

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

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Julie Won  
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## 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  
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Ashwin Vasan  
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



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

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

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

every tool at our disposal to ensure that they can build safe, dignified and abundant lives. This is the same commitment we make to everyday New Yorkers which remains the focus of our day-to-day work. New York City is a city of immigrants, and we owe much of our greatness to the significant contributions that immigrants-- that the children of immigrants have made throughout history. Our diversity allows us to lead interconnected enriched lives benefitting, learning, and growing from each other's cultures, skills and perspective. Though all of those seeking asylum have come to our city in pursuit of new life, so many have left behind dedicated careers whether with skilled craftsmanship or trades, as nurses, engineers and other professions. It is to our collective benefit to recognize those talents and skills early on and set policies that allow for immigrants to make meaningful and unique contributions to society without delay. We must also acknowledge the struggles and trauma they have been through in their journeys here and the support required to help them succeed in our city and our communities. Over the past several months, the City has worked to pool its resources and accommodate the



thousands of new migrants. We have seen the opening of dozens of emergency shelters, and several Humanitarian Emergency Relief and Recovery Centers. While the Council expressed opposition to constructed outdoor HERRCs, first at Orchard Beach and then on Randall's Island, we understood the need for such a response and facility. We simply believe there were alternative indoor locations that would be more effective in achieving the desired humanitarian outcomes. We are glad the Administration shifted its approach and is instead making use of large vacant or underutilized hotels for HERRCs consistent with the Council's recommendation. As a resulted of the learning process an unexpected crisis such as this provides and requires we are now better equipped to meet some of the needs of migrants. Yet, there are an array of improvements to policies and support services that could help us better serve asylum-seekers and all New Yorkers. In addition to shelter, migrants need culturally-appropriate food, translators, clothing, transport access, and of course, schooling for children. Alongside the Administration's efforts, our nonprofit partners, community organizations, and every day New Yorkers

have gone above and beyond to fill the gaps. The organizations that have been committed to this work need our support now and in the future. We understand that addressing this crisis is challenging and complex. It requires significant coordination across city government and major support from our state and federal government partners. The Council has used its voice to advocate for additional support from the Federal Government in various areas. We know increased support from other levels of government is necessary, both to meet the needs of those already in our city, and especially as we expect more people seeking asylum to arrive in the coming days. With the imminent end to Title 42, additional funding and logistical support from our government partners will be essential as we prepare to meet the increase in arrivals of people seeking asylum. Whether it is for expedited work permits or resolving bureaucratic challenges with the Administration of our local ICE office at Federal Plaza that has left too many awaiting appointments in the cold overnight, the Council will continue to be a champion for this important partnership and support from the state and federal governments. It is

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

1 and thanks to the Council Staff from the numerous  
2 divisions who have put this special hearing together,  
3 coordinated with organizations to support migrants,  
4 and are currently administering a holiday drive to  
5 collect essential supplies for individuals and  
6 families. These efforts have been a massive  
7 undertaking that I know took a lot of coordination  
8 and team effort. They demonstrate the commitment of  
9 our public servants to this work. Also, thank you to  
10 everyone joining us in the chambers today and on the  
11 live stream. Public participation is essential to  
12 the health of our democracy, and I look forward to  
13 the hearing in tomorrow's public testimony. I will  
14 now turn it over to Deputy Speaker and Chair of the  
15 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

services to migrants. Since the spring, more than 31,000 asylum-seekers have arrived in New York City, some fleeing authoritarian rule and economic collapse within their own countries of origin. Following an arduous and dangerous journey, some traveling on foot from South America amidst hazardous conditions through undeveloped and treacherous terrain. Thousands of families and single adults now find themselves seeking safety, refuge, and opportunity in New York City. like so many before them, our city stands a beacon of home for those determined to have a chance to gain a better life for themselves and their families, and while we warmly welcome our new neighbors, their unanticipated arrival in such large numbers has profoundly impacted many of our City services. The immediate and urgent needs of migrants which include a right to shelter, as well as a need to access education and healthcare services will give way to longer term necessitates that will include assistance with legal challenges around issues of immigration status and a way forward to address the problems of accessing gainful employment with proper documentation. As we move through this unprecedented challenge, we must pause in order to gauge the

effectiveness of our system and its resources to provide a response for the dozens who are impacted by this humanitarian crisis here in New York City. I want to begin by thanking the Administration for its participation in today's hearing and in advance of the public testimony which we will look forward to hearing tomorrow at 10:00 a.m. here at the City Council. Before we begin, I'd like to review the agenda and outline some procedures. Today, we're scheduled to hear from the following agencies. Between 10:00 and 12:00 we will hear from the Mayor's office of Immigrant Affairs, the New York City Emergency Management Office, Mayor's Office of Contracts and Services, and New York City Health + Hospitals. Between 12:00 and 1:00 we will hear from New York City Health + Hospitals again, as well as the New York City Department of Health and Mental Hygiene. Between 1:00 and 2:30 the Department of-- we'll hear from the Department of Social Services and the Department of Youth and Community Development. And between 2:30 and 4:00 we will hear from the Department of Education. Prior to Administration testimony, the corresponding committee Chairs will be given an opportunity to make a short, short

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

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



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

USCIS appointments and paperwork but have no way to interpret these documents and limited access to consultation and representation. We need to do better. It is our duty as elected representatives to give New Yorkers the best chance to build successful lives in our city. At today's hearing I look forward to learning about how the Administration plans to address these concerns and their preparations for the anticipated influx of arrivals coming over in the coming days, weeks, and months. I will now turn it back over to Deputy Speaker Ayala. Thank you.

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

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

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

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

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

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

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

DEPUTY SPEAKER AYALA: Thank you. We will now hear from Council Member and Chair Mercedes Narcisse. Council Member Narcisse?

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

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

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

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



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

terminal at Midtown Manhattan. In those early days and weeks, we quickly realized that unlike previous waves of immigrants to our city, this population was less likely to have family members or acquaintances with whom they could connect and reside with here in our city. This population was made up of not just single adult males, but of many families with multiple children, many who had been in the U.S. only for a few days before being bused here with little more than the clothes on their backs. In response, the city coordinated and worked closely with state and city agencies, nonprofit organizations, and volunteer groups, with a mission to meet the most immediate needs of the growing surge of arriving asylum-seekers. We provided them with the emergency medical attention they needed and coordinated transportation initially to our DHS shelter's intake sites and now at a Humanitarian Emergency Relief and Response Centers run by Health + Hospitals. As time passes, the surge grew from a handful of buses arriving a couple of times a week in August, to between four and nine buses that we are aware of daily in September and October arriving at Port Authority. And while the number of people coming has

decreased in the last month, we have still seen a steady increase over this time, and in a short period we have welcomed over 30,000 asylum-seekers to our city with over 20,000 still either in DHS shelters and/or at our HERRCs. Despite this unprecedented and unexpected nature of the challenge over the past few months, New York has responded immediately with the humanity and respect that asylum-seekers deserve. As you know, Title 42 allowed the Federal Government to deny entry on health grounds in light of COVID-19 pandemic. On November 15<sup>th</sup>, a Federal Judge declared the use of Title 42 unconstitutional, but gave the Biden Administration an extension to allow the Federal Government time to prepare. We anticipate seeing a new wave of asylum-seekers possibly arriving to New York City after December 21<sup>st</sup>, this Wednesday, as Title 42 expires. In addition to our immediate response to support asylum-seekers at Port Authority, we provided wrap-around services across our shelter system. In August, we also issued a \$6,750,000 emergency procurement for a vendor to provide case management and service operations at an asylum-seeker resource navigation center and satellite sites across the five boroughs. Catholic Charities of New York was

selected as the contractor and we launched a navigation center that same month on September 15<sup>th</sup>. The navigation center immediately began to support recently arrived asylum-seekers, individuals and families, providing them with access to everything from healthcare to school enrollment to immigration legal orientation and information. To date, the center has served over 7,800 individuals. Concerning legal services, unfortunately, immigrants are not entitled to representation by government-funded lawyer. Thus, making individuals and families responsible for securing and paying for their own legal counsel. For this reason, over the years, New York City government has made historic investments in providing free immigration legal services for immigrant New Yorkers. In fact, New York City spends more on providing free immigration legal services to its residents than any municipality in the nation at over 67 million just this year. However, New York City does not have the financial or operation capacity to fund legal services for all immigrant New Yorkers that need them. The nearly 30,000 recently arrived asylum-seekers joined a community of over 1.2 million non-citizens who live in New York City that

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

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

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

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

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



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

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

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

protective equipment. Individuals can also receive information regarding shelter in the event they do not have friends, family or sponsor to lean on.

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

SPEAKER ADAMS: Thank you, Madam Chair. Thank you all for being here today and thank you in advance for your testimony this morning. Commissioner Castro, just a couple of questions. Unfortunately, we've seen people waiting in the cold outside 26 Federal Plaza from 5:00 a.m. and on to try 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?

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

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

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

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

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

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

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

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



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

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

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

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

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

SENIOR VICE PRESIDENT LONG: Thank you.

SPEAKER ADAMS: Just saying.

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

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

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

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

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

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

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

SPEAKER ADAMS: 467?

SENIOR VICE PRESIDENT LONG: Yep.

SPEAKER ADAMS: And the time for that?

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

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

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

SPEAKER ADAMS: Okay. Likewise, the Row?

SENIOR VICE PRESIDENT LONG: The Row, the number of individuals served to-date, 4,050 and that 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.

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

SENIOR VICE PRESIDENT LONG: Yeah.

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

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

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

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

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

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

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

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

SPEAKER ADAMS: Thank you.

SENIOR VICE PRESIDENT LONG: No problem.

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



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

1 term. If there's an intermediate need, we have a  
2 relationship we developed with local pharmacies where  
3 we can prescribe over any necessary prescription  
4 medications to get you a further bridge based on the  
5 individuals' situation. But I will say on the  
6 medication side, it's been an area of intense need in  
7 terms of what people need when they get here. And  
8 we've had some cases where people have gone too long  
9 without, which [inaudible] doctors to underline the  
10 critical importance of us meeting people immediately  
11 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 social workers on site now. We have connections to  
2 Roberto Clemente and our whole system and we have a  
3 special type of training that all staff are  
4 additional trained in which is a bolstered version of  
5 trauma-informed care for people that have survived  
6 torture whose signs and symptoms I can say as a  
7 doctor are just different than depression, anxiety.  
8 Anybody that our trained staff, trained by the  
9 Director of our Bellevue Survivors of Torture  
10 Program, their job is to identify who has experienced  
11 torture, who could benefit-- who could potentially  
12 benefit from being further evaluated, and then we  
13 have a pathway build to the Survivors of Torture  
14 Program at Bellevue into the Libertas [sic] Clinic at  
15 Elmhurst. So, we have unique resources in New York  
16 City that we're bringing fully to bear that I don't  
17 know if other cities have to make sure that we're  
18 taking the best possible care of people that have  
19 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?

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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?

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

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

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

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



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

12  
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

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

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

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

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

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

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

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

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

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

DEPUTY SPEAKER AYALA: [interposing] But which agency?

COMMISSIONER ISCOL: sorry?

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

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

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

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

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

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

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

1 was. I walked in. You know, the guard obviously and  
2 security knew who I was, but everybody seemed really  
3 you know, well-taken care of and happy for the most  
4 part. They were able to walk around and enjoy the  
5 scenery. The food was great. But that was not the--  
6 the intended purpose for the HERRC was not so that it  
7 could become a [inaudible] you know, a DHS shelter  
8 system, but rather a temporary, you know, passage  
9 from one place to the other. And that has since  
10 changed, has seemed to have changed, and I would  
11 really love to understand why and what exactly now is  
12 the difference between DHS and the HERRC, because it  
13 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 help you to complete your journey. One of the things  
2 that we've learned, and your story gives a, you know,  
3 perfect examples of this, everybody's journey is  
4 different. We've had some families, large families,  
5 that come to our family HERRCs. The next day or two  
6 afterwards, they're ready and we actually are able to  
7 get them reunited with family members across the  
8 country. We've traveled-- we had people that travel  
9 as far as Seattle if that's where the family they want  
10 to get reunited with are. By that same token, one of  
11 the things we've learned is we've had some people--  
12 actually, to your example, it's not infrequent as  
13 Commissioner Iscol will tell you, that we have people  
14 coming here from Texas trying to get to a different  
15 part of Texas. From our perspective, we'll get you  
16 where you want to go. Of course it is not-- it is a  
17 poor use of resources when that happens, and but once  
18 you're in New York City we'll do the right thing for  
19 you. The other thing that we're seeing is a lot of  
20 people, it's taken them more time to complete their  
21 journey. For example, another person that we spoke  
22 with at the time was at Randall's Island. He was a  
23 single adult man that traveled very far to get here.  
24 He saw he could make infinite international phone  
25

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

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

1 those families closer, right, to the schools so that,  
2 you know, we alleviate some of that. In this case,  
3 when I ask for the list of families, 97 percent of  
4 them were living at the Row, and so I can't offer  
5 them that option to transfer because it's a different  
6 system. But the fact that they're there for that  
7 amount of time and that there's an indefinite, you  
8 know, length of stay to me is indicative of what we  
9 are doing already at the shelter system. So I need  
10 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 concerned that the parents don't-- you know, like  
2 after they drop off the kids, they bring them there--  
3 I guess, you know, they don't know this country.  
4 They don't know the people. They want to be nearby,  
5 right? There's nowhere for them to go, and if they  
6 lived closer, they could go home, you know, and come  
7 and go and they're not offered that, that option at  
8 this point. And so when I looked into the  
9 possibility of transferring them closer to the  
10 schools, I realized that they were all living at the  
11 Row, and then that concerns me, because again, it  
12 brings me back to the conversation and the commitment  
13 that we originally, you know, were-- was shared with  
14 us that this would be a very temporary state, and it  
15 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

the first part of your question, our mission still is the same. We want to get-- we want to help you to complete your journey. It's hard to put a time limit on that. With the individual that I spoke with at Randall's Island that time-- for him, it was exactly three weeks. For some it's two days. For some it can take longer. I mean, as you can imagine, if a family of six is calling relatives in New York City or other cities and says, "We've made it. We made it through hell to get here. We're taking a breath. We're in a safe location. Children are getting vaccinated. Can we move in?" That can be a big ask if it's a large family, but we're seeing, again, families across New York City step up because one of the main ways that we're finding people that are-- for families that are leaving the Row in particular, is they're being resettled in New York City, many of which with family members or close friends. So that's, I think, to Commissioner Castro's earlier point, one of the heartwarming things about this is we are seeing New Yorkers step up to help our newest neighbors here, our newest New Yorkers. but I think one thing that defines the HERRCs is I can't 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 for that matter, can transfer to one site or another.  
2 We don't track if somebody is leaving. And you know,  
3 our understanding if they're going to be staying with  
4 family members but it doesn't work out, and they  
5 could in theory end up in a DHS site, that's beyond  
6 what we're-- what's visible to us. We don't transfer  
7 anybody, though. We make people aware of their  
8 options, and we do everything, you know, humanly  
9 possible to get them where they want to go. But I  
10 think as you're pointing out, for a lot of people  
11 they've been through hell to get here, and this might  
12 be the end of their journey, which is why we're doing  
13 the most important things. To succeed in New York  
14 City and to make New York City stronger, you have to  
15 be vaccinated. You have to be in school, and we're  
16 doing everything we can to support families to again  
17 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 resettlement. 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--

19  
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

DEPUTY SPEAKER AYALA: [interposing]

That's true.

DEPUTY SPEAKER AYALA: I just-- you know, -- what I'm asking for is I think is the y, right? The-- I need the end result to nt with what we're being told. We were-- d initially that families need to go h. There were members here in this body ted, you know, we need more school intake d they said no, no, no, no, no, we can't le intake centers. They have to go h, because it's a more comprehensive ess and we're screening for, you know, ues, for mental health issues, for olence in the family, and if we are now y, well, we don't have to do that. We ow, send them to the HERRC. Like are they

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

1  
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



1 shouldn't be that way. I think that, you know,  
2 right? Everybody should be treated equitably-- you  
3 know, equally, but I digress. I really need to know  
4 what the number of residents that have transferred  
5 from the shelter system to the HERRC is and why those  
6 families that have identified that they have  
7 intentions of, you know, moving out, that they have  
8 identified that they have family members here in New  
9 York City where they can transition or, you know, are  
10 they just being transitioned because they like the  
11 HERRC setting, you know, better. They'd rather stay  
12 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  
25

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

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

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

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

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

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

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

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

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

1  
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.  
25

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

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

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

COUNCIL MEMBER HANIF: And families, single adults?

1  
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

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

18  
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--



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

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

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

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

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

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

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

1  
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?

1  
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

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

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

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

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

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

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

COUNCIL MEMBER HANIF: Thank you.

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

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

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

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

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

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

COUNCIL MEMBER HANIF: [interposing] Thank you.

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

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

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



1                    SENIOR VICE PRESIDENT LONG: I'll start,  
2  
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 the feedback we've received for the food is that--  
2 they value the fact that we've incorporated their  
3 feedback and they think it's good. If you're hearing  
4 specific feedback, we'd love to hear. We also have a  
5 process for if somebody does have celiac disease or  
6 any other medical issue, we provide for them food  
7 that's appropriate for whatever their issue is. So  
8 we put a lot of thought into this, and if you have  
9 specific suggestions about how we could do, you know,  
10 better, we'd love to hear them, but you're-- when you  
11 walk into any of our facilities you can't miss the  
12 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 cook my own food in there, and what are the  
2 restrictions are there? Two is how are those changes  
3 addressed if I have a different dietary need than  
4 somebody inside, the rest of the population? And--  
5 well, those two questions. I want to know that. And  
6 the last question I have, and then I'll end there is  
7 more broad-based here. The mayor was just recently  
8 at a press conference talking about how this will  
9 impact services across the board, particularly as we  
10 enter into the budget for next year, next fiscal  
11 year. I'm not sure who's prepared, who's able to  
12 speak to this, but just wanted you guys to give us a  
13 better understanding of what that actually means when  
14 we talk about across the board impacts of the  
15 increases that we're seeing over the next few weeks  
16 and what they might mean for essential services here  
17 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 on every floor we have somebody at the food station  
2 at the Row Hotel. It's every 23+ floors. They can  
3 get you whatever food you or your children need. I  
4 would say that if you are hearing feedback, make sure  
5 that they're telling us about the food requirements  
6 that they have, and if those aren't met, you tell me,  
7 and I'll make sure it's fixed.

8  
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 state the funding it needs to take care of the uptick  
2 in immigrants that will be coming, migrants that will  
3 be coming. We each received an email yesterday  
4 saying that two buses were coming in and we could  
5 expect 10 to 15 buses by the 21<sup>st</sup>. Now, what you've  
6 all testified to here today is very good because  
7 you've got a handle on what we'd already gotten, and  
8 during our asylum-seeker meetings that we all have  
9 and you all attend, and thank you for that. We saw  
10 that there was progressed-- progress. But now, with  
11 tens of thousands more migrants coming in, how long  
12 can our system withstand this pressure, both  
13 financially, with our services, medically, and just  
14 as for housing? How long can our system withstand  
15 this pressure without help from the federal and our  
16 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 could have a recurrence of preventable diseases like  
2 measles which is just unacceptable in our city or  
3 anywhere. So what we're-- actually, MMR is one of  
4 the main vaccines that we're administering to  
5 children in New York City. So I'm proud of what  
6 we've been able to do to step up to the plate.  
7 You're pointing out in the shelters, not the HERRCs,  
8 there's a lot more that needs to be done, but you  
9 know, I'm proud to be a New Yorker every time I see a  
10 child get vaccinated, because it's going to save  
11 their life.  
12

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



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

DEPUTY SPEAKER AYALA: Thank you.

COMMISSIONER ISCOL: Thank you.

DEPUTY SPEAKER AYALA: Council Member Won?

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

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

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

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

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

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

COUNCIL MEMBER WON: Thank you so much, Commissioner Flores. Could you help us understand? So it was supposed to-- the maximum was nine million 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  
25

1  
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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

1  
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 workers, 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

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

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

1  
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



1  
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

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

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

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

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

COMMISSIONER ISCOL: Oh, I'm sorry.

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

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

COUNCIL MEMBER HUDSON: [interposing] Right.

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

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

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

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

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

DEPUTY SPEAKER AYALA: Hurry up.

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

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

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

8  
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 City? Are those factors that you consider when  
2 selecting these sites?

3  
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 BOTTCHE: 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

just the domain experience that our agencies have around the City.

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

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

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



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

COUNCIL MEMBER BOTTCHE: thank you.

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

DEPUTY SPEAKER AYALA: Thank you.

COMMISSIONER CASTRO: If I may, Deputy Speaker?

DEPUTY SPEAKER AYALA: Sure.

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

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

COUNCIL MEMBER DINOWITZ: Hi, good afternoon. I want to follow up on a question that was mentioned earlier, but I didn't get clarity in the answer. A few months back I was informed that there 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.

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

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

DEPUTY SPEAKER AYALA: Thank you.

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

Thank you, Deputy Speaker.

DEPUTY SPEAKER AYALA: Thank you.

COMMISSIONER ISCOL: Will do. Thank you.

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

SERGEANT AT ARMS: Time starts now.

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

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

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

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

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

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

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

SERGEANT AT ARMS: [interposing] Time expired.

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

COUNCIL MEMBER MENIN: Okay. Thank you.

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



SERGEANT AT ARMS: Time starts now.

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

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

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

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

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

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

[break]

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

CHAIRPERSON SCHULMAN: Thank you very much, Deputy Speaker Ayala. Good afternoon. My name is Lynn Schulman. I am Chair of the New York City Council's Committee on Health. I want to thank speaker Adrienne Adams and Deputy Speaker Diana Ayala 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,

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

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

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

COMMISSIONER VASAN: Yes.

COMMITTEE COUNSEL: You may begin when ready.

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

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

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.

19  
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



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

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

DEPUTY SPEAKER AYALA: Absolutely.

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

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

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

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

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

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

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 a concerted effort, as we talked about in the last  
2 portion of the hearing, to enroll people in health  
3 insurance as Doctor Vasan was saying, but the  
4 specific needs of the population, the people that  
5 we're seeing are asylum-seekers, you know-- for  
6 example, the majority of them speak Spanish, does  
7 make it important that we see them for mental  
8 healthcare in a setting that is comfortable for them  
9 and where people speak their language. So I gave the  
10 example with Council Member Rivera, but one of the  
11 things that we've done forward-thinking is to have  
12 Roberto Clemente, which is one of our Health +  
13 Hospitals clinics-- 100 percent of staff there are  
14 bilingual and it is a mental health care facility--  
15 to reserve slots for asylum-seekers that speak  
16 Spanish. That way we're not just leveraging  
17 capacity, which is for a high-demand service, but  
18 we're leveraging capacity in a specific way that  
19 meets a specific need of the population of the people  
20 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 prioritize, you know, things like our mental health,  
2 right? We don't consider that as acute-- as, you  
3 know, a heart ailment, right? You know, you want to  
4 attend to that, you know, quickly, but if you have to  
5 travel and now you have, you know, the complexity of  
6 having to deal with children and take them to school,  
7 and trying to figure out what your day looks like.  
8 It's pretty likely that, you know, that most people  
9 opt not to follow through with the appointment if  
10 they have to travel, and you know, it's almost kind  
11 of like voting, right? We're trying to make it as  
12 easy as possible for people to participate, but if,  
13 you know, if people have to travel, then the fear is  
14 that they won't. And so I've always-- you know, I've  
15 been advocating for that. I know Health + Hospitals  
16 has been, you know, really great on those issues, and  
17 I really appreciate it. I've actually, you know,  
18 benefitted from those services, but quite frankly,  
19 you know, even there, right, there are challenges  
20 because it can take months to get an appointment, and  
21 so that concerns me. I shared a story earlier about  
22 two young men that I ran into at Bellevue, but that  
23 same day there was a family, mom, dad, and I think  
24 she was maybe seven-year-old daughter, and they  
25

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



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

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

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

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

DEPUTY SPEAKER AYALA: Excellent.

Council Member Schulman?

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

COMMISSIONER VASANI: Thanks for the question. As Doctor Long said I think in the previous panel, at the point of entry at Port 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.

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

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.

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

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

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

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

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

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

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

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

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



CHAIRPERSON LEE: Hi. Thank you so much.

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

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

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

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

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

SERGEANT AT ARMS: [interposing] Time expired.

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

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

DEPUTY SPEAKER AYALA: Yeah.

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

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

COUNCIL MEMBER LEE: And I'm glad to hear that you guys are partnering with the FQHCs, and 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?

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

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

1 on acuity and severity of what you are experiencing  
2 and going through. The other point I wanted to make  
3 which is what Doctor Vasan was saying as well, is I  
4 keep harping on, for example, our survivors of  
5 torture program in New York City. I just think it is  
6 so amazing in New York City that we can offer this to  
7 people, especially asylum-seekers that have been  
8 tortured and are coming to America to recover and to  
9 find a better life. It's incredible we have these  
10 clinics, these resources. They are-- they're going  
11 to be overwhelmed. There's going to be too many  
12 people come. It is critical that we have federal  
13 support to maintain and expand what we've been very,  
14 very successful in uniquely doing for the specific  
15 needs of the people that are our newest New Yorkers.  
16 But the federal support right now for everything  
17 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 this issue and offer their staffing as well. But I  
2 totally appreciate and understand that the cultural  
3 competency as well as the workforce issue on the  
4 mental health side is a huge issue, and so I want to  
5 just thank you and appreciate you all for doing what  
6 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 learned of at least one incident and a possible  
2 second of suicide completion. And I also heard that  
3 over 70 migrants arriving at Port Authority were in  
4 terrible shape and had to be taken directly to  
5 emergency rooms. Can you share what steps various  
6 agencies have taken to strengthen proactive mental  
7 health resources or other forms of therapy like arts  
8 programming or supportive community events to prevent  
9 future tragedies and provide necessary resources to  
10 people who have endured multiple traumas? And would  
11 like just some specifics. If everyone coming in is  
12 receiving a mental health evaluation, and there are  
13 non-appointment-based counselors as part of our  
14 city's response-- and I know that the Mayor also  
15 warned potentially needing to cut or curtail programs  
16 New Yorkers rely on. Is Health + Hospitals, DOHMH on  
17 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 bring  
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?

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

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

COUNCIL MEMBER HANIF: Would you say that we would benefit from expanding the program that 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

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

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

EXECUTIVE DIRECTOR SOOD: So you might--

COUNCIL MEMBER ARIOLA: [interposing]  
Just for clarity.

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

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

EXECUTIVE DIRECTOR SOOD: So, certainly happy to follow up with more specifics, but I want to just give you an idea of-- the model that we're using is basically to work directly with DHS and the shelters to understand where the need is at any given 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?

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

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

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

SERGEANT AT ARMS: Starting time.

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

SENIOR VICE PRESIDENT LONG: Thank you for the question. So, it's a combination of both. So the staff that we have both medical and the on-the-ground or frontline staff are all managed by current H+H staff. so for example, all of the medical services that we've talked about today, Doctor Jonathan Jimenez [sp?] who's on my team is the Medical Director of those services and is on site frequently making sure that all is the same as would 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 we've gone about is the type of services we need at  
2 Port Authority. So, again, you as a nurse will know  
3 that initially at Port Authority we didn't know if  
4 we'd need, you know, medications there, how long  
5 people would be there for types of services we would  
6 need there. What we've learned is that we need to be  
7 there for urgent issues like the pregnant lady that  
8 gave birth later day, like people that have been off  
9 of their medications and been at risk for seizures,  
10 things like that, but we don't need to have  
11 medications on site there. We don't need to have  
12 vaccines on site there because people are going  
13 through quickly, and it's more appropriate to have a  
14 more comprehensive opportunity to address all needs  
15 from medications to vaccines once they're  
16 comfortable, comfortably settled like in a HERRCs for  
17 example. So that's an example of how we've tailored  
18 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

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

SENIOR VICE PRESIDENT LONG: You know--

COUNCIL MEMBER NARCISSE: [interposing]

[inaudible]

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

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

SERGEANT AT ARMS: [interposing] Time expired.

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

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

6  
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

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

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

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

COUNCIL MEMBER NARCISSE: we can have--

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

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

highlight the importance of collaborating with and supporting FQHCs.

DEPUTY SPEAKER AYALA: Council Member Brewer?

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

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

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

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

SENIOR VICE PRESIDENT LONG: Right.

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

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

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

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?

Okay. Seeing none, then we will dismiss this panel. I want to say thank you for your time and for being so patient and answering all of the questions.

EXECUTIVE DIRECTOR SOOD: Thank you.

DEPUTY SPEAKER AYALA: Pleasure seeing you.

SENIOR VICE PRESIDENT LONG: Thank you.

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

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

[break]

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

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

UNIDENTIFIED: Yes.

UNIDENTIFIED: Yes.

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

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

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

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



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

and Mental Hygiene to ensure that we are addressing the unique needs of this population. As part of the City's Project Open Arms initiative in partnership with DOE and MOIA, we are working to ensure that asylum-seeking families and their children in shelter have access to critical academic, social emotional in language-based supports needed to be successful in New York City public schools. The DOE led efforts, helped connect families with the resources they need to prepare for the school year. DSS/DHS works closely with our partner agencies, including MOIA, and community-based providers to connect clients to dedicated immigration supports and referrals. DSS/DHS is also working with DOHMH to ensure that staff at shelter facilities serving asylum-seekers have a resource list of federally qualified health centers, which serve anyone in need of medical health services regardless of immigration status. DSS/DHS is also working closely with NYC Health + Hospitals to connect families that do not qualify for Medicaid to NYC Care. H+H health coverage for families and individuals who may not otherwise be eligible for health insurance. DOHMH and providers of family 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 asylum are coming to us after a harrowing journey,  
2 and we are committed to making sure that we are  
3 providing access to services and supports that  
4 prioritize health and wellbeing. While challenges  
5 have arisen, our shelter system is withstanding the  
6 many stressors placed upon it, as we have served  
7 thousands of individuals and families in need. Our  
8 work goes on as we continue to support the needs of  
9 this vulnerable population. We are leaving no stone  
10 unturned to support the unprecedented number of  
11 asylum-seekers within our system. The November  
12 Financial Plan included 577.3 million dollars for  
13 DSS/DHS shelter services and 22.7 million dollars in  
14 DHS/HRA for additional assistance including  
15 interpretation costs, welcome centers, and legal  
16 services for the asylum-seekers. Before I close my  
17 testimony today, I want to echo something that Mayor  
18 Adams and I have stressed. Housing-vulnerable New  
19 Yorkers requires a citywide effort. We are all in  
20 this together, and we need your help to find the  
21 necessary capacity to house our neighbors. We  
22 appreciate the support that we've received from the  
23 Council and New Yorkers as we've creatively expanded  
24 our shelter capacity across the five boroughs. In  
25

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

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

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

DEPUTY SPEAKER AYALA: DYCD?

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

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

DEPUTY COMMISSIONER HASKELL: Hello?

DEPUTY SPEAKER AYALA: One second.

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

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



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

1 services and other resources. If there are language  
2 barrier between staff and youth who are seeking  
3 asylum, DYCD's language line services can be accessed  
4 by contacting Community Connect at 1-800-246-4646.  
5 DYCD is exploring additional tools for providers to  
6 help meet their translation needs. DYCD remains  
7 committed to identifying new opportunities to help  
8 meet this need. Last week we heard suggestions from  
9 the Coalition for Homeless Youth and the Youth Action  
10 Board, including for example, ideas for training and  
11 professional development. We will continue to  
12 communicate new resources as they become available.  
13 Thank you once again. We're pleased to answer your  
14 questions.  
15

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?  
25

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DEPUTY SPEAKER AYALA: Okay, and--

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

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

COMMISSIONER JENKINS: Yes.

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

COMMISSIONER JENKINS: I give it to you.

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

COMMISSIONER JENKINS: So that, we don't 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

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

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

DEPUTY SPEAKER AYALA: Yeah, separate.

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

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

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

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

12  
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 staffing ratio is at a regular shelter and what does  
2 that staffing look like? You have-- you have case--  
3 one case worker, two case workers, housing  
4 specialist. Is that a separate position? What does  
5 that generally look like?

6  
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?

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

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

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

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

COMMISSIONER JENKINS: Yes.

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

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

DEPUTY SPEAKER AYALA: How are you getting the information, the 24-48 hours prior to the bus arriving? Who's sharing that?

COMMISSIONER JENKINS: The Port Authority is sharing that.

DEPUTY SPEAKER AYALA: The Port Authority.

COMMISSIONER JENKINS: the Port Authority is sharing that information.

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

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



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

COMMISSIONER JENKINS: I'm writing notes.

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

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

DEPUTY SPEAKER AYALA: [interposing]  
Right.

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

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

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

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

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

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

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

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

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

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

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

COMMISSIONER JENKINS: Yep.

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

COMMISSIONER JENKINS: Right.

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

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

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

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

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

SERGEANT AT ARMS: Time expired.

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

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

DEPUTY SPEAKER AYALA: [interposing] Go ahead.

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

DEPUTY SPEAKER AYALA: [interposing] Go ahead.

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

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

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

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

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

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

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

COUNCIL MEMBER STEVENS: [interposing]  
RHY.

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

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

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

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

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



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

DEPUTY COMMISSIONER HASKELL: Okay, good point.

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

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

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

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

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

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

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

DEPUTY SPEAKER AYALA: Thank you.

Council Member Hanif?

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

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

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

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

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

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

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

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.

COUNCIL MEMBER HANIF: Thank you. Thank you.

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

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

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

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

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

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



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

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

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

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

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

COMMISSIONER JENKINS: Yes, ma'am.

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

COMMISSIONER JENKINS: Yes.

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

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

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

COMMISSIONER JENKINS: I know you are.

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

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

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

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

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

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

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

1 when they get in a brand new piece of clothing  
2 article that's going to help them keep warm, it warms  
3 my heart. Then right after I went to Louis-- Council  
4 Member Farah Louis, provided a luncheon/dinner for  
5 individuals. It really, really is a great effort on  
6 the part of our partners of our neighbors in New York  
7 City. And you have folks that just continue to step  
8 up each and every day to come to DSS/DHS and say we  
9 have donations, and we're taking everyone up on their  
10 offer for those donations. But again, if we had no  
11 donations, we as a city will make sure that our new  
12 New Yorkers have the clothing articles that they  
13 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 emergency services, but not specific to clothing. So  
2 we have been getting donations that the Commissioner  
3 just mentioned. We have partnered with DOE and we  
4 did do a survey of every family within a system and  
5 made orders of coats that did get delivered to moms  
6 and every adult and child did get coats. And if  
7 that-- you know, we're still going through that.  
8 Donations have been coming through to us for multiple  
9 philanthropic organizations and other stores have  
10 been coming to us including our Council Members, and  
11 so we're assessing what the needs are and we're  
12 providing that, delivering them to the shelter sites.  
13 In the midst of emergency we can purchase but it's  
14 not part of-- specific to the budget. when families  
15 come to our intake sites, we also have clothing  
16 there, so we can provide some limited clothing at our  
17 intake,, at all our intake sites, because we know  
18 they do come in without shoes and coats, and so we're  
19 providing some there. But primarily it's donations  
20 that we have been relying on, and we continue to  
21 solicit and get those and also partnering with DOE as  
22 you mentioned, because they have also the ability to  
23 provide some of that for our new arrivals.  
24  
25

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

ADMINISTRATOR CARTER: Yeah, the--

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCIL MEMBER BREWER: And what's in them.

COMMISSIONER JENKINS: Yep, you got it.

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

COMMISSIONER JENKINS: Thank you.

DEPUTY SPEAKER AYALA: Council Member Narcisse?

SERGEANT AT ARMS: Time.

COUNCIL MEMBER NARCISSE: Good afternoon.

Commissioner, thank you for being here. It seem like I'm going to have to invite you on a lot of giveaways. So we gonna have fun with that. So, in the gang affiliation in the shelters, because some of the folks mainly about East New York area complaining about they seeing a rise in gang shelters and especially the young men that are coming and needing friends. You know how that works. Just like the fact that they're alone and they're forming, you know, different alliances to survive. Do you see a rise on that in the shelters? Or do you know of it?

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

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

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

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

[break]

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

COUNCIL MEMBER JOSEPH: Thank you. Good afternoon, everyone. I'm Rita Joseph, the Chair of the Education Committee. Thank you everyone present here today and to those witness testifying tomorrow. Every child in New York City has the right to attend public school regardless of immigration status. According to DOE, children who have received-- we have received approximately 10,000 students in temporary housing. Most of these students, mostly children of recent immigrant migrants over the past 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 2<sup>nd</sup> 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 that can accommodate and support these students  
2 entrusted in our care. We are here today to learn  
3 more about how we can continue this critical work and  
4 properly address the education needs of new arrival  
5 families. Like all New Yorkers, these families  
6 deserve to be treated with dignity and respect. And  
7 it is our duty to provide them with the educational  
8 service they deserve. Thank you to everyone here  
9 prepared for this hearing. Not without any further,  
10 I'd like to turn over to DOE, to Counsel Committee to  
11 administer the oath.  
12

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.  
25



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,

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

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

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

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

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

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

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



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

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

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

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

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

SENIOR EXECUTIVE DIRECTOR RAMOS: We work in close concert with our superintendents, and we know that certain districts have been impacted more than others. For example, District Two has received a great influx of students. We also know District 30 has received a great number of students. And so our first point of contact is with our superintendents and our principals, making sure that we reach out to them and ask them, how are you doing with resources? Do you need additional personnel? Do you need additional teachers? And that is something that we 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.

CHIEF PERDOMO: Thank you for the question, Chair. I think what I will say is that we thrive to ensure that every school in New York City is a welcome and supportive environment. We have a spent a lot of time training our school staff on trauma-informed practices. So, during the pandemic we had around 75,000 school staff including teachers, administrators who were trained on this. It's also about ensuring that students are showing up to school daily. It's around ensuring that the program of learning choice that parents are selecting is available in the schools that they're attending. It's about ensuring that we leverage the teams and schools that support social/emotional learning which-- well, it happens in the classroom, but also looking at our social workers. We're thankful for the advocacy and support for Council here. We have 100 dedicated Bridging the Gap social workers that support students in temporary housing, but in addition to that we'd ensure that social workers across the schools, school counselors are attuned to what the needs of these students are, and that students are our peer, our partner, right? So the first idea is really ensuring 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

are you embracing parents? How are you making parents also a partner in this journey?

CHIEF MEDINA: I'll start. In addition to the work that we're doing, it is extremely important that we communicate with the families in the language that they speak. I was a high school principal of an international school for almost 16 years, and it is so important that we reach our parent. So we have provided professional learning for the staff so they know how to address the culture and linguistically responsive in schools, and at the same time ensuring that they are speaking to the families in the language they prefer.

CHIEF PERDOMO: I can add to that. In addition to-- hablamos Español. So we, even the people who are sitting here at this table have the luxury that, you know, we can communicate with families directly and have been in the field in shelters and have been able to make some of that connections. It's multi-layer what you're describing here. So I think the first stand is ensuring that resources and materials are available in languages that our families can have access to.

COUNCIL MEMBER JOSEPH: Sometimes you have parent that are bi-illiterate. They may be speak the language and not read it and write it. So let's be clear here.

CHIEF PERDOMO: Yeah, absolutely, and totally understand that, and I think this is where the staff that we have now at the shelter comes a long way. So I know that-- I came here recently and testified in front of you on November 16 around the work that we were doing to hire the STH coordinator. So we right now have 64 coordinators at our shelter [inaudible] that are precisely present and visual in many--

COUNCIL MEMBER JOSEPH: [interposing] And bilingual?

CHIEF PERDOMO: Many of them are. I wouldn't say that all of them are, but in the instances where they are not we're leaning heavily on our partnership and our collaboration with the language access team, and in some instances they have deployed staff that's also available and present in some of these locations, like the HERRC, the Row where we have-- in this instance, STH staff, 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

public school student, and I would like to think I know the system quite well, and sometimes I still need my daughter's teacher, and I need my daughter's principal to hold my hand. And so this has really taught us a lesson in compassion. This has really taught us about the power of relationship building. this has really taught us that we need to really think about the types of professional learning that we offer, not just from nuts and bolts, but how to really wrap our arms around families, and explain to them that this is safe place and show them why it is a safe place for them, and that's okay not to understand, it's okay not to know, but that they're going to be okay. And we don't do that perfectly. We don't claim to do that perfect fully, but this has shown us that it is something we need to continue to strive for, and we're using this as an opportunity to strengthen that from the work that we do with our family support people on the superintendent's team to our parent coordinators to our shelter-base coordinators, to our principals. As a former school leader, I can tell you that the way I would approach this situation would look very different had I known now-- had I known back then all that I know now. So

we also welcome your feedback and thank you for holding us accountable, because nothing takes the place from that personal approach.

COUNCIL MEMBER JOSEPH: Absolutely. Thank you. What is the current SIFE population in the New York City public education? What's your numbers?

SENIOR EXECUTIVE DIRECTOR RAMOS: I'm sorry, could you re--

COUNCIL MEMBER JOSEPH: [interposing] Your SIFE, Students with Interrupted Formal Education?

SENIOR EXECUTIVE DIRECTOR RAMOS: I do not have the data off-hand, but I can get that for you.

COUNCIL MEMBER JOSEPH: Because I needed to know that, because that would also make sure that the Federal Government is doing their share, because SIFE has to be funded federally.

SENIOR EXECUTIVE DIRECTOR RAMOS: Absolutely, and these students inevitably will be considered SIFE.

COUNCIL MEMBER JOSEPH: Absolutely. So, you don't have that, alright. So we know that Title 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

CHIEF SANCHEZ MEDINA: Thank you. I will add that we are very grateful for the support that this council has given us. We are looking at how do we revitalize the instruction that our multilingual learners are receiving, and we've been working with that for the past, actually, few years. And taking this opportunity-- it's a learning opportunity to really see how are we going to go deeper. We are ensuring that every single teacher is a teacher of English language learners. So that means ensuring that they have the resources, that we have the curricula, that we have the textbooks, that teachers also know how to leverage the home language even when the instruction is in English. So ensuring that we're building the capacity at the schools, and also working the principals and superintendents, right, to understand the dynamics of bringing this population to their schools.

COUNCIL MEMBER JOSEPH: And our youngest new, New Yorkers, from zero to five, what-- how are we accommodating them?

SENIOR EXECUTIVE DIRECTOR RAMOS: We are working closely with our Early Childhood Education 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



that might be under-enrolled or have a have a larger capacity for English language learners?

SENIOR EXECUTIVE DIRECTOR RAMOS: Of course, thank you so much for the question. One of the reasons why District Two has had such a large influx is because many of the emergency shelters are located in that district. We also--

COUNCIL MEMBER RIVERA: [interposing]  
Right, that one's location, yeah.

SENIOR EXECUTIVE DIRECTOR RAMOS: Yeah. We also do have the two HERRCs, both the Row and now the Stewart which are the family HERRCs, and we know that the stays are possibly indefinite, and so many of the families are there for much longer times than we thought. When the idea of the HERRC was originally-- when we originally designed the idea of the HERRC being amore short-term situation. That being said, we know that there are schools in other districts, neighboring districts that have available seats and have really strong programs, and that's where we have to go back to working with superintendents in identifying those schools without creating a travel hardship. Now, students in temporary housing do have the right to busing, and if

1 they are older students they also receive Metro  
2 cards, the families also receive Metro cards, but  
3 again, where possible we want to limit the travel  
4 hardship. And so it's being very strategic with our  
5 partnerships with our superintendents and our  
6 principals to determine which schools are available,  
7 which schools have available seats and making sure  
8 that we place students thoughtfully, and that work is  
9 happening. It has been happening, and it's happening  
10 even more now because as Chair Joseph mentioned  
11 earlier, there was a lot that we learned from this  
12 experience, and we know that there are ways that we  
13 need to improve, and that was one of the areas. We  
14 know that we have an enrollment policy for a reason.  
15 McKinney-Vento Act prioritizes students in temporary  
16 housing going to their zone schools for a reason. We  
17 do not want to create travel hardships for these  
18 students. That being said, this is a unique  
19 situation, and where we can be thoughtful we will be  
20 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

for their graciousness. Okay, can you explain-- you mentioned in your testimony you have a relationship with ACS for preventive services. Can you talk a little bit more about that relationship and how that impacts families?

SENIOR EXECUTIVE DIRECTOR RAMOS:

Absolutely, and before I pass it over to Chief Puello Perdomo, I would like to mention that for us contact with ACS should be supportive. It should be a last resort, and there are a number of things we do to intervene to help our families before an ACS call is made, and that's very important to us, and that's a conversation that we have even prior to all of this, but especially now understanding how important that is. And so I'm passing it over to Chief Puello Perdomo to talk a little bit more about that.

CHIEF PUELLO PERDOMO: So just to add, and I'm also going to have Gillian Smith who's the Executive Director for the Office of Safety and Youth Development join me, because she coordinates and supports a lot of our partnership with ACS. But what I will say here is that similarly to what Melissa mentioned, ACS is really looking at partnering with 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

of students? How does it relate to sort of the hearing topic? Thank you to the Chairs for the time?

EXECUTIVE DIRECTOR SMITH: My apologies to make that clearer. So, we do send out reports and we work with a superintendent designee to review reports of schools that submit ACS reports, that submit requests for additional supports for families so that we monitor to see what schools are actually sending in, whether it's additional reports, or we also look to make sure that all schools have the resources that they need. So, the resources that I'm referring to are any preventive services that ACS offers. That could be additional counseling services. It could be access to food. It could be access to-- sorry-- mental health. It could be access to care. It could be access to clothing. A number of things that we have local resources with and as well as using the preventative services that ACS has. So it runs the gamut really depending on what the needs of the families are.

DEPUTY SPEAKER AYALA: Thank you, Council Member Rivera. Council Member Hanif?

COUNCIL MEMBER HANIF: Thank you so much, 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.

We would like to point out that the amount of money that our schools receive back is upwards of \$60 million dollars. The 2,000-- the additional allocations through the SAM, that was to support our schools, because we know that the money that they get for students in temporary housing does not update in real-time. So, if they had 12 students in temporary housing in the 2021-2022 year, they're not getting that increase for the 35 that they have in the 2022-2023 year. So, if you have an additional 50 to 60 students in temporary housing, we gave you the additional 2,000 dollars per student. Now, in terms of the Fair Student Funding, schools have been held harmless. Whenever a school had 15 or more students in a given grade, we actually made sure that we gave the money back to the schools within days. And so in many cases the schools are-- they have plenty of funding right now to be able to hire additional teachers. We're working closely for any school that is still experiencing any hardship, but it is a case by case basis, and really working in close concert with the principal and the superintendents to identify any needs. Those needs range from technology from additional teachers to social worker



support. Whatever the schools need, we are taking a close look at their budgets.

COUNCIL MEMBER HANIF: So then you would say that schools have the necessary funding to support the newcomer students?

SENIOR EXECUTIVE DIRECTOR RAMOS: I would say that schools that have received a huge influx and schools that have escalated concerns that their needs are being met, absolutely.

COUNCIL MEMBER HANIF: Okay. And then I understand that the SAM 65 money can't be used to hire permanent staff. Given the immense need right now, will the Department be changing this policy?

SENIOR EXECUTIVE DIRECTOR RAMOS: As this money is temporary, this money is just for this year, we are-- that money was allocated to hire sub-paras. Do you can hire temporary personnel, a bilingual sub-para? You can pay sixth period coverages for a teacher who is bilingual and who can perhaps support in another area, but we will not be using it to make permanent hires.

COUNCIL MEMBER HANIF: And is there any 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 there-- things like that are very special. But it's  
2 many challenges ahead. So the busing and the metro  
3 cards, so my understanding was this eventually,  
4 hopefully, busing will happen, particularly if  
5 families move from one community to another, but  
6 still want to be at that school. So can you update  
7 us on, you know, the status of the metro cards,  
8 busing, where we're at with that kind of situation?  
9 Obviously parents prefer a bus, but these parents are  
10 [inaudible] and they'll do whatever they have to.  
11 They didn't all get metro cars on a timely basis, but  
12 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.

JODI SAMMONS CHEN: Hello. Thank you for the question, and thank you Melissa. So, on transportation, we do provide busing to students are in grades K-6, so long as they want that. In some cases, families do not want busing, which is totally valid, and so in those cases we get them a metro card and we get the parent guardian a metro card as well so that way they can travel together on public transportation. For the students who do want busing and are in grades K-6, and in some cases preschoolers and in some cases middle schoolers. We work as quickly as possible to get them on a route. Now, students who are in the DHS shelters are automatically routed so long as they select busing. The students who are in our doubled-up settings in our domestic violence shelters in the HERRCs, that is through a request process, which we are working to expedite and we are in constant contact with Chief Puello Perdomo's team to make sure that we're supporting families, especially those who, as you noted, may not have the literacy to be able to access and may not have the digital literacy to be able to access it as a partnership, and so we're continuing 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?

JODI SAMMONS CHEN: Yes, we have those numbers. I don't have them committed to memory, but certainly can share it with you.

COUNCIL MEMBER BREWER: Okay. And do you get any complaints that families are not getting the metro cards, and so therefore they are not coming to school, or they're just figuring out what to do?

JODI SAMMONS CHEN: To my knowledge-- oh, sorry go ahead.

CHIEF PUELLO PERDOMO: I can also add here, if you allow me, that at the shelters, we also have metro cards available. So for instance, a week ago I visited the HERRC and was there and the STH team member who's at the HERRC has metro cards that are good for a week. So, if in those instances while we're working on some of those systems and ensuring that families have an opportunity to connect with the school, I don't want to wait for a family to have to go to a school to a metro card. So we are being diligent to ensure that our staff who's on a shelter, who's there, who's physically making that connection and really touching base for that family can help to provide that, to expedite some of the process that you're describing, and I think it's also important to

1 know that we just initiated a taskforce that's  
2 interagency collaboration around transportation  
3 matters, spearheaded by City Hill, includes  
4 advocates, includes community leaders. So I think  
5 any kind of information and nuances that you can  
6 continue to share there, please be in contact with  
7 me, be in contact with the transportation team. We  
8 want to really get this as right as we can, because  
9 we know that we have done a lot, but we haven't  
10 created a perfect system.

11  
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?

1 And then of course, the whole world is looking for  
2 bilingual staff in terms of nonprofits, you know, to  
3 do-- I hate to keep bringing up mental health,  
4 social/emotional, but that's what everybody's asking  
5 for. So I know you're under the same challenge.  
6 Where's the staff, you know, etcetera, etcetera. And  
7 it's all to me, it's about money. You got to pay  
8 people more. So, are you thinking along those lines?  
9 This is community-based organizations for parents and  
10 for students and everybody's looking for, you know,  
11 something like counseling in schools, mental health,  
12 partners and children. I don't' know. You get the  
13 picture. But it's not always happening. And it's  
14 not your fault, but what are we doing to try to  
15 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 COUNCIL MEMBER BREWER: [interposing] Yes,  
6 I agree.

7 SENIOR EXECUTIVE DIRECTOR RAMOS: who  
8 push into classrooms. They provide support from  
9 instructions to social/emotional. They become a  
10 trusted person that these students look forward to  
11 seeing every day. So we're also leveraging our  
12 bilingual paras. We continue to recruit for  
13 bilingual teachers and for bilingual social workers,  
14 and obviously there was a ton of work happening with  
15 our community schools, so I'll pass that over to  
16 Flavia.

17 COUNCIL MEMBER BREWER: I mean, somebody  
18 at Catholic Charities said the other day, if you  
19 speak Spanish, I'll hire you tomorrow. But you know,  
20 so you really do need it. Like the Mayor, the  
21 Chancellor, somebody has to make that clearer. Those  
22 of us in the know understand that, but it would be  
23 good to have a cry. There's a lot of wonderful folks  
24 here that would maybe help.  
25

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.

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-

COUNCIL MEMBER BREWER: [interposing] You can blame us.

CHIEF PUELLO PERDOMO: have gaps. They doesn't happen often. I will leverage that for whatever little I can, but I mean we're saying that, but I could not imagine how we will have been more prepared. We have not made those adjustments coming from COVID and ensuring that we increase staffing the ground. But some of that is also leveraging our partnership with Health + Hospitals, collaboration like the mental health continuum which also was funded through Council that has been a learning and an opportunity for me just to work with New York City Well, to work with Health + Hospitals, to work with DOHMH to ensure that we have really coordinated efforts so that each of these agencies can really work to deepen the needs and supports for families. So hope that we can continue to build upon that, except now we only-- for the continuum specifically, we only have funding for this year, but I know that I will definitely count on the support from council to continue to build that and continue to position us so that we can support students in the school, which

often time is the more consistent point for many of our families.

DEPUTY SPEAKER AYALA: Thank you.

COUNCIL MEMBER BREWER: Thank you.

DEPUTY SPEAKER AYALA: thank you, Council Member. I have-- so we're going to hear from Council Member Avilés in a second, but I have just one question regarding situations of bullying. How is the DOE handling, you know, those situations where new arrival-- children who are new arrivals are being bullied at the schools, and what type of resources are available to them?

SENIOR EXECUTIVE DIRECTOR RAMOS: So, before we pass that over to Flavia and possibly also our partner from OSA, Gillian Smith, the first thing we're super excited to talk about is our partnership with NYPD. Their Head of Immigrant Affairs works closely with me. He reached out to me a couple of weeks ago. Thanks so much to elected officials who actually connected us together, and Detective Ramos and I are working on a joint taskforce to discuss the bullying issues that are-- that could possibly start happening. And so what's important about that is really thinking about the partnership with NYPD and

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

do around No Place for Hate and around our anti-bullying work. So Gillian can definitely add here. What I will say is that in this instance that some of the work that we have done over the last couple of years around restorative justice practices and welcoming and creating affirming setting and environment are key because they provide the foundation so that every child is welcome in a school community. so, Gillian can definitely talk more about that, but this is another space where Council have kind of laid some of the groundwork that we're leveraging to ensure that we can raise to the bar [sic] in this current crisis. So, Gillian?

EXECUTIVE DIRECTOR SMITH: Good afternoon again. Thank you for the question. I actually think the most important part of the response is what Flavia said. The work that we've been doing around restorative justice for a few years now, which the Council has supported, has allowed us to actually create spaces that are warm, that are welcoming, that parents and students and teachers and administrators have engaged in in knowing what does that feel like, understanding not the other, but understanding us and 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

the schools for the NYPD in this way. So, I just kind of-- I want to make sure I understand.

SENIOR EXECUTIVE DIRECTOR RAMOS: And apologies for not being clearer, Council Member. The partnership would not be within the schools. This is really just thought partnership between Immigrant Affairs and me as the point-person for Department of Ed, and when they have-- when they convene and they have conversations around bullying or anything that's happening in neighborhoods, they will invite me to the table to have those conversations with them as well and to provide insight, in which case I would absolutely invite my colleagues to join. It's a very new conversation. It's not tied to any one initiative. It was really just the head of Immigration Affairs just reaching out and saying hey, we want to hear what's going on. We want to see if there's any way that we can be supportive, but it's not for them to take an active role in schools. That's not our approach. Either our approach is a restorative one and making sure that we leverage all of our own internal resources, particularly around the pillars of restorative practices to support our students.

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 That's always-- there's usually something underlying  
2 that's happening, and I think that when we don't  
3 look, you know, take a deeper dive into that, that we  
4 miss an opportunity to really be impactful in that  
5 child's life. And so, you know, this is something  
6 obviously of concern. It's not just, you know, in the  
7 school system. we're seeing a lot of this happening  
8 even in the DHS sites where, you know, people that--  
9 New Yorkers that have been displaced and that have  
10 been housing insecure for a while and living in  
11 shelter conditions feel like newly-arrived migrants  
12 are receiving special treatment, you know, they're  
13 receiving privileges that they don't have access to.  
14 And I will-- I really want to address that and say  
15 that that is actually not true, right? Many of these  
16 of families we know come here with nothing, bare  
17 essentials if that, and they don't qualify for many,  
18 you know, for many programs and services. So, they  
19 don't have access to cash. They don't have access  
20 to, you know, clothing and you know-- the things that  
21 many of us, you know, have access to. And so we're  
22 working a little bit harder to make sure that we at  
23 least, right, give them that step up, and they're not  
24 necessarily starting at zero. But thank you for  
25

clarifying for that, and we will hear finally, I believe, from Council Member Avilés.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER AVILÉS: Hi there. I was waiting to be unmuted. Thank you Deputy Speaker for all this-- all these hear-- the hearing today. I'd like to know-- in our briefing materials it was noted that the DOE does not keep track of students in temporary housing that are enrolled in publicly funded charter schools. Is that true?

SENIOR EXECUTIVE DIRECTOR RAMOS: I'm sorry, Council--

COUNCIL MEMBER AVILÉS: [interposing] And if so, why not?

SENIOR EXECUTIVE DIRECTOR RAMOS: I'm sorry, Council Member. Are you asking if we keep track of the number of students who are in temporary housing in charter schools?

COUNCIL MEMBER AVILÉS: That's correct.

SENIOR EXECUTIVE DIRECTOR RAMOS: We do keep track of the number of students in temporary housing who are in charter schools. We have started compiling that data.

COUNCIL MEMBER AVILÉS: And how-- how many students in temporary housing are currently enrolled in charter schools?

SENIOR EXECUTIVE DIRECTOR RAMOS: I do not have the numbers committed to memory, but I will get you that information as soon as possible.

COUNCIL MEMBER AVILÉS: That would be helpful. We'd love to know what that looks like across the board across all the schools. I wanted to go back to I guess the 3K process and understand a little bit more around how parents are engaged in being able to enroll and accessing care.

SENIOR EXECUTIVE DIRECTOR RAMOS: So, thank you for the question. We do know that this is a very important group that we need to pay close attention to, and so as families express need for seats whether it's through the shelter and meeting with their shelter base coordinators, then we identify available seats, and we provide that information to families to support them with enrolling in those programs.

COUNCIL MEMBER AVILÉS: Do you know more or less how many children have been-- how many

families have been requesting seats, how many 3K children?

SERGEANT AT ARMS: Time expired.

SENIOR EXECUTIVE DIRECTOR RAMOS: I'm happy to get that data for you, Council Member.

COUNCIL MEMBER AVILÉS: Great. Speaker, if I may just one last question.

DEPUTY SPEAKER AYALA: You may.

SPEAKER ADAMS: You may.

COUNCIL MEMBER AVILÉS: Yeah, I'd love to definitely see the data around how many children are estimated that have requested or are eligible for those services, and then also understand how long it's taking either to get placement between the time of the request and the offering of the slot is going, and also what the outreach plan is and how non-English-speaking parents are informed of these 3K [inaudible].

SENIOR EXECUTIVE DIRECTOR RAMOS: In terms of the information and the support for the family, our shelter-based coordinators are well-positioned to have these conversations, and I will pass it over to Chief Puella Perdomo to speak a little bit more about that.

CHIEF PUELLO PERDOMO: Thank you, Melissa. So, yeah, absolutely. This is one of the areas where we have trained our staff. So not just a shelter-based staff, but also our regional managers so that they are on site and have direct contact with families. It becomes a little easier to be able to let them know about school-based options for our early learners, and then, you know, as Melissa shared, from there we can get more insight and more specific data from you about how many are actually enrolled recently.

DEPUTY SPEAKER AYALA: Thank you, Council Member Avilés. I have one more question regarding the number of seats for English language learners. Do know what-- what is the total number of seats citywide?

SENIOR EXECUTIVE DIRECTOR RAMOS: The total number of seats, I'm sorry?

DEPUTY SPEAKER AYALA: Of classroom seats for children that are non-English-speaking.

SENIOR EXECUTIVE DIRECTOR RAMOS: So, it depends on the program. I'll pass it over to Chief Mirza to discuss, but we have three different



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 concerns me that we don't have the capacity to build  
2 that in every school building. Because what's  
3 happened is that the families that are living at the  
4 Row, which is a hotel in Midtown, are traveling to  
5 East Harlem to take the kids to school. You know, I  
6 don't-- you know, I would imagine that many of them  
7 are not comfortable putting their children on a  
8 school bus. They don't know, right, you know, the  
9 system here, and so the schools were concerned  
10 because they were sharing with us that the parents  
11 sometimes idle in the community because they don't  
12 have anywhere to go and they can't afford to keep  
13 coming and going there. Those metro cards are no  
14 unlimited, and they can't, you know, go back to the  
15 Row and then come back again at dismissal. So you  
16 know, that's concerning to me, you know, the fact  
17 that they have to transfer. So ideally what I would  
18 do would be call, you know, call DHS and say hey, is  
19 there a possibility to transfer these families to a  
20 shelter closer to the school, but because they're in  
21 a HERRC that's not possible.

22  
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 bit more about enrollment. And where opportunity  
2 presents itself to open bilingual programs, we do so,  
3 but the ENL service is provided to every single one  
4 of our students who are English language learners who  
5 have been identified as English language learners.  
6 That's part of the Commissioner's policy, regulation  
7 154.  
8

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

DEPUTY SPEAKER AYALA: [inaudible] That's why she's good [sic].

CHIEF MEDINA: And I appreciate that question. Thank you.

SENIOR EXECUTIVE DIRECTOR RAMOS: Our dream would be for, you know, the expansion of PS189 all over the City.

UNIDENTIFIED: All over the city.

SENIOR EXECUTIVE DIRECTOR RAMOS: All over the City, and on behalf of the Chancellor, I can say that we absolutely believe in bilingual education, and prior to the influx of asylum-seeking families, this has been a priority for this Administration, and Mirza is not only a great leader in it, but she's an example of why that type of educational model works for our students. We're using this as an opportunity to expand those programs. It's not happening as fast as we would love for it to happen, but our goal is to make it happen. That being said, there are other models. As you well know as a former bilingual teacher, so our children are getting served, but we are going to make sure 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.

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.

COUNCIL MEMBER JOSEPH: I'll be watching.

CHIEF MEDINA: Thank you.

COUNCIL MEMBER JOSEPH: So, what-- if-- I know the average time to complete the program is, what's the average time?

CHIEF MEDINA: One year.

COUNCIL MEMBER JOSEPH: One year? What's the effort for DOE to recruit more teachers into this program? Now we got to bring them in as well, because a lot of people are like, I don't want to go to school. I'm tired. I don't want to do this. How do we get them there?

CHIEF MEDINA: Great question. Again, we were speaking to a team of CUNY and I actually asked the same question, how do we entice aspiring teachers to get the certification, and also how do we ensure that teachers who are in service, teachers will go for the certification, and asked can we ensure that the program is virtual. We do have a commitment from some of the schools, CUNY schools to provide the program virtually so it's easier for teachers. And then also, the sub-- it's subsidized, so it does support our teachers. So, the plan is to announce. We continue to communicate with superintendents, with

principals. Every visit we make to a school, we're talking to teachers that we see who speak another language about ensuring that they sign up for these programs. And as part of the bilingual revitalization plan is that we are looking to ensure that we are looking for teachers everywhere. Listen, Board of Ed then went to Puerto Rico to pick me as a Chemistry teacher, and if we have to go there, you know, do that as well, then we are committed to ensuring that our students in New York City have quality instructional services in the language of their preference.

COUNCIL MEMBER JOSEPH: And we have to treat teachers like rock stars that they are.

CHIEF MEDINA: Yes.

DEPUTY SPEAKER AYALA: She's a little biased, but well-deserving. Are there any other Council Members that have not had an opportunity to ask questions? Please raise your hands. No? Okay. Are you done, Madam Chair? You have one more question?

SENIOR EXECUTIVE DIRECTOR RAMOS:

[interposing] Deputy Speaker, if I may, I just have some follow-up data. Originally, Chair Joseph, your



question was the number of SIFE students from last year that was four percent of our multilingual learners. Last year were four percent of our multilingual learners were SIFE last year. And to Council Member Avilés, this question regarding the number of students in charter. As of last week, 393 students were enrolled in charter.

COUNCIL MEMBER JOSEPH: We know that recently there was recruitments from teachers, for teachers in the Dominican Republic, and we saw controversy around that. Can you-- just wanted to make sure I'm reading my notes correctly. So, we wanted to know what was the impact the allegation had on those 22 teachers, because now that's 22 teachers that's going to be missing again from-- in front that used to see our students every single day. And what impact the allegation has on new recruitments offers.

SENIOR EXECUTIVE DIRECTOR RAMOS: Thank you for the question Chair Joseph. Those teachers are currently in our schools, all 22 of them. We are working closely with our HR Department to-- and New York State Education Department to support them with their certification process. And so they-- there is a pathway for them to receive certification, and all

allegations were reported. We are making sure that we are prioritizing those teachers and their support, making sure that they feel welcomed. We are partnering with the UFT to support them, and so we're very confident that those teachers will remain with us and continue to contribute to our students. Recently, when I met with them myself, I thanked them for their service, because they are bringing tremendous talent to our children.

COUNCIL MEMBER JOSEPH: Alright. And in terms of emerging needs of appeal money, how-- when appeal is made to you, how often-- how often, how fast does it get out the door, get to the schools as they need it?

SENIOR EXECUTIVE DIRECTOR RAMOS: If an appeal comes to us on day one, I can tell you that within a couple of days schools are receiving their money.

DEPUTY SPEAKER AYALA: Thank you. And that concludes this portion of this final panel. I want to remind folks that we will be back here tomorrow morning at 10 o'clock to hear from the public. Public testimonies will start at 10 o'clock 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