

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE OF THE WHOLE

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December 19, 2022
Start: 10:41 a.m.
Recess: 5:15 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Adrienne Adams
Speaker

Diana Ayala
Deputy Speaker

COUNCIL MEMBERS: Shaun Abreu
Joann Ariola
Alexa Avilés
Charles Barron
Joseph C. Borelli
Erik D. Bottcher
Justin L. Brannan
Gale A. Brewer
Selvena Brooks-Powers
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Christopher Marte
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Julie Menin
Francisco P. Moya
Mercedes Narcisse
Sandy Nurse
Chi A. Ossé
Vickie Paladino
Keith Powers
Lincoln Restler
Kevin C. Riley
Carlina Rivera
Rafael Salamanca, Jr.
Pierina Ana Sanchez
Lynn C. Schulman
Althea V. Stevens
Sandra Ung
Marjorie Velázquez
Inna Vernikov
Nantasha N. Williams
Julie Won
Kalman Yeger

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

Manuel Castro
Mayor's Office of Immigrant Affairs Commissioner

Zachary Iscol
New York City Emergency Management Commissioner

Ted Long
Senior Vice President of Ambulatory Care and
Population Health, Executive Director of Testing
and Treat Corps of DOHMH

Lisa Flores
Chief City Procurement Officer and Director of
Mayor's Office of Contract Services

Tom Tortorici
Executive Director of Legal and Support
Initiative at Mayor's Office of Immigrant
Affairs

Ashwin Vasani
Department of Health and Mental Hygiene
Commissioner

Rishi Sood
Executive Director of Healthcare at DOHMH

Gary P. Jenkins
Commissioner of Department of Social Services

Joslyn Carter
Department of Homeless Services Administrator

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

Susan Haskell
Deputy Commissioner of DYCD

Tracey Thorne
Director at DYCD

Melissa Ramos
Senior Executive Director of Program
Implementation for NYC Public Schools

Flavia Puello Perdomo
Chief of Schools for Community Support and
Wellness at NYC Public Schools

Mirza Sanchez Medina
Chief of the Division of Multi-Lingual Learners
at NYC Public Schools

Sarah Kleinhandler
Chief of Student Enrollment at NYC Public
Schools

Ross McEldowney [sp?]

Jodi Sammons Chen

Gillian Smith
Executive Director for the Office of Safety and
Youth Development

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2 SERGEANT AT ARMS: Good morning and
3 welcome to the New York City Council hearing of the
4 Committee of the whole. At this time, can everyone
5 please silence your cell phones? Public testimony
6 will be tomorrow at 10:00 a.m. At this time,
7 Speaker, Deputy Speaker, we are ready to begin.

8 SPEAKER ADAMS: Good morning everyone.
9 I'm Adrienne Adams, Speaker of the New York City
10 Council. Today's special hearing by the Council's
11 Committee of the Whole to examine the City's response
12 and delivery of service to migrants is critical to
13 maintaining the health of our city and our
14 communities. The success of efforts relies on close
15 coordination across government agencies, as well as
16 collaboration with nongovernmental organizations and
17 input from the public. That is why we've chosen to
18 dedicate two days to hear testimony both from the
19 Administration, who will be hearing from shortly, and
20 from members of the public at tomorrow's hearing.
21 The Committee of the Whole hearings are uncommon, but
22 the enormity of this issue affects life in all five
23 boroughs and across all 51 council districts and its
24 reach across all aspects of government requires
25 comprehensive participation by the Council's various

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2 committees and the City's many, many agencies. We
3 will be joined by various Committee Chairs and
4 Council Members at different points throughout both
5 days' hearings. I want to acknowledge of course the
6 leadership of my Co-Chair of this hearing, Deputy
7 Speaker Diana Ayala who is also Chair of the General
8 Welfare Committee and has been focused on this issue
9 before and since here committee held the body's first
10 hearing on this over the summer. Our various
11 Committee Chairs and members have likewise been
12 highly engaged and responsive to help the City meet
13 the challenge of this moment, and I want to
14 acknowledge their leadership as well. Since early
15 spring, over 30,000 people have arrived in New York
16 City seeking asylum from their home countries to
17 escape dire economic conditions, political violence
18 and other crises. We also know that some asylum-
19 seekers were sent here by governors from southern
20 states in a despicable act of political theater.
21 Real human lives are at stake here. As I've said
22 before, this is not a game, and New York City takes
23 its responsibility to help those in our city very,
24 very seriously. As a Sanctuary City, we welcome our
25 recent arrivals with open arms, and we will utilize

1 every tool at our disposal to ensure that they can
2 build safe, dignified and abundant lives. This is the
3 same commitment we make to everyday New Yorkers which
4 remains the focus of our day-to-day work. New York
5 City is a city of immigrants, and we owe much of our
6 greatness to the significant contributions that
7 immigrants-- that the children of immigrants have
8 made throughout history. Our diversity allows us to
9 lead interconnected enriched lives benefitting,
10 learning, and growing from each other's cultures,
11 skills and perspective. Though all of those seeking
12 asylum have come to our city in pursuit of new life,
13 so many have left behind dedicated careers whether
14 with skilled craftsmanship or trades, as nurses,
15 engineers and other professions. It is to our
16 collective benefit to recognize those talents and
17 skills early on and set policies that allow for
18 immigrants to make meaningful and unique
19 contributions to society without delay. We must also
20 acknowledge the struggles and trauma they have been
21 through in their journeys here and the support
22 required to help them succeed in our city and our
23 communities. Over the past several months, the City
24 has worked to pool its resources and accommodate the
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1 thousands of new migrants. We have seen the opening
2 of dozens of emergency shelters, and several
3 Humanitarian Emergency Relief and Recovery Centers.
4 While the Council expressed opposition to constructed
5 outdoor HERRCs, first at Orchard Beach and then on
6 Randall's Island, we understood the need for such a
7 response and facility. We simply believe there were
8 alternative indoor locations that would be more
9 effective in achieving the desired humanitarian
10 outcomes. We are glad the Administration shifted its
11 approach and is instead making use of large vacant or
12 underutilized hotels for HERRCs consistent with the
13 Council's recommendation. As a result of the
14 learning process an unexpected crisis such as this
15 provides and requires we are now better equipped to
16 meet some of the needs of migrants. Yet, there are
17 an array of improvements to policies and support
18 services that could help us better serve asylum-
19 seekers and all New Yorkers. In addition to shelter,
20 migrants need culturally-appropriate food,
21 translators, clothing, transport access, and of
22 course, schooling for children. Alongside the
23 Administration's efforts, our nonprofit partners,
24 community organizations, and every day New Yorkers
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2 have gone above and beyond to fill the gaps. The
3 organizations that have been committed to this work
4 need our support now and in the future. We
5 understand that addressing this crisis is challenging
6 and complex. It requires significant coordination
7 across city government and major support from our
8 state and federal government partners. The Council
9 has used its voice to advocate for additional support
10 from the Federal Government in various areas. We
11 know increased support form other levels of
12 government is necessary, both to meet the needs of
13 those already in our city, and especially as we
14 expect more people seeking asylum to arrive in the
15 coming days. With the imminent end to Title 42,
16 additional funding and logistical support from our
17 government partners will be essential as we prepare
18 to meet the increase in arrivals of people seeking
19 asylum. Whether it is for expedited work permits or
20 resolving bureaucratic challenges with the
21 Administration of our local ICE office at Federal
22 Plaza that has left too many awaiting appointments in
23 the cold overnight, the Council will continue to be a
24 champion for this important partnership and support
25 from the state and federal governments. It is

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2 necessary for the City to effectively respond to this
3 humanitarian crisis with all stakeholders, especially
4 in order to address long-term needs such as legal
5 services and employment opportunities. The
6 immigration process is lengthy and challenging, even
7 with legal representation. Numerous reports have
8 documented long lines of people waiting overnight in
9 the winter cold outside the Javits federal building
10 to attend their mandated check-in with immigration
11 agencies. Even if they have scheduled appointments,
12 they're turned away if they're not among the first in
13 line. The severely backlogged intake process due to
14 scheduling and staffing challenges in our federal
15 agencies undermines the health and safety of people
16 seeking asylum in our city. We must not inflict
17 further harm onto people who are already experiencing
18 some of the most vulnerable moments of their lives,
19 and we continue to call on our federal and state
20 agencies to resolve these challenges. Additionally,
21 we need the federal government to grant work
22 permissions so people can legally work and contribute
23 to our city as their asylum claims are processed. At
24 the same time, our city agencies must increase their
25 close coordination with one another and with all

1 stakeholders in order to effectively fulfil the
2 comprehensive needs of asylum-seekers. It is also
3 imperative that we prioritize planning for long-term
4 needs such as legal services and employment
5 opportunities. As a city government, we must think
6 creatively for policy solutions that will allow
7 people to succeed. That includes providing the legal
8 ability to work to people as they await for their
9 asylum-seeker claims to be processed. We simply
10 cannot have people waiting years for the chance to
11 legally earn a living to support themselves, their
12 families and our city. Without urgent action we also
13 leave people vulnerable to exploitation by those who
14 may offer illegal wages and dangerous or unethical
15 opportunities to people yearning for self-
16 sufficiency. Until the humanitarian crisis in other
17 countries ease, we will continue to have people seek
18 asylum in this country who arrive in our city. I
19 hope that in their testimony today, the
20 Administration will offer prospective policy
21 solutions that prioritize a vision for meeting the
22 long-term needs of these new residents and everyone
23 within our communities across the City. before I
24 conclude, I would like to give my deep appreciation
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2 and thanks to the Council Staff from the numerous
3 divisions who have put this special hearing together,
4 coordinated with organizations to support migrants,
5 and are currently administering a holiday drive to
6 collect essential supplies for individuals and
7 families. These efforts have been a massive
8 undertaking that I know took a lot of coordination
9 and team effort. They demonstrate the commitment of
10 our public servants to this work. Also, thank you to
11 everyone joining us in the chambers today and on the
12 live stream. Public participation is essential to
13 the health of our democracy, and I look forward to
14 the hearing in tomorrow's public testimony. I will
15 now turn it over to Deputy Speaker and Chair of the
16 General Welfare Committee, Diana Ayala.

17 DEPUTY SPEAKER AYALA: Thank you, Madam
18 Speaker. Good morning everyone. My name is Diana
19 Ayala and I am the Deputy Speaker of the New York
20 City Council and the Chair of the General Welfare
21 Committee. I'd like to begin by thanking our Speaker
22 Adrienne Adams and everyone who's joining us here
23 today for the first of two hearings of the New York
24 City Council's Committee of the Whole on oversight
25 examining the City's response and delivery of

1 services to migrants. Since the spring, more than
2 31,000 asylum-seekers have arrived in New York City,
3 some fleeing authoritarian rule and economic collapse
4 within their own countries of origin. Following an
5 arduous and dangerous journey, some traveling on foot
6 from South America amidst hazardous conditions
7 through undeveloped and treacherous terrain.
8 Thousands of families and single adults now find
9 themselves seeking safety, refuge, and opportunity in
10 New York City. Like so many before them, our city
11 stands a beacon of hope for those determined to have
12 a chance to gain a better life for themselves and
13 their families, and while we warmly welcome our new
14 neighbors, their unanticipated arrival in such large
15 numbers has profoundly impacted many of our City
16 services. The immediate and urgent needs of migrants
17 which include a right to shelter, as well as a need
18 to access education and healthcare services will give
19 way to longer term necessities that will include
20 assistance with legal challenges around issues of
21 immigration status and a way forward to address the
22 problems of accessing gainful employment with proper
23 documentation. As we move through this unprecedented
24 challenge, we must pause in order to gauge the
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2 effectiveness of our system and its resources to
3 provide a response for the dozens who are impacted by
4 this humanitarian crisis here in New York City. I
5 want to begin by thanking the Administration for its
6 participation in today's hearing and in advance of
7 the public testimony which we will look forward to
8 hearing tomorrow at 10:00 a.m. here at the City
9 Council. Before we begin, I'd like to review the
10 agenda and outline some procedures. Today, we're
11 scheduled to hear from the following agencies.
12 Between 10:00 and 12:00 we will hear from the Mayor's
13 office of Immigrant Affairs, the New York City
14 Emergency Management Office, Mayor's Office of
15 Contracts and Services, and New York City Health +
16 Hospitals. Between 12:00 and 1:00 we will hear from
17 New York City Health + Hospitals again, as well as
18 the New York City Department of Health and Mental
19 Hygiene. Between 1:00 and 2:30 the Department of--
20 we'll hear from the Department of Social Services and
21 the Department of Youth and Community Development.
22 And between 2:30 and 4:00 we will hear from the
23 Department of Education. Prior to Administration
24 testimony, the corresponding committee Chairs will be
25 given an opportunity to make a short, short

1 statement. In the interest I will ask that the
2 Committee Chairs please make their opening statements
3 very brief. Immediately following the Administration
4 testimony, we invite Council Members to ask questions
5 of each panel for no more than three minutes. We
6 want to ensure that everyone has an opportunity to be
7 heard here today. The public testimony will begin
8 tomorrow, December 20th, 2022 at 10:00 a.m. We
9 invite everyone who is interested in providing
10 testimony either in-person or in writing or remotely
11 to visit the New York City Council website and please
12 sign up to testify. I especially want to thank the
13 Council's leadership as well as all of the dedicated
14 council staffers who work so hard to make this
15 important hearing possible. I will now ask Council
16 Member Hanif, Chair of the Immigration Committee to
17 deliver her opening remarks.

19 CHAIRPERSON HANIF: Thank you so much,
20 Deputy Speaker Ayala. Good morning everyone. I'm
21 Council Member Shahana Hanif, Chair of the
22 Immigration Committee. I want to thank Speaker
23 Adrienne Adams and Deputy Speaker Diana Ayala for
24 their leadership and for organizing today's Committee
25 of the Whole hearing. It is really wonderful that we

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2 are urgently stepping up and making it known that
3 immigrants are at the forefront of the work that
4 we're doing to create a more just city and that this
5 council is leading. Since our last hearing on this
6 topic a few months ago, the immigration population of
7 New York has grown significantly, and as was
8 mentioned over 30,000 migrants and asylum-seekers
9 have arrived in our city. Many remain here ready to
10 start new lives but face serious challenges. It is
11 incumbent on us to make sure that the people who have
12 endured traumatic circumstances traveling hundreds of
13 miles to find safety are welcomed in New York City
14 and provided with necessary care. As we prepare for
15 the end of the Trump-era policy Title 42 at the
16 federal level, our city prepares to welcome another
17 surge of migrant arrivals, and this time we must be
18 ready. Our city government must nimble and
19 responsive to the needs and new populations while
20 also making sure those asylum-seekers and migrants
21 who are already here are not forgotten. New Yorkers
22 have wonderfully demonstrated that we welcome new
23 neighbors, no matter where they come from and are
24 prepared to meet their needs. Today's hearing gives
25 us an opportunity to ensure this Administration is

1 serving these immigrants and is prepared to serve
2 those who arrive in the future. The Administration
3 has indicated they are taking steps to provide these
4 migrants the resources they need including food,
5 housing, clothing, legal services, healthcare and
6 education for their children. To that end, this
7 Administration has created a system of HERRCs which
8 are currently operating as a pseudo shelter system
9 with none of the minimum standards or legal
10 protections in place for shelters. We are deeply
11 grateful to the work of our city agencies who at this
12 time have ensured that the four open HERRCs are
13 operating in hotels where families and individuals
14 are safely indoors and in private dwellings.
15 However, this council has consistently raised the
16 issues associated with utilizing outdoor tent camps
17 as HERRCs. We opposed the scrapped HERRC plan on
18 Orchard Beach, as well as the HERRC facility that was
19 opened on Randall's Island in the fall. We remain
20 steadfast in our opposition to utilizing outdoor
21 facilities to meet the needs of this population.
22 Additionally, there's currently a dearth of
23 comprehensive legal services for asylum-seeking New
24 Yorkers. Migrants are arriving in our city with
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2 USCIS appointments and paperwork but have no way to
3 interpret these documents and limited access to
4 consultation and representation. We need to do
5 better. It is our duty as elected representatives to
6 give New Yorkers the best chance to build successful
7 lives in our city. At today's hearing I look forward
8 to learning about how the Administration plans to
9 address these concerns and their preparations for the
10 anticipated influx of arrivals coming over in the
11 coming days, weeks, and months. I will now turn it
12 back over to Deputy Speaker Ayala. Thank you.

13 DEPUTY SPEAKER AYALA: Thank you, Council
14 Member Hanif, and I will now turn it over to Chair
15 Ariola for opening remarks.

16 CHAIRPERSON ARIOLA: Thank you. Good
17 morning to all who are here today and those joining
18 remotely. I'm Council Member Joann Ariola, Chair to
19 Fire and Emergency Management Committee. I want to
20 thank Speaker Adrienne Adams and Deputy Speaker Diana
21 Ayala for holding this important hearing today. I
22 also want to thank the Commissioner of our City's
23 Emergency Management Zach Iscol at his team-- and his
24 team for being here today and for all they have been
25 doing to keep New Yorkers prepared and educated for

1
2 all types of emergencies and large-scale events that
3 we may face which include our response to the City's
4 present migrant crisis. In the interest of time, I
5 will keep my opening statement brief. Today, we're
6 looking forward to hearing testimony on how NYCEM is
7 coordinating and collaborating with other city
8 agencies and nonprofits in delivering services and
9 providing access to resources for migrants arriving
10 in this city. We want to know what lessons we have
11 learned from earlier efforts and how we as a city can
12 further bolster our response to this human crisis.
13 Additionally, we would like to hear from NYCEM on how
14 operating the Humanitarian Emergency Response and
15 Relief Centers or HERRCs have gone, and in what ways
16 we can improve that management of those facilities,
17 and if there have been any deficiencies within the
18 process and delivery of services. As we look ahead,
19 we want to ensure that the City is fully capable of
20 addressing a potential new surge in migrants entering
21 our city and that NYCEM can continue to be the
22 touchpoint for the immediate offering of shelter,
23 food and essential services. Again, thank you all
24 for being here today, and we look forward to having a
25 constructive conversation on the current state of the

1
2 City's migrant crisis. I now turn it back to Deputy
3 Speaker Diana Ayala.

4 DEPUTY SPEAKER AYALA: Thank you, Council
5 Member. We will now turn it over to Council Member
6 and Chair Won.

7 CHAIRPERSON WON: Good morning everybody.
8 My name is Julie Won. I'm the Council Member chairing
9 the Contract Committee, and thank you so much to the
10 Speaker Adams, as well as Deputy Speaker, my fellow
11 Council Members who are here to address this crisis.
12 I'm here as the Chair, looking forward to questioning
13 the Mayor's Office of Contracts as well as other
14 agencies here today on the expenditures of HERRCs and
15 asylum-seeker navigation shelters. We're hearing
16 over and over again as we heard on the first hearing
17 that we had on this issue that issues continue to
18 remain especially in the emergency shelter contracts.
19 As a child of immigrants, as well as many of us who
20 are descendants of immigrants, I know that this will
21 continue to be a top priority for our council, and
22 it's heartbreaking that even this past week that we
23 heard from a shelter where children are coming to
24 school sick with stomach aches because the current
25 contract for food vendors are still not doing their

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2 part. So I look forward to continuing to work with
3 you and partnering with you to ensure that refugees
4 and asylum-seekers are receiving the welcome they
5 deserve and that there is real accountability for how
6 our tax payer dollars are spent. Thank you.

7 DEPUTY SPEAKER AYALA: Thank you. We
8 will now hear form Council Member and Chair Mercedes
9 Narcisse. Council Member Narcisse?

10 CHAIRPERSON NARCISSE: Good morning
11 everyone. I'm Council Member Narcisse, Chair of the
12 Committee on Hospitals. I thank you for joining us
13 for this very important hearing which will examine
14 the City's response and delivery of service to
15 migrants. First, I want to say thank you to Madam
16 Speaker Adrienne Adams that make it possible and
17 Deputy Speaker Diana Ayala and all my colleagues that
18 been working very hard on behalf of all immigrants.
19 The migrant crisis is not one our city asked for.
20 However, it is one we must address with compassion,
21 competence, and care on behalf of these individuals
22 who travel to our nation seeking a better life for
23 themselves and their families. As a nurse of over 30
24 years, I know my fellow healthcare worker,
25 professionals, are committed to the wellbeing of the

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2 patients we care for regardless of their immigration
3 status. Of particular interest to me is the
4 performance of the Humanitarian Emergency Response
5 and Relief Centers in our city. Are these centers
6 performing up to our expectation and meeting the
7 needs of the migrant population in our city. I look
8 forward to hearing from the witnesses today as we
9 endeavor to work together to address this crisis and
10 ensure that the torch held aloft by Lady Liberty in
11 our harbor still serves a beacon of hope for all, for
12 those looking for the opportunity to lead a better
13 life. So, thank you everyone.

14 DEPUTY SPEAKER AYALA: Thank you, Council
15 Member. Before we turn it over to Counsel to
16 administer the oath, I want to recognize that we have
17 been joined by Council Members Hanif, Hudson, Powers,
18 Bottcher, Brooks-Powers, Won, Rivera, Louis, Ariola,
19 Joseph, and online Abreu, Avilés, Brewer, Carr, De La
20 Rosa, Dinowitz, Holden, Gutiérrez, Kagan, Krishnan,
21 Lee, Marte, Menin, Moya, Narcisse, Palladino, Riley,
22 Restler, Schulman, Stevens, Ung, Williams, Yeger,
23 Minority Leader Borelli, and Minority Whip Vernikov.
24 With that, I will turn it over to the Committee
25 Counsel to administer the oath.

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2 COMMITTEE COUNSEL: Thank you, Deputy
3 Speaker Ayala. Good morning and welcome. My name is
4 Jayce Reganapathy [sic], Counsel to the Committee on
5 Immigration. Before we begin testimony today, I want
6 to remind Council Members joining us via Zoom that
7 you will be on mute until you are called on to ask
8 questions. You will be called on to ask questions
9 after the full panel has completed their testimony.
10 Please use the raise hand function and you will have
11 three minutes for your questions. Please note for
12 the purposes of this virtual hearing, we will be
13 allowing a second round of questions-- purpose of
14 this hybrid hearing. We will now call on the first
15 round of representatives from the Administration. We
16 will be hearing from the Mayor's Office of Immigrant
17 Affairs, New York City Emergency Management, Health +
18 Hospitals, and the Mayor's Office of Contract
19 Services. We'll now administer the oath. Please
20 raise your right hands. Do you affirm to tell the
21 truth, the whole truth, and nothing but the truth
22 before this committee and respond honestly to Council
23 Member questions? Thank you. At this time, I'd like
24 to invite Commissioner Castro to present their
25 testimony.

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2 COMMISSIONER CASTRO: Thank you. Good
3 afternoon Madam Speaker, Madam Deputy Speaker, Chair
4 Hanif, Chair Schulman, Chair Won, and members of the
5 Committees. My name is Manuel Castro and I am the
6 Commissioner of the Mayor's Office of Immigrant
7 Affairs. I am joined by Zach Iscol, Commissioner of
8 the New York City Office of Emergency Management,
9 Doctor Ted Long, Senior Vice President of Ambulatory
10 Care and Population Health and Executive Director of
11 the Testing and Treat Corps of Department of Health
12 and Mental Hygiene, and Lisa Flores, Chief City
13 Procurement Officer and Director of the Mayor's
14 Office of Contract Services. I am also joined by Tom
15 Tortorici, Executive Director of Legal and Support
16 Initiatives at the Mayor's Office of immigrant
17 Affairs. Thank you for holding this important
18 hearing on New York City's continued response to and
19 delivery of services for recently arrived immigrants.
20 Although it may seem as if there were years that we
21 have been working on meeting this humanitarian
22 challenge, it has been just four months ago that my
23 office at the New York Mayor's Office of Immigrant
24 Affairs that began to welcome asylum-seekers bused
25 from the U.S./Mexico Border to the Port Authority bus

1 terminal at Midtown Manhattan. In those early days
2 and weeks, we quickly realized that unlike previous
3 waves of immigrants to our city, this population was
4 less likely to have family members or acquaintances
5 with whom they could connect and reside with here in
6 our city. This population was made up of not just
7 single adult males, but of many families with
8 multiple children, many who had been in the U.S. only
9 for a few days before being bused here with little
10 more than the clothes on their backs. In response,
11 the city coordinated and worked closely with state
12 and city agencies, nonprofit organizations, and
13 volunteer groups, with a mission to meet the most
14 immediate needs of the growing surge of arriving
15 asylum-seekers. We provided them with the emergency
16 medical attention they needed and coordinated
17 transportation initially to our DHS shelter's intake
18 sites and now at a Humanitarian Emergency Relief and
19 Response Centers run by Health + Hospitals. As time
20 passes, the surge grew from a handful of buses
21 arriving a couple of times a week in August, to
22 between four and nine buses that we are aware of
23 daily in September and October arriving at Port
24 Authority. And while the number of people coming has
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1 decreased in the last month, we have still seen a
2 steady increase over this time, and in a short period
3 we have welcomed over 30,000 asylum-seekers to our
4 city with over 20,000 still either in DHS shelters
5 and/or at our HERRCs. Despite this unprecedented and
6 unexpected nature of the challenge over the past few
7 months, New York has responded immediately with the
8 humanity and respect that asylum-seekers deserve. As
9 you know, Title 42 allowed the Federal Government to
10 deny entry on health grounds in light of COVID-19
11 pandemic. On November 15th, a Federal Judge declared
12 the use of Title 42 unconstitutional, but gave the
13 Biden Administration an extension to allow the
14 Federal Government time to prepare. We anticipate
15 seeing a new wave of asylum-seekers possibly arriving
16 to New York City after December 21st, this Wednesday,
17 as Title 42 expires. In addition to our immediate
18 response to support asylum-seekers at Port Authority,
19 we provided wrap-around services across our shelter
20 system. In August, we also issued a \$6,750,000
21 emergency procurement for a vendor to provide case
22 management and service operations at an asylum-seeker
23 resource navigation center and satellite sites across
24 the five boroughs. Catholic Charities of New York was
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2 selected as the contractor and we launched a
3 navigation center that same month on September 15th.
4 The navigation center immediately began to support
5 recently arrived asylum-seekers, individuals and
6 families, providing them with access to everything
7 from healthcare to school enrollment to immigration
8 legal orientation and information. To date, the
9 center has served over 7,800 individuals. Concerning
10 legal services, unfortunately, immigrants are not
11 entitled to representation by government-funded
12 lawyer. Thus, making individuals and families
13 responsible for securing and paying for their own
14 legal counsel. For this reason, over the years, New
15 York City government has made historic investments in
16 providing free immigration legal services for
17 immigrant New Yorkers. In fact, New York City spends
18 more on providing free immigration legal services to
19 its residents than any municipality in the nation at
20 over 67 million just this year. However, New York
21 City does not have the financial or operation
22 capacity to fund legal services for all immigrant New
23 Yorkers that need them. The nearly 30,000 recently
24 arrived asylum-seekers joined a community of over 1.2
25 million non-citizens who live in New York City that

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2 might also benefit from free immigration legal
3 services. And to be clear, recently arrived asylum-
4 seekers are eligible to access our immigration legal
5 service programs, provided through contracts with
6 legal service providers currently. Services include
7 our immigration legal services hotline, comprehensive
8 immigration legal screenings, brief advice and
9 assistance, and representation on a case by case
10 basis. At the navigation center and elsewhere we
11 have also begun distributing information about the
12 immigration legal process, providing immigration
13 legal orientation and information workshops, and on
14 limited cases, individual screenings and using
15 redeployed [sic] contract staff and volunteers legal
16 representation. Going forward, the City still have
17 five million dollars allocated to expand our
18 immigration legal services for Fiscal Year 23 and
19 Fiscal Year 24. We are now working with DSS and the
20 HRA to determine the best use of our limited
21 resources and considering increasing existing
22 contracts to expand our immigration legal services.
23 Moving forward, we recently announced in partnership
24 with Catholic Charities agreements with other
25 community-based organizations across the five

1
2 boroughs to serve as satellite sites for our
3 navigation center. These satellite sites will expand
4 our reach and services to newly arrived asylum-
5 seekers across New York City aimed at other services
6 such as workforce development and access to education
7 and services for longer term needs. We're also
8 exploring ways to add existing legal capacity,
9 including providing critical legal information at our
10 navigation center and satellite sites so asylum-
11 seekers can have at least basic, but important,
12 questions answered as more vital services are
13 introduced. For example, we have released
14 information on how to change your address and check-
15 in with ICE, how to use the EOIR automated system to
16 identify your next court date, and how to spot and
17 protect yourself from immigration legal services
18 fraud. Growing our immigration legal capacity field-
19 wide and looking to our close-- and working closely
20 with our contractors to ensure that the immigration
21 legal services the City funds are accessible and
22 prioritize those in most need. Finally, advocating
23 for improvements in the immigration system, including
24 universal representation in Immigration Court in a
25 fair, orderly, and humane immigration system. In

1 conclusion, from the outset, this has been a complex
2 and evolving humanitarian challenge that was and
3 continues to exacerbate-- be exacerbated by political
4 actors such as Texas Governor Greg Abbott. The
5 current situation at our southern border with asylum-
6 seekers continues to be in-flux. As Title 42 expires
7 this Wednesday, it's time for the State and for the
8 Federal Government to step in. New York City cannot
9 do this alone. We need the Federal Government to
10 share their plans for comprehensive resettlement
11 programs to allow asylum-seekers to work and send aid
12 to cities like New York City, and who have borne the
13 brunt of this crisis. We must work together to best
14 manage this ongoing challenge and welcome migrants to
15 the City as we always have while using our limited
16 resources strategically to best serve our newest New
17 Yorkers. We urge that our colleagues at City Council
18 join us to call on the State and Federal Government
19 for additional support and resources that we
20 desperately need. And finally, as someone who
21 crossed the Mexican border, similar to the many
22 children that are arriving to our city, I have to say
23 as I have been working on this challenge for the past
24 many months, myself visiting the HERRCs and the
25

1
2 shelters and navigation center and of course Port
3 Authority, I am incredibly, incredibly proud of the
4 response by not just my colleagues, but of all New
5 Yorkers to welcome these families to our city. And
6 so I want to thank you. I want to thank the City
7 Council for your advocacy and for your work around
8 this issue, and for sending a strong message
9 nationwide that New York City will stand and protect
10 and our newly-arrived immigrants to our city and to
11 our country. Thank you so much.

12 COMMISSIONER ISCOL: Good morning Speaker
13 Adams, Deputy Speaker Ayala, and to members of the
14 City Council. I am Zach Iscol, Commissioner of New
15 York City Emergency Management, and I'm here to
16 discuss the coordinating role that New York City
17 Emergency Management has played in the surge in
18 asylum-seekers in New York City this year. First, I
19 want to briefly explain our role in city government
20 and emergency response. New York City Emergency
21 Management helps New Yorkers before, during and after
22 emergencies through preparedness, education, and
23 response. The Agency is responsible for coordinating
24 citywide emergency planning and response for all
25 types and sizes of emergencies. It is staffed by

1
2 more than 200 dedicated professionals with diverse
3 backgrounds and areas of expertise, including
4 individuals detailed from other city agencies. As the
5 coordinating agency for the City of New York,
6 Emergency Management functions as a general
7 facilitator when it comes to emergency response,
8 ensuring that resources are available for our partner
9 agencies to complete their core competencies in
10 serving New Yorkers in what can be their worst days
11 with compassion and cultural competency. The influx
12 of asylum-seekers seeking refuge in New York City
13 continues to be a challenging task and a great
14 example of collaboration among city agencies. As we
15 face this humanitarian crisis, we have not wavered in
16 our commitment to help and to support. Emergency
17 Management continues to coordinate between incoming
18 buses of asylum-seekers and provide logistical
19 support to the operations of the asylum-seeker
20 Resource Navigation Center. The Center, opened in
21 September, and operated by Catholic Charities of New
22 York through a city contract, streamlined city and
23 nonprofit services into a one-stop-shop. It serves
24 as an essential place for newly-arrived asylum-
25 seekers to receive free and confidential help,

1 assessing important services and resources that will
2 help them integrate and thrive in New York City.

3 Emergency Management is also coordinating with city
4 partners at the Welcome Center located at the Port
5 Authority which also has a National Guard contingent
6 deployed for additional support. Those arriving can
7 receive light medical care, water, personal
8 protective equipment. Individuals can also receive

9 information regarding shelter in the event they do
10 not have friends, family or sponsor to lean on.
11

12 Emergency Management also coordinating the opening of
13 the Humanitarian Emergency Response and Relief

14 Center, or HERRC, at Randall's Island. This center,
15 which was fully demobilized on November 16th, was the
16 first touch-point for arriving asylum-seekers by

17 immediately offering sleeping accommodations, food,
18 medical care, case work services, and a range of

19 settlement options, including through connections to
20 family and friends inside and outside of New York

21 City. In addition to, if needed, direct referrals to
22 alternative emergency support or city shelters.

23 While the location at Randall's Island is now closed,
24 we continue to welcome asylum-seekers arriving in New
25 York City with compassion and care and using hotels

1
2 to provide both sleeping accommodations and a range
3 of services to those seeking assistance. For the
4 past number of months NYCEM has helped support these
5 efforts through contracts provide wrap-around
6 services including staffing at the HERRCs,
7 transportation, clothing vouchers, water, and other
8 logistical support as needed, such as reconnection
9 specialists, [inaudible] dispatchers, interpreters,
10 legal assistance, and security. We will continue to
11 provide support to the operations as it moves from
12 Randall's Island to future HERRCs. We're also
13 working with City Hall and other agencies to ensure
14 that the City is prepared to support any request for
15 federal funding. This crisis has been from the start
16 a true interagency effort, and we will continue to
17 work with our partner agencies as well as contracted
18 partners and providers to provide assistance as
19 needed. New York City is a cultural mecca, enriched
20 by its diverse population, and is second home to
21 those who make the difficult decision to leave their
22 home country in search of opportunities. Emergency
23 Management is proud to assist in this humanitarian
24 effort. It is not only our responsibility as a city
25 to help them adjust and regain their livelihoods, but

1
2 is an important investment in the future of New York.
3 Thank you for this opportunity to testify today. I'm
4 happy to answer any questions. Thank you.

5 SENIOR VICE PRESIDENT LONG: Good
6 morning, Speaker Adams and members of the New York
7 City Council, and thank you for convening us once
8 again to discuss the unprecedented humanitarian
9 crisis and response facing our city. My name is
10 Doctor Ted Long. I am Senior Vice President of
11 Ambulatory Care and Population Health at New York
12 City Health + Hospitals, New York City H+H, and I
13 oversee the management and operations of the City's
14 active Humanitarian Emergency Response Relief
15 Centers, commonly referred to as HERRCs. Alongside
16 partner agencies such as New York City Emergency
17 Management and New York City Department of Education
18 who provide critical infrastructure, contracting, and
19 staffing support for these services. New York City
20 H+H staff are on the ground at all times in each
21 HERRC to supervise operations, coordinate across the
22 multitude of dynamic services offered at each site,
23 and onboard new services and partnerships on a
24 rolling basis. NYC H+H is proud to be part of the
25 City's humanitarian response. With approximately

1
2 5,000 asylum-seekers in our care, we are pleased to
3 ensure that each person has access to the specific
4 supports they need to complete their journey, reunite
5 with family and friends, and immediately receive
6 services they've not had access to prior to their
7 arrival in New York City. To give you a sense of the
8 vastness and depth of the HERRC system, I'd like to
9 walk you through the sites and operation. New York
10 City has opened total of five HERRCs and de-mobilized
11 one. Four HERRCs are currently operating. In
12 developing the sites, we prioritize the following
13 factors: bilingual staff, culturally-appropriate
14 food, resettlement services, and onsite medical care.
15 Onsite staff are 90 percent bilingual, predominantly
16 speaking Spanish, which reflect the people we are
17 serving. We also have staff who speak French, French
18 Creole, Portuguese, Italian [inaudible]. For any
19 HERRC guest who speaks a language not spoken on-site,
20 staff have universal access to interpretation
21 services via language line, which is the same service
22 I use with my own patients in clinic every Friday
23 [sic]. Menus at the HERRCs were designed to
24 complement the diets of South American and West
25 Africa-- South American and West African, the regions

1 where our residents predominantly hail from. Once we
2 started serving a large West African population, we
3 ensured that halal food is available at all of our
4 sites moving forward. There are also nutritious
5 snacks such as apples and bananas available around
6 the clock and baby formulas easily accessible at the
7 sites that serve families with children. Every HERRC
8 has re-ticketing services built into the program to
9 encourage and assist in reunification efforts.
10 Finally, every site is equipped with an on-site 24/7
11 clinical team. They are available-- they're able to
12 evaluate HERRC guests, perform certain diagnostic
13 tests, administer vaccinations, and refer patients to
14 New York City Health + Hospitals facilities if they
15 require long term or emergency care. As we've
16 operated these sites, we've also deepened the level
17 of support that is provided by HERRCs based on the
18 populations each site is serving. I've had the great
19 pleasure to take many of you on tours of the sites,
20 but I'd like to speak about each site and the
21 tailored services they provide to meet the specific
22 needs of the population being served at each
23 locations. Randall's Island served adult men
24 predominantly from South Africa and later on from
25

1 West Africa. The site offered intake, legal
2 resources, medical services, culturally appropriate
3 food-- a halal truck was made available after a large
4 population of [inaudible] joined the site, laundry
5 access, transportation, and resettlement and
6 reunification services. For those that entered in the
7 first two weeks of operation at the Randall's Island
8 HERRC, 45 percent eventually left the HERRC to be
9 reunified with families across the country or have
10 resettled in New York City, though the numbers are
11 lower for recent arrivals. The site was de-mobilized
12 in mid-November due to the slow-down of asylum-
13 seekers entering the City, and all men residing at
14 the Randall's Island HERRC were offered the choice to
15 continue their HERRC stay at the Watson Hotel which
16 is now operational and offers the continuum of
17 services. The Wolcott Hotel was opened on November
18 3rd for single adult women and adult families. The
19 site offers private homes, legal information, medical
20 services, culturally-appropriate foods, hot dinners,
21 with around the clock food also available, and
22 resettlement and reunification services. Finally,
23 I'd like to discuss our HERRCs for families with
24 children, by far our largest population at the Row
25

1
2 Hotel and the Stewart. The HERRC at the Row Hotel
3 was the first HERRC to launch. The Row opened with
4 the basic suite of supportive services, intake,
5 medical services, resettlement and reunification
6 support, hot meals with around the clock snacks,
7 legal information, and clothing vouchers through the
8 Salvation Army. Since launching, we've bene able to
9 develop an even more comprehensive service model
10 through an incredible collaborative effort with our
11 sibling agencies. There are now dedicated on-site
12 New York City DOE enrollment staff, medical teams to
13 provide required childhood vaccinations and physicals
14 so the children can enter school, and MetroPlusHealth
15 enrollment staff. In addition, we recently launched
16 the partnership with New York State Department of
17 Health to provide a special Supplemental Nutrition
18 Program for women, infant, children, WIC, pop-up to
19 families. The Row and the Stewart and bustling and
20 beautiful testaments to the City's incredible work in
21 welcoming our newest neighbors, and for those
22 families seeking to be reunified with family members
23 across the country, compassionately and effectively
24 getting them where they want to go. In conclusion,
25 the success of the HERRCs models due to the one-stop-

1 shop concentration of services that each facility
2 offers which is tailored to the populations that they
3 serve. We know that single adults and families have
4 different needs and we've created sites that are
5 responsive to those needs. We also know that many
6 asylum-seekers sent to New York City often without
7 knowing their destination have relatives and friends
8 in other parts of the country, which makes
9 resettlement and reunification unique and critical
10 operations of each site. We've been able to re-
11 ticket and/or reunify over 800 clients, specifically
12 175 since opening. With that, I'm happy to answer any
13 questions about this innovative successful model for
14 helping our newest neighbors. Thank you.

16 DIRECTOR FLORES: Good morning, Madam
17 Speaker Adams, Deputy Speaker Ayala, Chairs, and
18 Members of the New York City Council. Thank you for
19 inviting us here to testify today on this critical
20 matter of the City's response to this unprecedented
21 asylum emergency. My name is Lisa Flores, and I
22 serve as the Director of the Mayor's Office of
23 Contract Services and the City Chief Procurement
24 Officer. I'm pleased to join my colleagues here
25 today from NYCEM, New York City H+H, and MOIA. The

1
2 Mayor's Office of Contract Services is tasked with
3 overseeing New York City procurement while leading
4 reform initiatives to improve the process. This work
5 takes on many different forms. We lead technological
6 innovation through passport to bring procurement into
7 the digital era, offer strategic partnerships to
8 agencies navigating the procurement process, ensure
9 regulations are being followed and taxpayer dollars
10 are spent wisely and support vendors, particularly
11 MWBE's and small not-for-profits who may be newer to
12 doing business with the City. New York City
13 Procurement is governed by Chapter 13 in the City
14 Charter, the Procurement Policy Board rules, and a
15 myriad of state regulations which set forth the
16 process and regulations for the responsible
17 expenditure of taxpayer dollars of business services
18 needed to fulfil the duties of municipal government.
19 This framework ultimately provides a process by which
20 agencies may acquire goods, services or construction
21 of maximum quality at lowest possible cost, depending
22 on the circumstances and the context. The City has
23 seen a number of emergencies in recent years which
24 require city agencies to deliver on critical goods,
25 services or construction in a much faster pace than

1 would be expected or possible under normal
2 circumstances. In this case of an emergency, the
3 legal framework offers an understanding that the
4 ultimate priority is responding to a threat to life,
5 safety, or property, and provides tools for agencies
6 to fast-track emergency purchases. When an emergency
7 condition is declared and with the prior approval of
8 the City's Comptroller and Corporation Counsel, an
9 agency may utilize a streamlined procurement method
10 which maintains checks and balances against fraud,
11 waste, and corruption, but still allows agencies to
12 complete procurements expeditiously. These contracts
13 require the final approval of the City Comptroller
14 and Corp Counsel and are provided to the Counsel
15 within 15 days after formal award based on the
16 requirements of the City Charter and the PBB [sic]
17 rules. Beyond this specialized emergency purchase
18 method, the full arsenal of procurement tools are
19 available for agencies to utilize depending on the
20 context of any specific emergency, including amending
21 or extending existing contracts, and leveraging
22 existing services. In the context of the asylum
23 emergency, the City has used both traditional
24 procurement methods and the emergency methods to
25

1
2 expeditiously acquire the needed goods, services and
3 construction to facilitate intake, sheltering,
4 service provision to asylum-seekers among other
5 needs. In total, the City has spent approximately
6 \$250 million this Fiscal Year responding to this
7 crisis of one billion allocated for FY23 in the
8 November Plan. Our office has supported transparency
9 efforts into these contract actions and will continue
10 to support our colleagues in making strategic
11 procurement decisions, ensuring procurement rules are
12 followed and facilitating the most effective response
13 possible. Thank you again for hosting this important
14 hearing, and I'm available to answer questions.

15 DEPUTY SPEAKER AYALA: We want to
16 acknowledge Council Member Hanks and Council Member
17 Velázquez have also joined us, and now we will hear
18 from our Speaker Adrienne Adams.

19 SPEAKER ADAMS: Thank you, Madam Chair.
20 Thank you all for being here today and thank you in
21 advance for your testimony this morning.
22 Commissioner Castro, just a couple of questions.
23 Unfortunately, we've seen people waiting in the cold
24 outside 26 Federal Plaza from 5:00 a.m. and on to try
25 to report to USCIS DHS. If they're unable to check-

1
2 in, this can put their immigration status at risk, so
3 does MOIA track the number of people who have arrived
4 for appointments or have tried to check-in, but have
5 been unable to become a part of that number because
6 of the backlog?

7 COMMISSIONER CASTRO: We do not track,
8 but we are in touch with our partners at the Federal
9 Government and we've expressed concern about the
10 lines out the door and people having to wait there
11 overnight. We've expressed to the Federal Government
12 that we need them to do their work in a way that
13 acknowledges people's humanity and dignity. All of
14 our, you know, systems are at capacity currently, so
15 we need them to do their work well so that we can do
16 ours well, as well. What we've done is agreed to
17 share information back with asylum-seekers staying at
18 our HERRCs and throughout our shelter system to make
19 sure that they have the most up-to-date information
20 from USCIS.

21 SPEAKER ADAMS: Have our federal partners
22 responded to any of your inquiries or questions, your
23 statements? What have those responses been?

24 COMMISSIONER CASTRO: Well, they are--
25 they've said that they're, you know, concerned as

1 well and that they're, you know, trying to fix the
2 problem, but again, you know, we've-- we're in touch
3 with our federal partners on a very consistent basis
4 on a whole set of different issues. You know, we
5 hope that things improve very soon.

7 SPEAKER ADAMS: Have they given any type
8 of timeline or any indication other than they're
9 trying? Have they indicated any type of timeline at
10 all for help or assistance?

11 COMMISSIONER CASTRO: No, but they have
12 set up an online check-in system that we are now
13 providing information to asylum-seekers at our
14 shelters and HERRCs. That should help, but again,
15 you know, people continue to be confused and continue
16 to see lines at the door.

17 SPEAKER ADAMS: Yeah, that's unfortunate.
18 On a similar note, one of the long-term concerns we
19 have is that these newly-arrived immigrants are going
20 to need ongoing legal services, which you spoke about
21 in your testimony. They're going to need support as
22 well as their cases move slowly through the courts.
23 We know that our immigration legal support groups are
24 already stretched thin, so what is the Administration
25 doing to plan for these longer-term needs?

1
2 COMMISSIONER CASTRO: We've allocated
3 five million dollars to Fiscal Year 23 and 24 to be
4 able to add to our existing immigration legal
5 services, because things have changed over time.
6 We're trying to best assess what-- how we use those
7 resources. The five million dollars will never meet
8 the demand that exists, especially as the numbers of
9 asylum-seekers continue to arrive. We are-- we hope
10 that in the coming weeks we're able to have contracts
11 in place to enhance the services, particularly
12 getting this critical information out to asylum-
13 seekers.

14 SPEAKER ADAMS: Well, we've heard from
15 legal service providers that this contract won't
16 allow them to provide the services asylum-seekers
17 need and receive adequate financial reimbursement, so
18 how many bids have been made on the RFP?

19 COMMISSIONER CASTRO: Under the emergency
20 procurement, I'd have to defer to the Chief Contract
21 Officer at HRA for details on the bids. That
22 emergency procurement is no longer open, but we will
23 continue to use the five million dollars allocated to
24 perhaps add to our existing contracts. That final
25 decision has not been made, but it will be made

1
2 fairly soon as we assess the most recent surge, and
3 the need for services.

4 SPEAKER ADAMS: How is the five million
5 dollar number, how is that derived?

6 COMMISSIONER CASTRO: Well, we used
7 similar contracts from previous years, especially
8 when during emergencies. We needed to have something
9 out. We learned a lot from the emergency procurement
10 we put out. Again, we did close it. No contracts
11 were issued. However, that money will continue to be
12 there, and we will use it in the coming weeks.

13 SPEAKER ADAMS: Move on and talk a little
14 bit about language access. We know that that is an
15 issue. Language accessibility will play a key role
16 in ascertaining asylum-seekers' eligibility and
17 enrolling them in relevant city services. However, of
18 course, it's no secret that there's a severe shortage
19 of staff equipped to provide in-language services.
20 So, how does MOIA's effort interact with the
21 Administration's effort to promote language access
22 for newly-arrived immigrants?

23 COMMISSIONER CASTRO: Well, we're working
24 across city agencies responding to asylum-seekers on
25 issues like language access. This is an issue that

1
2 is priority for us. So we've been working very
3 closely with Health + Hospitals, for instance, when
4 setting up the HERRCs to make sure that language
5 access is available and we're responsive to any
6 languages that might come up that, you know, as
7 asylum-seekers arrive. For instance, as Doctor Long
8 mentioned, was asylum-seekers from West Africa, we
9 needed to mobilize quick to make sure that those
10 languages were available.

11 SPEAKER ADAMS: And you referenced Doctor
12 Long, and I'm going to come to you Doctor Long,
13 because in your testimony you spoke about language
14 and the offering of several languages. Is this
15 offered at every single site, or is it just a few
16 sites, and if so, which ones?

17 SENIOR VICE PRESIDENT LONG: Yeah, so at
18 all of our HERRC sites, we offer the same language
19 access which the backbone of it is our Language Line,
20 and at all of our HERRC sites, 90 percent of our
21 frontline staff are bilingual. And [inaudible] a
22 little bit more on that if I may. So it was a big
23 priority for us from day one to make sure that the
24 person in front of you more than 90 percent of the
25 time spoke the language that you spoke so that we

1
2 could have effective communication. As we then began
3 to see people coming in that spoke other languages
4 like Wolof, with the Senegalese population that we
5 saw coming in, we had in-person interpreters to make
6 sure that as they were coming in they were
7 comfortable, they understood everything. We actually
8 even put in-person interpreters on the buses that
9 were bringing them to Randall's Island at that time,
10 just to make sure that the moment they stepped foot
11 from the bus, they were already as comfortable as
12 possible. And then at all our sites we have the
13 Language Line, and if I could just put-- say a little
14 bit more about that. It's very near and dear to my
15 heart. As a Primary Care Doctor in the Bronx, most
16 of my patients don't speak English. So every Friday
17 when I'm in clinic I use the Language Line, and it's
18 really effective for my patients, and it's the
19 standard across our whole system. Elmhurst Hospital
20 by the number of languages spoken is the most diverse
21 hospital in the whole world. I have patients that I'm
22 one of the only people in the world they can talk to.
23 One of my patient's smiles every time she sees me,
24 because she speaks a rare African dialect and
25 Language Line is one of the only places in New York

1
2 City or anywhere where she can actually talk to
3 somebody else. So that--

4 SPEAKER ADAMS: [interposing] Near and
5 dear to my heart, I was born there.

6 SENIOR VICE PRESIDENT LONG: Thank you.

7 SPEAKER ADAMS: Just saying.

8 SENIOR VICE PRESIDENT LONG: So, based on
9 your experience being born there, and based on our,
10 you know, years of experience, you know, being proud
11 to be the most diverse hospital in the world, that's
12 the basis for how we built it all at the language
13 services at HERRCs.

14 SPEAKER ADAMS: Okay, thank you for that.
15 I'm going to stay with you for just a second before I
16 move on to other-- just to get some ideas and some
17 figures from you, some totals. You spoke about
18 Randall's Island and the other HERRCs, the indoor
19 HERRCs that we now have. What was the total number
20 of men who were served while at the Randall's Island
21 HERRC?

22 SENIOR VICE PRESIDENT LONG: The total
23 number of men that were served while at the Randall's
24 Island HERRC was 525.

1
2 SPEAKER ADAMS: And that was over what
3 span of time?

4 SENIOR VICE PRESIDENT LONG: That was
5 over three, four weeks. Three and a half weeks.

6 SPEAKER ADAMS: Three and a half weeks,
7 okay. And I would like the number also for the
8 Wolcott.

9 SENIOR VICE PRESIDENT LONG: Sure. The
10 total number of individuals served to-date at the
11 Wolcott has been 467.

12 SPEAKER ADAMS: 467?

13 SENIOR VICE PRESIDENT LONG: Yep.

14 SPEAKER ADAMS: And the time for that?

15 SENIOR VICE PRESIDENT LONG: The time
16 frame for that, we opened the Wolcott a couple a
17 months ago now, so--

18 SPEAKER ADAMS: [interposing] Say about
19 two month's to-date?

20 SENIOR VICE PRESIDENT LONG: Yeah, or a
21 month and a half, maybe.

22 SPEAKER ADAMS: Okay. Likewise, the Row?

23 SENIOR VICE PRESIDENT LONG: The Row, the
24 number of individuals served to-date, 4,050 and that
25 constitutes 1,205 households. So, because we're

1
2 serving larger households there. The Row is our
3 first HERRC to open, so that's been opened the
4 longest?

5 SPEAKER ADAMS: And these are families
6 only?

7 SENIOR VICE PRESIDENT LONG: The Row is
8 only families with children. So no adult families.
9 The Wolcott is where all the adult families are
10 today.

11 SPEAKER ADAMS: Okay. So, as far as the--
12 - it opened with-- the Wolcott opened with single
13 adult women and adult families?

14 SENIOR VICE PRESIDENT LONG: Correct.

15 SPEAKER ADAMS: Correct. So there's a
16 separation kind of sort of in the population. So,
17 how many-- do you have a breakdown of the adult women
18 and the families?

19 SENIOR VICE PRESIDENT LONG: The bulk, I
20 want to say around two-thirds, but I need to tie that
21 down and get back to you, I believe are adult
22 families. Single adult women are a smaller number of
23 people there, but I'm happy to get-- I don't have it
24 in front of me here, but I'm happy to get that back
25 to you rapidly.

1
2 SPEAKER ADAMS: Okay, thank you. That's
3 helpful.

4 SENIOR VICE PRESIDENT LONG: Yeah.

5 SPEAKER ADAMS: In looking at New York
6 City Emergency Management, going back, what has
7 NYCEM's role been at the Port Authority and other
8 points of entry?

9 COMMISSIONER ISCOL: So, our role at the
10 Port Authority is largely a coordinating effort where
11 we're working with all the partners on the ground
12 there. So, originally, it was help setting up that
13 operation with MOIA. We then brought in additional
14 city agency partners including-- I'm very proud-- do
15 you remember the exact number of city volunteers from
16 City Hall? Was it 125? I think we had over 125
17 volunteers from City Hall and city agencies working
18 there, and there's some PEU and CAU. We then
19 transitioned that operation largely to the National
20 Guard and some community-based organizations and our
21 role there has been coordinating the arrival of
22 buses, working with Health + Hospitals, the MTA, Port
23 Authority, setting up standard operating procedures
24 and making sure things are running smoothly. Do you
25 plan to have the same type of-- I would just say the

1
2 same type of set-up that you had previously? We know
3 that we're expecting another influx of migrants. Do
4 you plan to adjust your mode of operation at all?

5 COMMISSIONER ISCOL: I was there this
6 morning. The operation was going very well. We had
7 four buses arrive this morning. We will adjust as-
8 needed. You know, this is an emergency. We don't
9 know what is going to be coming day-to-day at Port
10 Authority. We usually know about 24 hours in
11 advance, maybe 36 hours. But right now, I don't
12 foresee us making any major changes there, but we
13 could if we need to.

14 SPEAKER ADAMS: Okay. To what extent has
15 NYCEM been coordinating the procurement of food and
16 medicine and other supplies to service migrants
17 staying in the HERRCs?

18 COMMISSIONER ISCOL: So, I'll turn that
19 over to Doctor Long. That's primarily been Health +
20 Hospitals, although we hold the contract for wrap-
21 around services that they have been utilizing.

22 SENIOR VICE PRESIDENT LONG: And if I
23 may, Speaker Adams, I have the numbers for you for
24 the Wolcott, the proportion of residents there that
25 are single adult women versus adult families and it

1
2 is almost exactly one-third of the single adult
3 women.

4 SPEAKER ADAMS: Thank you.

5 SENIOR VICE PRESIDENT LONG: No problem.

6 And then the rest of your question was around the
7 types of resources like food or medical supplies and
8 how we get them and the process for utilizing them at
9 the HERRCs. And just to say it out right, I mean,
10 this has been an enormous priority for us because to
11 make people comfortable, we have to make sure that
12 when you walk through the door you have ethnically-
13 appropriate food there that you're going to enjoy.
14 We have to make sure as we've learned, and we also
15 have to have medical care at a few different places,
16 too. So, just to walk through the system briefly.
17 At Port Authority it's sort of urgent status for food
18 and medical care. They're offered an apple, banana,
19 some water and medical care. We have six to eight
20 people there whenever a bus comes in, more if-needed,
21 that are offering urgent medical care for anything
22 that is going on with you when you get off the bus.
23 That's been things like, though, that-- a woman came
24 in unclear symptoms. Later that day, she delivered a
25 healthy baby. So, to me, I was very thankful that day

1
2 that we had medical care there that was able to get
3 her where she needed to go immediately. Then when
4 you come into one of our emergency humanitarian
5 centers, the food-- we have meals a day, snacks
6 throughout the day. We bring in food based on what
7 people tell us they want to have. Fortunately,
8 people still do want bananas, apples, nutritious
9 food, even Nutri Grain bars. Those are available
10 throughout the day and upon the request on each
11 floor; people know where to go for them. And then
12 there's a hot meal for dinner, of course, too, and we
13 make those based on continued feedback we get from
14 guests. The medical care including medical resources
15 like medications and everything, we actually at the
16 Navigation Center, for example, and at some of our
17 many HERRC clinics, offer not only vaccinations right
18 there on site, but also 30 to 40 medications with
19 short supply. What we're seeing with a lot of
20 people, if they were on chronic disease medications,
21 they ran out of them days before they came. We don't
22 want to miss a beat. We want to tart you back on
23 your hypertension medications, your diabetes
24 medications instantly, and then we'll bridge you into
25 primary care where you can get your medications long-

1
2 term. If there's an intermediate need, we have a
3 relationship we developed with local pharmacies where
4 we can prescribe over any necessary prescription
5 medications to get you a further bridge based on the
6 individuals' situation. But I will say on the
7 medication side, it's been an area of intense need in
8 terms of what people need when they get here. And
9 we've had some cases where people have gone too long
10 without, which [inaudible] doctors to underline the
11 critical importance of us meeting people immediately
12 with the medical care that they need.

13 SPEAKER ADAMS: That's great on the
14 medical care side. What about the mental health
15 side? Are evaluations done as far as mental health
16 is concerned? Are there mental health screenings
17 done for every migrant, or are they done for those
18 requested? What does that look like?

19 SENIOR VICE PRESIDENT LONG: Yeah, so
20 coming into this, and again New York City Health +
21 Hospitals we provide more than half of all the
22 behavior health in-patient care in New York City, so
23 we have a lot of experience, as you know, with mental
24 healthcare. And the way we wanted to come at this is
25 the first thing we wanted to do is created a base

1 where every single staff member, again, which 90
2 percent of the front line are bilingual, are eyes on
3 every guest there. So every single staff member is
4 trained in psychological or mental health first aid
5 so that anybody that is in need or in crisis, or--
6 every pair of eyes can identify you as needing help,
7 and then we escalate. We have a process for
8 connecting people to whatever care they need. Some
9 of those connections include-- and I will quote [sic]
10 Council Member Rivera here-- we create a special
11 pathway to Roberto Clemente [sp?] which is-- as
12 Senior Vice President for Outpatient Care at New York
13 City Health + Hospitals, it is my only behavioral
14 health or mental health clinic where every single
15 staff member is bilingual and speaks Spanish. So,
16 we're able to-- we reserve slots. We're able to get
17 people for longitudinal care into that site but all
18 of our other sites, too. That's just sort of a
19 special opportunity for us to provide the care that
20 Roberto Clemente was built to provide. Beyond that,
21 too, we're seeing a variety of different types of
22 mental health issues. So the staff's job is to see
23 who needs help. They're not there to diagnose.
24 They're not there to begin treatment. We do have
25

1
2 social workers on site now. We have connections to
3 Roberto Clemente and our whole system and we have a
4 special type of training that all staff are
5 additional trained in which is a bolstered version of
6 trauma-informed care for people that have survived
7 torture whose signs and symptoms I can say as a
8 doctor are just different than depression, anxiety.
9 Anybody that our trained staff, trained by the
10 Director of our Bellevue Survivors of Torture
11 Program, their job is to identify who has experienced
12 torture, who could benefit-- who could potentially
13 benefit from being further evaluated, and then we
14 have a pathway build to the Survivors of Torture
15 Program at Bellevue into the Libertas [sic] Clinic at
16 Elmhurst. So, we have unique resources in New York
17 City that we're bringing fully to bear that I don't
18 know if other cities have to make sure that we're
19 taking the best possible care of people that have
20 literally been through hell to get here.

21 SPEAKER ADAMS: That's good to know there
22 is a process going pretty much from A to Z, from
23 entry on through. Do you have any idea of the
24 numbers of individuals that have been placed with our
25 mental health services at this point?

1
2 SENIOR VICE PRESIDENT LONG: I don't have
3 those. I'll see if I have those numbers that I can
4 get back-- but if not, I can get back to you. But I
5 will say it's not an infrequent situation where we
6 have either our clinicians on site. The reason we
7 brought our social workers on-site-- including we
8 just hired somebody I think yes-- or at the end of
9 last week, an additional person for the Row was
10 because we were seeing this is an increasing need.
11 So we're going to continue to have on-site resources
12 and make sure that we have an adequate pipeline for
13 whatever comes up. We will continue to expand
14 Roberto Clemente if that's a need for us to continue
15 to build services there. So, we're ready and willing
16 to step up to the plate in every way that we can.

17 SPEAKER ADAMS: That's good to hear.
18 We've had-- I'm sure, well everyone in this room is
19 aware that we've had several instances over the past
20 weeks, you know, of murder happening in the shelters
21 of women. We don't know if it's post-partum. We
22 don't know what the instances are. You know, for the
23 death of children and, you know, and others. There
24 was a stabbing the other day between two women and we
25 don't know, you know, what those causes are, but what

1 we do know is that there has not been enough
2 preventive care in our shelters across the City to
3 protect those who are residing in those shelters.
4 So, our concern again is any prevention that is being
5 taken place when it comes to the asylum-seekers as
6 well, and their living conditions, because what we
7 would not like to see is this continued, you know,
8 crisis get even worse when it comes to the lack of
9 mental healthcare in our facilities in the City. So
10 just wanted to put that on everyone's mind as well.
11 Commissioner Iscol, with the Title 42 expiring and
12 Randall's Island closing, how does the City plan on
13 housing these hundreds of thousands more asylum-
14 seekers coming into the City? And I referenced mode
15 of change maybe and you said things were just going
16 to-- you're going to adjust as you go, but we are
17 looking at now significant numbers coming. How-- is
18 there a plan? How does the City plan on
19 accommodating these large numbers?
20

21 COMMISSIONER ISCOL: Thank you for the
22 question. So, first off, we are continuing to look
23 at additional sites for HERRCs and emergency
24 shelters. So that process has been ongoing and it
25 hasn't stopped. As you know, over the last five, six

1 weeks, one of the reasons we shut down Randall's
2 Island is because there were no more buses coming,
3 but now that we have an influx of buses, everything
4 is on the table. What I will also say, though, is
5 the Mayor made this very clear yesterday in his
6 statement in his letter. We need federal help. We
7 need more help from the state.

8
9 SPEAKER ADAMS: Agree.

10 COMMISSIONER ISCOL: The City cannot do
11 this by itself, and we have been asked over the last
12 few months to shoulder this burden largely by
13 ourselves. I couldn't be more proud of the team that
14 we've assembled, the work that this city has done,
15 the leadership from our Deputy Mayors and my fellow
16 commissioners, but we need help from the State and
17 Federal Government to be able to do this.

18 SPEAKER ADAMS: We agree a thousand
19 percent. Everything is on the table. Is there a
20 possibility of the reconstruction of the HERRC
21 Randall's Island?

22 COMMISSIONER ISCOL: Everything is on the
23 table.

24 SPEAKER ADAMS: Okay. One more question
25 with regard to MOIA. In your testimony, you said

1
2 that satellite sites will provide workforce
3 development. What will this include if immigrants
4 don't have work permits?

5 COMMISSIONER CASTRO: There are a number
6 of trainings that asylum-seekers can obtain while
7 waiting for their work permits, such as site safety
8 training that allows them to work in the construction
9 industry safely. You know, a lot of the organ-- many
10 of the organizations that we funded are experts at
11 working with informal workers, which unfortunately,
12 many of asylum-seekers are finding and working the
13 informal economy. It's important because you know,
14 many will be taken advantage in the informal economy,
15 so these satellite sites are well prepared to address
16 those needs.

17 SPEAKER ADAMS: I think one of the most
18 significant things for us is the challenge of work
19 being illegal in New York City. We actually sent a
20 letter to the President asking him to make those
21 changes for us. Many of us have witnessed
22 individuals getting off of those buses, collecting
23 cans and bottles, and this is unacceptable in the
24 City of New York. To imagine that working in a
25 Sanctuary City is actually illegal. We put our

1
2 request and our plea out to the Federal Government
3 once again in this hearing that things need to be
4 changed so that if we are accepting as we should
5 thousands of individuals coming in seeking asylum in
6 the City of New York and across this country, we are
7 going to have to make a way for working people to
8 work. So that is going to be my-- still my stance, m
9 plea to the Federal Government and all of our behalf
10 as New Yorkers. And with that, I'm going to turn it
11 back over to the hands of the Deputy Speaker. Thank
12 you all for your testimony.

13 COMMISSIONER CASTRO: Thank you.

14 DEPUTY SPEAKER AYALA: Thank you, Madam
15 Speaker. I'm going to try to be as brief as
16 possible, because I know we have a number of members
17 that are waiting to ask questions. I would love,
18 Commissioner Castro, if you could kind of walk me
19 through what, you know, what it looks like when a bus
20 arrives at Grand Central Station? And also, as a
21 point of clarity, in your testimony you mentioned
22 that MOIA I guess began activating that port in
23 August but as the reports are stating that people are
24 arriving as early as, you know, as April to the Port
25 Authority, and sometimes they have been here since

1
2 January. So, could you clarify a little bit why it
3 was that it took MOIA so long to get there?

4 COMMISSIONER CASTRO: Sure. I'll start
5 there. So, we've known that asylum-seekers have been
6 arriving to the City for some time, even prior to
7 this year. The most recent surge that began in April
8 had to do with let's say things happening at the
9 border, Governor Abbott announcing that he would be
10 busing asylum-seekers to Washington, D.C. Again, the
11 information is unclear as to, you know, where the
12 buses were arriving. We believe that many of the
13 buses were arriving to D.C. and then people were
14 coming up to New York using commercial buses, or
15 buses were coming all the way to New York without
16 Texas informing us, because they refuse to coordinate
17 with us. The buses that began to arrive formerly on
18 August 5th, those were the buses that Governor Abbott
19 announced through a press release that would be
20 coming to New York City. That's how we then mobilized
21 to be there upon arrival and MOIA began to welcome
22 the buses. Our office is not really boots on the
23 ground. We're more like policy and coordination, but
24 we thought it was important for us to be there and
25 start coordinating volunteers and nonprofits, and

1
2 other city agencies later joined us to be able to,
3 you know, keep up with the surge. So PEU eventually
4 joined us, Emergency Management, and again, it
5 progressively grew from a couple of buses a week
6 starting formerly on August 1st-- August 5th, and then
7 October-- September, October, anywhere between four
8 and nine buses. At one point we had 10-11 buses
9 coming a day. And you know, those are very different
10 operations at that scale. So that's sort of more or
11 less a timeline, but we know that asylum-seekers
12 continue to arrive using commercial buses and flights
13 and perhaps even cars. You know, it's hard to
14 determine how folks are arriving. We didn't-- it's
15 impossible to monitor unless we know ahead of time
16 when people are flying in or arriving by buses. A
17 lot of the asylum-seekers, for instance, from West
18 Africa have been arriving in commercial buses. We've
19 been welcoming them to our HERRCs and our DHS system
20 all along. We say that the number is over 30,000,
21 but that really is a conservative number. We believe
22 there are many more asylum-seekers in need of
23 support.

24 DEPUTY SPEAKER AYALA: so, now the bus
25 gets here-- and I know a lot has changed, right?

1
2 We've learned a lot of lesson and we've been able to
3 implement a lot of processes to help expedite this,
4 you know, the processing of migrants that are
5 arriving. So I get to Port Authority, and my next
6 step is the welcome center?

7 COMMISSIONER CASTRO: So, I'll pass it
8 over to Commissioner Iscol.

9 COMMISSIONER ISCOL: Yeah, the process of
10 welcoming the buses actually starts before the buses
11 get here. So, generally about 24-36 hours in advance
12 we will get some sort of notification, either from
13 the Port Authority, possibly from the bus companies,
14 possibly from a city in Texas to expect a bus
15 arrival. At that point in time, we check staffing
16 numbers. We start coordinating with the National
17 Guard. We make sure that we have people on the
18 ground at the appropriate times. There's always a
19 presence at the Port Authority. That gives us a
20 sense of what types of requirements we might need to
21 meet in terms of immediate medical care, in terms of
22 buses, in terms of transportation. Any additional
23 information we can have on the numbers of people on
24 the bus, what types of people, are they families, are
25 they single adults, and then the team starts getting

1
2 to work in coordinating that interagency effort along
3 with the volunteer and community-based organizations.
4 When the bus arrives they are greeted. It's
5 incredible. The National Guard members on the ground
6 are almost all Spanish speakers. Community-based
7 organizations also largely Spanish speakers. They
8 welcome people. some of the most emotional moments
9 for me have been talking to people who have arrived
10 here and hearing about their journey from places like
11 Venezuela, thinking about the mountains they've
12 crossed, the jungles, the urban terrain, deserts, the
13 number borders. And the time that they will tell
14 you, the first time they were greeted, the first time
15 they were welcomed as a human being was then they
16 stepped off a bus at the port Authority and that was
17 by New Yorkers, whether National Guard, city
18 agencies, some of these organizations. Those
19 organizations then start working to figure out where
20 they're going to go next.

21 DEPUTY SPEAKER AYALA: At Port Authority
22 or--

23 COMMISSIONER ISCOL: [interposing] At Port
24 Authority.

25 DEPUTY SPEAKER AYALA: [inaudible]

1
2 COMMISSIONER ISCOL: So, we're still at
3 the Port Authority. At that point in time they might
4 send them to one of the HERRCs based on are they a
5 single adult, an adult family, do they have children.
6 They could end up going to the shelter system if
7 that's the right place. We had a number of families
8 send to PATH this morning. It sort of is based on
9 the needs of the family and sort of what they want.
10 Right now, as of today, the re-ticketing, if they're
11 going other places, has been done at the HERRCs.
12 However, we're looking not to bring that capability
13 back to Port Authority just in anticipation of these
14 increased numbers.

15 DEPUTY SPEAKER AYALA: Okay. Who makes
16 the determination that an individual family or single
17 person arriving go to a HERRC as opposed to a DHS
18 site or to Path?

19 COMMISSIONER ISCOL: It's partly based on
20 the family. It's partly based on availability, and
21 partly based on transportation, but there are
22 discussions that are done on the ground with the
23 families or with the people in our care to figure out
24 which--

1
2 DEPUTY SPEAKER AYALA: [interposing] But
3 which agency?

4 COMMISSIONER ISCOL: sorry?

5 DEPUTY SPEAKER AYALA: Which agency is
6 making that determination? Is it an agency? It is a
7 nonprofit?

8 COMMISSIONER ISCOL: The people
9 themselves largely are in coordination, but there's
10 sort of community-based organizations, National
11 Guards, some of our folks on the ground that are
12 working with --

13 DEPUTY SPEAKER AYALA: [interposing] The
14 migrants are making the decisions.

15 COMMISSIONER ISCOL: If needed. You
16 know, I mean, you know, able to make these decisions
17 themselves.

18 DEPUTY SPEAKER AYALA: They're being
19 offered choices. So, they may--

20 COMMISSIONER ISCOL: [interposing] To the
21 extent that choices are available, they're being
22 offered choices.

23 DEPUTY SPEAKER AYALA: Okay, so I just
24 want to make sure that they're making an informed,
25 you know, decision, and they're at-- they know what

1
2 they're asking for. My-- the reason that I asked the
3 question,--

4 COMMISSIONER ISCOL: [interposing] Yep.

5 DEPUTY SPEAKER AYALA: and I want to
6 thank you first of all, all of you. I think that, you
7 know, the work that you have done, you know, to be is
8 really God's work, and it's been, you know, amazing
9 to kind of see, you know, how quickly you've been
10 able to pivot, and I know that it's been very
11 difficult, and I want to acknowledge that, because I
12 don't think that people understand that to the
13 degree, right? That you guys have had to try to
14 figure things out sometimes with, you know, a couple
15 of hours' notice. So, you know, I want you to know
16 that this body does recognize that and that we
17 appreciate that. Having said that, we also have
18 oversight responsibility that we need to meet and we
19 need to make sure that City resources are being
20 utilized in the way they were intended to be
21 utilized. I was at the Bellevue site a few months ago
22 and immediately was greeted by two gentleman who had
23 come in. one gentleman wanted to go to-- you know,
24 they didn't have anyone to speak to, first of all,
25 because there were as no language access availability

1
2 to him at that-- to them at that moment, and they
3 were very, you know, willing to share with me that
4 they had come through the border. They were forced
5 on a bus to New York City, even though one of them
6 wanted to stay in Texas, but just a different part of
7 Texas, and so he was not allowed, you know, the
8 option to do that. He was told that he had to get on
9 the bus and come to New York, and so he did that.
10 So, one wanted to go to Florida. The other one
11 wanted to go back to Texas. So when the idea of the
12 HERRC was presented as a very temporary means of kind
13 of bypassing a system that was already stressed, and
14 instead of using what would be a more permanent bed
15 for a temporary, you know, need, it made sense to me
16 and I supported that, that process because you know,
17 I saw it. I was there. I know that it was true. I
18 could defend that. However, it looks like that
19 process has changed significantly. We were told
20 first that folks would be there no more than 96
21 hours. Now it seems like there's no definite amount
22 of time that an individual can spend at the HERRC.
23 Again, I love the HERRCs. I think that-- you know,
24 I've seen them. I've been there. I think, you know--
25 I went even to Randall's Island. Nobody knew who I

1
2 was. I walked in. You know, the guard obviously and
3 security knew who I was, but everybody seemed really
4 you know, well-taken care of and happy for the most
5 part. They were able to walk around and enjoy the
6 scenery. The food was great. But that was not the--
7 the intended purpose for the HERRC was not so that it
8 could become a [inaudible] you know, a DHS shelter
9 system, but rather a temporary, you know, passage
10 from one place to the other. And that has since
11 changed, has seemed to have changed, and I would
12 really love to understand why and what exactly now is
13 the difference between DHS and the HERRC, because it
14 seems like they're doing the same thing.

15 COMMISSIONER ISCOL: I'll turn it over to
16 Doctor Long in oen second. But it has not really--
17 the initial idea for the HERRC has not changed, so
18 much as it is taking us longer to do the work than we
19 initially thought it would take us. The work of
20 resettlement, the work of figuring out what's next
21 for folks takes longer than we initially thought.
22 But I'll turn it over to Doctor Long to talk more
23 about the work that's going on there now.

24 SENIOR VICE PRESIDENT LONG: Yeah, the
25 mission of the HERRCs is not and always has been to

1
2 help you to complete your journey. One of the things
3 that we've learned, and your story gives a, you know,
4 perfect examples of this, everybody's journey is
5 different. We've had some families, large families,
6 that come to our family HERRCs. The next day or two
7 afterwards, they're ready and we actually are able to
8 get them reunited with family members across the
9 country. We've traveled-- we had people that travel
10 as far a Seattle if that's where the family they want
11 to get reunited with are. By that same token, one of
12 the things we've learned is we've had some people--
13 actually, to your example, it's not infrequent as
14 Commissioner Iscol will tell you, that we have people
15 coming here from Texas trying to get to a different
16 part of Texas. From our perspective, we'll get you
17 where you want to go. Of course it is not-- it is a
18 poor use of resources when that happens, and but once
19 you're in New York City we'll do the right thing for
20 you. The other thing that we're seeing is a lot of
21 people, it's taken them more time to complete their
22 journey. For example, another person that we spoke
23 with at the time was at Randall's Island. He was a
24 single adult man that traveled very far to get here.
25 He saw he could make infinite international phone

1
2 calls at Randall's Island, which is true at the
3 Watson Hotel by the way for all men there. He made
4 some phone calls. He reported back to us, "Okay, I
5 talked to my wife. I told her okay. They're still in
6 Venezuela. They'll be here in three weeks." So he's
7 going to have a great plan in three weeks, but for
8 the next three weeks, he didn't know if they were
9 going to be there, you know, tomorrow, two weeks. It
10 turns out just in his particular situation it was
11 three weeks. For other people we are seeing
12 especially among families that when they arrive in
13 New York City when they enter our program, that they
14 didn't know where their final destination was going
15 to be. So we're enrolling them in school here, and
16 these are going to be people that are going to make
17 New York City stronger. So, our goal for those
18 people in terms of helping them to complete their
19 journey, is to start to-- is to enroll their children
20 in school. We're seeing a shocking number of
21 students or rather children that are unvaccinated.
22 So we are keeping-- all children coming into New York
23 City healthy, safe, again getting them in school. So
24 it's a variety of different things people need and
25 we're building our program as we go. For example, as

1
2 you know, at the Row we initially had some DOE
3 representatives, but when we saw the tremendous need
4 and desire to get children in school quickly, in part
5 driven by the fact that a lot of the families and
6 children didn't know where their journey was going to
7 be completed, but this was as far as they got.

8 Children shouldn't miss a day of school. So we
9 bolstered those services. We started with a couple
10 of vaccine teams. I know of over 20 at the Row, 20.
11 So we are keeping children safe doing the right thing
12 for them and enrolling them all in school. It's a
13 bustling area of the Row hotel. But you know, big
14 picture-wise, we set of the HERRCs to help you to
15 complete your journey. For those we're able to get
16 across the country. We're doing that as fast as we
17 can, but sometimes it takes a few days. Sometimes
18 it's the example I gave, it can take a few weeks.

19 And for some people, they want to resettle in New
20 York City and we're starting the process of
21 completing their journey with them by enrolling their
22 kids in school.

23 DEPUTY SPEAKER AYALA: So, what-- so by
24 your standards, what is the longest amount of time

1
2 that an individual may be one of these sites-- at one
3 of the HERRC sites?

4 SENIOR VICE PRESIDENT LONG: We don't
5 have a limit for--

6 DEPUTY SPEAKER AYALA: [interposing] You
7 don't have a limit.

8 SENIOR VICE PRESIDENT LONG: how long they
9 can be there. How long-- I mean, some families have
10 been with us since we opened the Row program.

11 DEPUTY SPEAKER AYALA: And that's-- and
12 that's exactly my concern.

13 SENIOR VICE PRESIDENT LONG: Yeah.

14 DEPUTY SPEAKER AYALA: Because if they--
15 if the HERRCs are unintentionally becoming shelter
16 settings, then it would make sense to transition them
17 over to DHS, but it seems like the opposite is
18 occurring where I think the-- was it the Row that was
19 a HERRC that was-- that was previously DHS and was
20 transitioned over, and residents that were DHS
21 residents were offered the opportunity to either
22 transition to another shelter or stay at the HERRC.
23 But if the HERRC is as temporary as you're sharing
24 with us, then it doesn't-- you know, it's not adding
25 up to me, and I just-- you know, I get it. Look, we

1
2 have a legal mandate to house individuals and we get
3 cited and, you know, sued left and right for not
4 being able to meet that legal mandate. However, it
5 feels very much like a shelter system to me, and
6 that-- I don't know what that means, right? And I
7 want to believe that, you know, we're just trying to
8 figure it out without having the added pressure of
9 all of the legal nuances that obligate us to do
10 things and subject us to frivolous lawsuits, but I
11 want to also-- you know, I want to make sure that
12 people are receiving those services that they are
13 entitled to under the law, and I don't know what the
14 difference is right now. I really can't-- I cannot
15 differentiate, you know, and I really need you to
16 explain that to me, because I have children that are
17 coming to my district because we happen to have
18 vacancies, right? Language is a-- English as a
19 second language classes, and the schools are reaching
20 out to me and saying these parents are bringing their
21 kids in the morning and they're idling in the
22 community because they don't have anywhere to go
23 because they live, you know, a distance away. And
24 normally, if you're in a DHS site, then we would call
25 DHS and we would work to try to see if we can move

1
2 those families closer, right, to the schools so that,
3 you know, we alleviate some of that. In this case,
4 when I ask for the list of families, 97 percent of
5 them were living at the Row, and so I can't offer
6 them that option to transfer because it's a different
7 system. But the fact that they're there for that
8 amount of time and that there's an indefinite, you
9 know, length of stay to me is indicative of what we
10 are doing already at the shelter system. So I need
11 you to explain what the difference is.

12 SENIOR VICE PRESIDENT LONG: Yeah, I
13 mean, so two things. One on the DOE side, I know
14 there's a separate opportunity for the Department of
15 Education this afternoon to share more about their
16 processes, but they do-- because they do this
17 operation at the Row, make every effort to not over-
18 burden any one school, but to place children in
19 schools that are close by-- just using the row as
20 another example here-- the Row Hotel as possible. If
21 that's not happening or anything like that--

22 DEPUTY SPEAKER AYALA: [interposing] No,
23 no, no, the school's fine. The kids are fine. We
24 love the kids. The kids love the school. the issue
25 here is that it's becoming-- you know, the school's

1
2 concerned that the parents don't-- you know, like
3 after they drop off the kids, they bring them there--
4 I guess, you know, they don't know this country.
5 They don't know the people. They want to be nearby,
6 right? There's nowhere for them to go, and if they
7 lived closer, they could go home, you know, and come
8 and go and they're not offered that, that option at
9 this point. And so when I looked into the
10 possibility of transferring them closer to the
11 schools, I realized that they were all living at the
12 Row, and then that concerns me, because again, it
13 brings me back to the conversation and the commitment
14 that we originally, you know, were-- was shared with
15 us that this would be a very temporary state, and it
16 doesn't seem that temporary at all.

17 SENIOR VICE PRESIDENT LONG: Yeah, so on
18 the DOE side, yeah, you know, it's one of the
19 happiest memories I have as being the HERRC operator
20 is when the first school bus came in front of the Row
21 and brought students to their schools. So we've made
22 a lot of progress in terms of-- everyday a student's
23 in school is a very important day of that student's
24 life. That won't-- I'll defer to DOE to share more
25 in terms of that part of your feedback. To answer

1
2 the first part of your question, our mission still is
3 the same. We want to get-- we want to help you to
4 complete your journey. It's hard to put a time limit
5 on that. With the individual that I spoke with at
6 Randall's Island that time-- for him, it was exactly
7 three weeks. For some it's two days. For some it
8 can take longer. I mean, as you can imagine, if a
9 family of six is calling relatives in New York City
10 or other cities and says, "We've made it. We made it
11 through hell to get here. We're taking a breath.
12 We're in a safe location. Children are getting
13 vaccinated. Can we move in?" That can be a big ask
14 if it's a large family, but we're seeing, again,
15 families across New York City step up because one of
16 the main ways that we're finding people that are--
17 for families that are leaving the Row in particular,
18 is they're being resettled in New York City, many of
19 which with family members or close friends. So
20 that's, I think, to Commissioner Castro's earlier
21 point, one of the heartwarming things about this is
22 we are seeing New Yorkers step up to help our newest
23 neighbors here, our newest New Yorkers. but I think
24 one thing that defines the HERRCs is I can't
25 guarantee you it's going to be one, two, or three

1
2 days in terms of how long it's going to take us to
3 help people to resettle, because there are other
4 factors like the ability to work, things like that,
5 which we've talked about--

6 DEPUTY SPEAKER AYALA: [interposing] Which
7 can take years.

8 SENIOR VICE PRESIDENT LONG: Which can
9 take-- which-- yeah. And if that's the one thing
10 holding you up, then it could take a long time, but
11 our mission every single day, and we see when you're
12 going to pass by us every day, is to move every-- to
13 do everything in our power to reunite you with family
14 members who are going to help you to resettle in New
15 York City, and that starts with enrolling your
16 children in schools. So our goal is not to keep you
17 with us. Our goal is to be able to wave goodbye to
18 you with your children.

19 DEPUTY SPEAKER AYALA: [inaudible] what
20 is the number of HERRC migrants that have been
21 transferred to DHS as opposed to the number of DHS
22 participants that have been transferred over to the
23 HERRC?

24 SENIOR VICE PRESIDENT LONG: Good
25 question. So people that are in a HERRC, and in DHS

1
2 for that matter, can transfer to one site or another.
3 We don't track if somebody is leaving. And you know,
4 our understanding if they're going to be staying with
5 family members but it doesn't work out, and they
6 could in theory end up in a DHS site, that's beyond
7 what we're-- what's visible to us. We don't transfer
8 anybody, though. We make people aware of their
9 options, and we do everything, you know, humanly
10 possible to get them where they want to go. But I
11 think as you're pointing out, for a lot of people
12 they've been through hell to get here, and this might
13 be the end of their journey, which is why we're doing
14 the most important things. To succeed in New York
15 City and to make New York City stronger, you have to
16 be vaccinated. You have to be in school, and we're
17 doing everything we can to support families to again
18 help them which is helping our city.

19 DEPUTY SPEAKER AYALA: You said that 45
20 percent of HERRC participants, residents, ended up I
21 guess being re-ticketed or left. What happened to the
22 remaining 55 percent? Are those the people that have
23 a more long-term need?

24 SENIOR VICE PRESIDENT LONG: Great
25 question. If I may, the 45 percent statistic that I

1 shared was from Randall's Island for single adult
2 men. We are finding that it's a lot more challenging
3 to help families with children to reunify and
4 resettle. You know, I'm proud of every-- every time
5 a student's enrolled in school, every time we
6 vaccinated somebody with MMR, it is a happy day for
7 me. but those families, I take-- it's more
8 challenging to find-- to help them complete their
9 journey than it is a single adult man that was-- is
10 at the Watson today was formerly at Randall's Island.
11 So we are seeing a difference there. But you know,
12 big picture-wise, every day, there's people that were
13 reunited and resettling from the Row Hotel, but many
14 of them are going to become New Yorkers. So, you
15 know, I'm proud of everything we've done. I'm proud
16 of every day when the school bus comes in front of
17 the Row Hotel, but this is an opportunity for us to
18 say we need federal support to continue--

20 DEPUTY SPEAKER AYALA: [interposing]

21 Absolutely.

22 SENIOR VICE PRESIDENT LONG: to do all
23 this. We need support from others. Because we need
24 these children to-- to not miss a day in school. We
25 need to give them every opportunity, and today, we're

1
2 doing that and we've succeeded in doing that, but
3 with thousands more coming in, great if we can
4 reunify them with family members across the country.
5 That will never stop, but if they're going to become
6 New Yorkers, we need to give them every opportunity
7 to--

8 DEPUTY SPEAKER AYALA: [interposing]

9 That's true.

10 SENIOR VICE PRESIDENT LONG: [inaudible]

11 DEPUTY SPEAKER AYALA: I just-- you know,
12 what I just-- what I'm asking for is I think is the
13 consistency, right? The-- I need the end result to
14 be consistent with what we're being told. We were--
15 we were told initially that families need to go
16 through Path. There were members here in this body
17 that suggested, you know, we need more school intake
18 centers, and they said no, no, no, no, no, we can't
19 have multiple intake centers. They have to go
20 through Path, because it's a more comprehensive
21 intake process and we're screening for, you know,
22 medical issues, for mental health issues, for
23 domestic violence in the family, and if we are now
24 saying, okay, well, we don't have to do that. We
25 can, you know, send them to the HERRC. Like are they

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2 receiving the-- how are we-- how do we know that
3 those families are still receiving that same level of
4 care, that there's still a, you know, a plan of
5 action to get them into permanent housing at some
6 point. Because we know these families have no money.
7 They don't qualify for very much. They're going to
8 need, you know, longer term services, but I'm really,
9 really confused. I'll move on. I'm not going to, you
10 know, beat a dead horse, but I really do feel, you
11 know, like there's two systems here that are, you
12 know, very much alike, and I don't-- but you know,--
13 so did you want to add something, Commissioner?

14 SENIOR VICE PRESIDENT LONG: Yeah,
15 there's-- I'll make one more note and then I'll turn
16 to Commissioner Iscol to add a little more, and
17 actually it's an ask of you, which is that you're
18 noting what are some of the differences, and there
19 are very specific needs of the population of people
20 that are asylum-seekers coming into New York City.
21 Those needs are, you know, on the medical side.
22 We're seeing so many unvaccinated kids. On the mental
23 health side, we're seeing people that have survived
24 trauma, people that have literally been through the
25 jungle and seen people killed on their way here. The

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2 HERRCs-- our mission is not only to help you complete
3 your journey but it is to address all of these
4 specific needs which are different than New Yorkers
5 that have experienced homelessness in the past. So,
6 as you find, and you were referencing a few, any
7 specific needs that while we have the asylum-seekers
8 with the ability for us to make a difference in their
9 lives, whether they're going to be your my neighbors
10 in New York or whether they're going to be reunified
11 with family in Seattle, that the type of feedback
12 that's especially helpful to us which we've been
13 very, as you know, responsive to is what are the
14 specific needs that we need to continue to evolve to
15 meet as we're seeking to help people complete their
16 journey. And as you know, you have my word that we
17 will meet them.

18 DEPUTY SPEAKER AYALA: NO, listen I, I
19 think that what's happening also is that the HERRC is
20 offering a different level of service that seems a
21 little bit on a higher end than what residents that
22 are living in shelter system-- in the shelter system
23 are currently accustomed to, and so they're like, you
24 know, I'd rather go to the HERRC, because I know that
25 at HERRC, right, the resources are better. It

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2 shouldn't be that way. I think that, you know,
3 right? Everybody should be treated equitably-- you
4 know, equally, but I digress. I really need to know
5 what the number of residents that have transferred
6 from the shelter system to the HERRC is and why those
7 families that have identified that they have
8 intentions of, you know, moving out, that they have
9 identified that they have family members here in New
10 York City where they can transition or, you know, are
11 they just being transitioned because they like the
12 HERRC setting, you know, better. They'd rather stay
13 at the hotel than going to a shelter.

14 SENIOR VICE PRESIDENT LONG: Yeah, I'll
15 refer to DHS on-- if they have information on
16 transfer. People there-- we don't transfer people,
17 though, people that may have left and gone to a
18 HERRC. I could tell you, though, I do have the-- we
19 do have information when people come to the HERRCs
20 about where they come from. Vast majority in terms
21 of any one group is from Port Authority. Other
22 categories are charitable organizations. We have
23 walk-ins and people that come through other modes of
24 transportation is what we're predominantly seeing

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1
2 now. I'll defer to DHS for their portion of your
3 question, if I may.

4 DEPUTY SPEAKER AYALA: Okay, I appreciate
5 that. And one last question is really around
6 contracts. So we heard, you know, several months ago
7 from families that were saying that they weren't
8 getting-- didn't have access to enough baby formula.
9 They didn't have enough access to diapers, and we--
10 you know, since then I've learned that-- that DHS
11 actually has oversight over a certain percentage of
12 new facilities open. Do we know that the number is
13 of-- what the number of facilities that are run by
14 DHS, is it opposed to those that are run by not-for-
15 profits or is this a question that you'd rather I ask
16 later at the DHS-- at the DSS hearing? Because the
17 reason I ask is because my theory is that the
18 contracts are very different. And so if you're at a
19 DHS-run facility, that facility has more resources,
20 right? Like when I walk into Path or when I walk
21 into one of, you know, the DHS shelters, they have an
22 unlimited supply of formula, unlimited supply of
23 food, unlimited supply of diapers, and the nonprofits
24 are saying that they have to kind of-- you know,
25 they're trying to figure out if, you know, robbing

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2 Peter to pay Paul because they don't have enough
3 funds or they're not-- their contracts are not being
4 paid timely enough for them so then-- now they're
5 having to pull resources from their other, you know,
6 contracts and it's creating, you know, a problem.

7 DIRECTOR FLORES: Yeah, just in the
8 interest of time, I would defer the exact numbers and
9 percentage of shelters that are run by DHS directly
10 versus not-for-profits to portion later this
11 afternoon. And yes, they're-- the shelters that are
12 run by not-for-profits are funded through their
13 contracts to provide the services and the goods
14 required to fulfill those contracted services. The
15 City, as you know, has made an effort to pay
16 contractors on time through a backlog initiative. As
17 you know, at the time that we did a few months ago
18 after 12 weeks, unlocking over 4.2 billion dollars
19 and we continue to work on that backlog. However,
20 you know, we haven't solved all the problems of
21 procurement yet. And particularly for DSS and their
22 portfolio, they have had a number of-- sort of a
23 perfect storm, if you will, of constraints but also
24 challenges. This being one of them. And so they are
25 100 percent working all hours of the day and all

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2 hours of the night, not only to provide programmatic
3 services but to get through their contract actions,
4 and we work really closely with them on that, but
5 here's a lot to be done. In the cases where we can
6 meet the need for, sort of temporarily, we do
7 leverage the loan fund, which is a zero-interest
8 loan, and we have added funds to that over the years
9 and continue to encourage not-for-profits to use
10 that. But it's not to say that the system is perfect
11 yet, and that's why we have long-term reform working
12 going on.

13 DEPUTY SPEAKER AYALA: So, the nonprofits
14 would apply for the loan?

15 DIRECTOR FLORES: Yeah, the loan program
16 is run out of my office with the fund for the City of
17 New York, and the not-for-profits submit their
18 application to the agency in question. In this case,
19 it would be DHS or HRA. They review the application
20 and if approved send to our office for processing.

21 DEPUTY SPEAKER AYALA: Is it a loan or is
22 it like an advance?

23 DIRECTOR FLORES: There's-- the loan is a
24 separate program. The advance is an automatic 25
25 percent of the contract upon registration, and that's

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2 a contractual obligation. So as soon as the contract
3 is registered-- there's no paperwork that has to be
4 provided by the not-for-profit to the agency. It's
5 automatically 25 percent of the contract is issued.

6 DEPUTY SPEAKER AYALA: so who's paying
7 the loan? The nonprofit is responsible for paying
8 back the loan?

9 DIRECTOR FLORES: Well, through this
10 program it's a revolving loan fund. So once the
11 contract is registered or the payment comes through,
12 it is taken-- basically is [inaudible] through the
13 contract with zero percent. And in some cases, you
14 know, that may be a few weeks that they can pay back
15 through the contract, and some cases it might be a
16 little longer.

17 DEPUTY SPEAKER AYALA: That's crazy that
18 we have access to funds through a loan program and
19 that it takes forever to certify a contract.

20 DIRECTOR FLORES: Again, I know that's--
21 it could be a topic of a completely separate hearing.

22 DEPUTY SPEAKER AYALA: Yeah.

23 DIRECTOR FLORES: I welcome having that
24 in terms of timely contracts.

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2 DEPUTY SPEAKER AYALA: Thank you. I
3 appreciate that. I'm going to turn it over to Council
4 Member Hanif.

5 COUNCIL MEMBER HANIF: Thank you so much,
6 Deputy Speaker Ayala. To start off, I want to ask a
7 little bit about the end of Title 42. That is a
8 welcomed change. We know that it's a xenophobic and
9 cruel policy designed by Stephen Miller, implemented
10 by the Trump Administration that continued under
11 false public health pretenses by the Biden
12 Administration, and the courts were correct to
13 terminate it. However, as the pause expires, the
14 City must face a challenging reality that we are set
15 to receive an estimated 1,000 asylum-seekers every
16 week moving forward. How many buses arrived
17 yesterday and today, and how many people came on
18 them?

19 SENIOR VICE PRESIDENT LONG: We had two
20 buses yesterday, four buses today. I could get you an
21 accurate count of the specific number of people on
22 those buses later.

23 COUNCIL MEMBER HANIF: And families,
24 single adults?

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2 SENIOR VICE PRESIDENT LONG: I don't have
3 a breakdown of those numbers, but I can get it to you
4 later.

5 COUNCIL MEMBER HANIF: Okay, great.
6 Looking forward to that. You know, I'm concerned
7 about the HERRCs, and I appreciate Deputy Speaker
8 Ayala for naming that this has sort have become a
9 shadow shelter system, and the nature of it being an
10 indefinite stay is concerning, especially if children
11 are zoned to schools in the area. So there's concern
12 if they're being shifted around, that they then have
13 to transfer schools. Does resettlement include
14 permanent housing options? In our last hearing we
15 talked about and very loudly made clear that we want
16 to see the 90-day rule for CityFEPS to end, and make
17 it so that non-citizens are eligible for the CityFEPS
18 voucher. Could you talk a little bit more about what
19 the options are, and indefinite stay a possibility?

20 SENIOR VICE PRESIDENT LONG: I'll start
21 and then I'll turn to my colleagues if any-- about
22 CityFEPS, but that may be a question that DSS should
23 answer later on today. the first part of your
24 question was for students that are enrolled in
25 school, should they find-- should they be resettled

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2 family members, you know, in a different borough or
3 find permanent housing in another way, the process
4 for that, I believe, although I'll also have to refer
5 to DOE on this, is that students will have the
6 opportunity of they like their teacher and their
7 class to stay there, or they can-- if they have a
8 permanent place they're going to be, they can enroll
9 in school closer to where they're going to be living.
10 But DOE thinks about this a lot, so I'll defer to
11 them on that. Just to make the point, and this I
12 think bridges a little bit of what you're asking,
13 plus what Deputy Speaker Ayala was asking. Is so far
14 with the HERRCs, we've been able to reunify and
15 resettle nearly a thousand people, but we do have,
16 you know, 5,000 people today where we're still
17 working with them to see how to complete their
18 journey. So--

19 COUNCIL MEMBER HANIF: [interposing] But
20 does resettlement include permanent housing options
21 or is it just them being resettled to a family
22 member's home or another shelter.

23 SENIOR VICE PRESIDENT LONG: Resettlement
24 includes-- to quote Commissioner Iscol, "Nothing is
25 off the table." When we talk to people we find--

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2 COUNCIL MEMBER HANIF: [interposing] But
3 is permanent housing an option?

4 SENIOR VICE PRESIDENT LONG: I'll have to
5 defer on the CityFEPS question with permanent
6 housing. Do you guys what to answer or wait for DSS?

7 COMMISSIONER ISCOL: I would defer to DSS
8 or City Hall on the FEPS question.

9 COUNCIL MEMBER HANIF: Do I have
10 permission to just ask one more question? Thank you.
11 And you know, you referenced, Commissioner Iscol,
12 reopening the Randall's Island facility as a
13 possibility and this council stands opposed to
14 reinstating those open tent city facilities. Can the
15 City commit to not using outdoor facilities to
16 housing asylum-seekers moving forward?

17 SENIOR VICE PRESIDENT LONG: Can you
18 define what you mean by an outdoor facility?

19 COUNCIL MEMBER HANIF: Randall's Island,
20 what we got to tour or even Orchard Beach if that's--

21 SENIOR VICE PRESIDENT LONG:
22 [interposing] I think most of the elected who toured
23 those facilities were impressed by the structures
24 that were out there, by the capabilities that we
25 brought to bear, by the care that we are providing to

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2 people. It was remarkable that operation. There was
3 not a need for it at that time because the bus
4 stopped coming, but no will not commit to not-- to
5 taking anything off the table in this unprecedented
6 emergency.

7 COUNCIL MEMBER HANIF: So, is Randall's
8 Island being considered to be reinstated if that's
9 the case?

10 SENIOR VICE PRESIDENT LONG: As I said
11 earlier, everything is on the table right now. This
12 is an unprecedented emergency.

13 COUNCIL MEMBER HANIF: Are you able to
14 give any definitive answers?

15 SENIOR VICE PRESIDENT LONG: I think that
16 is pretty definitive, that this is in our--

17 COUNCIL MEMBER HANIF: [interposing] So,
18 then yes.

19 SENIOR VICE PRESIDENT LONG: [inaudible]
20 and that everything is on the table. Yes, we're
21 considering it.

22 COUNCIL MEMBER HANIF: And then will right
23 to shelter protection such as provisions or in
24 congregate sleeping settings for families and bed
25 spacing requirements be in place?

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2 SENIOR VICE PRESIDENT LONG: So, this
3 idea that we're somehow circumventing the shelter
4 system with a shadow system, I think were your words,
5 is nonsense. We meet the requirements of Callahan
6 [sic] because people are open to go to the shelter
7 system if they need to. But we set up a system that
8 meets our immediate needs to help welcome into the
9 city, and I think that, you know, this idea that
10 maybe we could put a definitive timeline on it, we
11 had those conversations within the city. we spoke at
12 length about whether we should kick people out at 96
13 hours or at three weeks or at three months, and what
14 we decided was that in the best interest of the
15 people that we're caring for, it did not make sense
16 to have an artificial timeline, that we needed the
17 space and time to do right by these families and
18 that's what we're doing.

19 COUNCIL MEMBER HANIF: I get that, and I
20 appreciate the transparency that the initial onset of
21 having 96 hours or even less was not something that
22 was feasible, but I think that clarity is important
23 for us as Council Members as we come into the weekly
24 briefings and as for census data on, you know, the
25 four HERRCs that are operating right now. We've been

1
2 trying to get updated census for the Watson Hotel and
3 the three others. Can you commit to sharing updated
4 HERRC census data on the biweekly briefings provided
5 to elected officials?

6 SENIOR VICE PRESIDENT LONG: I have in
7 front of me, all census data, so right here now.

8 COUNCIL MEMBER HANIF: That would be
9 great, and as we approach the briefings, it would be
10 great that at the start of the call we're able to get
11 those details.

12 SENIOR VICE PRESIDENT LONG: So I'll read
13 you the numbers now. I do have to defer to the
14 moderators and the facilitators of those calls. I
15 don't want to speak on behalf of them. But for today
16 you're asking about the Watson Hotel census?

17 COUNCIL MEMBER HANIF: Could you give us
18 the census of all?

19 SENIOR VICE PRESIDENT LONG: Sure. So,
20 the census today of total guests on-site on the
21 individual level at the Row, 3,573; the Wolcott, 358;
22 the Watson, 1,056; the Stewart, 481.

23 COUNCIL MEMBER HANIF: Thank you.

24 SENIOR VICE PRESIDENT LONG: Oh, I'm
25 sorry. Yes.

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2 COUNCIL MEMBER HANIF: Thank you. And I
3 just want to add as a final question-- also glad that
4 the Deputy Speaker asked about mental health
5 services. Could you share which specific services
6 are being offered to youth and minors, and are they
7 happening through DOE or are they happening at the
8 HERRCs?

9 SENIOR VICE PRESIDENT LONG: Both, both.
10 So, I mean, all the services that I talked about
11 earlier are offered to everybody, including youth and
12 minors who have been through trauma that requires, as
13 you know, a different type of mental health care. In
14 school too-- I'll defer to DOE, but they have a
15 comprehensive mental health program as well. But the
16 way that we approach, you know, identifying people
17 that are either in crisis or showing signs and
18 symptoms that something serious has happened to them,
19 whether it's torture or other. Again, my philosophy
20 is every single pair of eyes, meaning every staff
21 member on site, needs to be our ambassador, needs to
22 be looking for people for people that might be in
23 need of help. And then we're New York City Health +
24 Hospitals. When somebody's identified the need to
25 help, we are there to help and we help on the

1 behavioral side more than any other place in New York
2 City.

3
4 COUNCIL MEMBER HANIF: So, are-- there
5 are professionals asking young people these
6 questions, or?

7 SENIOR VICE PRESIDENT LONG: No, so the
8 way--

9 COUNCIL MEMBER HANIF: [interposing] Thank
10 you.

11 SENIOR VICE PRESIDENT LONG: Yeah, the
12 way psychological first aid or mental health first
13 aid training works, things like that, is we identify
14 people that could be having behavioral health issues,
15 not just mental health, but there is no medical
16 assessment or treatment offered by the staff members.
17 Their job is to identify who could benefit. Then we
18 escalate and offer an array of services starting
19 with, for example, NYC Well is offered, more specific
20 connections with a warm hand-off to Roberto Clemente
21 [sp?] or if you seek care near to a different
22 location, we will-- we build pathways for behavioral
23 healthcare for both children, so pediatric behavioral
24 health or for adults, adult behavioral health in a
25 variety of our facilities.

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COUNCIL MEMBER HANIF: Thank you so much.

SENIOR VICE PRESIDENT LONG: Yep.

DEPUTY SPEAKER AYALA: thank you. We've also been joined by Council Member Schulman, Farías, Sanchez, Cabán, and Brannan. I will turn it over to Majority Leader Powers, but I wanted to add that we're running behind schedule, so we're hoping to wrap this portion up by 1:00 p.m. So if members could be as brief as possible, we'd really appreciate it. Thank you. Council Member Powers?

COUNCIL MEMBER POWERS: Thank you. I'll try to be quick. First of all, thank you guys for doing very, very difficult work at a very challenging time. I know it's going to be harder in the next month or few months perhaps, and certainly have some of the shelters in my district. So any way we can be helpful to what you guys are doing, you know that please reach out and we're happy to help. I wanted to just ask a couple questions. One is about-- I did visit one of the facilities in my district. I didn't get to talk at that time, but I wanted to ask these questions. There have been-- over the last few months been reports or complaints about the food being insufficient within the facilities, including

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2 not being-- being insufficient, not being nutritious
3 enough, not accommodating of dietary restrictions or
4 changes that are necessary, or even being age
5 appropriate. I know that there have been some steps
6 to take to remediate that, but I wanted to get some
7 clarity today on what is available to individuals in
8 the shelters when it comes to food access right now.
9 What complaints or reports are you receiving, and how
10 do you deal with those? Particularly, we have some
11 issues where individuals have provided a physician's
12 note, something saying that-- something about their
13 need to have certain dietary changes, and it does
14 seem today there still seems to be issues based on
15 what we're hearing. So, I wanted to use my time to
16 address that issue because it seems to be
17 significant, especially for the young population
18 within there who seem to be continuing to have issues
19 with nutrition, especially and also baby formula as
20 well. So, I'm throwing it all at you up front just
21 because I'm on the timer, but wanted to get an update
22 on where we are when it comes to food and nutrition
23 and food access and food insecurity within the
24 shelters.

1
2 SENIOR VICE PRESIDENT LONG: I'll start,
3 but one of the [inaudible] comment if I may. Was it
4 at the Row, Wolcott, Watson, or Stewart?

5 COUNCIL MEMBER POWERS: I believe so.

6 SENIOR VICE PRESIDENT LONG: Okay.

7 COUNCIL MEMBER POWERS: And I believe--
8 would also like to know updates when-- there was a
9 baby formula shortage and I-- the Mayor had made an
10 announcement that he was going to address that by
11 doubling-- adding more capacity. I don't think we
12 know exactly where that happened.

13 SENIOR VICE PRESIDENT LONG: So, the--
14 actually, we only have two of our facilities that
15 have children, so they'll be at the Row and the
16 Stewart, and we have store rooms full of formula,
17 full of nutritious snacks, full of fresh fruits, full
18 of everything under the sun. I think of my one-year-
19 old and my three-year-old in terms how we designed
20 this. You can just go up. You can ask for whatever
21 you want. You can't miss it because there's a table
22 of food at every single-- where you get off the
23 elevator in every single floor. Three square meals a
24 day, including a warm dinner that was based on
25 feedback we've received from guests. So, actually

1
2 the feedback we've received for the food is that--
3 they value the fact that we've incorporated their
4 feedback and they think it's good. If you're hearing
5 specific feedback, we'd love to hear. We also have a
6 process for if somebody does have celiac disease or
7 any other medical issue, we provide for them food
8 that's appropriate for whatever their issue is. So
9 we put a lot of thought into this, and if you have
10 specific suggestions about how we could do, you know,
11 better, we'd love to hear them, but you're-- when you
12 walk into any of our facilities you can't miss the
13 food.

14 COUNCIL MEMBER POWERS: I just want to
15 come back to one quest-- I want to ask one more
16 question in respect of time, and then I just-- I'll
17 ask my last question. On the food issue, it does
18 seem there are complaints happening with families.
19 I'm not trying to put-- I'm trying to be fair because
20 I know you guys are under a lot right now, but it
21 does seem like there's ongoing issues here, and I
22 have seen letters myself from physicians where it
23 seems like they're raising issues with dietary
24 changes. So if I am an individual there today and I
25 have a need that's not being met. A: Am I allowed to

1
2 cook my own food in there, and what are the
3 restrictions are there? Two is how are those changes
4 addressed if I have a different dietary need than
5 somebody inside, the rest of the population? And--
6 well, those two questions. I want to know that. And
7 the last question I have, and then I'll end there is
8 more broad-based here. The mayor was just recently
9 at a press conference talking about how this will
10 impact services across the board, particularly as we
11 enter into the budget for next year, next fiscal
12 year. I'm not sure who's prepared, who's able to
13 speak to this, but just wanted you guys to give us a
14 better understanding of what that actually means when
15 we talk about across the board impacts of the
16 increases that we're seeing over the next few weeks
17 and what they might mean for essential services here
18 in the city.

19 SENIOR VICE PRESIDENT LONG: Yeah, so on
20 the food issue, and I appreciate you raising it. I
21 mean, again, as the father of a one-year-old and a
22 three-year-old, if one of my children is hungry,
23 nothing else in the world matters, period. And you
24 know, we do ask about not only preferences, but
25 requirements as part of the entry process, and then

1
2 on every floor we have somebody at the food station
3 at the Row Hotel. It's every 23+ floors. They can
4 get you whatever food you or your children need. I
5 would say that if you are hearing feedback, make sure
6 that they're telling us about the food requirements
7 that they have, and if those aren't met, you tell me,
8 and I'll make sure it's fixed.

9 COUNCIL MEMBER POWERS: We'll be in
10 touch. Thank you. Can somebody answer the second
11 question? I know it's-- you're not OMB, but I think
12 the Mayor is talking about the-- I'm concerned too
13 about the fiscal impact here, the need for federal
14 intervention, and frankly we need our federal
15 partners to step up like we've all said, and the
16 Mayor's completely correct about that. But I wanted
17 to hear just if anyone has a clear understanding of
18 what that means for our essential services coming
19 into the next year with the rising cost and the lack
20 of a reimbursement.

21 SENIOR VICE PRESIDENT LONG: Yeah, so all
22 that I can say is we're still doing that analysis, and
23 we're still trying to figure out where those impacts
24 might be other than we know that there will be
25

1
2 impacts if we don't get the federal and state support
3 that we need.

4 COUNCIL MEMBER POWERS: Are you concerned
5 about your agency and what it might mean for your
6 agency when it comes to the ability to provide
7 services next year?

8 SENIOR VICE PRESIDENT LONG: I am not--
9 because of the remarkable men and women that I get to
10 work with, but we're still doing that analysis. You
11 know, this is taking a lot of time. It takes a lot
12 of bandwidth and we'll see what the future brings.

13 COUNCIL MEMBER POWERS: Thank you guys,
14 and thank you for everything you guys are doing in a
15 really tough time.

16 DEPUTY SPEAKER AYALA: Thank you. We
17 will now hear from Council Member Ariola followed by
18 Council Member Won and then Council Member Narcisse.

19 COUNCIL MEMBER ARIOLA: Thank you all for
20 coming here to testify today. let me open by saying
21 that the Biden Administration's allowing the
22 expiration knowing that Title 42 would expire and not
23 having an alternative plan to help states and cities
24 like New York is nothing short of negligence, and
25 further negligence is to not give our city and our

1
2 state the funding it needs to take care of the uptick
3 in immigrants that will be coming, migrants that will
4 be coming. We each received an email yesterday
5 saying that two buses were coming in and we could
6 expect 10 to 15 buses by the 21st. Now, what you've
7 all testified to here today is very good because
8 you've got a handle on what we'd already gotten, and
9 during our asylum-seeker meetings that we all have
10 and you all attend, and thank you for that. We saw
11 that there was progressed-- progress. But now, with
12 tens of thousands more migrants coming in, how long
13 can our system withstand this pressure, both
14 financially, with our services, medically, and just
15 as for housing? How long can our system withstand
16 this pressure without help from the federal and our
17 state government?

18 SENIOR VICE PRESIDENT LONG: So, thank
19 you for your question. Thank you for your comments.
20 The short answer is just we don't know. And I will
21 say though that while there's an ocean of need, I
22 have been impressed by the ocean of good will in this
23 city. But I think you're asking all of the right
24 questions, and I think the Mayor's statement
25 yesterday makes clear that we're there. Thank you.

1
2 COUNCIL MEMBER ARIOLA: So, what you're
3 saying is we have children that are being vaccinated.
4 What we're hearing from our principals is that
5 children are not vaccinated, and some are just
6 partially vaccinated, which I understand. So there
7 was the opportunity in the ask for mobile buses to
8 come out to the outer boroughs, not the Row, not the
9 Wilson, but the outer boroughs, the outer lying
10 shelters that have migrant families in them. Have
11 you made any strides towards getting those mobile
12 buses to go out to the facilities to continue the
13 vaccinations?

14 SENIOR VICE PRESIDENT LONG: If I may, I
15 think that's a great question for the Department of
16 Health and H+H-- for the next testimony. We're-- what
17 I was referring to is what we do at the HERRCs, which
18 is within our purview here. But I will say-- so, in
19 addition to deferring the piece about mobile units, I
20 really do want to agree with you if I may though,
21 that it's just shock-- I can't find the right word in
22 my mind. Shocking doesn't cut it. It's almost
23 infuriating that we're seeing so many unvaccinated
24 children come into New York City. In the world that
25 we live in, you know, vaccines save lives, and we

1
2 could have a recurrence of preventable diseases like
3 measles which is just unacceptable in our city or
4 anywhere. So what we're-- actually, MMR is one of
5 the main vaccines that we're administering to
6 children in New York City. So I'm proud of what
7 we've been able to do to step up to the plate.
8 You're pointing out in the shelters, not the HERRCs,
9 there's a lot more that needs to be done, but you
10 know, I'm proud to be a New Yorker every time I see a
11 child get vaccinated, because it's going to save
12 their life.

13 COUNCIL MEMBER ARIOLA: Right, but the
14 point is that children are going into school
15 unvaccinated, and that's on-- that should not be, and
16 that's on H+H, Doctor Long. It's not on-- they're
17 working with you on that, with H+H not you
18 personally. And we were assured prior to that
19 children would be vaccinated at least partially
20 before going into school, and we've seen an uptick in
21 respiratory diseases in all of our children, and
22 they're in hospitals like Elmhurst Hospital which has
23 a large population of children with respiratory
24 diseases right no. So we have to start to take care
25 of the children as they're coming in, and I don't--

1
2 and I think that we're doing a fair enough job now,
3 but once we get another influx, it is going to be
4 almost impossible. Commissioner Castro, you spoke
5 about the fact that they're given vouchers, the
6 migrant families are given vouchers for the Salvation
7 Army to go and get clothing. Yet, we're getting
8 reports from principals that kids are coming in that
9 don't have coats, don't have shoes. They're coming
10 from climates that are not the same as ours. So how
11 are you keeping track of coats that are going, the
12 sizes, what your-- whether it's run by DSS, DHS, or
13 by a provider, how are you keeping track of what the
14 needs are for those children?

15 COMMISSIONER CASTRO: There are a number
16 of initiatives that are doing this, but I believe at
17 the HERRCs this is where the vouchers are being
18 provided. The DHS shelters have a whole other
19 system. I'd have to defer to them on those
20 questions. They'll be able to testify later as to
21 how they're coordinating. But Doctor Long, if you
22 want to--

23 SENIOR VICE PRESIDENT LONG: [interposing]
24 Yeah, so again, just a picture comment. So we have
25 four HERRCs, and I believe it's 58 emergency shelters

1 that are under DSS' purview. I will defer to them to
2 weigh in on not only the issue of how they provide
3 clothing, which they do at the shelters, but I'm not
4 in a position to be the one to describe that. And on
5 the medical side, you know, we-- we again, we run the
6 HERRCs, but each DSS shelter has its own medical
7 arrangement that H+H is typically not a part of. But
8 at the HERRCs we provide the vaccines for all of the
9 children. So, from my standpoint, the way we set it
10 up is we have one vaccine team at the Row per floor.
11 We knock on your door every day if you're a new
12 family that's come in and your children aren't
13 vaccinated, if we can't confirm they've been
14 vaccinated. So just imagine-- and again, you know, a
15 floor sort of similar to this room, one team
16 dedicated just for the people on that floor, and if
17 they aren't currently vaccinating somebody, they're
18 knocking on doors. So that's how we're doing it at
19 the HERRCs, because there's nothing that's a higher
20 priority for me than vaccinating children.

21
22 COUNCIL MEMBER ARIOLA: Alright, but I
23 don't think we can do it de-compartmentally. I think
24 it has to be done across the board, whether it's a
25 HERRC or it's a DHS shelter, you know, that's in the

1
2 boroughs. It has-- there has to be continuity. I want
3 to thank New York City Emergency Management for doing
4 that interagency kind of, you know, combination of
5 finding and getting everybody together but you know,
6 we really need to-- I get it. The HERRCs are
7 important, but Commissioner Iscol, how much money
8 does it cost to put a HERRC up. The one on Randall's
9 Island, how much did it cost to put that, that entire
10 facility?

11 COMMISSIONER ISCOL: We're still
12 assessing those costs, and each HERRC has different
13 costs, because no two HERRCs are alike unfortunately.

14 COUNCIL MEMBER ARIOLA: And so then
15 there's a cost to take it down, because we do take it
16 down.

17 COMMISSIONER ISCOL: Correct.

18 COUNCIL MEMBER ARIOLA: And now with the
19 influx we're going to have to put it up again. So
20 I'm going to say that that's going to far exceed the
21 five million dollars that we were talking about
22 earlier in the testimony. So, the point is, we
23 cannot continue in this vein unless we get money from
24 the state and our federal government. This city is
25 going to go belly-up trying to provide for people

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2 that we care about and nobody else does. Thank you
3 for the time.

4 DEPUTY SPEAKER AYALA: Thank you.

5 COMMISSIONER ISCOL: Thank you.

6 DEPUTY SPEAKER AYALA: Council Member
7 Won?

8 COUNCIL MEMBER WON: Good afternoon,
9 Commissioners. Thank you so much for coming and
10 sharing your testimonies. Along with what Council
11 Member Ariola just asked, my first question was going
12 to be, you had estimated 250 million dollars for
13 school year 23, and we have the contract for Garner
14 [sp?] Environmental Services according to Passport we
15 have nine million dollars estimated, but this is a
16 renewal I believe in 2021. So I would like a
17 breakdown of exactly how much it costs for the HERRC
18 site selection efforts to construct and tear down the
19 Orchard Beach HERRC and construct, operate, and tear
20 down the Randall's Island HERRC.

21 COMMISSIONER ISCOL: So, the cost of
22 taking down the Orchard Beach facility and rebuilding
23 at Randall's Island was approximately 650,000
24 dollars. The cost for the-- I'm sorry, what was the
25

1
2 rest of your question about the additional cost for
3 the Randall's Island HERRC?

4 COUNCIL MEMBER WON: Yep. So, both for
5 Orchard Beach and for Randall's Island, we want the
6 itemized breakdown for how much it costs to
7 construct, how much it costs to operate for the month
8 that it was up, and how much it costs to tear it
9 down.

10 COMMISSIONER ISCOL: Okay, we work on
11 providing that to you.

12 DIRECTOR FLORES: If I may add, Chair,
13 just to make a distinction that in all cases the
14 contract maximum amount does not represent an
15 obligation to spend what the maximum amount is, even
16 if it's a contract specifically for one agency. In
17 the case of, I think the contract that you're
18 referring to, it's a citywide master contract, which
19 obviously there has been an influx of a need for
20 addressing this particular emergency, but is
21 available to all agencies.

22 COUNCIL MEMBER WON: Thank you so much,
23 Commissioner Flores. Could you help us understand?
24 So it was supposed to-- the maximum was nine million
25 dollars and we ended up underspending because we had

1
2 to close it down. So could you help me understand
3 how much was actually spent within the month that it
4 was constructed and torn down?

5 DIRECTOR FLORES: So, as I-- I would
6 definitely defer back to the Commissioner in terms of
7 spend or estimates, because I think as all of the
8 individuals have stated, we're still going through
9 invoices. There will continue to be invoices, which
10 is quite common even outside of the emergency
11 situation, that you receive invoices after the
12 services have been rendered. They are reviewed and
13 then paid out-- and verified. In terms of the nine
14 million dollars, that is a master contract amount,
15 and so DCAS has the ability under the Charter to
16 enter into master contracts that can be used by any
17 mayoral city agency, and they are requirements
18 contracts. So there's no guarantee to the vendor that
19 any money will be spent under that contract. It's
20 putting into place this master contract for officials
21 and for all agencies to use.

22 COUNCIL MEMBER WON: But using the
23 schedule within the contract of the itemized costs,
24 when will the estimate be available of how much was
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2 spent as well as all the invoices that are coming in?
3 When could we expect that amount by?

4 DIRECTOR FLORES: I'd have to defer to
5 the agencies who are dealing directly, you know, on
6 the ground.

7 COMMISSIONER ISCOL: Yeah, we'll have to
8 circle back with OMB and City Hall to get back to you
9 on that.

10 COUNCIL MEMBER WON: So you are unsure of
11 when you would have the number by? So we'll have
12 staff--

13 COMMISSIONER ISCOL: [interposing] one of
14 the complications here is there is not only the cost
15 that Commissioner Flores was mentioning, but the
16 other thing is there's a lot of shared cost across
17 the HERRCs. So there's more variables than just
18 looking at this one isolated facility to understand
19 the cost at all. So, I will circle back after, you
20 know, we chat with OMB and with City Hall.

21 COUNCIL MEMBER WON: Could you help me
22 understand, Commissioner, because Commissioner Long
23 you said earlier on in your testimony that all things
24 are being considered including the Randall's Island
25 HERRC being re-set up.

1
2 SENIOR VICE PRESIDENT LONG: That's
3 correct.

4 COUNCIL MEMBER WON: Could you help me
5 understand what your process is for considering when
6 you know exactly how much was spent or how much it
7 will be costing us to put it back up after you just
8 tore it down?

9 SENIOR VICE PRESIDENT LONG: So, first
10 off, this is an unprecedented emergency. It is
11 unprecedented. There are decisions that we have to
12 make quickly. The reason that that facility was
13 taken down was because buses stopped coming from
14 Texas. There was no longer a need for a large-scale
15 facility to process thousands of people on a monthly
16 basis to try and figure out where they were going
17 next. We now have another influx coming, and there
18 could be a need for another facility like Randall's,
19 especially if we don't receive additional help from
20 the state or the federal government. Our agency
21 along with our other city partner have now looked at
22 over a hundred locations across the City. I think
23 it's telling that we have not received a single, as
24 far as I know, viable location from the City Council
25 as to where we can do these types of operations. The

1 fact is, there's not a lot of places in this city
2 where you have the type of space you need to be
3 working with thousands of people. And that--

4 COUNCIL MEMBER WON: [interposing] I find
5 it-- I find it hard to believe that you-- as you say,
6 it's unprecedented. All of us believe that it's
7 unprecedented. You could have foreseen that there
8 would be more buses coming, because there will
9 continue to be migrants crossing our border. For you
10 to be so short-sided--

11 COMMISSIONER ISCOL: [interposing] And at
12 this time--

13 COUNCIL MEMBER WON: to tear it down,
14 when you know that you'll have to put it back up,
15 because we know as a city how much land value is and
16 we will not be able to find a--

17 COMMISSIONER ISCOL: [interposing] We did
18 not know at the time that there was going to be
19 additional buses, and it's very easy to play Monday
20 morning quarterback and look at decisions based on
21 information that you have now that we did not have at
22 the time. It's very easy to play that game. However,
23 when we're looking at facilities, we're currently
24 siting additional locations across the city to set up
25

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2 these types of facilities to continue doing this
3 work. In addition to that, the City set up now over
4 60 emergency shelters, four additional HERRCs, and we
5 continue to site additional locations, and we will
6 continue to do so as-needed.

7 COUNCIL MEMBER WON: I have 25 shelters
8 in my district and they're run by DHS, and I'm seeing
9 a repetition in all their food vendors, which the
10 contracts expire every 30 days, but they continue to
11 contract with [inaudible] caterers [sic] where as you
12 heard from Majority Leader Keith Powers, children are
13 getting sick and coming to school with stomach flus
14 and adults are complaining again and again as you
15 have seen in the press that they are not edible-- the
16 food that they're giving is not edible. How-- what
17 is the contracting process for HERRCs, for their food
18 vendors, and who is the current food vendor now that
19 is on contract?

20 SENIOR VICE PRESIDENT LONG: Yeah, thanks
21 for asking. So the current food vendor is LIC.
22 They're the same food vendor that we have a lot of
23 experience with on the COVID side. So, just to go
24 back in time for a moment, we in New York City made
25 the decision early on to provide free meals delivered

1
2 to you if you had COVID or if you've been exposed and
3 needed to quarantine. So we have a-- we've delivered
4 millions of meals with this vendor. So, and we also
5 ran the COVID isolation hotels for New York City.
6 Given our experience and the unprecedented need to,
7 as Commissioner Iscol said, move very, very fast, the
8 HERRCs are using this vendor and they've been
9 amenable to feedback and they'll be amenable to more
10 feedback if people have it. All we want to do is get
11 this right for people and we're firmly committed to
12 doing that.

13 COUNCIL MEMBER WON: And how much of the
14 one billion dollars is committed? Because we know
15 that 250 million has already been spent.

16 SENIOR VICE PRESIDENT LONG: Committed
17 for?

18 COUNCIL MEMBER WON: For your budget.

19 COMMISSIONER ISCOL: The billion is a
20 projected expense of what we expect to spend.

21 COUNCIL MEMBER WON: Okay, and do you
22 have any commitments for it currently? Because you
23 have to forecast it based on some sort of expense
24 that you foresee.

25

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2 COMMISSIONER ISCOL: I'd have to refer
3 you to OMB and City Hall for the forecasting models.

4 SENIOR VICE PRESIDENT LONG: What I can
5 say, if helpful, is that we've budgeted, and I'll
6 turn to my colleagues to add more, for this effort
7 for one billion dollars in FY23. For the-- I'll
8 speak for the H+H portion, budgeted for 310 million
9 of that one billion dollars budgeted for FY23.

10 COUNCIL MEMBER WON: Commissioner Flores,
11 my last question is do you foresee any savings in
12 having put up the HERRCs in Randall's Island and
13 Orchard in comparison to what it would cost to have
14 the temporary shelters in a hotel?

15 DIRECTOR FLORES: Thank you for that
16 question. This is an evolving, ever-changing
17 situation, so I definitely think there'll be an
18 opportunity with OMB and City Hall to do that sort of
19 analysis. However, I will just say that the
20 flexibility and sort of the creativity of trying to
21 have a whole breadth of opportunities in terms of
22 where and what types of sites to use as the
23 Commissioner mentioned earlier is really going to--
24 has been important thus far and will continue to be
25 important in responding to this emergency and being

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2 able to have all of those options to be flexible and
3 nimble to respond as information becomes available
4 that is consistent with expectations of a number of
5 migrants that may be coming in to New York City. So,
6 I think that's a good question for continued
7 analysis.

8 DEPUTY SPEAKER AYALA: Thank you. before
9 we move on to Council Member Narcisse, I just want to
10 say that-- I want to make sure that I highlight that
11 several of the HERRCs that are being used, the sites
12 that are being used now were actually on the list of
13 recommendations that the Council made to the
14 Administration. So if you want a little credit
15 there. Thank you. Council Member Narcisse?

16 COUNCIL MEMBER NARCISSE: Hi.

17 SERGEANT AT ARMS: [inaudible]

18 COUNCIL MEMBER NARCISSE: Good
19 afternoon. Thank you again. My question from
20 listening. How many nurses and doctors,
21 interpreters, social works, or psychologic-- I mean,
22 psychologists or mental health professionals that we
23 have Doctor Long at the Port Authority terminal when
24 those folks are coming, the asylum-seekers are
25 coming?

1
2 SENIOR VICE PRESIDENT LONG: Yeah, great
3 question. This is actually one of the things that's
4 evolved over time. So the medical care we provide--
5 you as a nurse will understand this-- at Port
6 Authority is only for urgent assessment. We aren't
7 doing mental health. We aren't providing treatments.
8 We aren't providing mental health care there. We're
9 seeing if anybody is in crisis and if they need to
10 therefore be transferred to the Emergency Department,
11 and otherwise we help them to take the next step of
12 their journey, and if that is coming to a HERRC,
13 that's where we have more comprehensive services. An
14 the question about numbers is we have six teams at
15 Port Authority when buses come in, or six to eight
16 individuals which include EMTs, nurses, and APRN's,
17 things like that, but their function is to see if
18 anybody needs to go to the emergency Department with
19 the example that always sticks in my mind of that
20 lady that turns out she was pregnant and delivered a
21 healthy baby. That was triaged from Port Authority.
22 Imagine a world where we hadn't been there. I worry
23 it would not have been safe birth.

24 COUNCIL MEMBER NARCISSE: Okay,
25 typically, what is the health condition of the newly

1
2 arrived asylum-seekers? According to your estimate,
3 how many people needed immediate emergency medical
4 care after arriving in New York City?

5 SENIOR VICE PRESIDENT LONG: Great
6 question. So, two parts. I'll tell you about what
7 we've learned about how they are when they arrive
8 here, and then I'll answer your question of how many
9 have needed immediate emergency-level care in our
10 different settings. So, in terms of how people are
11 when they have arrived here, it is fairly variable.
12 The ones that-- we do see people that are in
13 distress. We see people that have communicable
14 disease. We see people-- and this is one of the
15 things that always sticks with me is that they have
16 conditions that are exacerbated because they either
17 ran out of or had meds that were lost or taken away
18 from them as part of their journey. We've had a
19 child, for example, that upon arriving to New York
20 City had a witnessed seizure. The child was on anti-
21 seizure medications. He didn't have any more. So
22 things like that we immediately rectify in New York
23 City. But we do see people coming in that are very
24 high-risk because they're in situations where they
25 have diseases that are out of control because their

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2 meds were lost or taken away for a variety of
3 reasons. So those are the-- that's why we've
4 centered our services around the urgent care model,
5 Port Authority and the more comprehensive model,
6 including assessment for communicable diseases as
7 soon as you walk through the door of any HERRCs. 100
8 percent of people are tested for COVID. The
9 specific part of your second question was how many
10 have gone to the Emergency Department, so I will
11 start by telling you at Port Authority we have--

12 SERGEANT AT ARMS: [interposing] Time
13 expired.

14 SENIOR VICE PRESIDENT LONG: May I go on?

15 DEPUTY SPEAKER AYALA: Go ahead.

16 SENIOR VICE PRESIDENT LONG: At Port
17 Authority we've transported 71 people from Port
18 Authority directly to the Emergency Department based
19 on our teams there. In terms of our other sites, we
20 at the Wolcott have transported 21 people, not all
21 upon entry, but overall. At the Row hotel, 151,
22 again not upon entry but overall, and at the Watson
23 13 people. So, probably the most precise answer is
24 the 71 that when they arrived at Port Authority, our
25 medical team that was there, including the woman that

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2 gave birth to a healthy baby later that day, our team
3 determined needed to receive emergency-level care
4 because their meds had been taken away or a variety
5 of other things, and we're able to meet them where
6 they are, and I think we saved a lot of lives doing
7 that.

8 COUNCIL MEMBER NARCISSE: Okay, thank
9 you. I want to-- the provider of the training, I want
10 to know they've been trained and how many hours for
11 those especially the worker for the Navigation
12 Centers, because it's very important for cultural
13 competency. And living at that, like you read [sic],
14 we made it so I'm praying for us to do whatever we
15 can. I know it's a challenging time. There's a lot--
16 we expect New York City to function at a different
17 level [inaudible] the world. Let's do the best we
18 can.

19 SENIOR VICE PRESIDENT LONG: Thank you.

20 DEPUTY SPEAKER AYALA: Thank you, Council
21 Member. And I just want to remind folks that Health
22 + Hospitals will remain for the second portion of
23 this hearing, and we will also be joined by the
24 Department of Health and Mental Hygiene. We will now
25 hear from-- I just want to say that we're going to be

1
2 very strict on the two-minute timeline. So please be
3 succinct. Council Member Hudson, Rivera-- I'm not
4 sure if Borelli still has his hand up-- Botcher,
5 Brooks-Powers, Gutiérrez, Dinowitz, Menin, and
6 Sanchez.

7 COUNCIL MEMBER HUDSON: Thank you, Deputy
8 Speaker, and hello everyone. Thank you for your
9 testimonies today. I have two questions that I'll
10 read first just in the interest of time and then love
11 to hear your answers. The first question is, what
12 have been some of the biggest difficulties regarding
13 agency coordination that have limited your ability to
14 provide migrants with relevant services. And the
15 second question is, did your agency have any policies
16 or guidance prior to the recent arrival of migrants
17 from Texas and elsewhere that dictated how
18 individuals seeking resettlement should be assisted?
19 And I'd be happy to repeat if-needed. Thank you.

20 COMMISSIONER ISCOL: I'm not sure I'm
21 following the second part of your question. You're
22 asking specifically if Texas gave us any guidance?

23 COUNCIL MEMBER HUDSON: Yeah, I'm right
24 here.

25 COMMISSIONER ISCOL: Oh, I'm sorry.

1
2 COUNCIL MEMBER HUDSON: No problem. No,
3 I'm not asking that. I said did your agency have any
4 policies or guidance prior to the recent arrival of
5 migrants from wherever, Texas and elsewhere, that
6 dictated how individuals seeking resettlement should
7 be assisted? So were there any policies or guidance
8 that you had before everybody starting arriving that
9 would determine what to do and--

10 COMMISSIONER ISCOL: [interposing] And
11 before meaning back in April, back in August, July--

12 COUNCIL MEMBER HUDSON: [interposing]
13 Right.

14 COMMISSIONER ISCOL: I'll defer to MOIA
15 and yeah.

16 COMMISSIONER CASTRO: I can answer
17 briefly and also invite Tom to join. Yeah, so
18 certainly we-- MOIA paid special attention at
19 recently arrived immigrants of course, and the
20 services they're eligible to regardless of
21 immigration status. And so we knew that whether
22 it's asylum-seeker or another category, we would step
23 in and support in making that possible. We work very
24 closely. Again, this is-- the surge that happened
25 in-- starting in April and really, you know, in

1
2 August, was largely a result of a political actor,
3 Governor Abbott, sending buses and often coercing
4 people to get on those buses and getting here. But
5 asylum-seekers have been arriving to New York City
6 for quite some time.

7 DIRECTOR TORTORICI: Thank you,
8 Commissioner. Only to add that New York cares for
9 immigrants and serves immigrants on a regular basis
10 through our established programs. Serving asylum-
11 seekers in the volumes that we saw initially was a
12 change from that, and so we were coordinating with
13 you and HCR and other credible large institutions
14 that do this humanitarian work on a regular basis to
15 inform our response.

16 SENIOR VICE PRESIDENT LONG: And if I may
17 just add a quick note on the medical side, because
18 prior to this New York City Health + Hospitals is a
19 medical provider. One of the things I'm really proud
20 of is that in my office we started the NYC Care
21 Program which is for undocumented immigrants in New
22 York City. Of the more than 100,000 members that we
23 have today, half of them hadn't seen a primary care
24 doctor before. Among those that were found to have
25 diabetes, which is twice as often in this population

1
2 as in the rest of New York City. More than half have
3 had a significant change in control of their diseases
4 that many of them didn't even know they had. So we
5 saved a tremendous number of lives through the
6 program which again we in New York City uniquely
7 started to support our immigrants as they are in New
8 York.

9 COUNCIL MEMBER HUDSON: Thank you. And
10 can I just repeat my first question, because I didn't
11 get any answers from it?

12 DEPUTY SPEAKER AYALA: Hurry up.

13 COUNCIL MEMBER HUDSON: Thank you. What
14 have been some of the biggest difficulties regarding
15 agency coordination that have limited your ability to
16 provide migrants with relevant services?

17 COMMISSIONER ISCOL: It's a good
18 question. I don't think that there's really been a
19 lot in terms of interagency coordination. I think
20 one of the things that I've been most impressed by is
21 how willing different agencies have been to step up to
22 the plate. One of the moments for me is when we
23 started looking at what agency was going to run our
24 HERRCs. We were in a meeting, bunch of
25 commissioners, senior city leaders, and everybody

1
2 sort of looking at the walls, everybody's looking at
3 the floor, and Doctor Katz, Mitch Katz, from Health +
4 Hospitals stepped forward and said we've got this.
5 Again and again and again city agencies have been
6 stepping up to the plate starting as far back as
7 early August with MOIA just showing up at the Port
8 Authority volunteering and making things work.

9 COUNCIL MEMBER HUDSON: Okay, so just for
10 the record, no difficulties regarding agency
11 coordination?

12 COMMISSIONER ISCOL: Not that I have
13 seen, no.

14 COUNCIL MEMBER HUDSON: Great, thank you.

15 DEPUTY SPEAKER AYALA: Thank you.

16 COUNCIL MEMBER HUDSON: And thank you so
17 much, Deputy Speaker, appreciate it.

18 DEPUTY SPEAKER AYALA: Thank you.
19 Council Member Borelli, are you-- do you have
20 questions? No? Okay. Council Member Bottcher?

21 COUNCIL MEMBER BOTTCHEER: Hi. Can you
22 walk us through the process for selecting hotels for
23 renting them out, the selection process, and share
24 with us what factors you take into account like
25 school capacity, geographic distribution around the

1
2 City? Are those factors that you consider when
3 selecting these sites?

4 COMMISSIONER ISCOL: So there's a lot of
5 different variables that we look at when we're
6 looking at sites. Size is one. Availability is
7 another, the amount of work that needs to be done to
8 bring something up to code. There's a process where
9 we also bring in Fire Department. We bring in
10 Department of Buildings. If needed, a whole host of
11 other agencies to do their evaluations of the
12 structure of the building. We look at the capacity,
13 the cost. And we have teams, these interagency teams
14 that will go out and spec out those locations and
15 then do an assessment as to how much time it's going
16 to take for us to get something up and running.

17 COUNCIL MEMBER BOTTCHEER: Is there an
18 RFP, or do you have staff just calling hotels? How
19 does that work?

20 COMMISSIONER ISCOL: So, we-- there is
21 not an RFP. We are in the process of putting
22 together an RFEI, specifically looking at if there
23 are folks that have an expression of interest in
24 doing this work. But a lot of it is calling around.
25 A lot of it is looking at sites, and a lot of it is

1
2 just the domain experience that our agencies have
3 around the City.

4 COUNCIL MEMBER BOTTCHEER: what about
5 geographic distribution and school capacity? Our
6 community, where I'm so proud of the way that we
7 stepped up and my constituents have been really,
8 really supportive because we've got quite a few very
9 large hotels, but people do want to know, are you
10 considering geographic distribution around the City
11 when selecting future sites?

12 COMMISSIONER ISCOL: Yes, we're
13 considering geographic areas. We're considering all
14 the boroughs. We're considering-- you know, we work
15 closely with DOE, especially when we're looking at
16 siting family HERRCs. Those are certainly things
17 that we consider.

18 SENIOR VICE PRESIDENT LONG: And if I
19 could just add oen thing onto that. So we have our
20 four HERRCs, but it also as you now, DHS has 58
21 emergency shelters in hotels as well. So those are
22 dispersed across the City. And I just will say, as
23 you know, I was at-- it was my pleasure to lead some
24 of your community members who live across the street
25 from one of our HERRCs on a tour, and I couldn't

1
2 agree with you more. The community members are
3 committed to helping our newest New Yorkers.

4 COUNCIL MEMBER BOTTCHEER: thank you.

5 COMMISSIONER ISCOL: I'll just add one of
6 the variables, access to public transportation.

7 DEPUTY SPEAKER AYALA: Thank you.

8 COMMISSIONER CASTRO: If I may, Deputy
9 Speaker?

10 DEPUTY SPEAKER AYALA: Sure.

11 COMMISSIONER CASTRO: I just wanted to
12 say to make our message clear to our federal and
13 state partners, the time is now. We need you to step
14 up and support New York City and asylum-seekers.
15 You're making an incredibly difficult situation much
16 worse by continuing to delay your support to our
17 city. And I'll say it in Spanish just in case they
18 don't hear it. [speaking Spanish] Thank you.

19 DEPUTY SPEAKER AYALA: [speaking Spanish]
20 Council Member Dinowitz?

21 COUNCIL MEMBER DINOWITZ: Hi, good
22 afternoon. I want to follow up on a question that was
23 mentioned earlier, but I didn't get clarity in the
24 answer. A few months back I was informed that there
25 was going to be a asylum-seeker shelter in my

1 district. I called the school, and I was the first
2 one to inform the local schools that there was going
3 to be a shelter, and it wasn't until days later that
4 the City called the schools and informed-- informing
5 that there was going to be a shelter. They would
6 have an influx of children. Now, since then, the
7 City I think did a very good job in that particular
8 instance being responsive to me, to my office to the
9 school, but it's unclear to me what the process is
10 for when we have an influx of asylum-seekers and a
11 shelter opens for notifying local governing bodies
12 like the schools, like the-- you know, maybe the
13 Police Department, the Fire Department, any of the
14 local municipal services. So it's unclear to me what
15 that process looks like so that it's not based on
16 rumors and a local Council Member notifying them. And
17 the second question as part of that is-- you know, we
18 have very kind, generous, caring individuals and
19 groups in my district and throughout the City, and
20 we've seen this through things like toy drives, of
21 food distributions, and people really giving of
22 themselves and of their time. You know, we had a
23 local Pre-K program that said they had open seats
24 they would really want asylum-seekers to come, you
25

1 know, and fill those seats. We have people who want
2 to give their clothing, but it's unclear what
3 clothing is needed. We've been asking what clothing
4 the local shelter needs. It's been tough to get
5 responses, and that's two examples, pre-K seats and
6 clothing. So do you have a process of reaching out to
7 local organizations to tell them just kind of what is
8 needed in the neighborhood? So the process for
9 municipal services like education and safety, and
10 then a process for other local nonprofits, that we
11 can all effectively work together.
12

13 SENIOR VICE PRESIDENT LONG: I'll start
14 just on the school side, and then I'll see if others
15 want to add. It's a great question. So, I-- in
16 disclosure, I've only one of our HERRC sites that
17 have had children. So, yeah, I'll answer that from
18 the-- through the lens of the Row Hotel. For the
19 other sites that you're referring to, I'll defer to
20 DSS who's going to be here later today to go over
21 their processes which they've been honing over the
22 years. So on my end, I offered to and they took me
23 up on it, to take the principals from a variety if
24 not all to local schools on a tour of the Row, along
25 with the superintendent. So, we did that and then

1 followed subsequently up with them on in Web-x [sic]
2 checking and making sure--

3
4 SERGEANT AT ARMS: [interposing] Time
5 expired.

6 SENIOR VICE PRESIDENT LONG: that they
7 didn't have further feedback for us, that we were
8 meeting all the needs of the children from their
9 perspective. So that's how we've tried to be in good
10 communication on my end, but I'll defer to DSS for
11 more comprehensive answer on the 50 emergency
12 shelters that they have operated-- that they operate
13 today.

14 DEPUTY SPEAKER AYALA: Thank you. Did
15 you want to add something, Commissioner?

16 COMMISSIONER ISCOL: I'm happy to.

17 DEPUTY SPEAKER AYALA: Oh, no, I thought
18 you--

19 COMMISSIONER ISCOL: I'll just say, in
20 terms of the agency process when we're siting these
21 locations, we usually have-- there's a couple things.
22 One is we have an interagency sort of assessment team
23 that goes out to these different facilities that
24 includes members of a host of different agencies,
25

1
2 FDNY, NYPD, DOB, us and then others as needed based
3 on what that facility is going to be doing.

4 DEPUTY SPEAKER AYALA: Thank you.

5 COUNCIL MEMBER DINOWITZ: And-- okay. I
6 know time is limited. I would just-- I'll follow up
7 later, but it's just-- you know, I know it's a great
8 undertaking. It's an almost impossible task and
9 you're working. I just want to make sure that that
10 work trickles down to the local schools, right? That
11 the people at the top of the agency, the information
12 doesn't always make it down to the local people on
13 the ground who are actually doing the work. So I
14 would encourage you, to you know, to kind of double
15 down on that and ensure that that work happens.

16 Thank you, Deputy Speaker.

17 DEPUTY SPEAKER AYALA: Thank you.

18 COMMISSIONER ISCOL: Will do. Thank you.

19 DEPUTY SPEAKER AYALA: Council Member
20 Menin followed by Council Member Sanchez.

21 SERGEANT AT ARMS: Time starts now.

22 COUNCIL MEMBER MENIN: Thank you, Deputy
23 Speaker. So I'm going to focus my two questions on
24 the committee I chair, Small Business. Earlier this
25 year in September, I sent a letter to the

1
2 Administration urging them to utilize our city's
3 small businesses, our city's restaurants to provide
4 food for asylum-seekers, as DHS was expecting
5 applications for intake facilities. I strongly
6 believe the Administration should consider this.
7 Other cities like Philadelphia are doing that.
8 They're using their local restaurants and small
9 businesses. So my two questions are, will the
10 Administration commit to a procurement process that
11 uses our city's small business and restaurants to
12 provide food rather than contract with out-of-state
13 catering companies. So that's the first question.

14 DIRECTOR FLORES: Just-- thank you for
15 that question. Just in general, and I think you
16 know, it was part of the City's amazing response
17 during COVID when it relates to food that every
18 particular option was on the table including
19 restaurants, and I think obviously there's lessons to
20 be learned as we always do after an emergency. And
21 so I think as the Commissioners have mentioned,
22 everything's on the table, and it's certainly
23 something I think that we can commit to going back
24 and looking if it's possible and how.

25

1
2 COUNCIL MEMBER MENIN: Okay, that would
3 be great, because I know We Think Food has
4 specifically put in an application for that to
5 partner with the City's restaurants and small
6 businesses, and I think it would address a lot of the
7 food concerns that other Council Members have raised.
8 And then just briefly, my second question is that
9 since many of the asylum-seekers have been here in
10 the United States for over six months and can obtain
11 working papers, what is the City doing to help them
12 to find legal employment?

13 COMMISSIONER CASTRO: You know, this is
14 an incredibly important issue for us. This is a
15 federal issue. We've asked the federal government to
16 figure out a way to expedite these work permits.
17 Unfortunately, people have started to work
18 informally. This put their immigration status as
19 jeopardy and of course, it puts them at the peril of,
20 you know, bad actors in the informal economy. So,
21 we'll continue to advocate for this. And you know,
22 we are mindful that people's-- workers' rights also
23 need to be protected. Our satellite sites will have
24 the tools and information needed to continue to
25 educate workers as they begin to work.

1
2 COUNCIL MEMBER MENIN: But are there
3 specific steps the Administration is taking to
4 connect asylum-seekers with legal work employment
5 opportunities?

6 COMMISSIONER CASTRO: So, unfortunately
7 right now, most asylum-seekers are not able to work,
8 because they don't have work authorization. Once
9 they are able to obtain work permits, there ear a
10 number of different industries that have reached out
11 to us from construction to food service and so on
12 that want to hire asylum-seekers, but the lack of
13 work permits is a challenge. So we'll work with all
14 these different industries that have connected with
15 us to make sure that workers, you know, know that
16 there are jobs available, which is--

17 SERGEANT AT ARMS: [interposing] Time
18 expired.

19 COMMISSIONER CASTRO: Which is one of the
20 reasons why so many migrants decide to come here.

21 COUNCIL MEMBER MENIN: Okay. Thank you.

22 DEPUTY SPEAKER AYALA: Thank you, Council
23 Member. We will hear from Council Member Sanchez and
24 if we've missed anyone, please raise your hand or
25 come and see the staff. Council Member Sanchez?

1
2 SERGEANT AT ARMS: Time starts now.

3 COUNCIL MEMBER SANCHEZ: Thank you so--
4 thank you so much Deputy Speaker, and I want to echo
5 all of my colleagues who have acknowledged the
6 difficult challenge that the Administration has
7 before it, and thank you for all the work that you're
8 doing. Many for the questions I was going to ask
9 have been asked, so I will focus on two. One is can
10 you talk about HPD's role, if any, in the response of
11 the migrant crisis? Are they doing inspections in
12 the shelters or any facilities? Are they involved in
13 any way? And second, Commissioner, just to
14 piggyback on your last line of answers regarding work
15 permits and the economic prognosis for migrants
16 coming here. Can you talk a little bit how MOIA is
17 helping these individuals navigate? Do you have--
18 what are the legal services available for the
19 migrants in terms of funding from the City and number
20 of providers and number people who are being served?
21 Thank you.

22 COMMISSIONER ISCOL: So, I can say HPD is
23 very involved, as are all city agencies in this
24 process. They help with inspections. They help
25 provide the expertise, especially on the running of

1
2 different facilities. We've also looked at some of
3 their various contracts that they hold as well, and
4 I'll turn it over to Commissioner Castro.

5 COMMISSIONER CASTRO: Thank you, Council
6 Member. As I mentioned earlier, asylum-seekers are
7 eligible from day one for all of our funded services,
8 including our legal services, ActionNYC and others
9 that will assist asylum-seekers apply for work
10 permits and so on. Again, our legal service
11 providers have been working around the clock. It is
12 a challenge. We understand that. In the coming
13 weeks, we're going to make decisions about the five
14 million dollars and how to best and most
15 strategically use those funds to expand on our legal
16 services, but again we wouldn't be able to meet the
17 tremendous need, especially as more asylum-seekers
18 will be coming. We fund a network of nonprofits that
19 are supporting immigrant communities. We're working
20 closely with them on all kinds of issues, whether
21 it's legal services, know your rights, workforce
22 development and so on. We said this before, our
23 systems in city government are strained, so are
24 nonprofits doing the work at the local level. So we
25 want to make sure that we're supporting everyone, and

1
2 we want to make sure our federal and state government
3 start doing their part as well. Thank you.

4 DEPUTY SPEAKER AYALA: Thank you,
5 Council Member. Did we miss anyone? Any other
6 Council Members that were interested in asking
7 questions? Speak now or forever hold your-- Okay,
8 alright. Thank you. This concludes this portion of
9 the hearing. We're going to take a five-minute
10 recess and then we'll be back with Health + Hospitals
11 and the Department of Health and Mental Hygiene.

12 [break]

13 DEPUTY SPEAKER AYALA: Okay, we're ready.
14 Alright. [gavel] Thank you guys for bearing with us a
15 few minutes. We will now move to the second portion
16 of this hearing. We will be hearing from New York
17 City Health + Hospitals and the Department of Health
18 and Mental Hygiene. So, we will now turn it over to
19 Chair Schulman for remarks.

20 CHAIRPERSON SCHULMAN: Thank you very
21 much, Deputy Speaker Ayala. Good afternoon. My name
22 is Lynn Schulman. I am Chair of the New York City
23 Council's Committee on Health. I want to thank
24 speaker Adrienne Adams and Deputy Speaker Diana Ayala
25 for their leadership in holding this important

1 hearing today. I also want to thank the
2 Administration for being here and for taking the time
3 to answer our questions about their work in providing
4 necessary healthcare to the recently-arrived asylum-
5 seekers in New York City. The importance of this
6 hearing cannot be understated. Healthcare is a human
7 right, a right that is not enjoyed by all New
8 Yorkers, especially by those who are most vulnerable,
9 including our new asylum-seekers. DOHMH has played a
10 critical role in helping connect families to
11 essential health and medical services, and I look
12 forward to learning more about the programs and
13 support that DOHMH is providing. I also want to-- I
14 want to thank Commissioner Vasan and Doctor Long for
15 being here. And Commissioner Vasan has been a great
16 advocate for public health in this city, and I look
17 forward to hearing his answers. I will now turn it
18 over to Committee Counsel to administer the oath.
19 Thank you.

21 DEPUTY SPEAKER AYALA: Before we do
22 that, we will hear from Council Member Lee.

23 COUNCIL MEMBER LEE: Hi, good afternoon
24 everyone. Thank you so much for having this hearing,
25 and just wanted to thank the Administration,

1
2 Commissioner Vasan, Doctor Long also for being there
3 and just in the interest of time, we all know why
4 we're here. This is a very important issue, and
5 being Chair of the Mental Health, Disabilities, and
6 Addictions committee, I look forward to this session
7 and hearing more. I know-- I was listening
8 previously in the morning, and I know folks started
9 asking questions about mental health, but I'm looking
10 forward to digging deeper and seeing what support
11 services and programs are available. Thank you.

12 DEPUTY SPEAKER AYALA: Thank you. Now
13 we'll turn it over to the committee to administer the
14 oath.

15 COMMITTEE COUNSEL: Administration,
16 please raise your right hand. Do you affirm to tell
17 the truth, the whole truth and nothing but the truth
18 in your testimony before this committee and to
19 response honestly to Council Member questions?

20 COMMISSIONER VASAN: Yes.

21 COMMITTEE COUNSEL: You may begin when
22 ready.

23 COMMISSIONER VASAN: Thank you, Deputy
24 Speaker. Thank you, Chair Schulman, Chair Lee, Chair
25 Narcisse for the opportunity to testify, as you said,

1 that this most important hearing. I'm Ashwin Vasan.
2 I'm the Commissioner of the Department of Health and
3 Mental Hygiene. I'm going to speak today very
4 briefly, given that I want to make sure we have
5 enough time for questions. But I will just say that
6 there's no more important work than protecting those
7 most vulnerable, especially those coming to our city
8 for help in their greatest hour of need. The Health
9 Department has been involved in actively coordinating
10 health services and health responses, providing
11 public health guidance as the public health authority
12 in the City to all of our sister agencies. We're
13 especially grateful for the partnership with New York
14 City Health + Hospitals. In addition to that public
15 health guidance, we've been putting out mental health
16 resilience and emotional response teams. I think it's
17 really critical that we as a city acknowledge the
18 role of trauma and violence have played in the lives
19 of so many people coming to our city in their most
20 difficult hour, and our city has been and will
21 continue to be ready to meet their mental health
22 needs. We are really working closely with partners
23 at the Navigation Center to connect as many of our
24 asylum-seekers with health insurance coverage to
25

1 ensure that they have access to our health systems.
2 Many of these asylum-seekers will end up being our
3 fellow New Yorkers. they are fellow New Yorkers from
4 the moment they arrive in many ways, and we need to
5 make sure that they're connected into access to care
6 through state, federal resources, local resources and
7 our Office of Health Insurance Programs-- health
8 insurance services has been on the ground from the
9 beginning connecting people into care. I will just
10 recognize as well our partners at DHS and DSS for
11 their leadership and their commitment through service
12 at 58 hotel-based shelters, 58 DHS shelters, and I
13 will close my remarks there. I want to make sure that
14 we have enough time for questions and for dialogue
15 here in this most important topic. We are submitting
16 an official testimony for the record, which is more
17 extensive, but in the interest of time I will stop
18 there. Thank you for the time.

20 DEPUTY SPEAKER AYALA: Appreciate that,
21 and thank you so much Commissioner, it's always a
22 pleasure to see you. One of my favorite parts of the
23 work is really working on the mental health front,
24 and so I really appreciate our conversations. Is the
25 Department of Health and Mental Hygiene staffing the-

1
2 - are you there at the point of contact when the
3 migrants are coming in via the buses?

4 COMMISSIONER VASAN: Our principle role
5 is-- thank you for the question. Our principle role
6 is at the Navigation Center.

7 DEPUTY SPEAKER AYALA: Okay.

8 COMMISSIONER VASAN: At the Navigation
9 Center is where we have most of our staff, and the
10 role at the Navigation Center is principally two-
11 fold. It is to connect and determine eligibility and
12 enrollment into health insurance and to provide on-
13 site mental health crisis response, psychological
14 first aid, and other mental health supports. And I
15 guess there's also a third piece which is connecting
16 people into care, making referrals directly into our
17 federally-qualified health system, our Health +
18 Hospitals Ambulatory Care system. So those are our
19 principle roles at the Navigation Center. As well,
20 we have site-based teams that move around to the 58
21 DHS shelter sites and do these activities as well as
22 more.

23 DEPUTY SPEAKER AYALA: I mean, I could
24 imagine the traveling, you know, that amount of time
25 and-- it's pretty traumatic, and I wonder have you

1
2 see an increase in the number of migrants that are
3 actively asking for mental health services, or what
4 is the number of individuals to-date identified, you
5 know, with a specific need for mental health
6 services?

7 COMMISSIONER VASAN: I'm happy to get
8 back to you with specific numbers, but certainly we
9 are seeing the impact of trauma, long-standing
10 histories of violence and strife in their home
11 countries play out in how asylum-seekers present to
12 any one of our number of sites, which is why whether
13 it's at the HERRC sites or the DHS shelter sites or
14 at the Navigation Centers, we have on-site teams
15 ready to do that immediate care, the immediate crisis
16 response the immediate screening, but the biggest
17 most important thing is connecting people into actual
18 mental health care in our healthcare system, so that
19 requires insurance. It requires either insurance or
20 connection to NYC Care, and then an actual
21 appointment with a mental health provider at one of
22 those ambulatory sites. So that's really a focus of
23 ours, because we know we can only solve for so much
24 in one day at one visit at one time.

25 DEPUTY SPEAKER AYALA: Absolutely.

1
2 COMMISSIONER VASAN: So, it's really
3 about how do we start the process of getting that
4 family, that person, that child into the care.

5 DEPUTY SPEAKER AYALA: How do you-- how
6 do you track what the number of individuals that
7 actually made it, you know, to their referral
8 destination is?

9 COMMISSIONER VASAN: So, we work with a
10 network of federally-qualified health centers. H+H
11 also tracks this data in their own ambulatory care
12 network, and we can see because they're connected
13 through a-- they're connected through our caseworkers
14 on site. We can see who's been referred to an
15 appointment, who completes an appointment, because
16 this network of FQHC partners is also the same that
17 is helping us provide services at some of our DHS
18 shelters and otherwise.

19 DEPUTY SPEAKER AYALA: But what you're
20 looking at is whether or not the person actually
21 received a service or whether they made an
22 appointment?

23 COMMISSIONER VASAN: WE start with the
24 appointment and then whether they attended the
25 appointment is--

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DEPUTY SPEAKER AYALA: [interposing] Okay.

COMMISSIONER VASAN: That data's gathered on the other end with our FQHC partners, and we can get access to it.

DEPUTY SPEAKER AYALA: Does any of this information-- is any of this information shared at the shelter settings as well, do you know?

COMMISSIONER VASAN: So, we-- medical care is provided on-site for a host of different functions, but mobile teams from DOHMH as well as network, contracted network partners, federally-qualified health centers, and those are the same network of federally-qualified health centers to which we are able to refer for site-based appointments or off-site appointments at their regular brick and mortar locations. So, yes, we can track them.

DEPUTY SPEAKER AYALA: I know that we meet once a week where we have-- you know, kind of an interagency briefing for elected offices. Is that something I'm assuming that you-- that each agencies that you guys are doing internally, right? You're talking to each other so that the Department of Health, and you know, Health + Hospitals is aware or

1
2 acutely, you know, aware of issues that are maybe
3 showing up at the school system, or you know, at the
4 shelter system that can be addressed by each
5 individual agency?

6 COMMISSIONER VASAN: That's correct.

7 Since from the beginning of this crisis, the City
8 Hall, the Mayor, Deputy Mayor Williams Zisome [sp?]
9 has been pulling together all city agencies involved
10 in this response, Commissioner Iscol and his team as
11 well. We are also pulling together our teams within
12 the agency to ensure that we're coordinated across
13 our various programs, whether it's mental health,
14 immunization, health insurance programs to ensure
15 that we're working as one team. But this is a-- you
16 know, this is a whole of government response as
17 you're seeing today and in the nature of the-- the
18 nature of the-- even this hearing today with how many
19 panels and different agencies testifying. So the
20 coordination is considerable. The time and
21 coordination is definitely considerable.

22 DEPUTY SPEAKER AYALA: Absolutely. I
23 mean, but have-- considering that the City's already
24 facing mental health challenges, right? We have
25 limited capacity in terms of, you know, mental health

1
2 providers in communities of color primarily where a
3 lot of, you know, these shelters are being placed.
4 How likely is it that a person is going to have to
5 wait a significant amount of time before they're
6 actually seen?

7 COMMISSIONER VASAN: That's why it's so
8 important that we connect as many asylum-seekers to
9 health insurance. And thankfully there are programs
10 available through the state and through the center
11 for Medicaid and Medicare services that allow for
12 limited coverage for people coming to this country
13 seeking asylum, and that offers them the chance to
14 actually go seek ambulatory care. We have issues in
15 our routinely healthcare system that you rightly
16 highlighted, and you know, the folks who are going to
17 seek care are subject to those same stressors and
18 challenges. I know that our partners at H+H and all
19 of our federally-qualified health centers are doing
20 the best they can to ensure that everyone who needs
21 care is getting, makes an appointment is getting an
22 appointment and so forth.

23 SENIOR VICE PRESIDENT LONG: And if I can
24 add on to that. The setting in which you receive
25 care is also very important. so, not only do we have

1
2 a concerted effort, as we talked about in the last
3 portion of the hearing, to enroll people in health
4 insurance as Doctor Vasan was saying, but the
5 specific needs of the population, the people that
6 we're seeing are asylum-seekers, you know-- for
7 example, the majority of them speak Spanish, does
8 make it important that we see them for mental
9 healthcare in a setting that is comfortable for them
10 and where people speak their language. So I gave the
11 example with Council Member Rivera, but one of the
12 things that we've done forward-thinking is to have
13 Roberto Clemente, which is one of our Health +
14 Hospitals clinics-- 100 percent of staff there are
15 bilingual and it is a mental health care facility--
16 to reserve slots for asylum-seekers that speak
17 Spanish. That way we're not just leveraging
18 capacity, which is for a high-demand service, but
19 we're leveraging capacity in a specific way that
20 meets a specific need of the population of the people
21 that we're seeing.

22 DEPUTY SPEAKER AYALA: Yeah, but I'm sure
23 you also recognize, and I appreciate that, the need
24 for resources within the community within, you know,
25 that one resides in. Often times we don't

1
2 prioritize, you know, things like our mental health,
3 right? We don't consider that as acute-- as, you
4 know, a heart ailment, right? You know, you want to
5 attend to that, you know, quickly, but if you have to
6 travel and now you have, you know, the complexity of
7 having to deal with children and take them to school,
8 and trying to figure out what your day looks like.
9 It's pretty likely that, you know, that most people
10 opt not to follow through with the appointment if
11 they have to travel, and you know, it's almost kind
12 of like voting, right? We're trying to make it as
13 easy as possible for people to participate, but if,
14 you know, if people have to travel, then the fear is
15 that they won't. And so I've always-- you know, I've
16 been advocating for that. I know Health + Hospitals
17 has been, you know, really great on those issues, and
18 I really appreciate it. I've actually, you know,
19 benefitted from those services, but quite frankly,
20 you know, even there, right, there are challenges
21 because it can take months to get an appointment, and
22 so that concerns me. I shared a story earlier about
23 two young men that I ran into at Bellevue, but that
24 same day there was a family, mom, dad, and I think
25 she was maybe seven-year-old daughter, and they

1
2 wanted to go to the Path Center, and so I was on my
3 way to the Path Center so I offered to drive them
4 there. And once the little girl realized that they
5 were going to Path and why they were going to Path,
6 because up 'til now they have been staying with
7 family and just couldn't, you know, do that anymore,
8 she started shaking and crying, and I was a little
9 confused at first, but she really-- she was
10 traumatized, right? She thought that they were going
11 to separate her from her parents, and it was, you
12 know, immediately evident that the trauma inflicted,
13 you know,-- she had arrived in January. We're
14 talking six, seven months later. It was still very
15 much a part of, you know, who she was, right, where
16 she was at this moment in time, and I think, you
17 know, children are resilient, but we cannot
18 understate, right, the need-- the importance, right,
19 to ensure that mental health services are readily
20 available to anyone that needs them, and you know, I
21 think if we catch a lot of these issues from the
22 onset, right, then we don't-- you know, they don't
23 escalate to something more serious later on. I have
24 one more question and then I'm going to pass it to my
25 colleagues, because I want to make sure that we have

1
2 time. Regarding the health insurance for the asylum-
3 seekers, can you tell me how many seekers have been
4 granted medical insurance through NYC Care?

5 COMMISSIONER VASAN: Well, importantly,--
6 I'll defer to Doctor Long on the numbers on NYC Care,
7 but importantly, many asylum-seekers who come to this
8 state are actually eligible for Medicaid under a
9 parolee Medicaid, what's called a parolee Medicaid
10 program. And so that's our first goal is to actually
11 connect them to real health insurance that will allow
12 them to connect to a range of providers in our city.
13 And to get a much broader swath of providers who can
14 provide them with mental healthcare, primary care,
15 reproductive healthcare, so on and so forth. So
16 that's our-- that's been our main goal is to really
17 connect as many as possible through the state system
18 and through the Medicaid system into this program
19 that is available to people seeking asylum. For
20 those that don't--

21 SENIOR VICE PRESIDENT LONG: [interposing]
22 Yeah, and the way the process works at HERRCs is
23 exactly as Doctor Vasan said, MetroPlus will evaluate
24 you if you're eligible for insurance. We are finding
25 that people that are asylum-seekers coming in are

1
2 generally eligible, so we'll enroll them in a
3 Medicaid-based insurance plan. For those that aren't
4 eligible-- so the uninsurable, which is what NYC Care
5 is for, which has traditionally been for undocumented
6 immigrants. We're seeing a modest number of them
7 that are not eligible for a Medicaid-based plan, so
8 we enroll them in NYC Care, but the bulk of the work
9 is as Doctor Vasani said, enrolling people in actual
10 insurance which is a great opportunity for their
11 health.

12 DEPUTY SPEAKER AYALA: Excellent.
13 Council Member Schulman?

14 COUNCIL MEMBER SCHULMAN: Thank you very
15 much. Okay, so my first question is, after an
16 initial medical-- it's multi-- it's a multi-part
17 question. After initial medical assessment, what
18 does the follow-up procedure look like? And if
19 somebody needs specialty referral care, we all know
20 that that's very difficult. So how does that work
21 for somebody who's an asylum-seeker?

22 COMMISSIONER VASANI: Thanks for the
23 question. As Doctor Long said I think in the
24 previous panel, at the point of entry at Port
25 Authority, the focus is really on immediate, urgent

1 health needs, and I think the story of the pregnant
2 woman was told. So that's really not a comprehensive
3 medical evaluation. It's really about urgency. Once
4 they have a disposition to either a Navigation Center
5 appointment or into one of the shelters or HERRCs,
6 there is site-based medical care and teams providing
7 evaluation, providing mostly appointments and
8 referrals. There is some site-based mental health
9 support, site-based immunization support provided
10 either through directly through the Department of
11 Health mobile teams, through federally-qualified
12 health centers, and that's for the 58 DHS shelters,
13 and then obviously the teams on site at the HERRCs
14 provide a range of services that Doctor Long I think
15 has already gone through. So the goal is to provide
16 as much as we need to in an urgent way on site, but
17 then actually get people plugged into the routine
18 healthcare system and the safety-net system in
19 particular so that they can go get their more
20 comprehensive needs met in an actual clinical
21 setting, in a real healthcare setting.

23 SENIOR VICE PRESIDENT LONG: And if I can
24 I just add on to that. The process we use is-- you
25 know, as again, we've identified any urgent issues,

1
2 your doorway to get anything else in healthcare is
3 through primary care. So our goal is to plug
4 everybody without exception into primary care, adults
5 into adult medicine, kids into pediatrics. Then
6 [inaudible] through our FQAC network in New York
7 City, through some of our hospitals have stepped up
8 and we've been able to coordinate that and make
9 appointments with them and of course through Health +
10 Hospitals. But that's where your home base is and
11 that's where you can get either mental health or any
12 other specialty care that you need. Right now our
13 wait times at New York City Health + Hospitals for
14 adults and kids are less than two weeks for a new
15 primary care appointment, but we've intentionally
16 built-out-- because one of the things we're seeing
17 with kids, is some of the kids in particular in some
18 ways more than adults, probably for the immunization
19 reasons, are coming in a bit sicker. So we're able
20 to get them into either same day or next day primary
21 care visits where you meet the doctor. It's going to
22 be the doctor-- your doctor for the rest of your
23 life.

24 COUNCIL MEMBER SCHULMAN: So, I-- so now,
25 I also have a question. The city is experiencing a

1
2 lack of children's medications over-the-counter, so
3 how is the City dealing with that?

4 COMMISSIONER VASAN: Thank you for the
5 question. You know, we particularly with the
6 "triple-demic" with rising rates of flu, RSV, and
7 COVID, we've seen demand for things like children's
8 Tylenol, children's ibuprofen, mostly fever-reducers
9 and pain relievers. We've seen spot shortages around
10 the City. We've been in very close touch with our
11 partners at the state and the FDA. I spoke to the
12 FDA Commissioner just a couple of weeks ago about
13 this very issue. What they are reporting to us is
14 not widespread shortages, but rather some supply
15 chain issues. So we believe these will be temporary,
16 but in the meantime we're exploring ways, for
17 instance, to look at our stockpiles, to look at
18 what's-- to look at substitutions, to look at
19 extension of expiration dates from the FDA. I mean,
20 we're looking through all angles to get through this
21 winter, but it's a very good question, and we
22 certainly don't want parents-- as a parent myself, we
23 don't want parents to feel like they just can't get
24 those basic needs met, basic medications that they
25 need.

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2 COUNCIL MEMBER SCHULMAN: Deputy Speaker,
3 I have a couple more questions, can I-- okay. So, I
4 want to take two different tracks. One is how are we
5 caring for the elderly and individual disabilities
6 that come in?

7 COMMISSIONER VASAN: I'll defer more
8 specific questions to the Office of the Aging and the
9 Mayor's Office for People with Disabilities, but a
10 lot of this is centered around--

11 COUNCIL MEMBER SCHULMAN: [interposing]
12 Well, medical care, let's do that. How are we--

13 COMMISSIONER VASAN: [interposing] Yeah, I
14 think-- again. So, yeah, thank you for the
15 clarification. This starts and ends with
16 comprehensive case assessment and connecting with a
17 case worker at the Navigation Center or at one of the
18 shelters or at the HERRC-- or at the HERRCs is the
19 way to get, you know, these comprehensive assessment
20 of what your needs actually are, or do you have
21 physical mobility challenges. All of our sites are
22 ADA complaint. Do you have intellectual
23 disabilities? Connecting into our mental health
24 resources, IDD resources, and through MOPD and
25 through otherwise. A lot of this comes through more

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2 sound and long-term assessment. Again, challenging to
3 do in an acute environment, but we're trying to meet
4 people's immediate needs as best as we can.

5 COUNCIL MEMBER SCHULMAN: So, and I've
6 heard anecdotally that there are people, LGBTQIA+,
7 that are coming in from some of these buses. Do we
8 have-- is there an ability if they need a sex clinic
9 or something else or they need other types of care?
10 How are we dealing with those individuals?

11 COMMISSIONER VASAN: Thank you for the
12 question, and obviously incredibly important issue,
13 and the intersection with trauma is also very real in
14 already marginalized communities. It's something we
15 take very seriously. In addition to our sexual
16 health and wellness clinics which are available for
17 anyone walk-in regardless of insurance status or
18 documentation status, we are making appointments
19 through our primary care networks for people to get
20 sexual health assessments, to get screened for ST--
21 sexually transmitted infections and so forth.

22 COUNCIL MEMBER SCHULMAN: Commissioner,
23 you're telling us about a lot of comprehensive
24 services that you have the asylum-seekers. My last
25 question is, do you have enough staff given the

1
2 influx that we're going to be getting over the next
3 like several days and weeks and months to accomplish
4 all this?

5 COMMISSIONER VASAN: I'm so proud of my
6 staff and I know that the Health + Hospitals team is
7 very proud of their team at really doing whatever it
8 takes to step up to this moment. You know, a lot of
9 your questions have the -- are about specialty care
10 or services that are somewhat challenging at times
11 even at the best of times, and now we're in a moment
12 of real existential crisis. So I don't want you to
13 walk away from here not understanding that this is
14 putting a real strain on our resources fiscally, from
15 a human side, from an operational side, obviously
16 staffing and workforce issues. Our staff is doing the
17 absolute very best that they can under really dire
18 and significant constraints.

19 COUNCIL MEMBER SCHULMAN: Thank you very
20 much.

21 DEPUTY SPEAKER AYALA: Thank you so much.
22 We've also been joined by Council Member Nurse. We
23 will now hear from Council Member-- from Chair Lee.

24 SERGEANT AT ARMS: Starting time.
25

1
2 CHAIRPERSON LEE: Hi. Thank you so much.
3 I'll try to be quick because I know you have an out-
4 time, but Doctor Long, thank you so much because I've
5 been listening since the beginning of the hearings,
6 and I know you mentioned already a few times that at
7 the actual sites there aren't really any mental
8 health treatments that are being done, but there's
9 basic assessment. And just out of curiosity, can you
10 go a little bit deeper into what that screening
11 process looks like? Because I would imagine it's not
12 going to be your typical, for example, PQ9 kind of
13 like nine question survey, and also I think the
14 challenges that depending on your culture and
15 language, people express mental health differently.
16 Sometimes it comes out through physical ailments and
17 other times it comes out different. So just if you
18 could go a little bit more into detail about that
19 screening process?

20 SENIOR VICE PRESIDENT LONG: Yeah, it's a
21 great question. So, and to your point, you know, the
22 PHQ9 is a nine question screen for depression. It
23 does take a little bit of time to go through. So,
24 the way that we've orchestrated things is we want all
25 staff at the HERRCs to have their eyes on everybody

1 so that anybody that is in crisis or is need could be
2 identified by any staff member. To me, you know,
3 that gives us-- if we have 100 staff members, 100
4 opportunities for somebody in crisis to be found.
5 That staff member will identify them. We will
6 escalate so that we can offer resources immediate
7 like NYC Well which Doctor Vasan can share more
8 about, but it's an incredible New York City-based
9 resource to give you immediate-- somebody immediately
10 to talk to. But ultimately we need to get you not a
11 setting where we could do everything that you just
12 described, a comprehensive assessment. So that's why
13 we have re-- so if somebody is identified, we have
14 reserved slots at Roberto Clemente across our system.
15 We again provide more than half of the in-patient
16 behavioral healthcare in New York City. so we have
17 tremendous behavioral health resource at Health +
18 Hospitals that we can make warm hand-offs to and we
19 do regularly, including that we've done-- we've had
20 to do some warm hand-offs for emergency-level care.
21 So people who have needed to go to CPEP [sic], things
22 like that, based on the crisis that we've been able
23 to identify for them, but it's keeping everybody
24 safe, and we're able to identify things as quickly as
25

1 possible with more eyes on the issues. To go a layer
2 deeper than that, we do-- we are doing additional
3 trainings for our staff as I mentioned earlier, but
4 this is really important to emphasize for the
5 specific needs of this population, which the HERRC
6 solely is there to serve, and that is the people who
7 have been tortured in Venezuela and other countries
8 coming to the U.S., people that survived torture have
9 signs and symptoms that are different than depression
10 and anxiety in among other New Yorkers. It is the
11 job of our teams to identify who could be
12 experiencing the signs and symptoms of torture. They
13 don't have to treat the person, but they have to
14 refer them into one of our New York City special
15 clinics, which we're so fortunate to have, our
16 Survivors of torture program at Bellevue, our
17 Libertas clinic at Elmhurst, and the best possible
18 way to train our staff to identify who those people
19 would be and to build that referral pathway is the
20 director, his name is Hauk [sp?], of the Bellevue
21 program. So he's training my staff. So I feel, I
22 guess, big picture-wise, I think you're bringing--
23 your point is totally right. We need to plug the
24 people into comprehensive care, but we need to have
25

1
2 as many eyes on people as possible, because the types
3 of--

4 SERGEANT AT ARMS: [interposing] Time
5 expired.

6 SENIOR VICE PRESIDENT LONG: mental
7 health issues that they're having may present
8 differently than what many are used to.

9 COUNCIL MEMBER LEE: Right. And sorry,
10 Deputy Speaker, if I could ask just a couple more
11 questions if that's okay.

12 DEPUTY SPEAKER AYALA: Yeah.

13 COUNCIL MEMBER LEE: Okay. So you were
14 talking about the parolee Medicaid, is that similar,
15 just out of curiosity, to like an emergency Medicaid
16 insurance?

17 COMMISSIONER VASAN: It's a-- yeah, it's
18 similar. This has a little bit more comprehensive
19 coverage for ambulatory care. So most of emergency
20 Medicaid is [inaudible] the hospitalizations, and you
21 get it on arriving at a hospital in acute need. But
22 this is actually covering primary care visits.

23 COUNCIL MEMBER LEE: And I'm glad to
24 hear that you guys are partnering with the FQHCs, and
25 separate conversation I guess I could have later with

1
2 you because I'm curious to hear about the database
3 and how you're connecting with that. But how many,
4 just out of curiosity, FQHCs are you partnering with?
5 And also are you looking into the mental health front
6 also partnering with the some of the Article 31's and
7 the outpatient clinics that are also there that could
8 offer help as well.

9 COMMISSIONER VASAN: The second part
10 first, yes, absolutely. We are talking to all of our
11 Article 31 providers about how they can best take on
12 the needs of asylum-seekers. As you know, delivering
13 culturally competent care through our Article 31's is
14 an ongoing challenge. There are currently 40 FQHC's
15 with which we're networked, as well as 26 ambulatory
16 Health + Hospitals sites. So it is a-- when we talk
17 about access, 66 sites is not small across the city.
18 It may not be enough, but it certainly-- we've really
19 tried to go broad in all five boroughs.

20 COUNCIL MEMBER LOUIS: And just really
21 quickly and then I'll yield my time after this for
22 others. What-- you had mentioned that the wait time
23 for, I guess, regular medical services is about two
24 weeks, but you know how long it is for someone that
25 needs mental health services?

1
2 COMMISSIONER VASAN: I'll let Doctor Long
3 speak to the H+H experience. I'll say that-- I'll
4 just go back to my previous response. We haven't
5 magically solved wait times in the system. In fact,
6 this has stressed the system further as you might
7 expect. So with our FQHC partners and with other
8 community-based mental health providers, this is just
9 adding to the need, and so which is why the need for
10 resources to support this kind of care from other
11 levels of government are just so, so necessary.

12 SENIOR VICE PRESIDENT LONG: Yeah, two
13 things. One, you actually alluded to the first part
14 of this in your first question. The PHQ9, so we--
15 the way that we determine how fast somebody needs to
16 be seen for a mental health standpoint is we see them
17 in primary care, and then if you have a high enough
18 score on the PHQ9 you have same day-- same day
19 appointment 100 percent of the time in our system at
20 the same site. So like in my clinic at Morrisania in
21 the Bronx every Friday, for any patient of mine that
22 has a high enough score on the PHQ9, that can be
23 life-threatening. So we see them the same-- they'll
24 see my social worker on site the same day, and then
25 we sort of go from there, but we do triage you based

1
2 on acuity and severity of what you are experiencing
3 and going through. The other point I wanted to make
4 which is what Doctor Vasani was saying as well, is I
5 keep harping on, for example, our survivors of
6 torture program in New York City. I just think it is
7 so amazing in New York City that we can offer this to
8 people, especially asylum-seekers that have been
9 tortured and are coming to America to recover and to
10 find a better life. It's incredible we have these
11 clinics, these resources. They are-- they're going
12 to be overwhelmed. There's going to be too many
13 people come. It is critical that we have federal
14 support to maintain and expand what we've been very,
15 very successful in uniquely doing for the specific
16 needs of the people that are our newest New Yorkers.
17 But the federal support right now for everything
18 we've talked about is critical.

19 COUNCIL MEMBER LEE: I agree, and I would
20 almost-- I would also say that for clinics and others
21 it's an incentive because of the reimbursement that
22 Medicaid-- I mean, I hate to say it like that, but
23 you know, it does provide high reimbursements more so
24 than other insurance companies, and maybe that could
25 incentivize more folks to get on board and help with

1
2 this issue and offer their staffing as well. But I
3 totally appreciate and understand that the cultural
4 competency as well as the workforce issue on the
5 mental health side is a huge issue, and so I want to
6 just thank you and appreciate you all for doing what
7 you're doing. Thank you.

8 SENIOR VICE PRESIDENT LONG: Thank you.

9 DEPUTY SPEAKER AYALA: Unfortunately, we
10 lost Commissioner Vasan. He had a prior commitment,
11 so he had to leave us but we are joined by Executive
12 Director of Healthcare Rishi Sood and we will-- we
13 have to administer the oath.

14 COMMITTEE COUNSEL: Please raise your
15 right hand. Do you affirm to tell the truth, the
16 whole truth and nothing but the truth in your
17 testimony before this committee and to respond
18 honestly to Council Member questions?

19 EXECUTIVE DIRECTOR SOOD: Yes.

20 COMMITTEE COUNSEL: Thank you.

21 DEPUTY SPEAKER AYALA: Thank you.
22 Council Member Hanif?

23 COUNCIL MEMBER HANIF: Thank you. I'm
24 deeply saddened by the asylum-seeker who died by
25 suicide in a DHS shelter in September, and I've

1
2 learned of at least one incident and a possible
3 second of suicide completion. And I also heard that
4 over 70 migrants arriving at Port Authority were in
5 terrible shape and had to be taken directly to
6 emergency rooms. Can you share what steps various
7 agencies have taken to strengthen proactive mental
8 health resources or other forms of therapy like arts
9 programming or supportive community events to prevent
10 future tragedies and provide necessary resources to
11 people who have endured multiple traumas? And would
12 like just some specifics. If everyone coming in is
13 receiving a mental health evaluation, and there are
14 non-appointment-based counselors as part of our
15 city's response-- and I know that the Mayor also
16 warned potentially needing to cut or curtail programs
17 New Yorkers rely on. Is Health + Hospitals, DOHMH on
18 the cutting board here? And if so, by how much?

19 EXECUTIVE DIRECTOR SOOD: Let me-- thank
20 you so much, Council Member, for that question,
21 really important question on a topic that we care
22 deeply about, and we were saddened by that death as
23 well, and I think it really underscores the
24 importance of psychological first aid first and
25 foremost in terms of what we collectively as a city

1
2 are doing in the services that we as the Health
3 Department are providing on-site at the Navigation
4 Center. So, psychological first aid is being
5 provided to clients and the staff that are working at
6 the Navigation Center through DOHMH on-site teams,
7 and those staff are providing crisis counseling.
8 They're providing psychoeducational literature and
9 providing referrals to connect individuals with more
10 extensive needed medical and mental health services,
11 as well as the Commissioner spoke about earlier,
12 connections to primary care. Because as Doctor Long
13 noted as well, primary care is really where we want
14 everyone to go so that they can be referred to
15 specialists, including behavioral health and mental
16 health specialists. So we have seen a lot of trauma
17 in this population and that's to be expected given
18 the journeys. We're also referring individuals to
19 NYC Well. So to answer your question about who's
20 being provided this, every person who comes through
21 the navigation center is being offered these, this
22 mental health support, and it's a very, very much-
23 needed service.

24 COUNCIL MEMBER HANIF: And is more money
25 being allocated to meet the need?

1
2 EXECUTIVE DIRECTOR SOOD: So, I don't
3 have specifics about the budget and would refer to
4 OMB and City Hall colleagues on that but we at the
5 Health Department are able to meet the need of all
6 the appointments currently on-site.

7 SENIOR VICE PRESIDENT LONG: And I if
8 could add on to that. So, all of my staff at the
9 HERRCs are trained in psychological first aid, which
10 as Rishi said, it's a critical, critical intervention
11 here for us to be able to address and determine who
12 needs to have mental health issues addressed. Right
13 now, we are building warm hand-offs and pathways to
14 places like my two Survivors of Torture programs at
15 Bellevue and at Elmhurst, but again, as more people
16 come into New York City that have experienced
17 torture, they're going to need this very specialized
18 tailored type of healthcare, and that's where it's
19 going to be critical the federal government can
20 support us in being able to expand programs that are
21 specifically going to benefit people that are here
22 seeking asylum.

23 COUNCIL MEMBER HANIF: Would you say that
24 we would benefit from expanding the program that
25 you're describing? Right now it's in two hospitals,

1
2 having an additional hospital center, it would be
3 ideal.

4 SENIOR VICE PRESIDENT LONG: I might be
5 happy expanding within the programs themselves, too.
6 The leadership in those programs are nothing short of
7 absolutely extraordinary.

8 COUNCIL MEMBER HANIF: Thank you.

9 DEPUTY SPEAKER AYALA: thank you, Council
10 Member. We will now hear from Council Member Ariola.

11 COUNCIL MEMBER ARIOLA: My question is
12 more for Commissioner Vasan, so I guess you're it.
13 So, in the previous session I asked about childhood
14 vaccinations that were supposed to be given to
15 children prior to entering school. And we're on the
16 asylum call every week, and that's not the case.
17 Often times they're going to school without
18 vaccinations or partially vaccinations, which I
19 stated before, I completely understand. So, my first
20 question is why are they being permitted to go to
21 school without childhood vaccinations when any New
22 Yorkers with children that are going into schools
23 would never be allowed to do that.

24 EXECUTIVE DIRECTOR SOOD: Thank you so
25 much, Council Member, for the question on this really

1
2 important topic. DOHMH is working with Health +
3 Hospitals and FQHCs to ensure that all the
4 vaccination needs are met of all asylum-seekers, but
5 particularly children and school-aged children for
6 the reasons that you stated. We're doing this through
7 sending on-site teams to DHS sites where there's low
8 vaccination coverage rates, as well as working
9 directly with the FQHCs in some cases that are
10 already providing medical services on site to provide
11 clinical and public health guidance to those
12 organizations. The Health Department has not changed
13 our guidance on when children should be excluded from
14 school if they're not immunized, which just
15 underscores how important it is to get immunizations
16 to children as quickly as possible, of course also
17 prevent vaccine-preventable disease. So children who
18 have started, their vaccination series are allowed to
19 stay in school, but that guidance has not changed.

20 COUNCIL MEMBER ARIOLA: so, they are
21 still allowed to go to school without any
22 vaccinations at all, or just with the beginnings
23 vaccinations?

24 EXECUTIVE DIRECTOR SOOD: So you might--

25

1
2 COUNCIL MEMBER ARIOLA: [interposing]
3 Just for clarity.

4 EXECUTIVE DIRECTOR SOOD: Yeah, thank
5 you. Happy to clarify that. So, the requirement is
6 that children five and older complete all vaccines
7 required for school within 30 days of enrollment. So
8 there may be some period of time within 30 days where
9 they're still sort of waiting for that appointment,
10 but that had not changed in terms of that 30-day
11 threshold.

12 COUNCIL MEMBER ARIOLA: Okay. We also
13 talked about on the asylum, asylum-seekers meeting
14 about mobile units and you just referred-- you made
15 reference to it. How many units are there that are
16 going out into the outer boroughs to the different
17 locations where family shelters are that have family
18 migrants-- migrant families living there and that
19 would need the vaccinations?

20 EXECUTIVE DIRECTOR SOOD: So, certainly
21 happy to follow up with more specifics, but I want to
22 just give you an idea of-- the model that we're using
23 is basically to work directly with DHS and the
24 shelters to understand where the need is at any given
25 time, and when we do that, we sent on-site teams. So

1
2 it's not a set number of teams. That may change day
3 by day or week by week, but we are prioritizing the
4 shelters where there's lowest vaccination coverage
5 and working directly with DHS as well other on-site
6 medical providers such as FQHCs.

7 COUNCIL MEMBER ARIOLA: so, then let me
8 rephrase my question. How many teams do you send out
9 on any given day?

10 EXECUTIVE DIRECTOR SOOD: I'll-- we can
11 get back to you with the numbers on that, certainly.

12 COUNCIL MEMBER ARIOLA: Okay. And it was
13 clarified with Council Member Lee's question about
14 the short-term, whether it was short-term eligible
15 for parolee Medicaid, so thank you for that.

16 EXECUTIVE DIRECTOR SOOD: Yeah--

17 COUNCIL MEMBER ARIOLA: [interposing]
18 But earlier there was in a session, in the early
19 session, there was-- I'll just finish my question.
20 There was testimony given that the adult asylum-
21 seekers were being prepared and vaccinated so that
22 they could get status to go to work. Will they be
23 required to receive the COVID vaccine to become
24 eligible to enter the workforce here?

1
2 EXECUTIVE DIRECTOR SOOD: So, I-- we'll
3 have to get back to you on that. Yeah.

4 COUNCIL MEMBER ARIOLA: Thank you. No
5 more questions. Thank you for the time.

6 DEPUTY SPEAKER AYALA: Thank you, Council
7 Member Ariola. We will now hear from Council Member
8 Narcisse, and I want to acknowledge that we've been
9 joined in person by Council Member Brewer, and online
10 by Council Member Feliz.

11 SERGEANT AT ARMS: Starting time.

12 COUNCIL MEMBER NARCISSE: Hello. Hi.
13 Thank you for the opportunity again. Where-- for
14 Doctor Long. Where do you get the staff? Do you get
15 them from existing H+H facilities or newly hired?

16 SENIOR VICE PRESIDENT LONG: Thank you
17 for the question. So, it's a combination of both.
18 So the staff that we have both medical and the on-
19 the-ground or frontline staff are all managed by
20 current H+H staff. so for example, all of the
21 medical services that we've talked about toady,
22 Doctor Jonathan Jimenez [sp?] who's on my team is the
23 Medical Director of those services and is on site
24 frequently making sure that all is the same as would
25 be at any H+H site. The staff themselves like some--

1
2 like, the nurses and the front line staff that we're
3 bringing on to meet this unprecedented need are staff
4 that we're bringing on new now, predominantly through
5 vendors.

6 COUNCIL MEMBER NARCISSE: Thank you. We
7 know some things worked and others did not. What
8 have we learned from all this? Because we need to
9 provide the care, but what have we learned? And
10 those that work that existed right now, how can we
11 actually keep them and improve on those that work?
12 If you have two things that you say that work in all
13 this, what we have learned, what it would be?

14 SENIOR VICE PRESIDENT LONG: So, I'll
15 start and then Rishi can add on. I'll give a coup--
16 two things that worked I'll say and then I'll say one
17 thing that we've, you know, evolved over time too.
18 So, one, the first thing that comes to my mind about
19 what has worked, which I do think to your point is
20 important that we take into account for everything we
21 do moving forward is the desire and ability to enroll
22 children in school quickly upon their family entering
23 into New York City. We initially knew that families
24 would want to enroll their children, but what we
25 learned is that there was an incredibly strong

1
2 desire. There's a line all the way down the hallway
3 at the Row when we started to enrollment. So we've,
4 you know, quadrupled the DOE staff. I'll let them
5 share more about that, but it's a big, you know,
6 lesson learned for me about the opportunity there,
7 because again, what's more important than a child
8 being able to go to school. The other thing which is
9 the hard lesson for me personally as a doctor is I
10 did not expect this proportion of children to come in
11 that are absolutely unvaccinated. It still just
12 astounds me that MMR vaccine, you know, Varicella,
13 they just-- they haven't gotten anything. And you
14 know when they're coming in here we have the
15 opportunity to really do better by them. It's why at
16 the Row today I've dedicated one vaccine team per
17 floor. So I know you're not here Council Member
18 Narcisse, but like, if this room is the floor, we'd
19 have one team around the clock dedicated just to that
20 floor. When they're not vaccinated, they're knocking
21 on doors to find people to vaccinate. That's what
22 you go to do to really catch up with what should have
23 never happened in the first place, but that's why New
24 York City we're always going to do a better job.
25 Something that's sort of I think we've learned as

1
2 we've gone about is the type of services we need at
3 Port Authority. So, again, you as a nurse will know
4 that initially at Port Authority we didn't know if
5 we'd need, you know, medications there, how long
6 people would be there for types of services we would
7 need there. What we've learned is that we need to be
8 there for urgent issues like the pregnant lady that
9 gave birth later day, like people that have been off
10 of their medications and been at risk for seizures,
11 things like that, but we don't need to have
12 medications on site there. We don't need to have
13 vaccines on site there because people are going
14 through quickly, and it's more appropriate to have a
15 more comprehensive opportunity to address all needs
16 from medications to vaccines once they're
17 comfortable, comfortably settled like in a HERRCs for
18 example. So that's an example of how we've tailored
19 something moving forward.

20 COUNCIL MEMBER NARCISSE: Thank you. And
21 the vaccines, talking about vaccines. Do the parents
22 or anyone-- because I know it's not only taboo in
23 some cultures, but we know many cultures around the
24 world have resistance to vaccine. Do we meet any of
25 that, parents that don't want to take vaccines and

1
2 the kids that not-- the parents don't want them to
3 take the vaccines or they don't want to take vaccine
4 themselves?

5 SENIOR VICE PRESIDENT LONG: You know--

6 COUNCIL MEMBER NARCISSE: [interposing]

7 [inaudible]

8 SENIOR VICE PRESIDENT LONG: You and I
9 both had our eyes wide open thinking what would
10 happen there. I will tell you, there's been a lot
11 less resistant to any vaccine among adults than I'd
12 initially worried about. So we're not having much
13 trouble doing vaccines for adults. At the same time
14 we are seeing much higher vaccination rates among
15 adults than we are, you know, among kids. And with
16 kids too, it's not a hesitation of the parents, per
17 say, it's just they hadn't had the opportunity where
18 they came from.

19 COUNCIL MEMBER NARCISSE: Thank you so
20 much. And the children, do we have them--

21 SERGEANT AT ARMS: [interposing] Time
22 expired.

23 COUNCIL MEMBER NARCISSE: [inaudible]
24 they're getting a space to-- for themselves to play
25 and during a holiday they're going to school. I'm

1
2 concerned are they getting gifts, they getting--
3 feeling like the children, like we're making--
4 mentally, psychologically for the parents, the
5 children, do we have a safe space where they can play
6 having toys?

7 SENIOR VICE PRESIDENT LONG: Yeah, this
8 gets to what Deputy Speaker Ayala was referring to
9 earlier about the specific needs of the people coming
10 in that are staying at our HERRCs. So we've had a
11 very concerted effort, though we could use more gifts
12 if you have them, to make sure this holiday season--

13 COUNCIL MEMBER NARCISSE: [interposing] I
14 do. I'll bring you some.

15 SENIOR VICE PRESIDENT LONG: Email me
16 after this. We'd love to take you up on that. But
17 that is very important that people start to feel what
18 it's like to be a New Yorker here this holiday
19 season. We celebrate the holidays in New York like
20 nobody else does, so you know, we really do want to
21 make sure people have gifts, have spaces where they
22 can, you know, be with their families and celebrate
23 the holidays with us tighter here. So not only n
24 school to your point, but you know, at the HERRCs
25 themselves. It's a, I would say, a concerted effort

1
2 to use this as an opportunity to have families and
3 children acclimate to what it means to be a New
4 Yorker, because many of them are going to be our
5 newest neighbors moving forward. And--

6 COUNCIL MEMBER NARCISSE: [interposing]
7 Alright. So my time is expired. I thank you, Doctor
8 Long, and you let me know where to get the toys and
9 we can drop it off, and--

10 SENIOR VICE PRESIDENT LONG: [interposing]
11 You know I will.

12 COUNCIL MEMBER NARCISSE: we can have--

13 DEPUTY SPEAKER AYALA: [interposing] You
14 want to add something.

15 EXECUTIVE DIRECTOR SOOD: And Council
16 Member, thank you for the question. I'm just going
17 to add a little bit onto what Doctor Long said about
18 the HERRCs and give some of those examples. From our
19 standpoint at the Health Department, this has also
20 highlighted the importance of connections between H+H
21 and FQHCs and using our entire safety-net healthcare
22 system to provide services in a timely manner. And
23 so some of those examples that Doctor Long noted
24 about the vaccination rates and the access to
25 vaccines for children, in particular, really

1
2 highlight the importance of collaborating with and
3 supporting FQHCs.

4 DEPUTY SPEAKER AYALA: Council Member
5 Brewer?

6 COUNCIL MEMBER BREWER: Thank you very
7 much, and I want to thank Doctor Long in particular
8 because I know you are doing as good a job as you
9 possibly can at Row NYC and elsewhere having seen it
10 with you. The problem-- there's so many issues, but--
11 - and I've been listening. I was at the exonerated
12 GATE all morning, so that's why I'm not here, but
13 I've been trying to listen. My question is on the
14 mental health which you're both trying to figure out.
15 So there's two issues. First of all, just generally
16 it seems to me talking to the mental health nonprofit
17 providers, if they're not given more funding for
18 their staff, they're going to continue to have 40, 50
19 percent turnover and no staff. Now, that's not just
20 for your current asylum-seekers, but is anybody doing
21 anything to support? I'm very friendly with the
22 people who run the Latino Social Work. Those social
23 workers are to a large extent whom you're looking
24 for, but they're not going to join you, nor will
25 other mental health professionals if they're not paid

1
2 more. They end up going to the hospitals in many
3 cases which doesn't help you. So what are we doing
4 just generally about the-- figuring out how to
5 support this community? I know it's across the
6 board. I've been around a long time. I know exactly
7 what's going on. But mental health staffing, what
8 are we going to do to pay them more, if anything, or
9 not?

10 EXECUTIVE DIRECTOR SOOD: Thank you,
11 Council Member, for that question. What I would
12 agree certainly that--

13 COUNCIL MEMBER BREWER: [interposing] I
14 know, but what are we doing about it?

15 EXECUTIVE DIRECTOR SOOD: What I would
16 suggest, Council Member, is that we would be happy at
17 the Health Department to meet with those
18 organizations, many of them that we're already I'm
19 sure in touch with and meeting with, but if you were
20 to provide us with specifics about that, we would be
21 happy to have conversations so we can figure out how
22 to help, even if it's advocating to the state and
23 others about changing some of those policies.

24 COUNCIL MEMBER BREWER: That's okay
25 answer, Doctor. It's not a great answer. I'll be

1
2 honest with you. Because you really as an
3 Administration have to figure that out. It's the
4 backbone of where your challenges are. Okay, I mean,
5 the state's not going to do-- anyway, okay. Number
6 two, obviously we have a situation which my
7 colleague, Council Member Hanif, was asking about
8 with the second suicide. I guess one of the
9 questions is was that announced or was it just in the
10 press announced? Was that something that the Mayor
11 announced, or was it just in the press? Did the
12 Mayor announce it as he did the first suicide?
13 That's serious, as we know. A real tragedy.

14 EXECUTIVE DIRECTOR SOOD: Just based--
15 Council Member, thank you for that question. Based
16 on privacy, I can't speak to more specifics of that
17 case, but I don't know if Doctor Long has anything to
18 add.

19 COUNCIL MEMBER BREWER: Well, it's all
20 over the press right now. So you don't have to give
21 me many specifics. It's all in the press.

22 SENIOR VICE PRESIDENT LONG: You know, I
23 have yet to read what's in the press myself then.

24 COUNCIL MEMBER BREWER: Okay. But I
25 guess my question is, generally, mental health is

1
2 only one of your challenges, but it's the hardest
3 one. So, you break your leg, you need food, you need
4 school-- I think the school is doing as much as they
5 possibly can, but without the funding for mental
6 health providers how in the world are you going to
7 solve these issues? Somebody answer that question,
8 please?

9 SENIOR VICE PRESIDENT LONG: I'll start
10 on that one.

11 COUNCIL MEMBER BREWER: please.

12 SENIOR VICE PRESIDENT LONG: We need to
13 have funding for them. So, I mean, part of-- the
14 reason that we've constructed the HERRCs as we have
15 in terms of how we address mental health-- I know
16 we've talked about this before, but remember when we
17 were at the Row, every staff member you saw has had
18 psychological first aid training.

19 COUNCIL MEMBER BREWER: okay.

20 SENIOR VICE PRESIDENT LONG: That means
21 every staff member has a set of eyes to see who needs
22 mental health the most.

23 COUNCIL MEMBER BREWER: Okay.

24 SENIOR VICE PRESIDENT LONG: And those
25 that need it the most, we build up--

1
2 COUNCIL MEMBER BREWER: [interposing] And
3 you mentioned that earlier when you were talking?

4 SENIOR VICE PRESIDENT LONG: Right.

5 COUNCIL MEMBER BREWER: Okay, but when
6 they need it the most, then what happens?

7 SENIOR VICE PRESIDENT LONG: So, right
8 now, when they need it the most, we can arrange for
9 expedited care. You know, in my clinic in the Bronx,
10 as you know, I can get same day mental healthcare for
11 anybody that needs it the most, and that's reliable,
12 and I'll stand behind that. That said, if we get a
13 thousand more asylum-seekers every week, the systems
14 that we have in place now could get overwhelmed, and
15 that's where, you know, federal support to fund
16 things like mental health or to fund things, you
17 know, like my Survivors of Torture programs will be
18 especially critical because that is what specifically
19 happened to people coming from Venezuela and other
20 countries. They've been tortured. We can help here,
21 but we need federal support to continue to do things
22 like that as part of our overall response--

23 COUNCIL MEMBER BREWER: [interposing]
24 Okay, but you--
25

1
2 SENIOR VICE PRESIDENT LONG: which has
3 been successful so far, but--

4 COUNCIL MEMBER BREWER: you-- I don't
5 know the circumstances of the man, the father who
6 died. I know he's got a wife and a child, but the
7 issue is obviously something got lapsed there. I
8 assume you look at it to see what kind of mental
9 health support was not there, but I worry that that
10 can happen to others. So you know, you need to have
11 more money in your-- I'll give you the list, Doctor,
12 of every single many of the nonprofits. Well, you
13 know them all. You're from Fountain House. You know
14 them. They need money in order to be the next step
15 that doctor Long and you are talking about. This is
16 really serious, and I think that we should stop
17 messing around asking the state, the fed. They're
18 going to play games with us, and we need to come up
19 with the funding. I'll leave it at that. I am really
20 concerned about the lack of money for mental health
21 support. Thank you.

22 EXECUTIVE DIRECTOR SOOD: Thank you.

23 DEPUTY SPEAKER AYALA: Agreed. Just want
24 to ask if there are any other Council Members that
25 have questions. Please rise your hands now? No?

1 Okay. Seeing none, then we will dismiss this panel.

2 I want to say thank you for your time and for being
3 so patient and answering all of the questions.

4 EXECUTIVE DIRECTOR SOOD: Thank you.

5 DEPUTY SPEAKER AYALA: Pleasure seeing
6 you.

7 SENIOR VICE PRESIDENT LONG: Thank you.

8 DEPUTY SPEAKER AYALA: Okay. The next
9 panel is the panel on Department of Social Services
10 and the Department of Youth and Community
11 Development. We will take a very short recess to
12 allow their representatives to come.

13 COUNCIL MEMBER BREWER: And where are all
14 the Council Members? I'm sorry I wasn't here, but I
15 had a good excuse. I know I was watching, but they
16 weren't all here. I really was--

17 [break]

18 DEPUTY SPEAKER AYALA: Good afternoon.
19 We're going to resume [gave] this portion of the
20 hearing. It's so nice to see you, Commissioner, and
21 your team. Hi. Hope everybody's doing well. I'm
22 going to pass it over to the General Counsel to
23 administer the oath.
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25

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2 COMMITTEE COUNSEL: And for this panel we
3 have Commissioner Gary Jenkins of the Department of
4 Social Services, Joslyn Carter, Administrator of DHS,
5 Susan Haskell, Deputy Commissioner of the Department
6 of Youth and Community Development, and Tracey
7 Thorne, Director of Department of Youth and Community
8 Development. Would you all please raise your right
9 hand? Do you affirm to tell the truth, the whole
10 truth, and nothing but the truth before this
11 committee and to respond honestly to Council Member
12 questions?

13 UNIDENTIFIED: Yes.

14 UNIDENTIFIED: Yes.

15 COMMITTEE COUNSEL: Thank you. You may
16 begin when ready.

17 COMMISSIONER JENKINS: Good afternoon. I
18 want to thank the City Council, speaker Adams, and
19 deputy Speaker Ayala for organizing today' hearing.
20 My name is Gary P. Jenkins and I am the Commissioner
21 of the New York City Department of Social Services,
22 which is made up of the Human Resources
23 Administration and the Department of Homeless
24 Services. I am joined today by DHS Administrator
25 Joslyn Carter. We are here to update the Council on

1 the ongoing work that DSS/DHS are doing to support
2 the asylum-seekers arriving in New York City
3 alongside our colleagues from the Department of Youth
4 and Community Development, Deputy Commissioner Susan
5 Haskell and Director Tracey Thorne. As a city of
6 immigrants, our city, and under the Adams'
7 Administration, we've welcomed thousands of asylum-
8 seekers looking for a better life for themselves and
9 their families. Many of them arriving from the
10 southern border do not have family connections in the
11 United States, meaning that the DHS shelter system
12 has become their refuge after their difficult
13 journey. As of today, DSS/DHS is providing shelter
14 and services to thousands of recently-arrived asylum-
15 seekers, and we are proud of the tremendous work of
16 our dedicated providers and DHS staff as they
17 continue to step up despite unprecedented challenges.
18 While the sheer number of asylum-seekers have placed
19 enormous stress on our system, we continue to honor
20 the City's mandate to serve and support anyone in
21 need of shelter regardless of background or
22 immigration status. Given this opportunity to update
23 the Council, it is important to provide context on
24 DSS/DHS and homelessness in New York City. the
25

1 mission of DHS is to prevent homelessness, address
2 unsheltered homelessness, provide safe temporary
3 shelter and connect New Yorkers experiencing
4 homelessness to stable, suitable housing. Our staff
5 and providers also help individuals and families
6 access a variety of wrap-around services to support
7 and promote independence and stability. We carry
8 this out with care and compassion for each client and
9 their circumstances, and these core values extend to
10 the vulnerable families and individuals seeking
11 asylum in our city. Over the past few months, our
12 teams have been working at an extraordinary pace to
13 respond to this humanitarian emergency strategically
14 and comprehensively. DSS/DHS staff and our provider
15 partners deserve recognition for the tremendous work
16 they have accomplished as we have worked to intake,
17 assess, and place thousands of newly arrived families
18 and individuals in shelters that meet their needs.
19 As of yesterday, December 18th, there were more than
20 25,400 asylum-seekers who have presented themselves
21 to our shelter intake system which has been a driver
22 of the approximately 43 percent increase in the DHS
23 census since April. During the previous peak, we
24 saw hundreds of asylum-seekers applying for shelter
25

1
2 at our shelter intake centers daily, and while the
3 number of asylum-seekers arriving in recent weeks
4 have slowed, we've still seen steady increases.
5 Today, we have 16,225 asylum-seekers in our shelter
6 system that deserve our care and our compassion. We
7 continue to use every tool at our disposal to ensure
8 that all our clients receive the highest standard of
9 services while they are in our care. Since we last
10 testified before the Council on this Administration's
11 efforts to support asylum-seekers arriving in our
12 city and in need of shelters, DSS/DHS has worked to
13 further streamline and enhance interagency efforts to
14 support this vulnerable population. Many of these
15 updates have been and continue to be shared on our
16 biweekly briefings with elected officials and their
17 staff, and we look forward to continuing these
18 discussions. Some of these efforts include
19 significantly increasing the presence of on-site
20 bilingual interpretation services at our intake
21 centers and other site serving asylum-seekers. As
22 part of a strongly coordinated interagency effort, we
23 work very closely with our agency partners, including
24 the Mayor's Office of Immigrant Affairs, the
25 Department of Education, and the Department of Health

1
2 and Mental Hygiene to ensure that we are addressing
3 the unique needs of this population. As part of the
4 City's Project Open Arms initiative in partnership
5 with DOE and MOIA, we are working to ensure that
6 asylum-seeking families and their children in shelter
7 have access to critical academic, social emotional in
8 language-based supports needed to be successful in
9 New York City public schools. The DOE led efforts,
10 helped connect families with the resources they need
11 to prepare for the school year. DSS/DHS works
12 closely with our partner agencies, including MOIA,
13 and community-based providers to connect clients to
14 dedicated immigration supports and referrals.
15 DSS/DHS is also working with DOHMH to ensure that
16 staff at shelter facilities serving asylum-seekers
17 have a resource list of federally qualified health
18 centers, which serve anyone in need of medical health
19 services regardless of immigration status. DSS/DHS
20 is also working closely with NYC Health + Hospitals
21 to connect families that do not qualify for Medicaid
22 to NYC Care. H+H health coverage for families and
23 individuals who may not otherwise be eligible for
24 health insurance. DOHMH and providers of family
25 support services contracted with ACS while working

1 directly with Sanctuary sites to assess behavioral
2 health needs and make referrals to the appropriate
3 services. Shelter sites ensure that asylum-seekers
4 have transportation as-needed to locations for their
5 appointments. Additionally, shelter staff regularly
6 meet with asylum-seekers to discuss additional
7 behavioral support that they may need. We've
8 connected asylum-seekers with IDNYC. We've offered
9 appointments at the Navigation Center as well as
10 other locations at capacity, as capacity allows, and
11 has special weekend hours that select sites
12 specifically for the asylum-seekers. IDNYC and DHS
13 are working together to identify and hold pop-ups at
14 sanctuary sites for single adults and families.
15 Moreover, IDNYC has expanded its list of acceptable
16 documents to include documents asylum-seekers could
17 have received from Border Patrol when entering the
18 United States. Community collaboration is vital to
19 our efforts to welcome asylum-seekers. The City and
20 the provider partners we work with are committed to
21 ongoing open engagement and working with all
22 community stakeholder to ensure our sites are
23 integrated into the community and our clients receive
24 a warm welcome. The families and individuals seeking
25

1
2 asylum are coming to us after a harrowing journey,
3 and we are committed to making sure that we are
4 providing access to services and supports that
5 prioritize health and wellbeing. While challenges
6 have arisen, our shelter system is withstanding the
7 many stressors placed upon it, as we have served
8 thousands of individuals and families in need. Our
9 work goes on as we continue to support the needs of
10 this vulnerable population. We are leaving no stone
11 unturned to support the unprecedented number of
12 asylum-seekers within our system. The November
13 Financial Plan included 577.3 million dollars for
14 DSS/DHS shelter services and 22.7 million dollars in
15 DHS/HRA for additional assistance including
16 interpretation costs, welcome centers, and legal
17 services for the asylum-seekers. Before I close my
18 testimony today, I want to echo something that Mayor
19 Adams and I have stressed. Housing-vulnerable New
20 Yorkers requires a citywide effort. We are all in
21 this together, and we need your help to find the
22 necessary capacity to house our neighbors. We
23 appreciate the support that we've received from the
24 Council and New Yorkers as we've creatively expanded
25 our shelter capacity across the five boroughs. In

1
2 closing, the DSS/DHS shelter system continues to meet
3 the needs of this moment, even as the unprecedented
4 surge has stretched our resources. DSS/DHS is the
5 safety-net of the safety-net, and we are proud of the
6 work that our staff and providers have done to
7 stabilize and safety shelter the thousands of
8 individuals seeking a new home. We thank you for
9 this opportunity to testify today, and we welcome any
10 questions you may have. Thank you.

11 DEPUTY SPEAKER AYALA: Thank you and
12 before we move on to DYCD, I want to acknowledge
13 Council Member Stevens who I neglected to--

14 COUNCIL MEMBER STEVENS: [interposing]
15 Forgot about.

16 DEPUTY SPEAKER AYALA: an opening
17 statement. My apologies in public. Everybody knows.
18 Please, I'm very sorry.

19 COUNCIL MEMBER STEVENS: It's okay.
20 You've been doing a great job and you've had a lot of
21 listening, so I will give you a pass this one time.
22 Thank you. Good afternoon. I'm Council Member Althea
23 Stevens, Chair of New York City Council Committee on
24 Youth Services. Thank you for joining this panel
25 today for oversight hearing on examining the City's

1 response [inaudible] services to migrant youth. I
2 look forward to today's conversation with the
3 Department of Youth and Community Development and
4 Department of Social Services on how we can
5 collaborate to stabilize homelessness youth migrants
6 from the shelter support system. DYCD's contract
7 with hospitals and runaway youth serves providers to
8 supply shelters and teach life skills for 16 to 24-
9 year-olds entering emerging adulthood. In the face
10 of the migrant crisis, runaway homeless youth
11 providers have expressed concerns that they're
12 warning capacities and potentials for turning away
13 more young people and a long-term plan to increase
14 beds and coordinate language separation. Legal
15 supports and transportation benefits is not put in
16 place. It is vital that we extend the resources and
17 services available to those in the adult shelter
18 system ad HERRCs to our homeless and runaway youth
19 providers who are doing essential work to care for
20 young migrants. My goals today are to accurately
21 gauge the size and scope of this crisis, our homeless
22 runaway youth facilities, do-- and do my part to
23 facilitate coordination of services across agencies
24 on the ground. It is imperative that we provide
25

1
2 guidance and support to our young people to give them
3 the tools they need to provide [inaudible] light. I
4 would like to thank staff for their hard work in
5 preparing for this hearing policy analyst, Elizabeth
6 Ack [sp?], Committee Counsel Christina Yowman [sp?],
7 and as always, my Chief of Staff Kate Connolly [sp?],
8 and the A Team [sic] back in [inaudible]. Now, I'd
9 like to turn it over to Committee Counsel to give
10 more procedural items.

11 DEPUTY SPEAKER AYALA: DYCD?

12 DEPUTY COMMISSIONER HASKELL: Thank you.
13 Good afternoon Speaker Adams and members of the
14 Committee of the Whole. I'm Susan Haskell, Deputy
15 Commissioner for Youth Services at the Department of
16 Youth and Community Development. I'm joined by
17 Tracey Thorne, Director of Operations for Runaway and
18 Homeless Youth Services. On behalf of Commissioner
19 Keith Howard, thanks for the opportunity to discuss
20 DYCD and our funded programs, in particularly our
21 runaway and homeless youth services programs which
22 are supporting--

23 COMMITTEE COUNSEL: [interposing] Sorry,
24 let's pause for a second. It seems that the audio has
25 stopped.

1 DEPUTY COMMISSIONER HASKELL: Hello?

2 DEPUTY SPEAKER AYALA: One second.

3 COMMITTEE COUNSEL: Okay, let's try the
4 testimony from the beginning, please.

5 DEPUTY COMMISSIONER HASKELL: Good
6 afternoon Speaker Adams and members of the Committee
7 of the Whole. I'm Susan Haskell, Deputy Commissioner
8 for Youth Services at the Department of Youth and
9 Community Development. I'm joined by Tracey Thorne,
10 Director of Operations for Runaway and Homeless Youth
11 Services. On behalf of Commissioner Keith Howard,
12 thank you for the opportunity to discuss how DYCD and
13 our funded programs, in particular our runaway and
14 homeless youth services programs are supporting
15 asylum-seekers from the southern border. This fall,
16 DYCD staff joined our colleagues to welcome migrants
17 at Port Authority to better understand and meet their
18 needs. Commissioner Howard visited sites most
19 impacted to discuss their experience. We learned
20 from legal expertise on the ground supporting youth
21 and young adults seeking asylum, and we continue to
22 assess the impact on program capacity. DYCD
23 facilitates monthly convenings with RHY providers of
24 crisis services and transitional independent living
25

1 support programs, as well as street outreach and
2 drop-in centers. To-date the impact on RHY providers
3 has been concentrated in Manhattan. However, RHY
4 residential programs and drop-in centers across the
5 City are also serving asylum-seekers, though at a
6 smaller scale. RHY providers have demonstrated
7 incredible flexibility and compassion for the unique
8 needs of arriving young people, including working to
9 navigate the legal requirements to apply for asylum.
10 DYCD is working in partnership with other city
11 agencies including MOIA, DSS, DHS, ACS, and DOE to
12 ensure that youth who need support are able to access
13 service. For example, DYCD partnered with DHS to
14 ensure access for our providers to make appointments
15 for youth at the City's asylum-seeker resources
16 Navigation Center which offers eligible migrants
17 access to health and mental healthcare, school
18 enrollment, immigration legal services, and IDNYC
19 enrollment. Beginning prior to the pandemic and the
20 migrant situation this year, our team remains in
21 regular communication with the Mayor's Office of
22 Immigrant Affairs to ensure that youth and young
23 adults in runaway and homeless youth programs are
24 provided the most recent information about legal
25

1
2 services and other resources. If there are language
3 barrier between staff and youth who are seeking
4 asylum, DYCD's language line services can be accessed
5 by contacting Community Connect at 1-800-246-4646.

6 DYCD is exploring additional tools for providers to
7 help meet their translation needs. DYCD remains
8 committed to identifying new opportunities to help
9 meet this need. Last week we heard suggestions from
10 the Coalition for Homeless Youth and the Youth Action
11 Board, including for example, ideas for training and
12 professional development. We will continue to
13 communicate new resources as they become available.
14 Thank you once again. We're pleased to answer your
15 questions.

16 DEPUTY SPEAKER AYALA: Thank you.

17 Commissioner Jenkins, in your testimony you
18 referenced that as of today we have 16,225 asylum-
19 seekers in our shelter system, but in previous
20 testimony and in conversations with the
21 Administration, those numbers were upwards of over
22 20-30,000 at some point. Has the census decreased?
23 Because that's a pretty significant decrease, and if
24 so, what is that attributed to?

1
2 COMMISSIONER JENKINS: Thank you for your
3 question, Deputy Speaker. Just to be clear, what I
4 testified the number of is 16,225. Those are
5 individuals that's within the DHS system that came
6 through our intake. Is not inclusive of folks that
7 went through HERRCs.

8 DEPUTY SPEAKER AYALA: Okay, but it seems
9 like that number was larger a few months ago.

10 COMMISSIONER JENKINS: No. I mean, I
11 wish it was. This number is the correct number of
12 the 16,225. It wasn't larger before.

13 DEPUTY SPEAKER AYALA: Okay. So, if
14 you're-- if 16,000 asylum-seekers are in the DHS
15 system and we are at 31,000 asylum-seekers to-date,
16 then are you saying that the remaining--

17 COMMISSIONER JENKINS: [interposing] Let
18 me just clarify, Deputy Speaker, if I may. So, what
19 came through our system since April of this year is
20 25,900-- 25,493. Who are still within our system is
21 the 16,225.

22 DEPUTY SPEAKER AYALA: Okay, now I'm
23 sure-- I mean, I don't know where I got this, but
24 it's very clear in my head, that number seems lower
25 than what I'm thinking for some reason.

1
2 COMMISSIONER JENKINS: I think the number
3 that's in your head, and you're correct--

4 DEPUTY SPEAKER AYALA: [interposing] Yeah,
5 I don't know--

6 COMMISSIONER JENKINS: [interposing] I
7 think it's inclusive total, total persons that's
8 identified as asylum-seekers. Those numbers may also
9 be in HERRCs. So, if you add all the numbers up,
10 that's where you got over 30,000.

11 DEPUTY SPEAKER AYALA: So we've been
12 hearing from some of the providers that some of the
13 asylum-seekers placed in the shelter system have been
14 moving out. Is that something that you're aware of?
15 Do you-- and if so, do we know what the numbers are
16 and why people are leaving the shelter system?

17 COMMISSIONER JENKINS: so it's about
18 client choice, right? The resident choice. If they
19 decide to leave because they want to reunite with a
20 family member or friend within New York City or
21 outside New York City and they leave and don't tell
22 us, we don't track where they go. We do know when
23 they exit, so we know those numbers, but we don't
24 know the whereabouts where they go, because again,

1
2 they may decide to go live with family and friends
3 within the City or outside.

4 DEPUTY SPEAKER AYALA: So do we know what
5 the number of families and singles that were
6 categorized as-- the asylum-seekers is that left the
7 system?

8 COMMISSIONER JENKINS: We can-- we can
9 get back to you with that number.

10 DEPUTY SPEAKER AYALA: Okay, and--

11 COMMISSIONER JENKINS: [interposing] It's
12 around 9,000 but we can back to you with the exact.

13 DEPUTY SPEAKER AYALA: It's around 9,000
14 okay.

15 COMMISSIONER JENKINS: Yes.

16 DEPUTY SPEAKER AYALA: Okay, see, so then
17 that 16 number was higher.

18 COMMISSIONER JENKINS: I give it to you.

19 DEPUTY SPEAKER AYALA: Okay, now do we
20 al-- I have a question regarding the HERRCs and I
21 know the HERRCs are not run by DHS, but do we know
22 what the number of individuals that have left the DHS
23 system and transitioned into the HERRC system are?

24 COMMISSIONER JENKINS: So that, we don't
25 know. Again, it's client choice. If-- we don't

1
2 discharge anyone to the HERRCs. If individuals or
3 families decide that they would like to go to another
4 setting, then they leave. They exit the shelter
5 system.

6 DEPUTY SPEAKER AYALA: But there were
7 shelter that were already opened where families were
8 given an option to transition over to another site,
9 because that facility was going to be converted to a
10 HERRC. Do we know how many families opted to stay?

11 COMMISSIONER JENKINS: So that was one
12 location, Deputy Speaker, that was at the Stewart,
13 and DHS, we recognized that we no longer needed that
14 location as an assessment site. H+H decided they
15 could utilize that, so we gave our residents, our
16 clients, the choice to either go-- come and stay with
17 us within the DHS system or stay with the HERRC, and
18 a large percentage of those individuals decided to
19 stay within HERRC.

20 ADMINISTRATOR CARTER: So, specifically,
21 Commissioner and Deputy Speaker, there were 43
22 families there and 42 opted to stay in the Stewart.

23 DEPUTY SPEAKER AYALA: Alright. So for
24 the asylum-seekers that are housed in the DHS system,
25 how many DHS-- how is DHS ensuring that they have

1
2 access to additional resources that may be needed
3 such as legal services, behavioral health services,
4 medical services, and translation services, and are
5 any of these resources located within the HERRCs?

6 COMMISSIONER JENKINS: So again, you
7 know, the HERRCs is-- it's under H+H.

8 DEPUTY SPEAKER AYALA: Yeah, separate.

9 COMMISSIONER JENKINS: But when an
10 individual enters our system, they go through our
11 intake. We assess what services they need, and then
12 we go through that process of making appropriate
13 languages. As mentioned in my testimony-- I don't
14 know if I mentioned in my testimony, but we opened up
15 60 emergency sites, and we rapidly opened up those
16 sites to address the emergency situation that's
17 occurring here in New York City. Each site is
18 connected to a provider, and as we bring those
19 providers on and we give them the opportunity to
20 staff up, that's when the deep assessment occurs.

21 DEPUTY SPEAKER AYALA: How many of the 60
22 sites are run by DHS as opposed to nonprofits?

23 ADMINISTRATOR CARTER: We'll get that
24 information for you, Deputy Speaker, but to add to
25 what the Commissioner was saying, we do know that

1
2 we're covering sites with overtime staff right now
3 and so we are working with our sister agencies to
4 provide services, specifically DOHMH, ACS, DOE to
5 provide those services and to make those referrals to
6 those who have need. Our contracted providers do
7 make referrals to community-based organizations. As
8 we bring on-- as they get staff on, then they come
9 and make those assessments, and then the referrals.
10 I'll get the number of sites that we're currently
11 covering by ourselves, but it's-- as they come on, we
12 have 60 now we're covering with the overtime staff.

13 COMMISSIONER JENKINS: And I just want to
14 be clear Deputy Speaker, all 60 are under the
15 jurisdiction of the Department of Homeless Services.

16 DEPUTY SPEAKER AYALA: No, understood,
17 but I think this is from a contracting lens. There's
18 a difference, right? Because it seems to me, and
19 I've shared this with you before that the DHS run
20 facilities have more access to more resources in lieu
21 of like, you know, baby formula, pampers, food,
22 right? And some of the nonprofit organizations are
23 sharing that they've had difficulty being able to
24 meet all of those needs, because contracts are not
25 being paid out on time, because-- you know, for a

1
2 variety of reasons. And so, you know, it's important
3 for me to kind of-- just to gauge, right? How many
4 are being run by DHS as opposed to how many being run
5 by-- it gives me some perspective as to, you know,--

6 COMMISSIONER JENKINS: [interposing] Okay,
7 as the Administrator Carter said, we'll get back to
8 you.

9 DEPUTY SPEAKER AYALA: I really, really
10 appreciate that. Can you tell us what the length of
11 stay for an asylum-seeker at a DHS shelter site is
12 and I mean, have we been able to move anybody out of
13 the shelter system, asylum-seekers elsewhere, or
14 place them with families?

15 COMMISSIONER JENKINS: So, again, if
16 asylum-seeker decides to exit our system and go stay
17 with family or friends, you know, we don't track
18 those exits. We just know they left our system, and
19 year it's been since April. So we haven't seen a
20 large number of individuals exiting as far as for the
21 asylum-seeker population, but we do-- you know, when
22 they come in, each individuals regardless of your
23 status, we work with them.

24 DEPUTY SPEAKER AYALA: Okay. Can you
25 walk me through what a typical-- what the typical

1
2 staffing ratio is at a regular shelter and what does
3 that staffing look like? You have-- you have case--
4 one case worker, two case workers, housing
5 specialist. Is that a separate position? What does
6 that generally look like?

7 ADMINISTRATOR CARTER: Sure, I can answer
8 that, Deputy Speaker, and thanks for that question.
9 At our non-emergency sites we have a complement of
10 staff that includes Shelter Director, Director of
11 Social Services, Case Managers are one to 25, Housing
12 Specialists, Operations Staff. That includes those
13 who do the physical cleaning of the building. We have
14 what we call Residential Aides. There is security
15 staff. That's a part of the budget. And so those
16 are who we have at a regular shelter, not an
17 emergency site. As they're coming on-- and we
18 actually have-- as we're bringing on emergency sites,
19 we have the same-- we have case management that does
20 social services. We don't have what we're calling
21 Housing Specialists in emergency shelters. Case
22 managers are doing the whole assessment of what the
23 families and individuals' needs are.

24 DEPUTY SPEAKER AYALA: Okay. And you
25 said the case ratio is one to 25 case manager?

1
2 ADMINISTRATOR CARTER: Yes, and what I
3 didn't add is that in the families with children
4 site, we also have social workers. That's part of the
5 budget, what you call clinical care coordinators.

6 DEPUTY SPEAKER AYALA: Are those social
7 workers trained in mental health?

8 ADMINISTRATOR CARTER: yes, they are.
9 They all do by psycho/social assessments of the
10 families and see what their needs are and then make
11 referrals to the community-based organizations.

12 DEPUTY SPEAKER AYALA: Okay. Sorry, so
13 many papers. So when Title-- you know, obviously,
14 you know, we're all concerned that Title 42 is
15 expiring on Wednesday and that we're going to start
16 to see an influx of asylum-seekers. We're seeing it
17 now, right? We saw I think today we had four buses.
18 Yesterday we had two?

19 COMMISSIONER JENKINS: Yes.

20 DEPUTY SPEAKER AYALA: So what is the
21 plan? Does the City have an estimate of how many
22 people, you know, we should be expecting daily, and
23 like how prepared are we for this influx of new
24 asylum-seekers?

1
2 COMMISSIONER JENKINS: so, Deputy
3 Speaker, as you know, we're a right to shelter city.
4 So when folks present themselves to us, we have to
5 provide housing to us-- to them when they come to us.
6 It'd be really helpful if the southern states would
7 let us know and really coordinate so we can be
8 prepared, but that's not happening. We know between
9 20-- less than around 24 hours how many individuals
10 are expected to arrive in New York City. we don't
11 know how many will come into our shelter system, but
12 what I know as the Commissioner for the Department of
13 Social Services, those who present themselves, we
14 must provide temporary housing for them.

15 DEPUTY SPEAKER AYALA: Ho ware you
16 getting the information, the 24-48 hours prior to the
17 bus arriving? Who's sharing that?

18 COMMISSIONER JENKINS: The Port Authority
19 is sharing that.

20 DEPUTY SPEAKER AYALA: The Port
21 Authority.

22 COMMISSIONER JENKINS: the Port Authority
23 is sharing that information.

24 DEPUTY SPEAKER AYALA: Okay. Has the
25 city begun to explore-- and I'm sure-- I mean, I'm

1
2 sure you have, but have you begun to explore
3 additional facilities where new asylum-seekers could
4 be housed, and if so could you please detail why or
5 why not.

6 COMMISSIONER JENKINS: Absolutely. You
7 know, we're working with-- I know NYCEM testified
8 earlier today, and we're scouting to see where else
9 we can house asylum-seekers that's coming into New
10 York City. My team, including myself, we are looking
11 across the City and I want to thank the Council
12 Members. When we say we have to open up an emergency
13 site in your district, I want to say thank you for
14 that, because I know that, you know, it's needed, and
15 we must do it. It's not something that we want to
16 do. It's something that we must do. So as we go
17 through and really assess and making sure that we
18 have appropriate capacity, that's what we're doing on
19 day and day/night. And I just want to also give a
20 shout out to my incredible staff and the providers
21 because Deputy Speaker, this is a 24-hour operation.
22 There's no down time and we are constantly working
23 throughout the day and throughout the night.

24 DEPUTY SPEAKER AYALA: I agree, and I hope
25 that DHS is doing something nice for them for the

1
2 holidays, because they've been working around the
3 clock.

4 COMMISSIONER JENKINS: If the Council
5 wants to--

6 DEPUTY SPEAKER AYALA: [interposing]
7 Overtime.

8 COMMISSIONER JENKINS: If the Council
9 wants to host a type of recognition, more than
10 welcome that.

11 DEPUTY SPEAKER AYALA: I wanted to be on
12 the record that I have their back.

13 COMMISSIONER JENKINS: Yes.

14 DEPUTY SPEAKER AYALA: I know how hard
15 they've been working and many of them have been
16 working, you know, two and three shifts, because you
17 know, they're just-- we have a, you know, workforce
18 issue as well in a very difficult time, and I
19 appreciate, you know, your honesty. I don't think
20 that I've ever picked up the phone and called, and
21 I've hear something, and you know, you've always been
22 very upfront about the situation being what it is,
23 and you know, I agree. I think, you know, as we
24 start to see an increase, we're going to have to--
25 you know, everybody's going to have to pitch in.

1
2 This-- we've said this before the all hands on deck
3 situation, and all Council Members should be
4 identifying locations within their district that, you
5 know, that we should-- you know, that we can make--
6 we can recommend to the Administration. I know I
7 recommended one just yesterday, and you know,
8 hopefully that'll lead to something, you know,
9 positive. But at the end of the day, nobody wants to
10 live in a shelter, right? It's a difficult process.
11 You know, we're fighting to house families because,
12 you know, it's the moral, you know, and legal right
13 of the City to do that, but quite frankly, this is
14 not home, you know? Being-- living in a hotel is not
15 home. Having to eat, you know, food that is pre-
16 packaged and, you know, heated in a microwave is not
17 home. And so we have-- you know, we have to do
18 better, and that means that while we're trying to
19 figure out where we're placing new families as
20 they're coming into our city, that we're also
21 strategically working on the back end to try to
22 figure out how we alleviate some of the stress on the
23 shelter system so that we're getting these families
24 out at a faster rate. You know, we need to do
25 better, and I know that, you know, again, the

1 intentions are great coming from the Agency, but
2 quite frankly you have been failed by, you know, a
3 multitude of agencies and partners in government that
4 should be having your back that do not have your
5 back. You know, right now we-- the City Council
6 worked really hard to up the amount of funding for
7 vouchers to make them equitable with the Section 8
8 system, and yet, we can't-- we're still not able to
9 get families into housing with those vouchers,
10 because there's still, you know, a high rate of
11 income discrimination cases that are happening, and
12 then the office that we set up to ensure they had
13 oversight over that is not adequately staffed.
14 They're not doing their due diligence, and so you
15 know, it's-- if we really want to be, you know,
16 helpful here, we have to look at the entirety of the
17 situation and figure out where our weaknesses are so
18 that we can then add the resources necessary to help
19 you be able to do your job more efficiently. It
20 isn't fair, and I'm saying that here today because
21 I'm really upset about it. I, you know,-- it just
22 doesn't-- you know, it's like the oxymoron of
23 government. We cannot not fund, you know, HomeBase
24 programs. We can't be selective about who gets a
25

1
2 one-shot deal for rental arrears when we know that the
3 cost for living in a shelter is way higher. Give
4 them the money. Like, just pay the arrears, right?
5 We have right to counsel. We fought hard for right
6 to counsel, and we still cannot meet that legal
7 mandate because we don't have lawyers. We don't--
8 they're seriously underpaid, and court cases are
9 still being processed. So these are all systems that
10 are failing you as an agency and not allowing you to
11 do the job that you intended to do by housing, you
12 know, families. We have-- and I'm just sharing
13 ideas. You can feel free to take them.

14 COMMISSIONER JENKINS: I'm writing notes.

15 DEPUTY SPEAKER AYALA: Yeah, no, take the
16 notes, but we have, you know, right now in the budget
17 modification the proposal. We saw a slight cut to
18 our unit at NYCHA for instance that is equipped
19 specifically to outfit, retrofit vacant units and
20 make them habitable. Like, we shouldn't be cutting
21 that. We should actually be looking for ways to
22 incentivize the workforce to expedite that now. Like,
23 we have units. We have over 30-- I think it as
24 38,000 units that were identified as rent stabilized
25 units that were registered, you know, as being

1
2 vacant. You know, we should be working with the
3 state trying to identify who are these landlords
4 right? What incentive can we offer to make them
5 willing, you know, partners in government? And we
6 need to fight to make sure that these landlords get
7 paid, because the reason that they don't want to
8 accept these vouchers is not because there's
9 something wrong with the voucher. There's something
10 wrong with the system that helps ensure that payment
11 is made in a timely basis, and these landlords cannot
12 sustain that. So, you know, I'm going to send
13 something. I'll put something up, you know, on
14 Twitter world, and hopefully, you know, some of these
15 ideas will stick, but they're common sense ideas and
16 these are things that we can do today we don't need
17 any new money for. We don't need any new money. We
18 don't need any new policies. We don't need any new
19 laws. These laws are already enacted. Like, we've
20 done our due diligence at the Council, right? Now,
21 the agencies have to do their part.

22 COMMISSIONER JENKINS: If I may, Deputy
23 Speaker?

24 DEPUTY SPEAKER AYALA: Yes.

25

1
2 COMMISSIONER JENKINS: thank you for
3 that. I appreciate all the comments and ideas that
4 you just shared, but I also want to publicly say
5 thank you, Deputy Speaker, because you do pick the
6 phone up and you do say, hey, I have a location. And
7 not just one. You mentioned one. You gave me
8 several locations within your district. I don't get
9 that many phone calls from various members. So I
10 really appreciate what you do because you talk the
11 talk and you walk the walk, and I think that's
12 because we have something similar. Because as you
13 know my history, I lived in a shelter and I lived in
14 a hotel and I know what it's like. My family, my mom
15 and my seven siblings, we lived in a hotel for over a
16 year, and it wasn't a fun opportunity. That was--

17 DEPUTY SPEAKER AYALA: [interposing]
18 Right.

19 COMMISSIONER JENKINS: It was not great
20 feeling to be in that setting, but it was temporary,
21 and the City stepped up and we got on our feet. My
22 mom got stable and we moved into our own unit. But
23 again, you talk the talk because you do come to me,
24 to the agency, with recommendations not just
25

1 criticism or pointing a finger or waiting for a
2 soundbite. So I want to say thank you for that.

3
4 DEPUTY SPEAKER AYALA: [inaudible] that's
5 important.

6 COMMISSIONER JENKINS: Also, don't want
7 to get by with the criticism that you just said about
8 the agencies. We do work together. Like
9 Commissioner Palmer [sp?], we are in close contact.
10 We recognize that source of income discrimination is
11 important, as you know, from HRA. We transferred our
12 headcount over to the appropriate agency. I know she
13 is keenly focused at here and making sure that she's
14 paying attention to clients who state that they've
15 been discriminated against because they had a subsidy
16 voucher. Absolutely wrong, and we want to make sure
17 that we're still paying attention and moving forward,
18 and cracking down on those landlords to say it's
19 illegal to do that. Right to counsel, yes, and it is
20 a concern and an issue with lawyers, right? Because
21 you know, we're working with a-- and our providers
22 are wonderful but they're facing the same challenges
23 nationwide, and that's a shortage of labor force.

24 DEPUTY SPEAKER AYALA: Understood, but I
25 said this at last week's hearing and I keep repeating

1
2 it, and I hate that Gale Brewer was right, and I have
3 to repeat this every damn time, but-- I mean, no
4 surprise there, right? She's the queen of knowledge.
5 But you know, in the summer she was like fighting for
6 the fire-- like lifeguards, you know? We had a
7 lifeguard shortage and it became like this national,
8 you know, headline and immediately the state and the
9 city worked together to increase the pay rate and to
10 ease some of the restrictions, you know, and
11 qualifications so that we made sure that we were able
12 to open our public pools this summer, which is great,
13 I appreciate that. But that same level of, you know,
14 of initiative needs to be taken, right, in situations
15 like these as well. So we have a workforce problem
16 that somebody needs to be figuring out what that
17 workforce problem is and how do we address it today?
18 I don't-- you know, I'm tired of having these pilot
19 programs and these studies and, you know, we need to
20 figure out. No, we-- there's a problem. There is a
21 problem. This is affecting every city agency, and
22 that in turn affects New Yorkers at every level. And
23 so I want to say that, and I appreciate that you
24 know, you want to back up your colleagues in
25 government. It makes you-- you know, it's consistent

1
2 with who you are as an individual, so I really
3 appreciate it, but I can say that they need to
4 better. Because when I still have constituents that
5 are coming into my office every single day, and
6 they're telling me that they're being discriminated
7 against, and that they didn't even know that there
8 was a rule, that there was a law that prevents the
9 landlords from telling them that they won't accept
10 their vouchers, then we're not doing our due
11 diligence. We're not doing public awareness
12 campaigns. We're not educating the community, and we
13 know that works. I did a rezoning and-- I didn't do
14 the rezoning, but my predecessor approved a rezoning
15 in our community. We had the highest rates of
16 evictions and people that were being-- families were
17 being illegally pushed out. We put in tenant
18 support, you know, resources. We upped our, you
19 know, legal services strategy, and you know what?
20 The number of people that were being displaced
21 significantly decreased, not because landlords
22 stopped trying to get rid of them, but because they
23 understood their rights and they were able to fight
24 for themselves, and you know, knowledge is key,
25 right? We need to make sure that we are touching on

1
2 all of those steps. If you miss one step, you know,
3 it throws us back years, and I just-- you know, I'm
4 going to keep pushing that. You just sit there and
5 you let me do me, and I'll let you do you, but you
6 know, enough is enough. Like, you know, we-- there's
7 no reason why we have so many people in shelter and
8 now we have an unprecedented emergency like this, and
9 we have to put people in places that, again, do not
10 have the semblance of feeling like home. These are
11 children. These are human beings. These are
12 somebody's family members, daughters, fathers,
13 grandfathers, grandchildren. It could be any of us,
14 quite frankly, and I take offense to that. I take
15 that very, very seriously. But I appreciate your
16 staff. You know, I think that they have worked
17 really hard on the really difficult, you know,
18 situations. But I have a question before I turn it
19 over to my colleagues. So somebody proposed this to
20 me, and I wasn't sure if this is something that you
21 guys have looked into, but Governor's Island, and I
22 know Governor's Island is very-- you know, it's
23 pretty desolate. But there were some buildings there
24 that-- I think they were part of the military base at
25 some point that have been sitting vacant for a

1
2 really, really long time. Is that something that the
3 Administration has explored?

4 COMMISSIONER JENKINS: This is why I
5 respect and love you so much, Deputy Speaker. I just
6 said it. It's what you're doing. You're bringing
7 us ideas. You're bringing us sites. So, yes, I'm
8 going to work with-- I'm going to speak with
9 Commissioner Iscol to see if this is viable. This is
10 something that we should explore.

11 DEPUTY SPEAKER AYALA: Yeah. I don't know
12 that-- you know, it would probably require, you know,
13 working with the Federal Government on something.

14 COMMISSIONER JENKINS: Yep.

15 DEPUTY SPEAKER AYALA: But you know, so
16 you got some sort of even [sic]-- again, it's a very
17 desolate space, so we would have to kind of create
18 community and support there to ensure that families,
19 right, are not abandoned on an island.

20 COMMISSIONER JENKINS: Right.

21 DEPUTY SPEAKER AYALA: But just, you
22 know, thinking outside of the boxes, we-- you know,
23 we try to ensure that we have some place to house
24 folks, you know, moving forward. And again, I
25 encourage my colleagues to also look at identifying,

1
2 you know, possible locations, and I know, you know,
3 that many of us are also, you know, stretched, and
4 under-resourced, and we are doing more than our fair
5 share. But I think that this is one of those times
6 that we don't have the luxury and the privilege of
7 saying "not in my backyard." So, with that, I will
8 turn it over to Council Member Stevens. Oh, sorry,
9 Council Member Stevens, give me a second.

10 SERGEANT AT ARMS: Time starts now.

11 COUNCIL MEMBER STEVENS: I'm here.

12 DEPUTY SPEAKER AYALA: I just want to
13 recognize that we've been joined by Council Member
14 Gennaro. Okay, Council Member Stevens.

15 COUNCIL MEMBER STEVENS: Thank you.

16 Hello Commissioner and Deputy Commissioner. I have a
17 few questions, specifically for DYCD. So, hello
18 Susan. How you doing? It is a critical-- it's
19 critical to actually gauge the scope and severity of
20 the migrant crisis across RHY facilities. Currently,
21 how many migrant youth are housed in DYCD, RHY,
22 across the City? What patterns or trends have you
23 noticed about the number of youth entering RHY
24 facilities in recent months? And approximately how
25 many young people have been denied shelter each month

1
2 for the past three months. And does DYCD have a
3 long-term plan for a number of unaccompanied migrant
4 youth entering RHY shelters as they continue to
5 increase [sic]?

6 DEPUTY COMMISSIONER HASKELL: Thank you,
7 Chair Stevens. Thank you for that question. The
8 information that we have about the impact at this
9 time comes from our most recent survey about a week
10 ago. Providers were reporting about 56 [sic]
11 migrants from the southern border in RHY beds at this
12 time, roughly seven percent of our capacity. The
13 majority of those young people are in our Manhattan-
14 based programs, and with respect to trends, that's a
15 light increase from our report from the previous
16 months and again, a slight increase from our reports
17 from our September surveys. Your second question was
18 about-- can you remind me the second part of that
19 question?

20 COUNCIL MEMBER STEVENS: It was a number
21 of questions. So, I think you answered about the
22 capacity. Approximately, how many young have been
23 denied shelter each month for the past three months?

24 DEPUTY COMMISSIONER HASKELL: Okay,
25 great. As you know, we take monthly reports from

1
2 providers. We ask that they let us know. We give a
3 public report to the Council every six months, and in
4 the last period and in the last few months we've seen
5 a handful of young people have to be turned away
6 unable to get a bed in a runaway and homeless youth
7 site. Now, that doesn't mean that every provider was
8 able to meet every young person's need, but maybe
9 they were able to make a referral to another RHY
10 program. But if they aren't able to find a bed
11 within our youth continuum of services, then they
12 report that information to us, and it was about five,
13 five young people in that-- and I mean, to some
14 degree that's-- yeah.

15 COUNCIL MEMBER STEVENS: No, I'm just--
16 because like when we were talking to some of the
17 providers, we were definitely hearing a much higher
18 number. So, like the number that you're giving and
19 the number that we've been hearing are not matching.
20 So we definitely should talk a little bit further
21 about that--

22 DEPUTY COMMISSIONER HASKELL:
23 [interposing] Okay, Chair, I want to add to that a
24 little bit. Like when we have more capacity in the--
25 most of our beds are of young people ages 16 to 20,

1
2 and we have more capacity there, and we definitely
3 have bed availability we have vacancy in the 16 to 20
4 category.

5 COUNCIL MEMBER STEVENS: Do we? Because
6 that's not what I'm hearing on the ground.

7 SERGEANT AT ARMS: Time expired.

8 DEPUTY COMMISSIONER HASKELL: I-- yeah,
9 I'd love to know. You know, if you know a young
10 person 16 to 20 who's looking for a bed, reach out to
11 me, reach out to our staff. We really-- the data
12 supports we really have beds available for that age
13 group. I think we often are hearing that asylum-
14 seekers are coming, let's say, to a drop-in center
15 and they're older even than our older youth beds, the
16 21 to 24 year olds in which case we'll make a
17 referral to DHS and acknowledging we have many fewer
18 beds in that 21 to 24 category. So, I do think
19 there--

20 COUNCIL MEMBER STEVENS: [interposing]
21 yeah, that hasn't been my experience at all around
22 the older youth. I have a couple of other questions.
23 I'm sorry, Deputy, but I do have--

24 DEPUTY SPEAKER AYALA: [interposing] Go
25 ahead.

1
2 COUNCIL MEMBER STEVENS: a number of
3 questions, and I know you didn't ask any questions of
4 DYCD so I want to be able to--

5 DEPUTY SPEAKER AYALA: [interposing] Go
6 ahead.

7 COUNCIL MEMBER STEVENS: [inaudible]
8 couple more of my questions in. Due to September
9 21st, in junction in Garcia Ramirez [sp?] versus ICE,
10 [sic] unaccompanied children who turned 18 and out of
11 office of Refugee Custody should generally not be
12 transferred to ICE's detention. Providers claimed
13 that this decision has led to an increase of
14 unaccompanied youth being transferred into custody of
15 DYCD RHY providers. Has the Agency seen an increase
16 in young people being transferred from federal
17 custody?

18 DEPUTY COMMISSIONER HASKELL: Alright,
19 we'll have to dig into that a little bit more with
20 our providers, but those numbers would be captured in
21 the survey report I just gave to you about roughly 56
22 in residence now. I don't think that we've gotten
23 any referrals from OR, but we can dig into that a
24 little further with our providers and get back to
25 you.

1
2 COUNCIL MEMBER STEVENS: Yeah, we
3 definitely have to dig in, because like I said, our
4 numbers-- what I'm hearing and what the numbers you
5 have aren't matching, so we'll definitely talk a
6 little bit offline after that, after this. How often
7 is DYCD communicating with providers about the
8 multiple needs of migrant youth in their shelter?
9 How is the Agency supporting CBOs at this time?

10 DEPUTY COMMISSIONER HASKELL: We're
11 trying to do that in a few ways. Through site
12 visits-- I think our Commissioner is at a site visit
13 right now trying to better understand, you know, the
14 impact on providers. We have a monthly convening.
15 Tracey, my colleague, convenes a monthly convening
16 with all our RHY providers, and this has been a big
17 topic on the agenda, you know, since the summer. On
18 top of that, we're doing-- roughly one to two times a
19 month we're doing these outreach surveys to kind of
20 assess if the impact on and demand on our drop-in
21 centers and our residences have changed. And outside
22 of that, we have a staff of program managers and
23 deputies and they're doing site visits in contact
24 with our providers. So we're trying to maintain
25

1
2 regular communication on this issue and other issues
3 impacting young people.

4 COUNCIL MEMBER STEVENS: Okay. In
5 addition to beds, RHY providers have testified to the
6 City Council about the urgency and shortages of
7 qualified lawyers to provide legal support for
8 migrant youth. Is DYCD coordinating with MOIA to
9 share available legal resources with RH youth
10 providers?

11 DEPUTY COMMISSIONER HASKELL: Yes, we
12 are. We--

13 COUNCIL MEMBER STEVENS: [interposing]
14 RHY.

15 DEPUTY COMMISSIONER HASKELL: Yes, we
16 are. We do that. We've been doing that, you know,
17 pre this increase in migrant situation from the
18 summer. We're always in touch with MOIA to make sure
19 we have the most recent resources and that our
20 providers have access to that information.

21 COUNCIL MEMBER STEVENS: And can you
22 share a little bit about what that looks like?
23 Because the providers are saying they're not getting
24 the support. So, what support are you giving them to
25 connect them?

1
2 DEPUTY COMMISSIONER HASKELL: I mean, I
3 definitely want to acknowledge that we've heard from
4 providers that it's been a challenge to meet the
5 demand for legal immigrant services, and at the same
6 time, it's referring to the MOIA resources. Access--
7 Action NYC and providers can also refer to the
8 Navigation Center where they can get access to legal
9 services.

10 COUNCIL MEMBER STEVENS: Yeah. Yeah, we
11 know it's hard. Like in all fields, you know, it's
12 exhausted as far as like, you know, staffing and
13 access, so we understand. So RH providers have also
14 expressed the need for bilingual staff and readily
15 available translation services. Has DHY [sic]
16 explored granting programs [inaudible] access to
17 audible translation services through Language Line,
18 and if so, why not?

19 DEPUTY COMMISSIONER HASKELL: We do offer
20 access to Language Line through Community Connect.
21 It's a DYCD hotline for communities, providers, young
22 people to find out where our resources are: 1-800-
23 246-4646. A provider could get access to Language
24 Line services through that hotline, and we're
25 exploring additional tools.

1
2 COUNCIL MEMBER STEVENS: Okay. And how
3 are you getting that information out to providers?
4 Because from what we're hearing, they're not-- they
5 don't know of this service. So how are you getting
6 that information out because they-- this is why we're
7 asking this question.

8 DEPUTY COMMISSIONER HASKELL: Okay, good
9 point.

10 COUNCIL MEMBER STEVENS: Quite a few
11 don't know about it.

12 DEPUTY COMMISSIONER HASKELL: I think
13 Community Connect is marketed like broadly across
14 DYCD resources, but we will make sure to do a push
15 following this hearing and re-up that information.

16 COUNCIL MEMBER STEVENS: Yeah,
17 definitely. If we can make sure we maybe put out an
18 email or something to just get providers to know that
19 information is available for them I think would be
20 really helpful. Project Reconnect through Department
21 of Homeless Services provided resources, support,
22 one-way travel assistance to reunite youth or family
23 members outside of NYC. Additional HERRCs also
24 provide transportation resources to recently-arrived
25 migrant youth for family members located outside the

1
2 City. Has DYCD explored making those resources
3 available to migrant youth in RHY facilities and if
4 so, why not?

5 DEPUTY COMMISSIONER HASKELL: With
6 respect to relocation services, DYCD has
7 traditionally accessed like the Greyhound bus service
8 that's accessible for runaway and homeless youth, and
9 a young person who's accessing a HERRC, a young
10 migrant accessing the HERRC-- would be able to get
11 access to Project Reconnect. We are also going to
12 look-- work with our city partners. We've been in
13 touch with some people this week, and we'll try to
14 get more information for you by the end of the week
15 about how we might expand on those relocation
16 ticketing service.

17 COUNCIL MEMBER STEVENS: Yeah, I know we
18 have to move on, but I have to-- I do have one more
19 question, and then we can-- I will yield the rest of
20 my time. The council has heard reports from
21 providers that accompanied young migrants are
22 entering the HERRCs and are only learning about our
23 RHY system, its services through informal network and
24 word-of-mouth. Why is DYCD not collaborating with
25

1
2 HERRCs to ensure that unaccompanied migrants are
3 placed into RHY systems and not adult shelter system?

4 DEPUTY COMMISSIONER HASKELL: I think--
5 there's not-- we're not working out a formal plan to
6 place young people anywhere, including Runaway and
7 Homeless Youth services if they're in the HERR, but
8 we do-- and we've-- information thus far has said
9 there hasn't been a lot of young individuals or
10 mothers with children at the HERRC who would be
11 eligible for RHY. Despite that, we're in touch with
12 our colleagues. We're going to make sure that they
13 get our POM [sic] cards. Our RHY-funded drop-in
14 centers are a great resource for comprehensive
15 services. So we're going to make sure that HERRC
16 staff has this information. If they see a young--
17 that they can provide to a young person and refer to
18 DYCD. I don't know that we'll develop like a formal
19 referral process outside of making sure young people
20 know that we're there and there's youth-specific
21 service available to them.

22 COUNCIL MEMBER STEVENS: Thank you, Madam
23 Deputy. Just as always, just want to just reiterate
24 that it is important that we are making sure that all
25 city agencies are coordinating especially when it

1
2 comes to young people who are coming into this
3 country who are scared and don't know. And so it is
4 imperative that whatever information we have about
5 our youth facilities, that we're getting that
6 information out. And Susan, I will definitely be in
7 touch, because as always, there's some discrepancies
8 around numbers, especially with older youth and
9 having availability of beds, because that is not what
10 I'm hearing on the ground. But I know we have
11 limited time, so thank you for allowing me to ask
12 these questions, and thank you Deputy Speaker, for
13 holding this hearing.

14 DEPUTY SPEAKER AYALA: Thank you.
15 Council Member Hanif?

16 COUNCIL MEMBER HANIF: thank you so much.
17 Commissioner, I just want to extend gratitude to you
18 and your staff for all the work you've been doing
19 day-in and day-out. So, on Sunday, the Mayor warned
20 of potentially needing to cut or curtail programs New
21 Yorkers rely on if corrective measures aren't taken
22 by the federal and state governments and you've
23 mentioned that the November Plan includes 577 million
24 dollars in shelter services and 22 million in DSS/HRA
25 services for legal and other such interventions. Can

1
2 you specify if any DSS, HRA and also DYCD programs
3 are at risk?

4 COMMISSIONER JENKINS: So, the number
5 that I mentioned, Council Member-- and thank you for
6 acknowledging the staff and our hard work, and
7 appreciate your leadership as well. So, 577 million
8 in DHS, that includes shelter, staff, overtime,
9 transportation, and OTPS. And HRA is almost 23
10 million in the budget which is for interpretation
11 services, legal services, Navigation Centers and
12 staff overtime, which we know the interpretation and--
13 - I mean, the legal services and Navigation Centers
14 is under MOIA, but it's within our budget. We don't
15 see that cut being cut at all because it was
16 earmarked specifically for the asylum-seekers.

17 COUNCIL MEMBER HANIF: That's great to
18 hear. Any potential cuts in DYCD?

19 DEPUTY COMMISSIONER HASKELL: Nothing
20 that I'm aware of, no.

21 COUNCIL MEMBER HANIF: Okay. And then
22 you mentioned over 16,000 folks are in the shelter
23 system right now. Could you share what active steps
24 are being taken to have folks transition to permanent
25 housing? In a previous hearing, the Council really

1
2 urged the admin to end the 90-day rule for CityFEPS
3 eligibility and to make the voucher program available
4 to non-citizens.

5 COMMISSIONER JENKINS: Thank you for that
6 question. We are working day-in and day-out with
7 individuals in our system to see how they can exit.
8 It is challenging with our asylum-seekers just
9 because of the immigration status and the eligibility
10 criteria for the various subsidies that we have. The
11 Mayor has said nothing is off the table. We are
12 exploring to see how we can address this
13 unprecedented challenge. The 90-day rule is still in
14 effect, but we are evaluating. We are really, really
15 pleased with the robust CityFHEPS [sic] changes that
16 the Mayor approved and had a press conference on.
17 We're excited about it. We know that this is going
18 to help New Yorkers move out of shelter and to a
19 stable supportive housing. So we are looking forward
20 to really implementing those new changes.

21 COUNCIL MEMBER HANIF: Since adopting the
22 changes to CityFEPS or just in general this year, how
23 many folks have exited the shelter system?

24 COMMISSIONER JENKINS: I can get back to
25 you with information. My team will follow up.

1
2 COUNCIL MEMBER HANIF: Thank you. Thank
3 you.

4 DEPUTY SPEAKER AYALA: Thank you. We
5 will now hear from Council Member Gutiérrez. Oh, I'm
6 sorry, Brewer and then Gutiérrez.

7 COUNCIL MEMBER BREWER: Thank you. A
8 couple things. One is, I know-- and I want to thank
9 all of you, particularly Commissioner Carter for
10 being so responsive. The issue of the housing. Now
11 this is not under you, with the faith-based.
12 Obviously you've got synagogues, churches, mosques.
13 Are you part of the discussion on trying to get some
14 of them to be places where people can live? Have you
15 heard anything more about the announcement that
16 supposedly there'll be funding for that?

17 COMMISSIONER JENKINS: Thank you, Council
18 Member Brewer. We are in communication with Pastor
19 Monroe [sp?] and Cabrera in working with our faith-
20 based organizations throughout the City to look for
21 opportunities to house our unsheltered New Yorkers.
22 That conversation is ongoing, ma'am.

23 COUNCIL MEMBER BREWER: Do you know how
24 much money will be allocated towards that? Because
25 it can't be done for free for these organizations.

1
2 COMMISSIONER JENKINS: That I am not
3 aware of today, the amount.

4 COUNCIL MEMBER BREWER: Alright. There's
5 a second issue on food. Now it is interesting to me
6 that people who are from the asylum-seekers, it's--
7 from my experience which is much more limited than
8 yours. They are very intelligent, committed,
9 hardworking people. When I offer them water and they
10 already have water at the bus station they say no
11 thank you. As a New Yorker, I say I'd like three,
12 please. So they're-- they're much nicer than I am
13 and much more responsive and good families, much
14 better than me. But the question is, they don't seem
15 to have food because they're at the food pantries.
16 Uptown Wagon which does nightly opportunities for
17 food and clothing, everything was gone in an hour
18 from these families. So what is the food budget at
19 your shelters, because obviously we probably-- you
20 don't have the budget I assume for HERRCs, or is it
21 the same provider for your shelters and HERRCs?
22 Because the food budget, there's something off about
23 the need for food. Now, maybe it's just at the
24 HERRCs and not at your DHS. It's a little confusing
25 to the outside world, because there's one

1 Administration to have this division, a little bit on
2 the silo side in my opinion. Given the fact that you
3 feel it is, do you have any food issues at the DHS or
4 is it just at the HERRC centers, and is it the same
5 provider in terms of a contract?

7 COMMISSIONER JENKINS: So, Council
8 Member, we serve three meals per day in our
9 locations, breakfast, lunch and dinner. At our
10 family with children, our regular system, they--
11 families are provided the opportunity to prepare and
12 cook their own meals, but in our emergency sites, we
13 do provide breakfast, lunch and dinner and we follow
14 the food standards and regulations that's in place
15 and that's for every shelter client. When we hear of
16 any concerns with food we follow up immediately. So
17 if you are hearing any direct concerns, please bring
18 it to our attention, and as always, Council Member,
19 we'll address it.

20 COUNCIL MEMBER BREWER: Okay. So at your
21 emergency sites, what is the budget for food if you
22 can delineate at your emergency sites?

23 COMMISSIONER JENKINS: So, we have three
24 contracts, two of which are MWBE's. I can get back
25 to you with the exact number for the budget.

1
2 COUNCIL MEMBER BREWER: Okay, and so
3 there are two WMBE's and those are for the three
4 meals per day per family?

5 COMMISSIONER JENKINS: Yes, ma'am.

6 COUNCIL MEMBER BREWER: Okay, and that's
7 for individuals and family, basically?

8 COMMISSIONER JENKINS: Yes.

9 COUNCIL MEMBER BREWER: Okay. Do you
10 feel that for some reason it doesn't seem to be
11 meeting the need? I don't know if the families are
12 coming from you or from the other system, the HERRC
13 system, but just so you know they are out there
14 looking for food. Now, it might be because they're
15 complaining about the-- I know that the Speaker
16 mentioned this, you know this, people are complaining
17 about the kind of food that they're getting. You're
18 aware of that? Are you making any changes in that
19 realm?

20 COMMISSIONER JENKINS: So, we, again, we
21 follow the food standards.

22 COUNCIL MEMBER BREWER: You know how I am
23 about food standard.

24 COMMISSIONER JENKINS: I know you are.
25

1
2 COUNCIL MEMBER BREWER: I don't pay
3 attention to--

4 COMMISSIONER JENKINS: [interposing] I
5 know you are. I want to say this, Council Member--

6 COUNCIL MEMBER BREWER: [interposing] I
7 don't like standard things.

8 COMMISSIONER JENKINS: Yep, yep. And
9 when my wife makes dinner and my three daughters look
10 at the food and be like, "Nah, I don't want to eat
11 that tonight," and they say they going out to get
12 something on their own, I do question it. But the
13 food is here, but we don't want this food. So it's
14 their choice to go get another meal.

15 COUNCIL MEMBER BREWER: Okay. Well, I'm
16 just letting you know this. That is a complaint.
17 And the Speaker to her credit mentioned it. It might
18 be something to think about if you're just wasting
19 food. Maybe the MBE [sic] folks that change it or
20 something. I don't know. I don't go with standards.
21 I go with what works for the folks. My final
22 question is, on the youth issue, it's mostly the
23 folks at Covenant House, but are they still fill-- I
24 know you said you have beds, but I'm hearing between
25 The Door and Covenant House and other amazingly

1
2 fantastic providers that it is hard and it's going to
3 be even harder to deal with the young people because
4 of this population I would assume being increased.
5 But you say you have beds, but I don't think Covenant
6 House feels that they're swamped. Can you respond to
7 that?

8 DEPUTY COMMISSIONER HASKELL: I don't--
9 I'll have to get back to you on Covenant Houses'
10 utilization today. Sometimes they are looking for
11 other resources and sometimes they're able to
12 accommodate. They have more beds than many of our
13 other programs. I acknowledge that they have
14 reported that at times they're full, but they-- but
15 they have access to like the 50 residential programs
16 that we have across New York City to make a referral
17 to a young person. So that's not great, right? If
18 they're right in front of them, we want them to be
19 able to like come in and get a bed, but at the same
20 time we're pleased that they can find another youth
21 oriented resource in the City that DYCD funds.

22 COUNCIL MEMBER BREWER: Okay, I don't
23 know if it's as easy as you state, but I appreciate
24 it. We'll follow up, too. Thank you.

1
2 DEPUTY SPEAKER AYALA: Thank you. I
3 think that we've lost a couple of Council Members
4 that had questions. Some of them will join us a
5 little bit later. Before I dismiss this panel,
6 however, I have two questions. One is related to
7 clothing, right? So what is DSS doing to ensure that
8 school-aged children who are asylum-seekers have
9 access to what the need? We've heard from, you know,
10 a lot of families. Obviously it's cold. Many people
11 came here with a bag, you know, with nothing, you
12 know, bare essentials. Who's funding that? Whose
13 responsibility is it to fund that?

14 COMMISSIONER JENKINS: So, it's-- thank
15 you, Council Member. It is part of our contracts.
16 So without providers we make sure that those
17 individuals have the appropriate clothing articles,
18 especially for the winter months. We-- I want to
19 thank the council and so many community-based
20 organizations and philanthropic partners who are
21 donating clothing articles. It's really helping. I
22 was just on Saturday at an event with Council Member
23 Joseph who is my Council Member, and we gave out
24 brand new coats, and I have to say, you know, when
25 you see the smiles on the kids and the parents faces,

1
2 when they get in a brand new piece of clothing
3 article that's going to help them keep warm, it warms
4 my heart. Then right after I went to Louis-- Council
5 Member Farah Louis, provided a luncheon/dinner for
6 individuals. It really, really is a great effort on
7 the part of our partners of our neighbors in New York
8 City. And you have folks that just continue to step
9 up each and every day to come to DSS/DHS and say we
10 have donations, and we're taking everyone up on their
11 offer for those donations. But again, if we had no
12 donations, we as a city will make sure that our new
13 New Yorkers have the clothing articles that they
14 need.

15 DEPUTY SPEAKER AYALA: I know that in the
16 DOE budget line they did offer-- there's some funding
17 for children, for school-aged children to purchase
18 like, you know, bare essentials, book bags, or you
19 know, even coats. There's a budget for that. Is
20 there a budget in DHS? Like do those contracts have
21 like a specific budget that's just specific to--
22 like, does each family get a certain amount of money
23 for clothing?

24 ADMINISTRATOR CARTER: Deputy Speaker,
25 thank you for that question. The budgets have some

1
2 emergency services, but not specific to clothing. So
3 we have been getting donations that the Commissioner
4 just mentioned. We have partnered with DOE and we
5 did do a survey of every family within a system and
6 made orders of coats that did get delivered to moms
7 and every adult and child did get coats. And if
8 that-- you know, we're still going through that.
9 Donations have been coming through to us for multiple
10 philanthropic organizations and other stores have
11 been coming to us including our Council Members, and
12 so we're assessing what the needs are and we're
13 providing that, delivering them to the shelter sites.
14 In the midst of emergency we can purchase but it's
15 not part of-- specific to the budget. when families
16 come to our intake sites, we also have clothing
17 there, so we can provide some limited clothing at our
18 intake,, at all our intake sites, because we know
19 they do come in without shoes and coats, and so we're
20 providing some there. But primarily it's donations
21 that we have been relying on, and we continue to
22 solicit and get those and also partnering with DOE as
23 you mentioned, because they have also the ability to
24 provide some of that for our new arrivals.

1
2 DEPUTY SPEAKER AYALA: But the DOE is
3 only providing that for the child that's in school,
4 right?

5 ADMINISTRATOR CARTER: Yeah, the--

6 DEPUTY SPEAKER AYALA: [interposing]
7 We'll ask the parent--

8 ADMINISTRATOR CARTER: [interposing] The
9 coats, they did help with adults also, for the
10 parents. And so our solicitation is for all
11 individuals from every person and from the
12 philanthropy people that's been helping us. It's for
13 everybody in the system, and we've been rally
14 soliciting donations for everyone in our system, you
15 know, not just the folks that come through the
16 asylum-seeking line.

17 SENIOR VICE PRESIDENT LONG: And I would
18 just add, you know, again, kudos to New Yorkers,
19 because all of us collectively have really stepped up
20 and provided those donations. And Deputy Speaker,
21 when you see the vast donations and the emails coming
22 in and jut the outpouring for support, it really-- I
23 will warm your heart like it warms mine.

24 DEPUTY SPEAKER AYALA: Yeah, yeah. I--
25 finally question. What is the-- in regards to

1
2 reasonable accommodations, can you tell us what the
3 percentage of asylum-seekers entering the intake
4 centers throughout the City requested a reasonable
5 accommodation?

6 ADMINISTRATOR CARTER: Deputy Speaker,
7 thanks for that question. We don't track reasonable
8 accommodation by asylum-seekers. We really-- for
9 every person that come to us that get the opportunity
10 to apply for a reasonable accommodation. When you do
11 come to the front door, if there's an obvious need
12 for a reasonable accommodation, we do provide that at
13 the front door, but if you are in shelter and have a
14 reasonable accommodation need, then our staff help to
15 make that application. It's reviewed through our
16 main office to make the need for whatever
17 accommodation that an individual does need.

18 DEPUTY SPEAKER AYALA: Alright, thank
19 you. Did we miss-- Council Member Brewer has a
20 follow-up question?

21 COUNCIL MEMBER BREWER: Quickly, yes.
22 When you talked about private donations, do you keep
23 track of the private donations you're getting? How
24 do you use them? Is there some specific need that
25

1
2 you try to fill from the private donations? How much
3 did you collect in 2022?

4 ADMINISTRATOR CARTER: Council Member
5 Brewer, thank you, and thanks for the shout out. You
6 know, we-- you have my personal number. So, it
7 really--

8 COUNCIL MEMBER BREWER: [interposing] I
9 have-- I have your cell and you have mine, and I
10 appreciate it.

11 ADMINISTRATOR CARTER: Thank you. So,
12 we do follow city guidelines in terms of donations
13 that we receive. We do track that. We will be able
14 to provide that at the end, you know, next year for
15 2022. That's tracked-- you know, we follow the
16 guidelines from city the way we have to do as
17 regulations. In terms of the need and how we
18 distribute we really do assess what the needs are per
19 shelter, and we deliver to the sites.

20 COUNCIL MEMBER BREWER: Okay. So it's
21 per shelter, okay. Now, just quickly-- maybe this
22 was done before, but is it the cost of the emergency
23 shelter different than the cost per-- for family,
24 different than the cost of the DHS, different than
25

1
2 the cost of the HERRC, and can you give me those
3 numbers? In other words, the breakdown.

4 COMMISSIONER JENKINS: We can definitely
5 get back to you, Council Member Brewer, with the
6 breakdown of what the cost is, but it is still
7 ongoing. The providers are still invoicing the City.
8 So we can provide that to you at a later date.

9 COUNCIL MEMBER BREWER: Okay, and then
10 also the cost of the food you were going to get to--

11 COMMISSIONER JENKINS: [interposing] Yes,
12 ma'am.

13 COUNCIL MEMBER BREWER: those three
14 contracts and so on and--

15 COMMISSIONER JENKINS: [interposing] Yes,
16 ma'am.

17 COUNCIL MEMBER BREWER: And what's in
18 them.

19 COMMISSIONER JENKINS: Yep, you got it.

20 COUNCIL MEMBER BREWER: It doesn't sound
21 too good to me. It needs to improve. Thank you.

22 COMMISSIONER JENKINS: Thank you.

23 DEPUTY SPEAKER AYALA: Council Member
24 Narcisse?

25 SERGEANT AT ARMS: Time.

1
2 COUNCIL MEMBER NARCISSE: Good afternoon.
3 Commissioner, thank you for being here. It seem like
4 I'm going to have to invite you on a lot of
5 giveaways. So we gonna have fun with that. So, in
6 the gang affiliation in the shelters, because some of
7 the folks mainly about East New York area complaining
8 about they seeing a rise in gang shelters and
9 especially the young men that are coming and needing
10 friends. You know how that works. Just like the
11 fact that they're alone and they're forming, you
12 know, different alliances to survive. Do you see a
13 rise on that in the shelters? Or do you know of it?

14 COMMISSIONER JENKINS: Thank you for that
15 question and thank you for the upcoming invitations.
16 My family will be really happy that I'll be out of
17 the house a little more often. We take, you know,
18 violence seriously in DHS and we address it
19 accordingly. So, if you are hearing or any Council
20 Member are hearing any concerns, please bring it
21 directly to our attention. Our law enforcement, I
22 have a very close relationship, working relationship
23 with Commissioner Sewell. We meet on a regular
24 basis, her team and I along with DHS police. So if
25 you hear of anything please let us know.

1
2 COUNCIL MEMBER NARCISSE: Do you -- I
3 mean, do you think in the long-run you can work with
4 Cure Violence within the 33 where the shelters are
5 located? Maybe they work inside to see how they can
6 best help. Is that possibly something that you can
7 see in the future?

8 COMMISSIONER JENKINS: Absolutely. We
9 are collaborative. We don't want to work in silos
10 and the Mayor has directed us not to. So of course,
11 definitely want to work with the Cure Violence
12 interrupters as well.

13 COUNCIL MEMBER NARCISSE: So, I thank you
14 for the great work you've been doing and continue
15 doing it, and we need all the help we can get,
16 especially now more than ever. We are in a
17 challenging time, and thank you for what you're
18 doing. Thank you.

19 COMMISSIONER JENKINS: Thank you. I
20 appreciate you as well.

21 DEPUTY SPEAKER AYALA: Thank you. Are
22 there any other members that have questions that
23 we've missed? No, doesn't seem like there are.
24 Well, thank you so much for coming today and
25 testifying before the body again. You know, very

1
2 appreciative of all the work that you are doing day-
3 in and day-out. Happy holidays and with that, we--

4 COMMISSIONER JENKINS: [interposing] Thank
5 you, Deputy Speaker.

6 DEPUTY SPEAKER AYALA: This panel is
7 concluded, and we will take a very, very short recess
8 before the Department of Education comes up.

9 [break]

10 DEPUTY SPEAKER AYALA: Okay, here go our
11 last panel. Thank you so much for being here today.
12 I'm Council Member Deputy Speaker Ayala. We're going
13 to first hear from our Chair Rita Joseph, and then we
14 will administer the oath.

15 COUNCIL MEMBER JOSEPH: Thank you. Good
16 afternoon, everyone. I'm Rita Joseph, the Chair of
17 the Education Committee. Thank you everyone present
18 here today and to those witness testifying tomorrow.
19 Every child in New York City has the right to attend
20 public school regardless of immigration status.
21 According to DOE, children who have received-- we
22 have received approximately 10,000 students in
23 temporary housing. Most of these students, mostly
24 children of recent immigrant migrants over the past
25 six months. These children have faced incredible

1 trauma leaving their homes and required culturally
2 competent trauma-informed services and care.

3
4 Unfortunately, these new students are entering a
5 system that's already struggling with the reduced
6 budget. IN response to the influx of new students
7 with particular need, the Administration announced
8 Project Open Arms, a plan to support all new arrival
9 students and provide additional supports for students
10 in temporary housing. The Administration also
11 provided 12 million dollars in funding for DOE
12 schools enrolling six or more students in temporary
13 housing since July 2nd of this year, amounting to
14 2,000 dollars per student. This funding enables
15 schools to provide additional curricular
16 instructional support for multi-lingual learners.
17 However, this funding cannot be applied towards
18 hiring additional teach staff to meet increased
19 needs. Though the work of the Administration has
20 done thus far for the support of the newer migrant
21 families is commendable. This work is nowhere
22 complete. Every month, more and more students
23 suffering from disrupted learning enroll in DOE
24 schools. The ever-changing nature of the situation
25 requires compassion and informed systems in place

1
2 that can accommodate and support these students
3 entrusted in our care. We are here today to learn
4 more about how we can continue this critical work and
5 properly address the education needs of new arrival
6 families. Like all New Yorkers, these families
7 deserve to be treated with dignity and respect. And
8 it is our duty to provide them with the educational
9 service they deserve. Thank you to everyone here
10 prepared for this hearing. Not without any further,
11 I'd like to turn over to DOE, to Counsel Committee to
12 administer the oath.

13 COMMITTEE COUNSEL: Thank you, Chair. My
14 name is Nadia Jeanne Francios [sp?], Committee
15 Counsel. I will call on each of you individual for a
16 response. please raise your right hand. Do you
17 affirm to tell truth, the whole truth and nothing but
18 the truth before these committees and to respond
19 honestly to Council Member questions? Melissa Ramos?

20 SENIOR EXECUTIVE DIRECTOR RAMOS: I do

21 COMMITTEE COUNSEL: Sarah Kleinhandler?

22 CHIEF KLEINHANDLER: I do.

23 COMMITTEE COUNSEL: Mirza Sanchez Medina?

24 CHIEF MEDINA: I do.
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COMMITTEE OF THE WHOLE

COMMITTEE COUNSEL: Flavia Puello

Perdomo?

CHIEF PERDOMO: I do.

COMMITTEE COUNSEL: Gillian Smith? Rose
McEldowney[sp?]?

UNIDENTIFIED: I do.

COMMITTEE COUNSEL: Jodi Sammons Chen?
Thank you. You may now begin your testimony.

SENIOR EXECUTIVE DIRECTOR RAMOS: Good
afternoon, Deputy Speaker Ayala, Chair Joseph, and
the members of City Council here today. My name is
Melissa Ramos and I am Senior Executive Director of
Program implementation for New York City Public
Schools. I am joined by my esteemed colleague,
Flavia Puello Perdomo, Chief of Schools for Community
Support and Wellness, Mirza Sanchez Medina, Chief of
the Division of Multi-lingual Learners, Sarah
Kleinhandler, Chief of Student Enrollment, and other
wonderful colleagues for New York City Public
Schools. Thank you for the opportunity to discuss
our efforts to effectively welcome and support our
migrant and asylum-seeking students. Your leadership
and collaboration with this Administration has been
absolutely critical in this challenging undertaking,

1
2 and all of us at the DOE are grateful to you. New
3 York will always be a city of immigrants and our
4 schools continue to welcome any child from any
5 background who needs a safe and supportive place to
6 receive an excellent education. Every student has
7 the right to a high-quality public education
8 regardless of immigration status. The Department of
9 Education has been working with our sister agencies
10 on Project Open Arms to support families seeking
11 refuge, at every level from schools to shelters to
12 New York City's public school central offices. We
13 are working to ensure a smooth transition for all
14 students without any disruptions to their education.
15 Today's circumstances remain fluid with emerging
16 needs identified each week, but as always we have
17 risen together to meet this challenge. Since May,
18 New York City has experienced a surge in individuals
19 arriving from border states who have been seeking
20 asylum. Many have entered the City shelter system
21 while others have found housing through family
22 members, friends, or sponsors. The City estimates
23 that over 31,800 asylum-seekers have arrived in New
24 York City since there. While New York City public
25 schools does not track the immigration status of

1
2 students, the surge has resulted in a significant
3 increase of students living in temporary housing.
4 Most of these children are in the elementary school
5 age range, but there are also many teens over 16 who
6 arrived without any school records. Approximately 40
7 percent of children in this influx are aged zero to
8 five. From the very beginning, New York City public
9 schools not only helped to launch Project Open Arms,
10 but Chancellor Banks crucially appointed me as the
11 point person to lead the coordination of internal
12 efforts within the agency. This work requires both
13 intra and inter-departmental coordination. In
14 addition to the helpful weekly calls convened by City
15 Hall to keep stakeholders informed, the DOE held its
16 own briefing for elected officials and staff that
17 more than-- that brought more than 100 people in
18 attendance. Thank you to Chair Hanif and Chair
19 Joseph for contributing greatly to that briefing. We
20 also thank the Council for being such valuable
21 partners in this effort. From the moment these
22 families arrived in our city, New York City public
23 schools has helped to facilitate student enrollment
24 and support families' immediate needs. To start, we
25 set up an enrollment office at the asylum-seeker

1
2 Navigation Center. Enrollment counselors at the site
3 have been helping families connect to schools while
4 providing backpacks, books and school supplies. Many
5 of these families are residing at shelters across the
6 City where the DOE staff has staff on site to assist
7 them. Our students and temporary housing staff,
8 including our STH Regional Manager, family assistance
9 and some school-based STH community coordinators are
10 working at shelter to support families with such
11 issues as enrollment, transportation, wellness, and
12 more. The STH team received daily updates of new
13 shelter locations from DHS, and we ensure that STH
14 regional managers are fully informed of new sites so
15 that they can activate their district teams and get
16 personnel out to meet with families. The support
17 this team provides includes daily check-ins with
18 families to share enrollment options, conduct needs
19 assessments, and do wellness checks. The team also
20 partners with schools to complete necessary paperwork
21 for enrollment and testing, as well as walking
22 families to nearby schools to enroll their students
23 and orient them to their new neighborhoods. Our
24 staff, whether at the Navigation Center, HERRCs, or
25 on-site at shelters, is working to identify schools

1 with available seats that are closest to the shelters
2 prioritizing multi-lingual learners. We are
3 committed to matching students with schools that
4 offer supports in multilingual learners while not
5 posing a travel hardship for them. As of this week,
6 we have enrolled over 9,800 students in temporary
7 housing at schools across the City since July 1st.
8 Throughout this challenging set of circumstances, all
9 the materials we provide to families continue to be
10 translated into the appropriate languages, and we
11 support families with selecting the best language
12 program for their children. Once students are
13 enrolled, we work closely with superintendents and
14 principals to conduct initial assessments to
15 determine what comprehensive and targeted resources
16 are need, especially to support diverse and/or
17 multilingual learners. An example of this support
18 was when elected officials escalated concerns about
19 PS16, a district 11 Bronx school that received an
20 influx of students and needed additional resources
21 such as another classroom teacher, support with
22 transportation issue, and other resources. Almost
23 immediately, the school received their mid-year Fair
24 Student funding to hire an additional teacher. A bus
25

1
2 stop as added to make traveling easier for students
3 and families benefited from the Shared Table, an
4 initiative that safely repurpose non-perishable food
5 and fruit. We have also provided more financial
6 resources to school so they can fully support these
7 students. Including more than 60 million dollars for
8 our newly arrived New Yorkers. That amount is
9 divided between over 50 million in additional Fair
10 Student funding that has gone to support students in
11 temporary housing who have entered our schools during
12 this time, plus 12 million dollars from new emerging
13 needs. This supplemental funding allows schools to
14 provide additional curricula and instructional
15 support. It's for students in temporary housing and
16 multilingual learners, as well as family support and
17 essential schools purchases. Schools with six or
18 more new students in temporary housing received an
19 allocation of \$2,000 for each students enrolled since
20 July. Those allocations enable schools to support
21 the following priorities: Ensuring language access and
22 support. In collaboration with superintendents, the
23 Department of Education is ensuring that all families
24 are supported in their native languages and that
25 school leadership is aware of the constellation of

1
2 resources available to provide translated content-
3 specific information. Providing academic and
4 extracurricular programming. New York City public
5 school curricular and instructional resources are
6 culturally and linguistically responsive, and we
7 provide educators with additional guidance related to
8 second language acquisition and specialized
9 instruction for diverse learners. Extracurricular
10 activities are also targeted to students' needs and
11 interest with the goal of enhancing their academic
12 and social experience. Creating supportive
13 classrooms in schools. We are working with schools
14 to make sure students receive universal
15 social/emotional supports that help them build
16 positive relationships, develop social and emotional
17 skills and connect to additional support when
18 necessary. This includes programs like advisory,
19 health education, restorative practices, and others
20 that are designed to support the needs of the whole
21 child. Additionally, many schools implement a
22 strength-based social/emotional screener that is used
23 to assess and support students' social/emotional
24 skills and development while connecting them to
25 interventions. School leadership and staff have

1
2 regular check-ins to review attendance and
3 social/emotional data and ensure that interventions
4 and supports are activated as-needed. This also
5 includes coordinating continuously with community
6 providers and community-based organizations. Project
7 Open Arms is working in tight coordination with
8 critical CBO partners and other organizations to
9 provide families with critical resources and
10 services. Many thanks to the Council and city
11 Administration. Every school has money for a social
12 worker, and in some cases, a school-based mental
13 health clinic that provides mental health services.
14 In addition to the approximately 5,000 social workers
15 and guidance counselors who work in our school
16 system, nearly 400 DOE schools have school-based
17 mental health clinics. More than 170 schools have
18 on-site clinical services with contracted providers
19 and over 330 schools have mental health resources at
20 school-based health centers. Our central team is
21 continuing to work with superintendents and
22 principals to deploy additional resources and support
23 if needed. And while these intra investments pre-date
24 Project Open Arms, they are proving to be more
25 critical with each passing day. Since the arrival of

1
2 new asylum-seeking families in May, we have worked
3 closely with our partner agencies, including the
4 Mayor's Office of Immigrant Affairs, the Department
5 of Social Services, and others involved in Project
6 Open Arms to support these families, and students as
7 they navigate their new city. For example, New York
8 City public schools office of Student Enrollment,
9 pupil transportation the STH team presented back to
10 school webinars from DHS and HRA. Family shelter
11 provider partners in August which our agency partners
12 in advocacy collaborator Homeless Service United
13 provided outreach for. These webinars included
14 information focused on Multilanguage learners and
15 enrollment support for migrant families. Our STH
16 team is working closely with DHS partnerships teams
17 to coordinate and highlight donation needs to be sure
18 those contributions are spread out across shelters.
19 They have also worked closely with ACS preventive
20 services office to identify preventive service
21 agencies and impacted districts with capacity and the
22 ability to manage language needs. Those teams also
23 connected with the Food Bank for New York City to
24 receive a list of food pantries in impacted
25 districts. In conclusion, since May, Project Open

1
2 Arms has performed a comprehensive interagency effort
3 to support families seeking asylum and ensure that
4 children are provided with a full range of services
5 to start their New York City public education. I
6 want to thank the Council for providing essential
7 support toward this ambitious undertaking. Your
8 leadership in this crisis has demonstrated how the
9 home of the Statue of Liberty continues to stand as a
10 beacon for those who want to find refuge and thrive
11 in the United States of America. Additionally, many
12 of us sitting before you today share similarities
13 with our newest New Yorkers. For instance, Chief
14 Flavia Puello Perdomo was an international student
15 herself who graduated from New York City public
16 schools and stands as a great example for our
17 students. Chief Mirza Sanchez Medina, a bilingual
18 teacher who was recruited from Puerto Rico, led an
19 international school that serves as a model for other
20 schools. And I was a student in the Bronx who
21 benefitted myself from wrap-around community
22 services, because my mother who only had a ninth
23 grade education, had no means to support us on her
24 own. We deeply empathize with our students in
25 multiple ways and we are deeply committed to applying

1
2 the fullest extent of our power and capabilities to
3 support them. Thank you again for the opportunity to
4 speak with you today, and we look forward to
5 answering any questions that you may have.

6 DEPUTY SPEAKER AYALA: Is anyone else
7 testifying? Okay, alright. Council Member Joseph?

8 COUNCIL MEMBER JOSEPH: thank you.
9 Thank you again. I wanted to find out how does the
10 New York City public schools determine the readiness
11 of schools to appropriately serve new arrival
12 students? Is there an advanced team that goes out
13 and look at the site? How does that work?

14 SENIOR EXECUTIVE DIRECTOR RAMOS: We work
15 in close concert with our superintendents, and we
16 know that certain districts have been impacted more
17 than others. For example, District Two has received
18 a great influx of students. We also know District 30
19 has received a great number of students. And so our
20 first point of contact is with our superintendents
21 and our principals, making sure that we reach out to
22 them and ask them, how are you doing with resources?
23 Do you need additional personnel? Do you need
24 additional teachers? And that is something that we
25 saw in PS16 in the Bronx, and that principal said we

1
2 need the additional support, please help. We have
3 all these extra students and we need to go to ENL
4 teacher. Children are coming and they do not have
5 clothing. They do not have food. And so we had to
6 quickly organize both within the agency and outside
7 of the agency, and again, we were very fortunate to
8 have the support of Council Member Riley and Council
9 Member Dinowitz who escalated these concerns to us.
10 So, again, our first point of contact is always
11 working with the superintendents and the principals
12 and responding to those needs.

13 COUNCIL MEMBER JOSEPH: How are you
14 ensuring new arrival families are safe, supported,
15 and have the opportunity to thrive in schools in
16 which they're placed?

17 SENIOR EXECUTIVE DIRECTOR RAMOS: Thank
18 you for that question, and it is a huge priority for
19 us. We know that our students, their academic
20 success is dependent upon how safe and loved they
21 feel in their educational environments, and so we
22 have a number of people on the panel who can speak to
23 this today. We will start with Chief Flavia Puello
24 Perdomo who is our Chief of Wellness and Culture.

25

1
2 CHIEF PERDOMO: Thank you for the
3 question, Chair. I think what I will say is that we
4 thrive to ensure that every school in New York City
5 is a welcome and supportive environment. We have a
6 spent a lot of time training our school staff on
7 trauma-informed practices. So, during the pandemic
8 we had around 75,000 school staff including teachers,
9 administrators who were trained on this. It's also
10 about ensuring that students are showing up to school
11 daily. It's around ensuring that the program of
12 learning choice that parents are selecting is
13 available in the schools that they're attending. It's
14 about ensuring that we leverage the teams and schools
15 that support social/emotional learning which-- well,
16 it happens in the classroom, but also looking at our
17 social workers. We're thankful for the advocacy and
18 support for Council here. We have 100 dedicated
19 Bridging the Gap social workers that support students
20 in temporary housing, but in addition to that we'd
21 ensure that social workers across the schools, school
22 counselors are attuned to what the needs of these
23 students are, and that students are our peer, our
24 partner, right? So the first idea is really ensuring
25 that we get to know who they are and their

1
2 individuals stories and their individual needs, and
3 it's no accident that our Chancellor has as one of
4 his pillars that he's deeply focused on the idea of
5 student wellness and that we're all responsible for
6 that. Chief Mirza, I don't know if you want to add
7 more around the academic programs?

8 CHIEF MEDINA: Thank you. In addition to
9 the social/emotional learning, we are very concerned
10 with the academic learning, and we ensure that
11 schools have the three prongs, right. The policy, so
12 they know exactly what needs to happen in terms of
13 students services, that they have the instructional
14 support, and we have built the capacity, and that we
15 have resources. We've always had these resources,
16 but we have lifted them up especially for the schools
17 that are receiving a higher number of newcomers. And
18 in addition to that we have the supports for families
19 and schools that are receiving these families so that
20 they can be a little bit more comfortable with how do
21 I support a newcomer in my school.

22 COUNCIL MEMBER JOSEPH: Who's doing the
23 parent orientation part? Remember, most of our
24 multi-language learners, usually there's not-- non-
25 English. This is a new country, a new system. How

1
2 are you embracing parents? How are you making
3 parents also a partner in this journey?

4 CHIEF MEDINA: I'll start. In addition
5 to the work that we're doing, it is extremely
6 important that we communicate with the families in
7 the language that they speak. I was a high school
8 principal of an international school for almost 16
9 years, and it is so important that we reach our
10 parent. So we have provided professional learning
11 for the staff so they know how to address the culture
12 and linguistically responsive in schools, and at the
13 same time ensuring that they are speaking to the
14 families in the language they prefer.

15 CHIEF PERDOMO: I can add to that. In
16 addition to-- hablamos Español. So we, even the
17 people who are sitting here at this table have the
18 luxury that, you know, we can communicate with
19 families directly and have been in the field in
20 shelters and have been able to make some of that
21 connections. It's multi-layer what you're describing
22 here. So I think the first stand is ensuring that
23 resources and materials are available in languages
24 that our families can have access to.

1
2 COUNCIL MEMBER JOSEPH: Sometimes you
3 have parent that are bi-illiterate. They may be
4 speak the language and not read it and write it. So
5 let's be clear here.

6 CHIEF PERDOMO: Yeah, absolutely, and
7 totally understand that, and I think this is where
8 the staff that we have now at the shelter comes a
9 long way. So I know that-- I came here recently and
10 testified in front of you on November 16 around the
11 work that we were doing to hire the STH coordinator.
12 So we right now have 64 coordinators at our shelter
13 [inaudible] that are precisely present and visual in
14 many--

15 COUNCIL MEMBER JOSEPH: [interposing] And
16 bilingual?

17 CHIEF PERDOMO: Many of them are. I
18 wouldn't say that all of them are, but in the
19 instances where they are not we're leaning heavily on
20 our partnership and our collaboration with the
21 language access team, and in some instances they have
22 deployed staff that's also available and present in
23 some of these locations, like the HERRC, the Row
24 where we have-- in this instance, STH staff,
25 enrollment staff, as well staff from that team who

1 all speak the language, but I think as you mentioned,
2 it's just ensuring that we're living up to the
3 Chancellor's pillar of ensuring that we're partnering
4 with families and we are engaging them thoughtfully
5 on the educational process. I personally know the
6 challenges that children can encounter, because
7 they're some of the same challenges that my own
8 parents encountered when I was student in the system,
9 and we just continue to ensure that we're also
10 working with our parent coordinators at the school,
11 also with the STH staff that we have at the school so
12 that all levels of the syst-- the DOE staff at
13 shelter, the staff in our phase [sic] team. The
14 parent coordinators have access to like real-time
15 information that can help to aid families.

17 SENIOR EXECUTIVE DIRECTOR RAMOS: Chair
18 Joseph, if I may add, you bring up an important point
19 about bi-literacy versus bilingualism, and even if a
20 family is able to read the translated materials,
21 given their journey, given the trauma, given the
22 exhaustion, they need somebody who can be
23 compassionate and who can speak with them and who can
24 help them understand how to navigate this large
25 system. I myself am a mother of a New York City

1 public school student, and I would like to think I
2 know the system quite well, and sometimes I still
3 need my daughter's teacher, and I need my daughter's
4 principal to hold my hand. And so this has really
5 taught us a lesson in compassion. This has really
6 taught us about the power of relationship building.
7 this has really taught us that we need to really
8 think about the types of professional learning that
9 we offer, not just from nuts and bolts, but how to
10 really wrap our arms around families, and explain to
11 them that this is safe place and show them why it is
12 a safe place for them, and that's okay not to
13 understand, it's okay not to know, but that they're
14 going to be okay. And we don't do that perfectly.
15 We don't claim to do that perfect fully, but this has
16 shown us that it is something we need to continue to
17 strive for, and we're using this as an opportunity to
18 strengthen that from the work that we do with our
19 family support people on the superintendent's team to
20 our parent coordinators to our shelter-base
21 coordinators, to our principals. As a former school
22 leader, I can tell you that the way I would approach
23 this situation would look very different had I known
24 now-- had I known back then all that I know now. So
25

1
2 we also welcome your feedback and thank you for
3 holding us accountable, because nothing takes the
4 place from that personal approach.

5 COUNCIL MEMBER JOSEPH: Absolutely.
6 Thank you. What is the current SIFE population in
7 the New York City public education? What's your
8 numbers?

9 SENIOR EXECUTIVE DIRECTOR RAMOS: I'm
10 sorry, could you re--

11 COUNCIL MEMBER JOSEPH: [interposing] Your
12 SIFE, Students with Interrupted Formal Education?

13 SENIOR EXECUTIVE DIRECTOR RAMOS: I do
14 not have the data off-hand, but I can get that for
15 you.

16 COUNCIL MEMBER JOSEPH: Because I needed
17 to know that, because that would also make sure that
18 the Federal Government is doing their share, because
19 SIFE has to be funded federally.

20 SENIOR EXECUTIVE DIRECTOR RAMOS:
21 Absolutely, and these students inevitably will be
22 considered SIFE.

23 COUNCIL MEMBER JOSEPH: Absolutely. So,
24 you don't have that, alright. So we know that Title
25 42 is expiring. I'm very familiar with it. What is

1
2 the plan? What is the big plan that-- what we've
3 learned from what happened from May to now? What are
4 we going to do better? I would love to hear the
5 plan.

6 SENIOR EXECUTIVE DIRECTOR RAMOS:

7 Absolutely. Just this morning we hopped on three
8 different planning meetings to reflect upon things
9 that have gone well since May and things that have
10 not gone so well, and part of that is the parent
11 support piece, strengthening our language access
12 coordinating piece, and making sure that we are
13 looking closely at our enrollment practices. So
14 these are student who-- they are in temporary
15 housing, first and foremost, and under McKinney-Vento
16 Act they have the right to enroll in their zoned
17 school. That being said, we also know that the zoned
18 schools in some of our district are reaching capacity
19 very quickly. We also know that because the school
20 is close to a shelter, there might be a school that's
21 a little bit farther that actually would serve the
22 students in a much better way. So we know that we
23 need to work even closer with our superintendents and
24 our principals to identify the best settings. We
25 also need to lean on our social workers and the

1
2 amazing that the Bridging the Gap social workers--
3 very much thanks to the Council-- we have in our
4 schools. And I am going to pass it over to Chief
5 Puello Perdomo so she can speak a little bit more
6 about that, as well as to Chief Medina Sanchez--
7 Sanchez Medina, my apologies, to speak more about the
8 specifics in their verticals [sic].

9 CHIEF PUELLO PERDOMO: So, I think I will
10 continue to build upon the work that we have done in
11 support of counselor-- counsel, in terms of hiring
12 the additional coordinators. So, ensuring that we're
13 continued to be strategically about placement, about
14 the capacity that we're building for the coordinators
15 to ensure that they can serve families to the best of
16 their ability. So everything from ensuring that
17 they're fully equipped to understand all of the
18 rights that family have under McKinney-Vento, that
19 they're making deep connections with the DHS staff
20 that's at the shelter. In some instances we're also
21 piloting work around attendance interventions and
22 supports, continuing to build the capacity of SCH
23 [sic] staff that's actually placed on schools. So
24 it's really looking at a lot of the infrastructure
25 that we have for the students in temporary housing

1 team, and what we have learned from the new residents
2 that have come in, but we have work on well where we
3 need to improve. But in addition to that, continuing
4 to be strategic about the needs that school leaders
5 and teachers and school staff are escalating to
6 central. The way that we really leverage the
7 students in temporary housing team-- that's a team
8 who helps to remove barriers, and those barriers can
9 range as my colleague mentioned here, from access to
10 transportation, access to school programs, and just
11 ensuring that we're listening to the families and
12 that we are based on the real time and based on
13 connections, building our resources, and ensuring
14 that we don't lose sight of the relationships, and
15 that schools like are seeing the student, that we're
16 tracking their academic progress, and that we make
17 adjustment as-needed. I think it's a dynamic
18 situation as you described, and we're learning about
19 what parts of our systems have worked well and areas
20 where we have to make adjustments to ensure that we
21 can in real time meet the needs of students at the
22 appropriate time so that students, you know, get
23 their supports for their need.
24
25

1
2 CHIEF SANCHEZ MEDINA: Thank you. I will
3 add that we are very grateful for the support that
4 this council has given us. We are looking at how do
5 we revitalize the instruction that our multilingual
6 learners are receiving, and we've been working with
7 that for the past, actually, few years. And taking
8 this opportunity-- it's a learning opportunity to
9 really see how are we going to go deeper. We are
10 ensuring that every single teacher is a teacher of
11 English language learners. So that means ensuring
12 that they have the resources, that we have the
13 curricula, that we have the textbooks, that teachers
14 also know how to leverage the home language even when
15 the instruction is in English. So ensuring that
16 we're building the capacity at the schools, and also
17 working the principals and superintendents, right, to
18 understand the dynamics of bringing this population
19 to their schools.

20 COUNCIL MEMBER JOSEPH: And our youngest
21 new, New Yorkers, from zero to five, what-- how are
22 we accommodating them?

23 SENIOR EXECUTIVE DIRECTOR RAMOS: We are
24 working closely with our Early Childhood Education
25 partners to identify seats that are available to

1
2 them. Unfortunately, we do that know that for the
3 extended day, extended year seats, they do not
4 qualify based on the very strict federal regulations,
5 but where seats are available, we are identifying
6 them and supporting them with enrolling our youngest
7 New Yorkers as well.

8 COUNCIL MEMBER JOSEPH: This Council, as
9 you said, funded 10 million dollars for undocumented
10 preschoolers, so maybe we need to have that
11 conversation. Colleagues?

12 DEPUTY SPEAKER AYALA: Council Member
13 Rivera?

14 COUNCIL MEMBER RIVERA: Thank you so
15 much. Thank you to the panel and to the Chairs. I
16 also want to thank my former colleague Mark Treyger
17 for his responsiveness. So, you mention a couple of
18 the school districts experience an influx in
19 students, and you gave examples of District Two and
20 District 30. Can you discuss a little bit on how you
21 assess enrollment? Why do you think these particular
22 districts have seen the influx of students and how
23 you are addressing those needs, and whether or not
24 you're considering looking at other school districts
25

1
2 that might be under-enrolled or have a have a larger
3 capacity for English language learners?

4 SENIOR EXECUTIVE DIRECTOR RAMOS: Of
5 course, thank you so much for the question. One of
6 the reasons why District Two has had such a large
7 influx is because many of the emergency shelters are
8 located in that district. We also--

9 COUNCIL MEMBER RIVERA: [interposing]
10 Right, that one's location, yeah.

11 SENIOR EXECUTIVE DIRECTOR RAMOS: Yeah.
12 We also do have the two HERRCs, both the Row and now
13 the Stewart which are the family HERRCs, and we know
14 that the stays are possibly indefinite, and so many
15 of the families are there for much longer times than
16 we thought. When the idea of the HERRC was
17 originally-- when we originally designed the idea of
18 the HERRC being amore short-term situation. That
19 being said, we know that there are schools in other
20 districts, neighboring districts that have available
21 seats and have really strong programs, and that's
22 where we have to go back to working with
23 superintendents in identifying those schools without
24 creating a travel hardship. Now, students in
25 temporary housing do have the right to busing, and if

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2 they are older students they also receive Metro
3 cards, the families also receive Metro cards, but
4 again, where possible we want to limit the travel
5 hardship. And so it's being very strategic with our
6 partnerships with our superintendents and our
7 principals to determine which schools are available,
8 which schools have available seats and making sure
9 that we place students thoughtfully, and that work is
10 happening. It has been happening, and it's happening
11 even more now because as Chair Joseph mentioned
12 earlier, there was a lot that we learned from this
13 experience, and we know that there are ways that we
14 need to improve, and that was one of the areas. We
15 know that we have an enrollment policy for a reason.
16 McKinney-Vento Act prioritizes students in temporary
17 housing going to their zone schools for a reason. We
18 do not want to create travel hardships for these
19 students. That being said, this is a unique
20 situation, and where we can be thoughtful we will be
21 thoughtful and strategic.

22 COUNCIL MEMBER RIVERA: Well, I certainly
23 want to work with you, District Two clearly in my
24 Council District. And I just-- I just wanted to ask,
25 and I'll end there, and I want to thank the Chairs

1
2 for their graciousness. Okay, can you explain-- you
3 mentioned in your testimony you have a relationship
4 with ACS for preventive services. Can you talk a
5 little bit more about that relationship and how that
6 impacts families?

7 SENIOR EXECUTIVE DIRECTOR RAMOS:

8 Absolutely, and before I pass it over to Chief Puello
9 Perdomo, I would like to mention that for us contact
10 with ACS should be supportive. It should be a last
11 resort, and there are a number of things we do to
12 intervene to help our families before an ACS call is
13 made, and that's very important to us, and that's a
14 conversation that we have even prior to all of this,
15 but especially now understanding how important that
16 is. And so I'm passing it over to Chief Puello
17 Perdomo to talk a little bit more about that.

18 CHIEF PUELLO PERDOMO: So just to add,
19 and I'm also going to have Gillian Smith who's the
20 Executive Director for the Office of Safety and Youth
21 Development join me, because she coordinates and
22 supports a lot of our partnership with ACS. But what
23 I will say here is that similarly to what Melissa
24 mentioned, ACS is really looking at partnering with
25 school communities to have preventative supports

1 ranging from having access to training, to supports
2 with schools and working with schools that have
3 historically have high number of case reported to the
4 system to ensure that we're doing anything and
5 everything before we get to a case where there's a
6 case call-out [sic] in a family. But I know that
7 should not be the case of any of these migrant
8 students, because in the current situation that
9 they're experience our efforts need to be for every
10 city agency to be wrapping their arms and be
11 coordinated around what we have to make available for
12 these families so that we mitigate challenges that
13 impact the educational outcomes of these students,
14 and that is part of the work that happens under the
15 office of Gillian Smith and she can talk more in
16 addition to the trainings and supports that happen on
17 a yearly basis for coordinate-- school based
18 coordinators on the ground. So, Gillian?

20 EXECUTIVE DIRECTOR SMITH: Good
21 afternoon. So, each school has a designated liaison
22 who is trained every year in partnership with ACS and
23 DOE. The designated liaison then trains the school
24 community to have an understanding of what is
25 mandated reporting, when do we report, and what are

1 interventions that are available prior to reporting.
2 This year, ACS adjusted the guideline so that schools
3 actually work to look to do prevention and
4 intervention before having to call in-- it into
5 central state registry. We are clear that as
6 mandated reporters, if there is signs of abuse, that
7 we must call it in, but if there aren't those signs
8 or immediate danger, that we're working with local
9 resources and local CBOs and calling the ACS
10 prevention arm to come in and work with our families.
11 Schools can also be a part of the prevention and
12 intervention for our families depending on the
13 resources that they have. So, we continue to work
14 with ACS and have schools work with ACS and partner
15 with DOE around community-based organizations, local
16 resources, to support our families. More towards
17 prevention than having to call in. Thank you.

18 COUNCIL MEMBER RIVERA: Is that-- but
19 what are the prevention services? I'm just unclear.
20 Are you-- you're bringing in community-based
21 organizations that understand like culturally what's
22 going on in some of these schools? Are you finding
23 that there's a disproportionate number of traingings
24 happening in some of the schools that have the influx
25

1
2 of students? How does it relate to sort of the
3 hearing topic? Thank you to the Chairs for the time?

4 EXECUTIVE DIRECTOR SMITH: My apologies
5 to make that clearer. So, we do send out reports and
6 we work with a superintendent designee to review
7 reports of schools that submit ACS reports, that
8 submit requests for additional supports for families
9 so that we monitor to see what schools are actually
10 sending in, whether it's additional reports, or we
11 also look to make sure that all schools have the
12 resources that they need. So, the resources that I'm
13 referring to are any preventive services that ACS
14 offers. That could be additional counseling
15 services. It could be access to food. It could be
16 access to-- sorry-- mental health. It could be
17 access to care. It could be access to clothing. A
18 number of things that we have local resources with
19 and as well as using the preventative services that
20 ACS has. So it runs the gamut really depending on
21 what the needs of the families are.

22 DEPUTY SPEAKER AYALA: Thank you, Council
23 Member Rivera. Council Member Hanif?

24 COUNCIL MEMBER HANIF: Thank you so much,
25 Deputy Speaker Ayala and Chair Joseph, and thank you,

1
2 Melissa for all the work that you and your team are
3 doing. I also want to give a shout out to school
4 district 15 superintendent Rafael Alvarez [sp?] who
5 with our schools and in collaboration with Council
6 Member Avilés and myself put together a beautiful
7 community of action collecting necessary items for
8 all the newcomer students. So just a big shout out
9 to him and his entire team. So, the 2,000 dollars
10 allocated to schools with at least six students from
11 asylum-seeking families is such an important start,
12 but this amount does not meet the Fair Student
13 Funding requirements which is \$7,000 per student, and
14 I'm afraid that as a result we're not going to meet
15 the adequate bilingual education and socio/emotional
16 needs and resources that can address the immense
17 trauma that these students have endured. Can the DOE
18 commit to immediately providing full Fair Student
19 Funding formula to schools who have enrolled these
20 students?

21 SENIOR EXECUTIVE DIRECTOR RAMOS: So,
22 the-- so thank you, Chair Hanif, and Save Action
23 [sic] was beautiful. I saw pictures. Superintendent
24 Alvarez and his team did an amazing job in
25 partnership with your offices, so thank you so much.

1
2 We would like to point out that the amount of money
3 that our schools receive back is upwards of \$60
4 million dollars. The 2,000-- the additional
5 allocations through the SAM, that was to support our
6 schools, because we know that the money that they get
7 for students in temporary housing does not update in
8 real-time. So, if they had 12 students in temporary
9 housing in the 2021-2022 year, they're not getting
10 that increase for the 35 that they have in the 2022-
11 2023 year. So, if you have an additional 50 to 60
12 students in temporary housing, we gave you the
13 additional 2,000 dollars per student. Now, in terms
14 of the Fair Student Funding, schools have been held
15 harmless. Whenever a school had 15 or more students
16 in a given grade, we actually made sure that we gave
17 the money back to the schools within days. And so in
18 many cases the schools are-- they have plenty of
19 funding right now to be able to hire additional
20 teachers. We're working closely for any school that
21 is still experiencing any hardship, but it is a case
22 by case basis, and really working in close concert
23 with the principal and the superintendents to
24 identify any needs. Those needs range from
25 technology from additional teachers to social worker

1
2 support. Whatever the schools need, we are taking a
3 close look at their budgets.

4 COUNCIL MEMBER HANIF: So then you would
5 say that schools have the necessary funding to
6 support the newcomer students?

7 SENIOR EXECUTIVE DIRECTOR RAMOS: I would
8 say that schools that have received a huge influx and
9 schools that have escalated concerns that their needs
10 are being met, absolutely.

11 COUNCIL MEMBER HANIF: Okay. And then I
12 understand that the SAM 65 money can't be used to
13 hire permanent staff. Given the immense need right
14 now, will the Department be changing this policy?

15 SENIOR EXECUTIVE DIRECTOR RAMOS: As this
16 money is temporary, this money is just for this year,
17 we are-- that money was allocated to hire sub-paras.
18 Do you can hire temporary personnel, a bilingual sub-
19 para? You can pay sixth period coverages for a
20 teacher who is bilingual and who can perhaps support
21 in another area, but we will not be using it to make
22 permanent hires.

23 COUNCIL MEMBER HANIF: And is there any
24 determination for the next school year?

1
2 SENIOR EXECUTIVE DIRECTOR RAMOS: At this
3 time there is not.

4 COUNCIL MEMBER HANIF: And then, I know
5 that the Mayor's preparing to formally ask the
6 Federal Government to reimburse the City one billion
7 dollars for the cumulative cost related to asylum-
8 seekers. How much of the funding is for education?

9 SENIOR EXECUTIVE DIRECTOR RAMOS: I'm not
10 sure, but I can get back to you.

11 COUNCIL MEMBER HANIF: Okay. And then
12 what funding stream does the City expect to receive
13 these dollars? Would you have those details?

14 SENIOR EXECUTIVE DIRECTOR RAMOS: I can
15 definitely get that information for you.

16 COUNCIL MEMBER HANIF: Great. Thank you.

17 DEPUTY SPEAKER AYALA: Thank you. We'll
18 now hear from Council Member Brewer followed by
19 Council Member Avilés.

20 COUNCIL MEMBER BREWER: Thank you very
21 much. I too want to thank in District Three,
22 Superintendent Samuels, and then this morning PS75
23 and JCC were wrapping amazing gift. So there's a lot
24 of collaboration going on. I think PS75 has 50
25 students and the local JCC did a huge collection. So

1
2 there-- things like that are very special. But it's
3 many challenges ahead. So the busing and the metro
4 cards, so my understanding was this eventually,
5 hopefully, busing will happen, particularly if
6 families move from one community to another, but
7 still want to be at that school. So can you update
8 us on, you know, the status of the metro cards,
9 busing, where we're at with that kind of situation?
10 Obviously parents prefer a bus, but these parents are
11 [inaudible] and they'll do whatever they have to.
12 They didn't all get metro cars on a timely basis, but
13 I know you're trying. Could you just update us?

14 SENIOR EXECUTIVE DIRECTOR RAMOS: Thank
15 you, Council Member. I just want to quickly mention
16 through the work of the Borough Response Team, your
17 advocacy for using our faith-based spaces has been
18 super helpful, and there was a great day of action
19 that happened in Manhattan and a lot of that your
20 work inspired, so thank you for that. In terms of
21 our work with Office of Pupil Transportation, I do
22 have my colleague Jodi with me here today, so I'm
23 going to ask her to please join us.

24 COUNCIL MEMBER BREWER: Thank you.

25

1
2 JODI SAMMONS CHEN: Hello. Thank you for
3 the question, and thank you Melissa. So, on
4 transportation, we do provide busing to students are
5 in grades K-6, so long as they want that. In some
6 cases, families do not want busing, which is totally
7 valid, and so in those cases we get them a metro card
8 and we get the parent guardian a metro card as well
9 so that way they can travel together on public
10 transportation. For the students who do want busing
11 and are in grades K-6, and in some cases preschoolers
12 and in some cases middle schoolers. We work as
13 quickly as possible to get them on a route. Now,
14 students who are in the DHS shelters are
15 automatically routed so long as they select busing.
16 The students who are in our doubled-up settings in
17 our domestic violence shelters in the HERRCs, that is
18 through a request process, which we are working to
19 expedite and we are in constant contact with Chief
20 Puello Perdomo's team to make sure that we're
21 supporting families, especially those who, as you
22 noted, may not have the literacy to be able to access
23 and may not have the digital literacy to be able to
24 access it as a partnership, and so we're continuing
25 to work together on that. As far as the metro cards

1
2 order-- in terms of ordering and providing to the
3 schools, as soon as the schools tells us we have X
4 number of students or we're anticipating X number of
5 students, we work to get those metro cards to them as
6 quickly as possible. We also, when we start the
7 year, and especially in light of this influx of
8 students, we started the first day of school with
9 overhead for the metro cards, just to make sure that
10 we had more than enough on-hand at each school so
11 that way there was no delay.

12 COUNCIL MEMBER BREWER: Okay. I mean, I
13 think the issue is when you are a family and you're
14 moving from one to the other-- I guess this is a
15 HERRC-- for those of you in the system, it's easier
16 to understand DH, HERRC, emergency-- it's a little
17 confusing for the rest of us, but the issue is-- I
18 just had the experience. It takes a little while to
19 get the metro card, and then we don't know when the
20 bus is going to show up. You know, I'm just letting
21 you-- I don't know how many-- do you know how many
22 metro cards you've given out family-wide so far and
23 how many have actually gotten busing, or is that
24 something you could let us know?

25

1
2 JODI SAMMONS CHEN: Yes, we have those
3 numbers. I don't have them committed to memory, but
4 certainly can share it with you.

5 COUNCIL MEMBER BREWER: Okay. And do you
6 get any complaints that families are not getting the
7 metro cards, and so therefore they are not coming to
8 school, or they're just figuring out what to do?

9 JODI SAMMONS CHEN: To my knowledge-- oh,
10 sorry go ahead.

11 CHIEF PUELLO PERDOMO: I can also add
12 here, if you allow me, that at the shelters, we also
13 have metro cards available. So for instance, a week
14 ago I visited the HERRC and was there and the STH
15 team member who's at the HERRC has metro cards that
16 are good for a week. So, if in those instances while
17 we're working on some of those systems and ensuring
18 that families have an opportunity to connect with the
19 school, I don't want to wait for a family to have to
20 go to a school to a metro card. So we are being
21 diligent to ensure that our staff who's on a shelter,
22 who's there, who's physically making that connection
23 and really touching base for that family can help to
24 provide that, to expedite some of the process that
25 you're describing, and I think it's also important to

1
2 know that we just initiated a taskforce that's
3 interagency collaboration around transportation
4 matters, spearheaded by City Hill, includes
5 advocates, includes community leaders. So I think
6 any kind of information and nuances that you can
7 continue to share there, please be in contact with
8 me, be in contact with the transportation team. We
9 want to really get this as right as we can, because
10 we know that we have done a lot, but we haven't
11 created a perfect system.

12 COUNCIL MEMBER BREWER: Okay.

13 CHIEF PUELLO PERDOMO: So getting your
14 insight would inform the work that this taskforce is
15 doing, but just wanted to make sure that we
16 understand that the metro cards are also available in
17 many of the shelters, and we taking that--

18 COUNCIL MEMBER BREWER: [interposing]

19 Thank you.

20 CHIEF PUELLO PERDOMO: because of those
21 needs that you're describing.

22 COUNCIL MEMBER BREWER: Alright, thank
23 you. Now, quickly, parents want the same kind of
24 education that kids are getting, you know, language
25 and so on. So how many schools are able to do that?

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2 And then of course, the whole world is looking for
3 bilingual staff in terms of nonprofits, you know, to
4 do-- I hate to keep bringing up mental health,
5 social/emotional, but that's what everybody's asking
6 for. So I know you're under the same challenge.
7 Where's the staff, you know, etcetera, etcetera. And
8 it's all to me, it's about money. You got to pay
9 people more. So, are you thinking along those lines?
10 This is community-based organizations for parents and
11 for students and everybody's looking for, you know,
12 something like counseling in schools, mental health,
13 partners and children. I don't know. You get the
14 picture. But it's not always happening. And it's
15 not your fault, but what are we doing to try to
16 address it?

17 SENIOR EXECUTIVE DIRECTOR RAMOS: You're
18 absolutely right, and before we pass it back over to
19 Flavia, I think one of the things that we're also
20 doing is identifying the difference between a
21 bilingual licensed pedagogue versus a pedagogue who
22 is bilingual and leveraging all of those resources.
23 So, I myself, I'm a licensed English teacher, but I
24 speak Spanish fluently, and so I am someone who would
25 be of great assistance, and so we see a lot of

1 schools where they're taking these bilingual teachers
2 to support and push into other classes. Also, our
3 bilingual paras are-- they're gems that we often
4 overlook. These are people--

5
6 COUNCIL MEMBER BREWER: [interposing] Yes,
7 I agree.

8 SENIOR EXECUTIVE DIRECTOR RAMOS: who
9 push into classrooms. They provide support from
10 instructions to social/emotional. They become a
11 trusted person that these students look forward to
12 seeing every day. So we're also leveraging our
13 bilingual paras. We continue to recruit for
14 bilingual teachers and for bilingual social workers,
15 and obviously there was a ton of work happening with
16 our community schools, so I'll pass that over to
17 Flavia.

18 COUNCIL MEMBER BREWER: I mean, somebody
19 at Catholic Charities said the other day, if you
20 speak Spanish, I'll hire you tomorrow. But you know,
21 so you really do need it. Like the Mayor, the
22 Chancellor, somebody has to make that clearer. Those
23 of us in the know understand that, but it would be
24 good to have a cry. There's a lot of wonderful folks
25 here that would maybe help.

1
2 SENIOR EXECUTIVE DIRECTOR RAMOS: And
3 respectfully, Council Member, it's not only Spanish.
4 Spanish is right now--

5 COUNCIL MEMBER BREWER: [interposing] No,
6 I know.

7 SENIOR EXECUTIVE DIRECTOR RAMOS: on our
8 radar, but we also know that we have a lot of
9 students coming from West African countries--

10 COUNCIL MEMBER BREWER: [interposing] I am
11 aware.

12 SENIOR EXECUTIVE DIRECTOR RAMOS: as
13 well, and so I think for us, it's valuing--

14 COUNCIL MEMBER BREWER: [interposing]
15 [inaudible]

16 SENIOR EXECUTIVE DIRECTOR RAMOS:
17 multilingualism across all--

18 COUNCIL MEMBER BREWER: [interposing] No,
19 I agree. I was--

20 SENIOR EXECUTIVE DIRECTOR RAMOS:
21 [inaudible]

22 COUNCIL MEMBER BREWER: I didn't mean
23 that.

24 SENIOR EXECUTIVE DIRECTOR RAMOS: Thank
25 you.

CHIEF PUELLO PERDOMO: Council Member

Brewer, thank you for the question, and I think I'll start with the piece that you mentioned about supports for families. So, one of the things that the students in temporary housing team have been doing is working with our District 75 superintendent, Superintendent Espiranz [sp?]. so we have begun to provide surveys, but also getting the STH [sic] coordinators to connect directly with families so that they have an awareness of the adult educational programs that exist within the District 75 umbrella, because I think we have a range of families of parents with a range of needs, ranging from what Chair Joseph flag [sic]--

UNIDENTIFIED: [inaudible]

CHIEF PUELLO PERDOMO: In instances where we have parents who, you know, might be-- might not have the literacy that we want to desire, but that we also have people who came from having formal training and education in their native country, which now we're in a condition where they're not able necessarily to leverage that because of, you know, having the legal documents. So part of it is like trying to understand what their needs are and the

1 things that they're flagging, really leveraging the
2 students in temporary housing team on the ground to
3 make the connections with District 75, and continuing
4 to partner strategically. So, for example, I
5 recently in a call with the superintendent, the UFT,
6 where we're looking to open a GED program inside of a
7 shelter. So, in those instances, if there is the
8 space, if there is the population, I know that
9 superintendent Espiranz is like ready to jump in and
10 take advantage of this opportunity so that we can
11 provide educational options to the families. In
12 regards to the social workers and the supports, I
13 will say that I often get a hard time from many other
14 agencies when I jump on calls with them because of
15 how many social workers the DOE has recently hired,
16 especially those 500 thanks to Council.

17
18 COUNCIL MEMBER BREWER: I take full
19 responsibility with Treyger.

20 CHIEF PUELLO PERDOMO: Thank you.

21 COUNCIL MEMBER BREWER: Me and Treyger.

22 CHIEF PUELLO PERDOMO: So, when that
23 happens moving forward, I'm going to make sure that I
24 highlight that so that I'm not to blame for why they-

1
2 COUNCIL MEMBER BREWER: [interposing] You
3 can blame us.

4 CHIEF PUELLO PERDOMO: have gaps. They
5 doesn't happen often. I will leverage that for
6 whatever little I can, but I mean we're saying that,
7 but I could not imagine how we will have been more
8 prepared. We have not made those adjustments coming
9 from COVID and ensuring that we increase staffing the
10 ground. But some of that is also leveraging our
11 partnership with Health + Hospitals, collaboration
12 like the mental health continuum which also was
13 funded through Council that has been a learning and
14 an opportunity for me just to work with New York City
15 Well, to work with Health + Hospitals, to work with
16 DOHMH to ensure that we have really coordinated
17 efforts so that each of these agencies can really
18 work to deepen the needs and supports for families.
19 So hope that we can continue to build upon that,
20 except now we only-- for the continuum specifically,
21 we only have funding for this year, but I know that I
22 will definitely count on the support from council to
23 continue to build that and continue to position us so
24 that we can support students in the school, which
25

1
2 often time is the more consistent point for many of
3 our families.

4 DEPUTY SPEAKER AYALA: Thank you.

5 COUNCIL MEMBER BREWER: Thank you.

6 DEPUTY SPEAKER AYALA: thank you, Council
7 Member. I have-- so we're going to hear from Council
8 Member Avilés in a second, but I have just one
9 question regarding situations of bullying. How is
10 the DOE handling, you know, those situations where
11 new arrival-- children who are new arrivals are being
12 bullied at the schools, and what type of resources
13 are available to them?

14 SENIOR EXECUTIVE DIRECTOR RAMOS: So,
15 before we pass that over to Flavia and possibly also
16 our partner from OSA, Gillian Smith, the first thing
17 we're super excited to talk about is our partnership
18 with NYPD. Their Head of Immigrant Affairs works
19 closely with me. He reached out to me a couple of
20 weeks ago. Thanks so much to elected officials who
21 actually connected us together, and Detective Ramos
22 and I are working on a joint taskforce to discuss the
23 bullying issues that are-- that could possibly start
24 happening. And so what's important about that is
25 really thinking about the partnership with NYPD and

1
2 how we can come to the table in a different way than
3 I think sometimes we normally do, and thinking about
4 how NYPD can be our friend in this work, and really
5 we can educate our students on what it means to
6 welcome our newest New Yorkers and how we can be
7 compassionate and how we can be supportive and also
8 keep a very careful eye on them. So I'm going to
9 pass it over to Puello Perdomo and ask Ms. Smith if
10 she can join us as well.

11 CHIEF PUELLO PERDOMO: Thank you,
12 Melissa. I think what I will share here is that in
13 any instances where we hear of situations where
14 there's, you know, students and families that are
15 reporting that this has happened to them, I hope that
16 we flag and let us know ASAP, and I know that our
17 principals take these kinds of matter very seriously.
18 I have been nothing but pleased and my heart warms
19 when I have gone to many of our schools that have
20 received some of our new migrant, and I see how it's
21 seamless how within a classroom these students have
22 been welcomed and how teachers and principals have
23 integrated within the school community. Our Office
24 of Youth Development, Safety and Youth Development
25 that Gillian is a part-- leads a lot of the work we

1
2 do around No Place for Hate and around our anti-
3 bullying work. So Gillian can definitely add here.
4 What I will say is that in this instance that some of
5 the work that we have done over the last couple of
6 years around restorative justice practices and
7 welcoming and creating affirming setting and
8 environment are key because they provide the
9 foundation so that every child is welcome in a school
10 community. so, Gillian can definitely talk more
11 about that, but this is another space where Council
12 have kind of laid some of the groundwork that we're
13 leveraging to ensure that we can raise to the bar
14 [sic] in this current crisis. So, Gillian?

15 EXECUTIVE DIRECTOR SMITH: Good afternoon
16 again. Thank you for the question. I actually think
17 the most important part of the response is what
18 Flavia said. The work that we've been doing around
19 restorative justice for a few years now, which the
20 Council has supported, has allowed us to actually
21 create spaces that are warm, that are welcoming, that
22 parents and students and teachers and administrators
23 have engaged in in knowing what does that feel like,
24 understanding not the other, but understanding us and
25 everything we want to feel and be when we are in

1 school spaces. We also have the Respect for All
2 piece that we continue to do with all schools. We
3 also engage school staff in training around equity,
4 around safe environment, around what are ways that we
5 can academic and social/emotionally teach children
6 how to create affirming environments that they want
7 to be a part of, and we do that with teachers and we
8 do that with students and with our parents.

10 DEPUTY SPEAKER AYALA: I really
11 appreciate that response. Melissa, could you
12 elaborate a little bit more on your partnership with
13 the NYPD, because when I hear the NYPD and students
14 red flags are like ding, ding, ding, ding, ding.
15 Only because it doesn't really fit what I in my mind,
16 you know, think of when we're talking about
17 restorative justice. It seems very like, you know,
18 punitive, and we're talking about bullying, right?
19 Bullying can mean, you know, a child making fun of
20 another child. It doesn't necessarily have to lead
21 to physical violence that would merit the
22 intervention of the NYPD, and I value the NYPD for
23 the work that they should-- you know, that they
24 should be doing. I don't see there being a role in
25

1
2 the schools for the NYPD in this way. So, I just
3 kind of-- I want to make sure I understand.

4 SENIOR EXECUTIVE DIRECTOR RAMOS: And
5 apologies for not being clearer, Council Member. The
6 partnership would not be within the schools. This is
7 really just thought partnership between Immigrant
8 Affairs and me as the point-person for Department of
9 Ed, and when they have-- when they convene and they
10 have conversations around bullying or anything that's
11 happening in neighborhoods, they will invite me to
12 the table to have those conversations with them as
13 well and to provide insight, in which case I would
14 absolutely invite my colleagues to join. It's a very
15 new conversation. It's not tied to any one
16 initiative. It was really just the head of
17 Immigration Affairs just reaching out and saying hey,
18 we want to hear what's going on. We want to see if
19 there's any way that we can be supportive, but it's
20 not for them to take an active role in schools.
21 That's not our approach. Either our approach is a
22 restorative one and making sure that we leverage all
23 of our own internal resources, particularly around
24 the pillars of restorative practices to support our
25 students.

1
2 DEPUTY SPEAKER AYALA: Yeah, you know, I
3 love my schools, and I think that they've done a
4 tremendous job in really, you know, in pivoting and
5 trying to figure-- identify ways, right, to be
6 helpful to families and they've made a number of
7 calls to our offices, and you know, I think that
8 there's a sense of community that you get when you're
9 walking into a school building that is very different
10 and unique than when you're in a shelter system,
11 right? And so I find it an appropriate setting for
12 receiving certain, you know, resources. That's, you
13 know-- it's great. But I also think that when we're
14 talking about bullying and poverty, and you know, and
15 children not speaking the language, and you know,
16 maybe having disabilities or wearing glasses or
17 having a stutter. Those are all teachable moments,
18 and that I think is where, you know, the DOE could
19 be, you know, a little stronger. I-- you know, I've
20 witnessed a couple of interactions where it just--
21 you know, the aggression was matched with aggression,
22 and I think that there has to be an understanding.
23 And where is that coming from, right? That doesn't
24 just-- you know, kids don't just wake up one day and
25 decide they're going to go bully their peers, right?

1
2 That's always-- there's usually something underlying
3 that's happening, and I think that when we don't
4 look, you know, take a deeper dive into that, that we
5 miss an opportunity to really be impactful in that
6 child's life. And so, you know, this is something
7 obviously of concern. It's not just, you know, in the
8 school system. we're seeing a lot of this happening
9 even in the DHS sites where, you know, people that--
10 New Yorkers that have been displaced and that have
11 been housing insecure for a while and living in
12 shelter conditions feel like newly-arrived migrants
13 are receiving special treatment, you know, they're
14 receiving privileges that they don't have access to.
15 And I will-- I really want to address that and say
16 that that is actually not true, right? Many of these
17 of families we know come here with nothing, bare
18 essentials if that, and they don't qualify for many,
19 you know, for many programs and services. So, they
20 don't have access to cash. They don't have access
21 to, you know, clothing and you know-- the things that
22 many of us, you know, have access to. And so we're
23 working a little bit harder to make sure that we at
24 least, right, give them that step up, and they're not
25 necessarily starting at zero. But thank you for

1
2 clarifying for that, and we will hear finally, I
3 believe, from Council Member Avilés.

4 SERGEANT AT ARMS: Time starts now.

5 COUNCIL MEMBER AVILÉS: Hi there. I was
6 waiting to be unmuted. Thank you Deputy Speaker for
7 all this-- all these hear-- the hearing today. I'd
8 like to know-- in our briefing materials it was noted
9 that the DOE does not keep track of students in
10 temporary housing that are enrolled in publicly
11 funded charter schools. Is that true?

12 SENIOR EXECUTIVE DIRECTOR RAMOS: I'm
13 sorry, Council--

14 COUNCIL MEMBER AVILÉS: [interposing] And
15 if so, why not?

16 SENIOR EXECUTIVE DIRECTOR RAMOS: I'm
17 sorry, Council Member. Are you asking if we keep
18 track of the number of students who are in temporary
19 housing in charter schools?

20 COUNCIL MEMBER AVILÉS: That's correct.

21 SENIOR EXECUTIVE DIRECTOR RAMOS: We do
22 keep track of the number of students in temporary
23 housing who are in charter schools. We have started
24 compiling that data.

1
2 COUNCIL MEMBER AVILÉS: And how-- how
3 many students in temporary housing are currently
4 enrolled in charter schools?

5 SENIOR EXECUTIVE DIRECTOR RAMOS: I do
6 not have the numbers committed to memory, but I will
7 get you that information as soon as possible.

8 COUNCIL MEMBER AVILÉS: That would be
9 helpful. We'd love to know what that looks like
10 across the board across all the schools. I wanted to
11 go back to I guess the 3K process and understand a
12 little bit more around how parents are engaged in
13 being able to enroll and accessing care.

14 SENIOR EXECUTIVE DIRECTOR RAMOS: So,
15 thank you for the question. We do know that this is
16 a very important group that we need to pay close
17 attention to, and so as families express need for
18 seats whether it's through the shelter and meeting
19 with their shelter base coordinators, then we
20 identify available seats, and we provide that
21 information to families to support them with
22 enrolling in those programs.

23 COUNCIL MEMBER AVILÉS: Do you know more
24 or less how many children have been-- how many
25

1 families have been requesting seats, how many 3K
2 children?
3

4 SERGEANT AT ARMS: Time expired.

5 SENIOR EXECUTIVE DIRECTOR RAMOS: I'm
6 happy to get that data for you, Council Member.

7 COUNCIL MEMBER AVILÉS: Great. Speaker,
8 if I may just one last question.

9 DEPUTY SPEAKER AYALA: You may.

10 SPEAKER ADAMS: You may.

11 COUNCIL MEMBER AVILÉS: Yeah, I'd love to
12 definitely see the data around how many children are
13 estimated that have requested or are eligible for
14 those services, and then also understand how long
15 it's taking either to get placement between the time
16 of the request and the offering of the slot is going,
17 and also what the outreach plan is and how non-
18 English-speaking parents are informed of these 3K
19 [inaudible].

20 SENIOR EXECUTIVE DIRECTOR RAMOS: In
21 terms of the information and the support for the
22 family, our shelter-based coordinators are well-
23 positioned to have these conversations, and I will
24 pass it over to Chief Puello Perdomo to speak a
25 little bit more about that.

1
2 CHIEF PUELLO PERDOMO: Thank you,
3 Melissa. So, yeah, absolutely. This is one of the
4 areas where we have trained our staff. So not just a
5 shelter-based staff, but also our regional managers
6 so that they are on site and have direct contact with
7 families. It becomes a little easier to be able to
8 let them know about school-based options for our
9 early learners, and then, you know, as Melissa
10 shared, from there we can get more insight and more
11 specific data from you about how many are actually
12 enrolled recently.

13 DEPUTY SPEAKER AYALA: Thank you, Council
14 Member Avilés. I have one more question regarding the
15 number of seats for English language learners. Do
16 know what-- what is the total number of seats
17 citywide?

18 SENIOR EXECUTIVE DIRECTOR RAMOS: The
19 total number of seats, I'm sorry?

20 DEPUTY SPEAKER AYALA: Of classroom seats
21 for children that are non-English-speaking.

22 SENIOR EXECUTIVE DIRECTOR RAMOS: So, it
23 depends on the program. I'll pass it over to Chief
24 Mirza to discuss, but we have three different

25

1
2 programs, so it depends on the program that they're
3 seeking to enroll in.

4 CHIEF MEDINA: So, thank you for the
5 question. Every student that comes should have
6 access-- must have access to education. We would
7 like for students to have access to the program of
8 their preference. Often that is bilingual education.
9 We don't always have the opportunity in every school.
10 That's part of the plan that we have to revitalize
11 bilingual education in New York City and increase
12 bilingual programs, but they do have ENL services,
13 and all ELL's must have ENL services. So we don't
14 have a number, per say, but we do have-- all schools
15 must provide these services. What we've done is been
16 able to open bilingual programs in some of these
17 schools where we have a significant number, influx of
18 students.

19 DEPUTY SPEAKER AYALA: I ask because I
20 know that a number of children were sent to District
21 Four in my Councilmatic District because we had
22 available slots which is great, right? We want them-
23 - you know, we want to be able to use them if we have
24 them. We want to make sure that they're available to
25 all children that need them, but that you know, it

1
2 concerns me that we don't have the capacity to build
3 that in every school building. Because what's
4 happened is that the families that are living at the
5 Row, which is a hotel in Midtown, are traveling to
6 East Harlem to take the kids to school. You know, I
7 don't-- you know, I would imagine that many of them
8 are not comfortable putting their children on a
9 school bus. They don't know, right, you know, the
10 system here, and so the schools were concerned
11 because they were sharing with us that the parents
12 sometimes idle in the community because they don't
13 have anywhere to go and they can't afford to keep
14 coming and going there. Those metro cards are no
15 unlimited, and they can't, you know, go back to the
16 Row and then come back again at dismissal. So you
17 know, that's concerning to me, you know, the fact
18 that they have to transfer. So ideally what I would
19 do would be call, you know, call DHS and say hey, is
20 there a possibility to transfer these families to a
21 shelter closer to the school, but because they're in
22 a HERRC that's not possible.

23 CHIEF MEDINA: So, I want to reiterate
24 that every single one of our students must be served,
25 and I'm going to toss it to Sarah to speak a little

1
2 bit more about enrollment. And where opportunity
3 presents itself to open bilingual programs, we do so,
4 but the ENL service is provided to every single one
5 of our students who are English language learners who
6 have been identified as English language learners.
7 That's part of the Commissioner's policy, regulation
8 154.

9 COUNCIL MEMBER JOSEPH: Every school has
10 an ENL coordinator?

11 CHIEF MEDINA: Great question. I won't
12 say. I don't have that number, but I won't say that
13 every school has an ENL coordinator. That would be
14 amazing if we had the opportunity to ensure that
15 every school had an ENL coordinator, but every school
16 has the mandate to ensure that every single one of
17 our ELLs are served.

18 UNIDENTIFIED: But you have to be served
19 by an ENL coordinator. When the parent comes into
20 the school they must be screened using the Hills
21 [sic] form with the home language.

22 CHIEF MEDINA: So, it has to be a
23 pedagogue that it's trained.

24 UNIDENTIFIED: Correct.
25

1
2 DEPUTY SPEAKER AYALA: [inaudible] That's
3 why she's good [sic].

4 CHIEF MEDINA: And I appreciate that
5 question. Thank you.

6 SENIOR EXECUTIVE DIRECTOR RAMOS: Our
7 dream would be for, you know, the expansion of PS189
8 all over the City.

9 UNIDENTIFIED: All over the city.

10 SENIOR EXECUTIVE DIRECTOR RAMOS: All
11 over the City, and on behalf of the Chancellor, I can
12 say that we absolutely believe in bilingual
13 education, and prior to the influx of asylum-seeking
14 families, this has been a priority for this
15 Administration, and Mirza is not only a great leader
16 in it, but she's an example of why that type of
17 educational model works for our students. We're
18 using this as an opportunity to expand those
19 programs. It's not happening as fast as we would love
20 for it to happen, but our goal is to make it happen.
21 That being said, there are other models. As you well
22 know as a former bilingual teacher, so our children
23 are getting served, but we are going to make sure
24 that we are expanding those bilingual programs.

1
2 COUNCIL MEMBER JOSEPH: I know that you
3 have a program called extended certification. I've
4 been saying that from day one, either extended
5 certification or ESL extension. So, the program
6 allows teachers who already have the common branch
7 [sic] to get an extension and then commit to working
8 for two years. How is that looking? How is that
9 program looking? How many teachers are currently
10 enrolled and what's the pathway? For how-- how do
11 teachers who want to become bilingual teachers, how
12 can they join this program?

13 SENIOR EXECUTIVE DIRECTOR RAMOS:
14 Absolutely. And there are multiple program--
15 multiple pathways. So, you can join through CUNY,
16 and again, I'll pass it back over to Mirza because
17 this is really her baby. But we-- there are multiple
18 pathways. I myself as able to take advantage of
19 that, and they're subsidized. We're also looking at
20 our paraprofessionals who want to become teachers and
21 who are looking--

22 COUNCIL MEMBER JOSEPH: [interposing]
23 Bilingual pupil services, gem. It's a gold mine, I'm
24 telling you.

25

1
2 SENIOR EXECUTIVE DIRECTOR RAMOS: I know
3 it.

4 COUNCIL MEMBER JOSEPH: The best of the
5 best comes out of bilingual pupil services.

6 SENIOR EXECUTIVE DIRECTOR RAMOS: I
7 agree, and so we'll pass it over to Mirza to expand
8 more.

9 CHIEF MEDINA: Thank you. A powerful
10 question. We've been working with our partners in
11 CUNY. Yes, the bilingual pupil services came up as a
12 program to support-- we're actually working with a
13 firm to see how we can continue to partner not just
14 with CUNY and other universities, but also with the
15 state. We're having those conversations, and how do
16 we-- how can we expedite these certifications. Also,
17 as a bilingual teacher who as certified in New York
18 City, it is extremely important that we do this and
19 take advantage of the many, many professionals who
20 speak the language who could really support and want
21 to jump in. We have these conversations, but at the
22 same time we're looking at other avenues to increase
23 the population of certified bilingual teachers and
24 ENL teachers in the City. More to come on that
25 front.

1 COUNCIL MEMBER JOSEPH: I'll be watching.

2 CHIEF MEDINA: Thank you.

3 COUNCIL MEMBER JOSEPH: So, what-- if-- I
4 know the average time to complete the program is,
5 what's the average time?
6

7 CHIEF MEDINA: One year.

8 COUNCIL MEMBER JOSEPH: One year? What's
9 the effort for DOE to recruit more teachers into this
10 program? Now we got to bring them in as well,
11 because a lot of people are like, I don't want to go
12 to school. I'm tired. I don't want to do this. How
13 do we get them there?

14 CHIEF MEDINA: Great question. Again, we
15 were speaking to a team of CUNY and I actually asked
16 the same question, how do we entice aspiring teachers
17 to get the certification, and also how do we ensure
18 that teachers who are in service, teachers will go
19 for the certification, and asked can we ensure that
20 the program is virtual. We do have a commitment from
21 some of the schools, CUNY schools to provide the
22 program virtually so it's easier for teachers. And
23 then also, the sub-- it's subsidized, so it does
24 support our teachers. So, the plan is to announce.
25 We continue to communicate with superintendents, with

1 principals. Every visit we make to a school, we're
2 talking to teachers that we see who speak another
3 language about ensuring that they sign up for these
4 programs. And as part of the bilingual
5 revitalization plan is that we are looking to ensure
6 that we are looking for teachers everywhere. Listen,
7 Board of Ed then went to Puerto Rico to pick me as a
8 Chemistry teacher, and if we have to go there, you
9 know, do that as well, then we are committed to
10 ensuring that our students in New York City have
11 quality instructional services in the language of
12 their preference.
13

14 COUNCIL MEMBER JOSEPH: And we have to
15 treat teachers like rock stars that they are.

16 CHIEF MEDINA: Yes.

17 DEPUTY SPEAKER AYALA: She's a little
18 biased, but well-deserving. Are there any other
19 Council Members that have not had an opportunity to
20 ask questions? Please raise your hands. No? Okay.
21 Are you done, Madam Chair? You have one more
22 question?

23 SENIOR EXECUTIVE DIRECTOR RAMOS:

24 [interposing] Deputy Speaker, if I may, I just have
25 some follow-up data. Originally, Chair Joseph, your

1
2 question was the number of SIFE students from last
3 year that was four percent of our multilingual
4 learners. Last year were four percent of our
5 multilingual learners were SIFE last year. And to
6 Council Member Avilés, this question regarding the
7 number of students in charter. As of last week, 393
8 students were enrolled in charter.

9 COUNCIL MEMBER JOSEPH: We know that
10 recently there was recruitments from teachers, for
11 teachers in the Dominican Republic, and we saw
12 controversy around that. Can you-- just wanted to
13 make sure I'm reading my notes correctly. So, we
14 wanted to know what was the impact the allegation had
15 on those 22 teachers, because now that's 22 teachers
16 that's going to be missing again from-- in front that
17 used to see our students every single day. And what
18 impact the allegation has on new recruitments offers.

19 SENIOR EXECUTIVE DIRECTOR RAMOS: Thank
20 you for the question Chair Joseph. Those teachers
21 are currently in our schools, all 22 of them. We are
22 working closely with our HR Department to-- and New
23 York State Education Department to support them with
24 their certification process. And so they-- there is
25 a pathway for them to receive certification, and all

1
2 allegations were reported. We are making sure that
3 we are prioritizing those teachers and their support,
4 making sure that they feel welcomed. We are
5 partnering with the UFT to support them, and so we're
6 very confident that those teachers will remain with
7 us and continue to contribute to our students.
8 Recently, when I met with them myself, I thanked them
9 for their service, because they are bringing
10 tremendous talent to our children.

11 COUNCIL MEMBER JOSEPH: Alright. And in
12 terms of emerging needs of appeal money, how-- when
13 appeal is made to you, how often-- how often, how
14 fast does it get out the door, get to the schools as
15 they need it?

16 SENIOR EXECUTIVE DIRECTOR RAMOS: If an
17 appeal comes to us on day one, I can tell you that
18 within a couple of days schools are receiving their
19 money.

20 DEPUTY SPEAKER AYALA: Thank you. And
21 that concludes this portion of this final panel. I
22 want to remind folks that we will be back here
23 tomorrow morning at 10 o'clock to hear from the
24 public. Public testimonies will start at 10 o'clock
25 sharp. Thank you so much for coming today and

1
2 answering our questions. I think that we have a
3 shared, you know, interest in ensuring that families
4 and children that are newly arriving are receiving
5 the services that they're entitled to in a way that,
6 you know, is compassionate and, you know, the most
7 efficient. So thank you so much. And with that,
8 this hearing is-- do you want to say--

9 COUNCIL MEMBER JOSEPH: [interposing]

10 Thank you always, and let's get ready. It's going to
11 get. It's going to be a wild ride guys, thank you.

12 DEPUTY SPEAKER AYALA: With that this
13 hearing is concluded. Thank you.

14 [gavel]

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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 January 12, 2023