CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON IMMIGRATION

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September 16, 2025
Start: 10:16 a.m.
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HELD AT: 250 Broadway – 8th Floor- Hearing Room 1

B E F O R E: Alexa Avilés,
Chairperson

COUNCIL MEMBERS:
Erik D. Bottcher
Gale A. Brewer
Carmen N. De La Rosa
Shahana K. Hanif
Rita C. Joseph
Shekar Krishnan

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

Kenneth Lo
Senior Advisor on Interagency Partnerships at the Mayor's Office of Immigrant Affairs

Erin Byrne
MOIA's Chief of Staff

Anesha Agarwal
Executive Director of Policy and Communications for the Division of Mental Hygiene at the Department of Health and Mental Hygiene

Andrea Ortiz
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Martin Urbach
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Charles Brown
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Nevien Swailmyeen
New York Lawyers for the Public Interest

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

Sebastian Vante
Safe Horizon

Sierra Kraft
I Care

Aracelis Lucero
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Airenakhue Omaragbon
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Jamie Powlovich
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Rachel Goldsmith
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Zarin Yaqubie
Arab American Family Support Center

Nat Moghe
Asian American Federation

Ashley Lin
Korean American Family Service Center

Maomao Adeline Zhao
Garden of Hope

Galloway
Ali Forney Center

Aldonza Buerba
Mixteca

Stephanie Revine
Healing Center

Sarah Williams
Physician

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

Eduardo Antonetti
Internationals Network

SERGEANT AT ARMS: Mic check, mic check. This is a mic check on the Committee on Immigration. Today's date is September 16, 2025, at 250 8th Floor recorded by Walter Lewis.

SERGEANT AT ARMS: Good morning and welcome to the New York City Council hearing on the Committee on Immigration. 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, make sure you filled out a slip with the Sergeant at Arms in the hallway.

Thank you very much Chair, you may begin.

CHAIRPERSON AVILÉS: I now open this hearing. So, good morning. I am Council Member Alexa Avilés, Chair of the Committee on Immigration. Thank you all for joining us today. We will be exploring how the city is addressing the mental health needs of immigrants in New York City. I'd like to begin by thanking the representatives of the Administration, members of the public and my committee colleagues who have joined us here today. I would also like to note that we are in a new hearing room, as you can tell and we are the first Committee to have a hearing in our new space, so we are testing out a lot. So, I

ask of you all some patience and grace, but it is quite a beautiful room. So, thank you to all the staff who made this happen and please note interpretation will be available today in Spanish, French, Arabic, and Wolof.

If you are in Council Chambers today and are interested in listening to this hearing in those languages, there are headsets available outside in the hallway.

If you would like to testify and require interpretation, please indicate this on the witness slip or inform a Sergeant if you are already – if you have already submitted your slip.

So, New York City owes a lot to immigrants. The richness of our arts, of our food, the strength and creativity of our businesses. So much comes from our immigrant community. This city is special because of immigrants, their children and the great grandchildren who live here, work and learn here. But under this presidential administration, our immigrant community is under attack. From day one, the president has instituted hateful and incomprehensible policies that demonize, threaten and harm immigrants in many ways. These actions have

devastating consequences resulting in immigrants and their family members afraid to leave their homes, not seeking care, or calling for help.

Many are scared to take their children to school, people are being forced to choose between health, food, and education and the risk of detention and deportation. People are afraid of being approached by masks, unidentifiable agents who will take them away from everything they know and love. Immigrants who have lived and worked in this city for years and years are now wondering if their status could be threatened and worrying that they'll be profiled and arrested. The toll of these actions take on mental health and wellbeing of immigrants and their loved ones is unimaginable. Punitive policies have devastating consequences on the mental health of immigrants and their dependents, and this could be compounding an already traumatizing experience to get to New York.

Immigrants who have come here to fulfill a calling to protect themselves or give a better life to their children deserve complete and protected access to care and the city resources. New York City cannot sit idly by as we witness these devastating

actions inflicted on the immigrant community. We must ensure that everyone can access healthcare. That everyone feels safe to report a crime to the police. That children can learn in schools without fear and that they have access to immigration legal services. These are basic rights but ones that we are now being challenged, ones that are now being challenged to fight for and so many in the city. We must work together to sustain a city that values and protects all people who make it special and today we will look to how we can improve the mental health and wellbeing of our immigrant community.

I would like to thank all the Committee Staff for their work on this hearing, including Nicole Catá, Senior Legislative Counsel, Rebecca Barilla, Senior Policy Analyst, Carolina Gil, Principal Financial Analyst, and Florentine Kabore, Unit Head. Finally, I'd like to thank my staff, Chief of Staff Edward Cerna, Deputy Chief of Staff Christina Bottego, Legislative Policy Analyst Kate Burn and our Communications Director Winnie Marion and everyone in the background for making this hearing run smoothly.

I have been joined by Council Member Joseph and Council Member Brewer. Thank you so much Council

Members for being here today. I will now turn it over to Committee Counsel to administer the oath.

COMMITTEE COUNSEL: Thank you Chair. We will now hear testimony from the Administration including Anesha Agarwal from DOHMH. Before we begin, I will administer the affirmation. Panelists, please raise your right hand. Do you affirm to tell the truth, the whole truth and nothing but the truth before this Committee and to respond honestly to Council Member questions?

Thank you, you may begin when ready.

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

I will add that I had the privilege of serving under Anesha Agarwal when she was Commissioner of MOIA and just as I have the privilege of serving under Commissioner Castro now.

I want to begin by reaffirming MOIA's mission. We remain steadfast in our responsibility to improve access to city programs, benefits, and services for all of New York City's immigrant and non-English speaking communities. At a time when federal immigration enforcement has led to the detention and separation of families and community members nationwide, MOIA has a critical role to play in supporting vulnerable New Yorkers. Currently, many immigrants experience fear, uncertainty and emotional stress that is taking a significant toll on their mental health.

Well MOIA does not provide direct mental health programs; Commissioner Castro's vision is for us to be grounded in community and focused on those most in need. As a result, our approach is to address the mental health needs of immigrant New Yorkers is threefold. First, we elevate timely and accurate messages to immigrant communities.

Next, we find legal services that provide critical assistance to those needing immigration relief.

Last, we coordinate amongst interagency partners to provide the services that meet the mental health needs of immigrant New Yorkers.

So, first on timely and accurate messaging, it is clear that the recent federal policy changes on immigration have created significant anxiety and emotional stress with immigrant communities, as long as we mentioned the hateful anti-immigrant rhetoric. As a result, receiving clear, culturally relevant language without speculating and adding to people's fear and anxiety is critical. MOIA focuses on providing clear and timely messages which encourage residents to access these services without fear and to be informed of their rights. As you've heard from the Mayor of the City of New York, continues to uphold and defend our sanctuary city laws.

Regardless of immigration status, families should also continue to send their children to school, access medical care, and call 911 in emergencies. One of the ways that MOIA elevates these messages is through our immigrant media roundtables, which bring

together reporters from trusted ethnic and community media outlets to share resources and answer questions on topics including health, education, housing, emergency preparedness, and workers' rights. MOIA also disseminates vetted messaging through printed and digital flyers and booklets, social media outlets, days of action tabling events and resources fairs, know your rights workshops and leadership participation and community meetings across immigrant communities.

In 2025 alone, MOIA's outreach team has made direct contact with over 25,000 immigrant New Yorkers.

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

MOIA's response focuses on expanding access to legal services. We've launched the largest, most

comprehensive municipal immigrant legal services network in the United States. The 38 MOIA legal support centers help community members understand their legal options, providing a range of services including legal screenings, pro se application support to individuals seeking immigration relief and full representation as part of our rapid response legal collaborative.

The staff at these centers are staffed by trustworthy providers are located in immigrant neighborhoods, offer a wide array of services in multiple languages and provide what's needed for a family to feel supported.

While this is only a part of the solution, access to free, safe and qualified immigration legal services makes a difference in addressing a root cause of stress and anxiety amongst immigrant New Yorkers.

We'd also like to thank Council for additional funding of legal services this fiscal year and note that we look forward to further resourcing CBO's increase access to legal services in the future. And finally, MOIA coordinates across city partners to ensure that services are accessible to immigrants.

MOIA recently hosted its first annual convening between CBO partners and city agencies to strengthen collaboration and improve referral pathways for services including mental health supports.

We engage with the Health Department to ensure that mental health resources are accessible in multiple languages in alignment with local laws 30 and 13. MOIA has also partnered with the Office of Community and Mental Health to translate mental health resource guides and ten designated citywide languages and beyond, ensuring that immigrant communities from a variety of linguistic backgrounds know how to access mental health services during a crisis or on an ongoing basis.

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

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

ANESHA AGARWAL: Yes, good morning, Chair Avilés and the members of the Committee. I am Anesha – okay, I am Anesha Agarwal, Executive Director of Policy and Communication for the division of Mental Hygiene in the Health Department. I am honored to testify with Erin Byrne, Chief of Staff and Ken Lo, Senior Advisor for Language Access in the Mayor's Office of Immigrant Affairs and I am a proud alum as a former Commissioner of MOIA.

I have short, black hair and beige skin color. I am wearing a multicolored dress and black leggings, and I have a handy cane at my side, and I love this room. It's beautiful.

On behalf of Acting Commissioner Morris, thank you for the opportunity to testify today. I'm going to share a few brief remarks in this hearing but the full testimony has been shared by the Chair and the Committee Members. Earlier this year, the Health Department alongside our partners at MOIA and H+H published an open letter to immigrant New Yorkers reiterating that in New York City, you have the right to health care, regardless of immigration status or your ability to pay. Promoting mental health is a critical part of this responsibility.

For example, NYC 988 is a critical resource for all New Yorkers who need mental health support. Anyone can reach out to 988 at any time day or night any day of the year to speak to a trained crisis counselor or a peer specialist, peer support specialist.

Callers are never asked to disclose their immigration status, texts, phone and online chat are staffed with people who speak English and Spanish with an additional interpretation support available in over 200 languages. 988 can refer callers to services that meet their individual needs and preferences, including language, insurance, and location.

With children and youth, all of our programs serve everyone, regardless of immigration status. We also have providers that have expertise working with immigrant communities, particularly in the context of ICE and deportation. Looking forward, we are organizing the immigrant mental health convening in collaboration with the Mayor's Office of Immigrant Affairs on September 23rd. We've been planning this event for months with community organizations with expertise in immigration and mental health. The

convening is designed to be highly interactive and relies on the active participation of attendees. Our goal is to be – uh to inform gaps in mental health services and supports for immigrant New Yorkers in light of this heightened anxiety and fear and begin conversations of intervention and partnership.

We hope that Chair Avilés, Lee Schulman and Deputy Speaker Ayala will be able to attend, so we can continue this important conversation.

Finally, a personal note. Eight years ago, while I was in the operating room from my brain cancer for brain cancer, a stroke happened. I could not speak, walk, or move independently. For the first time I felt vulnerable. It was through my family, friends, doctors, therapists, coworkers and an immense community that I can now walk and talk and argue and dance. Like immigrants, like my parents or all New Yorkers like me, we all want to move from vulnerability to power and freedom. I am honored that I work with the Health Department. If you are in need, we can help. We rely on the feedback of our partners in City Council and the members of the community, like those who are going to testify today.

I wanted to thank you for your partnership and support in this important work, and I look forward to answering your questions. Thank you.

CHAIRPERSON AVILÉS: Thank you. Thank you so much for being with us here today. We remember your tenure very fondly and we're glad, we'll maybe not so much that you can argue back. Uhm, because you are de formattable but thank you. Thank you for your testimony. I guess you know, I just want to start out with something for the record. So, this hearing was noticed to the Administration August 11th and I'm wondering why the Commissioner could not make it a priority to be and sit before this Council?

ERIN BYRNE: Chair, the Commissioner has many engagements these days. It's not an unwillingness or unwant to be here. It's really twofold, one the Commissioner spending a lot of time in immigrant communities right now. I think that's –

CHAIRPERSON AVILÉS: Yeah, he was in my neighborhood last night at a party but why couldn't he be here this morning?

ERIN BYRNE: We're one team at MOIA and we're here, Ken and I – well, I can say my teammate Ken brings a wealth of experience and I'm looking forward

to the opportunity to testify to you all. That is the justification for why Ken and I are representing.

CHAIRPERSON AVILÉS: I appreciate your presence here without question but I do take a front that the Commissioner seems not to prioritize these Committee hearings. This Administration seems not to prioritize hearings across the board as we were talking about federal funding cuts yesterday, no one from the Administration showed up. While we are facing some of the largest attacks on our city, this Administration seems to be fine with not having leadership show up to testify for the people of New York City. So, again appreciate you, appreciate your attempt at addressing some of these questions, but I continue to be offended by this Administrations hypocrisy towards immigrant communities and the fact that they are a lot of talk and no action.

So, let’s get into the questions. So, let’s start with Department of Health. Can you tell us what city programs and resources have shown the most promise in meeting the mental health needs of immigrant communities?

ANESHA AGARWAL: So, I'll begin by talking about our uhm general uhm, let – do you want immigrant New Yorkers or the services that we do?

CHAIRPERSON AVILÉS: Services, the services please.

ANESHA AGARWAL: Okay, good so let me pull that forward. So, we are uhm – the Health Department is committed to protect all people including immigrant New Yorkers and all of our services and resources are all available regardless of immigration status. Your ability to pay, your national origin, sex, age, any other characteristic. For us, health care including mental health care is a right not a privilege. And so, we have uhm access to uhm uh 988, supportive housing, team space, all of our programs and policies are available to immigrants regardless of their status, their language, etc..

CHAIRPERSON AVILÉS: How does DOHMH conduct outreach for the New York City 988 in immigrant communities?

ANESHA AGARWAL: Yeah, uhm so to get into more detail, the 988 provides service in English and in Spanish as I shared in my testimony and providers 988 counselors are highly trained to assist callers

through moments of crisis regardless of the underlying reason or trigger and that can help them to appropriately share where the support and care that is needed. And we also do mobile crisis teams supportive housing, club houses, teen space, a range of work that we're doing is all related to immigration as well as everything else.

CHAIRPERSON AVILÉS: Can you give us a sense of the scale and scope because obviously we're not asking folks for their status. How many people are engaged in 988 and how much of the services are actually provided in another language? That could give us some indication.

ANESHA AGARWAL: Yeah, so we don't provide like those particular for communities that we serve but we can share some data, general data and survey data from the immigrant health report, which happened in April of this past year and it was called then Health of Immigrants in New York and New York City and immigrants in New York City as you know are a vast and diverse group, representing over one-third of the city's population and the comprehensive report provides a broad picture of immigrant health care in New York.

The report found that immigrants in New York contribute greatly for the longevity of the city. They have higher average life expectancy and lower death rates from a health disease and cancer but there are also challenges.

Immigrant adults are nearly twice as likely to lack access to health insurance as US born adults. Immigrants with depression are less likely to receive and mental health treatment compared to US born residents with depression. And on teams, the percentage of public health school students who seek help for a professional counselor, a social worker or a therapist is lower among students who speak – do not speak English at home, compared to those who do speak English at home.

So, those are some examples that we have to share the concerns of immigrant New Yorkers and then we're going to really look forward to next week in the convening where we're going to actually talk to people involved in this work day to day and hear from them, what is the concerns that your communities or your members are feeling and feeling today.

CHAIRPERSON AVILÉS: I mean, you know obviously the report is important, however, I mean would you

say that these findings were surprising to you? I feel like we have been seeing the same barriers now heightened under this Administration, which is actively and violently pursuing immigrant New Yorkers that all these elements would be even more heightened. I guess given that we know that and we know there is a clear path of violence that this Trump Administration is taking and the mayor is not standing up to, what are the agencies responses to these very items that have been clearly identified?

ANESHA AGARWAL: Yeah, I mean it's been – it's a concern, especially this administration, federal administration and also in our immigrant health report. We noticed that the process of adaptation and adjustment as you had mentioned to a new cultural environment, as well as linguistic and cultural barriers play an important role for mental health in New Yorkers and immigrants in particular and the current political environment has heightened the fear and anxiety among immigrant New Yorkers and the rise of ongoing violence and anti-immigration is terrible. So, some positive things that we are trying to relieve is one, doing some outreach to engage immigrant New Yorkers and New Yorkers in general. We

provide a variety of courses to learn how to identify, understand and respond to signs of mental health challenges. And I'll give you an example, we do mental health ambassadors to help reach in, engage, listen to and listen to community members and New Yorkers with lived experience to amplify community priorities, build community partnership and support local connections for in that community. And in just the last three months, we've facilitated 54 workshops and had 100 practice events. So, that's one example of the things we are trying to move forward and of course the convening that were happening will be another way to move it forward as opposed to set back.

CHAIRPERSON AVILÉS: Thank you. In terms of the uhm I'm just going back to the data around New York City 988. Can you provide to the Council some data around what the incoming has been and any kind of general aggregate data around what we're finding with 988 and whether it's effective in actually reaching you know across New York City because we know mental health is a serious concern across all communities.

ANESHA AGARWAL: Yeah, we can't provide specific immigration related.

CHAIRPERSON AVILÉS: No, no, not specific just general aggregate data to get a sense of how our neighbors are using this service, whether they are using it and the overall touchpoints. How much are using it in various languages? Are we seeing you know trends in areas where there's a lot more use, which may tell us we need better targeting or different marketing, or how are we using our community partners?

ANESHA AGARWAL: Yeah, so uhm, the data I will follow up on that because I don't know the specific data but uhm our work in 988 as I mentioned before, uhm does language access for English and Spanish and then 200 languages and I'll follow more information about like if we have any data related to language and the result of people having fear and anxiety. I'll follow up if you don't mind.

CHAIRPERSON AVILÉS: Yeah, that would be great. Thank you. Oh, I'd like to recognize we've been joined by Council Member Krishnan. Thank you for being here Council Member. At the previous hearing on this subject, Thrive NYC was actively providing immigrant communities information on mental health resources. How has the city incorporated any of the

programming or resources from Thrive NYC now that it's no longer active? Does any of the remnants remain?

ANESHA AGARWAL: So, Thrive has been converted in a way to 988 and so, that's the way that we changed Thrive to 988.

CHAIRPERSON AVILÉS: Got it, thank you. Under Local Law 158 of 2023, DOHMH shared a report on their annual trauma informed health care for individuals serving refugees, asylees, asylum seekers, and migrants. Since the report is expected later this week, can DOHMH share how trauma informed trainings are being updated considering the growing punitive policies effecting immigrants?

ANESHA AGARWAL: Yes, we don't have the data currently and we're hoping to get that soon but as we know this has been heightened and we're going to wait for the survey results but I think we can anticipate that it will be informative on what the federal administration has done to community members, especially immigrant community members.

CHAIRPERSON AVILÉS: Okay, well, we await the report. Uhm, in the mental health report, the coalition for Asian American Children and Families

share their recommendation for a standardization of mental health screenings to be revised, to be more culturally relevant and appropriate and addressing questions so it's not to offend the clients and encourage them to answer more accurately. How has DOHMH amended their screenings relevant to this recommendation?

ANESHA AGARWAL: Yeah so some background, we agree that cultural and linguistic differences can pose barriers in diagnosis and understanding the scope of mental health needs. It impact New Yorkers and immigrant New Yorkers and so we contract with a wide range of CBO's and community and mental health providers to that represent and serve many immigrant New York City and immigrant New Yorkers.

We also prioritize language access in our services. I'll talk a little bit about our staff. So, our community facing staff are trained yearly on access to translation services by phone and video and many staff also do a fluency exam to get certified to provide access to their languages and to their clients. And then finally, we are compliant with the law on refugees asylees and migrants and specifically

we added our existing trauma information with into our work on immigrants, asylum seekers and migrants.

CHAIRPERSON AVILÉS: I'm sorry if I missed this but so did you in fact incorporate the changes to the actual screening?

ANESHA AGARWAL: Yup.

CHAIRPERSON AVILÉS: And you have multilingual staff, okay thank you. So, how has DOHMH produced guidance or best practices around cultural sensitivity for discussing mental health with different foreign-born populations?

ANESHA AGARWAL: Yeah, so we have – we used that information to start to realize that our CBO's can provide an important context for the Health Department to understand what is needed specifically for those communities but we also want to improve our staff and working with you guys so that Council and Community Members, how can we do this better, more effectively, etc.. We want to hear that feedback and so thank you for raising that question and then I'm hoping that people will raise that in our convening as well of ways that we can improve our work.

CHAIRPERSON AVILÉS: So, have you received any incoming around that or are you convening providers?

What changes have you materially made to improve cultural sensitivity for the way we are engaging?

ANESHA AGARWAL: Yeah, no we would like more – like ideas from you all and from the convening on what we could do. We've done the Local Law 158. We've tried to do those; we've worked with nonprofits that are doing immigrant community work but we want to have more and so that's the goal and it would be great to continue this conversation with you.

CHAIRPERSON AVILÉS: Thank you. I'm going to ask one more question and I'll turn it over to my colleagues so they can also ask questions. So, can you talk to me a little bit about what kind of advocacy DOHMH has been involved with relevant to mental health care for immigrants?

ANESHA AGAWAL: Sure, so as I mentioned, we do a lot of trainings with immigrant New Yorkers and New Yorkers in general and I'll give you another example that we have done that's been very positive to immigrants and generally New Yorkers. It's community mental wellness and resilience. It's a three-hour educational curriculum focused on community level mental health promotion and resilience. And the work that we've done in the ambassadors is also very

crucial. We're doing work getting into and in reach to community members, immigrant community members as well.

CHAIRPERSON AVILÉS: Okay, so is DOH responsible for the Every New Yorker Without Exception Campaign? And if so, how does DOHMH engage with this campaign?

ANESHA AGAWAL: I'm not 100 percent clear on that.

CHAIRPERSON AVILÉS: Okay, do you know the answer to that? Nobody knows? Okay.

ERIN BYRNE: We can't speak to that.

CHAIRPERSON AVILÉS: Oh okay. Moving on. Could you tell us for the record where might someone calling NYC 988 for help be directed to?

ANESHA AGARWAL: Yeah so you call 988 and they – I actually haven't done this but I think they will direct you where if your needs are in this location – if I want it in this language, in this language etc., and then you'll be referred to a nonprofit, other resources.

CHAIRPERSON AVILÉS: Okay, so many immigrant children speak Indigenous languages yet interpretation and culturally competent providers are scarce. What steps is DOHMH taking to expand

Indigenous language access and ensure providers can meet the needs of immigrant youth?

ANESHA AGARWAL: Yeah, so as I mentioned, for us, we do in house translation on Spanish, Chinese, Russian, French and Haitian Creole and we have translation interpretation with 240 plus languages. And so, I'll check and see if we do Indigenous languages but if not that is a very good idea to like focus on this because I think that adding those languages will help immigrant New Yorkers and New Yorkers in general.

CHAIRPERSON AVILÉS: Well certainly, we have a local provider in the house, Mixteca who provides a number of services and Indigenous languages and could offer a lot of guidance there but it's absolutely needed in the communities.

In terms of – uhm, how many non-US born people reported mental health needs this year compared to last?

ANESHA AGARWAL: Yeah, so uhm, we can't share the specifics of non-US born people because for privacy concerns but in general, in our immigrant health report, we have some details on surveys and a broad level but we can't share it in detail.

CHAIRPERSON AVILÉS: Could you give us like a percentage?

ANESHA AGARWAL: We can't.

CHAIRPERSON AVILÉS: No, you can't okay. Okay, no problem. Uhm, I'd be happy to turn it over to Council Member Brewer, if you would like to jump in Council Member.

COUNCIL MEMBER BREWER: Thank you very much. I have a couple questions. First of all, September 23rd sounds great. Are you going to have a problem getting people who are nervous about participating in things to participate?

ANESHA AGARWAL: No, for two reasons. One, we have been working for this for months and we called people and did one on ones with many of them and they shared their thoughts on work that we need to do for that convening. So, for example, the federal administration is a big problem. How can we partner with CBO's is another big partner – big thought and the other is language access for mental health services for immigrant New Yorkers, continues to be a problem. So, we are very confident that people show up and be active in that conversation. It's not

going to be like the Health Department just like talking, talking, talking.

COUNCIL MEMBER BREWER: You need to talk a little bit more into the mic.

ANESHA AGARWAL: Oh sorry. It's not like the Health Department will just talk and talk and talk. We want the community members to receive their information and their thoughts.

COUNCIL MEMBER BREWER: Okay, the reason I ask, I spend a lot of time with the I would say the young deliveristas. Not bad right now, it's getting better and so my question is with them and they don't go anywhere. They stay within their community because of all these issues so one other place I'm curious about is - are you training some of the mosques and the moms about mental health and if so, how does that program work? Because that's where they go.

ANESHA AGARWAL: Hmm, yeah, so we have some – uhm, we have a diverse group of convening participants but we haven't gone to the mosques etc., and that's a really great idea to like –

COUNCIL MEMBER BREWER: I can give you more good ideas.

ANESHA AGARWAL: Yeah, that would be really great. Thank you very much.

COUNCIL MEMBER BREWER: I have lots of good ideas.

ANESHA AGARWAL: I love it very much.

COUNCIL MEMBER BREWER: It's all about the cellphone. They don't know – I mean New York one, because they're all in my house, they have to watch it but other than that, it's clueless. It's all cellphone and moms. Nothing else, so there's where I would focus I mean.

ANESHA AGARWAL: I heard that What's Ap is huge.

COUNCIL MEMBER BREWER: Exactly. Okay and then the schools, my question would be within school-based health, which I'm very supportive of and I know you are depending on the funding problems. How are they being trained? Hopefully as many parents and young people as possible are taking advantage of school based –

ANESHA AGARWAL: Yeah.

COUNCIL MEMBER BREWER: So, how is that- because if you got the people on the street, you got the 80,000 deliveristas, some of which are needing your services and then you got the kids in the schools and

the parents. If you take care of those two, you're doing pretty well.

ANESHA AGARWAL: Yeah, so uhm, I'll give the broad picture of any student attending a New York City public school with a mental health provider on site has access to high quality mental health support regardless of the immigration status and the providers also engage in workshops regarding in classrooms. Classroom presentations and wellness workshops to staff focusing on engaging their identification of distress and referring a student. And then family, community engagement events to build trust and build awareness.

COUNCIL MEMBER BREWER: It's all about trust.

ANESHA AGARWAL: Yes.

COUNCIL MEMBER BREWER: And so, my question will be so somebody is overseeing either MOIA or somebody else is paying attention to school-based health care to see if they are in fact doing what you just suggested?

ANESHA AGARWAL: Yes, 100 percent.

COUNCIL MEMBER BREWER: Okay, you know some of the schools are like very focused on this population but some are not and they're just there.

ANESHA AGARWAL: Yeah.

COUNCIL MEMBER BREWER: Yeah okay, one other question I have is like these deliveristas. I got to bond with them. So, they have New York Cares, H+H right and they called a number and told them to call the number and then they get a primary care doctor. That's what Dr. Katz told me. That's what I do. I got tons of them. I mean like tons. And so, that will pay for mental health if they need it and they will try and figure how do you end up – how do they get mental health? They're on the street, they're delivering. They're going to school. They're finding jobs but they do have this one opportunity for health care. So, would that cover mental health with that kind of primary care? How does that work?

ANESHA AGARWAL: I'm sorry, I forgot that –

COUNCIL MEMBER BREWER: Well, the only health care you have is your card from New York Cares. That's it. You got nothing else unless I send them to the Ryan Health Center, which you know I do also but so how, I just want to make sure how do they access mental health? They can call 988. They never heard of 988; I'm going to tell you honestly. They never heard of it. I asked them so then the question

is, what is – they do know that they need a primary care doctor so they call this number. They do get a primary care doctor, of course going is another story but at least they have somebody. Would that person be able to refer them to mental health, participate in mental health, how do they know about that? That's my question. I know it's an H+H question but somebody has to be paying attention to it. That's how they get their health care.

ERIN BYRNE: And the short answer to your question is yes, the primary care provider that provided through NYC Cares can refer that client to a social worker, therapist, or a psychiatrist as needed with support through both in person and virtual appointments.

COUNCIL MEMBER BREWER: Okay, is somebody paying attention to see if that's happening? Is there any oversight? Is that just H+H's responsibility?

ERIN BYRNE: We'll have to defer to H+H on specifics on how that implementation is rolling out and by translating.

COUNCIL MEMBER BREWER: Okay but you're the immigration people.

ERIN BYRNE: In New York, many of our agencies are seeing immigration people.

COUNCIL MEMBER BREWER: Your immigration, so somebody should just be paying attention to that. That's what I'm saying. It's an oversight on this topic because it is super important. If you don't have a social worker and you're from this community, you're screwed. I'll be honest with you. Those that have social workers and lawyers are really give New York City credit. Some of them are in school, District 79 plus a social worker, plus getting free transportation. Yeah New York City and MTA, plus a lawyer. That's pretty fabulous but not everybody has that. So, if you don't then I'm just trying to figure out what it is service-wise you can get but you're saying that person can refer.

ERIN BYRNE: The primary care provider through NYC Cares yes. The other resource that we hear is really valued amongst immigrant communities right now, are the additional services available. The CBO's provide, including those that are MOIA legal support centers. The providers we selected were holistic and so, the vision and the reason we've shifted into this legal support center model is so

that folks can within their communities, not having to travel long distance because of the fear and anxiety that exits at the current moment, has a one stop shop for the referrals to all kinds of resources they might need. Because those providers and the trusted relationship and the ability to communicate with immigrant communities that is culturally competent is so critical to make sure that people who have a pressing need are able to overcome the stigma that exists around accessing care.

COUNCIL MEMBER BREWER: Okay and is somebody also working on getting jobs for people who are immigrants? Obviously, you need working papers, etc., etc., but is that all through Workforce One? How does that happen? I know that's not a mental health but if you're working, your mental health is going to be a whole lot better if you got some money.

ERIN BRYNE: The tie to employment and access to employment you know I think we're all in agreement here on that one. You know, MOIA's primary focus has been as we know to increase access to legal representation in order to get people the ID's and work authorization whenever possible.

COUNCIL MEMBER BREWER: Okay and then when this God-awful ICE shows up and families are split up, how does mental health play a role there and how do you know that that's happening or what's the awful situation the Chair mentioned at 26 Federal Plaza. I've only been there once but she's been there a lot. How does that kick in in terms of MOIA or the Health Department? That's the worst mental health wise and every other wise.

ERIN BYRNE: What happens at the moment when someone is experiencing detention or potential family separation is many fold. There's a lot of stress and what we hear time and time again is what is most important to people and that they're asking for is legal representation.

COUNCIL MEMBER BREWER: Okay.

ERIN BYRNE: And so, the focus of MOIA at this time has been to work closely with our legal service providers and to expand the resourcing for legal service providers, such that people can go into those court appointments with representations; they need it. The you know, as you said, Council Member, lawyers, and right lawyers are a really critical resource to provide what is individualized legal

advice. You know and we're not going to pretend like just having a lawyer is going to address all of an individual's needs at this time but that has been first priority.

COUNCIL MEMBER BREWER: Alright, so you're saying it's legal advice mostly is what is sought after and supported, God forbid there is a family breakup or any kind of deportation proceeding?

ERIN BYRNE: You know I won't speak on behalf of New York City Public Schools but we know that they're a really critical partner here in making sure that we are supporting –

COUNCIL MEMBER BREWER: The family.

ERIN BYRNE: The families, right and at their – not only at the point of a hearing, but also – hearing, we're at a hearing, their appointment but also back at home.

COUNCIL MEMBER BREWER: Is there funding available? I should know this but I don't. Say for instance God forbid the breadwinner is taken I'll call it and then is there funding available for that family?

ERIN BYRNE: Well, by funding available, many families have access to programs that would meet

needs in this moment, whether they're aware of and able to access those I think is really what we in our coordination efforts have been focused on is, not necessarily creating new programs because I think the city has a lot that –

COUNCIL MEMBER BREWER: No, I agree.

ERIN BYRNE: We need those families but making sure the connections are made right and so, that's where MOIA's role in our immigrant taskforce and our coordinating function is really critical and we're working really closely with New York City Public Schools at this moment. They have a ton in house.

COUNCIL MEMBER BREWER: They do a great job.

ERIN BYRNE: Say that again?

COUNCIL MEMBER BREWER: Public Schools do a great job.

ERIN BYRNE: Agreed.

COUNCIL MEMBER BREWER: Alright, thank you Madam Chair.

CHAIRPERSON AVILÉS: Thank you. I'd like to follow up on this, on this question about school-based services and oversight. You mentioned, it's definitely happening but can you tell us exactly how

DOHMH monitors and ensures accountability that it is happening?

ANESHA AGARWAL: Absolutely. So, uh the State Office of Immigrant Health requires access to language spoken to its run by the State Office of Mental Health and then we provide the providers on that. And so, what we do is like as I mentioned before, do school-based workshops, staff training to identify signs of distress to students and refer them appropriately and family engagement events to trust. And then they, for students themselves, these services are delivered directly to the students during school day and are tailored to meet each student's needs and services. And so, each is very curated based on what the student needs at that moment.

CHAIRPERSON AVILÉS: I got to say, the experience on the ground is not reflective of that at all. I feel like right now, my phone is literally going off around ICE sightings and what I'm hearing from families in school communities is that schools are utterly under resourced to handle the trauma of the children sitting there wondering if they are going to have their parents at the end of the day or the

trauma of you know the uncertainty that they're living and they're drawing it and the schools can't handle already what the trauma of just existing in this time under this violent Administration.

So, is the city funding additional social workers? Because on the ground, we do not see that. We do see overwhelmed schools who are trying their best with incredibly limited resources and an Administration who is talking a lot of words but not actually providing real resource supplements that it requires. So, like have we added more social workers actually on the ground or are we still under water with the prior expecting them to handle an expanded increase of trauma currently?

ANESHA AGARWAL: Yeah, so uhm, you know what we do with the Office of School Mental Health is at part and unfortunately I have to defer to the New York City Public Schools on more information related to that and we'd be delighted to work with them to identify avenues to address these really concerned issues of immigrant New Yorkers.

ERIN BYRNE: And Chair, we are also aware of another resource. I can't speak to how old it is but DYCD does have the mental health hubs that are

available for immigrant youth. There are eight across the city and they're designed to connect young people to health and mental health resources, housing resources, career opportunities and life skills. And so, I just also want to compliment the work that New York City Public Schools has been doing with some very targeted physical access points that DYCD has stood up.

CHAIRPERSON AVILÉS: Okay but currently, as far as we know, there have been no additional resources? People are just doing more work with less.

ERIN BYRNE: I can't speak to the resourcing on New York City Public School or DYCD but we can speak to the resourcing for MOIA and legal services.

CHAIRPERSON AVILÉS: Does MOIA not – isn't its role to coordinate the level of services and ensure that city agencies are in fact responding appropriately to the needs on the ground. I mean the fact that MOIA is supposedly suppose to be the kind of oversight communication coordination agency on immigrant services has no idea what kind of funding where as it relates to services is problematic no?

ERIN BYRNE: Our Charter responsibility is to promote city services and benefits to immigrants citywide and to serve a coordinating function.

CHAIRPERSON AVILÉS: But not to know if we're doing it.

ERIN BYRNE: I can't speak to the specifics of the dollar amounts. That's how I – when I refer to you know for this fiscal year, previous fiscal years etc., our partners at OMB ends those particular agencies but I do want to stress that our coordination structures are strong.

CHAIRPERSON AVILÉS: Okay. In terms of – can you detail the services you provide for LGBTQ+ immigrants who report mental health needs?

ANESHA AGARWAL: Absolutely. So, for – there's a lot to share about that. Some – so to begin uhm, uh, Health Department is committed to addressing all New Yorkers and that includes people with LGBTQI resources and identities and immigration status and mental health diagnosis. And so, what we are doing is we have some examples of mental health in the mental hygiene focused on LGBTQ communities. Some examples are the Coalition and Media Prevention Program or CAMPP that initiates dedicated services to

LGBT communities on trauma and substance abuse and we provide affirmation-based peer led groups to assist people who want are in need.

Another important area that we are working on is the LGBT affirming endorsement by OSIS that provides proficiency to LGBT addicted treatment spaces and so those are some examples that we have. Our colleagues and other divisions of the mental health support immigrants and LGBT communities as well. The trans gender conforming and nonbinary community advisory board provides feedback on programs, clinical services, research, communities, it's a broad range of things that they provide the Advisory Board. We also publish and disseminate the LGBT health care bill of rights with details on the health protection available to LGBTQ communities. And then finally, the LGBT community service directory, which is in the New York Health Map which includes behavioral health providers to that population.

CHAIRPERSON AVILÉS: So, according to survey data, how many non-US born individuals requiring mental services identify themselves as LGBTQ?

ANESHA AGARWAL: Again, we can't share that yeah.

CHAIRPERSON AVILÉS: Which funds in dollar amounts allocated for providing mental health care to immigrants are at risk of being cut due to the federal budget reductions?

ANESHA AGARWAL: So, uhm again most of that will be talking to OMB to determine that but in general, the federal changes are concerning. In particular we have concerns about federal reorganization related to SAMHSA and we have not received any direct funding for our mental health funding as needed as to date but we are keeping an eye on it to see what happens next.

CHAIRPERSON AVILÉS: So, SAMHSA is the only funding your particularly directly concerned about?

ANESHA AGARWAL: Yeah, right now, right now.

CHAIRPERSON AVILÉS: Right okay. Uhm, and what are the agencies plans to maintain and grow mental health services for immigrants if funding, if additional funding cuts come forward?

ANESHA AGARWAL: As I mentioned the Health Department will continue to serve immigrant New Yorkers in every way possible and we will look to OMB if there are changes, cuts. We talk to the state

Health Department. We are in constant communication with various stakeholders to see what may be next.

CHAIRPERSON AVILÉS: Yeah we know obviously there will be cuts to health care. There will be cuts to food services. There will be cuts to everything that vulnerable communities depend on. We know there is a substantially increased need for mental health services today and it will only grow exponentially. So, we'd love to hear you know a concrete kind of plan from the Administration around how it intends to address some of these uncertainties.

Can you explain how the federal governments aggressive immigration enforcement effects immigrants' access to mental health services?

ANESHA AGARWAL: Mental health services and in general for Medicaid changes, the cuts to Medicaid are dramatic and damaging and in New York City, nearly half of our residents use Medicaid and that will feel in the city at an individual level and a systemic level. We anticipate that there will be almost one million New Yorkers that will lose coverage in that, in Medicaid and that will change Medicaid, lack of Medicaid will weaken our health care system as a whole. So, immigrants already face

barriers to health care and unfortunately that will be worsened and that's why we're looking forward to the convening in other ways that we can talk directly to community members and find ways to not make it better but to develop ideas that we can work with them.

CHAIRPERSON AVILÉS: And what are the plans in the sides to keep patients safe? So, where there are brick and morter sites, what is the city doing to ensure that patients can safely engage in services?

ANESHA AGARWAL: Yeah so uhm, for example, do you mean like H+H, like hospitals?

CHAIRPERSON AVILÉS: Yeah, yeah, yeah.

ANESHA AGARWAL: Okay all laws are consistent to like if you want to go to a hospital, if you want to go to a school. All of those things are protected and so, don't be afraid. If you are an immigrant, don't be afraid to go to a hospital, to a clinic, to a school to access mental health services. We're – that is our like core is helping immigrant New Yorkers, all New Yorkers to have access to health care.

CHAIRPERSON AVILÉS: Right and I think thank you for stating that. I think we have trying to give

that message out pretty consistently to our community members. Nevertheless, what we're seeing is a rogue fellow government who is breaking all kinds of laws and so it really bugs the Administration. What else are you doing besides saying we won't do civil immigration enforcement which the mayor is completely confused about? It seems like the agencies understand the law.

ANESHA AGARWAL: Yeah.

CHAIRPERSON AVILÉS: Are there any other additional things that you are considering to not only protect New Yorkers staff who are probably immigrants as well but patients.

ANESHA AGARWAL: Yeah, I mean again, I don't want to always like defer to the convening but like hearing from community members, what will help them and talking to you and what are city hall or city services, like what do you think are good things. You know your community best. And so do you have examples, ideas and we can work together on that because we all have to work together to deal with this current Administration.

CHAIRPERSON AVILÉS: Have you seen any changes either decreases or any changes in participation

services that you can tell from an at market level over the recent months?

ANESHA AGARWAL: We haven't seen that aggregate level research. We haven't seen that but I'll follow up to our boroughs to see if they've said anything on their level.

CHAIRPERSON AVILÉS: Got it, thank you. So, I'll switch over to MOIA. So, MOIA, can we start at the beginning and just for the record note what is your – MOIA's role in connecting immigrants to mental health services?

ERIN BYRNE: Our role in supporting the efforts of DOHMH and our partners at Health + Hospital has a few prongs. First of all is making sure that there is awareness amongst immigrant communities that these resources exist. While we don't manage them, we do have the relationship in communities and with local providers that help provide a direct connection to the services that are designed to meet their needs. So, our access and awareness has several prongs to it. As Ken mentioned in his testimony, we house days of action tabling and outreach events across all five boroughs. There have been more than 25,000 touchpoints this particular year.

You know so that's us going out to them. We – I also want to plug; we haven't had a chance to bring up yet that leadership from both DOHMH and MOIA have been going out to communities that we've mentioned. Council Member Brewer, you were talking about mosques. The first of our community conversations this past summer. Both the Acting Commissioner and Commissioner Castro went out to a mosque in the Bronx specifically to talk about health needs and to connect –

COUNCIL MEMBER BREWER: Many more mosques to go.

ERIN BYRNE: There are many more mosques to go.

CHAIRPERSON AVILÉS: Maybe that's what he's doing now.

ERIN BYRNE: And so, the – you know going out leveraging CBO's is really critical and so, the stronger our relationships are with CBO's, the stronger the messages get out to communities. We also increased awareness by inviting in media outlets that are valued by the immigrant communities.

So, you know relying on you know a finite set of media outlets that aren't well- I'll say this in the affirmative. Immigrant communities across the city receive information in different ways. And so, we've

been working really intentionally to bring in the media outlets that they trust and they interface with through immigrant media roundtables. We've had them with focused on health. We've had them focused on back to school and making sure tracked people are getting the messages directly from city leadership. We've had the Chancellor; we've had acting Commissioners and a lot of buy in from the agency leadership to be part of those. And in terms of our coordination function, you know it's more than just about awareness. It's also about the quality of the service and the information. So, you know we've been working through the immigrant interagency taskforce to make sure all parts of government are aware of those resources that we need.

And lastly, we definitely have a role to play in making sure city services are available to people in their preferred language. For that I'd like to turn it over to Ken for his take.

KENNETH LO: Thank you Erin. Before I talk about language access, I just want to add on the immigrant media roundtables. The first one that we did hold in April was with Acting Commissioner Dr. Morris and also NYC Care. Dr. Jimenez, we just really want to

lean into the importance of NYC Care and we're here to hearing about mental health in particular but mental health as you know is not as well defined in across many of our communities, whether it's emotional or spiritual health or physical manifestations. So, really having an important relationship with a primary care physician is really critical. So, to help facilitate health seeking behavior and one of the things that Dr. Katz said when he spoke at our immigrant partner convening was one of their roles was to help people problem solve. And so, making sure that there's uhm, there's an awareness of those health resources that they are available to immigrants you know without regard to status, without regard to ability to pay is really important because as you know part of the issue with fear and with uncertainty is people don't – they don't prioritize health. They don't prioritize mental health. They don't prioritize care seeking actions. So, you know part of the role we can get into is the role of MOIA through community partners. Through our immigrant media roundtables, through the community media, is to foster and foster more trust where appropriate and to counter misinformation.

So, specifically on mental health, making sure that immigrant New Yorkers have access and are aware of those trusted community partners, which you know as Erin was saying, it's the legal issues are front and center. It's one thing that MOIA can lean into. It's part of our core function and our expertise.

I'm very happy to sit with Anesha and with the Health Department, you know the Health Department is 100 times larger than MOIA and we lean into where we can and part of that is building relationships with community organizations, communicating that information, trying to be an honest broker through ethnic media and to our immigrant communities to both reduce fear where you know a lot of the fear is reasonable but to both reduce – to provide information, provide more information about rights, to provide as part of some of our roundtables have done, to provide resources when there are other issues like predatory behaviors on immigrants in these uncertain times.

And two, ultimately to also make sure that they're getting the services they need for mental health and physical health for themselves and their families.

CHAIRPERSON AVILÉS: So, has MOIA provided, uhm you noted legal services are one of the main functions of MOIA and you seek to fund organizations that provide a more comprehensive access to the additional services that people need. Do you fund the whole caboodle or are you just funding the legal services part?

ERIN BYRNE: I am going to pull up the information I have from our programs team. One second.

CHAIRPERSON AVILÉS: I can answer the question for you if you need.

ERIN BYRNE: I would like to pull it up because I know our Haitian Response Initiative does provide resourcing for some more holistic services. Uhm, and Chair if you will give me a moment, I'll come back to you with the specifics there. Unquestionably the focus of the investment is on access to legal services. But we know that these providers are very well rounded and offer a lot to the immigrant communities, so we are very encouraging of resourcing additional services that they can provide.

KENNETH LO: I'll add that one of the things that came up during our recent partner convening was the

importance of stitching together a more productive referral that work. This is what we heard from different CBO partners at the meeting as Anesha mentioned the Health Department works with hundreds of community organizations on the health front. MOIA works with funds, legal service providers. I don't think we're going to have the capacity to fund every aspect of the community service. They are the front line with a lot of our immigrant communities where we can do more work in collaboration with the Health Department and one of the things that we try to do increasingly in our role as a coordinating body, is to coordinate on what those benefits and services are, what the referral opportunities are and for the information to be shared more effectively across those community organizations.

ERIN BYRNE: And just circling back Chair, the Haitian Response Initiative providers do include case management services as part of the scopes of work.

CHAIRPERSON AVILÉS: And how much is that funded?

ERIN BYRNE: I'll try to pull that number for you.

CHAIRPERSON AVILÉS: Yeah, so listen I think uhm, I'm not trying to catch you up in anything but we all

know that the rejiggered contracts and the new Action NYC squeezes legal providers to do more outcome work with less funding and the organizations are receiving less funding. We did – we were able to add – the City Council added $30 million to legal services that the Administration was not interested in doing. So, we know there is not sufficient resources and I think we need to point out that this Administration has underfunded the CBO's that it continues to depend on on a daily basis to do all manner of things, including language access, culturally appropriate services, mental health services and deal with the things that the city is unprepared to do. So, I think we can do better and we should better but we're definitely not going to gaslight folks to act like we're actually funding all these things that we asked providers to do.

So, let me ask about what advocacy has MOIA been involved in and relative to the mental health care needs of immigrants? Like, are there any bills that MOIA's pushing for or any other advocacy, whether it be federal or state relevant to mental health care that is critical right now?

ERIN BYRNE: So, I will say I can't speak on behalf of the subject matter experts that are on our policy team about the specific types of legislation but overall, uh MOIA has absolutely been tracking the growing concerns in our immigrant communities and that is primarily through what we hear from all the providers we just talked about related to uhm legal services.

CHAIRPERSON AVILÉS: But you have nothing to report in terms of actual advocacy or actual work that's being done on it?

ERIN BYRNE: The two things I can share are that New York City and MOIA are really taking the lead in the City's for Action forum. I know the Council is familiar with that and through the regular touchpoints of the City's for Action, there is ongoing discussion about what's happening across jurisdictions across the country to find opportunities for synergy and really to find opportunities to partner together to address what is a constantly changing challenging dynamic for local governments, in particularly offices like MOIA and their function in local government. So, a lot of that work has been to create relationships so that

uhm, conversations at the staff level across city governments and how they're handling the constantly incoming changing environments has been a really valued resource for our partners across the country and those forums absolutely include discussions about the - like both tracking and opportunities and I'm not able to speak extensively on behalf of the Administration related to the work that has been done for amicus briefs but it is very significant.

CHAIRPERSON AVILÉS: Surely I'd love to hear actually what they've done, so if you could provide to the Council with a listing of all the amicus briefs and actually what they're doing and if they're actually coordinating anything and if that materially is turning onto something in the ground, it would be great to know.

ERIN BYRNE: Happy too.

CHAIRPERSON AVILÉS: Great thank you. DOHMH has resources for immigrants – oh sorry, I want to recognize Council Member Hanif has joined us. Thank you Council Member. Do you have questions? Okay. I'm going to ask one question, then I'll turn it back over to my colleagues. DOHMH resources for immigrant's webpage advises immigrants looking for

information about low and no cost city services to call the New York City Immigrant Affairs hotline. Can MOIA share how many calls they have received to their hotline seeking these services? How many calls does MOIA'S hotline receive asking for mental health and whether individuals are receiving services?

ERIN BYRNE: I believe you're speaking about the ASK MOIA hotline just to distinguish it from the Immigration Legal Support Hotline and I do have numbers for you on ASK MOIA. In the past 12 months or so of operation, it's been between 2,500 and 3,000 calls or touchpoints. Some of them come via phone, a small number of them come via email. A small portion of that but a non-zero portion of that have been seeking health resources.

You know about 100 of those inquiries were requesting health resources and about 20 percent of those were asking for mental health services in particular.

CHAIRPERSON AVILÉS: So, 20 percent of the 100.

ERIN BYRNE: Yes.

CHAIRPERSON AVILÉS: Okay, so it's like 20 people, okay.

ERIN BYRNE: Yes.

CHAIRPERSON AVILÉS: Wow. Does that concern us?

ERIN BYRNE: We know that we need to make sure all forums, including the ASK MOIA Hotline as well as our many other touchpoints are putting this information forward. So, we don't think that number reflects the need or the volume of people that are getting this information but we absolutely want to find all opportunities even if we haven't utilized them yet to get out the message about ASK MOIA and the ultimate services they refer to. So, happy to do more.

CHAIRPERSON AVILÉS: So, what are you doing more if you know only 20 people have called for services through this hotline? What is MOIA doing to change that dynamic?

ERIN BYRNE: Change the dynamic of?

CHAIRPERSON AVILÉS: Of no one using this number.

ERIN BYRNE: Oh, the volume of people who have called in are in the thousands. The number I reported to you was specifically those that flagged that they had a specific inquiry focused on mental health and you know as we – I want to contextualize this number. We talked about the stigma around access. You know just because a person called in

doesn't mean that they reported forward that that was the service that they were looking to receive. So, I want to stress these numbers in the context of you know touchpoints, relationships, kind of entrusted referral pathways. So, I think what's a more valued lens to attack it is thinking about how strong our referral touchpoints citywide and do the referral touchpoints have holistic information including mental health.

CHAIRPERSON AVILÉS: So, how do you access that and how are you – how are you accessing the touchpoints or receiving adequate and substantive referrals that are actually addressing people's issues?

ERIN BYRNE: You know what comes to mind in short is that we have pretty robust systems to gather the indicators of you know, geographic scope, zip code. I actually need to confirm whether we can do zip code, but geographic scope, language provision for our outreach events and our days of action. We have a lot of information there and it's a really consistent model that gets rolled out encouraging access to resources like IDNYC as well as these other service points, so you know I've had a chance to go

to go to a few days action myself and you know the materials that our teams bring are very consistent and you know the tabling efforts that MOIA has across immigrant communities really are kind of a known and relied upon service touchpoint.

CHAIRPERSON AVILÉS: Yeah, MOIA certainly has done many events but I'm saying beyond the flyer, how do you know that these services are being accessed by New Yorkers?

ERIN BYRNE: Well, I can't speak to the program –

CHAIRPERSON AVILÉS: I'm hearing that there's metrics but there's no metrics because there are outreach events. Like how do we know beyond the outreach events that we are actually servicing immigrant New Yorkers?

ERIN BYRNE: So, Chair, I think you're getting at you know what is the utilization and impact of the programs that we need people to access or that we want to make sure are accessible to people if they feel they need it, right?

Uhm, and MOIA's focus in measuring utilization and outcomes has been focused on the programs that we manage the contracts for.

CHAIRPERSON AVILÉS: Only legal service. So, MOIA has no idea whether these services are being utilized to the rate that the city is investing it.

ERIN BYRNE: We defer to the agency partners that run those to do the managing and monitoring. However, we do get regular feedback from those partners, through taskforce and through the conversations with the providers who elevate issues as they arise. So, our primary – we're in the loop and we hear that something isn't working and we work as a city to try to address it.

CHAIRPERSON AVILÉS: But you have not concrete evidence to provide any of that other than you're in the loop if there's a problem?

ERIN BYRNE: I think with the information I provide you today.

CHAIRPERSON AVILÉS: I think it's there, you don't have the data and we have a lot of work to do. I'd like to pass it over to Council Member Joseph.

COUNCIL MEMBER JOSEPH: Thank you Chair. A lot of two step just happening at Q&A right there but uhm, I have a couple of questions. I'm not sure if these were asked but I'm just going to ask for clarification.

How does MOIA and DOHMH collaborate to address mental health needs of immigrant communities? And are these partnerships with community-based organizations servicing immigrant population, enhance mental health and outreach services?

ANESHA AGARWAL: Sure, so I can start. Some of the collaborations that we work with MOIA. So, in March of this past year, we did an open letter to immigrant New Yorkers. That described city services available to all New Yorkers including immigrant New Yorkers and their families to seek care.

COUNCIL MEMBER JOSEPH: In what languages was that letter published?

ANESHA AGARWAL: I actually don't know.

COUNCIL MEMBER JOSEPH: Okay you'll get that to me. That's going to be very important.

ANESHA AGARWAL: Yes.

COUNCIL MEMBER JOSEPH: Why I say that is because you also have a lot of communities that don't read the Native language. So, we have those folks right so how do you reach out to them? Are you using ethnic media? Are you using radio? Are you using TV to get those messages across to the immigrant communities? My mother read and write but all she

does is listen to Haitian radio stations. That's how she gets her news so she is not going to read your letter. So, I want to know if we're really talking about immigrant communities, how is the outreach? Is it boots on the ground? And how are you using that data to evaluate? Have I reached the community? Have I met my goals?

ANESHA AGARWAL: Yeah, so I'll say that my role of policy and communications only started like eight months ago and I previously worked with MOIA and we developed relationships with ethnic and community media and that's another role that we're going to expand in our work because you're right, like my mom doesn't – she needs somebody speaking Hindi to really understand the issues. And so, that is uhm – I believe that and I think that would be very good to add to our Health Department.

COUNCIL MEMBER JOSEPH: Are there any partnerships with CBO's? Go ahead.

ERIN BYRNE: To exactly that point, we agree that expecting folks to engage with this information via either not only websites but written communication holistically is insufficient and it's not going to get out there you know for its different

demographics, age groups, etc., which is why DOHMH and MOIA put out the message that was enforced and that open letter by visits to CVO Life of Hope actually hosted to have a community conversation about that content in a way that was uhm, you know I believe in Haitian Creole because I think Commissioner was able to put the messages out directly via that preferred language.

COUNCIL MEMBER JOSEPH: And how many other CBO's do you partner with? Just give me a number.

ERIN BYRNE: MOIA has 54 contracted providers and more relationships that expand those of our contracted service providers.

COUNCIL MEMBER JOSEPH: And what are the main barriers to mental health care for our immigrant communities? And that question could be for DOHMH and MOIA. What are some of the barriers that you see other than ICE popping up everywhere because the game has changed and it's every single day they're rewriting the rules right? What we knew then is not what we know now and I'm sure today they're working on new rules. How does that work?

ANESHA AGARWAL: Yeah, so I'll share that in a minute. I just also to remind everyone that we do

Local Law 30 and so we have access to ten languages. I don't have a list of the languages but I just wanted to share that. And then what does the impact on community members? So, in addition to our open letter, we did with MOIA April of this past year, health of immigrant New Yorkers and that we shared good things like the longevity of immigrant New Yorkers. The low death rates for cancer and uhm, heart disease but there are also more challenges. Immigrant New Yorkers twice as likely to lack access to healthcare and so that's important. Immigrants with depression are less likely to seek mental health treatment compared to US born – uh, uh, uh –

COUNCIL MEMBER JOSEPH: Is DOHMH working on how do we remove stigma around mental health, especially for our immigrant communities more than ever that are being snatched up, taken away from their families, being kidnapped on a daily basis. How are we working to impact mental health and I know the Chair asked you this question but we quite didn't get an answer. What are the metrics you're using to evaluate the effectiveness of mental health services for immigrant? If you haven't had one, I think this opportunity to start measuring, am I meeting my

goals? The goal that you set. How many immigrants in this city? I believe it's four million; that's a lot of people so that's a lot of services and that's a lot of data you can capture because that's going to drive how you do your work and how the policies that you set in place for our immigrant community. So how do you plan on evaluating that?

ANESHA AGARWAL: Yeah, so we don't want to share information.

COUNCIL MEMBER JOSEPH: Of course, with the safeguards and everything in place, we still need data.

ANESHA AGARWAL: Yeah and so the reason we did the Immigrant Health Report is one example of ways that we can share data but that are aggregated that are not specifically in the New York City people. So, that's like surveys etc.. And so, that's what we're trying to reveal what New Yorkers, immigrant New Yorkers are happening because understandably it's like an anxiety, heightened anxiety for immigrant New Yorkers. And so, that's important to remember.

COUNCIL MEMBER JOSEPH: Especially our young people in our schools that are being snatched up and reported at a higher rate. Last Thursday, we had a

7-year-old and a 15-year-old deported back. So, as the Chair mentioned, this is happening, it's different so we got to approach it differently. We can't use the same play book. Thank you Chair.

ERIN BYRNE: And MOIA would just like to add one or two things that we are able to monitor. Uhm, we do have responsibilities related to the monitoring of Local Law 30 and Local Law 13 across the city. So, Ken I think can jump in with what data we do collect on a routine basis on that front.

KENNETH LO: Sure, absolutely, thank you Erin. So, I just want to make clear that MOIA does work extensively with the Health Department. The Health Department has a very robust language access team. It's growing, it's expanding the number of in-house linguists. They spent roughly 41.3 million on contracted services last year. They're bringing in more internal staff on that front. So, between the Health Department and us, we can get to you the data on what languages the materials put in but I think it's something that we also touched upon earlier was the collaboration between the Health Department and MOIA with ethnic and community press. We've held multiple immigrant media roundtables, including the

one that followed the release of the open letter that promoted NYC Care. Open letter to immigrants about access to health services. That and our other roundtables have been, as I understand are 32 media outlets and 12 languages. It's really an important part of our efforts in collaboration with the Mayor's Office of Ethnic and Community Media to make sure that we're getting messages through the trusted community partners and through media outlets.

COUNCIL MEMBER JOSEPH: Are faith leaders also engaged in this conversation?

KENNETH LO: Well certainly with our conversations across the immigrant communities, absolutely. Getting information through mosques, through synagogues, through other faith-based organizations. Our efforts are to meet people where they're at and through the community organizations that are trusted by community members especially in these times, that's where we go.

ERIN BYRNE: And MOIA has been – this is part of the faith leader townhalls, which have been happening across the city as well. And just one or two more things to round out, many partnerships. We've talked about various convenings. The one DOHMH is leading

next week, one MOIA put together last month which was the first of what we hope to be a long series of bringing together CBO's that serve immigrants and partners across city government. Because that institutional relationship is really how MOIA sees king of the strength of the city moving forward and having support of the CBO's as they need and there are so many valued organizations out there. I just want to stress that you know, our – the value of our contracted providers is significant but there is also many more providers out there that we want to continue growing relations ad working with, which folks can reach out to MOIA to come for a day of action, support with Know Your Rights resources, uhm and you know also it's a priority for us to make sure that CBO's aren't currently contracted with the city but serve or trusted by immigrant communities are being watched through how to receive resources.

So, partnerships with city partners like the Mayor's Office of Contract Services and nonprofit services are also folks that we brought together to our convening and we want to bring to future efforts.

COUNCIL MEMBER JOSEPH: Thank you Chair.

CHAIRPERSON AVILÉS: Great so does MOIA have any plans to revive any initiatives or outreach methods that existed during the time of the public charge rule?

ERIN BYRNE: I'm sorry Chair, that predates my time at MOIA. I can't speak to that.

CHAIRPERSON AVILÉS: So, is MOIA not talking about the possibility of the public charge rule being enacted again?

ERIN BYRNE: There's a lot of scenarios that are on MOIA'S radar, many of which are very concerning, not just for our office but primarily for the immigrant communities across the city. With that said, really what we want to emphasize in this forum as we have before, is where we're at currently, which is that the sanctuary city laws haven't changed, as we all know but what could be forthcoming is absolutely something we are keeping a pulse on.

CHAIRPERSON AVILÉS: Is DOHMH exploring about reviving any policies or approaches if public charge gets enacted again, as being threatened?

ANESHA AGARWAL: So, we – the H+H reinterpretation restricts immigrant eligibility in many, many forms and the new designations impacts

mental health services, substance abuse services and other services. And the reinterpretation, I can't like that word but uh is reduction of nearly 30 years of work of a consistent guidance from the federal government and it follows both parties. Everybody agreed until now and so, the Health Department along with MOIA and other agencies contributed a comment highlighting the harms of this comment if it becomes – if it will occur and we are asking for HHS to withdraw it happily. Recently last week, a federal judge had a preliminary injection preventing HHS as well as DOJ, labor and the Education Department for reinterpreting the public charge but we will see as we look forward what will happen.

CHAIRPERSON AVILÉS: Thank you. In terms of – has MOIA connected with people experiencing distress in the federal court houses and what resources has MOIA provided?

ERIN BYRNE: Chair are you asking about our touchpoints with folks that are going to and in hearings? I'm confusing the word hearings, I'm sorry. There appointments at 26 Plaza?

CHAIRPERSON AVILÉS: Yeah, I've never seen MOIA there.

ERIN BYRNE: You're asking about in person presence? We primarily show up for the immigrant communities through our contracted providers. So, what our chain of communication is to be on a daily basis in touch with the contracted organizations that are in those forums.

CHAIRPERSON AVILÉS: So, MOIA really knows that kidnappings of immigrants are happening on a daily basis and chooses not to show up? It doesn't bold well for trust from immigrant communities to see the hypocrisy of that.

ERIN BYRNE: MOIA really wants to show up for them in resourcing the legal service providers and CBO's that have the experience to provide legal – individualized legal advice, which is what individuals need in these moments. MOYA's staff are primarily not lawyers. You know Ken and I are bureaucrats at heart and so, we actually can't provide legal advice to individuals who are at those court hearings but resourcing and risk triaging anytime we're aware of a case –

CHAIRPERSON AVILÉS: But you could provide moral leadership that this city administration in whole stands with immigrants unapologetically doesn't hide

behind contracts, doesn't hide behind other things like quid pro quo. You could stand there on moral grounds. You could but I think we can – I think we can move on because the point is clear.

How does MOIA assist with the New York City Care outreach and how do you advise that outreach for this program being conducted?

ERIN BYRNE: So, NYC Cares is a really huge program that our H+H partners are really proud of. They do obviously a lot of outreach efforts. NYC Cares being part of the portfolio means that you know the public hospital network is of course an important promotion kind of point but MOIA, whenever we have a chance will plug NYC Cares. You've heard me talk about the days of action and the resources like it brought to those events. The engagement with immigrant media, but I also want to plug something that is specific to MOIA, which is that our English language learning program also in its content has explicit call outs to health services that are available via the public hospitals and NYC Cares.

CHAIRPERSON AVILÉS: So, it was reported that enrollment in NYC Cares has dropped for the first time since its creation in 2019. H+H has suggested

that older residents were instead enrolling in Medicaid, but public health experts have speculated that the drop was due to immigrants being fearful of using city resources. Can MOIA or DOHMH speak to this drop in enrollment?

MOIA can't speak to the numbers there. We defer to those partners but it reinforces the need for awareness campaigns and relying on those trusted partnerships to encourage people to both know the current status quo of the ability to access health through public hospitals and NYC Cares. So, really what we've done with what you just read out Chair is really try to further our outreach efforts.

ANESHA AGARWAL: And uhm, I also will defer to H+H to find out more but it is important to discuss that with H+H and all of us if there are ideas that we can do to improve that outcome.

KENNETH LO: I'll just add that it's something that one of our partner agencies does. It's the public engagement unit. They have a program called Get Covered NYC and they have a very deliberately worked with NYC Care to expand outreach. They have a lot of multilingual and multicultural staff who work

in neighborhoods with the focus of getting word out about NYC Care.

CHAIRPERSON AVILÉS: And what is the budget of the resources that are dedicated to – I don't know if it's just that unit and they work on various campaigns or is it structured differently?

KENNETH LO: I can find out that information for you but public engagement unit covers health issues and also tenant awareness for resources.

CHAIRPERSON AVILÉS: Did you say tenants?

KENNETH LO: Yeah.

CHAIRPERSON AVILÉS: Okay.

ERIN BYRNE: That's another partner that's been a valued relationship for us at this time. HPD and a lot of proactive measures on there to find opportunities to include immigrants and the tenant protection work that they're doing because we know that that's another risk area.

CHAIRPERSON AVILÉS: Yeah, it is. During – this question is a little long so bear with me. During the first Trump Administration, MOIA and partners in government worked with service providers contracting with federal government about the needs of children in their custody. They learned that there was a gap

in bilingual child adolescent psychiatry services for separated and unaccompanied children in federal custody in New York. MOIA worked with Health + Hospitals to provide additional support for these providers including consultations and access to outpatient services. H+H embedded child adolescent psychiatrist with contracted service providers, facilitated referrals to Bellevue Child Adolescent Outpatient Psychiatric Clinic and launched a trauma informed psycho-educational group with providers that focused on post traumatic stress and coping skills. Are any of these structures still in place today?

ERIN BYRNE: Chair, that is not a program I'm familiar. Can we follow up with you after the hearing?

CHAIRPERSON AVILÉS: Great. In terms of – can you – can you tell us beyond language access how MOIA and DOH were expiring? We're all going to shoot up into the air.

ERIN BYRNE: But the new is so new.

CHAIRPERSON AVILÉS: You're like enough with the questions. Yeah, even the timer has had it. Beyond language access, how does MOIA and DOHMH define

cultural competency and how does this show up in mental health spaces?

KENNETH LO: Language access is something that we work on but we recognize that cultural and language are inextricably incompliant. New Yorkers confirm so many circumstances, different experiences, relationships to government, conceptions of health, and wellbeing. So, from MOIA's vantage point, we do try to work on our mission of permitting the wellbeing of New Yorkers and a lot of that is through specific supports around particular vulnerabilities, whether it's economic stress, discrimination, housing issues, our collaboration with other offices on domestic violence or LGBTQ issues.

So, cultural competence is first of all, it's such a challenging term cultural competence you know. Cultural awareness, cultural humility, it's really trying –

CHAIRPERSON AVILÉS: Activity in all of that.

KENNETH LO: Yeah, really trying to embed the affirmation of immigrant communities as an integral part of New York, given that 60 percent of New Yorkers are immigrants with children of immigrants. It's something that we use language access as inroad

to understanding the challenges of communicating with immigrant New Yorkers and to do our jobs better as representatives of city agencies.

ERIN BYRNE: And if I could build on that point, we haven't had a chance because there's so much pressing demands at the current moment to talk about. Another function that MOIA really raises the celebration of our immigrant communities and that's something that's been part of our tradition that continues to be an area of focus because regardless of what's going on in the external environment, the value and presence of immigrant communities across the city is core to who we are. One of the small but not small campaigns that we've introduced is what we call the immigrant enclave series, which creates kind of visuals that are used by MOIA. Flag raisings in communities. There might have been one in Sunset Park last night. Just highlight the beauty and joy and many fold elements of cultural beauty that they bring to the city.

ANESHA AGARWAL: Yeah, the experience that MOIA – Oh, the response that MOIA shared is like deeply correct and important and I would only add that we want to improve cultural competency and we work with

the Council Members or community members on how we can do that in a more effective way, a more generative way to ensure that immigrant New Yorkers have fear and anxiety but they also have joyous moments and how do we incorporate them all in.

CHAIRPERSON AVILÉS: I'm a little bit at a loss for words. Uhm, not because joy in this moment in time for immigrant communities, poor people is an active political resistance but that flag raising would be mentioned in the context of that while people are being attacked and kidnapped on a daily basis. Flag raising is not part of joy. Providing health care, providing protection, providing legal services and being unapologetic about protecting our immigrant communities is going to bring us safety and joy, not flag raising. So, I'm sorry. Whew, your larger point that our communities need joy and deserve joy is 100 percent correct. I hope MOIA is not expending too many resources throwing parties but if they do, I'm okay with that. I'd much prefer the services. Uhm in terms of uh according to the April 2025 report, health of immigrants in New York City, certain health outcomes may be better among the city's immigrant population as compared to US born

counterparts. At the same time, other social factors continue to affect the mental health challenges and obstacles to treatment immigrants face.

Could you expand on the policies? Socioeconomic and cultural and by mental conditions that individual factors may play into the health needs of immigrants in New York City. Why might those factors differ as they relate to mental health as compared to other health outcomes?

ANESHA AGARWAL: Uhm, so the uhm – the Immigrant Health Report was very expansive and they provided positive aspects but also challenges for teens to adults. And so, we're going to use that information to modify change, expand our services so that we can use the information that we have and move that forward. So, that's the bottom line is using that data that we have and use it to modify change expand our work.

CHAIRPERSON AVILÉS: So, the report cites an interagency taskforce established to address the needs of unaccompanied children and their caregivers to facilitate training on health insurance and school enrollment. What's the current status of the taskforce and who is involved?

ERIN BYRNE: I'll follow up on that because I don't have the details but I will follow up definitely.

CHAIRPERSON AVILÉS: Also, the report provides substantial recommendations to protect health of immigrants, including broadening health insurance coverage and safeguarding health service access. Expanding access to affordable housing, employment and providing comprehensively taking policy. How is the city responding to these recommendations from the mental health report?

ANESHA AGARWAL: Yeah, so uhm insurance coverage, the city staff are available for people to sign up including helping people understand the personal information that we will need to submit their paperwork and we also work with H+H to partner with IDNYC to identify for patients to have people register and check in using IDNYC. And IDNYC is also available to prescription drug usage and access to vaccine information.

So, all of the and then in the end, uhm city services are available including food, education, legal services, etc., to New Yorkers and so the goal

is to not feel nervous about doing that but to move forward and seek those services.

CHAIRPERSON AVILÉS: Got it, thank you. In what scenarios does MOIA direct people to We Speak at the sudden mental health. Like, can MOIA see the views on this and are people watching the episode? Can you tell us a little bit more about –

ERIN BYRNE: I can speak high level but our English language learning programs have two main groups of touchpoints. There is both the classes that we run citywide. The public libraries have been a tremendous partner to us in those classes and curriculum.

We also work and support CBO's who want to deliver the We Speak curriculum. There is also the information and the content itself was just available on the website. I'm going to have to follow up with you for specifics on data on the three categories.

CHAIRPERSON AVILÉS: Got it, thank you and I know we talked a lot about public schools and school-based health but I'[m not sure I received a clear answer. So, how is MOIA helping New York City Public Schools to support particularly frontline staff? Similarly, I think along the vein too, you relied heavily on

your CBO providers, partners on the ground. How are you supporting the health of our CBO partners and our frontline workers to be able to then provide help and support to immigrant New Yorkers?

ERIN BYRNE: I'll start. I think there's many parts to your question so please do bump if we don't directly get to all of it. So, in terms of broadly, coordination with New York City Public Schools right now uhm is first and foremost about triaging cases and getting access to the legal representation when a student and their family tied to public schools elevates a need. That's I think not directly what you were getting at but I want to stress that that has been a really important touchpoint with Project Open Arms.

We're also working currently with Project Open Arms on some additional content that we're hoping to roll out through public schools, which will tie directly to support to frontline providers. You know at schools, it's many fold. Teachers and because there's so many people who are working day to day and the communication. So, I think there's forthcoming partnerships on actual materials that are designed for a uhm school audience, which frontline providers

can point to and use. The uh you know, would also I know is a priority and can speak to uhm immediately in terms of supporting CBO's is actually in creating the structure for them to work with each other and that providers experiencing these things on the ground in Queens, in Staten Island, you know has a tremendous amount of experience to share and one of the things that came out of our first convening, which again we all know needs to expand and who is included, is that the relationships and the capacity – the technical support and the capacity building that happens through those venues is significant. And I'll close and then pass it over to my partners by stating that MOIA also has our legal technical mentorship program, which is an outlet to provide trainings in response to what CBO's – uhm MOIA contracted CBO's say that their theory is kind of technical expertise need more training and development.

CHAIRPERSON AVILÉS: Okay and let me ask this, maybe I did ask a convoluted question. Let me ask this pretty directly. Does MOIA provide any social – any emotional support for the work that frontline staff are engaged in right now? And the same thing

for its CBO partners who are caring for people on the ground in trauma 100 percent of the time. How are we supporting our caretakers?

ERIN BYRNE: Second degree trauma is very significant and sometimes it's not second degree right? So, I think that's another big piece of it here. A lot of the people we are leaning on are also in really challenging circumstances but I don't have the short list so Chair, would love to follow up with you.

CHAIRPERSON AVILÉS: Okay are you aware of any programs or explicit support that the city is providing our CBO partners and frontline staff in schools.

ERIN BYRNE: Yeah so the Health Department works on specifically school based mental health clinics when they have an onsite provider on that. And we do engagement in students and to staff trainings to identify stressors on students and refer them appropriately to other – to the appropriate space and we do family engagement.

CHAIRPERSON AVILÉS: But how about to the staff?

ERIN BYRNE: Staff meaning staff in the schools.

CHAIRPERSON AVILÉS: Okay.

ERIN BYRNE: So, we do trainings for them on the kids and their response and also how can we respond to the staff in general?

CHAIRPERSON AVILÉS: Okay, I'd like to recognize we've been joined by Council Member De La Rosa. Thank you for joining us. In terms of uhm, I think we are near to the end Council Member if you have questions, so let's see. Okay, yes, thank you. For DOHMH, how much money does the agency spend on language access services?

ANESHA AGARWAL: Uhm, I'll follow up with you on that. We don't have specific mental health data but we have general language access data and I can share that after this hearing.

KENNETH LO: I'll just jump in, I provided a datapoint earlier on and DOHMH expenditures on language services at $41.3 million.

CHAIRPERSON AVILÉS: You provided it when?

KENNETH LO: I provided that amount earlier in testimony or in our Q&A about how much the Health Department spent on contracted language services.

CHAIRPERSON AVILÉS: Can you repeat it since I have no recollection of it?

KENNETH LO: Sure. For this fiscal year, 24, which is the one last year that we have the complete data on, it was $1.3 million.

CHAIRPERSON AVILÉS: And that's for DOHMH?

KENNETH LO: Yes.

CHAIRPERSON AVILÉS: Okay.

KENNETH LO: That's other – so contracted services.

CHAIRPERSON AVILÉS: Got it and how many contractors are included in that $1.3 million?

KENNETH LO: I was just looking at their page. This information is on the annual Local Law 30 reports.

CHAIRPERSON AVILÉS: Great, so you can find it and report back to us.

KENNETH LO: Yeah, there are multiple vendors on that report.

CHAIRPERSON AVILÉS: Okay, great thank you. And also, uhm, does the promotion from MOIA, does the promotion of mental health services increase in the wake of particular events that directly impact New York City's immigrant communities? And if so, can you provide some clear examples where that's materialized?

ERIN BYRNE: So, one of the probably obvious portals we have to put messages out timely is through our social media channels. We can pull some data for you. A lot of traffic we see there, for instance February this past year there was a huge spike in access to the Know Your Rights materials but it's not just asynchronous, it's not just expecting people to come to the website, which continues to be an area focus. We've made some updates recently because we know that that's been something that's come up and more to do but the – also pushing out messages through things like our various – not just press releases but social media channels in which we try to push messages out, not just in English. And I say actually that's been an increased effort for us. Ken recently led an interagency taskforce where we working with our partners across the city to prioritize and to encourage the pushing of uhm information as it's accessed by people online, via social media channels in many languages.

CHAIRPERSON AVILÉS: Has MOIA considered and DOHMH considered with the situation of the federal governments kidnapping of children, uhm and increased attacks, any specific interventions that we are

working to develop or make sure are embedded for the trauma that children are experiencing today?

ANESHA AGARWAL: We are not but that is a good idea because uhm children have trauma and we should access supports for them in this reality. So, because this is all happening, I mean it's not even been a full year for the federal government to attack and attack and attack, and so this is a great suggestion for us – uh Health Department to think about that.

ERIN BYRNE: And Chair, if you allow me to jump in, my team had one more example, we have a opt in subscriber newsletter with the timely resources that we encourage not just providers but people who want to be informed across the city to subscribe to and that gets pushed out on a weekly basis. That is also a forum where we're doing a you know very kind of real time elevating of what resources and messages need to go out in light of constantly changing events.

CHAIRPERSON AVILÉS: It's certainly a challenge. Just want to point out on MOIA's website, in terms of the listing of resource for immigrant New Yorkers, uh, there is a link for the Visit Mental Health for

All, NYC.gov that goes nowhere. So, just if they can address that just for the record.

ERIN BYRNE: We think that got updated last week Chair. We'll confirm.

CHAIRPERSON AVILÉS: Okay great. Uhm, you know I think I don't know if there's anything – Council Member, are you good? Okay, alright, I think uhm that will close testimony from the Administration. I know we certainly find ourselves in unprecedented times and I do thank everyone for the work that they are doing to support our communities. There is a lot of work to be done. So, with that, I thank you for your testimony. Thank you for your presence.

ERIN BYRNE: Thank you.

CHAIRPERSON AVILÉS: So now I open the hearing for public testimony. I 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. 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. If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on today's oversight hearing topic addressing the mental health needs of immigrants in New York City.

If you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant at Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of close of this hearing. Audio and video recordings will not be accepted. As a reminder, the languages that are available for interpretation are Spanish, Arabic, French and Wolof.

For in person panelists, please come up to the table once your name has been called and now, I will call our first in person panel, Andrea Ortiz, Martin Urbach, and Jania Witherspoon.

ANDREA ORTIZ: Hello, my name is Andrea Ortiz with the Dignity in Schools Campaign of New York. A coalition advancing restorative justice, mental health access, and immigrant protections in public

schools and working to end the prison – the school to prison and the school to deportation pipelines. DIC New York calls on New York City to redirect funding from school policing and surveillance into mental health access in healing centered programs for immigrant students currently experiencing trauma due to Trump's toxic federal anti-immigration campaign. Due to President Trump's xenophobic policies and Mayor Adam's collusion, immigrant students are experiencing severe levels of trauma. Many students live with constant fear that their parents or loved ones could be detained or deported. Rades, detentions and anti-immigrant rhetoric amplified this anxiety creating a chronic state of hypervigilance. Additionally, undocumented immigrants often experience unstable work, housing, sudden relocations or disruptions in schooling, factors which cause hopelessness and stress. Moreover, under Mayor Adams leadership, city agencies like the NYPD continue to violate laws limiting information sharing with federal immigration officers. NYPD school cops can currently place youth on the gang database and with little or no evidence of wrong doing. The database currently contains approximately 16,000 names with 99

percent of individuals being Black and Hispanic and 98 percent being male. It includes youth as young as 13 years old and is contributing to the school to deportation pipeline. We call on the city to prioritize school based mental health access and protection for immigrant students and to redirect money from school policing and systems that criminalize and harm our most vulnerable students.

We demand that the city expand multilingual school based mental health access and healing centered programs. Commit to fully protecting the safety and wellbeing of immigrant students and parents at a time when four immigrant public school students have already been kidnapped and separated from their families by ICE. Expand successful school programs, like the mental health continuum, restorative justice and the immigrant family communications and outreach to all schools serving immigrant students. Redirect money away from school policing and surveillance and the gangs database, as they perpetuate the wrongful criminalization and potential deportation of immigrant students.

And finally, invest in a multilingual mental health pipeline to train culturally and

linguistically responsive providers. New York City Council members must stand up for immigrants, expand mental health access and ensure New York City prioritizes the safety and wellbeing of all students regardless of their immigration status.

CHAIRPERSON AVILÉS: Impressive, I'll come back.

MARTIN URBACH: Council Member De La Rosa and Immigration Council. My name is Martin Urbach, I'm the Executive Director and Cofounder of the Circle Keepers and also a steering committee member of the Dignity in Schools Coalition Campaign New York.

I'm here today as a proud Latino immigrant myself when who moved to this country, we are speaking in English as a brand-new teen orphan. As a student and educator, I have experienced first hand the transformative and healing power of the mental health counseling supports and programs in the schools. I moved to New York City because of Hurricane Katrina and if not being for my counselors, I would not have been able to continue my education in the midst of losing my home, my friends and life as I knew it. I stand here today because of the power of school based mental health programs. Since then, I've been blessed to pay it forward providing support for

students as a thing of culture, restorative justice coordinator working closely with the counseling departments of the New York City Public Schools I have served in for the last 20 years.

Today, our immigrant students are experiencing severe levels of trauma. Many of them are living in shelters being shuttled every 60 days as if they were merchandise and not humans. The reality is exacerbated by not having access to Wi-Fi in the shelters and devices, which they need to do their homework their assigned in schools which no underfunded schools – our schools are so underfunded that they're also not providing them the English Language Learning services that they deserve.

When we talk about political violence, this is Exhibit A. The irony of this happening in the richest city, in the best country in the history of the world, it is not lost on me and neither should it be lost on the City Council and on all of New Yorkers.

I have students who are afraid to come to school because they worry their parents will be snatched by masked men. That same fear is keeping their parents from attending their hard-earned jobs. This cycle of

violence right on the coat tails of the grueling conditions and traumatic events that these young people experience during their month-long process of migration.

When we say education, not deportation, we do not mean it as acute metaphor. We mean providing our young people and their families with the mental health supports necessary to process the trauma that they experience. We are calling on the New York City Council to expand multilingual mental health access and healing center programs to expand successful programs like the mental health continuum and restorative justice and immigrant family communications and outreach to all school serving students and we're calling you to redirect money away from school policing and surveillance and the gangs database, which they perpetrate wrongful criminalization and prevent resources going towards mental health for our immigrant students. Thank you.

CHAIRPERSON AVILÉS: Thank you Martin.

JANIA WITHERSPOON: Good afternoon. My name is Jania and I am the Co-Founder of the Circle Keepers. A youth led restorative justice nonprofit and I'm here on behalf of Dignity in Schools.

Every day I have the profound privilege to work alongside young people as coworkers, as a mentee. Many are recent immigrants navigating not just adolescents but the trauma of displacement, separation and systematic injustice.

As a young person who also navigated the New York City Public School system myself, I can say first hand how life saving it was to attend a school that prioritized my whole wellbeing, not just my grades. I was lucky to be part of a community where I felt seen, protected and supported and that care definitely shaped who I am today but not so many students get that. More often than not, immigrant students walk into schools where their needs are misunderstood, their cultures are invisibilized and their safety is uncertain.

I'm here today because immigrant students deserve safety, dignity and healing not fear. Too many of the young people I serve come to school carrying the silent weight of fear. Fear that their parents might not return home from work, fear that speaking their Native language will mark them as others, and fear that even a small misstep could put their families at risk of deportation and this fear shapes everything.

And it's not imagined. ICE has shown up to schools and communities I'm with. They park unmarked cars outside of dismissal. They use information from city agencies including school police and the NYPD gang database to track, target and detain youth and their families. Imagine being 14 trying to solve an algebra problem while wondering if your parents will be gone when you get home. Imagine having a panic attack in class and there's no bilingual social worker, no trusted adult who understands your story. Only a school safety officer watching you from the doorway.

They don't need punishment. They need us to show up for them; with the same fierce commitment they show up every single day. They deserve schools that treat their lives like they truly matter. They deserve classrooms where their safety is never in question. So, I'm asking the City Council today to expand multilingual, culturally responsive mental health care. Redirect funding away from school policing and surveillance and invest in a mental health workforce pipeline to train providers who reflect the languages, cultures and lived experiences of our communities. Thank you.

CHAIRPERSON AVILÉS: Thank you. I'd like to ask all three of you if you were here to listen to the Administratoin testify? What is your response to what you heard here today?

ANDREA ORTIZ: It's very sad to hear that you know we've already gone through one Trump term and it's not like people didn't understand what was coming and meanwhile we're talking about flag raisings instead of actually services in schools, instead of actual services in schools, instead of actual support for caregivers and even MOIA not showing up. I mean, you've been there watching people get detained. You know we do need to be a leadership in the city and we needed it yesterday. We needed it five years ago.

CHAIRPERSON AVILÉS: Thank you.

MARTIN URBACH: I'm an educator first and foremost, so I am a student of history and a visionary for a future that we don't have. What I do know after just funding a brand-new nonprofit over the last year and a half is that I stand in a long line of nonprofit organizations who have cash cowed our communities for far too long. Typically, Black and Brown communities that are so underfunded that

the only thing that they have a lot of is policing and organizations that are cash cowing them. So, I would like – uhm it's not that I would like it, it's not that I would like it, I actually wouldn't like it but I would like for us all, everybody who is serving our communities to put something on the line, to actually go and break bread [SPEAKING IN OTHER LANGAUGE [02:22:32]. We have to be able to leverage our humanity to be together right? You know the best lessons I've learned; I learned from my mother who says, when there's a will there's a way. [SPEAKING IN OTHER LANGAUGE 02:22:47].

And so, uhm these are really violent times for our immigrant communities for Black and Brown communities for disabled and from our queer communities right? If we are not showing up not for them but with them, then what are we doing?

CHAIRPERSON AVILÉS: Thank you.

JANIA WITHERSPOON: Yeah uhm as a young person but also as an upcoming adult and doing this work with our team, uhm it's just honestly so heartbreaking to constantly hear stories about fear and injustice and despicable things, which adults and politicians and people who are supposed to be for

youth and with youth, the things that they're doing, the things that they're saying their doing and not and uh you know it's hard to navigate the middle. But I think that there are good intentioned people but I also think often times youth voices are not heard and youth voices need to be centered. And so, when we are discussing youth, youth need to be here.

CHAIRPERSON AVILÉS: Got it. Thank you. Thank you both for your testimony and your work and you know I will say I agree with the dismay of our state of affairs with the incredulity, people not believing somebody who says he's going to do something and is doing it and we're still like navel-gazing. It is really amazing to me but [SPEAKING IN OTHER LANGAUGE 02:24:25] and will continue to fight forward together. So, I thank you for your work.

PANEL: Thank you. Thank you for your leadership.

CHAIRPERSON AVILÉS: Next, we'll have Rauly Chero, Jessica Brecker, Charles Brown and Nevien Swailmyeen. Tell me your name Nevien Swailmyer? Swailme- okay. Thank you. Thank you. If you would like to start here.

RAULY CHERO: Good afternoon. Good afternoon members of the City Council, my name is Rauly Chero and I'm a licensed Mental Health Counselor and Coordinator of Wellness Services at the Northern Manhattan Improvement Corporation, better known as NMIC in the community.

NMIC is a settlement house that was founded in 1979 to protect low income and immigrant families in upper Manhattan. Since then, we have expanded into adjacent Bronx neighborhoods and support 14,000 New Yorkers with a variety of programs to address housing, immigration, benefits access, education, finance, career health, and holistic needs. NMIC's wellness program offers free bilingual mental health counseling in Spanish and English to our community members. A rare find nowadays within our communities in the city. Our team includes five master level counseling psychology students and one licensed mental health counselor all specialized in bilingual Latinx mental health.

I want to take a moment to share with you the story of a male client, who I will call John to protect his identity.

John is a 44-year-old Afro-Latino father from Honduras who came to NMIC to learn English. A single parent to a 17-year-old daughter with down syndrome, John was extremely overwhelmed living in a shelter. He first learned about NMIC's mental health services through a psychoeducation workshop offered as part of his English class. At the time, John was experiencing depression and anxiety. John began meeting weekly with one of our counseling interns for individual therapy. Together, they focused on helping him process past trauma, express his emotions in healthy ways and build coping skills to manage his stress and responsibilities.

Since beginning therapy, John and his daughter have now moved into a one-bedroom apartment. He has earned a home health aid certification. He is now employed and he still continues counseling dynamic. His story reflects that with the right support; all individuals are not able to heal but also thrive and build stronger futures for their families.

Immigrants in New York City face mental health challenges including exposure to trauma, discrimination, legal and financial stress, isolation and significant barriers to accessing care.

In 2024 alone, NMIC's wellness program supported 90 clients and provided nearly 1,000 free counseling sessions to the community. We respectfully call from the Council to continue supporting these crucial mental health programs so we can continue delivering services and advocating for equity, safety, and opportunity for the communities we serve. Thank you.

CHAIRPERSON AVILÉS: Okay, so I think we probably need to expand the time. Okay, so we just got word that our interpreters, we are moving too fast for them and obviously that's the constraint of time that we put on you all so we're going to expand the time to three minutes so that you can slow down a little bit to support the interpreters. We're sorry. So, should we, I guess we can move to the next, okay. We'll move to the next person but you have more time.

NEVIEN SWAILMYEEN: Thank you Chairperson Avilés and members of the Committee on Immigration for holding this hearing. My name is Nevien Swailmyeen and I'm the Advocacy Manager from the Health Justice program at New York Lawyers for the Public Interest. More importantly, I am the child of immigrants with strong community ties. We are grateful for the Council's support through the Immigrant Health

initiative, which has allowed us to connect immigrant New Yorkers to lifesaving healthcare through direct representation, medical legal partnerships, community education, and advocacy. For more than a decade, NYLPI has documented medical neglect and immigration detention. We track these violations through our medical providers network where volunteer doctors review medical records of individuals detained by ICE.

We believe it is important to bring these violations to light in today's conversation. Our upcoming report on Orange County Jail, where many New Yorkers are detained, many are transferred from federal plaza showed just how neglectful these facilities are for overall health including mental health. We're reviewed the records of 19 people and saw the same pattern, delays in follow-up care, denials of medication, mismanaged chronic illnesses and inadequate psychiatric treatment.

Today, I'll be sharing an unfortunate you know situation that happened to one of these individuals. We'll name him Amet S. He suffers from Crohn's disease, severe depression, and other serious health conditions. Instead of receiving proper treatment,

he was given ineffective medication and dangerously low doses of antidepressants. His physical suffering and psychiatric distress were just made worse by neglecting the state of detention.

Outside of detention, we're seeing immigrant families are facing another crisis. Federal cuts will result in nearly half a million New Yorkers losing zero premium coverage. This means higher costs, more people going uninsured and a sharp rise in preventable illness and mental health crisis. Layered on top of this of course is the constant fear of enforcement, which we've talked about a lot today. Fear of detention and deportation worsens anxiety, depression and even physical conditions and keeps people from seeking care at all.

We urge the Council to act, strengthening oversight on detention facilities, expanding immigrant centered mental health supports and investing community and legal interventions that make health care accessible without fear. In critically past local resolutions reporting the Dignity and Non-Detention Act, the New York for All Act, as well as legislation including 396 and Intro. 395 of 2024. We

thank you all for your leadership and the opportunity to testify.

CHAIRPERSON AVILÉS: Thank you.

CHARLES BROWN: Good afternoon. Thank you to the Chair and the Committee. My name is Charles Brown. I am the Director of the Immigration Legal Program at Lutheran Social Services of New York. Lutheran Social Services of New York's work has been focused on strengthening families and communities throughout New York City for 125 years and as part of that mission, the Immigration Legal program has provided quality legal services to immigrant New Yorkers for more than 25 years. A major focus of our work is humanitarian relief including assisting New Yorkers with asylum applications and special immigrant juvenile status.

Because of this focus, the immigrants that we serve often come to us with acute mental health needs. Indeed, many of our clients arrive in the United States after suffering significant trauma in their country of origin and on their journeys here and they find themselves in New York City with mental health challenges resulting from their experiences.

Once they arrive, migrants are subjected to a complex immigration system that may appear designed to retraumatize them. Our clients often express feeling stress and distress related to their immigration cases, court proceedings and ICE check-ins. As part of their removal cases, clients are often asked to recount traumatic memories of events that force them to flee to the United States. A process that can easily retraumatize the immigrant without proper mental health care support.

Indeed, our immigrant clients able to access mental health care often receive diagnoses related to their past trauma and current stress such as depression or Post Traumatic Stress Disorder. LSSNY works a great deal with immigrant youth, particularly those 18 and over who are not eligible for many of the services aimed at young people. Many of the youth who we work with gang violence or abusive homes, looking for safety and security in the United States and they're now faced with having no support in their new environment. Many have undiagnosed trauma and PTSD are in desperate need of mental health services. To give you some context, last week alone, our pro se – or excuse me, last month our pro

se projects, all 83 people who needed immigration services. Almost every single one of those 83 people needed mental health services and almost every one of them expressed to us that they didn't believe they could access those services. They were not either – I believe they were not eligible for insurance or could not afford to pay for services. Many immigrant New Yorkers, including those seeking asylum or special immigrant juvenile status are in dire need of free and accessible mental health services.

In addition to serving their immediate needs, these services also help immigrants to more fully participate in their immigration cases.

Despite the clear benefits, accessible and effective mental health care is often hard for our clients to find. As we support clients, we often find the program specifically designed to support them are at capacity or have long waits. Our experiences lead us to call the City Council to expand mental health services for immigrant New Yorkers and especially for youth who are in particular need of these services. Thank you.

CHAIRPERSON AVILÉS: Thank you so much.

JESSICA BRECKER: Good afternoon Chairperson Avilés and Committee Members. My name is Jess Brecker and I am the Director of Refugee Resettlement at Catholic Charities Community Services. Thank you for the opportunity to testify on the urgent need to address immigrant mental health in New York City. Catholic Charity's community services has decades of experience serving immigrants through Legal Aid, Social Services, housing support and mental health referrals. In the refugee resettlement department, we serve refugees, asylees and more from 70 plus countries using tools like the evidence-based refugee health screener 15 to access mental health needs and refer participants to ongoing clinical and community-based services.

As experts enforce migration we conceive of trauma through the lens of the triple trauma paradigm, including preflight trauma, trauma during displacement and post migration trauma. This experience is compounded by systemic factors for immigrant populations. Fear of law enforcement, language barriers and lack of health insurance and public benefits. Immigrants are often unable to access mental health services without insurance and

face constant barriers to meeting their basic needs including the inability to access housing, food, and safety, which negative impact their mental health further.

Current systems rely on emergency responses like 911 or police involvement, which many immigrants understandably fear. Cultural stigma, lack of interpretation and long wait times further block access to critical mental health services. Immigrants routinely forego care due to cost and accessibility and fear of deportation. Catholic Charities community services make six urgent recommendations to improve models for immigrant health in New York City.

One, expand access to free or low-cost mental health care without insurance. Two, ensure linguistic and cultural responsiveness with interpretation and trauma informed approaches. Three, protect safety net supports by shoring up drastic cuts to Medicaid, SNAP and other federal benefits. Four, prioritize safety by creating nonpolice crisis response alternatives. Five, broaden models of care to include peer groups, arts and community-based healing and six, strengthen

provider capacity with funding for immigrant focus trauma informed services. New York City must invest in a system that meets immigrants where they are with safety, dignity, and culturally appropriate care. Thank you for your commitment to this critical issue.

CHAIRPERSON AVILÉS: Thank you. Thank you all for your services and your testimony and thank you for these very concrete recommendations. I guess, I too would like to hear as you all have heard the Administration, are – are you seeing any meaningful movement in responding to what we know has been long waits, inaccessibility, very little services? There's been an outstanding issue for many, many years and it's just been compounded. Do you experience or did you hear in their testimony any meaningful response to this ongoing reality?

NEVIEN SWAILMYEEN: I think the quick answer is no but what I think is important and I'm so appreciative beyond this testimony with other folks who have seen this happening to their clients in real time, it's the assumption that our public health system is just going to be the end all, be all solution to all these peoples immediate problems rather than going into the community and establishing

important ties with not just CBO's but community leaders and members that can play a role in galvanizing folks to get their needs met. And so, you know we appreciated your tone today for sure and calling them into action.

CHAIRPERSON AVILÉS: No, thank you for that. I mean our city is woefully invested in its public health infrastructure just on a general let alone for an incredibly vulnerable population that is currently under severe duress. We did not talk about I realize the conditions of immigrants who were detained and it is well documented the human rights violations that are occurring in facilities. Metropolitan detention complex is one in my district, a federal, which no one talks about and is currently we know holding folks. I want to apologize to you for my oversight around that, even asking the administration about that. But since they've never even stepped into the immigration court house, I suspect, they're not interested in acknowledging the trauma that is occurring in the facilities. However, I think there's certainly an enormous amount of work there because it is not only the trauma that the person who is detained is experiencing but what are we doing to

support family members who are behind, who are also experiencing that trauma.

So, I just want to thank you specifically for highlighting that work in particular, those violations and certainly the violations that we know has happened to children and is continuing under our watch. I'd like to know just really quickly in terms of uhm, Charles, you mentioned particularly the capacity and long waits for services. Are there particular recommendations that you could provide the Administration that could help support this?

CHARLES BROWN: I think what you're saying about getting out into the community is really important, right? First of all, to just inform folks that these services are available but then, I think a lot of us have experienced long wait times when clients try to access the services, right? And then often, they don't end up going because the wait is too long. So, I would love to just see some accountability on that and I think that you know the Administration should understand exactly how these systems work. For example, when you call 988, exactly what happens and what do those wait times look like because what we

hear or at least what I hear on the ground is that they're quite significant and a huge barrier.

CHAIRPERSON AVILÉS: We heard Council Member saying nobody is using 988 anyway. We don't know actually but the wait times are significant, even for legal service referrals right? So, how are we building the capacity of the infrastructure in this time?

COUNCIL MEMBER DE LA ROSA: I actually used to defer a neighbor that was in crisis and they came two days later. He was naked in the hallway and clearly having an episode and two days later, he was you know not there anymore. And so, it wasn't efficient in my opinion to say the least and then they kept calling me back to see if I was okay, which I appreciate but I'm fine and it wasn't until I said, 'I'm actually a City Council member and I was calling because there was a neighbor in crisis," that they actually like then followed up consistently. So, that was my experience.

CHAIRPERSON AVILÉS: We got so much work to do you all. Thank you for your testimony and your service to New Yorkers in need and I hope you are also caring for yourselves. Thank you.

Next, we have Kristin Slesar, Ydalmi from the Children's Law Center. Thank you for the grace. Sebastian Vante and Sierra Kraft.

Ydalmi right? Amazing, we'll have you start.

YDALMI MEJIA: Hi, good afternoon. My name is Ydalmi Mejia. I am the paralegal supervisor at the Children's Law Center, CLC. Also, a qualified translator and interpreter and licensed attorney from the Dominican Republic.

The Children's Law Center is a nonprofit organization that has represented more than 175,000 children in New York City Family Courts and the United States Supreme Court Domestic Violence Courts over the past 28 years. We are the only organization in New York City primarily dedicated to representing children in custody and visitation, domestic violence and child protective cases.

Our mission is to empower young people through legal representation and support. Thank you for the opportunity to speak today.

I am here to share our experience representing children under 21 seeking a Special immigrant Juvenile Status or SIJS and to ask for your support in this critical work.

Congress created SIJS to help undocumented children in foster care or guardianship situations, to obtain immigration status when one or both parents are unable to care for them. However, before they can apply to USCIS, they must first obtain a family court order stating that returning to their country is not in their best interest. That is not only the first step.

Let me share two stories recently by the way, Charlotte 14, from Ecuador, came when she was 11 to reunite with her mother after her father was incarcerated. During her interview, she recounted with tears that she crossed the jungle, walked for months through several countries and was separated from her cousin, the only person she knew.

Sam, 20, from Nicaragua, was abandoned by his father when he was a baby. Lost his brothers due to violence and because political unrest and police harassment, his mother fears for his life and fled the country.

In addition to this, he was aging out to benefit from this legal status. These children's stories show that legal representation alone is not enough. He also requires addressing mental health. Many of

them face deep trauma, barriers to education, cultural identity and stability. That's why in addition to lawyers and social workers; COC now provides direct mental health support to a licensed database.

With additional funding, we can expand these services and increase more children for safety, healing and a future. Thank you so much standing up for New York children.

KRISTIN SLESAR: Good afternoon Council. I'm Dr. Kristin Slesar, the Director of Clinical Practice at the Children's Law Center. Thank you for allowing my testimony today.

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

Unaccompanied immigrant youth are significantly more likely to have experienced or witnessed extreme traumatic events than those children who migrate with family. More than 50 percent of unaccompanied minors experience between one and three traumatic events and nearly 40 percent experience more than four such events. It is not surprising that rates of Post Traumatic Stress Disorder, depression, anxiety, borderline personality disorder, substance use and psychosis are higher among immigrant youth than those who are born here. Many also present with anger and aggression.

To be clear, these are expected reactions to horrific circumstances. Immigrant youth are forced to face these mental health challenges along with the stress of acculturation, which includes increasingly hostile and violent anti-immigrant and explicitly racist sentiment and policies, and fewer legal protections from state violence, especially ICE raids. Certainly, this violence and hostility exacerbate mental health challenges such children and teens already face or they are the cause of it.

The fear and harm created by such policies and the threat of deportation either of themselves or

their family members result in chronic traumatic stress. This chronic activation, the stress response system in children and teens leads to both immediate and long-term impairments in physical and mental health impacting every aspect of their lives.

Threat of deportation, cost, discrimination and fear of discrimination are the primary obstacles immigrant youth must overcome to seek and receive mental and physical health care, let alone disclose traumatic events. These are the very reasons why immigrant youth, regardless of legal status are less likely to access social services, medical care and legal protections. Immigrant youth, like all youth, deserve to access safe, confidential, trauma informed and culturally and linguistically response care. Above all else, they deserve safety.

Please help the Children's Law Center provide this support. Thank you.

SEBASTIAN VANTE: Good afternoon. My name is Sebastian Vante. I am the Associate Vice President of Street Work Project at Safe Horizon. The largest victim services organization in the country. Every year 250,000 people seek safety through our services. Clients come to us following experiences of physical

violence, sexual violence, community violence, emotional abuse, and exploitation. I have submitted my full written testimony including information about Street Work project for Homeless Youth, Immigration Law project, and Anti-Trafficking program. The point I want to stress today is that increased ICE enforcement, the climate of fear, the potential for deportation, and family separations, as well as the limited pathways to status are creating increased stress and anxiety amongst our non-citizen clients, and there is an overwhelming and unmet need for culturally and linguistically competent mental health services in New York City.

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

undocumented survivors seeking our immediate assistance. The city's overwhelmed systems have left countless in tenuous circumstances. Food and housing insecure and desperate for work, making them even more vulnerable to abuse, exploitation and trafficking. We need our city and state governments to step up to ensure that all New Yorkers, regardless of immigration status have the support they need to find safety, healing and justice. The Trump Administration is targeting immigrants across the country. The longstanding policy that keeps ICE from arresting undocumented people at or near sensitive locations including houses of worship, schools and hospitals are being abandoned. ICE and other federal agents now appear in immigration court waiting outside to take away non-citizens who are just following the rules.

With the fear of ICE preventing survivors and their families from going to school, seeking medical care, and accessing justice, the health, safety, and wellbeing of entire communities are being impacted. And the Trump Administration is working for cities, states and organizations into cooperating with federal authorities. By striking fear in immigrant

communities, the federal government only enables abusers and traffickers who often use the threat of arrest and deportation to silence their victims. This harms survivors, destabilizes communities and threatens public safety. We are doing our best to meet the legal and mental health needs of our clients. Street Work has a psychiatric nurse practitioner, a therapist, but they can only do so much. Nearly all, if not all of our street work clients have experienced violence or trauma. Many are fleeing violence in their home countries. Many have experienced violence in route to New York. Many have experienced a witness violence year and many continue to be traumatized by our systems. These young people deserve mental health services and supports. We try to provide therapeutic support using an interpreter but the interpreter often feels uncomfortable or the client does non-citizens youth would benefit from an expanded pool of interpreters, especially interpreters who speak West African tribal languages like Pulaar, Wolof and Fulani. We are grateful that the Council invested so heavily in immigration services in this budget and we urge the Mayor in Albany to follow suit especially in response

to ongoing threats to federal funding. I urge the Council to take decisive action to address the many obstacles that immigrant survivors including immigrant youth routinely face in our city. We owe it to them to provide a pathway to safety, stability and opportunity and it's our collective responsibility to ensure that no survivor is left behind. Thank you.

SIERRA KRAFT: Good afternoon Chair Avilés and members of the Committee. My name is Sierra Kraft and I am the Executive Director of I Care. We're a coalition of legal service providers working to expand legal representations for unaccompanied immigrant children. As many panelists have already mentioned, the youth we serve have already endured extreme violence, trauma and instability before reaching New York and once here, they're now being fast tracked through a deportation proceeding without the guaranteed right to an attorney and judges are moving their cases forward before they even have a chance to retain one. We're talking years of uncertainty, complex hearings they don't understand and constant fear for a child that compounds trauma.

We're seeing the impact daily whether it be anxiety, depression, sleeplessness, difficulty in school and just frankly feeling like they don't belong or welcome in this city.

With increased scrutiny on sponsors, we're seeing shelter stays prolonged and that turning into long term foster care instead of being reunited with their loved ones here.

And just last week, we had a 16-year-old girl who was in in-patient psychiatric care. Had an upcoming court hearing and she had a valid claim and a documented basis for not appearing. So, her mother tried to appear on her behalf with a medical note. But after seeing the many ICE agents outside 26 Federal Plaza, she was too fearful to enter the building.

So, we got a distressed call from the mom. By the time we could reach the court staff, the hearing had concluded. She missed the hearing and now she's ordered removed. This is how these issues intersect and how they unfold in real life. A child in clinical crisis and a caregiver prepared to comply get the courthouse environment foreclosed participation. This is not due process and it is a

systems failure for these families striving to comply and rebuild their lives here. This fear is reinforced by a broader enforcement posture. As I'm sure you're aware, over Labor Day weekend, federal judges halted attempts to deport unaccompanied Guatemalan children including dozens already placed on planes citing serious due process concerns. Fortunately, there were no young New Yorkers on that flight but that fear intrepidation walks into our court system with them.

Unaccompanied children remain largely invisible in our mental health system. Sponsors often don't know where to turn and Indigenous language services are scarce. We heard today that there's a lot of stigma, enforcement fears and very long waitlists for preventing kids from getting care. We're recommending continued expansion of funding for trauma informed youth specific mental health care with real language access, including Indigenous languages, integrating care with court and legal processes, making proactive referrals, clear accommodations and adjournments during treatments and warm handoffs from court to care.

And finally, ensuring safe access to services by shielding families seeking care from immigration enforcement in and around service sites and courts. If we don't ask, we risk deepening the trauma these children already carry. With targeted investment and coordination, we can give these kids the tools to heal and thrive. Thank you for your leadership on this issue.

CHAIRPERSON AVILÉS: Thank you all. You know I think one of the uhm programs the Administration mentioned around youth is these mental health hubs, which I'd never heard of. Can I ask, have any of you had experience with these mental health hubs and what is your assessment in the quality of services that they provide?

SEBASTIAN VANTE: So, our program has a mental health hub located at our Harlem Drop-in center. We have two therapists that are onsite. The issue with that is the linguistic, like the ability for them to connect with the new demographic of young folks that we're seeing in our drop in center, which often times speak West African dialects and it's hard to make that connection without the use of an interpreter but our young folks aren't comfortable with having to

communicate with another person to communicate with a person that's directly in front of them and also, you know our mental health practitioner is uncomfortable with having to communicate to someone else to communicate to the young person. And so, we're looking – we've been looking at ways to recruit folks who speak French or who speak Wolof and some of the West African dialects to kind of support that work in our drop in.

CHAIRPERSON AVILÉS: Thank you. Has anyone else had any experience with mental health hubs for young people?

YDALMI MEJIA: So, not necessarily that one but the one that we obtained the context for mental health is New York TCC but that is like it there is a long waiting list and most of the time, the children doesn't get any help because there is also a checklist of requirements that they ask for including the insurance, a court order, a proof that they're being like in domestic violence or other protections. That is like it's really a huge technique that they prioritize those cases to put them on the waitlist.

CHAIRPERSON AVILÉS: They didn't even mention waitlists right? In earlier testimonies, six-month

waitlist. Yeah, that's pretty good, appalling. Any uhm do you all, you all, some of you all have mentioned very specific recommendations. I just would like to give an opportunity if there are additional concrete things that we could recommend, the Administration right now today. Not wait for a Sharett in some unknown time in the future.

YDALMI MEJIA: I will say that some recommendations – something that was curious to me like interviewing children and also family for SIJS cases especially, that they have mentioned all of them that as soon as the government says that they're going to cut funds for the federal, they are stopped from providing any services and they say that we'll no longer be your attorney. Someone is going to contact you. So, that there will be no us because there is a guardianship petition in the Children's Law Center intake directly from Family Court. So, all those cases came to us as a federal guardianships petition in custody. So, we need to have them omit all of them but in addition to that we have to file petition and complete affidavit interpreter and being the primary one doing the Spanish interpretations because the high demand of the cases. And also it's

too expensive and we are nonprofit organization and for us to schedule for an interpreter, they do like three hours minimum with only two hours for the interviews and in addition to the interviews to get the information, we need to draft the affidavits, calling them back and then translate the affidavit so they understand what they're going to be signing. So, all of them have said that they don't know how to communicate. They should be grateful that we see shout to them because now we have to do all their paperwork. Also, the attorneys who have been providing assistance to them and from [INAUDIBLE 3:00:53], that's the most they mention, they don't have an interpreter. We have to do the interview even for the parent in the languages and provide all the assistance to them from the beginning and they say that they didn't know what to do. So, we were like providing some places that they can go for translation and lately because they also need to notarize those affidavits, so we've been including the forms you know languages so we can speed the process because the age now, multiple cases right now. So, we've been like multitasking the system. Not just the legal system. That's why now we also

have – to help us with a therapist because there is not too many social workers and it is really heartbreaking listening to those kids, especially myself because as an attorney that has experience, I'm helping the attorney's because there's too many cases depending those affidavits being a translator and doing many things so that they can really show up for those cases in court. And those kids you know aging out; they don't have enough time to benefit from this and they don't have any help outside of the city.

CHAIRPERSON AVILÉS: Thank you. Thank you so much for the work you're doing and certainly for the testimony of the experience. Hopefully, it will inform and Administration will be listening and we will all be listening to do better. We have to build this infrastructure and stop punting it to nonprofit providers expecting them to do more with much less. Yeah, sure.

YDALMI MEJIA: So, this is the first step but the trauma also continues after they get that order because they need to apply to use USDIS but they don't know how to do it. They don't have any support after that. They need to hire an attorney and now

that they know that it there is not a lot of organizations out there helping them with the application, they shorted more money to them. So, they got the order but they don't know what to do and recently I heard that it was a sponsor for a short period of time for people who was aging out that they were like providing some type of projects to cover the things that's called the applications because not only to complete the application, they need to pay for the fees and then they alone after they got the order.

Although we do allow for them to get the order, that's you know our limit for them. They don't know what to do and they don't have any other support after that.

CHAIRPERSON AVILÉS: Thank you for putting that in the record. It's a critical gap that we need to address. Yeah sure.

KRISTIN SLESAR: I just want to add that well, certainly we need more services that are linguistically responsive, culturally responsive, we also have families that are too afraid to leave their homes to attend appointments in person and of course if NYPD is colluding with ICE and I understand that

District Court Judge Castle recently ruled that what ICE is doing in courthouses is legal, that assumes of course that the ICE agents are actually ICE agents but of course they show up without warrants, without badges, without identifying themselves. They also physically assault children and families. They're themselves committing crimes which of course goes unrecognized and that's part of the trauma that is exacerbated among youth. And so, any pressure that can be put on NYPD to actually enforce the law rather than collude with ICE, that would be wonderful and some way of creating safety so that families can actually attend services in person and certainly within their communities or to expand access such that there can be more home visits so that families who are too afraid rightly to leave their homes can still receive care.

CHAIRPERSON AVILÉS: Yeah I think you point out two interventions we hear nothing about. Number one, expanding telemedicine right, telehealth and also how do we bring services to people, right? Notta. Thank you.

SIERRA KRAFT: Yeah and just to highlight her point as well and also further collaboration between

providers and interagency taskforce so that we're all kind of on the same page, speaking the same language because I don't think as you asked, I don't think something exists anymore for unaccompanied youth and I think it's greatly needed right now to resurrect something like that.

CHAIRPERSON AVILÉS: Great, thank you. Thank you again for all the work you doing and I hope you are also taking care of yourselves. Thank you.

Next, we'll have Aracelis Lucero, Airenakhue – Airenakhue, I'm not going to pronounce – try to pronounce, oh, Omoragbon, Jamie Powlovich and Rachel Goldsmith. You caught me in mid-smirk laughter Cara.

JAMIE POWLOVICH: Good afternoon. My name is Jamie Powlovich. I use she, her pronouns. I am Senior Manager of Systems Access and shelter compliance at the Coalition for the Homeless. Thank you to Chair Avilés and the rest of the Committee for holding today's hearing. We'll be submitting longer written joint testimony with our colleagues at the Legal Aid Society but I'll be focusing my verbal testimony on the needs of immigrant New Yorkers that the city defines as new arrivals who are experiencing homelessness.

Our first recommendation is that the city must stop the use of non-DHS new arrival shelters. The current standard of shelter delivery in the non-DHS new arrival shelters also known as HERC's specifically for single adults is unacceptable. These large congregate settings lack case management let alone mental health services consistently functioning bathroom facilities, standard beds and are often riddled with bed bugs. The conditions that people are subjected to in the non-DHS shelters on top of the city failing to meet their health care needs, the fear of contact with federal immigration enforcement authorities and lack of adequate translation and legal support is traumatic alone, but for most, they are experiencing this in addition to still carrying with them the weight of the trauma that led them to this country and possibly additional trauma they experienced getting here.

Therefore, in addition to the other recommendations I will outline, we are calling on the city to expedite the transition of new arrivals still in need of shelter into the DHS system and seize their use of the non-DHS shelters for new arrivals.

Second, I'd like to outline recommendations related to improving the screening and appropriate placements of new arrivals. New York City has an extensive municipal shelter system to ensure its most vulnerable residents can access a safe place to stay each night. Despite this, new arrivals and especially those with disabilities and mental health conditions continue to go without the necessary accommodations to meet their needs.

First, we ask for the implementation of comprehensive and culturally responsive screenings for disability and mental health conditions at all shelters serving new arrivals to ensure people are one, connected to suitable, clinical services and two, placed or transferred into suitably accessible shelters.

We also ask that the city provide onsite social services of all types at all types of shelters serving new arrivals. Three, we ask the city to track and regularly analyze currently an anticipated disability related and mental health needs in all shelter types to inform necessary accessible capacity.

We also ask that the city accommodate transfers for new arrivals into appropriate DHS shelters as fast as possible, especially those with disabilities and are mental health conditions that are exacerbated in large congregate non-DHS shelter settings. And last, just over achingly, which we've heard a lot about today including outside of the shelter system, also inside the shelter system, we need to invest in trauma informed support services with a special emphasis on staff professional development with accountability metrics to make sure that the trainings are being done and that people are practicing what they're learning. Thank you.

CHAIRPERSON AVILÉS: Thank you. Thank you Jamie.

ARACELIS LUCERO: Hi, thank you for allowing me to testify today. My name is Aracelis Lucero; I'm the Executive Director of MASA. We have a long history of working with thousands of immigrants, families citywide, especially undocumented Indigenous speaking families from Latin America. Our immigrant community continues to face what can only be described as targeted attacks. We must not forget that many of our neighbors have no choice but to try to push through, often because they have children and

families depending on them. Resilience is not new for immigrants. It's a survival skill they've always had to cultivate but the constant uncertainty about their futures takes a dangerous toll on their mental health. From our most recent work, supporting immigrants, navigate their immigration cases pro se, we have seen how addressing and supporting their mental health needs is critical to their ability to move through the often dizzying and archaic immigration process, where things are always evolving and where the threat of showing up to their hearings can mean not coming back home. I'd like to highlight a few cases that exemplify the loops and hurdles our community has to go through as an immigrant New Yorkers, especially as it relates to their mental health.

We've been working with a Mixteco speaking single mother of four since 2012 and we're able to work with the pro bono legal service community to win their U Visa case a few years ago. Today, all four are adults yet each of them continues to struggle with the deep toll of their status and the lack of language access growing up. They describe feeling

depressed, anxious and at their lowest points unwilling to continue living.

Their story shows us how the absence of mental health support in immigrant households can shape not just one life but the trajectory of an entire family. Only mom has been able to successfully obtain her green card so far. With the rest of their applications being rejected and we're currently helping them with the appeal process with the help of some immigration attorney's. But more specifically, we're working with one of the community members in that family who is in deportation proceedings. After missing an important deadline to present more evidence, after filing his adjustment and status due to his mental health. He has no health insurance and all the programs we tried to refer him to were at capacity. The only solution we found was to work with his family to relocate him temporarily out of state, where he stayed three months with the loving support of his eldest sister, trying to get back on his feet. He is now back in New York with a new outlook on life as he prepares with our immigration attorney's for his final deportation hearing in mid-November.

Furthermore, systemic discrimination, especially towards Indigenous speakers or those of languages of limited diffusion is very evident almost every sector. Most recently, there is a growing concern in the housing sector where landlords and unscrupulous management companies are taking advantage of immigrant community members by unlawfully renting without providing a lease, apartments they can't legally rent. Only for them to be evicted overnight, losing almost all of their belongings. This happened to an entire building in East Harlem where most tenants were Indigenous mom speakers of Guatemala.

Losing their deposits after also having paid one full month of broker fees. We also are working with indigenous speaking families in East Harlem through our home visiting early childhood program and families living along what will now be the expanded Q-Train line up to 125th Street, have shared that they were notified by the MTA and others that at any moment they would have to move and would be given just a month notice to move.

These are just two examples of hundreds of families who we have tried to help, however, as the immigrant antipolitical climate rises with ICE

enforcement and detention, undocumented immigrants are more reluctant to exercise their housing rights and have been threatened by landlords and management companies that caused immigration to deport them if they don't leave quietly.

This has created an unsurmountable amount of stress, anxiety and feelings of hopelessness as families lose everything and are forced to move in overcrowded apartments that are already housing multiple families. We're extremely concerned about the wellbeing – we're also extremely concerned about the wellbeing of children and youth in undocumented and immigrant households, especially on the eldest children who often have to bear the weight of having to serve as interpreters and feel the toll of having to step up when families are separated. As such, we are calling on the City Council to increase and secure more resources citywide for culturally and linguistically fluent staff to provide free mental health services to undocumented and uninsured community members.

Although we count with a list of trusted mental health resources, all of whom have embedded and do

amazing work, many are already overburdened with significant waitlists.

To provide community-based organizations with additional funds to train staff or hire qualified staff to provide mental health support to immigrants, especially those navigating their own immigration cases pro se. Families with small children and Black and Brown single men who are racially profiled and targeted with Black immigrant men being detained for longer periods of time.

We totally support the Dignity in Schools Act and decreasing policing and not using our resources in those ways but investing in multilingual health pipeline to train culturally and linguistically responsive providers at the schools. To continue to support funding to the DOE on language access and parent engagement. And last but not least, of course, continue to support language justice. Without language justice, there's no social justice and quality services for immigrants especially those who speak languages of limited diffusion. The city needs to continue to support all efforts to improve our language access capacity including continue to

fund the Language Justice Collaborative etc., etc.. Thank you.

CHAIRPERSON AVILÉS: Thank you.

Is this on?

CHAIRPERSON AVILÉS: Yes.

AIRENAKHUE OMORAGBON: Okay, so good afternoon Chair Avilés and thank you for holding today's hearing. My name is Airenakhue Omoragbon and I'm a social worker and a policy advocate with subject matter expertise and gender-based violence and family youth and children services.

I serve as the New York Policy manager at African Communities Together where I drive our hair braiding, our Right to Shelter campaign and I also get to work full time on Language Justice Collaborative to eliminate language and cultural barriers to immigrants access to public services.

So, I'm here today to highlight the need to increase access to inclusive and equitable mental health services for long term and recently arrived African migrants living in New York City. I won't go through all of the statistics from 2022 but we do know a lot of new arrivals came to New York City seeking asylum and other protection in the United

States. Many of these people were forced to leave their home countries because of drought, sexual and gender-based violence against women and girls. You know experiencing physical assault for being members of the LGBTQIA community and the list goes on.

Many refugees expose to this height of adversity, have diverse mental health needs and may be at greater risk for experiencing mental health conditions, than members of the host, you know population here in New York. And for example, like when you look at young people, I think a lot of folks today were talking about young people. One of the biggest mental health challenges we've been seeing with that group is that they're experiencing a lot of powerlessness right? You know, everybody who may be coming from a different country, they're experiencing trauma in the premigration, in the midst of the migration travel and things like that but as a young person, many of the they are at risk for difficulty, like school transitions, grappling questions about religion and all the values that they were taught growing up. Many are still trying to figure out what does it look like to desire more control in the family and not really be able to get that right?

So, as a result we've kind of seen a significant demand on mental health service agencies and community organizations that were already stretched thin here in New York right?

So, as a national membership organization that's by and for African immigrants, ACT were dedicated to fighting for civil rights, opportunity, and a better life for our communities in the United States. The way that we're trying to approach this issue is that we've been partnering with Afro lingual, which is New York's first and premiere language services cooperative on a special project right now. It's aimed at providing no cost interpretation to recently arrived migrants for access to health care and mental health services.

Some of the things that we've been doing is that we've worked with Afro lingual to you know increase the support of languages from 10 to 20 African languages, including but not limited to Palaar, Bonborus, Waheli, etc.., right. We've also been trying to help Afro lingual increase their staff from 10 to 20 staff members, which is a big help here in New York. These new interpreters would then be asked to undergo a comprehensive 60-hour community

interpretation program, trauma informed interpreting and medical terminology etc., etc.. And after strengthening their team, Afro lingual will be working with New York City Health + Hospitals including but not exclusive to Harlem Hospital, Bellevue, Lincoln to provide 400 hours of no cost interpretation services to 200 and 300 individuals. The only thing that I'll tell you is that you know early this month at ACT, we actually hosted two mental health sessions aimed at breaking that stigma around mental health in New York's African communities.

People, many people for the first time, they had the opportunity to say how they feel. Are you feeling okay? Are you feeling anxious? Are you overwhelmed? Those might seem like simple things to say but for many people who are told not to speak about your mental health, that was a big deal and you know we even has some people crying. We also had some staff members who were sharing their experiences. You know experiencing mental health needs and things like that because many of our staff are either migrants, asylum seekers, children of immigrants etc.. So, this work is personal for us

right. So, I just want the City Council to continue to see ACT and Afro lingual as a resource in solving this challenges now and you know in years to come. So, thank you.

RACHEL GOLDSMITH: Good afternoon. Thank you so much for this opportunity. I'm Rachel Goldsmith, a licensed clinical social worker and the Director of Social Work for the Legal Aid Society. As mentioned, we will be submitting the detailed joint testimony with the coalition but here are some things I wanted to share today.

Immigrants built our city and continue to make invaluable contributions. Despite New York City generally being a safe place for immigrants to reside, our immigrant community members are more fearful than ever. While anti-immigrant rhetoric is not new, negative messaging in the media has increased hostility and attacks directed towards immigrants. Under the current administration, people are emboldened to demean, threaten and report their neighbors and community members. ICE officers have been given the freedom to target immigrant space on racial identity.

Showing up for necessary appointments at doctors schools, offices and court venues comes with an increased risk of detention and deportation. As we saw during the pandemic, isolation from social networks and communities had a significant impact on mental health. Under Trump 2.0, we are seeing increased isolation again. This time with immigrants fearing completing daily tasks due to the potential for ICE enforcement.

The mental health needs of immigrants are layered. Many immigrants are processing trauma from experiences in their home countries or from their migration experience. While many immigrants are coming to this country seeking asylum, we should not assume that asylum seekers are the only people who have experienced trauma and need that support but also individuals with no previous history of mental health symptoms are also susceptible to adverse mental health conditions because of stress due to fears of immigration enforcement. Depression and anxiety are common responses to this stress. As a result, it's essential that all immigrants can access necessary mental health supports. Also, members of mixed status households, school staff, religious

congregation and other friends and community members of immigrants are deeply impacted by what's happening. Their mental health is impacted and they need support and services as well.

At the Legal Aid Society, many of our clients have not heard of programs such as NYC Care and the health and mental health services that can be offered for free. The city must continue to increase its direct outreach efforts and notify the public about these services. With each new hostile anti-immigrant policy, communities will continue to question whether they can access services even if they were previously told that they are available. Due to stigma around accessing mental health care in many immigrant communities, outreach efforts must come with psycho education that clarifies the nature of the services and furthermore as was mentioned last panel, due to concerns about immigration enforcement, community members may be only willing to do by phone, by videos but they need the technology to do it and accessible providers.

We also need to provide reassurance that ICE will not be called if you show up to a program. If you show up to a hospital.

Additionally with potential cuts to Medicaid coverage looming and health care premiums rising, we expect the need for NYC Care and other community based mental health support to increase. Do not assume that services are not needed, simply because people have not yet to access them. We should assume that there are significant mental health needs that are unaddressed and these needs will continue to increase as fear and isolation continue. Thank you.

CHAIRPERSON AVILÉS: You touched on everything that I'm like, why are we not planning for these things? I know obviously the environment is so uncertain but we are certain that it's going to get worse and we are certain that the demands are going to increase quite significantly and we do have some tools and experiences in the past and it is mind blowing to me that much of that is still very much in the background. So, thank you for your testimony. Thank you for your work. Yeah, thank you.

I wish I had more to say but uhm, I keep saying the same thing, we need to do better. We need to hold each other down, take care of ourselves and Administration, folks from MOIA are here listening. I thank them for being here and they normally cut

out. Most agencies cut out but thank you for being here. I want to acknowledge that you're listening, so I appreciate you. Yes, please.

JAMIE POWLOVICH: I just wanted to – I really appreciated the point you made that didn't necessarily get addressed about supporting the staff doing this work. That people with immigration experiences who are worried about their own situation, their communities, their neighbors are the ones doing a lot of this work and this is long term work. This isn't short term work and so I just – I think we need to also – we can add more staff. If the staff are overwhelmed, if they're traumatized, that doesn't solve everything so I appreciate your focus on that issue. It's so important.

CHAIRPERSON AVILÉS: No, thank you for that. I mean you know they say themselves right. You need staff from CBO partners. Our immigrants themselves are experiencing that trauma themselves and helping other people and we have no programs and supports for them. Flag raising apparently is a thing. Thank you for that. We need to do better in this measure as well. Thank you.

Next we have Zarin Yaqubie. Apologies if I'm mispronouncing your name. Nat Moghe, Ashley Lin, and Maomao Adeline Zhao – Maomao from Garden of Hope. Great. Ashley from Korean American Family Service Center. Nat from Asian American Federation and Zarin from Arab American Family Support Center. Thank you. Would you like to start?

MAOMAO ADELINE ZHAO: Good afternoon. Thank you for holding this hearing and for allowing us to testify. My name is Adeline Zhao and I serve as a Mental Health Counselor at Garden of Hope, a linguistically and a culturally competent nonprofit organization dedicated to serving adults, seniors, youth and the children effected by domestic violence, sexual assault, human trafficking, hate violence and other forms of violence, as well as promoting family wellbeing, community justice and providing mental health services to the Asian communities.

We are here today testifying alongside our partners from the Asian American Mental Health roundtable. Asian immigrant communities need health care providers who deliver culturally and linguistically competent services that recognize how language, culture, and history shape the mental

wellbeing. Mental health also must be understood in the context of family dynamics, cultural expectations and the intergenerational relationships, as many families face overlapping challenges such as language barriers, cultural adjustments, economic stress and the stigma that effect the whole household.

At Garden of Hope, we have seen first hand how culturally specific language accessible services can make a difference. Our programs are tailored to address the unique needs of Asian immigrants in New York City.

In 2024, we provided over 4,000 trauma informed mental health individual counseling sessions. With a 94 percent adult clients having limited English proficiency and this year our youth program solely supported more than 100 families with counseling, parenting classes and the mental health workshops and events.

With a dedicated team of 21 bilingual staff members and the 9 licensed social workers and the mental health counselors, we deliver culturally competent mental health services that overcome their rears and promote wellbeing. We respectfully urge the City Council to further assist immigrant mental

health by investing in Asian [INAUDIBLE 03:28:42], increasing funding for mental health initiatives tailored to the specific needs of Asian American immigrants and expanding financial budget of the Mayor's Office to strengthen and sustain support for immigrant mental health initiatives to reduce stigma. And only with your continued support, we can build a future where Asian immigrant families have equitable access to the mental health resources that they deserve. Thank you.

ASHLEY LIN: Hi, good afternoon. Thank you to Chair Alexa Avilés and the members of the Committee on Immigration for the opportunity to testify today. My name is Ashley Lin and I serve as the Community Engagement Advocate for the Korean American Family Service Center, KAFSC.

We are proud members of the Asian American Federation to make Asian American Mental Health roundtable. For over 35 years, KAFSC has supported immigrant survivors of gender-based violence. Offering safety, healing, and hope throughout culturally and linguistically accessible services. At KAFSC we see every day how trauma informed domestic violence, sexual assault and child abuse

intersects with the deep stigma around mental health and immigrant communities.

Our clients primarily are Korean and other Asian immigrants. Women often carry trauma and silence weighed down by shame, isolation and fear. For many, it is only when they come to us that they speak about their abuse for the very first time.

In this current political climate, the challenges are even greater. Language barriers, immigration concerns and the fear of deportation leave survivors with nowhere else to turn. I think of a Korean immigrant woman who came to us recently, she had no legal status, speaks almost no English and endures relentless violence at home. She told us that she was terrified to reach out for help believing that if you called the police, she might be separated from her children or deported.

For her and many others like her, the lack of culturally responsive and linguistically accessible to care in this mainstream system makes survival feel impossible. That is why KAFSC's mental health services are so essential. Our trauma informed counseling bilingual case management and culturally specific clinical support are often the first and

only lifeline for survivors and the demand is growing, yet today these lifesaving services are at risk. Federal funding cuts reduce our capacity, survivors are waiting longer to see a counselor, and some lose hope before they can even make it through. We cannot allow immigrant survivors to fall through the cracks. We urge the City Council to invest in community-based organizations like ours that deliver culturally and linguistically competitive mental health care and to increase funding for initiatives and directly support AAPI communities.

By expanding city programs that address immigrant mental health, it prevents hate crimes and strengthens services for vulnerable populations. You can ensure that no survivor is not invisible or unsupported. At KAFSC we are committed to ensuring that every survivor can access mental health care that speaks their language, understands their culture and honors their resilience. We ask you to stand with us building this mental health system that includes all New Yorkers. Thank you for your leadership and the opportunity for allowing me to testify today. Thank you.

ZARIN YAQUBIE: Good afternoon Chair Avilés and members of the Committee on Immigration. My name is Zarin Yaqubie and I serve as a mental health clinician and supervisor at the Arab American Family Support Center, otherwise known as AAFSC. AAFSC provides linguistically accessible trauma informed and multigenerational social services. While our doors are open to all New Yorkers, we have particular expertise in serving the growing Arab, Middle Eastern, North African, Muslim and South Asian communities across the city.

As member of AAFS Asian American Mental Health Roundtable, we are here today to highlight the urgent mental health needs of New Yorks Pan-Asian and immigrant communities. The roundtable is advocating for increased funding for community-based organizations to expand and sustain their mental health services. These resources ensure that all New Yorkers have access to care that is both effective and accessible.

At AAFSC, we make our services accessible by providing a free of charge and in a setting where clinicians understand our clients backgrounds and speak their languages.

For many of our clients, we are one of the only providers offering this level of support. Federal funding freezes and delays have created unprecedented uncertainty for our mental health program. AAFSC alone faces the potential $41.1 million shortfall amid and 80 percent increase in referrals to our mental health program. We lack endowments or reserve funds to bridge gaps while awaiting federal decisions, like many CBO's. Without support, essential services such as mental health counseling and domestic violence intervention are at risk. Recent federal policies have placed immigrant communities in immediate jeopardy by isolating immigration enforcement actions, rolling back protection, slashing the social safety net and restricting access to the critical services.

We're already seeing the consequences. Students are afraid to leave shelters, families are foregoing critical social services, such as food stamps out of sharing personal information with federal agencies, and mental health requests a surge by 80 percent at our organization.

In response, we expanded mental health legal and outreach services, strengthened facility security and

trained staff to respond to potential ICE actions but sustaining these programs requires the city support. New York City must invest in immigrant mental health now. Without action vulnerable communities will face worsening outcomes with lasting harm. We urge the Council to strengthen initiatives that sustain care, prevent crisis and ensure equitable access for all, including Investing in Asian led, Asian serving community CBO's that deliver linguistically competent mental health services, both clinical and nonclinical along with case management tailored to the unique needs of Asian American immigrant communities.

Also to expand funding for a linguistically accessible mental health initiatives that break down barriers that prevent Asian American and immigrant New Yorkers from seeking and receiving care. Also to develop a linguistically competent mental health workforce by creating pathways and fast track programs that empower skilled immigrants that serve their own communities and lastly, increase the mayor's office budget to strengthen and sustain immigrant mental health programs.

Investing in these initiatives is not just an investment in mental health, it is a commitment to

protecting New York's most vulnerable residents. Thank you for your time and consideration.

NAT MOGHE: Thank you Chair Alexa Avilés and members of the Committee on Immigration for holding this hearing and providing us with the opportunity to testify. This is actually my first time testifying, so I've been super excited about today. My name is Nat Moghe, the new Advocacy Coordinator at the Asian American Federation, where we proudly represent a collective voice of more than 70 member nonprofits, serving 1.5 million Asian New Yorkers.

So, since 2017, AAF has connected nearly 13,000 individuals to culturally competent services and launched initiatives like the Hope Against Hate campaign. The first ever Asian American online mental health provider database which personally helped me as a South Asian queer and trans activist as well as the first generation American, as I was without care for four years, and the Mental Health Resource Hub.

I'm honored to testify alongside our partners from the Asian American Mental Health Roundtable. So, with the current federal administration's willing attacks on immigrant communities, the mental health

burden on Asian American New Yorkers has significantly increased, especially for those with existing mental health struggles and/or limited English proficiency.

Nearly 45 percent of all Asians in New York City and 72 percent of our seniors have limited English proficiency, which means that it is harder for them to access the help that they need. Suicidal rates are alarmingly high amongst young Asian American's and elderly Asian women and recent surveys indicate high levels of concern about anti-Asian bias in the community.

Today, we will be discussing why an increased city investment and immigrant mental health is essential due to the rising demand and prevention of worsening outcomes.

So, in today's political climate, we respectfully request that the City Council increase or improve initiatives to help us sustain our mental health work to prevent and address crisis before they arise, including: Investing in Asian led, Asian serving CBO's that provide culturally competent, nonclinical and in clinical mental health services and case management tailored to the needs of Asian American

immigrants, increasing funding for mental health initiatives tailored to the specific linguistic needs of Asian Americans. We'd also like to see investment in a linguistically and culturally competent mental health care workforce, including programs to fast track skilled immigrants. And lastly, increasing the financial budget of the Mayor's Office to strengthen and sustain support for hate crime prevention, through community-based solutions, immigrant mental health initiatives to reduce stigma.

Thank you again for the opportunity to testify and more information on our mental health work will be found on our written testimony, and we look forward to working with you on these initiatives to support our communities.

CHAIRPERSON AVILÉS: Thank you all and welcome. This is the first hearing in this room, so we're sharing firsts. Can you – both of you mentioned the competent workforce and expanding that workforce but we didn't really hear any city initiatives targeting that aspect to help us grow the infrastructure. Could you talk a little bit more, perhaps give any particular recommendations that you think about that to offer?

ASHLEY LIN: I could touch base a little about this. Uhm, I think we've seen an increase in engagement in uhm you know enrolling in grad school programs. These are costly programs. They require you know yearlong internships and then post-graduation require kind of uhm you know getting your hours' worth licensure. It's very timely and most of the time you know when these folks are working in CBO's they're underpaid, they're overworked and the demand is a lot and so, there's a lot of susceptibility to burnouts, to lack of retention, and in recent times, I think there's been a lot of motivation for some of these folks to leave the community based organizations and go into private practice because of an incentive to make more money, to control their schedule and flexibility.

We've also just been seeing decreased engagement in specifically persons of color enrolling in mental health-based workforce. Again, probably because of the cost opportunity tradeoff that exists there. As far as incentives, I'm on a PLC that's talking about perhaps maybe incentivizing CBO's to have a four-day work week. Obviously increasing salaries would be amazing. You know but obviously restricted our

fundings. More – just more boundaries around you know expectations at work, caseload volume, maybe more wellness kind of incentives. Just some basic ideas.

NAT MOGHE: Yeah, just to echo that uhm, like a lot of uhm, I think treatment uhm and programs and trainings that center the care of the workers, the people out there doing the work. I think as we mentioned before, also language is a huge barrier and with that also just comes a major fear for our community. As was mentioned in other testimonies, a fear of going out. A fear of applying and participating and systems. So yeah, I think there's definitely multiple levels to that.

CHAIRPERSON AVILÉS: Thank you. Thank you. Uhm, thank you for your requests in terms of you know uhm the very specific elements of needing to invest more in Asian led CBO's 100 percent the community has grown is under great duress right now. We absolutely agree. I will say my one point of objection here as an increase to the Mayor's Office. He's the Executive that controls the budget. He should be increasing that budget substantially if this is important to him, like he does with other city

agencies. So, I'm going to push back on that one and say we should be expecting him to maximize the support for this office for immigrant communities in particular. But the rest of us need to continue to invest more without question. So, thank you. Thank you all for your testimony and the work that you're doing in the community.

Next, we'll have Galloway, Aldonza Buerba, Stephanie Revine, and Sarah Williams.

Would you like to start? So, put your mic on.

SARAH WILLIAMS: Oh, thank you. So, I'm a little nervous too. I didn't prepare anything but I've been listening carefully and really great to hear of all the great work that's going on and I'm sorry our H+H people are not here to hear all of this. I think there are wonderful people in those Administrations but there's a big gap between them and what's actually happening on the ground and that's kind of what I wanted to speak about. I'm a physician. I was an internist, now a psychiatrist, worked in H+H for many years, for many years, 40 years or more. Currently working with my partner KIA community, an organization that help prides multi services to immigrants and asylum seekers. So, I just wanted to

– I don't want to go over everything that every one else said, but I – just a couple of things.

One is that uhm, well, I would say I worked with many, many immigrants over the years. Uhm, and of course things are a lot harder right now and I think one of the things that that's caused and we've seen it in our center is that people are so scared and so preoccupied with you know the problems of the housing, immigration, everything else that mental health takes a real back priority and it's understandable so it's not surprising that nobody's calling your number. And even before this, people don't necessarily identify that they have a mental health problem. Some cultures don't you know stigmatize that, so I think that's a big issue and we've seen it in our organization as well.

But the other thing I wanted to mention is that I think there's a whole range of problems and levels of problems that people have which may you know – different traumas, different resiliencies, different responses.

So, when we say mental health, we tend to think of psychiatrists, psychologists, you know social workers, specially trained but there's a wide range

of other services and modalities that can help people. So, for very severely troubled people, bad PTSD, severe depression or anxiety, things – other mental health problems, they need mental health services you know in a hospital or a clinic or with a provider. But there are many people who can really benefit from other modalities of treatment, especially groups or even individual sessions where they can tell about their experiences and share their feelings and be heard in a sympathetic way and also to talk to each other and share experiences and provide support to each other, peer support somebody mentioned. So, we do stress management groups and wellness groups at our center. You know just teaching people ways to deal with crisis to ground themselves and also stress management techniques like yoga, meditation, stuff like that. And those can be – they're evidence based and they can be incredibly helpful. So, and don't require you know a highly – uh trained people but not a highly trained person.

One other thing I did want to say is that you know in the Health + Hospitals, we worked a lot with translators of course and there are ways to do it that have been developed that don't necessarily

interfere with – as much with the provider patient, with a counselor patient interaction and that's you know we can train interpreters to do – and providers to do that.

And the last thing I want to say is that I've worked a lot in provider wellness and we are currently working on some way to address the stress for our volunteers in our organization, so.

CHAIRPERSON AVILÉS: That's great, thank you. Thank you so much. Such important work to share how we can continue to train each other to support each other during these incredibly stressful times. Thank you. Thank you for your testimony.

ALDONZA BUERBA: Good afternoon and thank you for the opportunity to testify today. My name is Aldonza Buerba and I'm the Mental Health Coordinator at Mixteca. A community-based organization in Sunset Park that has served the Latina and Indigenous immigrant community for 25 years.

In New York City, immigrant communities face deep and urgent mental health needs, yet there is a critical gap. Too often, services are not culturally or linguistically appropriate, leaving people without meaningful care. We see high levels of stress and

anxiety fueled by the uncertainty of political climate, fear of deportation and the overwhelming challenges of navigating unfamiliar systems.

Many community members are survivors of violence or abuse, yet they do not report it due to fear, isolation, or mistrust. These experiences along with other mental health conditions create layers of trauma that require a specialized and culturally rooted support. When someone has faced immigration trauma, violence and systemic barriers, a standard counseling session is not enough. Healing must happen in a space where people feel safe, understood and connected to their culture.

At Mixteca, this is what we try to provide. We’re a home away from home, where community members will know they will be welcomed and seen. In 2024, our team of just four people delivered nearly 4,000 mental health services, not including the case management, outreach and basic needs support we also provide. The demand is overwhelming and has also had repercussions in our teams well-being. We constantly the face at least for individual counsel, we make sure no one is left without care by referring them going to support groups, healing spaces, and even

mental health keys that give people tools for coping and self-regulation at home.

Our interventions are culturally specific and trauma informed. Blending contemporary mental health practices with tradition. You can find us holding a support group for women survivors of violence in a kitchen, reimagining as a space of healing and empowerment or planting corn in a community garden, where a connection to nature and heritage becomes a source of collective healing.

These approaches are lifelines but they are rare and severely underfunded. Without more allies and resources, immigrant communities will continue to face long wait lists and limited access to care. If we truly want to address the mental health crisis in our city, we must invest in culturally specific, trauma informed and community focused programs. When we invest in these services, we are building our future rooted in healing, equity, and resilience for all New Yorkers. Thank you.

GALLOWAY: Good afternoon Chair Avilés. Thank you for this opportunity to speak. My name is Galloway. I serve as the Advocacy Manager at the Ali Forney Center. The nation's largest provider of

housing and supportive services for LGBTQ young people experiencing homelessness.

Every day at our drop-in center and shelters, we hear the horrific stories of young people who have had to flee their home countries because it was unsafe for them to live authentically as LGBTQ people. Many of our migrant clients endure violence, rejection and persecution of their journey here, only to face further trauma and barriers once they arrive in New York City.

Instead of finding safety and healing, too many are being retraumatized by the systems meant to support them. What we see consistently is a deep and growing need for mental health services, especially for 21-24-year-old males who are coming to us with acute trauma symptoms like depression, anxiety and PTSD. That cannot be addressed without accessible affirming care but for providers like Ali Forney Center, we cannot meet this demand without more resources and city investment. So, what we're urging the Council to prioritize is mental health infrastructures for migrant communities, including bringing back and expanding the Be Heard model across all five boroughs, nonpolice response to crisis

rooted in care and critical for every youth who are the most vulnerable to being retraumatized. We also need greater investments in mental health resources and training for frontline providers like ours who are often at the first point of contact for newly arriving youth.

And lastly, just to kind of drop into the reality of Ali Forney Center, we serve over 2,200 youth a year. We only have two bilingual case managers and one bilingual therapist, and that's really just mostly Spanish and a little French. So, what we know is we need more than that and what happens is they come and then the therapist is there on the phone and we do this awkward thing and it is dehumanizing. And when you're trying to share the most vulnerable parts of your experience, it just makes you feel less trusting and less safe and what it's going to do if we don't address mental health, we know that corresponds with how folks get housing, how they get employment, how they're able to further being themselves. And so, it's really critical that we make sure that we trust our youth to tell us what they're saying and then we provide them what they need. So, the young people we're serving have shown

unimaginable resilience right now but we need to know that there are more pathways for them to healing and less hurdles, so we need to invest. We need the city to invest in our migrant youth, especially LGBTQ migrant youth, which we're seeing more and more come to this state, so that they can access the care, not only to survive but to be able to thrive in New York City. So, thank you all.

STEPHANIE REVINE: Hi, my name is Stephanie. I'm here to testify on behalf of the Healing Center on the Mental Health needs of immigrants in New York City. This is an extremely important topic that needs to be addressed on a collective basis in our city and we're all at the Healing Center incredibly grateful to everyone involved in organizing this hearing, including Chairperson Avilés and the entire Committee.

The Healing Center is a 501 C3 nonprofit organization serving survivors of gender-based violence including domestic violence, sexual assault and elder abuse. Survivors trust us with their deepest worries and their complex practical circumstances and the real ins and outs of how today's political climate intersects with their daily

lives and we're often a first stop for survivors mental health concerns and we see directly on a daily basis the toll that our unfolding political climate takes on everybody that we serve.

Survivors that we work with typically have already experienced trauma that's profoundly affected their wellbeing, including abuse by intimate partners in their process of migration by family members, friends, supers, landlords, and a number of people in their life but they are not additionally facing an influx of messages directly from our government, from the news, from social media, and from their surrounding communities about the continuous threat to their residents in the United States and the lives that they build here. And the constant threat of deportation of having their lives upended and of having all basic stability that they built in this country taken away would take a toll on the mental health of any individual and we're seeing this impact widely and consistently in our work with survivors.

Authoritarian immigration policies being implemented without a corresponding increase in available mental health services and many survivors are afraid, especially at this moment in history, to

seek mental health services from new organizations that they're not already familiar with. And while the healing center has built profound trust with our participants, we don't currently have the funds nor capacity to employ a licensed mental health counselor equipped to serve adults, which we view is an enormous remaining need. Employing an in-house mental health counselor would be life changing for immigrant survivors who repeatedly tell us that if they didn't have to seek services from a new source, this support would be lifechanging and many are going without needed mental health services due to fears of having to go to new places for the first time.

Children are currently being served by our clinical psychologist in a therapeutic capacity. This is a program they recently relaunched and couldn't have relaunched at a better time. It offers art and play therapy and specializes in work with children of immigrant families who are especially affected by everything unfolding right now. Children don't have the context to fully understand what's happening or to make sense of the threat to their families. They've repeatedly shared the children that our psychologist works with that they are afraid

of going to school because they don't know whether their mom or dad will still be residing in the United States when they get home. And they don't feel comfortable separating even briefly.

Adult immigrants have shared that the toll on their mental health has even begun to affect them somatically and physically and they've shared with us bodily tension, pain, nausea and persistent dizziness and other symptoms. Authoritarian immigration policies when introduced in a manner that I believe has not only disregarded the mental health of immigrants but is actually utilized fear, stress, and anxiety as a tool of control. We hope to see our city mobilize to support immigrant communities in accessing the mental health care they need and remain available to support individuals as they process this highly unstable time. Thank you so much for gathering today to discuss this truly critical issue.

CHAIRPERSON AVILÉS: Thank you. Thank you all. Galloway, you brought up such an important point of noting right the extent of the staff that you have available to address this growing need and it just made me say, "darn, I should have asked every single provider that came up here." Because we'll hear the

same ratio of numbers, right just complete underwater and a need for more staff and no real conversation or plan how to expand that infrastructure, how to invest in it. And you brought up a really other important point around the expansive nature of the modalities right and you also brought it up, right culturally specific. All these different ways that we can support people during these times but just support people.

So, thank you for bringing forward certainly all these questions and experiences, the need for a continued investment and building of this infrastructure and the urgency that it is now, not six months from now, not two years from now. So, really appreciate all that you bring and for your testimony. Thank you.

Next, we're going to have Christopher Leon Johnson. Now we will turn to our virtual panelists. For our virtual panelists, once your name is called, a member of our staff will unmute you and the Sergeant at Arms will set the timer and give you the go ahead to begin. Please wait for the Sergeant to announce that you may begin before diverting your

testimony. Now, we'll call our first virtual panelists. Eduardo Antonetti.

SERGEANT AT ARMS: You may begin.

EDUARDO ANTONETTI: Esteemed Chair Avilés and members of the Committee on Immigration. My name is Dr. Eduardo Antonetti and I am the Senior Director of Advancement for Internationals Network. Internationals Network is an education nonprofit organization with more than 20 years of success in supporting immigrant and refugee students in New York City Public Schools.

There are 17 international schools in New York City and we have supported an additional 20 schools with their newcomer population since 2024. Thank you for the opportunity to offer testimony on this important topic. Unfortunately, we are seeing first hand that current, federal immigration policies are feeling fear, trauma and instability for immigrant and refugee students across our schools. Many students are afraid to attend school because they and their families are afraid of being detained, separated from loved ones, or deported. Many families have been forced to move between shelters and have their lives disrupted. Students are

struggling to focus, risking graduation and future plans. We reviewed current student attendance rate and they are about five points slower than September of last year across our schools and overall enrollment is now more than 250 students compared to projections.

In addition to our immigrant students and families, we are also concerned about the mental health and wellbeing of our school leaders and educators who are on the ground supporting our communities. Recently, one of our veteran principals had to address an incident where one of her students was detained. It was extremely stressful and agonizing and she said, "this is the year that will break me."

Internationals has responded to this crisis by working with state and city leaders and educators to keep students in our schools safe and supported with wraparound services, including access to legal assistance, food, clothing, shelter and health care that are provided in multiple languages and culturally responsive ways. Thank you for your continued support of our public schools and our newest New Yorkers. We especially want to thank

Chair Avilés for bringing attention to the important issue of addressing the mental health needs of immigrants in New York City. At Internationals Network, we are committed to serving as a resource for the students and families of New York City as well as for immigrant – uh the Immigration Committee and we stand ready to answer any questions or support your efforts moving forward. Thank you.

CHAIRPERSON AVILÉS: Thank you so much Mr. Antonetti for your testimony. Can I ask what supports are provided to you and your fellow educators who are you know managing so much these days?

EDUARDO ANTONETTI: Uh, at Internationals we focus on supporting the educators and the school leaders by trying to connect them with services, offering moral support, and just helping them connect families with the services if they have trouble finding them.

CHAIRPERSON AVILÉS: Great, thank you so much. I know these are certainly trying times but we truly appreciate the work that you're doing at Internationals for families, for staff, and for our city, so thank you for your partnership.

EDUARDO ANTONETTI: Thank you Chair.

CHAIRPERSON AVILÉS: So, we have now heard from everyone who has signed up to testify. If we have inadvertently missed anyone who would like to testify in person, please visit the Sergeant at Arms table and complete a witness slip.

Now, if we have inadvertently missed anyone who would like to testify virtually, please use the raise hand function in Zoom and a member of our staff will call on you in the order of hands raised.

I will now read the names of those who registered to testify but have not yet filled out a witness slip or appeared on Zoom. Sarah Fahargo(SP?), Arash Azisadi(SP?), Rex Chen Silver and Christopher Leon Johnson.

Seeing no one else, I would like to note that written testimony, which will be reviewed in full by Committee Staff, may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony. – oops, excuse me, by emailing it to testimony@council.nyc.gov.

And with that, we will close this hearing.

[GAVEL]

# 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 September 30, 2025