways. Furthermore, the processes and
25 settings of service can be overwhelming and even

1
2 terrifying. These are some of the most complicated
3 and challenging psychiatric conditions to address.
4 Therefore, effective service requires psychological
5 understanding, resilience, patience, persistence.
6 Without adequate training and supervision and
7 support, outreach encounters can inadvertently
8 exacerbate symptoms, and outreach providers can get
9 burnt out. Furthermore, having a familiar outreach
10 provider leave a team can disrupt weeks or even
11 months of hard-won trust. During a Cold Blue, a
12 vulnerable person is much more likely to agree to
13 come inside or accept care from a provider who has
14 already nurtured a psychologically effective trusting
15 relationship over time. So, interventions to support
16 and retain providers, investments made today, will
17 pay dividends during a (TIMER CHIME) Cold Blue.

18 Second, is to seek opportunities to
19 improve collaboration around and support for hospital
20 transports and inpatient admissions. The Senior
21 Advisor for Severe Mental Illness, who has reported
22 directly to the Deputy Mayor for Health and Human
23 Services, has been invaluable in brokering such
24 collaboration between outreach, NYPD, FDNY, and
25 Health and Hospitals. We encourage the City to

1
2 reinstate this position. Also, increased acute
3 inpatient, extended care unit, and transitional
4 housing unit capacity could ease pressure to
5 discharge people from emergency departments and
6 provide more opportunity for inpatient stays of
7 adequate duration to realize treatment benefit. Thank
8 you for your attention and consideration of these
9 recommendations.

10 CO-CHAIRPERSON HUDSON: Thank you for your
11 testimony.

12 JODY RUDIN: Good afternoon. My name is
13 Jody Rudin, and I'm the President and CEO of the
14 Institute for Community Living, a large behavioral
15 health and housing organization that serves over
16 10,000 people annually and provides housing for 4,000
17 people a night across all five boroughs of New York
18 City. Thank you both, Chairs Hudson and Feliz, for
19 your leadership in calling this hearing, and I
20 appreciate the opportunity to testify. I also,
21 although she's no longer here, really want to thank
22 Commissioner Park for her leadership over these last
23 several years. I personally think she's set the bar
24 with respect to working with integrity, bringing a
25 collaborative spirit to the work, and also really

1
2 innovating around permanent housing options through
3 the Department of Social Services. I also think the
4 Administration deserves a lot of credit for its rapid
5 response during the cold weather emergency, and so do
6 the outreach providers for their 24/7, life-saving
7 work. But the truth is, for people sleeping on our
8 streets, emergency is not seasonal. It's the daily
9 reality. Unhoused New Yorkers face an ongoing public
10 health crisis. People experiencing street
11 homelessness die at rates three and a half times
12 higher than the general population, and this is
13 driven by hot and cold weather exposure, illness, and
14 violence. We cannot emergency our way out of a
15 structural crisis. We need permanent solutions. This
16 starts with prioritizing housing and expanding low-
17 threshold options, including safe havens,
18 stabilization, and medical respite beds, more
19 intensive mobile treatment slots, and fully funding
20 the STEPS program, which serves people with the
21 highest needs who have often been on the streets for
22 decades. The Council actually worked with the Adams
23 Administration to allocate 15 million dollars for
24 this work, for intensive mobile treatment, and for
25 STEPS, the (TIMER CHIME) step-down program in Fiscal

1
2 Year '26. These funds have not been procured. They
3 must be released. Lives depend on it. This is a
4 source of major consternation, and I would ask the
5 respective Committees to focus on it.

6 I'll just also say in closing, we need an
7 accountable governance structure in New York City
8 that reflects and streamlines the complexity and
9 cross agency nature of this work. We've seen it on
10 display today. DHS, EMS, NYPD, H and H, DOHMH, DYCD,
11 who is ultimately accountable? I would suggest a
12 high-level, accountable coordinator at City Hall.
13 When I served as Assistant Commissioner at DHS, we
14 reduced street homelessness by 40 percent, using by-
15 name lists, prioritizing people at highest risk, and
16 pairing outreach with real housing options that
17 reflect the preferences of people living on the
18 streets. We know what works. Now we need the
19 sustained commitment and investment to do it. Thank
20 you.

21 CO-CHAIRPERSON HUDSON: Thank you so much
22 for your testimony.

23 Helen, was it? I wanted to just ask a
24 follow-up question. Anybody could answer though, but
25

1 based on your specific testimony, you shared the
2 experience of someone who experienced an encampment...

3 HELEN STROM: Yeah, sweep.

4 CO-CHAIRPERSON HUDSON: Yes. Thank you.

5 Sorry. And that their items were put in a Sanitation
6 truck for disposal. My understanding was that
7 personal items were supposed to be inventoried.
8 Generally speaking, has that been the experience of
9 other folks that you are aware of or not? I'm trying
10 to assess if the normal protocol is that they're
11 actually just throwing away the items, or are they
12 actually inventorying items and then returning them
13 at a later date to folks?

14 HELEN STROM: They are very often throwing
15 people's belongings away, I think their personal
16 belongings into the trash. Like, we really appreciate
17 that this Administration is not going to do that.
18 This Administration knows that that is not a way to
19 solve homelessness. That's just a way to traumatize
20 people, move them out of sight to another place a
21 couple blocks away. It had no permanent housing
22 outcomes in the entire time that data was collected
23 on it. That is not a way to solve homelessness. The
24 way to solve homelessness is actually having
25

1
2 effective outreach, getting people into permanent
3 housing from the street, getting people into single
4 rooms, low barrier places from the street. Those are
5 the ways that we can actually solve homelessness.
6 That was happening very regularly under the Adams
7 Administration.

8 CO-CHAIRPERSON HUDSON: Thank you.

9 Thank you all for your testimony.

10 I'll call the next panel. Timothy Pena,
11 Shana McCormick, Richard Flores, Jennings,
12 Christopher Leon Johnson, and A.P. LaFare.

13 You can start.

14 SHANA MCCORMICK: Good afternoon, and
15 thank you to Speaker Menin and to Chairs Hudson and
16 Feliz for holding this important hearing today. My
17 name is Shana McCormick, and I'm the Senior Director
18 of Government and Community Relations for Rethink
19 Food. We're a chef-led non-profit organization
20 dedicated to creating a more equitable and
21 sustainable food system driven by our core belief
22 that every New Yorker deserves the dignity of a high-
23 quality meal. We recognize that food is only one
24 piece of this very complex puzzle. We deeply respect
25 and thank all City agencies and partners for their

1
2 tireless response. We must acknowledge though that
3 malnourishment is an issue amongst our street
4 homeless population and we take the nourishment of
5 our neighbors very seriously. We're very proud of our
6 ability to respond quickly to emergency meal needs
7 and to do so with dignity. Our model transforms the
8 local economy into a frontline defense against
9 hunger. We partner with over 200 local restaurants to
10 provide chef-crafted nutritious meals directly to the
11 communities that need them most. We're proud to share
12 that we've distributed close to 34 million culturally
13 appropriate hot and quality meals and directed over
14 17 million to small local businesses and restaurants.
15 Rapid response is a core part of our mission and it's
16 what we do best. We scaled our work quickly to feed
17 newly arrived New Yorkers at a district level. We've
18 responded to local emergencies like fires and gas
19 outages and more globally when SNAP benefits and
20 pause during the government shutdown we moved forward
21 with urgency and adapted. Over the past weeks of
22 extreme cold, Rethink Food mobilized rapid emergency
23 meal responses often within hours across New York
24 City in partnership with elected officials City
25 agencies, and frontline housing providers serving

1
2 communities facing extreme cold, utility outages and
3 fire related disruptions and displacements. These
4 activations included snowstorm response efforts,
5 NYCHA buildings without heat or gas, Health and
6 Hospitals warming stations and emergency housing
7 sites. In the past 41 days, Rethink Food has provided
8 (TIMER CHIME) over 8,000 meals in response to the
9 cold and are proud to have partnered with Speaker
10 Menin, Council Members Kevin Riley and Zhuang to name
11 a few. Additional meals are underway through a month-
12 long emergency response at the Bronx Park Motel in
13 partnership with Council Member Pierina Sanchez.
14 Models like ours rely on strong partnerships with
15 City government. As we look ahead, we invite the
16 Council and City agencies to view us as a bridge
17 between the private sector and public need, and we
18 look forward to seeing how we can further support
19 these vital cross sector partnerships to make our
20 City's emergency food response as seamless and
21 dignified as possible. Thank you for the time.

22 CO-CHAIRPERSON HUDSON: Thank you for your
23 testimony.

24 A.P. LAFARE: Hello. My name is A.P.
25 LaFare. I got a lot of titles. I'm here as a

1
2 community person. I've worked with a couple of the
3 outreach teams, and so I just wanted to come and say
4 that a lot of the things that have been said today
5 have been a lot like based on numbers and we're
6 overlooking the fact that these are people and so
7 when we think about that we have to think about what
8 type of services are being provided and the quality
9 more so of services. And speaking from my experience
10 with this type of work, the quality is not there.
11 Yes, the shelters are in disarray. Yes, there are
12 locations, safe havens that don't have appropriate
13 accommodations. At the end of the day, the people,
14 the workers, the staff, the people in the literal
15 community, those are bigger determinants of whether
16 someone is able or willing to take housing or to
17 receive housing. Not even to mention the mental
18 health aspect of it, which I believe has been
19 strongly overlooked in my past position the most
20 because yes, there are teams that have case managers
21 and nurse practitioners and nurses and all of that.
22 That doesn't mean that they're always staffed that
23 way and also there's a caveat between a licensed
24 clinician and a mental health clinician who has a
25 graduate degree and I'm saying that as far as it goes

1
2 with experience which goes into the lack of training
3 overall. The training should be improved because at
4 this point I think that the Code Blue only continues
5 to exasperate what is already there which is the
6 quality of care around the board when it comes to the
7 people who are providing the services, the people who
8 are receiving them, the actual facilities that are
9 being utilized and also the implementation and the
10 collaboration with community in meaningful ways.

11 Thank you.

12 CO-CHAIRPERSON HUDSON: Thank you for your
13 testimony.

14 CHRISTOPHER LEON JOHNSON: All right. My
15 name is Christopher Leon Johnson. I need the City
16 Council to be on record to say that the reason
17 Mamdani doesn't want to remove the homeless off the
18 street is because some of the main non-profits that
19 got them in are the main ones that are pushing for
20 the non-criminalization of homelessness, VOCAL New
21 York and Safety Net. And I think that you Chair
22 Hudson need to be on the record to say that you have
23 a lot of dealings with VOCAL New York and Safety Net
24 so when it comes to, I think for the next eight years
25 because I think this guy will be re-elected again,

1
2 nothing is going to change with this. This is a waste
3 of a Committee time. Nothing is going to change with
4 really making sure that the homeless are put in the
5 right places to be served. You know, this Mayor, he's
6 been on record to say he's not going to remove the
7 homeless sweeps and a few members of the Committee
8 are the same ones that are pushing for this stuff.
9 Look. Let's keep it real that keeping people on the
10 street is inhumane. This is straight inhumane, and we
11 have a City Council, even with the Speaker, all they
12 care about is lining their pockets, using
13 discretionary funding and lining the pockets of these
14 corrupt homeless shelter (INAUDIBLE) non-profits and
15 VOCAL New York and Housing Works and Safety Net.
16 Where is this clown of a CEO of Win. Christine Quinn
17 makes over 500,000 dollars. We didn't hear from her.
18 Where is she saying that these people it's
19 justifiable because she said on Twitter that it's
20 justifiable that people die on these streets. It's
21 just out of control. And one more thing I want to say
22 is that I think the City Council need to come
23 together and condemn Trans Alt because they made it
24 that their bike racks are more viable than 18 people
25 dying on the street. They was complaining over

1
2 Twitter today, Ben Furnas, Elizabeth Adams and Trans
3 Alt was complaining over Twitter today that (TIMER
4 CHIME)

5 CO-CHAIRPERSON HUDSON: Your time has
6 expired.

7 CHRISTOPHER LEON JOHNSON: You gave all
8 the non-profits, you gave all the non-profits, why
9 you gave all the non-profits more time.

10 CO-CHAIRPERSON HUDSON: Thank you. Your
11 time has expired.

12 CHRISTOPHER LEON JOHNSON: You gave the
13 non-profits all the time, but you only give us two
14 minutes. That's not right. Let's make, can I get some
15 more time please?

16 CO-CHAIRPERSON HUDSON: Next testimony
17 please.

18 TIMOTHY PENA: My name is Timothy Pena. I
19 run an organization called Veterans Justice Project.
20 I came to New York City in July of 2022. I spent five
21 months at a veterans shelter in Long Island City
22 before receiving supportive housing or obtaining
23 supportive housing near to Penn Station.
24 Transitioning veteran, honorably served, disabled and
25

1
2 a true success story for other veterans here in New
3 York City.

4 I'd like to discuss purely homeless
5 veterans in New York City. I submit this testimony
6 with urgency and concern. The Borden Avenue Veterans
7 Residence is the only VA-funded grant and per diem
8 transitional program in New York City for VA eligible
9 veterans living in conditions that violate federal
10 policies for transitioning veterans in the VA system.
11 BAVR, Borden Avenue, currently houses veterans in a
12 co-mingled environment with non-veteran residents,
13 some violent sex offenders, experiencing active
14 addiction, and severe mental illness under the City's
15 MICA, Mentally Ill Chemical Abuse, framework. This
16 endangers veterans in recovery, especially those with
17 PTSD or history of substance abuse disorder and
18 undermines the federal intent of the GPD as a
19 structured, sober program for stabilization. Veterans
20 who report violence, drug use, or unsafe conditions
21 are often punished, not protected. Many are removed
22 from the (TIMER CHIME) GPD program and therefore
23 disconnected from the federal HUD-VASH permanent
24 housing program. There are currently no veterans
25 serving on the New York City Council, and this makes

1
2 it even more imperative that the Council pro-veteran
3 Members to the Committee on Veterans, Members who
4 will consistently show up and hold DHS and
5 contractors such as Institute for Community Living
6 accountable for how veterans are treated under City
7 oversight. I respectfully urge this Committee to one,
8 hold formal oversight hearings into DHS and
9 contracted administration of the GPD programs, two,
10 mandate separate trauma-informed housing models for
11 VA-eligible veterans only, three, introduce
12 legislative protections for whistleblower veterans
13 and ensure eligibility continuity for HUD-VASH, four,
14 expand access to transitional programs for women
15 veterans. There are no women programs for veterans in
16 this city.

17 CO-CHAIRPERSON HUDSON: Thank you.

18 TIMOTHY PENA: And, five, establish a
19 second veteran-exclusive GPD site in New York City
20 for veterans who are in the VA system receiving care
21 from the VA.

22 CO-CHAIRPERSON HUDSON: Thank you so much.

23 RICHARD FLORES: Thank you for giving me
24 the opportunity to testify today. I'd like to testify
25 and say here publicly and officially that I have

1
2 experienced Cold Blue weather as a homeless person
3 for over a decade from November 21st of 2015 to the
4 present, and this is despite the fact that after
5 being illegally evicted from my family's home in
6 November 21st of 2015, I was and have been denied
7 legal counsel in a court of law to this very day. In
8 addition, the right to shelter requiring the City to
9 provide temporary emergency and self-shelter to any
10 homeless person including legal protection from
11 discrimination, respectful treatment and
12 accommodation of any disabilities, the right to
13 challenge placement decisions, agencies such as the
14 Coalition for the Homeless, Department of Homeless
15 Services, the Department of Social Services, and most
16 notably the Bowery Residence Committee, otherwise
17 known as the BRC, continue to engage in
18 discriminatory practices based on gender, age,
19 ethnicity, race and economic and social status. One
20 example is the authorized physical, sexual, and
21 verbal violence and harassment by Allied security
22 guards who in noncompliance with the United States
23 Constitution continue to violate the First Amendment,
24 speech and religion, the Fourth Amendment,
25 unreasonable search, and even the 14th Amendment, due

1
2 process of law, which resulted in myself filing
3 several incident reports to the NYPD, NYPD Department
4 of Investigation, NYPD Internal Affairs Bureau, and
5 thus far, no official investigation has been
6 conducted by any government agency, FBI, CIA or
7 independent, pardon me, civilian municipal oversight
8 agency such as the CCRB. Lastly, as of January 2026,
9 (TIMER CHIME) Mayor Zohran Mamdani who I testified
10 with at a joint legislative public hearing for the
11 executive budget on Housing cannot or will not say
12 publicly why I've been illegally denied a CityFHEPS
13 voucher or Section 8 federal assistance help for over
14 a decade, and I'd like to know why. That's one of the
15 reasons why I'm here because, with all due respect,
16 I've experienced Cold Blue weather as a homeless
17 person for over a decade and I haven't heard a single
18 testimony today that would address the reason why
19 someone like myself or other people would experience
20 that type of homelessness for that duration of time
21 and also the fact that they have taken advantage of
22 services and have gone into shelter as I have for
23 over four years. I actually spoke to Ms. Parks at a
24 hearing and I never got a call back. I only dealt
25 with the case workers who can only do so much, and

1
2 I'm still at the facility and wanting to get out for
3 over three years.

4 CO-CHAIRPERSON HUDSON: Thank you so much
5 for sharing that. I think we both have some
6 questions. I'll let Chair Feliz go.

7 CO-CHAIRPERSON FELIZ: Thank you so much
8 for your testimony, everyone. A few questions.

9 You mentioned you were homeless for about
10 a decade and there were problems that led you to not
11 want to go into the shelter system including
12 discrimination, problems with the security guards,
13 and a lot more. What are other reasons, what are
14 other circumstances that you would say play a role
15 inside the shelter that would make any person in that
16 situation not want to go to the shelter? I'm sure
17 safety for example is one of the reasons. Can you
18 talk a little bit about that if that's something that
19 you saw during your time?

20 RICHARD FLORES: What I have learned
21 through the experience was first I wasn't fully aware
22 of the violence that goes on in shelters, in
23 facilities, and why. Initially I didn't know why, for
24 instance, why the NYPD weren't used as security, why
25 were they using private security as opposed to using

1
2 NYPD, which in my opinion would follow the law,
3 meaning follow the Constitution of the United States
4 of America, they wouldn't engage in what I've seen as
5 arbitrary types of policing, and the Allied security
6 guards that's exactly what they're doing. There's
7 another gentleman who lives in the facility with me
8 who keeps trying to sue them based on them knocking
9 on his door. They do these wellness checks, and they
10 knock on the door periodically, maybe twice or three
11 times within an hour. During the day, I would imagine
12 that that's fine, but when the person is isolated in
13 their room, I don't know, watching television or
14 reading or trying to sleep, it is quite annoying to
15 have someone knock on your door and ask if you're
16 okay. It doesn't seem to make sense. Now what's more
17 important, and this is something that I'm glad you're
18 giving me the opportunity to say here, is some of
19 these guards are known cannabis users. You can
20 actually smell and they reek of cannabis while
21 they're at work which means that their mental
22 capacity is not to be taken seriously. That means the
23 person is actually intoxicated on marijuana while
24 they're at work and you can actually smell them and
25 they will get into verbal arguments. I've heard them

1
2 get into verbal arguments saying they wanted to. I
3 was harassed by one who threw my things all over the
4 table and I said to him, sir, the reason why I carry
5 my things here is because you people confiscate
6 people's things without their... what's the word?

7 CO-CHAIRPERSON HUDSON: Consent.

8 RICHARD FLORES: Consent, and he said we
9 don't do that here. I said, yes you do. I've seen
10 many complaints and I've heard many complaints here
11 and I've also verbally heard you people say that you
12 would steal my things and the Allied security guard
13 got very upset, very irate with me. I called the
14 police and, when the police came, I explained to them
15 what happened and they listened to me and listened to
16 him and they told him, please do not speak with me
17 anymore and I said, exactly. I said, that's your job.
18 I said, if someone does not consent to you wanting
19 them here, all you have to do is call the supervisor,
20 the supervisor will come downstairs, speak to the
21 resident and, if the person doesn't want to comply,
22 then I would imagine that the supervisor could tell
23 them to leave or stay but my understanding with that
24 is that that would be against the law that they would
25 throw the person out into the street because they

1
2 didn't want to comply with being (INAUDIBLE). You
3 could tell me that better than maybe than I would
4 know and this was during Cold Blue weather, by the
5 way, this was during weather. I went to the police
6 precinct and I spoke to an officer who was extremely
7 rude. I know I can't use this evidence here, but I
8 recorded the officer while he was talking to me
9 because this has happened to me too many times. I've
10 been to the Department of Inspection, I've been to
11 the CCRB, I've been to the Internal Affairs, the
12 Bureau with the NYPD over and over again to try to
13 have an investigation done, and this particular
14 officer was very rude and he told me, sir, if you
15 don't like how you're being treated there, your
16 option was to leave and live on the street. I said to
17 him, sir, that's illegal, right?

18 CO-CHAIRPERSON HUDSON: Are you willing to
19 share your contact information with us, Mr. Flores,
20 so that we can follow up with you...

21 RICHARD FLORES: Yes.

22 CO-CHAIRPERSON HUDSON: On some of these
23 issues and concerns. And I just want to confirm you
24 said you've been trying to get a CityFHEPS voucher
25 for the better part of 10 years?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

RICHARD FLORES: Yes, I actually...

CO-CHAIRPERSON HUDSON: Or you have a
voucher?

RICHARD FLORES: Well, when I was first I
guess admitted to the BRC shelter, the case worker
said that I had the case worker said that I had a
CityFHEPS voucher and I said, well, I didn't know
that, how would I know that? And she said, you didn't
receive any mailing or email? I said, no. The HRA
people didn't tell me anything. I didn't get anything
in the mail, so how would I know? I called 3-1-1,
etc. 3-1-1 didn't give me any information. No one
gave me any information, so how would I know whether
I had a voucher or not? And she said, you have a
voucher. I said, fine. And then after that, what she
said to me was, you have to wait over a year in order
for you to get out of this BRC facility and we would
find you a place to live. And I said, why would
anyone have to wait a year living in a place like
this where it's dangerous and all kinds of things
could happen to a person?

CO-CHAIRPERSON HUDSON: Thank you so much
for sharing. We're going to get your contact

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

information so that we can follow up with you
directly on all of these issues. Thank you.

RICHARD FLORES: Okay. How long would it
be to get contacted?

CO-CHAIRPERSON HUDSON: We'll reach out to
you either later today or tomorrow.

RICHARD FLORES: Okay.

CO-CHAIRPERSON HUDSON: Probably tomorrow.

RICHARD FLORES: Okay.

CO-CHAIRPERSON HUDSON: Okay.

RICHARD FLORES: All right. Thank you.

CO-CHAIRPERSON HUDSON: Okay. Thank you so
much.

RICHARD FLORES: Thank you.

CO-CHAIRPERSON HUDSON: Thank you all for
your testimony.

Yes, sir.

TIMOTHY PENA: A couple of statements in
support of Mr. Flores. I'm out on the streets working
with veterans experiencing homeless. I participated
in the last two Hope point-in-time counts. Story's
the same. Staff taking stuff that doesn't belong to
them. What comes in the front door at donations goes
out the back door in the back of staff vehicles.

1
2 Security. Intimidation. Using tactics that are just
3 not, you know, using these kind of intimidation
4 tactics, and then when police are called, using other
5 security to provide cover for illegal and unlawful
6 activities within the shelters. I heard this over and
7 over again in the last two Hopes that I did and
8 continue to hear this despite what DHS is saying.
9 They're not getting any safer. The same activities
10 are still continuing on. Thanks.

11 CO-CHAIRPERSON HUDSON: Thank you so much.

12 We're moving on to the next panel.

13 Okay. On Zoom, we're going to move to
14 Charlton D'Souza and Knakisha Candanedo.

15 CHARLTON D'SOUZA: All right. Good
16 afternoon. My name is Charlton D'Souza. I'm the
17 President and Founder of Passengers United. We're a
18 501c3 non-profit organization, and we do a lot of
19 work in the subways. One thing that was not discussed
20 at today's meeting was the cancellation of 3-1-1
21 tickets when you put them on the website or the app
22 in the subway station to report homeless encampments.
23 A lot of times they're being cleared out by NYPD, and
24 the encampment or the condition is still there so
25 that's an issue. And the reason why I bring that up

1
2 is because a lot of times when we do see homeless
3 encampments in large mezzanines that are often
4 isolated away from the station agent booth, I'll give
5 you a perfect example. Fifth Avenue, 53rd Street, and
6 also Herald Square where you have these. So, a lot of
7 times you see a lot of these homeless individuals,
8 they're mentally ill, they're drinking, they're
9 shooting up needles, and it's a lot of these homeless
10 individuals that end up going on the platforms and
11 they get hit by trains. This is something that's not
12 even being discussed, the suicides, the 12-9s.
13 Obviously, for one or two nights for the homeless to
14 be down there, that might help them stay warm, but it
15 doesn't take care of their long-term psychological
16 needs. And when homeless individuals get off their
17 medications as I've seen, and I've been to incidents
18 where this has happened, obviously they end up
19 getting arrested and they end up getting in the
20 system. So, I really wish that at today's event I
21 really wish the Commissioner would let us ask some
22 questions of them, but we are seeing with this cold
23 snap a lot of the homeless and mentally ill have
24 migrated to the subway system. In fact, two people
25 died this weekend on the subway system. We were

1
2 getting reports that maybe a third or fourth person
3 had passed away. They're saying it was a drug
4 overdose. So, that is seriously alarming. And at the
5 meeting today they (TIMER CHIME) said there was only
6 one service provider..

7 SERGEANT-AT-ARMS: Time is expired.

8 CO-CHAIRPERSON HUDSON: Thank you so much.
9 Knakisha Candanedo.

10 KNAKISHA CANDANEDO: Yes. Hello?

11 CO-CHAIRPERSON HUDSON: Yes.

12 KNAKISHA CANDANEDO: Okay. Hi. Good
13 afternoon. Thank you so much for allowing me to speak
14 and share in this meeting. My name is Knakisha
15 Candanedo, and I am a member of an advocacy group in
16 the Bronx called Friends of Echo Park. And I just
17 wanted to speak very briefly about my experience with
18 working with the homeless or unhoused people in our
19 park. There have been encampments in our park where
20 there have been sweeps that have been done, and I
21 concur with the things that some of the folks have
22 shared here today about how these sweeps have
23 affected them in terms of having their personal items
24 confiscated, thrown out. And as far as being, I
25 guess, feeling harassed or whatever by how these

1
2 sweeps are done, not always, I guess, in the most
3 humane ways, which is very disheartening. Also, too,
4 with the shelter system, I have a family member who
5 is a supervisor at one of the shelters here in New
6 York, and this person has definitely explained why a
7 lot of unhoused people feel very apprehensive about
8 going into the shelter system, the conditions that
9 exist in the shelter systems that make a lot of
10 unhoused folks feel unsafe and not treated in the
11 most respectful ways. And so I feel like between all
12 of those things, there is something that needs to be
13 done in terms of how people can be better served by
14 our City, by our City's services. Just with the
15 shelter system alone, there's so much improvement
16 (TIMER CHIME) that can be made.

17 SERGEANT-AT-ARMS: Time is expired.

18 KNAKISHA CANDANEDO: Excuse me?

19 CO-CHAIRPERSON HUDSON: You can wrap up.
20 Yeah, thank you.

21 KNAKISHA CANDANEDO: Sure. But as far as
22 with the cold right now, I am grateful for OnPoint
23 NYC, that they were allowed over the weekend to be
24 able to stay open 24/7, because I believe they
25 definitely did help to save lives of people who

1
2 otherwise would not have gone into shelter for the
3 numerous reasons that have been named today, and may
4 have added to the number of deaths that have happened
5 because of this severe cold front. So, I thank
6 OnPoint NYC, and for the City to allow them to stay
7 open. I pray that there's something that can continue
8 because they do a great service to the people on our
9 streets that are unhoused and need help and services.
10 So, thank you.

11 CO-CHAIRPERSON HUDSON: Thank you so much
12 for your testimony, and apologies for mispronouncing
13 your name earlier.

14 KNAKISHA CANDANEDO: That's okay. Thank
15 you.

16 CO-CHAIRPERSON HUDSON: Thank you to
17 everyone who has testified.

18 If there's anyone present in the room or
19 on Zoom that has not had the opportunity to testify,
20 please raise your hand.

21 Seeing no one else, I'd like to note that
22 written testimony, which will be reviewed in full by
23 Committee Staff, may be submitted to the record up to
24 72 hours after the close of this hearing by emailing
25 it to testimony@council.nyc.gov.

1
2 And again, I'd like to thank everybody
3 who's testified... Sorry, there's a hand raise.

4 Charlton D'Souza.

5 SERGEANT-AT-ARMS: You may begin.

6 CO-CHAIRPERSON HUDSON: Okay, Charlton,
7 you spoke already. Did you have something to add, or
8 is that an old hand raise?

9 CHARLTON D'SOUZA: Yes. I had something to
10 add. So obviously, the City Council, they need to
11 take our recommendations, and they really need to
12 train all the volunteers around the city on how to
13 put 3-1-1 tickets in. But when we're putting 3-1-1
14 tickets in, NYPD and DHS and the social service
15 providers need to respond and there needs to be
16 accountability tied to the non-profits who have these
17 contracts in the subway system.

18 CO-CHAIRPERSON HUDSON: Thank you. Thank
19 you. Thank you so much for that.

20 CHARLTON D'SOUZA: Yeah.

21 CO-CHAIRPERSON HUDSON: Okay. Seeing no
22 one else, I'd like to note that written testimony,
23 which will be reviewed in full by Committee Staff,
24 may be submitted to the record up to 72 hours after
25

1
2 the close of this hearing by emailing it to
3 testimony@council.nyc.gov.

4 Thank you again to everyone who has
5 testified today. This is a hearing topic that we
6 should not have had to address, but we are here with
7 hope that we'll see some real, tangible changes and
8 improvements to the existing system so that we can
9 prevent any more deaths from happening during this
10 cold weather.

11 And I will pass it off to Chair Feliz for
12 some closing remarks.

13 CO-CHAIRPERSON FELIZ: Thank you. Thank
14 you so much.

15 Just wanted to briefly thank you, Chair
16 Hudson, for this hearing and also want to thank
17 Speaker Menin and the entire City Council team for
18 putting this together. I also want to thank everyone
19 who testified today, including the agencies, the
20 service providers, stakeholders, and also members of
21 our community.

22 Based on the testimony that we heard
23 today, but even putting that to the side, based on
24 everything we know regarding the homeless crisis
25 affecting our city, it is clear that the systems we

1
2 have in place are not working for the homeless. The
3 systems that we have in place are not working for
4 those that are the neediest New Yorkers, so it's very
5 clear that we have a lot of work to do to truly
6 resolve this crisis and make sure that our systems
7 work for those that need help. Thank you so much.

8 CO-CHAIRPERSON HUDSON: Thank you so much,
9 Chair Feliz.

10 And also there's one more person online,
11 Sam Rivera, who's raised their hand.

12 Sam Rivera, do you have testimony to
13 share?

14 SAM RIVERA: Yes, I do.

15 CO-CHAIRPERSON HUDSON: Okay. The Sergeant
16 will let you know when your time begins.

17 SAM RIVERA: Thank you.

18 CO-CHAIRPERSON HUDSON: It's begun. You
19 have two minutes to testify.

20 SAM RIVERA: Thank you so much. Very
21 quickly, I just want to thank you and our Council
22 Members Feliz for this opportunity. I'm sorry. I
23 thought I was off, so I'm trying to catch up very
24 quickly. I'm the Executive Director of OnPoint NYC.
25 It was truly a pleasure to step up and step into what

1
2 we did this weekend. Kisha mentioned it. We opened
3 both our brick-and-mortar sites, one in Washington
4 Heights, one in East Harlem, to stay open 24 hours a
5 day from Friday evening into Monday morning. The
6 staff and the participants were truly grateful and
7 excited to see this change moving forward and see
8 this change in how we take care of our people,
9 especially those who are at risk for overdose. I
10 quickly want to thank the most amazing staff on the
11 planet, the folks who work for OnPoint NYC. I want to
12 also share that we had zero deaths. We had an array
13 of meals and supplies shared to keep our folks warm
14 and safe. It was truly an amazing weekend. We look
15 forward to many more opportunities in this way.
16 Again, to look at the opportunity to shift and pivot
17 quickly and support New Yorkers in the way we did at
18 OnPoint and the way we are doing moving forward is
19 truly a blessing. Thank you again for giving me this
20 opportunity.

21 I want to remind Mr. Feliz, my buddy,
22 that I would still love him to come and I would love
23 you to come as well and visit us at OnPoint.

24

25

1
2 CO-CHAIRPERSON HUDSON: Thank you so much
3 for that testimony. I look forward to doing a joint
4 visit to your site. We'll make that happen.

5 Okay. Is there anyone else in person or
6 online who would like to testify?

7 Okay. Seeing no others, we will
8 officially conclude this hearing.

9 Thank you all again so much. [GAVEL]

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date February 14, 2026